

Royal Victoria Eye & Ear Hospital

Directors' Report and Financial Statements

Financial Year Ended 31 December 2023

CONTENTS

	Page
COUNCIL MEMBERS AND DIRECTORS AND OTHER INFORMATION	2
COUNCIL MEMBERS' REPORT	3 - 5
INDEPENDENT AUDITORS' REPORT	6 - 7
INCOME AND EXPENDITURE ACCOUNT	8
BALANCE SHEET	9
STATEMENT OF CHANGES IN EQUITY	10
STATEMENT OF CASH FLOWS	11
NOTES TO THE FINANCIAL STATEMENTS	12 - 22

COUNCIL MEMBERS AND DIRECTORS AND OTHER INFORMATION

Council Members and Directors

Mr James O'Donoghue (President)
Mr Tom Bean
Mr Donal Brosnahan (Clinical Director and Accountable Officer)
Mr Ashton Dallsingh
Ms Aisling Dodgson
Prof Jane Farrar
Mr Frank Fenn
Ms Natasha Fennell
Ms Susan Gilvarry (Resigned at AGM 2023)
Ms Elaine Hanly (Resigned at AGM 2023)
Mr Leo Harmon
Mr Brendan Healy
Mr Stephen Hone
Mr Dara Kilmartin
Dr. Deirdre McCoy
Ms Tara Mackle (Chairperson of the Medical Board)
Ms Geraldine Murphy
Mr Stephen Murphy (Resigned at AGM 2023)
Mr Shane O'Sullivan
Mr Piaras Power
Ms Patricia Quinn

Ex-officio members

The Lord Mayor of Dublin – Ms Caroline Conroy (until June 2023)
The Lord Mayor of Dublin – Mr Daithí de Róiste (from July 2023)
Dublin City Councillor - Mr Paddy McCartan

Key Management

Mr Tommy Bracken

Address

Royal Victoria Eye and Ear Hospital
Adelaide Road
Dublin 2

CHY number: 1604

Auditors

PricewaterhouseCoopers
Chartered Accountants and Statutory Audit Firm
One Spencer Dock
North Wall Quay
Dublin 1

Bankers

AIB
Dame Street
Dublin 2

Solicitors

A&L Goodbody Solicitors
IFSC
North Wall Quay
Dublin 1

COUNCIL MEMBERS' REPORT

The Members of Council present their report and the audited financial statements for the year ended 31 December 2023.

Statement of Council Members' and Directors' responsibilities

The Council is responsible for preparing the Council's report and the financial statements.

The Council is required to prepare financial statements for each financial year that give a true and fair view of the Hospital's assets, liabilities and financial position as at the end of the financial year and of the surplus or deficit of the Hospital for the financial year. The Council have prepared the financial statements in accordance with Generally Accepted Accounting Practice in Ireland (accounting standards issued by the Financial Reporting Council including Financial Reporting Standard 102, *the Financial Reporting Standard applicable in the UK and Republic of Ireland and Irish Law*).

The Council shall not approve the financial statements unless they are satisfied that they give a true and fair view of the Hospital's assets, liabilities and financial position as at the end of the financial year and the surplus or deficit of the Hospital for the financial year.

In preparing these financial statements, the Council is required to:

- select suitable accounting policies 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 applicable accounting standards and identify the standards in question, subject to any material departures from those standards being disclosed and explained in the notes to the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Hospital will continue in business.

The Council is responsible for keeping adequate accounting records that are sufficient to:

- correctly record and explain 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

The Council is 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 Council is responsible for the maintenance and integrity of the corporate and financial information included on the Hospital's website. Legislation in Ireland governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Principal activities and risks

The Royal Victoria Eye and Ear Hospital ("the Hospital") operates as an independent state funded hospital. The Hospital is subject to the normal operating and finance risks associated with the current public and private healthcare environments. These include reliance on continued funding from the HSE and for ever increasing demand for quality healthcare services which place significant cost pressures on the available funding.

Results

The deficit for the year was €1,332,379 (2022: Deficit €282,611). The Deficit was arrived at after charging net superannuation costs of €2,928,140 (2022: €3,321,153) being superannuation payroll expenditure of €4,576,069 (2022: €4,848,005) less superannuation income of €1,647,928 (2022: €1,526,852). The HSE provided funding of €3,127,243 (2022: €3,087,654) to fund the net superannuation costs.

The Council's view (as stated in the accounting policies on page 13 and in Note 16 to the Financial Statements) is that the liability for superannuation lies with the Department of Health and not with the Hospital and that superannuation costs should be fully funded so there should be no liabilities in the Hospital's Financial Statements in relation to superannuation. In the current year Superannuation was overfunded by €199,102 (2022: underfunded by €233,499).

COUNCIL MEMBERS' REPORT - continued

Results – continued

A key driver of hospital spend increases in 2023 was a steady increase in patient volumes treated, coupled with a broadening and deepening of services in certain areas. The continued impacts of price inflation in the non-pay area also had a significant impact on the result overall.

Monthly assessments regularly identified deficits, and clear spend run rates were outlined. In mid-April 2024, the hospital was informed that its entire 2023 deficit was not going to be fully cleared by the HSE at year end leaving 3% of the 2023 net spend unfunded.

