

2018

Corporate Governance and Financial Statements

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Research.
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Action.

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Board Members 2018



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Governance Statement and Board Members' Report

Governance

The Board of the Health Research Board (HRB) was established under The Health Research Board (Establishment) Order 1986 (S.I. NO.279 of 1986), as amended.

The functions of the HRB are set out in Article 4 of this statutory instrument. 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 issues.

The regular day-to-day management, control and direction of the HRB are the responsibility of the Chief Executive Officer (CEO) and the Executive Team. The CEO and Executive 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 any of the significant risks likely to arise. The CEO acts as a direct liaison between the Board and the management of the HRB.

Board Responsibilities

The work and responsibilities of the Board are set out in the HRB's Governance Handbook, which also contains the matters specifically reserved for Board decision. Standing items considered by the Board include:

- Declarations of interests
- New calls for research award schemes
- Approval of selection panel recommendations on awards
- Reviews of major awards
- Statistical publications and evidence reviews
- Review of progress on strategy implementation
- Reports from committees.

Article 27 of The Health Research Board (Establishment) Order 1986 (S.I. NO.279 of 1986), as amended, requires the Board of the HRB to keep, in such form as may be approved by the Minister for Health with the consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it

In preparing these financial statements, the Board of the HRB 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 Article 27 of the Health Research Board (Establishment) Order 1986 (S.I. NO.279 of 1986), as amended. The maintenance and integrity of the corporate and financial information on the HRB'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 the HRB by reference to the annual plan and budget was carried out at the meeting of the Board on 15 February 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 the HRB give a true and fair view of the financial performance and the financial position of the HRB at 31 December 2018.

Board Structure

The Board comprises a Chairperson, and nine ordinary members, all of whom are appointed by the Minister for Health. The members of the Board are appointed for a period of five years and meet approximately seven times each year. The table below details the appointment period for current members:

Board Member	Role	Date Appointed
Professor Jane Grimson	Chairperson	5 November 2015
Dr Barry Cullen	Ordinary Member	26 May 2014
Professor Tom Fahey	Ordinary Member	18 January 2018
Professor Bernadette Hannigan	Ordinary Member	5 November 2015
Dr Mairead Harding	Ordinary Member	18 January 2018
Mr John McCormack	Ordinary Member	12 June 2015
Professor William Molloy	Ordinary Member	26 May 2014
Professor Charles Normand	Ordinary Member	5 November 2015
Dr Marion Rowland	Ordinary Member	12 June 2015
Dr Susan Steele	Ordinary Member	18 January 2018

The Board has established two committees as follows:

1. **Audit and Risk Committee** which, during 2018, comprised five Board members. The role of the Audit and Risk Committee (ARC) is to support the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The ARC is independent of the financial management of the organisation. In particular, the ARC ensures that the internal control systems, including audit activities, are monitored actively and independently. The ARC reports to the Board after each meeting, and formally in writing annually.

The members of the ARC during 2018 were Professor Charles Normand (Chairperson); Dr Barry Cullen; Professor Jane Grimson; Dr Mairead Harding; Dr Susan Steele. There were four meetings of the ARC in 2018.

2. **The Management Development and Remuneration Committee** The role of the Management Development and Remuneration Committee (MDRC) is to oversee the recruitment, selection, remuneration and performance appraisal of the CEO. The MDRC also acts as a consultative group to the CEO in relation to the review of the performance and development of the Executive Team and planning for management succession in the organisation.

The members of the MDRC during 2018 were Professor Jane Grimson (Chairperson); Professor Tom Fahey; Professor Bernadette Hannigan; Professor William Molloy, Mr John McCormack; Dr Marion Rowland. The MDRC met twice during 2018.

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Board and ARC and MDRC meetings for 2018 is set out below, including the fees and expenses received by each member:

	Board	Audit & Risk Committee	Management Development & Remuneration Committee	Fees 2018 €	Expenses 2018 €
Number of Meetings	7	4	2		
Professor Jane Grimson	7	4	2	€11,730	–
Dr Barry Cullen	7	4	–	–	–
Professor Tom Fahey	7	–	1	–	–
Professor Bernadette Hannigan	7	–	2	€7,695	€906
Dr Mairead Harding	6	4	–	–	€717
Mr John McCormack	6	–	2	€7,695	–
Professor William Molloy	6	–	1	–	€599
Professor Charles Normand	6	4	–	–	–
Dr Marion Rowland	6	–	1	–	–
Dr Susan Steele	5	4	–	–	–

Key personnel changes

On 12 December 2017, three members of the Board retired by rotation. On 18 January 2018, the Minister for Health appointed Professor Tom Fahey, Dr Mairead Harding and Dr Susan Steele to the Board. Professor Jane Grimson was appointed Chairperson on 5 February 2018.

Dr Darrin Morrissey was appointed Chief Executive Officer on 23 July 2018. Dr Mairead O'Driscoll undertook the role of Interim Chief Executive Officer during the period 10 March 2017 to 23 July 2018. Mr Martin Morgan was appointed to the post of Director of Corporate Operations on 1 April 2018.

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

The Board is responsible for ensuring that the HRB 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

Range		Number of Employees	
From	To	2018	2017
€60,000	- €69,999	9	6
€70,000	- €79,999	1	11
€80,000	- €89,999	9	2
€90,000	- €99,999	5	5
€100,000	- €109,999	2	3
€130,000	- €139,999	1	0

Consultancy Costs

Consultancy costs include the cost of external advice to management and exclude outsourced 'business-as-usual' functions.

