



**Consolidated Annual Financial Statements**

**For**

**Leopardstown Park Hospital Board**

**For The Year Ended 31/12/2018**

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**General Information**

**Board Members**     Mr. Eugene F. Magee - Chairperson  
                             Ms. Diane Duggan  
                             Mr. Dermot Magan  
                             Ms. Elizabeth Cogan  
                             Ms. Helen O'Neill  
                             Mr. Denis Duff  
                             Ms. F Ni Fhlannchadha

**Chief Executive**     Ms. Ann Marie O'Grady

**Head Office:**         Foxrock, Dublin 18.

**Main Bankers:**     Ulster Bank Ireland Ltd  
                             27/35 Main Street,  
                             Blackrock,  
                             Co.Dublin.

**Auditors:**            The Comptroller & Auditor General  
                             3a Mayor Street Upper,  
                             Dublin 1

**Solicitors:**           Hayes Solicitors,  
                             Lavery House,  
                             Earlsfort Terrace,  
                             Dublin 2.

## Governance Statement and Board Members' Report

### Governance

The Board of *Leopardstown Park Hospital* was established under the *Leopardstown Park Hospital Board (Establishment) Order 1979*. The functions of the Board are set out in section 4 of this Act. The Board is accountable to the Minister for *Health* and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of *Leopardstown Park Hospital* are the responsibility of the Chief Executive Officer (CEO) and the senior management team. The CEO and the senior management team must follow the broad strategic direction set by the Board, and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The CEO acts as a direct liaison between the Board and management of *Leopardstown Park Hospital*. The Board of *Leopardstown Park Hospital* is also responsible for the administration of *Leopardstown Park Hospital* Foundation and the authorisation of transactions on the Foundation. The governance arrangements and control procedures with the Hospital apply to the Foundation.

### Board Responsibilities

The work and responsibilities of the Board are set out in *Corporate Governance Manual* which also contains the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- reports from committees,
- financial reports/management accounts,
- performance reports, and
- reserved matters.

Section 22 of the *Leopardstown Park Hospital Board (Establishment) Order 1979* requires the Board of *Leopardstown Park Hospital Board* to keep, in such form as may be approved by the Minister for Health, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the Board of *Leopardstown Park Hospital Board* is required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 22 of the *Leopardstown Park Hospital Board (Establishment) Order 1979*. The maintenance and integrity of the corporate and financial information on the *Leopardstown Park Hospital Board*'s website is the responsibility of the Board.

The Board is responsible for approving the annual plan and budget. An evaluation of the performance of *Leopardstown Park Hospital Board* by reference to the annual plan and budget was carried out on 31st January 2019

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board considers that the financial statements of *Leopardstown Park Hospital Board* properly presents the state of affairs of *Leopardstown Park Hospital Board* at 31 December 2018 and its income and expenditure for 2018.

The Board consists of a Chairperson, six ordinary members, all of whom are appointed by the Minister for Health. The members of the Board were appointed for a period of five years and they met 8 times as per the detail on page 6. The table below details the appointment period for current members:

Board Structure		
Board Member	Role	Date Appointed
Eugene F. Magee	Chairperson	19 <sup>th</sup> November 2015
Dermot Magan	Ordinary Member	15th September 2015
Helen O'Neill	Ordinary Member	15th September 2015
Frances Ni Fhlannachdha	Ordinary Member	15th September 2015
Denis Duff	Ordinary Member	15th September 2015
Diane Duggan	Ordinary Member	15th September 2015
Elizabeth Cogan	Ordinary Member	15th September 2015

An external Board Effectiveness and Evaluation Review was carried out and completed in June 2018.

The Board has established three Committees, as follows:

**1. Audit Committee:** Comprises two Board members and four independent members, one of which is the independent Chairperson. The role of the Audit Committee is to support the Board in relation to its responsibilities for the financial reporting process, the system of internal control, the audit process, and the Hospital process for monitoring compliance with laws and regulations, the code of practice for the Governance of State Bodies and Risk Management. The Committee is independent from the financial management of the organisation. In particular the Committee ensures that the internal control systems including audit activities are monitored actively and independently. The Audit Committee provides the internal audit reports to the Board after having been reviewed by the Audit Committee and reports to the Board formally in writing annually.

The Audit Committee met 4 times in 2018 and the members of the Committee are as follows:

Members of Audit Committee 2018
Mr. Martin Cowley - Chairman
Mr. Dermot Magan
Ms. Helen O'Neill
Mr. Ray Henry
Mr. Muiris O'Ceidigh - Appointed August 2018
Ms. Kate Brennan - Appointed in August 2018

**2. Integrated Quality, Safety and Risk Committee:** This comprises one Board member, two independent members, one of whom is the independent Chairperson, the other the Hospital's risk advisor and eight members of management. Its aim is to drive quality improvement and provide a level of assurance to the Board that there are appropriate and effective systems in place that cover all aspects of quality and safety and relevant areas of risk. The Committee met 4 times in 2018 and the members of the Committee are as follows:

<b>Members of Integrated Quality, Safety and Risk Committee</b>
Ms. Elaine Keane (Independent Chairperson)**
Ms. Mary Connolly (Risk Advisor)
Ms. Elizabeth Cogan – Board member**
Ms. Ann Marie O'Grady
Dr. Joseph Yazbeck
Mr. Adrian Ahern
Ms. Florence Hogan
Mr. Pat Hynes - Resigned 11 June 2018
Ms. Paula Carraher
Ms. Nicola Keogh
Ms. Mary O'Toole - Term completed August 2018
Mr. Fiachra McCabe - Appointed August 2018

\*\* Non-executive members

1. **Finance Committee** This comprises three Board members and an independent member who is the independent Chairperson. The Finance Committee is established to assist and advise the Board in discharging its oversight responsibilities for good financial governance and stewardship of the organisation's assets.