Going concern

The financial statements have been prepared on the going concern basis which assumes that the Hospital will be able to continue in operational existence for the foreseeable future. The Hospital continues to operate in an environment with significant funding restraints. 2023 resulted in a deficit of €1,332,397 (2022 deficit: €282,611).

In addition to the operating deficit, the Hospital has net current Liabilities of €2,061,426 at 31 December 2023 (net current Liabilities 2022: €267,636) and total net liabilities of €823,173 in 2023; (2022: total net assets of €509,206). Cash and cash equivalents at the end of the year showed a net overdraft position of €797,831 (2022 €683,316). This overdraft was cleared in January 2024.

Net current liabilities include €1,681,660 of deferred income liabilities relating to capital grants from the HSE, which have no associated cash outflow and a further €500,000 in relation to other accruals and liabilities which are not anticipated to result in a cash outflow over the next 12 months.

Based on the 2024 allocation from the HSE the Hospital is expected to generate an operating deficit for 2024. The projected deficit is driven largely by increased demand for services due to demographic changes, and also to high inflation. This increased activity is likely to have a significant impact on non-pay costs, particularly drug and consumable related costs. The Hospital is in ongoing discussions with the HSE in relation to funding these increased costs and is hopeful that agreement will be reached in relation to same.

The hospital is also proactively undertaking measures towards enhancing financial viability by implementing cost containment measures aimed at optimising operational efficiency and resource allocation. The hospital is also confident that measures will be taken by the HSE to provide additional funding and/or cash advances as needed to assist them in coping with any ongoing funding pressures as it did in 2023. Furthermore, the hospital has developed cost reduction options that tailor the quantum of its activities to match the hospital's finalised budget.

The hospital has received and taken into consideration the budget related memorandum from the CEO of the Health Services Executive dated 29th March 2024. This memo provides assurance that the HSE is committed to working with hospitals to enhance service activity and improve access for patients and other service users. Furthermore, the HSE has outlined its intention to work closely with these institutions to drive productivity changes and ensure value for money.

The Hospital is dependent on the Health Service Executive (HSE) to fund its activities and the ongoing support of the HSE at an appropriate level is fundamental to the Hospital's ability to continue as a going concern. The HSE has not given any indication that it will withdraw its financial support from the hospital in the foreseeable future.

The Council members are therefore satisfied that appropriate measures can be taken to ensure the Hospital has adequate resources to continue in operational existence for the foreseeable future. After making enquiries, and having considered the hospital's forecasts and planned actions, the directors have a reasonable expectation that the hospital has adequate resources to continue in operational existence for the foreseeable future. Therefore, these financial statements have been prepared on a going concern basis.

Review of activities and future developments

The Hospital plans to continue providing high quality healthcare, as well as keeping pace with appropriate developments and improvements in medical and clinical healthcare practices in line with Hospital strategy.

Taxation status

The RVEEH enjoys corporation tax relief status as a charity and is an approved body for the purpose of tax relief on qualifying donations.

COUNCIL MEMBERS' REPORT - continued

Events since the end of the financial year

No significant events have occurred since the end of the financial year.

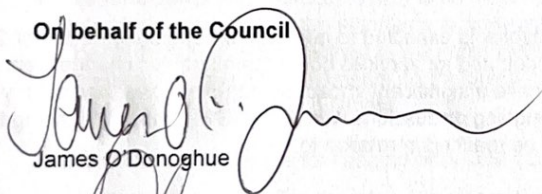
Accounting records

The measures taken by the Council to secure compliance with the Hospitals' obligation to keep adequate accounting records are the use of appropriate systems and procedures and employment of competent persons. The accounting records are kept at Royal Victoria Eye and Ear Hospital, Dublin 2.

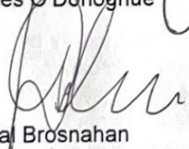
Auditors

The Auditors, PricewaterhouseCoopers, have indicated their willingness to continue in office, and a resolution that they be re-appointed will be proposed at the Annual General Meeting.

On behalf of the Council



James O'Donoghue



Donal Brosnahan

Date: 29th May 2024



Independent auditors' report to the council members of Royal Victoria Eye and Ear Hospital

Report on the audit of the non-statutory financial statements

Opinion

In our opinion, Royal Victoria Eye and Ear Hospital's non-statutory financial statements (the "financial statements"):

- give a true and fair view of the hospital's assets, liabilities and financial position as at 31 December 2023 and of its deficit and cash flows for the year then ended; and
- have been properly prepared in accordance with Generally Accepted Accounting Practice in Ireland (accounting standards issued by the Financial Reporting Council of the UK, including Financial Reporting Standard 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland").

We have audited the financial statements, which comprise:

- the balance sheet as at 31 December 2023;
 - the income and expenditure account for the year then ended;
 - the statement of cash flows for the year then ended;
 - the statement of changes in equity for the year then ended; and
 - the notes to the financial statements, which include a description of the significant accounting policies.
-

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) ("ISAs (Ireland)").