	2018 €	2017 €
Legal advice	59,843	34,321
Financial advice	9,653	9,163
Human resources	22,342	48,423
Business improvement – GDPR implementation	–	22,933
Business improvement – unconscious bias	3,070	37,335
Other	2,915	6,616
Total consultancy costs	97,823	158,791
Consultancy costs charged to the Income and Expenditure and retained revenue reserves	97,823	158,791
Total	97,823	158,791

Legal Costs and Settlements

The HRB did not incur any expenditure during 2018 or 2017 in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. Expenditure incurred in relation to general legal advice received by the HRB is disclosed in consultancy costs.

Travel and Subsistence Expenditure

	2018 €	2017 €
Travel and subsistence expenditure is categorised as follows		
Domestic		
Board*	3,309	2,911
Employees	17,705	24,879
International		
- Board	-	-
- Employees	42,087	52,213
Total	63,101	80,003

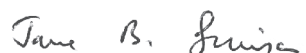
*includes travel and subsistence of €2,222 paid directly to Board members in 2018 (2017: €1,737). The balance of €1,087 (2017: €1,174) relates to expenditure paid by the HRB on behalf of the Board members.

Hospitality Expenditure

The Income and Expenditure Account includes the following hospitality expenditure for staff, Board members, selection and review panels: €29,514 (2017: €26,303)

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. The HRB was in full compliance with the Code of Practice for the Governance of State Bodies for 2018.



Professor Jane Grimson
Chairperson
26th September 2019

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Statutory and Other Notices

Disclosure of Interests

In accordance with Article 13 of the Health Research Board (Establishment) Order 1986 (SI no 279 of 1986), as amended, members of the Board of the HRB, members of committees, members of award selection/evaluation panels, and HRB staff are required to disclose pecuniary or other beneficial interests in, or material to, any matter that falls to be considered by the HRB, and to exclude themselves from the decision-making process.

Board members – Register of Interests

The Board operates to best practice corporate governance principles and in accordance with the guidelines set out in the Code of Practice for the Governance of State Bodies (2016). HRB Board members register their interests with the Secretary.

Ethics in Public Office Acts, 1995 and Standards in Public Offices Act, 2001

In accordance with the provisions of the Ethics in Public Office Act, 1995 and the Standards in Public Office Act, 2001, all HRB Board members and staff holding designated positions have provided statements of interest.

Freedom of Information Act, 1997, Freedom of Information (Amendment) Act, 2003 and Freedom of Information Act 2014

In 2018, the HRB received three requests under the Freedom of Information Act 2014. All of these requests were granted.

Official Languages Act 2003

The HRB complies with its obligations under this Act.

Employment Equality Acts 1998–2015

The HRB is committed to a policy of equal opportunities and it strives to be an employer where individual contributions are encouraged and differences are valued. The HRB is committed to ensuring that no staff member, or applicant for employment, receives less favourable treatment than any other on the grounds of gender, marital status, family status, sexual orientation, religion, age, disability, race, membership of the Traveller community, or any other grounds that are not relevant to good employment practice.

Safety, Health and Welfare at Work Act 2005 and 2010

The HRB implements appropriate measures to protect the safety, health and welfare of all employees and visitors within its offices.

Protected Disclosures Act 2014

There were no protected disclosures made to the HRB in 2018.

Statement on Internal Control

Scope of Responsibility

On behalf of the Health Research 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 the Health Research Board for the year ended 31 December 2018 and up to the date of approval of the financial statements.

Capacity to Handle Risk

The Health Research Board has an Audit and Risk Committee (ARC) comprising five Board members, one of whom is the Chairperson. The ARC met four times in 2018. An external member, with financial and audit expertise, took up office at the meeting of the Committee on 29th March 2019.

The Health Research Board has also established an internal audit function which is adequately resourced and conducts a programme of work agreed with the ARC.

The ARC 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 the Health Research 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

The Health Research 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 the Health Research Board and these have been identified, evaluated and graded according to their significance. The register is reviewed by the ARC at each meeting. 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, and
- control procedures over grant funding to outside agencies ensure adequate control over approval of grants and monitoring and review of grantees to ensure grant funding has been applied for the purpose intended.

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 the Health Research Board has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2018 the Health Research Board complied with those procedures.

Review of Effectiveness

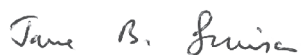
I confirm that the Health Research Board has procedures to monitor the effectiveness of its risk management and control procedures. The Health Research Board's monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the internal and external auditors,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

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

Internal Control Issues

Provision of grant funding: The provision of funds to the grantee before expenditure has been incurred requires the prior sanction of the Department of Public Expenditure and Reform (DPER). The Health Research Board did not have sanction in place for 2018. The Health Research Board is liaising with the Department of Health to ensure compliance going forward.

No other weaknesses in internal control were identified in relation to 2018 that require disclosure in the financial statements.



Professor Jane Grimson
Chairperson
26 September 2019



Oifig an Ard-Reachtaire Cuntas agus Ciste
Office of the Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas Health Research Board

Qualified opinion on financial statements

I have audited the financial statements of the Health Research Board 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 have been prepared in accordance with Financial Reporting Standard (FRS) 102 – The Financial Reporting Standard applicable in the UK and the Republic of Ireland and comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of capital income and expenditure
- the statement of financial position
- the statement of cash flows and
- the related notes, including a summary of significant accounting policies.

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the Health Research Board at 31 December 2018 and of its income and expenditure for 2018 in accordance with FRS 102.

Basis for qualified opinion

In compliance with the directions of the Minister for Health, the Health Research Board accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102, which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period and the accrued liability at the reporting

date. The effect of the non-compliance on the Health Research Board's financial statements for 2018 has not been quantified.

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 the Health Research Board 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

The Health Research Board has presented certain other information together with the financial statements. This comprises the annual report, including 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.

I have nothing to report in that regard.