There were 5 meetings of the Committee in 2018. The members of this committee are as follows:

<b>Members of the Finance Committee</b>
Mr. Anthony Morris - Chairman
Ms. Frances Ni Fhlannchadha
Mr. Dermot Magan
Mr. Denis Duff

#### Schedule of Attendance, Fees and Expenses for Non-Executive Board/Committee Members

A schedule of attendance at the Board and Committee meetings for 2018 is set out below including the fees and expenses received by each non-executive member:	Board	Audit Committee	Integrated Quality, Safety & Risk Committee	Finance committee	Fees 2018*	Expenses 2018
					*No fees are payable	These are noted in Note 22 of AFS
<b>No of Meetings 2018</b>	<b>8</b>	<b>4</b>	<b>4</b>	<b>5</b>		
Mr. Eugene F. Magee	7					
Mr. Dermot Magan	7	4		4		
Ms. Diane Duggan	7					
Ms. Elizabeth Cogan	6		3			
Prof. Helen O'Neill	6	4				
Ms. Frances Ni Fhlannchadha	7			3		
Mr. Denis Duff	8			5		
Mr. Martin Cowley		4				
Mr. Ray Henry		3				
Ms. Kate Brennan		2				
Mr. Muiris O'Ceidigh		2				
Mr. Anthony Morris				5		
Ms. Elaine Keane			3			

**Key Personnel Changes**

Mr. Robert Hegarty was appointed as interim Chief Financial Officer with effect from 1st November 2018.

**Disclosures Required by Code of Practice for the Governance of State Bodies (2016)**

The Board is responsible for ensuring that *Leopardstown Park Hospital* has complied with the requirements of the Code of Practice for the Governance of State Bodies ("the Code"), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code:

**Employee Short-Term Benefits Breakdown** – This is provided in note 8b of the financial statements

**Consultancy Costs\***

	2018	2017
	€'000	€'000
Legal advice	71	47
Human Resources	32	57
Other	47	44
<b>Total consultancy costs</b>	<b>150</b>	<b>148</b>

\*Consultancy costs include the cost of external advice to management and excludes outsourced 'business-as-usual'

**Legal Costs and Settlements**

The hospital did not incur any additional legal costs other than those incurred in relation to general legal advice as disclosed under consultancy costs above.

**Travel and Subsistence Expenditure**

Travel and subsistence expenditure is categorised as follows.

	2018	2017
	€	€
<b>Domestic</b>		
Board	1,780	1,781
Employees	3,144	1,271
<b>International</b>		
Board	0	0
Employees	0	0
<b>Total</b>	<b>4,924</b>	<b>3,052</b>

**Hospitality Expenditure**


The hospital did not incur any hospitality expenditure in relation to staff or clients in 2018.

**Statement of Compliance**

The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. In 2018, *Leopardstown Park Hospital* has complied with the requirements of the Code of Practice for the Governance of State Bodies, as published by the Department of Public Expenditure and Reform in August 2016, with the following exceptions:

- In 2017, the process to develop a new Hospital Strategy commenced as the previous strategy extended to 2016. The Hospital Strategy was in final draft at the end of 2018 and will be published in 2019.

On behalf of the Board

  
\_\_\_\_\_  
Mr. Eugene F. Magee - Chairperson

Date

13.12.19

  
\_\_\_\_\_  
Mr. Denis Duff - Board Member

Date

12-12-19





## **Ard Reachtaire Cuntas agus Ciste** **Comptroller and Auditor General**

### **Report for presentation to the Houses of the Oireachtas**

### **Leopardstown Park Hospital**

#### **Opinion on the financial statements**

I have audited the financial statements of Leopardstown Park Hospital for the year ending 31 December 2018 as required under the provisions of section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements comprise

- the statement of accounting policies
- the consolidated non-capital income and expenditure account
- the consolidated capital income and expenditure account
- the consolidated balance sheet
- the consolidated cash flow statement and
- the related notes.

In my opinion, the financial statements

- properly present the state of affairs of Leopardstown Park Hospital at 31 December 2018 and its income and expenditure for 2018
- have been prepared in the form prescribed under article 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979, and in accordance with the Accounting Standards for Voluntary Hospitals approved by the Minister for Health.

#### ***Basis of opinion***

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of Leopardstown Park Hospital and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### **Report on information other than the financial statements, and on other matters**

Leopardstown Park Hospital has presented certain other information together with the financial statements. This comprises the governance statement and Board members' report and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

#### ***Non compliant procurement***

I draw attention to the statement on internal control which discloses that Leopardstown Park Hospital incurred significant expenditure in 2018 on goods and services the procurement of which was not compliant with the relevant procedures. The statement on internal control also sets out the steps being taken by the Hospital to address the procurement weaknesses.

**Seamus McCarthy**  
**Comptroller and Auditor General**

**16 December 2019**

## Appendix to the report

### Responsibilities of Board members

As detailed in the governance statement and Board members' report, the Board members are responsible for

- the preparation of financial statements in the form prescribed under article 22 of the Leopardstown Park Hospital Board (Establishment) Order 1979, and in accordance with the Accounting Standards for Voluntary Hospitals approved by the Minister for Health
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Responsibilities of the Comptroller and Auditor General

I am required under section 5 of the Comptroller and Auditor General (Amendment) Act 1993 to audit the financial statements of Leopardstown Park Hospital and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.

- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on Leopardstown Park Hospital's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause Leopardstown Park Hospital to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

#### *Information other than the financial statements*

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

#### *Reporting on other matters*

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

I also report by exception if, in my opinion,

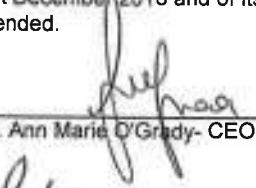
- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

**Certification of Chief Executive Officer and Chairperson  
for the Year Ended 31st December 2018**

We certify that the consolidated financial statements of the Leopardstown Park Hospital Board for the year ended 31st December 2018 as set out herein are in agreement with the accounting records and have been drawn up in accordance with the accounting standards as laid down by the Minister for Health.

These financial statements, which comprise pages 17 to 31 and the statement of accounting policies, pages 15 to 16, properly presents the state of affairs of the hospital at 31st December 2018 and of its income and expenditure and cash flow for the year then ended.