Our responsibilities under ISAs (Ireland) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Ireland, which includes IAASA's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions relating to going concern

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the hospital's ability to continue as a going concern for a period of at least twelve months from the date on which the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the council members' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the hospital's ability to continue as a going concern.

Our responsibilities and the responsibilities of the council members with respect to going concern are described in the relevant sections of this report.

Reporting on other information

The other information comprises all of the information in the Annual Report and Financial Statements other than the financial statements and our auditors' report thereon. The council members are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

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 an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or 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 required to report that fact. We have nothing to report based on these responsibilities.

Responsibilities for the financial statements and the audit

Responsibilities of the council members for the financial statements

As explained more fully in the Statement of council member's responsibilities set out on page 3, the council members are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view.

The council members are also responsible for 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.

In preparing the financial statements, the council members are responsible for assessing the hospital'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 council members either intend to liquidate the hospital or to cease operations or have no realistic alternative but to do so.

Auditors' 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 auditors' 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.

Our audit testing might include testing complete populations of certain transactions and balances, possibly using data auditing techniques. However, it typically involves selecting a limited number of items for testing, rather than testing complete populations. We will often seek to target particular items for testing based on their size or risk characteristics. In other cases, we will use audit sampling to enable us to draw a conclusion about the population from which the sample is selected.

A further description of our responsibilities for the audit of the financial statements is located on the IAASA website at:

https://www.iaasa.ie/getmedia/b2389013-1cf6-458b-9b8f-a98202dc9c3a/Description_of_auditors_responsibilities_for_audit.pdf

This description forms part of our auditors' report.

Use of this report

This report, including the opinion, has been prepared for and only for the council members as a body and for no other purpose. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come, including without limitation under any contractual obligations of the hospital, save where expressly agreed by our prior consent in writing.

PricewaterhouseCoopers
Chartered Accountants
Dublin
30 May 2024

INCOME AND EXPENDITURE ACCOUNT
Financial Year Ended 31 December 2023

	Notes	2023 €	2022 €
Income for the year	4	52,300,979	47,480,339
Non-pay expenditure	5	(21,203,040)	(17,599,976)
Pay expenditure	6	<u>(32,427,901)</u>	<u>(30,160,288)</u>
Operating deficit	7	(1,329,962)	(279,925)
Interest payable and similar charges		<u>(2,417)</u>	<u>(2,686)</u>
Deficit for the year		(1,332,379)	(282,611)
Accumulated (deficit)/surplus at beginning of year		<u>(94,434)</u>	<u>188,177</u>
Accumulated deficit at end of year		<u>(1,426,813)</u>	<u>(94,434)</u>

All amounts above relate to continuing activities.

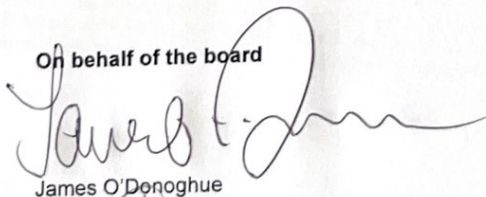
There is no difference between the deficit for the year and the deficit transferred to the accumulated fund balance stated above and their historical cost equivalents.

Royal Victoria Eye & Ear Hospital

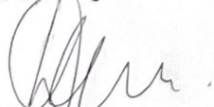
BALANCE SHEET
As at 31 December 2023

	Notes	2023 €	2022 €
Fixed assets			
Tangible assets	8	<u>8,253,898</u>	<u>6,869,809</u>
Current assets			
Stocks	9	660,996	554,888
Debtors	10	7,078,168	8,006,927
Cash and cash equivalents	15	<u>70,259</u>	<u>105,079</u>
		<u>7,809,423</u>	<u>8,666,894</u>
Creditors (amounts falling due within one year)	11	<u>(9,870,849)</u>	<u>(8,934,530)</u>
Net current liabilities		<u>(2,061,426)</u>	<u>(267,636)</u>
Total assets less current liabilities		6,192,472	6,602,173
Creditors (amounts falling due after more than one year)	12	<u>(7,015,645)</u>	<u>(6,092,967)</u>
Net (liabilities)/assets		<u>(823,173)</u>	<u>509,206</u>
Represented by:			
Capital funds			
Building fund	13	527,070	527,070
Bequest fund	14	<u>76,570</u>	<u>76,570</u>
		603,640	603,640
Accumulated deficit		<u>(1,426,813)</u>	<u>(94,434)</u>
		<u>(823,173)</u>	<u>509,206</u>

On behalf of the board



James O'Donoghue



Donal Brosnahan

Date: 29th May 2024

STATEMENT OF CHANGES IN EQUITY
Financial Year Ended 31 December 2023

	Building fund €	Bequest fund €	Accumulated funds €	Total €
Balance at 1 January 2022	527,070	76,570	188,177	791,817
Deficit for the year	-	-	(282,611)	(282,611)
Balance at 31 December 2022	<u>527,070</u>	<u>76,570</u>	<u>(94,434)</u>	<u>509,206</u>
Balance at 1 January 2023	527,070	76,570	(94,434)	509,206
Deficit for the year	-	-	(1,332,379)	(1,332,379)
Balance at 31 December 2023	<u>527,070</u>	<u>76,570</u>	<u>(1,426,813)</u>	<u>(823,173)</u>

