

2017

Corporate Governance and Financial Statements

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Research.
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Action.

Published by:

Health Research Board, Dublin

© Health Research Board 2019

ISSN: 0791 220X

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Board Members 2017



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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 contain 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 23 February 2018.

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 2017.

Board Structure

The Board consists of 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
Dr Declan Bedford	Chairperson	Appointed 13 December 2012 Retired 12 December 2017
Dr Barry Cullen	Ordinary Member	26 May 2014
Professor M. Joe Duffy	Ordinary Member	Appointed 13 December 2012 Retired 12 December 2017
Professor Jane Grimson	Ordinary Member	5 November 2015
Professor Bernadette Hannigan	Ordinary Member	5 November 2015
Mr John McCormack	Ordinary Member	12 June 2015
Professor William Molloy	Ordinary Member	26 May 2014
Dr Tom O'Callaghan	Ordinary Member	Appointed 13 December 2012 Retired 12 December 2017
Professor Charles Normand	Ordinary Member	5 November 2015
Dr Marion Rowland	Ordinary Member	12 June 2015

The Board has established two committees as follows:

1. **Audit and Risk Committee** which, during 2017, was comprised of five Board members and one independent member. 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 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 ARC reports to the Board after each meeting, and formally in writing annually.

The members of the Audit and Risk Committee during 2017 were Mr Tom Lynch (external) (chairperson until August 2017); Professor MJ Duffy (Acting Chairperson); Dr Declan Bedford; Dr Barry Cullen; Dr Tom O'Callaghan; Professor Jane Grimson. There were four meetings of the ARC in 2017.

2. **The Management Development and Remuneration Committee (MDRC).** The role of the committee is to oversee the recruitment, selection, remuneration and performance appraisal of the CEO. The Committee also acts as a consultative group to the Chief Executive in relation to the review the performance and development of the Executive Team and planning for management succession in the organisation. On an annual basis it reviews the overall training and development programme for the organisation including the cost.

The members of the Committee during 2017 were Dr Declan Bedford (Chairperson); Professor Bernadette Hannigan; Professor William Molloy, Professor Charles Normand; Mr John McCormack; Dr Marion Rowland. The Committee met four times during 2017.

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Board and Committee meetings for 2017 is set out below including the fees and expenses received by each member:

	Board	Audit & Risk Committee	Management Development & Remuneration Committee	Fees 2017 €	Expenses 2017 €
Number of Meetings	7	4	4		
Dr Declan Bedford	7	4	4	€11,970	€877
Dr Barry Cullen	7	4			
Professor M. Joe Duffy	7	4			
Professor Jane Grimson	7				
Professor Bernadette Hannigan	6		4	*€7,695	€861
Mr John McCormack	7		4	**€7,695	
Professor William Molloy	6		2		
Professor Charles Normand	6		3		
Dr Tom O'Callaghan	5	1		***€7,695	
Dr Marion Rowland	7		4		

* Arrears of fees in respect of 2015 amounting to €1,181 were also paid Professor Hannigan during 2017.

** Board fees paid in respect of Mr John McCormack's board membership were remitted to the Irish Cancer Society. Mr McCormack was CEO of the Irish Cancer Society until 31 December 2017.

*** Arrears of fees in respect of 2014 and 2015 amounting to €15,390 were paid to Dr O'Callaghan in addition to the amount shown above for 2017.

Dr Cullen, Professor Duffy, Professor Molloy, Professor Normand, and Dr Rowland were not entitled to fees under the One Person One Salary (OPOS) principle. Professor Grimson declined fees as an ordinary member of the Board.

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 Fahy, Dr Mairead Harding and Dr Susan Steele to the Board. Professor Jane Grimson was appointed Chairperson on 5 February 2018.