Signed

  
Ms. Ann Marie O'Grady- CEO

Date

12/12/19

Signed

  
Mr. Eugene F. Magee- Chairperson

Date

13.12.19

### Statement on Internal Control

#### **Scope of Responsibility**

On behalf of Leopardstown Park Hospital Board I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016).

#### **Purpose of the System of Internal Control**

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform, has been in place in Leopardstown Park Hospital Board for the year ended 31 December 2018 and up to the date of approval of the financial statements except for the internal control issues outlined below.

#### **Capacity to Handle Risk**

Leopardstown Park Hospital Board has an Audit Committee with financial and audit expertise comprising two Board members and four external members, one of whom is the Chairman. The Committee met four times in 2018. In addition, due to the nature of healthcare the Board also has an Integrated Quality, Safety & Risk Committee which focuses on clinical, health & safety and related risks, while the Audit Committee focuses on more corporate related risks. The Audit Committee receives reports from the IQS Committee and has visibility on the work carried out there. The Board receives reports from both Committees.

Leopardstown Park Hospital Board has also contracted externally an internal audit function, which is adequately resourced and conducts a programme of work agreed with the Committee. The Board has developed a risk management policy which sets out the risk management processes in place and details the roles and responsibilities of staff in relation to risk. The policy has been issued to all staff who are expected to work within Leopardstown Park Hospital Board's risk management policies, to alert management on emerging risks and control weaknesses and assume responsibility for risks and controls within their own area of work.

## **Risk and Control Framework**

Leopardstown Park Hospital Board has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place which identifies the key risks facing Leopardstown Park Hospital Board and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by the Board twice annually or more frequently as required. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff.

I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication technology systems,
- there are systems in place to safeguard the assets

## **Ongoing Monitoring and Review**

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Board, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.

**Procurement**

I confirm that Leopardstown Park Hospital Board has procedures in place to ensure compliance with current procurement rules and guidelines. Matters arising regarding controls over procurement are highlighted under internal control issues below.

**Review of Effectiveness**

I confirm that Leopardstown Park Hospital Board has procedures to monitor the effectiveness of its risk management and control procedures. Leopardstown Park Hospital Board's monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the internal and external auditors, the Audit Committee which oversees their work, and the senior management within Leopardstown Park Hospital Board responsible for the development and maintenance of the internal financial control framework.

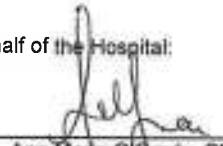
I confirm that in March 2019 the Board conducted an annual review of the effectiveness of the internal controls for 2018.

**Internal Control Issues**

The Board is fully committed to implementing public procurement guidelines. LPH looks to adopt any HSE or OGP contracts that it is aware of and has incrementally increased the number of contracts from HSE or OGP procurement processes. LPH's Service Arrangement with the HSE states that pursuant to the Government decision of April 2013, the HSE and all service providers funded by the HSE are mandated to use contracts put in place by HSE Health Business Service (HBS) Procurement and the Office of Government Procurement (OGP). At times LPH is required to wait for completion of the tender processes being carried out by HSE or OGP to be put in place, this has caused delays in moving to compliant contracts but is outside of the control of LPH. In 2017 LPH incurred expenditure of €798,719 which was identified for procedures which did not comply with procurement guidelines. The hospital has addressed these issues and increased the number of HSE and OGP procurement processes that are now in place. During 2018, LPH incurred expenditure of €476k (incl. VAT) in relation to goods and services where the procedures did not fully comply with procurement rules and guidelines. Separately, the audit of 2018 financial identified two further instances of non-compliant procurement in relation to the provision of security services of €76k on expired contract and the provision of financial services of €111k whereby a non-compliant tendering process was undertaken. LPH has a procurement plan and items outstanding are part of the procurement plan for 2019

Signed on behalf of the Hospital:

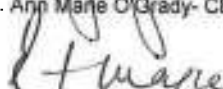
Signed

  
Ms. Ann Marie O'Grady- CEO

Date

12/12/19

Signed

  
Mr Eugene F. Magee- Chairperson

Date

13/12/19

## Statement of Accounting Policies

### 1 Basis of Accounting

The financial statements have been prepared on an accruals basis under the historical cost convention, in accordance with the accounting standards laid down by the Minister for Health. In accordance with Sec 1.8.1 of the Accounting Standards for Voluntary Hospitals, Leopardstown Park Hospital Foundation is consolidated with the Financial Statements of Leopardstown Park Hospital Board.

### 2 Income Recognition

Revenue Grants are received from the Health Service Executive towards the net annual running costs of the hospital. The amount brought to account represents the approved allocation in respect of the costs as at the reporting date.

Capital Grants are accounted for in the Capital Income and Expenditure Account on an accruals basis.

Income in relation to Fair Deal Funding is recognised when the service is delivered to the patient.

### 3 Fixed Assets

Expenditure on fixed assets qualifying for a capital grant from the Health Service Executive or the Trustees of the hospital or which have been funded through independent fund raising schemes are capitalised in the balance sheet since 1979.

Expenditure on fixed assets not qualifying for a capital grant from the Health Service Executive, is charged to the income and expenditure account in the year in which it is incurred.

However any fixed asset items with a purchase cost of € 3,809 or more are charged to the income and expenditure account and are also stated as tangible fixed assets in the balance sheet. Computer equipment with a purchase cost of € 1,270 or more is charged to the income and expenditure account and is also stated as a tangible fixed asset in the balance sheet.

Land and buildings taken over by the hospital in 1979, which under the revised Department of Health accounting guidelines, are normally included in a hospital's financial statements at professional and insurance valuations respectively, are not accounted for in these financial statements, as the relevant assets are held under licence between the Trustees of Leopardstown Park Hospital and the Board of Leopardstown Park Hospital. Extensions to the buildings in the period since 1979, which were the subject of approved Health Service Executive capital grants are reflected in the financial statements and are stated at cost.