STATEMENT OF CASH FLOWS
Financial Year Ended 31 December 2023

	Notes	2023 €	2022 €
Net cash inflow from operating activities		383,044	138,899
Cash flows (used in)/generated from investing activities		<u>(497,559)</u>	<u>220,745</u>
Reconciliation of operating inflow/(outflow) to net cash outflow from operating activities			
Operating deficit		(1,329,962)	(279,925)
Depreciation		1,818,822	1,540,246
Amortisation of deferred income		(1,637,594)	(1,362,054)
(Increase)/decrease in stocks		(106,108)	(44,075)
Decrease/(increase) in HSE revenue grants receivable		1,565,053	(1,030,345)
Increase in debtors		(636,294)	(414,457)
Increase in creditors and accrued expenses		<u>709,127</u>	<u>1,729,509</u>
Net cash inflow/(outflow) from operating activities		<u>383,044</u>	<u>138,899</u>
Cash flows from investing activities			
Returns on investment and servicing of finance:			
Loan repayment		(210,225)	(76,233)
Purchase of tangible assets		(3,202,911)	(2,209,339)
Grant income		2,917,994	2,509,003
Interest paid		<u>(2,417)</u>	<u>(2,686)</u>
Net cash (outflow)/inflow from investing activities		<u>(497,559)</u>	<u>220,745</u>
(Decrease)/increase in cash and cash equivalents		(114,515)	359,644
Cash and cash equivalents at beginning of year		<u>(683,316)</u>	<u>(1,042,960)</u>
Cash and cash equivalents at end of year	15	<u>(797,831)</u>	<u>(683,316)</u>

NOTES TO THE FINANCIAL STATEMENTS

1 General information

These financial statements comprising the Income and Expenditure Account, the Balance Sheet, Statement of Changes in Equity, the Statement of Cash Flows and the related notes 1 to 21 constitute the individual financial statements of the Royal Victoria Eye and Ear Hospital for the financial year ended 31 December 2023.

The Royal Victoria Eye and Ear Hospital is an independent state funded hospital, governed by a Charter. It is also a registered charity. The Hospital operates in Adelaide Road Dublin. The nature of the Hospital's operations and its principal activities are set out in the councils' report. The Hospital is a Public Benefit Entity as defined by FRS 102.

Statement of compliance

The financial statements have been prepared in accordance with FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (FRS 102).

Currency

The financial statements have been presented in Euro (€) which is also the functional currency of the Hospital.

2 Accounting policies

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Hospital's financial statements.

(a) Basis of preparation

The financial statements have been prepared on the going concern basis and in accordance with the historical cost convention. The financial reporting framework that has been applied in their preparation is FRS 102, *The Financial Reporting Standard applicable in the UK and Republic of Ireland and Irish Company Law*.

(b) Income

Income is derived from the provision of services falling within the Hospital's ordinary activities.

(i) Health Service Executive (HSE) grant

Revenue grants received and receivable are credited to the Income and Expenditure Account on the basis of the amount sought from or notified by the HSE at the end of the financial year. The revenue grant amount shown is net of capital or revenue amounts deferred or released, in accordance with the timing of the related underlying expenditure. Any element of the grant allocation recognised in the Income and Expenditure Account but not received at the balance sheet date is accounted for as a debtor.

Capital grants are treated as deferred credits and are amortised to the Income and Expenditure Account on the same basis as the related assets are depreciated.

(ii) In-patient income

In-patient income is recognised on an accruals basis.

(iii) Accident and emergency department income

Accident and emergency department income is recognised on a cash receipts basis.

(iv) Other income

Other income is recognised on an accruals basis.

NOTES TO THE FINANCIAL STATEMENTS - continued

2 Accounting policies - continued

(c) Retirement benefit costs

Certain Hospital employees are members of the Voluntary Hospitals Superannuation Scheme (“the VHSS”). The VHSS is a state plan as defined in FRS 102 and a defined benefit pension scheme. The Hospital collects contributions from employees eligible for inclusion under the Voluntary Hospitals Superannuation Scheme (“the VHSS scheme”) and on instruction of the HSE/Department of Health makes pension payments to certain VHSS pensioners. The VHSS scheme is administered, funded and underwritten by the Department of Health. The Hospital acts as an agent in the collection of contributions and payment of pensions in relation to the VHSS, has no obligation to make and does not make any contributions to the scheme.

Contributions are deducted from eligible employees only. In accordance with the service plan agreed with the HSE and the Department of Health, pension contributions deducted from eligible employees may be offset against pension payments made on behalf of the VHSS by the Hospital and the surplus or deficit each year forms part of the funding for the Hospital. The Council members consider that the Hospital has no responsibility for any liability that falls due as a result of any ultimate underfunding of the VHSS scheme, and the Hospital does not bear any actuarial risk associated with the VHSS. The Hospital acts as an agent in collecting contributions and making pension payments for the scheme.

