

**HEALTH RESEARCH BOARD**

**Financial Statements for the year ended 31 December 2021**

**HEALTH RESEARCH BOARD**  
**Financial Statements for the year ended 31 December 2021**

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**HEALTH RESEARCH BOARD**  
**Financial Statements for the year ended 31 December 2021**

**Bankers**

Bank of Ireland  
Lower Baggot Street  
Dublin 2  
D02 Y754

**Solicitors**

Ballagh Solicitors  
17-18 Sandyford Office Park  
Dublin 18

**Auditors**

Comptroller and Auditor General  
3A Mayor Street Upper  
Dublin 1  
D01 PF72

## HEALTH RESEARCH BOARD

### Governance Statement and Board Members' Report

#### Governance

The Board of the Health Research Board (HRB) was established under The Health Research Board (Establishment) Order 1986 (S.I. NO.279 of 1986) as amended. The functions of the HRB are set out in Article 4 of this statutory instrument. The Board is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key issues. The regular day to day management control and direction of the HRB are the responsibility of the Chief Executive Officer (CEO) and the Executive Team. The CEO and Executive Team must follow the broad strategic direction set by the Board and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and any of the significant risks likely to arise. The CEO acts as a direct liaison between the Board and the management of the HRB.

#### Board Responsibilities

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

- declarations of interests
- new calls for research award schemes
- approval of selection panel recommendations on awards
- reviews of major awards
- statistical publications and evidence reviews
- review of progress on strategy implementation
- reports from committees

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

In preparing these financial statements, the Board of the HRB is required to:

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

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Article 27 of the Health Research Board (Establishment) Order 1986 (S.I. NO.279 of 1986) as amended. The maintenance and integrity of the corporate and financial information on the HRB's website is the responsibility of the Board.

The Board is responsible for approving the annual plan and budget. An evaluation of the performance of the HRB by reference to the annual plan and budget was carried out at the meeting of the Board on 19 February 2021. The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board considers that the financial statements of the HRB give a true and fair view of the financial performance and the financial position of the HRB at 31 December 2021.

### Board Structure

The Board consists of a Chairperson, and nine ordinary members, all of whom are appointed by the Minister for Health. The members of the Board are appointed for a period of five years and meet approximately seven times each year. Members of the Board appointed for a second term are appointed for a period of three years. Dr Cyril Sullivan was appointed to the Board on 27 August 2021 and resigned from the Board on 30 December 2021.

The table below details the appointment period for Board members in post at 31 December 2021:

Board Member	Role	Date appointed to the Board / retired
Professor Bernie Hannigan *	Chairperson	5 November 2020 (second term)
Dr Tracy Cunningham	Ordinary Member	15 July 2019
Professor Seamas Donnelly	Ordinary Member	15 July 2019
Professor Tom Fahey	Ordinary Member	18 January 2018
Professor Mairead Harding	Ordinary Member	18 January 2018
Dr Julie Ling	Ordinary Member	9 April 2021
Dr Terry McWade	Ordinary Member	9 April 2021
Professor Charles Normand	Ordinary Member	5 November 2020 (second term)
Dr Cliona Saidlear	Ordinary Member	9 April 2021

\* Professor Bernie Hannigan was appointed Chairperson on 26 April 2021

### Board Committees

#### Audit and Risk Committee (ARC)

The role of the ARC is to support the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The ARC is independent from the financial management



of the organisation. The Committee ensures that the internal control systems including audit activities are monitored actively and independently. The ARC reports to the Board after each meeting, and formally in writing annually.

The members of the ARC during 2021 were Professor Charles Normand (chairperson); Dr Tracy Cunningham, Dr Mairead Harding; Dr Susan Steele, Dr Julie Ling, Dr Terry McWade, Dr Cyril Sullivan and Martin Higgins (External). There were five meetings of the ARC in 2021.

#### **The Management Development Committee (MDC).**

The role of the MDC is to oversee the recruitment, selection, and performance appraisal of the CEO. The Committee also acts as a consultative group to the Chief Executive in relation to the review of the performance and development of the Executive Team and planning for management succession in the organisation.

The members of the Committee during 2021 were Professor Bernie Hannigan (Chairperson); Professor Tom Fahey; Professor Seamas Donnelly and Dr Cliona Saidlear. The Committee met twice during 2021.