### 4 Depreciation

Depreciation is charged directly to the capitalisation account and is provided on tangible fixed assets recognised in the balance sheet at rates calculated to write off the cost or valuation of each asset on a straight line basis over its expected useful life as follows

Buildings	2% Straight Line
Equipment	20% Straight Line
Computers	33% Straight Line
Motor Vehicles	20% Straight Line

**Statement of Accounting Policies (continued)**

**5 Stocks of Consumable Stores**

Stocks have been valued on the basis of cost with appropriate write-offs for stock which is damaged or obsolete.

**6 Patients' Property**

Monies received by the Board from or on behalf of patients for safekeeping are kept in accounts separate and apart from Board accounts. Such accounts are collectively called the Patients' Private Funds. Such monies are not the property of the Board and are administered by the Board on behalf of the patients. Independent auditors audit the accounts of the funds.

**7 Superannuation**

By direction of the Minister of Health, no provision has been made in the financial statements to cover any future liabilities in respect of pensions payable under the Local Government Scheme. Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. Pensions payments under the scheme are charged to the income and expenditure account when paid.

The Public Service Pensions (Single Scheme and Other Provisions) Act 2012 became law on 28<sup>th</sup> July 2012 and introduced the new Single Public Service Pension Scheme ("Single Scheme"). This commenced with effect from 1st January 2013. All new entrants to pensionable public service employment on or after 1st January 2013 are, in general, members of the Single Scheme. Employee contributions under the scheme are remitted to the Department of Public Expenditure and Reform.

**8 Pay Awards**

Retrospective pay awards are not provided for in these financial statements until sanctioned and funded by the HSE.

**9 Capitalisation Account**

The capitalisation account represents the unamortised value of funds applied for the purchase of fixed assets.

**10 Fundraising**

Leopardstown Park Hospital Foundation is a vehicle through which fundraising activities are undertaken. The Foundation is under the control of the Board of Leopardstown Park Hospital. Funds are remitted to the Hospital in the form of grants and are awarded for specific purposes relating to the improvement and development of the Hospital and its services and specifically excludes the cost of day to day operations. The sum of € 1 million of the Foundations funds has been designated by the Board as being restricted as a contribution towards the cost of the development of a new hospital building. This contribution has been agreed with the HSE.

**11 Accounting for Bad and Doubtful Debts**

Known bad debts are written off in the period in which they are identified. Specific provision is made for any amount which is considered doubtful.



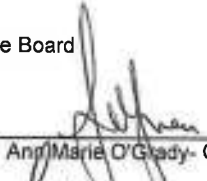
**Consolidated Non-Capital Income and Expenditure Account  
for the year ended 31st December 2018.  
Form 1**

	Note	2018 €'000	2017 €'000
Cumulative Non-Capital Deficit/(Surplus) brought forward from the previous year		130	19
<b>Pay</b>			
Salaries	1	12,521	12,744
Superannuation and Gratuities	1	1,611	1,277
		14,132	14,021
<b>Non-Pay</b>			
Direct Patient Care	1	557	565
Support Services	1	1,011	1,254
Financial and Administrative	1	980	914
		2,548	2,733
Gross Expenditure for the year including deficit/(surplus) brought forward from previous year		<b>16,810</b>	<b>16,773</b>
<b>Income</b>			
Net Expenditure for the year	1	3,311	3,643
		13,499	13,130
Determination-Notified for the year (from HSE)		5,626	5,308
HSE Fair Deal/Saver Grant	1	7,777	7,692
		13,403	13,000
Deficit/(Surplus) for the year carried forward to the following year		96	130

With the exception of fixed asset depreciation which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31st December 2018 have been included in the Income and Expenditure Account. The net deficit/(surplus) in both years arises from continuing operations. The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health & Children, were approved by the Board on 28th November 2019

On behalf of the Board

Signed

  
Ms. Ann Marie O'Grady- CEO

Date:

12/12/19

Signed

  
Mr. Eugene F. Magee- Chairperson

Date:

13/12/19

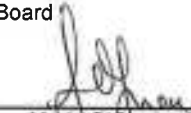
**Consolidated Capital Income and Expenditure Account  
for the year ended 31st December 2018  
Form 2**

	2018 €'000	2017 €'000
<b>Capital Income Sources</b>		
HSE CHO6-Minor Capital Grant	0	95
HSE Estates- Minor Capital Infrastructural Works	230	107
HSE Estates- Capital grant	0	101
HSE Energy Grant	49	0
Other	100	32
<b>Total Capital Income</b>	<b>379</b>	<b>335</b>
<b>Capital Expenditure</b>		
Land	0	0
Vehicle	66	0
Equipment	27	22
<b>Capital Expenditure- Capitalised</b>	<b>93</b>	<b>22</b>
<b>Capital Expenditure- Not Capitalised</b>	<b>252</b>	<b>293</b>
<b>Total Capital Expenditure</b>	<b>345</b>	<b>315</b>
Transferred to Restricted Funds	(34)	(20)
Opening (Surplus)/Deficit from previous year	0	0
Closing (Surplus)/Deficit C/F to following year	0	0

With the exception of fixed asset depreciation which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31st December 2018 have been included in the Income and Expenditure Account. The net deficit/(surplus) in both years arises from continuing operations. The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health & Children, were approved by the Board on 28th November 2019

On behalf of the Board

Signed

  
Ms. Ann Marie O'Grady- CEO

Date:

12/12/19

Signed

  
Mr. Eugene F. Magee- Chairperson

Date:

13/12/19

**Consolidated Balance Sheet as at 31st December 2018  
Form 3**

**Fixed Assets**

Tangible Assets

	2018	2017
Note	€'000	€'000
12	5,332	5,443
	5,332	5,443

**Current Assets**

Debtors

Stock

Cash in hand and bank balances

13	1,505	1,428
14	50	48
	1,585	1,614
	3,140	3,090

**Creditors- Amounts falling due within one year**

Creditors

Loans and overdraft

15	1,178	1,195
	227	226
	1,405	1,421

Net Current Assets

	1,735	1,669
--	-------	-------

Total Assets Less Current Liabilities

	7,067	7,112
--	-------	-------

**Creditors- Amounts falling due after more than one year**

Bank Loans

16	0	0
	7,067	7,112

**Capital and Reserves**

Non-Capital Income & Expenditure Account

Surplus/(Deficit)

