St. Vincent's Hospital, Fairview

Reports and Financial Statements for the financial year ended 31 December 2018

REPORTS AND FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

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TRUSTEES, GOVERNORS AND OTHER INFORMATION

TRUSTEES

Dr. Deborah M. Keelan (Resigned 19/10/2018)

Dr. James H. O'Boyle Fr. Kevin O'Shea CM Prof. Jeremiah Sexton Sr. Nuala Dolan DC

Dr. Mel Bates

Ms. Eileen Dunne (Appointed 25/02/2019)

GOVERNORS

Fr. Eugene Curran

Sr. Nuala Dolan DC (Resigned 23/02/2018)

Mr. Gordon Duffy

Ms. Eileen Dunne (Resigned 19/10/2018)

Mr. Conor Hannaway Mr. Francis Brophy Mr. Andy Kelly Prof. Jim Lucey Mr. David Petherbridge

Dr. Joseph Murphy

Sr. Sheila Ryan (Appointed 27/4/2018) Ms. Julie Ryan (Appointed 25/02/2019)

CHARITY REGISTRATION NUMBER

20044244

CHARITY CHY NUMBER

13863

BANKERS

Bank of Ireland O'Connell Street

Dublin 1

INSURERS

State Claims Agency

Allianz plc

SOLICITORS

Mason Hayes & Curran South Bank House Barrow Street Dublin 4

AUDITORS

Deloitte Ireland LLP

Chartered Accountants and Statutory Audit Firm

Deloitte & Touche House

Earlsfort Terrace

Dublin 2

GOVERNORS' REPORT

The Governors present the financial statements of St. Vincent's Hospital Fairview (the "Hospital") for the year ended 31 December 2018.

PRINCIPAL ACTIVITIES

The principal activity of the Hospital is to provide comprehensive psychiatric services to patients from the North Inner City, Glasnevin/Drumcondra, Clontarf/Eastwall and Ballymun areas. In this regard it is funded by grant payments from the Health Service Executive ('HSE').

REVIEW OF PERFORMANCE

The Hospital continues to rely on HSE funding to maintain its level of service to patients. The Hospital seeks to operate within its budget from the HSE each year.

Government funding is critical to the Hospital in order for it to continue to provide psychiatric services to its patients. The Hospital strives to offer a flexible working environment to retain staff in its operations. The Hospital is aware of and manages risk by setting Key Performance Indicators across its activities, and these were satisfactorily achieved in 2018.

Key Performance Indicator	s.	31 December 2018	31 December 2017
Acute Services - Adult	Bed Numbers	30	30
	Occupancy %	88%	82%
	Admissions	529	430
	Discharges	521	433
	Assessments	1,488	1,330
Acute Services - Old Age	Bed Numbers	6	6
	Occupancy %	79%	74%
	Admissions	19	37
	Discharges	18	37
Adolescent In-Patient Unit	Bed Numbers	12	8
	Occupancy %	63%	92%
	Admissions	52	44
	Discharges	54	44

REVIEW OF PERFORMANCE (CONTINUED)

Key Performance Indicators		31 December 2018	31 December 2017
Long Stay/Continuing Care	Bed Numbers Occupancy %	9 100%	9 98%
	Admissions Discharges	0	0 1
Community Hostels	Number of Places	9	10
Day Hospital - Adult	Attendances	9,699	8,074
Day Hospital - Adolescent	Attendances	941	992
Out Patient/Specialist Clinics	Attendances	4,857	5,097
Total Number of Admissions Total Number of Discharges		600 593	511 515

RESULTS

The deficit for the financial year as stated on the Statement of Comprehensive Income amounted to €1,071,172 (2017: €595,583). This deficit is stated after depreciation €583,325 (2017: €622,139), repayment of capital grants on disposal of HSE part funded assets of €377,430, a profit on disposal of fixed assets of €92,240 and an impairment of a property held by the hospital of €80,645.

The operating (deficit)/surplus before depreciation and capital related transactions for the financial year is €122,012 (2017: €26,556). The financial statements are prepared under FRS102. Reconciliations from the FRS102 financial statements to the Department of Health Accounting Standards is presented in the unaudited supplementary information to these financial statements.

EVENTS SINCE THE YEAR END AND FUTURE DEVELOPMENTS

The Governors do not expect any change in the nature of the Hospital's activities in the foreseeable future.

TRUSTEES

The present Trustees are listed on page 2.

GOVERNORS

The Governors are listed on page 2 and unless otherwise indicated have served throughout the financial year.

GOING CONCERN

The financial statements have been prepared on a going concern basis. In assessing the appropriateness of the going concern basis, the Governors have taken account of all relevant information covering a period of at least twelve months from the date of approval of the financial statements. Further information in this regard is set out in Note 1 to the financial statements.

PROMPT PAYMENT OF ACCOUNTS

The Hospital has always sought to pay suppliers of goods and services promptly and has complied, in all material respects, with the provisions of the Prompt Payment of Accounts Act, 1997, as amended by the European Communities (Late Payment in Commercial Transactions) Regulations 2002.

GOVERNORS' REPORT (CONTINUED)

PAY POLICY

The Hospital is a publicly funded Section 38 Agency and as a publicly funded agency is required to comply with Public Pay Policy. With the exception of an on call allowance paid to one officer, and which the HSE are aware of, the Hospital is compliant with Public Pay Policy.