The Chief Executive Officer, Dr Graham Love, resigned from his position with effect from 10 March 2017. Dr Mairead O'Driscoll undertook the role of Interim Chief Executive Officer for the remainder of the year. Mr Kevin Roantree, Director of Corporate Operations, resigned with effect from 28th September 2017. The positions of Chief Executive Officer and Director of Corporate Operations were filled in 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	2017	2016
€60,000	- €69,999	6	6
€70,000	- €79,999	11	11
€80,000	- €89,999	2	6
€90,000	- €99,999	5	3
€100,000	- €109,999	3	1

Consultancy Costs

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

	2017 €	2016 €
Legal advice	34,321	41,403
Financial advice	9,163	861
Public relations/marketing	-	-
Human resources	48,423	44,821
Business improvement – GDPR implementation	22,933	-
Business improvement – Unconscious bias	37,335	-
Other	6,616	476
Total consultancy costs	158,791	87,561
Consultancy costs capitalised	-	-
Consultancy costs charged to the Income and Expenditure And Retained Revenue Reserves	158,791	87,561
Total	158,791	87,561

Legal Costs and Settlements

The HRB did not incur any expenditure during 2017 or 2016 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

	2017 €	2016 €
Domestic		
– Board*	2,911	3,980
– Employees	24,879	24,243
International		
– Board	–	–
– Employees	52,213	43,597
Total	80,003	71,820


*includes travel and subsistence of €1,737 paid directly to Board members in 2017 (2016: €2,867). The balance of €1,174 (2016: €1,113) 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 €26,303 (2016: €22,037)

Statement of Compliance

The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put in 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 2017.



Professor Jane Grimson
Chairperson
7th December 2018

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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, and 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 2017, the HRB received nine requests under the Freedom of Information Act 2014. Of these requests, eight were granted and one was referred to another agency.

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 2017

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 2017 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 and one external member, with financial and audit expertise, one of whom is the Chair. The ARC met four times in 2017.

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 2017 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 2017.

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 2017. The Health Research Board is examining the requirements of the DPER circular 13/2014 Management and Accountability for Grants from Exchequer Funds in relation to the grant funding it provides and will be liaising with the Department of Health so as to ensure compliance with the circular going forward.

No other weaknesses in internal control were identified in relation to 2017 that require disclosure in the financial statements.



Professor Jane Grimson
Chairperson
7th December 2018



Oifig an Ard-Reachtair 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 2017 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 2017 and of its income and expenditure for 2017 in accordance with FRS 102.

Basis for qualified opinion on financial statements

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. The effect of the non-compliance on the Health Research Board's financial statements for 2017 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 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.

Patricia Sheehan
For and on behalf of the
Comptroller and Auditor General
18 December 2018

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 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 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 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 2017

Statement of Income and Expenditure and Retained Revenue Reserves for the year ended 31 December 2017

	Notes	2017 €	2016 €
INCOME			
Department of Health Revenue Grant (Vote 38 B.1)		33,909,291	31,554,000
Other Research Funding	2	2,791,875	1,653,674
Interest Receivable and Other Income		2,055	314
Transfer to Capital Reserve of Amount Allocated to Fund Fixed Assets		-	(850)
		36,703,221	33,207,138
EXPENDITURE			
Addressing major health challenges	3	8,917,317	10,064,222
Supporting healthcare interventions	4	7,680,246	6,766,214
Addressing the research needs of the Irish health and social care system	5	11,119,373	6,749,950
Supporting exceptional researchers and leaders	6	3,613,115	4,739,195
Building a strong enabling environment	7	2,453,711	2,071,722
Enhancing organisational performance	8	3,099,742	2,664,790
	9	36,883,504	33,056,093
SURPLUS/(DEFICIT) FOR THE YEAR		(180,283)	151,045
Revenue Reserves at 1 January		(460,200)	(611,245)
REVENUE RESERVES AT 31 DECEMBER		(640,483)	(460,200)

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 29 form part of these Financial Statements.