Restricted Funds

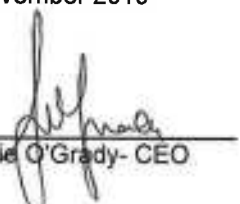
Capitalisation Account

	(96)	(130)
	1,831	1,799
17	5,332	5,443
	7,067	7,112

The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health, were approved by the Board on 28th November 2019

On behalf of the Board

Signed

  
Ms. Ann Marie O'Grady- CEO

Date:

12/12/19

Signed

  
Mr. Eugene F. Magee- Chairperson

Date:

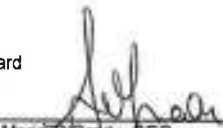
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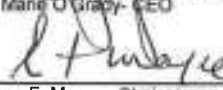
**Consolidated Cash Flow Statement  
for the year ended 31st December 2018  
Form 4**

	2018	2017	
	€'000	€'000	
Net Cash Inflow / (Outflow) from Operating Activities	18 (63)	0	
Net Cash inflow From Servicing of Finance	0	0	
<b>Capital Expenditure</b>			
Net deficit/(surplus) from Foundation activities	34	(19)	
Expenditure from HSE Capital	(93)	22	
Net Cash (Outflow) From Capital Expenditure Capitalised	(59)	3	
Capital Expenditure - Not Capitalised	(252)	280	
<b>Net Cash (Outflow) From Capital Expenditure</b>	<b>(311)</b>	<b>283</b>	
<b>Net Cash (Outflow) Before Financing</b>	<b>(374)</b>	<b>283</b>	
<b>Financing</b>			
British Legion donation	66	0	
HSE Capital grant received	279	303	
	345	303	
<b>Net Cash Inflow / (Outflow) from Financing</b>	<b>0</b>	<b>0</b>	
<b>Net Cash Flow</b>	<b>(29)</b>	<b>20</b>	
Increase/(Decrease) in Cash in hand and bank balances	20 (29)	20	Left as refers to Note 20
(Increase) / decrease in Loans Less Than One Year	20 0	0	Left as refers to Note 20
(Increase) / decrease in Bank Loans More Than One Year	20 0	0	Left as refers to Note 20
	(29)	20	

The financial statements, which include the accounting policies and notes, which were drawn up in compliance with the accounting standards laid down by the Minister for Health, were approved by the Board on 28th November 2019.

On behalf of the Board

Signed   
Ms. Ann Marie O'Grady- CEO

Signed   
Mr. Eugene F. Magee- Chairperson

Date: 12/12/19

Date: 13/12/19

**Non-Capital Income and Expenditure -Details  
Note 1**

**Pay**

Management / Administration  
 Medical / Dental I (NCHD's)  
 Medical / Dental II (Consultants)  
 Nursing  
 Paramedical  
 Catering & Housekeeping / Support Services  
 Maintenance / Technical  
  
 Pensions & Refunds  
 Gratuities / Lump Sums  
 Others

Note	2018 €'000	2017 €'000
	1,031	1,086
	182	193
	0	0
	7,981	8,430
	815	758
	2,513	2,277
	0	0
	12,521	12,744
	1,188	1,176
	423	101
	0	0
	1,611	1,277
	<b>14,132</b>	<b>14,021</b>

**Non-Pay**

**Direct Patient Care**

Drugs & Medicines  
 Medical Gases  
 Medical & Surgical Supplies  
 Other Medical Equipment  
 Other Medical Equipment Supplies

	159	200
	4	13
	287	275
	0	0
	107	77
	557	565

**Support Services**

Catering Equipment  
 Catering Provisions  
 Heat, Power & Light  
 Laundry, Cleaning & Washing Equipment  
 Laundry, Cleaning & Washing Supplies  
 Furniture, Crockery & Hardware  
 Bedding & Clothing  
 Maintenance Equipment  
 Maintenance Materials Supplies  
 Farm & Garden Equipment  
 Farm & Garden Supplies  
 Travel & Subsistence  
 Transport of Patients  
 Vehicle Purchases  
 Vehicles Supplies

	0	0
	419	422
	215	274
	0	0
	201	189
	27	34
	17	23
	0	0
23	17	194
	0	0
	38	49
	6	4
	52	43
	0	0
	20	22
	1,011	1,254

**Non-Capital Income and Expenditure -Details**

<b>Financial &amp; Administrative</b>		Note	2018 €'000	2017 €'000
<b>Bank Interest</b>				
Overdraft			0	0
Bank Charges			3	3
<b>Other</b>				
Insurance-Medical Defence		2	0	0
Insurance -Other		2	35	51
Audit			22	24
Legal			71	47
Office Expenses (Rent & Rates, Postage & Telephone)			102	102
Office Supplies / Contracts On			103	88
Computer Supplies / Contract On			105	69
Professional Services			239	169
Adjustment to Doubtful Debts provision			50	50
Misc Non-Capital Expenditure on Capital Projects		3	0	0
Miscellaneous Expenses		4	250	311
			980	914
<b>Total Non-Pay</b>			<b>2,548</b>	<b>2,733</b>
<b>Total Gross Expenditure</b>			<b>16,680</b>	<b>16,754</b>
<b>Income</b>				
<b>Fair Deal Funding</b>				
Money follows the patient			7,777	7,692
<b>Patient Income</b>				
In-Patients		5	2,179	2,296
Out-Patients		5	52	54
			2,231	2,350
<b>Other Income</b>				
Superannuation			245	279
Other Payroll Deductions			72	78
Income from External Agencies		6	685	835
Meals on Wheels			25	28
Canteen receipts			31	38
Transport Income			9	0
Other Income (Non-Capital)		7	14	35
<b>Total Income</b>			<b>3,311</b>	<b>3,643</b>
Net Expenditure (Including Fair Deal funding)			<b>5,992</b>	<b>5,419</b>
Net Expenditure (Excluding Fair Deal funding)			<b>13,369</b>	<b>13,111</b>