ACCOUNTING RECORDS

The measures that the Governors have taken with regard to the keeping of accounting records, are the employment of appropriately qualified accounting personnel and the maintenance of computerised accounting systems. The Hospital's accounting records are maintained at the Hospital's registered office at St. Vincent's Hospital, Fairview, Dublin 3.

DISCLOSURE OF INFORMATION TO AUDITORS

In the case of each of the persons who are Governors at the time the governors' report and financial statements are approved:

- a) So far as the Governor is aware, there is no relevant audit information of which the Hospital's auditors are unaware; and
- b) Each Governor has taken all steps that ought to have been taken by the Governor in order to make himself aware of any relevant audit information and to establish that the Hospital's auditors are aware of that information.

AUDITORS

The auditors, Deloitte Ireland LLP, Chartered Accountants and Statutory Audit Firm, who were appointed during the year, continue in office.

Approved by the Board and signed on its behalf by:

Mr. Conor Hannaway

Governor

Mr. Francis Brophy Governor

Date:

GOVERNORS' RESPONSIBILITIES STATEMENT

The Governors are responsible for preparing the Governors' report and the financial statements in accordance with the applicable regulations.

The Governors are required to prepare financial statements for each financial year. The Governors have elected to prepare the financial statements in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland ("relevant financial reporting framework"). The Governors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the Hospital as at the financial year end date and of the surplus or deficit of the Hospital for the financial year.

In preparing those financial statements, the Governors are required to:

- select suitable accounting policies for the Hospital financial statements and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether the financial statements have been prepared in accordance with the applicable accounting standards, identify those standards, and note the effect and the reasons for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Hospital will continue in business.

The Governors are responsible for ensuring that the Hospital keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the Hospital, enable at any time the assets, liabilities, financial position and surplus or deficit of the Hospital to be determined with reasonable accuracy and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the Hospital and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Governors are responsible for the maintenance and integrity of the corporate and financial information included on the Hospital's website.

Deloitte Ireland LLP Chartered Accountants & Statutory Audit Firm



INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES AND GOVERNORS OF ST. VINCENT'S HOSPITAL, FAIRVIEW

Report on the audit of the financial statements

Opinion on the financial statements of St. Vincent's Hospital, Fairview (the 'entity')

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the entity as at 31 December 2018 and of the deficit for the financial year then ended; and
- have been properly prepared in accordance with the relevant financial reporting framework.

The financial statements we have audited comprise:

- the Statement of Comprehensive Income;
- the Balance Sheet;
- the Statement of Changes in Reserves;
- the Statement of Cash Flows; and
- the related notes 1 to 22, including a summary of significant accounting policies as set out in note 2.

The relevant financial reporting framework that has been applied in their preparation FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" issued by the Financial Reporting Council ("the relevant financial reporting framework").

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are described below in the "Auditor's responsibilities for the audit of the financial statements" section of our report.

We are independent of the entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which ISAs (Ireland) require us to report to you where:

- the Governors use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the Governors have not disclosed in the financial statements any identified material uncertainties that
 may cast significant doubt about the entity's ability to continue to adopt the going concern basis of
 accounting for a period of at least twelve months from the date when the financial statements are
 authorised for issue.

Other information

The Governors are responsible for the other information. The other information comprises the information included in the reports and financial statements for the financial year ended 31 December 2018, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

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INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES AND GOVERNORS OF ST. VINCENT'S HOSPITAL, FAIRVIEW

Other information (continued)

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are expected to determine whether there is a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are expected to report that fact.

We have nothing to report in this regard.

Responsibilities of governors

As explained more fully in the Governors Responsibilities Statement, the Governors are responsible for the preparation of the financial statements that give a true and fair view, and for such internal control as the Governors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Governors are responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Governors either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) 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 ISAs (Ireland), we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- 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 our 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.
- 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
 entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Governors.
- Conclude on the appropriateness of the Governors' use of the going concern basis of accounting and, based on
 the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may
 cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material
 uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the
 financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based
 on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may
 cause the entity (or where relevant, the group) to cease to continue as a going concern.
- 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.

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INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES AND GOVERNORS OF ST. VINCENT'S HOSPITAL, FAIRVIEW

Auditor's responsibilities for the audit of the financial statements (continued)

We 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 the auditor identifies during the audit.

This report is made solely to the entity's Governors, as a body, in accordance with our engagement letter. Our audit work has been undertaken so that we might state to the entity's Governors those matters we are expected to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the entity and the entity's Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Kevin Sheehan

for and on behalf of Deloitte Ireland LLP Chartered Accountants and Statutory Audit Firm Deloitte & Touche House, Earlsfort Terrace, Dublin 2

Date: 27/6/19

STATEMENT OF COMPREHENSIVE INCOME FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

	Notes	2018 €	2017 €
INCOME Grant income - Health Service Executive Other income	4 5	14,774,611 2,141,030	14,294,919 2,016,936
		16,915,641	16,311,855
EXPENDITURE Staff costs Supplies and services	6	(13,571,422) (3,466,231)	(12,837,852) (3,447,447)
OPERATING (DEFICIT)/SURPLUS BEFORE I AND CAPITAL DISPOSALS	DEPRECIATION	(122,012)	26,556
Depreciation	7	(583,325)	(622,139)
Loss on disposal of fixed assets	7	(285,190)	-
Impairment of fixed asset	7	(80,645)	-
DEFICIT FOR THE FINANCIAL YEAR		(1,071,172)	(595,583)