Professor Jane Grimson
Chairperson
7th December 2018



Professor Charles Normand
Board Member

Statement of Capital Income and Expenditure for the year ended 31 December 2017

	Notes	2017 €	2016 €
INCOME			
Department of Health capital grant (Vote 38 B.1)		10,070,279	10,071,433
Amortisation of capital reserve account		166,184	178,367
		10,236,463	10,249,800
EXPENDITURE			
Supporting healthcare interventions	14	3,480,889	2,236,601
Addressing the research needs of the Irish health and social care system	15	1,420,000	1,474,161
Supporting exceptional researchers and leaders	16	4,248,030	5,441,260
Building a strong enabling environment	17	804,996	887,671
Enhancing organisational performance	18	95,269	22,603
Additions to fixed assets		21,095	9,137
Depreciation	19	166,184	176,867
Loss on disposal of fixed assets		-	1,500
		10,236,463	10,249,800
SURPLUS/(DEFICIT) FOR THE YEAR		-	-

The Statement of Cashflows and notes 1 to 29 form part of these Financial Statements.



Professor Jane Grimson
Chairperson
7th December 2018



Professor Charles Normand
Board Member

Statement of Financial Position for the year ended 31 December 2017

	Notes	2017 €	2016 €
FIXED ASSETS			
Property, Plant & Equipment	19	395,200	527,181
CURRENT ASSETS			
Receivables	20	1,145,739	661,087
Investments	21	641	641
Cash at bank and on hand		907,183	1,749,303
		2,053,563	2,411,031
CURRENT LIABILITIES			
Amounts falling due within one year:			
Payables	22	2,064,810	1,532,834
		2,064,810	1,532,834
NET CURRENT ASSETS/(LIABILITIES)		(11,247)	878,197
LONG TERM LIABILITIES			
Amounts falling due after one year:			
Payables	23	629,236	1,338,397
		629,236	1,338,397
TOTAL NET ASSETS		(245,283)	66,981
REPRESENTING			
Retained Revenue Reserves		(640,483)	(460,200)
Capital Reserve	24	395,200	527,181
		(245,283)	66,981

The Statement of Cashflows and notes 1 to 29 form part of these Financial Statements.

Jane B. Grimson

Professor Jane Grimson
Chairperson
7th December 2018

C. a. Normand

Professor Charles Normand
Board Member

Statement of Cash Flows

for the year ended 31 December 2017

	Notes	2017 €	2016 €
CASH FLOW FROM OPERATING ACTIVITIES			
Surplus/(Deficit) for the year		(180,283)	151,045
Adjustment to deficit figure for depreciation		166,184	176,867
(Increase)/Decrease in Receivables		(484,652)	(295,824)
Increase/ (Decrease) in Payables		(177,184)	825,148
Increase/ (Decrease) in Fixed Assets		(166,184)	(176,867)
Amount Allocated to Fund Fixed Asset Additions		34,203	9,987
Bank Interest Received		(2,055)	(314)
NET CASH FLOW FROM OPERATING ACTIVITIES		(809,972)	690,042
CASH FLOW FROM INVESTING ACTIVITIES			
Amount Allocated to Fund Fixed Asset Additions		(34,203)	(9,987)
NET CASH FLOW FROM INVESTING ACTIVITIES		(34,203)	(9,987)
CASH FLOW FROM FINANCING ACTIVITIES			
Bank Interest Received		2,055	314
NET CASH FLOW FROM FINANCING ACTIVITIES		2,055	314
NET INCREASE IN CASH AND CASH EQUIVALENTS		(842,120)	680,369
RECONCILIATION OF OPENING TO CLOSING CASH AND CASH EQUIVALENTS			
Cash at bank at 1 January		1,749,303	1,068,934
Cash at bank at 31 December		907,183	1,749,303
MOVEMENT IN CASH FOR THE YEAR	25	(842,120)	680,369

Notes to the Financial Statements for the year ended 31 December 2017

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 Health Research Board was established under the Health (Corporate Bodies) Act 1961 by S.I. No. 279/1986 – The Health Research Board (Establishment) Order 1986.