The Hospital has been directed by the Department of Health/HSE to retain the VHSS contributions paid by current Hospital staff. Pension payments are funded by the deductions retained from current staff and additional HSE funding which is periodically adjusted by the HSE to reflect changes in the pension payments to be paid and the terms of the scheme.

A new Single Public Service Pension Scheme (“the Single Scheme”) commenced with effect from 1 January 2013. The Single 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 directed by the Department of Health/HSE. All contributions deducted from members wages/salaries are remitted to the nominated bank account of the Department of Public Expenditure and Reform (“DPER”) and not credited to the Income Statement. In the opinion of the Council members, DPER is responsible for the Single Scheme and payments arising under this scheme to retiring employees are payable by the State.

These financial statements do not include pension liabilities and assets of those staff who are members of the VHSS or the Single Scheme as the liabilities of the schemes are the liabilities of the State and not the Hospital. The Hospital does not bear the risk associated with the liability in their role as agents acting on behalf of the State.

(d) Tangible fixed assets

All tangible fixed assets are initially recorded at historic cost. This includes legal fees, stamp duty and other non-refundable purchase taxes, and also any cost directly attributable to bringing the asset to a location and condition necessary for it to be capable of operating in the manner intended by management.

Assets under construction are stated at cost. These assets are not depreciated until they are available for use.

(e) Depreciation

Depreciation is provided on all tangible fixed assets, other than the site, at rates calculated to write off the cost, less estimated residual value of each asset on a straight line basis over its estimated useful life, as follows:

Buildings	25 years
Furnishings, casualty department, medical equipment, other equipment, computer equipment and software	3 Years

NOTES TO THE FINANCIAL STATEMENTS - continued

2 Accounting policies - continued

(e) Depreciation - continued

Residual value represents the estimated amount which would currently be obtained from disposal of the asset, after deducting estimated costs of disposal, if the asset were already of the age and in the condition expected at the end of its useful life.

The assets' residual values and useful lives are reviewed, and adjusted, if appropriate, at the end of each reporting period. The effect of any change is accounted for prospectively.

In 2019 it was agreed with Management that the Cataract Theatre amortisation be revised from 25 years to 10 years which is over the life of the loan agreement. This adjustment is reflected in the amortisation of the Cataract Theatre in 2019.

(f) Stocks

Medical stocks are stated at the lower of cost and net realisable value.

(g) Financial instruments

(i) Cash and cash equivalents

Cash comprises of cash at bank and in hand. Bank overdrafts are shown with current liabilities (see note 10). Cash at bank and in hand is initially measured at transaction price and subsequently measured at amortised cost.

(ii) Other financial assets

Other financial assets including trade debtors for the provision of services to patients, are initially measured at the undiscounted amount of cash receivable from that patient, which is normally the invoice price, and are subsequently measured at amortised cost less impairment, where there is objective evidence of an impairment.

(iii) Other financial liabilities

Trade creditors are measured at invoice price, unless payment is deferred beyond normal business terms or is financed at a rate of interest that is not a market rate. In this case the arrangement constitutes a financing transaction, and the financial liability is measured at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

(h) Impairments of assets, other than financial instruments

Where there is objective evidence that recoverable amounts of an asset is less than its carrying value, the carrying value of the asset is reduced to its recoverable amount resulting in an impairment loss. Impairment losses are recognised immediately in the Income and Expenditure Account, with the exception of losses on previously revalued tangible fixed assets, which are recognised in other recognised gains and losses to the extent of any previously recognised revaluation increase accumulated in accumulated Income and Expenditure fund.

Where circumstances causing an impairment of an asset no longer apply, then the impairment is reversed through the Income and Expenditure account, except for impairments on previously revalued tangible assets, which are treated as revaluation increases to the extent that the revaluation was recognised in the accumulated Income and Expenditure fund.

The recoverable amount of tangible fixed assets is the higher of the fair value less cost to sell of the asset and its value in use. The value in use of these assets is the present value of the cash flows expected to be derived from those assets. This is determined by reference to the present value of the future cash flows of the Hospital which is considered by the Council to be a single cash generating unit.

(i) Foreign currency

Transactions in foreign currencies are recorded at the rate of exchange prevailing at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are reported at the rates of exchange prevailing at that date.

NOTES TO THE FINANCIAL STATEMENTS - continued

3 Judgements and key sources of estimation uncertainty

(a) Going concern

The financial statements have been prepared on the going concern basis which assumes that the Hospital will be able to continue in operational existence for the foreseeable future. The Hospital continues to operate in an environment with significant funding restraints. 2023 resulted in a deficit of €1,332,397 (2022 deficit: €282,611).

In addition to the operating deficit, the Hospital has net current Liabilities of €2,061,426 at 31 December 2023 (net current Liabilities 2022: €267,636) and total net liabilities of €823,173 in 2023; (2022: total net assets of €509,206). Cash and cash equivalents at the end of the year showed a net overdraft position of €797,831 (2022 €683,316). This overdraft was cleared in January 2024.

Net current liabilities include €1,681,660 of deferred income liabilities relating to capital grants from the HSE, which have no associated cash outflow and a further €500,000 in relation to other accruals and liabilities which are not anticipated to result in a cash outflow over the next 12 months.