BALANCE SHEET AS AT 31 DECEMBER 2018

	Notes	2018 €	2017 €
Fixed Assets Tangible Fixed Assets	7	21,975,956	23,359,865
Current Assets Investments Stocks Debtors Cash at bank and in hand	8 9 10 11	784 22,280 2,575,235	784 27,708 2,275,624
Creditors: A mounts falling due within one year	12	779,485 3,377,784 (3,085,213)	485,513 2,789,629 (2,809,795)
Net Current Assets/(Liabilities)		292,571	(20,166)
NET ASSETS		22,268,527	23,339,699
FINANCED BY			
Capital grants Capital Development Fund Retained (deficit)		21,975,956 434,749 (142,178)	23,359,865 - (20,166)
		22,268,527	23,339,699

The financial statements were approved and authorised for issue by the Board of Governors on 24 June 2017 and signed on its behalf by:

Mr. Conor Hannaway

Governor

Mr. Francis Brophy

Governor

STATEMENT OF CHANGES IN RESERVES AS AT 31 DECEMBER 2018

	Retained (Deficit) €	Capital Grants €	Capital Development Fund (Note 15) €	Total €
At 1 January 2017	(46,722)	23,973,561	-	23,926,839
Surplus for the financial year before depreciation and capital transactions	26,556	-	-	26,556
Depreciation of assets funded by capital grants	٦	(622,139)	-	(622,139)
Capital grants receivable		8,443		8,443
At 31 December 2017	(20,166)	23,359,865	-	23,339,699
(Deficit) for the financial year before depreciation, capital disposals and impairments	(122,012)	-	-	(122,012)
Depreciation of assets funded by capital grants	-	(583,325)	-	(583,325)
Transfer of NBV on property disposal to Capital Development Fund	-	(719,939)	719,939	-
Loss on disposal of fixed asset	-	-	(285,190)	(285,190)
Impairment of Fixed Asset		(80,645)	<u> </u>	(80,645)
At 31 December 2018	(142,178)	21,975,956	434,749	22,268,527
			.,	

STATEMENT OF CASH FLOWS AS AT 31 DECEMBER 2018

	Notes	2018 E	2017 €
Blak and Could and Could		_	C
Net cash (outflow)/inflow from operating activities	16	(57,124)	683,066
Cash flows from investing activities			
Purchase of tangible fixed assets Proceeds of Disposal of Fixed Asset		- 434,749	(8,443)
Treegods of pisposal of Fixed Asset		434,743	-
Net cash inflow/(outflow) from investing acti	ivities	434,749	(8,443)
Cash flows from financing activities			
Interest paid on loans and overdraft		(1,248)	(1,378)
Net cash (outflows) from financing activities		(1,248)	(1,378)
Net increase in cash and cash equivalents		376,377	673,245
Cash and cash equivalents at the beginning of	f financial year	328,369	(344,876)
Cash and cash equivalents at end of financial	year	704,746	328,369
Reconciliation to hospital controlled cash at b	ank and in hand:		
Cash at bank and in hand – note 11 Bank overdraft – note 12		704,746	375,380
Dank overdraft - note 12		-	(47,011)
Cash and cash equivalents at end of financial	voar	704,746	328,369

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

GOING CONCERN 1.

The Hospital is primarily funded by means of an annual revenue allocation from the Health Service Executive ("HSE"). As such, it is dependent on the HSE providing adequate funding to ensure that it can meet its liabilities as and when they fall due. During the year, the allocated funding from the HSE increased by 3.4% (€480k). The Hospital has been notified that its allocated funding for 2019 will be at similar level as in 2018. This represents a significant challenge to management to continue to maintain activity levels and achieve financial breakeven.

The financial statements have been prepared on a going concern basis as the Governors are of the view that the overall level of funding from the HSE together with further cost cutting measures, steps being taken to recover arrears of funds due to the Hospital (including capital grants - see Note 18) and the availability of appropriate bank overdraft facilities will ensure that the Hospital continues as a going concern for a period of not less than 12 months from the date of approval of the financial statements.

STATEMENT OF ACCOUNTING POLICIES 2.

Basis of preparation

The Hospital is established under a trust deed. The financial statements have been prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland issued by the Financial Reporting Council.

Revenue recognition (a)

(i) Grants

Revenue grants are credited to the Statement of Comprehensive Income in the financial year in which they are receivable, on the basis of the allocated amount notified by the Health Service Executive ("HSE") to the Hospital at the end of the financial year. Capital grants are treated as a deferred credit and amortised on the same basis as the related fixed assets are depreciated.

Health agency income (ii)

This refers to income derived from the use of facilities and staff by various other health agencies, including the HSE. It includes the recharge of direct costs arising for the occupancy of units in the Fairview Community Unit to those agencies, and charges for staff utilised by the HSE, and is accounted for in to the period to which the income relates.

Other patient income (iii)

Income from long stay patients and statutory in-patient charges are accounted for in the period in which the Hospital has earned the income.

Rental income (iv)

Rental income from the rent of premises owned by the Hospital is accounted for in the period to which the rental income relates.

Restaurant and pharmacy sales (v)

Restaurant and pharmacy sales are accounted for net of value added tax and are recorded in the period in which the sales are made.