Health Research Board's primary objectives as set out in 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 2017 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 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 2017

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 2017

h. Pensions

No provision has been made in respect of benefits payable under the Local Government Superannuation Scheme as the liability is underwritten by the Minister for Health.

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 2017.

Notes to the Financial Statements for the year ended 31 December 2017

2. OTHER RESEARCH FUNDING		2017 €	2016 €
Addressing major health challenges			
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust Research Career Development Fellowships	109,359	119,552
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust Sir Henry Wellcome Fellowship	13,552	17,823
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust Investigator Awards	256,755	109,184
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust Seed Awards	83,734	2,220
Science Foundation Ireland (SFI)	HRB/SFI Translational Research Awards	227,172	380,926
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust PhD Clinician Awards	28,365	-
Science Foundation Ireland (SFI)	Institutional Strategic Support Fund	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	291,500	-
US Ireland	US Ireland R&D Partnership	92,022	-
		1,142,423	629,705

Notes to the Financial Statements for the year ended 31 December 2017

Note 2 continued		2017 €	2016 €
Addressing the research needs of the Irish health and social care system			
Atlantic Philanthropies	Dementia Research Programme	353,864	123,428
Health Services Executive (HSE)	Prevalence Expert	11,465	11,465
HSC Public Health Agency (Northern Ireland)	Convenor of Cochrane Ireland Award	-	32,682
HSC Public Health Agency (Northern Ireland)	Palliative Care Research Network	35,000	-
Department of Justice and Equality	National Drug Related Deaths Index	100,794	91,054
European Monitoring Centre for Drugs and Drug Addiction	Contribution to Drug Misuse Research	79,590	79,591
Health Services Executive (HSE)	HSE Suicide Review	98,337	-
Health Services Executive (HSE)	Research Collaborative in Quality and Patient Safety (RCQPS)	206,311	163,727
EU Joint Action	Reducing Alcohol Related Harm Action Group (RAHRA)	-	309
The Kirker Prize	National Drug Related Deaths Index	-	1,000
		885,360	503,256
Supporting exceptional researchers and leaders			
Atlantic Philanthropies	Dementia Research Programme	518,529	420,764
Irish Medical Council	Medical Education Research Grant	14,202	50,000
Irish Cancer Society	Cancer Prevention Fellowships	51,750	49,949
		584,481	520,713
Building a strong enabling environment			
Irish Research Council	PPI Ignite Income	179,611	-
		179,611	-
		2,791,875	1,653,674

Notes to the Financial Statements for the year ended 31 December 2017

3. ADDRESSING MAJOR HEALTH CHALLENGES		2017 €	2016 €
Supporting high-quality, investigator led internationally competitive research			
Research awards	HRB Health Research Awards	2,716,607	7,358,932
	Medical Research Charities Group/HRB Joint funding scheme	804,075	699,998
	HRB/SFI Translational Research Awards	454,343	743,607
	Investigator Lead Projects	2,880,733	-
	National Children's Hospital Foundation	291,500	-
		7,147,258	8,802,537
Programme management		141,100	119,981
		7,288,358	8,922,518
Developing and implementing co-funding opportunities with international agencies and institutions			
Research awards	EU Joint Programming Initiative - Neurodegenerative Diseases (JPND)	-	282,945
	EU Joint Programming Initiative - Determinants of Diet and Physical Activity (DEDIPAC)	70,485	157,979
	EU Joint Programming Initiative - Healthy Diet for a Healthy Life (HDHL)	60,000	20,000
	HRB/SFI/Wellcome Trust - Research Career Development Fellowships	218,718	239,106
	HRB/SFI/Wellcome Trust - Sir Henry Wellcome Fellowship	27,104	35,645
	HRB/SFI/Wellcome Trust - Investigator Awards	513,510	218,369
	HRB/SFI/Wellcome Trust - Seed Awards	167,468	4,439
	HRB/SFI/Wellcome Trust - PhD Clinician Awards	56,729	-
	US Ireland Research & Development Partnership	384,494	138,948
	HRB/SFI/Wellcome Trust- Institutional Strategic Support Fund	649	-
		1,499,157	1,097,431
Programme management		129,802	44,273
		1,628,959	1,141,704
		8,917,317	10,064,222