Andrew Harkness
For and on behalf of the
Comptroller and Auditor General
30 September 2019

Appendices

Responsibilities of Board members

The governance statement and Board members' report sets out the Board members' responsibilities. The Board members are responsible for:

- the preparation of financial statements in the form prescribed under section 21 of the Health Research Board (Establishment) Order 1986
- ensuring that the financial statements give a true and fair view in accordance with FRS 102
- 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 the Health Research Board 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 judgement 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 material uncertainty exists related to events or conditions that may cast significant doubt on the Health Research Board'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 the Health Research Board 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 there are 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 the audit. I report if there is 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.

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Financial Statements 2018

Statement of Income and Expenditure and Retained Revenue Reserves for the year ended 31 December 2018

	Notes	2018 €	2017 €
INCOME			
Department of Health Revenue Grant (Vote 38 B.1)		35,714,579	33,909,291
Other Research Funding	2	2,432,802	2,791,875
Interest receivable		-	213
Other income		2,455	1,842
		38,149,836	36,703,221
EXPENDITURE			
Addressing major health challenges	3	9,052,132	8,917,317
Supporting healthcare interventions	4	6,561,464	7,680,246
Addressing the research needs of the Irish health and social care system	5	11,793,709	11,119,373
Supporting exceptional researchers and leaders	6	4,387,872	3,613,115
Building a strong enabling environment	7	2,887,813	2,453,711
Enhancing organisational performance	8	3,270,095	3,099,742
	9	37,953,085	36,883,504
SURPLUS/(DEFICIT) FOR THE YEAR		196,751	(180,283)
Revenue Reserves at 1 January		(640,483)	(460,200)
REVENUE RESERVES AT 31 DECEMBER		(443,732)	(640,483)

The Board has no recognised gains or losses other than those dealt with in the revenue and capital statements of income and expenditure. The Statement of Cashflows and notes 1 to 30 form part of these Financial Statements.



Professor Jane Grimson
Chairperson
26 September 2019



Professor Charles Normand
Board Member

Statement of Capital Income and Expenditure for the year ended 31 December 2018

	Notes	2018 €	2017 €
INCOME			
Department of Health capital grant (Vote 38 B.1)		10,098,789	10,070,279
Amortisation of capital reserve account		165,953	166,184
		10,264,742	10,236,463
EXPENDITURE			
Supporting healthcare interventions	14	3,069,170	3,480,889
Addressing the research needs of the Irish health and social care system	15	1,282,213	1,420,000
Supporting exceptional researchers and leaders	16	4,162,650	4,248,030
Building a strong enabling environment	17	1,492,029	804,996
Enhancing organisational performance	18	66,565	95,269
Additions to fixed assets		26,162	21,095
Depreciation	19	166,051	166,184
Loss on disposal of fixed assets		(98)	-
		10,264,742	10,236,463
SURPLUS/(DEFICIT) FOR THE YEAR		-	-

The Statement of Cashflows and notes 1 to 30 form part of these Financial Statements.

Jane B. Grimson

Professor Jane Grimson
Chairperson
26 September 2019

C. a. Normand

Professor Charles Normand
Board Member

Statement of Financial Position for the year ended 31 December 2018

	Notes	2018 €	2017 €
FIXED ASSETS			
Property, Plant & Equipment	19	257,764	395,200
CURRENT ASSETS			
Receivables	20	894,276	1,145,739
Investments	21	641	641
Cash at bank and on hand		381,939	907,183
		1,276,856	2,053,563
CURRENT LIABILITIES			
Amounts falling due within one year:			
Payables	22	1,305,101	2,064,810
		1,305,101	2,064,810
NET CURRENT ASSETS/(LIABILITIES)		(28,245)	(11,247)
LONG TERM LIABILITIES			
Amounts falling due after one year:			
Payables	23	415,389	629,236
		415,389	629,236
TOTAL NET ASSETS		(185,870)	(245,283)
REPRESENTING			
Retained Revenue Reserves		(443,732)	(640,483)
Capital Reserve	24	257,862	395,200
		(185,870)	(245,283)

The Statement of Cashflows and notes 1 to 30 form part of these Financial Statements.

Jane B. Grimson

Professor Jane Grimson
Chairperson
26 September 2019

C. a. Normand

Professor Charles Normand
Board Member

Statement of Cash Flows

for the year ended 31 December 2018

	Notes	2018 €	2017 €
CASH FLOW FROM OPERATING ACTIVITIES			
Surplus/(Deficit) for the year		196,751	(180,283)
Adjustment to deficit figure for depreciation		166,051	166,184
(Increase)/Decrease in Receivables		251,463	(484,652)
Increase/ (Decrease) in Payables		(973,556)	(177,184)
Increase/ (Decrease) in Fixed Assets		(166,051)	(166,184)
Amount Allocated to Fund Fixed Asset Additions		28,713	34,203
Bank Interest Received		-	(2,055)
NET CASH FLOW FROM OPERATING ACTIVITIES		(496,629)	(809,972)
CASH FLOW FROM INVESTING ACTIVITIES			
Amount Allocated to Fund Fixed Asset Additions		(28,615)	(34,203)
NET CASH FLOW FROM INVESTING ACTIVITIES		(28,615)	(34,203)
CASH FLOW FROM FINANCING ACTIVITIES			
Bank Interest Received		-	2,055
NET CASH FLOW FROM FINANCING ACTIVITIES		-	2,055
NET DECREASE IN CASH AND CASH EQUIVALENTS		(525,244)	(842,120)
RECONCILIATION OF OPENING TO CLOSING CASH AND CASH EQUIVALENTS			
Cash at bank at 1 January		907,183	1,749,303
Cash at bank at 31 December		381,939	907,183
MOVEMENT IN CASH FOR THE YEAR	25	(525,244)	(842,120)

Notes to the Financial Statements for the year ended 31 December 2018

1. Accounting Policies

The basis of accounting and significant accounting policies adopted by the Health Research Board are set out below. They have been applied consistently throughout the year and for the preceding year.

a. General Information

The Minister of Health, in exercise of the powers conferred on him by Section 3 of the Health (Corporate Bodies) Act 1961 by (No. 279 of 1961) established The Health Research Board under an Establishment Order in 1986.