(b) **Fixed Assets**

Tangible fixed assets are stated at cost less accumulated depreciation and less any provision for impairment. Depreciation is calculated at the following rates:

Buildings Vehicles

2.5% reducing balance basis 20% - 33.3% straight line basis

Fixtures and fittings

10% - 25% straight line basis

Freehold Land

not depreciated

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

2. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)

(c) Impairment of Assets

When events or circumstances indicate that the carrying amount of a tangible asset may be impaired, the Hospital estimates the net realisable value (where the asset is traded on an active market) or the present value of future cashflow expected to result from the use of the asset and its residual value. Where the net realisable value or the present value of future cash flows is less than the carrying amount of the asset, the Governors will consider recognising an impairment.

(d) Investments

Investments purchased are stated at cost.

- Investments bequeathed are initially included at current market value. A provision is made for any expected permanent diminution in value.
- Income from investments is accounted for on a cash receipts basis. Gains/losses from investment sales and income from investments are credited to the Statement of Comprehensive Income.

(e) Stocks

Stocks have been valued at cost with appropriate write-offs for stock which is damaged or obsolete.

(f) Patients' property

Monies received by the Hospital from or on behalf of long-stay patients for safekeeping are kept in special accounts separate and apart from the Hospital's accounts. Such accounts are collectively called the Patients' Private Property accounts. Such monies are not the property of the Hospital and are administered by the Hospital on behalf of the patients. No charges are made to patients for administering these funds.

(g) Pensions

The Hospital acts as an agent in the operation of the defined benefit pension schemes operated in respect of the employees eligible for inclusion under VHSS and the Single Public Service Pension Scheme ("SPSPS") established for persons employed since 2013. Both of these schemes are administered, funded and underwritten by the State.

The Hospital does not contribute financially to the schemes. Contributions are received from eligible employees only. The Governors consider that the Hospital has no responsibility for any liability that falls due as a result of any ultimate under-funding of the schemes.

(i) VHSS

In accordance with the service plan agreed with the HSE and the Department of Health, pension contributions received may be offset against pension payments made and the surplus or deficit each financial year forms part of the funding for the Hospital. The Governors consider that the Hospital has no responsibility for any liability that falls due as a result of any ultimate under funding of the scheme.

Contributions received are credited to the Statement of Comprehensive Income as they are received. Payments made under the scheme are charged to the Statement of Comprehensive Income as they fall due. Refunds of contributions paid are charged to the Statement of Comprehensive Income when notification is received from the Department of Health to make a payment to an employee who is leaving the scheme.

The surplus or deficit of contributions each year forms part of the funding of the Hospital, and is reflected by adjustments being made to the HSE revenue allocation. Public sector pension levies are treated in a similar manner.

(ii) SPSPS

Contributions from eligible employees are transferred to a bank account notified to the Hospital by the Department of Public Expenditure and Reform.

NOTES TO THE FINANCIAL STATEMENTS FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

2. STATEMENT OF ACCOUNTING POLICIES (CONTINUED)

(h) Financial instruments

Financial assets and financial liabilities are recognised when the Hospital becomes a party to the contractual provisions of the instrument. Financial liabilities are classified according to the substance of the contractual arrangements entered into.

All financial assets and liabilities are initially measured at transaction price (including transaction costs), except for those financial assets classified at fair value through the Statement of Comprehensive Income, which are initially measured at fair value (which is normally the transaction price excluding transaction costs), unless the arrangement constitutes a financing transaction. If an arrangement constitutes a financing transaction, the financial asset or financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar instrument.

Financial assets are derecognised when and only when (a) the contractual rights to the cash flows from the financial asset expire or are settled, (b) the Hospital transfers to another party substantially all of the risks and rewards of ownership of the financial asset, or (c) the Hospital, despite having retained some, but not all, significant risks and rewards of ownership, has transferred control of the asset to another party.

Financial liabilities are derecognised only when the obligation specified in the contract is discharged, cancelled or expires.

Financial assets and liabilities are only offset in the balance sheet when and only when there exists a legally enforceable right to set off the recognised amounts and the Hospital intends either to settle on a net basis, or to realise the assets and settle the liability simultaneously.

Balances are classified as payable or receivable within one year if payment or receipt is due within one year or less. If not, they are presented as falling due after more than one year. Balances that are classified as payable or receivable within one year on initial recognition are measured at the undiscounted amount of the cash or other consideration expected to be paid or received, net of impairment.

(i) Provisions for liabilities

A provision is recognised when the Hospital has a legal or constructive obligation as a result of a past event and it is probable that an outflow of economic benefits will be required to settle the obligation.

(j) Comparative figures

Comparative figures have been reclassified on the same basis as the current financial year.

(k) Taxation

The Hospital is a registered charity and is exempt from taxation on its income (CHY No.13863).

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

In the application of the Hospital's accounting policies, which are described in note 2, the Governors are required to make judgments, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY (CONTINUED)

Information about critical judgments in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements is included in the accounting policies and the notes to the financial statements.

Critical judgment in applying the Hospital's accounting policies

The following judgment, apart from those involving estimates, made by the Governors has had significant effect on the amounts recognized in the Hospital's financial statements:

Goina Concern

The Governors believe that it is appropriate to continue to adopt the going concern basis in preparing the financial statements. See note 1 for further details.

Pensions

Most employees participate in the VHSS operated by the HSE. The VHSS is an unfunded 'pay as you go' scheme underwritten by the Minister for Health. In the judgment of the Governors the funds required to pay current pension liabilities, under the VHSS, as they arise will continue to be provided by the Department of Health.

In the opinion of the Governors, the Department of Public Expenditure and Reform ("DPER") is responsible for the Single Scheme and payments arising under this scheme to retiring employees are payable by the State. See note 17 for further details.