Notes to the Financial Statements for the year ended 31 December 2017

4. SUPPORTING HEALTHCARE INTERVENTIONS		2017 €	2016 €
Supporting the design, conduct and evaluation of intervention studies.			
Research awards	Irish Clinical Oncology Research Group (ICORG)	2,998,400	3,198,400
	Statistics and Data Management Services for ICORG	426,021	433,671
	Clinical Trials Research Networks – submission costs	51,189	9,173
	HRB Health Research Awards	109,310	510,031
		3,584,920	4,151,275
Programme management		79,888	54,267
		3,664,808	4,205,542
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	328,341	228,778
	HRB Clinical Research Coordination Ireland (CRCI)	15,000	35,000
	HRB Health Research Awards	1,589,279	2,231,001
	HRB Definitive Intervention and Feasibility Awards	2,036,919	–
		3,969,539	2,494,779
Programme management		45,899	65,893
		4,015,438	2,560,672
		7,680,246	6,766,214

Notes to the Financial Statements for the year ended 31 December 2017

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

2017
€

2016
€

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	589,418	514,913
	Collaborative Applied Research Grants	1,026,279	901,812
	HRB Health Research Awards	734,124	1,111,042
	Applied Research Projects in Dementia	591,663	75,704
	All Ireland Institute of Hospice and Palliative Care Structured Research Network	78,000	-
	Medical Education Research Grant	14,202	62,262
	Applied Partnership Awards	971,400	95,009
	Evaluation of the Pilot Implementation of the Framework for Safe Nurse Staffing and Skill Mix	265,291	177,256
	Knowledge Exchange Dissemination Scheme	1,127,286	-
	HRB Study for Primary Care Research - Social Payment	19,665	-
	The Irish Longitudinal Study of Ageing	2,238,015	-
		7,655,343	2,937,998
Programme management		109,680	147,560
		7,765,023	3,085,558

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	259,820	148,675
National Drug Treatment Reporting System	351,688	289,258
National Psychiatric Inpatient Reporting System	123,162	125,798
National Disabilities Database	349,954	249,346
National Database Development Project	427,022	293,688
	1,511,646	1,106,765
Programme management	145,691	246,282
	1,657,337	1,353,047

Notes to the Financial Statements for the year ended 31 December 2017

Note 5 continued		2017 €	2016 €
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	669,407	762,857
	HRB National Drugs Library	251,433	290,683
	DrugNet Ireland	45,191	51,104
	European Monitoring System for Drugs and Drug Addiction European focal point activities	176,312	181,526
	HRB Collaboration in Ireland for Clinical Effectiveness Reviews	-	424,661
	Cochrane UK Centre contribution	56,991	60,421
	Cochrane training	5,411	6,524
Research awards	Cochrane Training Fellowships	433,220	497,169
		1,637,965	2,274,945
	Programme management	59,048	36,400
		1,697,013	2,311,345
		11,119,373	6,749,950

Notes to the Financial Statements for the year ended 31 December 2017

6. SUPPORTING EXCEPTIONAL RESEARCHERS AND LEADERS

2017
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2016
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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	20,450	100,000
	National Specialist Registrar/Senior Registrar Fellowship Academic Programme	248,831	182,880
	Health Professional Fellowships	1,001,818	2,743,675
	Structured Population and Health Services Research Education (SPHeRE)	36,110	164,525
	Postdoctoral Research Fellowships in Translational Medicine	(5,962)	-
		1,301,247	3,191,080
	Programme management	52,590	51,107
		1,353,837	3,242,187