Based on the 2024 allocation from the HSE the Hospital is expected to generate an operating deficit for 2024. The projected deficit is driven largely by increased demand for services due to demographic changes, and also to high inflation. This increased activity is likely to have a significant impact on non-pay costs, particularly drug and consumable related costs. The Hospital is in ongoing discussions with the HSE in relation to funding these increased costs and is hopeful that agreement will be reached in relation to same.

The hospital is also proactively undertaking measures towards enhancing financial viability by implementing cost containment measures aimed at optimising operational efficiency and resource allocation.

The hospital is also confident that measures will be taken by the HSE to provide additional funding and/or cash advances as needed to assist them in coping with any ongoing funding pressures as it did in 2023. Furthermore, the hospital has developed cost reduction options that tailor the quantum of its activities to match the hospital's finalised budget.

The hospital has received and taken into consideration the budget related memorandum from the CEO of the Health Services Executive dated 29th March 2024. This memo provides assurance that the HSE is committed to working with hospitals to enhance service activity and improve access for patients and other service users. Furthermore, the HSE has outlined its intention to work closely with hospitals to drive productivity changes and ensure value for money.

The Hospital is dependent on the Health Service Executive (HSE) to fund its activities and the ongoing support of the HSE at an appropriate level is fundamental to the Hospital's ability to continue as a going concern. The HSE has not given any indication that it will withdraw its financial support from the hospital in the foreseeable future.

The Council members are therefore satisfied that appropriate measures can be taken to ensure the Hospital has adequate resources to continue in operational existence for the foreseeable future. After making enquiries, and having considered the hospital's forecasts and planned actions, the directors have a reasonable expectation that the hospital has adequate resources to continue in operational existence for the foreseeable future. Therefore, these financial statements have been prepared on a going concern basis.

(b) Impairment of debtors

The Hospital provides care to a large and varied number of patients. Some debts due will not be paid through the default of a small number of patients. The Hospital uses estimates based on historical experience and current information in determining the level of debts for which an impairment charge is required. The level of impairment required is reviewed on an ongoing basis.

NOTES TO THE FINANCIAL STATEMENTS - continued

(c) Impairment of stocks

The Hospital holds stocks amounting to €660,996 (2022: €554,888) at the financial year end date. The Council is of the view that an adequate charge has been made to reflect the possibility of stocks becoming obsolete. However, this estimate is subject to inherent uncertainty.

(d) Useful lives of tangible fixed assets

Long-lived assets comprise primarily of the Hospital site, buildings and equipment. The annual depreciation and amortisation charge in relation to the medical equipment depends primarily on the estimated lives of each type of asset and, in certain circumstances, estimates of residual values. Management regularly review these useful lives and change them if necessary to reflect current conditions. In determining these useful lives, management consider technological change, physical condition and expected economic utilisation of the assets.

3 Judgements and key sources of estimation uncertainty – continued

(e) Retirement benefits

The Hospital acts as agents on behalf of the State to administer the VHSS. These financial statements do not include pension liabilities and assets of those staff who are members of the VHSS or the Single Scheme as the liabilities of the schemes are the liabilities of the State and not the Hospital. The Hospital does not bear the risk associated with the liability in their role as agents acting on behalf of the State. Refer to note 2(c) and note 16 for additional information.

4 Income for the year	2023 €	2022 €
Revenue grants receivable from the Health Services Executive	44,159,861	40,096,734
Capital grants receivable from Health Services Executive	1,223,622	997,835
Hospital charges	6,582,737	6,207,032
Other income	334,759	178,738
	<u>52,300,979</u>	<u>47,480,339</u>

5 Non-pay expenditure	2023 €	2022 €
Medical consumables	10,643,104	9,631,102
Facilities management	2,076,373	2,590,607
Clinical support and administration	5,946,307	3,228,573
Finance expenses	133,447	172,529
Sundry expenses	584,988	436,919
Depreciation	1,818,821	1,540,246
	<u>21,203,040</u>	<u>17,599,976</u>

NOTES TO THE FINANCIAL STATEMENTS - continued

6 Pay expenditure	2023 €	2022 €
Wages and salaries	25,310,905	22,971,703
Superannuation	4,508,554	4,848,005
Employer's PRSI	2,608,442	2,340,580
	<u>32,427,901</u>	<u>30,160,288</u>
 The average monthly number of persons employed during the financial year was as follows:	 2023 Number	 2022 Number
Administration and management	87	77
Medical	75	74
Nursing	150	146
Paramedical	17	15
Support services	34	29
	<u>363</u>	<u>341</u>

6 Pay expenditure – continued

Key management remuneration

Key management is made up of the hospital management group.