Critical accounting estimates and assumptions

The Governors make estimates and assumptions concerning the future in the process of preparing the Hospital's financial statements. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amount of assets and liabilities within the next financial year are addressed below.

Useful economic lives of tangible fixed assets

The annual depreciation on tangible fixed assets is sensitive to changes in the estimated useful lives and residual values of the assets. The useful economic lives and residual values are reviewed annually. They are amended when necessary to reflect current estimates, based on economic utilisation, technological advancements and the physical condition of the assets. The amortisation rate for capital grants is also reviewed in conjunction with the asset lives review and these are adjusted if appropriate.

Impairment of Assets

When events or circumstances indicate that the carrying amount of a tangible asset may be impaired, the Hospital estimates the net realisable value (where the asset is traded on an active market) or the present value of future cashflow expected to result from the use of the asset and its residual value. Where the net realisable value or the present value of future cash flows is less than the carrying amount of the asset, the Governors will consider recognising an impairment.

Impairment of debtors

The Governors make an assessment at the end of each financial year of whether there is objective evidence that a debtor is impaired. When assessing impairment of debtors and other amounts receivable, the Governors consider factors including the age profile of outstanding amounts receivable, recent correspondence and historical experience in cash collectors from debtors.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

4. HEALTH SERVICE EXECUTIVE GRANTS

The Hospital receives an annual allocation from the HSE to fund its operations. The grant is solely applied to fund both pay and non-pay costs arising in the delivery of psychiatric services to patients in Dublin North Inner City. The Hospital receives in excess of 50% of its funding from the HSE. Details of the grant are as follows:

		2018 €	2017 €
	Cash received in the year	14,614,854	14,445,769
	Receivable at the start of the year (note 10) Receivable at the end of the year (note 10)	(1,476,176) 1,635,933	(1,627,026) 1,476,176
	Grant allocated for the year	14,774,611	14,294,919
5.	OTHER INCOME	2018 €	2017 €
	An analysis of other income is as follows:	361,434	413,522
	Superannuation Pension levy	374,717	341,675
	Patient income - Long stay - Statutory In-patient charges - Restaurant sales	92,133 9,833 68,655	96,547 2,600 64,661 1,735
	- Telephones - Pharmacy sales	177,438	176,362
	 Health agency income (see (b) below) 	843,065	842,076 77,759
	- Sundries	213,755	77,758
		2,141,030	2,016,936

(b) Health agency income

Health agency income is received by the Hospital in respect of the occupancy of the Fairview Community Unit ("FCU") and for utilisation of nursing staff, by other healthcare agencies, including the HSE. At 31 December 2018, the FCU continued to be occupied by St. Ita's Hospital, Portrane who have the use of 25 Beds, the Mater Misericordiae University Hospital who have use of 50 Beds (2017 - 50 Beds), and the HSE which operates a Day Hospital from the FCU. Costs incurred by the Hospital in respect of the FCU are recouped from the various health agencies occupying the unit and this is included in Other Income in the Statement of Comprehensive Income.

(c) Fundraising

The Hospital does not engage in fundraising activities.

6. STAFF COSTS

The average monthly number of persons employed by the Hospital was 313 (including 81 Pensioners (2017: 298).

	2018	2017
Staff costs are as follows:	€	€
Gross pay	11,378,174	10,780,841
Employers' PRSI	953,104	903,653
Pension costs	1,255,950	1,143,598
Holiday accrual	(15,806)	9,760
	13,571,422	12,837,852
	Alexander	18

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

6. STAFF COSTS (CONTINUED)

Details of employees (excluding Pensioners) whose total employee benefits excluding employers PRSI for the reporting period which fell within the following bands are as follows:

Band		No. of staff	No. of staff
From	То	2018	2017
€60,000	€69,999	26	22
€70,000	€79,999	8	6
€80,000	€89,999	3	2
€90,000	€99,999	1	
€100,000	€109,999	1	1
€220,000	€229,999	_ -	1
€230,000	€239,999	1	-
		40	32

No remuneration has been paid to Governors in the year (2017: €Nil).

Chief Executive Officer (CEO) remuneration

The CEO remuneration package for the financial year was as follows:

	2018 €	
Basic pay	79,887	76,178

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

TANGIBLE FIXED ASSETS	Freehold land €	Buildings C	Fixtures and fittings C	Vehicles €	Total €
Cost: At 1 January 2018 Disposals (see (a) below)	101,499 -	29,865,263 (858,784)	2;442,547 -	108,184	32,517,493 (858,784
At 31 December 2018	101,499	29,006,479	2,442,547	108,184	31,658,709
Depreciation & Impairment:					
At 1 January 2018	-	6,777 <u>,</u> 152	2,272,292	108,184	9,157,628
Charge for the financial year	-	559,192	24,133	-	583,325
Disposals (see (a) below)	-	(138,845)		-	(138,845 80,645
Impairment (see (b) below)	-	80,645	~	-	.00,043
At 31 December 2018	-	7,278,144	2,296,425	108,184	9,682,753
Carrying amount:	101,499	21,728,335	146,122	_	21,975,956
At 31 December 2018	101,499	21,120,333	1-0,122		
At 31 December 2017	101,499	23,088,111	170,255	_	23,359,865
				3,-1,	