**Insurance**  
**Note 2**

**Medical Defence**

Consultants  
NCHD's

	2018 €'000	2017 €'000
Consultants	0	0
NCHD's	0	0
	0	0
<b>Other</b>		
Public Liability	1	8
Employers Liability	0	0
Property	20	19
Other	13	24
	35	51

**Other**

Public Liability  
Employers Liability  
Property  
Other

**Miscellaneous Non-Capital Expenditure on Capital Projects**  
**Note 3**

Land  
Buildings  
Work in Progress  
Equipment  
Vehicles  
Other

	2018 €'000	2017 €'000
Land	0	0
Buildings	0	0
Work in Progress	0	0
Equipment	0	0
Vehicles	0	0
Other	0	0
	0	0

**Miscellaneous Expenses**  
**Note 4**

Security  
Publications  
Memberships / Subscriptions  
Interest on Late Payment  
Education / Training  
Shop / Restaurant Purchases  
Other \*

	2018 €'000	2017 €'000
Security	180	190
Publications	6	8
Memberships / Subscriptions	50	61
Interest on Late Payment	0	0
Education / Training	12	33
Shop / Restaurant Purchases	0	0
Other *	1	19
	250	311

\* Other in 2017 includes €15k for centenary celebrations funded by a grant of €7k received from the Department of Culture, Heritage and Gaeltacht. The balance of €8k was funded from the LPH Foundation.

**Analysis of Patient Income**  
**Note 5**

**In-Patients**

Statutory In-Patient Charges  
Private / Semi Private Charges  
Long Stay Charges  
Other In-Patient Charges

**Out-Patients**

Statutory Accident & Emergency Charges  
Other Out-Patient Charges

Total Patient Income

Note	2018 €'000	2017 €'000
	0	0
	0	0
	2,179	2,296
	0	0
	<b>2,179</b>	<b>2,296</b>
	0	0
	52	54
	<b>52</b>	<b>54</b>
	<b>2,231</b>	<b>2,350</b>

**Income From External Agencies**  
**Note 6**

St.James's Hospital  
HSE-Eastern Region- Carman Centre Grant  
HSE-Eastern Region- Transport Grant  
HSE-Additional Funding  
HSE-Refund of Agency Costs  
HSE-Grant towards Energy Efficiency Works (nett of refund)  
Energy grant  
Dept of Arts

	2018 €'000	2017 €'000
	61	72
	113	113
	22	22
	488	400
	0	217
	0	0
	0	4
	0	7
	<b>685</b>	<b>835</b>

External agency income comprises of income in respect of the provision of services not funded through the HSE revenue, fair deal or capital allocation mechanism. The Board provides a number of beds for the exclusive use of St.James's Hospital. The HSE- Eastern Region provides funding for the operational costs of a day centre.

**Other Income (Non-Capital)**  
**Note 7**

Shop / Restaurant Sales  
Car Parking  
Public Telephones  
Pharmacy / Stores Sales- Staff & Patients  
Recoverables  
Insurance Claims  
FAS Grants  
Rent / Licences / Franchises, etc.  
PP Admin. Charges  
Fund-raising- Non-Capital only  
Sundries  
Equity Dividend Received  
Interest Received

	2018 €'000	2017 €'000
	1	0
	0	1
	0	0
	9	10
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	4	24
	0	0
	0	0
	<b>14</b>	<b>35</b>



**Summary Pay Analysis (Memorandum Only)**  
**Note 8**

	2018 €'000	2017 €'000
Basic Pay	8,577	8,763
Overtime	90	180
Premium Pay	1,157	1,221
Shift Allowance	0	0
Holiday / Public Holiday premiums	0	0
Higher Degree	0	0
Special Nursing	0	0
On Call / Standby	11	10
PRSI Employer	989	1,001
Travel Allowance	284	149
Agency Costs	1,414	1,420
	<b>12,521</b>	<b>12,744</b>

	2018	2017
Number of WTE equivalents (excluding agency)	<b>208.51</b>	<b>228.12</b>

A HSE review group has indicated to the hospital that an on-call allowance to one officer was subject to an ongoing review. The HSE has agreed to the retention of the allowance on a red circle basis personal to the postholder.

Amount paid to DPER in 2018 single scheme contributions was €149,617.

**Range of Total Employee Benefits**  
**Note 8b**

From	To	Number of Employees	
		2018	2017
€60,000	- €69,999	8	9
€70,000	- €79,999	5	5
€80,000	- €89,999	1	1
€90,000	- €99,999	1	2
€100,000	- €109,999	1	0

For the purposes of this disclosure, short-term employee benefits in relation to services rendered during the reporting period include salary, overtime allowances and other payments made on behalf of the employee, but exclude employer's PRSI.

**Key management personnel compensation**  
**Note 8c**

The compensation paid to key management in 2018 was €315k (2017: €338k)

Key management personnel includes Chief Executive, HR Manager, Deputy CEO/Financial Accountant, Resident and Patient Services Manager, Director of Nursing

There were no termination benefit payments made in 2018 (2017: €0k)

**Reconciliation of Expenditure to Cost of Services**  
(Memorandum Only)  
**Note 9**

	2018 €'000	2017 €'000
Net Expenditure- Current Year	13,369	13,111
<b>Deduct</b>		
Purchase of Equipment & Vehicles from Non-Capital	0	0
Funding of Capital Projects & Balances from Non-Capital	0	0
Loan Repayments- Principal Only	0	0
Total Deductions	0	0
Sub-Total	<b>13,369</b>	<b>13,111</b>
<b>Add</b>		
Depreciation Charge for the Year	203	202
<b>Running Cost of Service</b>	<b>13,572</b>	<b>13,313</b>

**Statement of Advances & Balances Due from HSE.**

**Non-Capital & Capital**

**Note 10**

**Non-Capital**

Total notified non-capital determination for the year  
 Less: Remittances from HSE Non-Capital in the year  
 Balance due from HSE in respect of the year  
 Balance due from HSE re Previous year(s) as at 1st Jan.  
 Less: Remittances from HSE in year re previous year(s)  
 Balance due from HSE re Previous year(s) as at 31st Dec.