Remuneration paid or payable to key management for employee services is shown below:

	2023 €	2022 €
Wages and salaries	<u>688,320</u>	<u>642,707</u>

7 Operating deficit	2023 €	2022 €
 Operating deficit is stated after charging/(crediting):		
Auditors' remuneration (inclusive of VAT)	57,441	46,187
Movement in provision for doubtful debt	(74,381)	(37,552)
Depreciation	1,818,822	1,540,246
Amortisation of deferred grant income	<u>(1,637,594)</u>	<u>(1,362,054)</u>

NOTES TO THE FINANCIAL STATEMENTS - continued

8 Tangible assets	Site	Building	Buildings	Casualty	Medical	Office	Computer	Furnishings	Other	Total
	improvements			department	equipment	equipment	equipment		equipment	
	€	€	€	€	€	€	and software €	€	€	€
Cost										
At 1 January 2023	4,571	2,003,096	2,358,673	1,817,728	6,165,992	10,604	1,161,200	3,926	84,080	13,609,870
Additions	-	-	1,332,640	-	1,158,487	-	428,063	-	283,721	3,202,911
At 31 December 2023	4,571	2,003,096	3,691,313	1,817,728	7,324,479	10,604	1,589,263	3,926	367,801	16,812,781
Accumulated depreciation										
At 1 January 2023	-	1,066,362	220,363	49,775	4,315,999	10,604	1,030,047	879	46,032	6,740,061
Depreciation	-	184,623	139,280	39,200	1,137,928	-	287,356	-	30,435	1,818,822
At 31 December 2023	-	1,250,985	359,643	88,975	5,453,927	10,604	1,317,403	879	76,467	8,558,883
Net book value										
At 31 December 2023	4,571	752,111	3,331,670	1,728,753	1,870,552	-	271,860	3,047	291,334	8,253,898
At 31 December 2022	4,571	936,734	2,138,310	1,767,953	1,849,993	-	131,153	3,047	38,048	6,869,809

NOTES TO THE FINANCIAL STATEMENTS - continued

9 Stocks	2023 €	2022 €
Consumables	<u>660,996</u>	<u>554,888</u>
10 Debtors	2023 €	2022 €
HSE revenue grants receivable	4,223,744	5,788,797
Amounts due from patients	475,210	493,022
Other debtors and prepayments	<u>2,379,214</u>	<u>1,725,108</u>
	<u>7,078,168</u>	<u>8,006,927</u>
Debtors are stated after provision for impairment. See below for movement:	2023 €	2022 €
Bad debt provision		
At beginning of year	511,844	552,411
(Decrease)/increase in bad debt provision	<u>(74,414)</u>	<u>(40,567)</u>
At end of year	<u>437,430</u>	<u>511,844</u>
11 Creditors (amounts falling due within one year)	2023 €	2022 €
Bank overdraft (note 15)	868,090	788,395
Trade creditors	1,439,983	1,444,645
Social insurance	1,146,296	1,281,224
Deferred income (note 17)	1,681,660	1,466,735
Accruals and sundry creditors	<u>4,734,820</u>	<u>3,953,531</u>
	<u>9,870,849</u>	<u>8,934,530</u>
12 Creditors (amounts falling due after more than one year)	2023 €	2022 €
Loan (note 19)	995,611	1,205,836
Deferred income (note 17)	<u>6,020,034</u>	<u>4,887,131</u>
	<u>7,015,645</u>	<u>6,092,967</u>
13 Building fund	2023 €	2022 €
At beginning and end of year	<u>527,070</u>	<u>527,070</u>

NOTES TO THE FINANCIAL STATEMENTS - continued

14 Bequest fund	2023 €	2022 €
At beginning and end of year	<u>76,570</u>	<u>76,570</u>
15 Cash and cash equivalents	2023 €	2022 €
Cash at bank and in hand	70,259	105,079
Bank Overdraft	(868,090)	(788,395)
	<u>(797,831)</u>	<u>(683,316)</u>

16 Retirement benefits

The majority of staff employed by the Royal Victoria Eye and Ear Hospital are members of either the Voluntary Hospitals Superannuation Scheme (VHSS) or the Single Public Service Pension Scheme (SPSPS).

The VHSS is a scheme underwritten by the Minister of Health and administered by the Hospital. The VHSS was established by the Minister for Health in 1969 and is compulsory for all persons appointed to the hospital who are eligible under the scheme and is a condition of such appointments.

The SPSPS was established by the enactment of Public Service Pensions (Single Scheme and Other Provisions) Act, 2012 and, similarly, is compulsory for all persons appointed to the hospital who are eligible under the scheme and is a condition of such appointments after 1 January 2013. Both the VHSS and the SPSPS are state plans as defined by FRS 102. However, as the Hospital does not make contributions to either scheme and the risk and ultimate liability in relation to both Schemes lies with the State, the Schemes are neither defined benefit nor defined contribution schemes from the perspective of the Hospital.

The Council of the Hospital believe that the funds required in the future to pay current pension liabilities, as they arise into the future, will be provided by the Department of Health under the VHSS. The Council have arrived at this opinion having taken account of precedent set on the closure of certain other healthcare facilities in recent years where pension payments (including retirement lump sum payments) have been honoured by the Department of Health. Therefore, they believe that it is not necessary for the financial statements of the Hospital to include the liability at the balance sheet date in respect of pension entitlements accrued to that date by employees of the hospital, nor other disclosure requirements of the FRS 102, because the Council believes that liability rests with the Department of Health. The above issue is similar to that applying in the majority of other publicly funded hospitals.