Interests in assets
In 2008 the Daughters of Charity of St. Vincent de Paul gifted 21 Convent Avenue, Dublin 3 to the Hospital on the condition that, if the property ceases to be used for the provision of psychiatric services by the Hospital, the Trustees shall pay, out of the assets of the Hospital, the higher of €635,000 or the open market value at the time of cessation. Buildings include €16m in respect of the Fairview Community Unit, which have been funded by the HSE.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

7. TANGIBLE FIXED ASSETS (CONTINUED)

(a) Disposal

During the financial year the Hospital disposed of a property it held at Seaview Avenue, Dublin. The details of which are as follows:

	€
Sales proceeds Less: legal fees incurred	438,380 (3,631)
Net proceeds	434,749
Net book value at date of disposal	(719,939)
Loss on disposal	(285,190)
Adjustment to reflect discount on sales proceeds due to capital funding previously provided on this property repaid to the HSE	377,430
Adjusted profit on disposal	92,240

(b) Impairment

The Governors obtained a valuation of the Hospital's premises on Convent Avenue at 31 December 2018. This valuation was carried out by Norths Property. Following review of this valuation, the Governors have recognised an impairment of €80,645 to the carrying value of the Convent Avenue building.

In the opinion of the Governors, there are no reasonable possible changes to the assumptions used in the impairment review that would result in any additional impairment being recorded for any fixed asset at 31 December 2018 or 31 December 2017.

8.	INVESTMENTS	2018	2017
	Prize bonds		<u></u>
	At beginning and end of year	784	784
9.	STOCKS	2018 €	2017 €
	Pharmacy	22.200	27.700
		22,280	27,708

In the opinion of the governors, the replacement cost of stock does not significantly differ from the amounts shown above.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

10.	DEBTORS	2018 €	2017 €
	Heath Service Executive (Dublin North City/	· ·	C
	Dublin North & related Hospitals)	176,812	148,922
	Patient debtors	22,911	17,645
	Sundry debtors and prepayments	275,038	170,225
	Health Service Executive revenue grant (Note 4)	1,635,933	1,476,176
	Health Service Executive capital grant (Note 18)	462,656	462,656
	VAT receivable	1,885	-
		2,575,235	2,275,624
		4-1-	
	CASTA AT DANIE AND THE LIAND	2018	2017
11.	CASH AT BANK AND IN HAND	€	€
	Cash on hand	2,570	1,897
	Main bank account	39,363	-
	Staff savings account	.555	555
	Deposit account	662,258	372,928
	Patients' private property – bank account	74,739	110,133
		779,485	485,513
12.	CREDITORS	2018	2017
		€	€
	Trade creditors	500,332	331,206
	PAYE/PRSI/VAT	280,502	343,372
	Wages and salaries	6,985	5,443
	Holiday accrual	168,634	184,440
	Pension and lump sum payments	137,722	122,413
	Other payroll and agency staff costs	1,309,590	932,337
	Deferred income	134,931	283,426
	Others	471,778	450,014
	Patients' private property – liability	74,739	110,133
	Bank overdraft (Note 14)	-	47,011
		3,085,213	2,809,795

13. CONSULTANTS' BACK-PAY ON CONTRACTS

A liability has been included within this year's Financial Statements in relation to the consultants' back-pay settlement. St. Vincent's Hospital, Fairview are facilitating processing payments to consultants, based on instruction from the HSE. There is a commitment from the HSE to fund the above liability, and consequently there is a corresponding receivable balance within debtors.

14. BANK OVERDRAFT

The Hospital has an ongoing bank overdraft facility for its working capital needs. The balance outstanding at 31 December 2018 was €NIL (2017: €47,011). The overdraft facility is on an unsecured basis.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

15. CAPITAL DEVELOPMENT FUND

The Trustees and Governors of the Hospital agreed to dispose of Seaview Avenue during 2018. The funds received from this disposal and transfer of related Capital Grant will be retained within a Capital Development Fund to be used for future hospital developments.

16. RECONCILIATION OF OPERATING SURPLUS TO NET CASH (OUTFLOW)/INFLOW FROM OPERATING ACTIVITIES

	2018 €	2017 €
Deficit for the financial year Add-back interest charged Add-back depreciation Add-back repayment of capital grant Add-back impairment of fixed asset Deduct profit on disposal of fixed asset Decrease in stocks (Increase)/decrease in debtors Increase in creditors	(1,071,172) 1,248 583,325 377,430 80,645 (92,240) 5,428 (299,611) 357,823	(595,583) 1,378 622,139 - - 19,866 197,923 437,283
Net cash (outflow)/inflow from operating activities	(57,124)	683,066

17. PENSION COMMITMENTS

The Hospital operates a defined benefit pension scheme in respect of employees eligible for inclusion under the VHSS.

In the financial year ended 31 December 2018 €361,434 (2017: €413,522) was retained as income, €1,017,316 (2017: €941,450) was paid to pensioners and refunded to employees leaving the scheme, €238,635 (2017: €202,147) was expensed in respect of lump sums, and €Nil (2017: €Nil) was charged in respect of tax on lump sums.

Whilst the VHSS scheme is a defined benefits scheme, the Hospital has availed of the multi-employer scheme exemption from the disclosure requirements relating to defined benefit schemes in FRS 102, on the grounds that the Hospital's deemed contributions, as determined by the Department of Health are set in relation to the current service period only (i.e. are not affected by a surplus or deficit relating to the past service of its own employees or any other members of the scheme). On this basis the scheme is considered for disclosure purposes as a defined contribution scheme and no further disclosures are required.