Health Research Board's primary objectives as set out in part four of its Statutory Instrument are as follows:

- to promote, assist, commission or conduct health research to improve health and increase the effectiveness of the health services;
- to maintain, develop or support health information systems for the purposes of research and to provide the evidence for health policy and services;
- to liaise and co-operate with other research bodies in the State and outside the State in the promotion, commissioning or conduct of relevant research;
- to liaise with other health information bodies in the State and, where appropriate, outside the State in the development and support of health information systems.

c. Statement of Compliance

The financial statements of the Health Research Board for the year ended 31 December 2018 have been prepared in accordance with FRS102, the financial reporting standard applicable in the UK and Ireland and issued by the Financial Reporting Council (FRC).

b. Basis of Preparation

The Financial Statements are prepared under the historical cost convention and in accordance with standards laid down by the Minister for Health. By direction of the Minister no provision has been made in respect of benefits payable under the Local Government Superannuation Scheme operated by the HRB. Expenditure is accounted for on the basis of strategic focus areas, enablers and objectives.

d. Revenue - Income recognition

The Department of Health Revenue Grant is credited to the Statement of Income and Expenditure and Retained Revenue Reserves on a cash receipts basis. Capital Grants are accounted for on an accruals basis. All other research funding is recognised as income when it is used to offset matching expenditure. Such funding includes a contribution towards the administration costs of the Board.

Interest income is recognised on an accruals basis.

Other revenue is recognised on an accruals basis.

Notes to the Financial Statements for the year ended 31 December 2018

e. Expenditure Recognition

Funding for research awards is recognised as expenditure in the period in which it is due for payment to the award holder under the terms of the contract. Grant refunds are netted against grant expenditure in the year of receipt. All other expenditure is recognised on an accruals basis.

An award is a contractual commitment between the Health Research Board and an approved Host Institution for the provision of funding for a specified grant funded programme of research or development of a key research asset. Amounts payable in future years in respect of contractual commitments on existing research awards is disclosed in note 27.

Expenditure is analysed in accordance with the focus areas and enablers set out in the HRB Strategy 2016–2020 Research. Evidence. Action.

The HRB's financial records have been restructured to reflect the HRB Strategy 2016–2020. Expenditure, including funding for research awards, is charged to the relevant strategic area when the expenditure is incurred. General overhead costs are accounted for under strategic Enabler C: Enhancing organisational performance.

f. Property, Plant & Equipment

Tangible fixed assets are stated at cost less accumulated depreciation. The charge for depreciation is calculated to write down the cost of the tangible fixed assets to their estimated residual values, by annual instalments over their expected useful lives on the following basis:

- Premises – 4%
- Computer Equipment – 25%
- Office Furniture and Equipment – 15%

Tangible fixed assets costing less than €650 are not capitalised.

If there is objective evidence of impairment of the value of an asset, an impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year.

g. Receivables

Receivables are recognised at fair value, less a provision for doubtful debts. The provision for doubtful debts is a specific provision and is established when there is objective evidence that the Health Research Board will not be able to collect all amounts owed to it. All movements in the provision for doubtful debts are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

Notes to the Financial Statements for the year ended 31 December 2018

h. Pensions

By direction of the Minister for Health no provision has been made in the Financial Statements for future pension liabilities. Contributions from employees who are members of the scheme are credited to the Statement of Income and Expenditure and Retained Revenue Reserves when received. Pension payments under the scheme are charged to the Statement of Income and Expenditure and Retained Revenue Reserves when paid. The Health Research Board also operates the Single Public Services Pension Scheme which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Single Scheme members' contributions are paid over to the Department of Public Expenditure and Reform (DPER).

i. Operating Leases

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease. Expenditure is recognised on a straight-line basis over the lease period, except where there are rental increases linked to the expected rate of inflation, in which case these increases are recognised when incurred. Any lease incentives received are recognised over the life of the lease.

j. Employee Benefits – short term benefits

Short term benefits such as annual leave are recognised as an expense in the year, and benefits that are accrued at year-end are included in the payables figure in the Statement of Financial Position.

k. Critical Accounting Judgements and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the Statement of Financial Position date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. The following judgements have had the most significant effect on amounts recognised in the financial statements.

l. Impairment of Fixtures and Fittings and Equipment

Assets that are subject to amortisation were reviewed for impairment and no impairment was recognised in 2018.

Notes to the Financial Statements for the year ended 31 December 2018

2. OTHER RESEARCH FUNDING		2018 €	2017 €
Addressing major health challenges			
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust - Research Career Development Fellowships	88,500	109,359
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust - Sir Henry Wellcome Fellowship	4,660	13,552
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust - Investigator Awards	296,051	256,755
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust - Seed Awards	48,199	83,734
Science Foundation Ireland (SFI)	HRB/SFI Translational Research Awards	245,128	227,172
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust - PhD Clinician Awards	33,212	28,365
Science Foundation Ireland (SFI)	Institutional Strategic Support Fund	71,640	324
Istituto Superiore di Sanita	Lear Project - To Reach	-	39,640
National Children's Hospital Foundation	National Children's Hospital Foundation - HRB Funding Scheme 2017	199,220	291,500
US Ireland	US Ireland R&D Partnership	115,533	92,022
		1,102,143	1,142,423