The superannuation payments made (including retirement lump sum payments) and deductions retained by the hospital under the VHSS for the years 2020 to 2023 are detailed below:

	2023 €	2022 €	2021 €	2020 €
Superannuation payable	4,576,069	4,848,005	4,024,128	3,829,445
Superannuation deductions	(1,647,928)	(1,526,852)	(1,389,488)	(1,356,325)
HSE pension allocations	<u>(3,127,242)</u>	<u>(3,087,654)</u>	<u>(2,563,431)</u>	<u>(2,517,757)</u>
Excess of payments over deductions	<u>(199,102)</u>	<u>233,499</u>	<u>71,209</u>	<u>(44,637)</u>

The HSE revenue allocation in 2023 included a net amount of €3,127,242 in relation to pension funding.

NOTES TO THE FINANCIAL STATEMENTS - continued

17 Deferred grant income	2023	2022
	€	€
HSE revenue grant income attributable to capital items:		
At 1 January	2,579,725	1,816,866
Received during year	67,428	1,127,078
Amortised during year	<u>(976,197)</u>	<u>(364,219)</u>
At 31 December	<u>1,670,956</u>	<u>2,579,725</u>
HSE capital grant income attributable to capital items:		
At 1 January	3,774,141	3,390,051
Received during year	2,917,994	1,381,925
Amortised during year	<u>(661,397)</u>	<u>(997,835)</u>
At 31 December	<u>6,030,738</u>	<u>3,774,141</u>
 Total grants	 <u>7,701,694</u>	 <u>6,353,866</u>
Disclosed in creditors as follows:		
Amounts falling due within one year	1,681,660	1,466,735
Amounts falling due after more than one year	<u>6,020,034</u>	<u>4,887,131</u>
At 31 December	<u>7,701,694</u>	<u>6,353,866</u>

18 Additional information on Funding received before amortisation

	2023	2022
	€	€
Revenue Funding	43,813,317	40,859,594
NERP Funding	531,923	1,199,779
HSE Estate Capital & ICT Funding	<u>2,386,071</u>	<u>182,146</u>
	<u>46,731,311</u>	<u>42,241,519</u>

19 Related party transactions

The assets and Liabilities of The Royal Victoria Eye and Ear Teaching and Development Fund were transferred to the Acuity Foundation Ireland (AFI), (formally the Royal Victoria Eye and Ear Hospital Teaching & Development Foundation), a separate legal entity on 1st September 2021. AFI is considered to be a related party of the Hospital by virtue of commonality of directors and Council members. In 2017, the Hospital was advanced a loan in the amount of €1,520,071 by The Royal Victoria Eye and Ear Hospital Teaching and Development Fund in respect of the capital cost of building and equipping a new cataract theatre in the Hospital. The balance due by the Hospital to The Acuity Foundation Ireland at the year-end was €995,611 (2022: €1,205,836).

The loan is being repaid at a rate of €75 per cataract operation completed in the Theatre. Loan repayments made in 2023 were €210,225 (2022 - €76,233).

NOTES TO THE FINANCIAL STATEMENTS - continued

19 Related party transactions - continued

The facility terminates no later than ten years following the date of the agreement. The Acuity Foundation Ireland acknowledges that its recourse to the Hospital for repayment of the loan amount under the agreement shall be limited to the theatre income. The Acuity Foundation Ireland, further acknowledges and agrees that if, on the loan repayment date, amounts remain owing in respect of the loan amount, that it will have no further recourse in respect of same, and The Acuity Foundation Ireland shall agree to waive any entitlement it has at that time.

The Royal Victoria Eye and Ear Teaching and Development Fund and the Hospital agree that the loan shall rank pari passu with any, and all working capital borrowings of the Hospital. The loan is unsecured.

The Acuity Foundation Ireland Company Limited by Guarantee, a charitable Foundation was set up on 14th July 2016, and granted charitable status by the Charity Regulator in November 2020. Two Council members are nominated as board members of the Acuity Foundation along with one Research Foundation Board member. The strategic purpose of the Foundation is to raise funds, which will be used to support the future development of the Royal Victoria Eye and Ear Hospital as well as to support other charitable organisations which promote the development of new technologies and research in the 'Eye and Ear' medical area. The assets and liabilities of the unincorporated fund, the Royal Victoria Eye and Ear Teaching & Development Fund (T&D Fund), have transferred into the Royal Victoria Eye and Ear Teaching and Development Foundation for nil consideration during 2021. The name was then officially changed in November 2021 to Acuity Foundation Ireland Ltd. Acuity is governed and controlled by a board (two of whose members are also members of the Council of the RVEEH) with an independent chair. Acuity has been established to be the fundraising arm of the RVEEH but it operates independently of the Council of the Royal Victoria Hospital Eye and Ear Hospital. Whereas the Hospital expects to obtain benefits from the proceeds of Acuity's work, it does not control the Foundation from a legal or accounting perspective. Transactions with the Acuity Foundation Ireland Ltd in the year have been disclosed above.

20 Capital commitments

In December 2022 the hospital signed a grant agreement for future capital grants with the HSE which grants a charge on the property and equipment of the hospital to the HSE.

21 Approval of financial statements

The directors approved the financial statements on 29th May 2024.