This scheme is in operation for the majority of the employees and is administered, funded and underwritten by the Department of Health. The Governors consider that the Hospital has no liability arising from any potential under funding of the schemes.

A new Single Public Service Pension Scheme (Single Scheme) commenced with effect from 1st January 2013. The Scheme applies to all pensionable first time entrants to the Public Service, as well as former public servants returning to the Public Service after a break of more than 26 weeks. Benefits are calculated by reference to "referable amounts" for each year's service that are uprated by the CPI as notified by the Minister. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform and not credited to the Profit and Loss Account. As per Public Service Pensions (Single Scheme and Other Provisions) Act 2012, Section 44(1) (b), payments arising under this Single Scheme to retiring employees shall be paid from funds provided by the Oireachtas for that purpose.

In the financial year ended 31 December 2018, €119,303 (2017: €77,404) was paid to DPER.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

18. CAPITAL GRANTS RECEIVABLE

In 2011, the Hospital received approval from the HSE to extend the then existing 6 Bed Adolescent Inpatient Unit to a new 12 Bed Unit at a total cost (including equipment) of €2.7m, to be funded by way of a capital grant from the HSE. The work was completed in 2012 and the Unit has been occupied since then. However, since late 2012 the HSE has not paid any capital assistance due to the Hospital (including monies outstanding under the agreement relating to the Adolescent Unit) pending agreement by the Hospital to retrospectively provide security against the Fairview Community Unit constructed by the HSE on hospital property in 2010.

The requirement to retrospectively grant such security, and the legal nature of the security sought, is not acceptable to the Board of the Hospital. Legal advice to the Board is that the grant due in respect of the Adolescent Unit is legally payable to the Hospital regardless of the request made by the HSE in relation to the Fairview Community Unit. However, the Board are agreeable to recognise the HSE's interest in the Fairview Community Unit and to protect that interest in the event that that property was to be sold or otherwise ceased to be used by the Hospital for healthcare purposes. The Board has submitted a draft agreement which they feel will be mutually acceptable. The HSE has acknowledged the amount due at the balance sheet date and this has been placed in a solicitor account by the HSE pending completion of the above matters.

The Board are therefore of the view that the balance payable to the Hospital on foot of the grant agreement in the sum of €462,656 (2017: €462,656) will be paid in full following resolution of the legal issues arising as a result of the amendment sought by the HSE. The total capital grants outstanding as at 31 December 2018 due to this matter amount to €462,656 (2017: €462,656).

19. TRANSACTIONS WITH GOVERNORS AND CONNECTED PERSONS

During the financial year, Dr. D. Keelan resigned as a trustee of the Hospital, Dr. D. Keelan is a former staff member of the Hospital and receives a pension from the Hospital in relation to this role. Dr. D. Keelan is not remunerated for the position of trustee.

During the financial year, the Hospital purchased medical services from a practice of which Dr. Mel Bates is a member. Dr. Mel Bates is a trustee of the Hospital. The value of the purchases from Dr. Mel Bates in 2018 was €1,510 (2017: €1,625) and an amount of €Nil (2017: €50) was due to Dr. Mel Bates at 31 December.

Key management personnel

All Governors have authority and responsibility for planning, directing and controlling the activities of the Hospital and are therefore considered to be key management personnel. No remuneration has been paid to governors. Remuneration costs (including employer PRSI) in respect of key management personnel amounted to €342,477 (2017: €329,590).

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2018

20. FINANCIAL INSTRUMENTS

The carrying values of the Hospital's financial assets and liabilities are summarised by category below:

Measured at discounted amount receivable Heath Service Executive (Dublin North City/	2018 €	2017 €
Dublin North & related Hospitals)	176,812	148,922
Patient debtors	22,911	17,645
Health Service Executive revenue grant	1,802,607	1,476,176
Health Service Executive capital grant	462,656	462,656
Measured at discounted amount payable		
Trade creditors	500,332	331,206
Patients' private property – liability	74,739	110,133
Bank overdraft (Note 14)		47,011

21. SUBSEQUENT EVENTS

No material events have occurred between the balance sheet date and the date these financial statements were issued.

22. APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements were	approved an	id authorised	for issue	by the	Board o	of Governors	on t	he.

ST. VINCENT'S HOSPITAL, FAIRVIEW	
SUPPLEMENTARY INFORMATION	
(NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)	
(NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)	
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(NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)	

NON CAPITAL INCOME & EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 31 DECEMBER 2018

(Excerpt from Financial Statements presented under the Accounting Standards for Voluntary Hospitals effective 1.1.1999)

(NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)

2018 € 20,166 2,315,471 1,255,951 3,571,422	2017 € 46,722 11,694,255 1,143,597 12,837,852
20,166 2,315,471 1,255,951 3,571,422	46,722 11,694,255 1,143,597
2,315,471 1,255,951 3,571,422	11,694,255 1,143,597
1,255,951 3,571,422	1,143,597
1,255,951 3,571,422	1,143,597
3,571,422	<u> </u>
	12,837,852
440 500	
445 255	
412,583	420,399
3,053,648	3,027,048
3,466,231	3,447,447
7,057,819	16,332,021
2,141,030)	(2,016,936)
4,916,789	14,315,085
4,774,611)	(14,294,919)
1/0 179	20,166
	7,057,819 2,141,030) 4,916,789

With the exception of fixed asset depreciation, impairment, repayment of capital grant and profit on disposal which is dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31 December 2018 have been included in the Income and Expenditure Account noted above. The net deficit in both years arises from continuing operations.