Notes to the Financial Statements for the year ended 31 December 2018

Note 2 continued		2018 €	2017 €
Addressing the research needs of the Irish health and social care system			
Atlantic Philanthropies	Dementia Research Programme	448,317	353,864
Health Services Executive (HSE)	Prevalence Expert	11,465	11,465
HSC Public Health Agency (Northern Ireland)	Capacity Building for Evidence Synthesis	159,126	-
HSC Public Health Agency (Northern Ireland)	Palliative Care Research Network	35,000	35,000
Department of Justice and Equality	National Drug Related Deaths Index	86,839	100,794
European Monitoring Centre for Drugs and Drug Addiction	Contribution to Drug Misuse Research	79,590	79,590
Health Services Executive (HSE)	HSE Suicide Review	116,069	98,337
Health Services Executive (HSE)	Research Collaborative in Quality and Patient Safety (RCQPS)	265,600	206,311
EU Joint Action	ERA Net Personalised Medicine	9,000	-
		1,211,006	885,360
Supporting exceptional researchers and leaders			
Atlantic Philanthropies	Dementia Research Programme	79,463	518,529
Irish Medical Council	Medical Education Research Grant	-	14,202
Irish Cancer Society	Cancer Prevention Fellowships	-	51,750
		79,463	584,481
Building a strong enabling environment			
Irish Research Council	PPI Ignite Income	40,190	179,611
		40,190	179,611
		2,432,802	2,791,875

Notes to the Financial Statements for the year ended 31 December 2018

3. ADDRESSING MAJOR HEALTH CHALLENGES		2018 €	2017 €
Supporting high-quality, investigator led internationally competitive research			
Research awards	HRB Health Research Awards	3,676,340	2,716,607
	Medical Research Charities Group/HRB Joint funding scheme	947,519	804,075
	HRB/SFI Translational Research Awards	457,831	454,343
	Investigator Lead Projects	401,162	2,880,733
	National Children's Hospital Foundation	199,220	291,500
	Collaborative Doctoral Awards	952,787	-
	Irish Research Nurses Network	103,319	-
		6,738,178	7,147,258
Programme management		129,629	141,100
		6,867,807	7,288,358
Developing and implementing co-funding opportunities with international agencies and institutions			
Research awards	EU Joint Programming Initiative - Neurodegenerative Diseases (JPND)	148,943	-
	EU Joint Programming Initiative - Determinants of Diet and Physical Activity (DEDIPAC)	(972)	70,485
	EU Joint Programming Initiative - Healthy Diet for a Healthy Life (HDHL)	20,000	60,000
	EU Joint Programming Initiative - Anti-Microbial Resistance (AMR)	286,690	-
	HRB-IRC GenderNet Plus 2018 Award	168,668	-
	HRB/SFI/Wellcome Trust - Research Career Development Fellowships	177,002	218,718
	HRB/SFI/Wellcome Trust - Sir Henry Wellcome Fellowship	9,320	27,104
	HRB/SFI/Wellcome Trust - Investigator Awards	592,101	513,510
	HRB/SFI/Wellcome Trust - Seed Awards	96,398	167,468
	HRB/SFI/Wellcome Trust - PhD Clinician Awards	66,424	56,729
	US Ireland Research & Development Partnership	379,415	384,494
	HRB/SFI/Wellcome Trust- Institutional Strategic Support Fund	143,281	649
		2,087,270	1,499,157
Programme management		97,055	129,802
		2,184,325	1,628,959
		9,052,132	8,917,317

Notes to the Financial Statements for the year ended 31 December 2018

4. SUPPORTING HEALTHCARE INTERVENTIONS		2018 €	2017 €
Supporting the design, conduct and evaluation of intervention studies.			
Research awards	Irish Clinical Oncology Research Group (ICORG)	2,998,400	2,998,400
	Statistics and Data Management Services for ICORG	446,031	426,021
	Clinical Trials Research Networks – submission costs	111,315	51,189
	HRB Health Research Awards	(222,294)	109,310
		3,333,452	3,584,920
Programme management		254,865	79,888
		3,588,317	3,664,808
Facilitating co-ordination, enabling mechanisms and national and international collaborations that improve the volume, quality, relevance and impact of trials and intervention studies in Ireland.			
Research awards	HRB Trials Methodology Research Network	495,516	328,341
	HRB Clinical Research Coordination Ireland (CRCI)	-	15,000
	HRB Health Research Awards	1,580,331	1,589,279
	HRB Definitive Intervention and Feasibility Awards	777,370	2,036,919
	European Clinical Network Research Awards	95,661	-
		2,948,878	3,969,539
Programme management		24,269	45,899
		2,973,147	4,015,438
		6,561,464	7,680,246

Notes to the Financial Statements for the year ended 31 December 2018

5. ADDRESSING THE RESEARCH NEEDS OF THE IRISH HEALTH AND SOCIAL CARE SYSTEM

2018
€

2017
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Supporting research that addresses questions of national relevance for clinical and population health practice and for health services management, and translation of the research results into policy and/or practice.