Note	2018 €'000	2017 €'000
	5,295	4,989
	4,642	4,490
	653	499
	499	470
	(499)	(470)
	0	0

**Total Balance of Approved Non-Capital Determination Due From HSE**

653	499
-----	-----

**Fair Deal**

Money follows the patient invoiced to HSE  
 Less: Remittances from HSE Fair Deal in the year  
 Balance due from HSE in respect of the year  
 Balance due from HSE re Previous year(s) as at 1st Jan.  
 Less: Remittances from HSE in year re previous year(s)  
 Balance due from HSE re Previous year(s) as at 31st Dec.

2018 €'000	2017 €'000
7,777	7,692
7,108	7,059
669	633
633	678
(633)	(678)
0	0

**Total Balance of Fair Deal Due from HSE**

669	633
-----	-----

**Capital**

Total Capital Grant notified by HSE for the year  
 Less: Remittances from HSE Capital in the year  
 Balance due from HSE in respect of the year  
 Balance due from HSE re Previous year(s) as at 1st Jan.  
 Balance due from HSE re Previous year(s) as at 31st Dec.

2018 €'000	2017 €'000
279	303
-279	(303)
0	0
0	0
0	0
0	0

**Total Balance of Capital Grants Due From HSE**

0	0
---	---

**Gross Total Due from HSE Capital, Fair Deal & Non-Capital**

1,322	1,132
-------	-------

**Purchase of Equipment and Vehicles from Non-Capital Account (Capitalised)**

**Note 11**

Other Medical Equipment  
 X-Ray / Imaging Equipment  
 Laboratory Equipment  
 Catering Equipment  
 Laundry Equipment  
 Maintenance Equipment  
 Farm & Garden Equipment  
 Computer Equipment  
 Vehicles Purchases

2018 €'000	2017 €'000
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0

**Schedule of Fixed Assets and Depreciation  
Note 12**

	Buildings	Equipment	Vehicles	Total
	€'000	€'000	€'000	€'000
<b>Cost or Valuation at 01/01/2018</b>	7,911	3,016	303	11,230
Transfer from Work-in -Progress	0	0	0	0
<b>Sub-Total</b>	<b>7,911</b>	<b>3,016</b>	<b>303</b>	<b>11,230</b>
Additions from Capital	0	26	66	92
Additions from Non-Capital	0	0	0	0
Disposals during the year at Gross Book Value	0	-4	-50	-54
Revaluations	0	0	0	0
<b>Cost / Valuation at 31/12/2018</b>	<b>7,911</b>	<b>3,038</b>	<b>319</b>	<b>11,268</b>

<b>Accumulated Depreciation at 01/01/2018</b>	2,526	2,958	303	5,787
Depreciation charge for year	158	32	13	203
Disposals during the year at Gross Book Value	0	-4	-50	-54
<b>Accumulated Depreciation at 31/12/2018</b>	<b>2,684</b>	<b>2,986</b>	<b>266</b>	<b>5,936</b>

<b>Net Book Amount at 31/12/2018</b>	<b>5,227</b>	<b>52</b>	<b>53</b>	<b>5,332</b>
--------------------------------------	--------------	-----------	-----------	--------------

<b>Net Book Amount at 31/12/2017</b>	<b>5,385</b>	<b>58</b>	<b>0</b>	<b>5,443</b>
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Leopardstown Park Hospital Board

**Debtors**

**Note 13**

	2018 €'000	2017 €'000
HSE- Revenue Grant Due	653	499
HSE- Capital Grant Due	0	0
HSE- Fair Deal Grant Due	669	633
HSE Debtors	1,323	1,132
HSE Other Grant	0	0
Patients (Closing Ledger Balance)	301	353
Less: Provision for bad & doubtful debts	(180)	(155)
Other	6	53
Prepayments	55	45
Non-HSE Debtors	182	296
<b>Total</b>	<b>1,505</b>	<b>1,428</b>

**Stocks**

**Note 14**

	2018 €'000	2017 €'000
Drugs & Medicines	22	15
Medical Gases	0	0
Medical & Surgical Supplies	7	10
Sterile Supplies	2	0
Provisions	5	7
Laundry / Cleaning	4	4
Bedding / Clothing	0	0
Furniture / Crockery	0	0
Heat / Power/ Light Supplies	0	0
Maintenance Supplies	4	5
Office Supplies	6	7
Computer Supplies	0	0
Shop	0	0
	50	48

**Creditors**

**Note 15**

	2018 €'000	2017 €'000
Creditors- Capital	0	0
Creditors- Non-Capital	372	210
Creditors -Taxation	253	268
Creditors -Wages and Salaries	366	388
Creditors -Other	187	329
	1,178	1,195

Leopardstown Park Hospital Board

**Bank Loans- Greater than one year**

Note 16

Bank Loans  
Deficit Bank Loan Account  
Deficit-Financing Account

	2018 €'000	2017 €'000
Bank Loans	0	0
Deficit Bank Loan Account	0	0
Deficit-Financing Account	0	0

**Capitalisation Account**

Note 17

Balance at beginning of year

**Additions**

Capital Expenditure  
Non-Capital Expenditure

Sub-Total Additions

**Less:**

Disposals (Cost less Depreciation)  
Revaluations  
Depreciation for the year

Sub-Total deductions

**Balance at year-end**

	2018 €'000	2017 €'000
Balance at beginning of year	5,443	5,624
<b>Additions</b>		
Capital Expenditure	92	22
Non-Capital Expenditure	0	0
Sub-Total Additions	5,535	5,646
<b>Less:</b>		
Disposals (Cost less Depreciation)	0	0
Revaluations	0	0
Depreciation for the year	203	203
Sub-Total deductions	203	203
<b>Balance at year-end</b>	<b>5,332</b>	<b>5,443</b>