RECONCILIATION BETWEEN NON CAPITAL INCOME & EXPENDITURE ACCOUNT AND STATEMENT OF COMPREHENSIVE INCOME

Deficit for Year - Non Capital Income & Expenditure Account	(142,178)	(20,166)
Add Back Interest payable and similar charges Add Back Deficit brought forward	1,278 20,166	1,378 46,722
(Deficit)/Surplus for year	(120,734)	27,934
Depreciation Loss on disposal of fixed assets Interest payable and similar charges Impairment of Fixed Asset	(583,325) (285,190) (1,278) (80,645)	(622,139) (1,373)
Deficit for the Financial Year – Statement of Comprehensive Income	(1,071,172)	(595,583)

BALANCE SHEET

AS AT 31 DECEMBER 2018

(Excerpt from Financial Statements presented under the Accounting Standards for Voluntary Hospitals effective 1.1.1999)

(NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)

2018	2017
£	€
21.975.956	23,359,865
784	784
22,280	27,708
2,575,235	2,275,624
779,485	485,513
3,377,784	2,789,629
(3,085,213)	(2,809,795)
292,571	(20,166)
22,268,527	23,339,699
21.975.956	23,359,865
	-
(142,178)	(20,166)
22,268,527	23,339,699
	21,975,956 784 22,280 2,575,235 779,485 3,377,784 (3,085,213) 292,571 22,268,527 21,975,956 434,749 (142,178)

SCHEDULES TO THE DETAILED REVENUE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2018 (NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)

SCHEDULE 1 - REMUNERATION	2018	2017
	€	€
Administrative Medical:	1,248,226	1,125,592
Non-Consultant Hospital Doctors (NCHD)	525,284	587,098
Common contract	544,550	430,278
Nursing	7,661,686	7,437,721
Para-medical	773,092	578,015
Catering	684,406	622,465
Housekeeping	736,707	725,596
Maintenance	157,326	177,730
Pensions and superannuation refunds	1,017,316	941,450
Lump sum	238,635	202,147
Holiday accrual	(15,806)	9,760
	13,571,422	12,837,852
Pay costs are further analysed as follows:	E	€
Basic pay	8,096,493	8,352,445
Overtime	1,477,277	1,324,847
Premium pay	1,679,132	1,003,229
Holiday/public holiday premiums	88,434	60,476
Holiday accrual	(15,806)	9,760
On call/standby	24,080	24,584
PRSI employer	951,648	903,653
Travel allowance	14,213	15,261
Pensions and refunds	1,017,316	941,450
Gratuities/lump sums	238,635	202,147
Total pay costs	13,571,422	12,837,852

SCHEDULES TO THE DETAILED REVENUE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2018 (NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)

SCHEDULE 2 - SUPPLIES AND SERVICES	2018 €	2017 €
Medicines Blood/blood products Medical gases Medical/surgical supplies Other medical equipment X-Ray/imaging Catering expenses Heat, power and light Cleaning and washing Furniture, crockery and hardware Bedding and clothing Maintenance Farm and grounds Education and training Travel and subsistence Transport (patient) Vehicles running costs Insurance Legal Audit Computer Office expenses Professional services Bad/doubtful debts Security Publications Membership/subscriptions Miscellaneous Bank interest, charges	338,557 2,427 3,073 29,789 38,636 100 462,140 411,172 311,556 33,764 4,741 343,080 61,309 62,092 14,922 12,299 6,095 56,824 51,562 36,900 44,555 294,866 257,146 (39,904) 396,307 45,198 16,500 169,277 1,248	349,727 3,718 2,449 32,745 31,854 (95) 377,234 370,424 286,842 62,644 5,988 434,371 69,930 176,932 19,464 13,891 11,303 72,437 72,906 36,900 43,942 261,054 68,563 25,925 364,711 42,101 20,590 187,518 1,379
	3,466,231	3,447,447

SCHEDULES TO THE DETAILED REVENUE ACCOUNT (CONTINUED) FOR THE YEAR ENDED 31 DECEMBER 2018 (NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)

SCHEDULE 3 - MINOR INCOME	2018 €	2017 €
Superannuation	361,434	413,522
Pension levy Patient	374,717	341,675
Long stay	92,133	96,547
Statutory In-patient charges	9,833	2,600
Restaurant sales	68,655	64,661
Telephones	-	1,735
Pharmacy sales	177,438	176,362
Health Agency income	843,065	842,076
Sundries	213,755	77,758
	2,141,030	2,016,936
	The state of the s	

CAPITAL INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2018 (Excerpt from Financial Statements presented under the Accounting Standards for Voluntary Hospitals effective 1.1.1999)
(NOT COVERED BY THE INDEPENDENT AUDITORS' REPORT)

	2018	2017
CAPITAL INCOME SOURCES	€	€
Disposal, Net Proceeds of	434,749	÷
	434,749	
		<u> </u>
CAPITAL EXPENDITURE		
Equipment Capital Expenditure - Non Capitalised	- -	- -
TOTAL CAPITAL EXPENDITURE		
OPENING SURPLUS FROM PREVIOUS YEAR OTHER FUNDS	-	-
CLOSING SURPLUS TO FOLLOWING YEAR	434,749	-

With the exception of fixed asset depreciation, impairment and items above which are dealt with through the Capitalisation Account, all recognised gains and losses for the year ended 31 December 2018 have been included in the Income & Expenditure Account. The net result in both years arises from continuing operations.