Research awards	Research Collaborative for Quality & Patient Safety	536,864	589,418
	Collaborative Applied Research Grants	634,199	1,026,279
	HRB Health Research Awards	411,918	734,124
	Applied Research Projects in Dementia	287,698	591,663
	All Ireland Institute of Hospice and Palliative Care	51,980	78,000
	Structured Research Network		
	Medical Education Research Grant	-	14,202
	Applied Partnership Awards	824,527	971,400
	Evaluation of the Pilot Implementation of the Framework for Safe Nurse Staffing and Skill Mix	292,566	265,291
	Knowledge Exchange Dissemination Scheme	1,424,284	1,127,286
	HRB Study for Primary Care Research - Social Payment	-	19,665
	The Irish Longitudinal Study of Ageing	2,823,428	2,238,015
		7,287,464	7,655,343
Programme management		147,372	109,680
		7,434,836	7,765,023

Providing high quality, timely and relevant data for policy, service planning and research through the HRB'S national health information systems

National Drug-related Deaths Index	164,402	164,369
National Drug Treatment Reporting System	353,729	351,688
National Psychiatric Inpatient Reporting System	159,458	123,162
National Disabilities Database	356,301	349,954
National Database Development Project	308,992	427,022
National Office for Suicide Prevention	131,615	95,451
	1,474,497	1,511,646
Programme management	117,331	145,691
	1,591,828	1,657,337

Notes to the Financial Statements for the year ended 31 December 2018

Note 5 continued		2018 €	2017 €
Promoting and supporting evidence synthesis and knowledge translation activities in order to help policy-makers, service planners and providers make evidence-based decisions.			
	HRB Evidence Generation Service	774,671	669,407
	HRB National Drugs Library	271,905	251,433
	DrugNet Ireland	68,023	45,191
	European Monitoring System for Drugs and Drug Addiction European focal point activities	184,371	176,312
	Drug and Alcohol Strategy	400,000	–
	Cochrane UK Centre contribution	57,906	56,991
	Cochrane training	1,026	5,411
	Capacity Building for Evidence Synthesis	636,503	–
Research awards	HRB Collaboration in Ireland for Clinical Effectiveness Reviews	199,377	–
	Cochrane Training Fellowships	92,747	433,220
		2,686,529	1,637,965
	Programme management	80,516	59,048
		2,767,045	1,697,013
		11,793,709	11,119,373

Notes to the Financial Statements for the year ended 31 December 2018

6. SUPPORTING EXCEPTIONAL RESEARCHERS AND LEADERS

2018
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2017
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Attracting the best people into health research by supporting excellent PhD. training programmes.

Research awards	Irish Network for Research in Dementia	64,546	20,450
	National Specialist Registrar/Senior Registrar Fellowship Academic Programme	61,684	248,831
	Health Professional Fellowships	833,744	1,001,818
	PhD Scholars Programmes	(39,295)	-
	Structured Population and Health Services Research Education (SPHeRE)	-	36,110
	Postdoctoral Research Fellowships in Translational Medicine	-	(5,962)
		920,679	1,301,247
	Programme management	23,043	52,590
		943,722	1,353,837

Providing opportunities for career development for postdoctoral researchers and emerging investigators.

Research awards	Cancer Nursing Research - Project Development Grant	(2,261)	18,525
	Interdisciplinary Capacity Enhancement Awards	774,688	274,494
	Applying Research into Policy and Practice Postdoctoral Fellowships	246,715	-
	Emerging Investigator Awards for Health	1,209,726	1,051,421
		2,228,868	1,344,440
	Programme management	106,827	88,681
		2,335,695	1,433,121

Notes to the Financial Statements for the year ended 31 December 2018

Note 6 continued		2018 €	2017 €
Working with higher education institutions, hospital groups and the Health Service Executive to identify, develop and support leaders in health research.			
Research awards	Research Leader Social Benefit Payment	8,286	-
	Research Leader Award in Dementia	418,771	346,854
		427,057	346,854
Programme management		81,453	15,773
		508,510	362,627
Working with national and international partners to facilitate training and exchange opportunities that address skills gaps.			
Research awards	NCI Summer Curriculum in Cancer Prevention	27,521	32,654
	Summer Student Scholarships	152,203	66,750
	HRB/NCI Cancer Prevention Fellowship Programme	72,205	188,956
	HRB Internship Programme	241,975	53,554
	Fulbright Commission Training Grant	30,000	47,000
	IRC Ulysses 2018 scheme	5,000	-
	National Cancer Control Programme CDSMC Training	19,173	-
		548,077	388,914
Programme management		51,868	74,616
		599,945	463,530
		4,387,872	3,613,115

Notes to the Financial Statements for the year ended 31 December 2018

7. BUILDING A STRONG ENABLING ENVIRONMENT		2018 €	2017 €
Working with the Department of Health and key stakeholders to shape the national research agenda in relation to health and social care.			
Programme management		214,641	71,077
Providing leadership to shape the review, conduct and governance of research			
Research award	Public Patient Involvement-Ignite Award	100,476	449,026
		100,476	449,026
Programme management		655,736	705,749
		756,212	1,154,775
Contributing to, and benefitting from, international developments in policy, regulation and legislation relevant to health research and healthcare in Ireland.			
Programme management		46,603	44,603
Investing in research infrastructure to promote excellence, critical mass and coordination, in order to support HRB strategic focus areas and the wider health community.			
Research awards	Irish Platform for Patient Organisations, Science and Industry	75,000	75,000
	HRB Clinical Research Facilities	1,544,688	833,175
		1,619,688	908,175
Programme management		158,481	184,908
		1,778,169	1,093,083
Supporting Irish health researchers to participate in Horizon 2020 and other European research programmes.			
Programme management		92,188	90,173
		2,887,813	2,453,711

Notes to the Financial Statements for the year ended 31 December 2018

8. ENHANCING ORGANISATIONAL PERFORMANCE	2018 €	2017 €
Ensuring a high performing working environment built on innovation, adaptability and teamwork.		
Programme management and administration	403,089	408,456
Enabling transparent and accountable decision-making based on the best possible information.		
Programme management and administration	264,229	220,381
Ensuring that HRB systems and processes are robust, flexible and scalable.		
Programme management and administration	2,137,136	2,002,643
Enhancing recognition of the value of health research and the HRB's role nationally and internationally.		
Programme management and administration	465,641	468,262
	3,270,095	3,099,742