**Notes to the Cash Flow Statement**

Note 18

(Deficit)/Surplus (Non-Capital)

Add back deficit / (surplus) brought forward

Deficit / (Surplus) for current year

Deduct repayment of loan (Capital Element) charges  
against non-capital

Deduct Interest and Dividend Income

Add back purchase of equipment from non-capital

Add back interest charged against non-capital

(Increase)/Decrease in Stocks

Decrease in HSE Debtors (Non-Capital)

(Increase) in Non-HSE and Non-Health Board Debtors

Increase/(Decrease) in Non-Capital Creditors

Net Cash Inflow/(Outflow) from Operating Activities

	2018 €'000	2017 €'000
(Deficit)/Surplus (Non-Capital)	(96)	(130)
Add back deficit / (surplus) brought forward	130	19
Deficit / (Surplus) for current year	34	(111)
Deduct repayment of loan (Capital Element) charges against non-capital	0	0
Deduct Interest and Dividend Income	0	0
Add back purchase of equipment from non-capital	0	0
Add back interest charged against non-capital	0	0
(Increase)/Decrease in Stocks	(2)	(6)
Decrease in HSE Debtors (Non-Capital)	(191)	16
(Increase) in Non-HSE and Non-Health Board Debtors	114	62
Increase/(Decrease) in Non-Capital Creditors	(18)	39
Net Cash Inflow/(Outflow) from Operating Activities	(63)	0

**Analysis of Changes in Net Debt**  
**Note 19**

	At 1st. Jan-18 €'000	Cash Flow €'000	Non Cash Changes €'000	At 31st Dec-18 €'000
Cash in Hand & Bank Balances	1,614	(29)	0	1,585
Bank Overdraft	(226)	0	0	(226)
	1,388	(29)	0	1,359
Loans	0	0	0	0
Debt due within one year	0	0	0	0
Debt due after one year	0	0	0	0
	0	0	0	0
Finance Lease: within one year	0	0	0	0
Finance Lease: From two to five years	0	0	0	0
	0	0	0	0
	1,388	(29)	0	1,359

**Reconciliation of Net Cash Inflow to Movement in Net Debt**  
**Note 20**

	2018 €'000	2017 €'000
Increase/(Decrease) in cash in the year	(29)	20
Cash Inflow / (Outflow) from increase / (decrease) in debt and lease financing	0	0
Changes in net debt resulting from cash flow	(29)	20
New Finance Leases taken out in the year	0	0
Changes in Net Debt	0	0
Net debt at beginning of year	1,388	1,368
Net debt at end of year	1,359	1,388

**Board Members- Disclosure of Interests**  
**Note 21**

The Board adopted procedures in accordance with guidelines issued by the Department of Public Expenditure and Reform in relation to the disclosure of interest by Board members and these procedures have been adhered to in the year. There were no transactions in the year in relation to Board's activities in which Board members had any beneficial interests.

**LPH Foundation**  
**Note 22**

The LPH Foundation is an unincorporated association. It is a registered charity with Revenue and the Charity Regulatory Authority. The main object of the Foundation is the enhancement of care and support for residents, patients and clients (and their carers and families) of Leopardstown Park Hospital. The Directors of the Foundation are the Board members of the Leopardstown Park Hospital Board. The Foundation accounts are audited by an accounts and statutory audit firm. The consolidated accounts of the LPH Board incorporate the LPH Foundation accounts, as required under the Department of Health *Accounting Standards* for Voluntary Hospitals (1999).

In 2018, the Foundation provided income of €51,950 to the Hospital in line with their objects. This income is offset against the costs as part of the financial statements consolidation process.

**Maintenance Cost Expenditure Adjustment**  
**Note 23**

Included in HSE income is the amount of €89,000 in respect of maintenance work. The money was received from the HSE in November 2018 and the work was not carried out and completed until 2019. The cost of the work is included in the 2019 expenditure while the revenue received from the HSE has been included in the 2018 income.

**Board & Committee Members- Expenses**  
**Note 24**

Name	2018	2017
Mr. E. Magee	893	374
Ms. D. Duggan	0	27
Mr. D. Magan	129	143
Ms. E. Cogan	0	0
Mr. D. Duff	465	763
Ms. H O'Neill	112	185
Ms. F. Ni Fhlannchadha	182	255
Mr. Martin Cowley	0	34
<b>Total</b>	<b>1,780</b>	<b>1,781</b>

All of the Board members expenses related to mileage and travel expenses and did not include any payment towards hospitality.

No Board members received any fees in respect of their Board related activities.

The Leopardstown Park Hospital Board (Establishment) Order, 1979, specifically forbids the payment of fees, salaries etc to board members. (Article 18, subsection 1).

**Board Members - Attendance at board meetings**  
**Note 25**

	Scheduled	Attended
Mr. E. Magee	8	7
Ms. D. Duggan	8	7
Mr. D. Magan	8	7
Ms. E. Cogan	8	6
Mr. D. Duff	8	8
Ms. H. O'Neill	8	6
Ms. F. Ni Fhlannchadha	8	7

**CEO's Remuneration**  
**Note 26**

	2018 €'000	2017 €'000
Basic Pay	104	95
Employers PRSI	2	2
<b>Total</b>	<b>106</b>	<b>97</b>

The CEO is a member of the Local Government Pension Scheme, and her entitlements in that regard do not extend beyond the terms of the model public service pension scheme. The value of retirement benefits earned in the period is not included above.

**Premises**  
**Note 27**

The Board operates from a premises at Leopardstown Park which it occupies in agreement with the Leopardstown Park Hospital Trust. No rent is charged for the use of the premises.

**Pension Levy**  
**Note 28**

In 2018 an amount of €331k in pension levies (2017: €320k) was deducted and forms part of the determination for the year.

**Consolidation**  
**Note 29**

In accordance with Sec 1.8.1 of the Accounting Standards for Voluntary Hospitals, Leopardstown Park Hospital Foundation is consolidated with the financial statements of Leopardstown Park Hospital.

**Note 29**

The Financial Statements were approved by the Board on 28th November 2019