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

Research awards	Cancer Nursing Research – Project Development Grant	18,525	20,284
	Interdisciplinary Capacity Enhancement Awards	274,494	654,014
	Marie Curie Postdoctoral Mobility Fellowship	-	(501)
	Emerging Investigator Awards for Health	1,051,421	-
		1,344,440	673,797
	Programme management	88,681	59,222
		1,433,121	733,019

Notes to the Financial Statements for the year ended 31 December 2017

Note 6 continued		2017 €	2016 €
Working with higher education institutions, hospital groups and the Health Service Executive to identify develop and support leaders in health research.			
Research awards	Knowledge Exchange Dissemination Scheme	-	2,193
	Research Priorities for Nurses	-	(6,140)
	Research Leader Award in Dementia	346,854	265,339
		346,854	261,392
Programme management		15,773	4,957
		362,627	266,349
Working with national and international partners to facilitate training and exchange opportunities that address skills gaps.			
NCI Summer Curriculum in Cancer Prevention		32,654	28,421
Summer Student Scholarships		66,750	72,000
HRB/NCI Cancer Prevention Fellowship Programme		188,956	137,607
HRB Internship Programme		53,554	171,483
Fulbright Commission Training Grant		47,000	-
		388,914	409,511
Programme management		74,616	88,129
		463,530	497,640
		3,613,115	4,739,195

Notes to the Financial Statements for the year ended 31 December 2017

7. BUILDING A STRONG ENABLING ENVIRONMENT		2017 €	2016 €
Working with the Department of Health and key stakeholders to shape the national research agenda in relation to health and social care.			
Programme management		71,077	168,010
Providing leadership to shape the review, conduct and governance of research			
Research award	Public Patient Involvement-Ignite Award	449,026	-
		449,026	-
Programme management		705,749	536,745
		1,154,775	536,745
Contributing to, and benefitting from, international developments in policy, regulation and legislation relevant to health research and healthcare in Ireland.			
Programme management		44,603	32,430
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 Centre for Advanced Medical Imaging		
	HRB Centre for Advanced Medical Imaging	-	143,506
	HRB Clinical Research Facilities	833,175	795,130
		908,175	1,013,636
Programme management		184,908	229,364
		1,093,083	1,243,000
Supporting Irish health researchers to participate in Horizon 2020 and other European research programmes.			
Programme management		90,173	91,537
		2,453,711	2,071,722

Notes to the Financial Statements for the year ended 31 December 2017

8. ENHANCING ORGANISATIONAL PERFORMANCE	2017 €	2016 €
Ensuring a high performing working environment built on innovation, adaptability and teamwork.		
Programme management and administration	408,456	271,244
Enabling transparent and accountable decision-making based on the best possible information.		
Programme management and administration	220,381	173,797
Ensuring that HRB systems and processes are robust, flexible and scalable.		
Programme management and administration	2,002,643	1,807,481
Enhancing recognition of the value of health research and the HRB's role nationally and internationally.		
Programme management and administration	468,262	412,268
	3,099,742	2,664,790

Notes to the Financial Statements for the year ended 31 December 2017

9. EXPENDITURE	2017 €	2016 €
Advertising	22,453	2,751
Audit Fees	23,827	19,827
Audit Services – Internal Audit and audit of Host Institutions	14,231	26,662
Bank Charges	13,259	1,231
Board Expenses	2,911	3,980
Board Fees	51,626	35,055
Books and Journals (including online databases)	129,089	151,635
Building Management Fees	80,083	67,763
Building Running Charges	163,393	164,326
Cochrane Contribution	56,991	60,421
Commissioned Research	102,742	146,660
Computers – Annual Licences	116,302	108,294
Computers – ICT Equipment and Running Costs	110,519	136,133
Computers – Software Support, Maintenance and Development	194,316	166,210
Contracted Services	264,418	232,998
Corporate Publications	41,603	89,103
Hospitality	26,303	22,037
Insurance, Rent and Rates	484,417	482,426
Launches and Events	125,686	100,182
Managed Service – GEMS	105,288	107,256
Managed Service – ICT Support	143,651	105,852
Managed Service – Legal Fees	34,321	41,403
Managed Service – Media Monitoring	19,207	16,917
Managed Service – Payroll Processing	15,578	16,127
Memberships	13,403	18,259
Organisation Courses	69,835	79,849
Other Employee Costs	42,671	34,980
Panel Costs and Associated Award Costs	121,803	69,719
Pension Contributions	(269,205)	(297,045)