Notes to the Financial Statements for the year ended 31 December 2018

9. EXPENDITURE	2018 €	2017 €
Advertising	1,377	22,453
Audit Fees	22,029	23,827
Audit Services – Internal Audit and audit of Host Institutions	13,995	14,231
Bank Charges	14,838	13,259
Board Expenses	3,309	2,911
Board Fees	27,120	51,626
Books and Journals (including online databases)	207,886	129,089
Building Management Fees	80,083	80,083
Building Running Charges	177,958	163,393
Cochrane Contribution	57,906	56,991
Commissioned Research	476,915	102,742
Computers – Annual Licences	129,654	116,302
Computers – ICT Equipment and Running Costs	137,336	110,519
Computers – Software Support, Maintenance and Development	267,070	194,316
Contracted Services	180,660	264,418
Corporate Publications	31,967	41,603
Hospitality	29,514	26,303
Insurance, Rent and Rates	483,236	484,417
Launches and Events	112,142	125,686
Managed Service – GEMS	108,486	105,288
Managed Service – ICT Support	177,068	143,651
Managed Service – Legal Fees	59,843	34,321
Managed Service – Media Monitoring	15,146	19,207
Managed Service – Payroll Processing	15,047	15,578
Memberships	44,642	13,403
Organisation Courses	54,792	69,835
Other Employee Costs	44,755	42,671
Panel Costs and Associated Award Costs	127,007	121,803
Pension Contributions	(273,476)	(269,205)

Notes to the Financial Statements for the year ended 31 December 2018

Note 9 continued	2018 €	2017 €
Pension Payments	373,722	273,862
Recruitment costs	16,782	26,146
Reports (Including Forms and Newsletters)	102,697	81,973
Salaries – Agency Staff	920,183	1,071,871
Salaries – HRB staff	4,193,417	3,885,573
Sponsorship	129,082	52,265
Strategy costs	5,576	–
Travel – Domestic	17,705	24,879
Travel – Foreign	42,087	52,213
Website Costs	42,641	65,908
Health Regulations Consent Declarations Committee	112,173	–
	8,784,370	7,855,411
Research Awards	29,168,715	29,028,093
	37,953,085	36,883,504

Notes to the Financial Statements for the year ended 31 December 2018

10. PENSIONS PAID TO RETIRED MEMBERS OF STAFF	2018 €	2017 €
Pension Payments	373,722	273,862
Less: Contributions from Current Staff	(229,955)	(229,219)
Contributions in respect of Seconded Staff	(43,521)	(39,986)
	100,246	4,657

11. EMPLOYEE COSTS	2018	2017
Remuneration and other pay costs (€)	4,193,417	3,885,573
Numbers of staff employed at 31 December (whole time equivalent)	65.0	60.6

€203,130 of pension levy was deducted (2017: €197,849) and paid over to the Department of Health.

Range of Total Employee Benefits	Number of Employees	
From To		
€60,000 - €69,999	9	6
€70,000 - €79,999	1	11
€80,000 - €89,999	9	2
€90,000 - €99,999	5	5
€100,000 - €109,999	2	3
€130,000 - €139,999	1	-

Notes to the Financial Statements for the year ended 31 December 2018

12. EMOLUMENTS OF CHIEF EXECUTIVE	2018 €	2017 €
Dr Darrin Morrissey	65,207	-
Dr Graham Love	-	23,792
Dr Mairead O'Driscoll (Acting Chief Executive)	75,067	102,884
	140,274	126,676

No bonus payments or awards were made to the incumbents of the post of Chief Executive Officer in 2018 or 2017. Travel and subsistence expenses paid to Dr Darrin Morrissey in 2018 were €2,586 (2017: €0) and to Dr Graham Love in 2017 were €1,661 and to Dr Mairead O'Driscoll as Acting CEO in 2018 were €3,126 (2017: €7,215).

13. BOARD MEMBERS FEES	2018 €	2017 €
Professor Jane Grimson (Chairperson)	11,730	-
Dr. Declan Bedford	-	11,970
Mr. John McCormack	7,695	7,695
Dr. Tom O'Callaghan	-	23,085
Prof. Bernadette Hannigan	7,695	8,876
	27,120	51,626

Board members' expenses in 2018 amounted to €3,309 (€2,911 in 2017).

14. SUPPORTING HEALTHCARE INTERVENTIONS	2018 €	2017 €
Supporting the design, conduct and evaluation of intervention studies.		
Clinical Research Co-ordination Ireland	1,335,520	75,000
Facilitate co-ordination, enabling mechanisms and national and international collaborations that improve the volume, quality, relevance and impact of trials and intervention studies in Ireland.		
Clinical Trials Research Networks	1,733,650	2,730,889
	3,069,170	3,480,889

Notes to the Financial Statements for the year ended 31 December 2018

15. ADDRESSING THE RESEARCH NEEDS OF THE IRISH HEALTH AND SOCIAL CARE SYSTEM

Supporting research that addresses questions of national relevance for clinical and population health practice and for health services management, and translation of the research results into policy and/or practice.

HRB Health Research Centres	1,100,000	1,200,000
The Irish Longitudinal Study on Ageing: Intellectual Disability Supplement	159,992	220,000
	1,259,992	1,420,000

Providing high quality, timely and relevant data for policy, service planning and research through the HRB'S national health information systems (NHIS).

National Database Project	22,221	-
	1,282,213	1,420,000

16. SUPPORTING EXCEPTIONAL RESEARCHERS AND LEADERS

Attracting the best people into health research by supporting excellent PhD training programmes.

Structured Population & Health Research Education (SPHeRE)	1,277,712	1,155,250
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Working with higher education institutions, hospital groups and the Health Service executive to identify develop and support leaders in health research.