Notes to the Financial Statements for the year ended 31 December 2017

Note 9 continued	2017 €	2016 €
Pension Payments	273,862	274,995
Recruitment costs	26,146	-
Reports (Including Forms and Newsletters)	81,973	119,728
Salaries – Agency Staff	1,071,871	556,153
Salaries – HRB staff	3,885,573	3,801,284
Sponsorship	52,265	42,210
Travel – Domestic	24,879	24,243
Travel – Foreign	52,213	43,597
Website Costs	65,908	27,607
	7,855,411	7,100,827
Research Awards	29,028,093	25,955,266
	36,883,504	33,056,093

Notes to the Financial Statements for the year ended 31 December 2017

10. PENSIONS PAID TO RETIRED MEMBERS OF STAFF	2017 €	2016 €
Pension Payments	273,862	274,995
Less: Contributions from Current Staff	(229,219)	(276,760)
Contributions in respect of Seconded Staff	(39,986)	(20,281)
	4,657	(22,046)

11. EMPLOYEE COSTS	2017	2016
Remuneration and other pay costs (€)	3,885,573	3,801,284
Numbers of staff employed at 31 December (whole time equivalent)	60.6	57.6

€197,849 of pension levy was deducted (2016: €197,849) and paid over to the Department of Health.

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

Notes to the Financial Statements for the year ended 31 December 2017

12. EMOLUMENTS OF CHIEF EXECUTIVE	2017 €	2016 €
Dr Graham Love	23,792	120,436
Dr Mairead O'Driscoll (Acting Chief Executive)	102,884	-
	126,676	120,436

No bonus payments or awards were made to the incumbents of the posts of Chief Executive in 2017 or 2016. Travel and subsistence expenses paid to Dr Graham Love in 2017 were €1,661 (2016: €5,803) and to Dr Mairead O'Driscoll in 2017 were €7,215.

13. BOARD MEMBERS FEES	2017 €	2016 €
Dr. Declan Bedford (Chairman)	11,970	11,970
Mr. John McCormack	7,695	7,695
Dr. Tom O'Callaghan	23,085	7,695
Prof. Bernadette Hannigan	8,876	7,695
	51,626	35,055

Board Members expenses in 2017 amounted to €2,911 (€3,980 in 2016).
Mr McCormack remits all board fees to the Irish Cancer Society
Prof Jane Grimson has declined Board member fees

14. SUPPORTING HEALTHCARE INTERVENTIONS	2017 €	2016 €
Supporting the design, conduct and evaluation of intervention studies.		
Research Award Clinical Research Co-ordination Ireland	750,000	750,000
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.		
Research Award Clinical Trials Research Networks	2,730,889	1,486,601
	3,480,889	2,236,601

Notes to the Financial Statements for the year ended 31 December 2017

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

2017
€

2016
€

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	HRB Health Research Centres	1,200,000	1,200,000
	The Irish Longitudinal Study on Ageing: Intellectual Disability Supplement	220,000	220,000
		1,420,000	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		-	54,161
		1,420,000	1,474,161

16. SUPPORTING EXCEPTIONAL RESEARCHERS AND LEADERS

2017
€

2016
€

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

Research Award	Structured Population & Health Research Education (SPHeRE)	1,155,250	1,231,139
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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.