HRB Clinician Scientist Awards	84,946	1,238,214
HRB Research Leaders Awards	2,799,992	1,854,566
	2,884,938	3,092,780
	4,162,650	4,248,030

Notes to the Financial Statements for the year ended 31 December 2018

17. BUILDING A STRONG ENABLING ENVIRONMENT

2018
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2017
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Invest in research infrastructure to promote excellence, critical mass and coordination, in order to support HRB strategic focus areas and the wider health community.

Research Award	HRB Clinical Research Facilities – Cork, Dublin and Galway, Phase II	1,050,000	–
	HRB/Wellcome Trust Clinical Research Facility – Dublin, Phase I	442,029	804,996
		1,492,029	804,996

18. ENHANCE ORGANISATIONAL PERFORMANCE

2018
€

2017
€

Ensuring that HRB systems and processes are robust, flexible and scalable.

Software development	47,293	88,867
Computer hardware	19,272	6,402
	66,565	95,269

Notes to the Financial Statements for the year ended 31 December 2018

19. FIXED ASSETS

	Premises*	Office Furniture & Equipment	Computers	Total
	€	€	€	€
Cost				
At beginning of year	384,785	880,453	209,755	1,474,993
Additions	-	2,551	26,162	28,713
Disposals	-	(11,171)	(12,117)	(288)
At end of year	384,785	871,833	223,800	1,480,418
Depreciation				
At beginning of year	384,785	525,177	169,831	1,079,793
Charge for year	-	130,316	35,735	166,051
Disposals	-	(11,073)	(12,117)	(23,190)
At end of year	384,785	644,420	193,449	1,222,654
Net Book Value				
At 31 December 2018	-	227,413	30,351	257,764
At 31 December 2017	-	355,276	39,924	395,200

* The HRB vacated a premises which it owns at 73 Lower Baggot Street in July 2014, when all its staff relocated to a new leased premises at 67-72 Lower Mount Street. The HRB granted the building to the Office of Public Works by a licence from 25 November 2014 for a cost of €1 and is now used by the Mothers and Babies Commission.

Notes to the Financial Statements for the year ended 31 December 2018

20. RECEIVABLES	2018 €	2017 €
Debtors	835,853	544,555
Prepayments and Sundry Debtors	58,423	601,184
	894,276	1,145,739

21. INVESTMENTS	2018 €	2017 €
Prize Bonds (at cost)	641	641

22. PAYABLES	2018 €	2017 €
<i>Amounts falling due within one year:</i>		
Other Creditors and Accruals	958,923	1,365,401
Deferred Income – Atlantic Philanthropies	346,178	699,409
	1,305,101	2,064,810

23. PAYABLES	2018 €	2017 €
<i>Amounts falling due greater than one year:</i>		
Deferred Benefit From Rent Free Period	454,687	493,985
Opening Balance at 1 December 2017		
Release of deferred benefit relating to the current year	(39,298)	(39,298)
Closing balance at 31 December 2018	415,389	454,687
Deferred Income – Atlantic Philanthropies	–	174,549
	415,389	629,236

Notes to the Financial Statements for the year ended 31 December 2018

24. CAPITAL RESERVE	2018 €	2017 €
At the beginning of the year	395,200	527,181
Expenditure from Capital Account to Fund Fixed Assets	26,162	21,095
Transfer from Revenue Account to Fund Fixed Assets	2,551	13,108
Depreciation Charge for the year	(166,051)	(166,184)
Disposal of Fixed Assets	-	-
At the End of the Year	395,200	527,181

25. ANALYSIS OF CASH AND CASH EQUIVALENTS	2018 €	2017 €
At the Beginning of the Year	907,183	1,749,303
Cash Flow (movement in the year)	(525,244)	(842,120)
At the End of the Year	381,939	907,183

26. OPERATING LEASES	2018 €	2017 €
During 2018, the HRB held one property lease in respect of which it has the following commitments:		
Payable within one year	416,100	416,100
Payable within two to five years	1,664,400	1,664,400
Payable after five years	2,291,305	2,707,405
	4,371,805	4,787,905

Operating lease payments recognised as an expense in 2018 were €376,802 (2017: €376,802).

This property at Grattan House, 67–72 Lower Mount Street, Dublin 2 is held by way of a 15-year lease commencing on 4 July 2014. The lease is subject to a review every five years, the initial rent being €416,100 per annum. The first 17 months of the lease were rent free and the first rental payment, amounting to €31,920, was made in December 2015. The benefit of the rent-free period has been spread over the life of the lease.

Notes to the Financial Statements for the year ended 31 December 2018

27. GRANT COMMITMENTS	2018	2017
GRANT COMMITMENTS CHANGES DURING THE YEAR	€	€
Opening Balance	111,648,201	93,487,446
Grants/Social Costs Granted During the Year	49,430,127	57,625,535
Grants/Social Costs de-committed during the Year	(2,884,953)	(209,269)
Payments on Awards During the Year	(40,312,458)	(39,255,511)
Outstanding Grant commitments at 31 December	117,880,917	111,648,201

28. BOARD MEMBERS' INTERESTS

Grants are, from time to time, made to bodies with which members are connected whether through employment or otherwise. The Board has procedures for dealing with conflicts of interest in accordance with the terms of section 13 of the Board's statutory instrument.

Please refer to Note 12 for a breakdown of the remuneration and benefits paid to key management.

29. COMPARATIVE FIGURES

Expenditure was re-classified in 2016 in order to align with the Focus Areas and Enablers set out in the HRB Strategy 2016-2020 Research Evidence Action

30. BOARD APPROVAL

The financial statements were approved by the Board on 26 September 2019.

Notes



An Bord Taighde Sláinte
Teach Grattan
67-72 Sráid an Mhóta Íochtarach
Baile Átha Cliath 2
D02 H638
Éire

Health Research Board
Grattan House
67-72 Lower Mount Street
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