Research Awards	HRB Clinician Scientist Awards	1,238,214	1,912,544
	HRB Research Leaders Awards	1,854,566	2,297,577
		3,092,780	4,210,121
		4,248,030	5,441,260

Notes to the Financial Statements for the year ended 31 December 2017

17. BUILDING A STRONG ENABLING ENVIRONMENT	2017 €	2016 €
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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/Wellcome Trust Clinical Research Facility – Dublin	804,996	887,671
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18. ENHANCE ORGANISATIONAL PERFORMANCE	2017 €	2016 €
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Ensuring that HRB systems and processes are robust, flexible and scalable.

	Software development	88,867	–
	Computer hardware	6,402	22,603
		95,269	22,603

Notes to the Financial Statements for the year ended 31 December 2017

19. FIXED ASSETS

	Premises*	Office Furniture & Equipment	Computers	Total
	€	€	€	€
Cost				
At beginning of year	384,785	867,345	188,660	1,440,790
Additions	-	13,108	21,095	34,203
Disposals	-			-
At end of year	384,785	880,453	209,755	1,474,993
Depreciation				
At beginning of year	384,785	395,011	133,813	913,609
Charge for year	-	130,166	36,018	166,184
Disposals	-			-
At end of year	384,785	525,177	169,831	1,079,793
Net Book Value				
At 31 December 2017	-	355,276	39,924	395,200
At 31 December 2016	-	472,334	54,847	527,181

* Health Research Board vacated a premises which it owns at 73 Lower Baggot St. in July 2014 when all its staff relocated to a new leased premises at 67-72 Lower Mount St. 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 2017

20. RECEIVABLES	2017 €	2016 €
Receivables	544,555	393,652
Prepayments and Sundry Receivables	601,184	267,435
	1,145,739	661,087

21. INVESTMENTS	2017 €	2016 €
Prize Bonds (at cost)	641	641

22. PAYABLES	2017 €	2016 €
<i>Amounts falling due within one year:</i>		
Other Creditors and Accruals	1,365,401	630,895
Deferred Income – Atlantic Philanthropies	699,409	901,939
	2,064,810	1,532,834

23. PAYABLES	2017 €	2016 €
<i>Amounts falling due greater than one year:</i>		
Deferred Benefit From Rent Free Period		
Opening Balance at 1 December 2017	493,985	533,283
Release of deferred benefit relating to the current year	(39,298)	(39,298)
Closing Balance 31 December 2017	454,687	493,985
Deferred Income – Atlantic Philanthropies	174,549	844,412
	629,236	1,338,397

Notes to the Financial Statements for the year ended 31 December 2017

24. CAPITAL RESERVE	2017 €	2016 €
At the beginning of the year	527,181	695,561
Expenditure from Capital Account to Fund Fixed Assets	21,095	9,137
Transfer from Revenue Account to Fund Fixed Assets	13,108	850
Depreciation Charge for the year	(166,184)	(176,867)
Disposal of Fixed Assets	–	(1,500)
At the End of the Year	395,200	527,181

25. ANALYSIS OF CASH AND CASH EQUIVALENTS	2017 €	2016 €
At the Beginning of the Year	1,749,303	1,068,934
Cash Flow (movement in the year)	(842,120)	680,369
At the End of the Year	907,183	1,749,303

26. OPERATING LEASES	2017 €	2016 €
During 2017 the Health Research Board 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	2,707,405	3,123,505
	4,787,905	5,204,005

Operating lease payments recognised as an expense in 2017 were €376,802 (2016: €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 4th 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 2017

27. GRANT COMMITMENTS	2017	2016
GRANT COMMITMENTS CHANGES DURING THE YEAR	€	€
Opening Balance	93,487,446	97,133,409
Grants/Social Costs Granted During the Year	57,625,535	32,945,178
Grants/Social Costs de-committed during the Year	(209,269)	(224,723)
Payments on Awards During the Year	(39,255,511)	(36,366,418)
At the end of the year	111,648,201	93,487,446

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. BOARD APPROVAL

The financial statements were approved by the Board on 7th December 2018.

An Bord Taighde Sláinte
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