#### **Schedule of Attendance, Fees and Expenses**

A schedule of attendance at the Board and Committee meetings for 2021 is set out below including the fees and expenses received by each member:

	Board	Audit & Risk Committee	Management Development Committee	Fees 2021 €	Expenses 2021 €
<b>Number of Meetings</b>	<b>7</b>	<b>5</b>	<b>2</b>		
Dr Tracy Cunningham	6	4	-	€8,372	
Professor Seamas Donnelly	5	-	2	-	
Professor Tom Fahey	7	-	2	-	
Professor Bernie Hannigan (Chairperson)	7	-	2	€10,775	€227
Professor Mairead Harding	6	5	-	-	€213
Professor Charles Normand	6	4	-	€9,619	€39
Dr Terry McWade	5	3	-	€5,602	
Dr Cliona Saidlear	5	-	1	€5,602	
Dr Julie Ling	5	3	-	€5,602	
Dr Cyril Sullivan	3	-	-	€2,654	
Dr Susan Steele	3	2	-	-	

**Key Personnel Changes**

Professor Jane Grimson retired as Chairperson on 4 November 2020 and Professor Bernie Hannigan was appointed as Chairperson on 26 April 2021. Dr Clfona Saidléar, Dr Julie Ling and Dr Terry McWade were appointed to the Board on 9 April 2021. Dr Susan Steele resigned from the Board on 11 June 2021. Dr Cyril Sullivan was appointed to the Board on 27 August 2021 and resigned on 30 December 2021.

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

The Board is responsible for ensuring that the HRB has complied with the requirements of the Code of Practice for the Governance of State Bodies ("the Code"), as published by the Department of Public Expenditure and Reform in August 2016.

The following disclosures are required by the Code.

**Employee Short-Term Benefits Breakdown**

Range		Number of Employees	
From	To	2021	2020
€60,000	- €69,999	9	9
€70,000	- €79,999	4	4
€80,000	- €89,999	11	12
€90,000	- €99,999	5	6
€100,000	- €109,999	2	1
€110,000	- €119,999	1	1
€130,000	- €139,999	-	1
€140,000	- €149,000	1	-

**Consultancy Costs**

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

	2021	2020
	€	€
Legal advice	77,662	40,058
Financial advice	43,494	31,454
Human resources	20,172	23,004
Strategy costs	-	80,654
Other	16,155	6,385
<b>Total consultancy costs</b>	<b>157,483</b>	<b>181,555</b>

**Legal Costs and Settlements**

The HRB did not incur any costs in 2021 or 2020 in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. Expenditure incurred in relation to general legal advice received by the HRB is disclosed in consultancy costs.

**Travel and Subsistence Expenditure**

Travel and subsistence expenditure is categorised as follows:

	2021	2020
	€	€
Domestic		
- Board	479	185
- Employees	5,620	7,012
International		
- Board	-	-
- Employees	1,563	15,814
<b>Total</b>	<u>7,662</u>	<u>23,011</u>

**Hospitality Expenditure**

The Income and Expenditure Account includes the following hospitality expenditure for staff, Board members, selection, and review panels €6,409 (2020: €3,294).

**Statement of Compliance**

The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put in place procedures to ensure compliance with the Code. The HRB was in full compliance with the Code of Practice for the Governance of State Bodies for 2021.

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**Professor Bernie Hannigan**  
 Chairperson

Date: 05 December 2022



**Health Research Board  
Financial Statements for the year ended 31 December 2021**

**Statement on Internal Control**

**Scope of Responsibility**

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

**Purpose of the System of Internal Control**

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

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in the Health Research Board for the year ended 31 December 2021 and up to the date of approval of the financial statements.

**Capacity to Handle Risk**

During 2021 the Health Research Board had an Audit and Risk Committee (ARC) comprising of five Board members, one of whom is the Chair and one external member with financial and audit experience. The ARC met five times in 2021.

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

The ARC has developed a risk management policy which sets out its risk appetite, the risk management processes in place and details the roles and responsibilities of staff in relation to risk. The policy has been issued to all staff who are expected to work within the Health Research Board's risk management policies, to alert management on emerging risks and control weaknesses and assume responsibility for risks and controls within their own area of work.

**Risk and Control Framework**

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

A risk register is in place which identifies the key risks facing the Health Research Board and these have been identified, evaluated and graded according to their significance. The register is reviewed by the ARC at each meeting. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication technology systems,
- there are systems in place to safeguard the assets, and
- control procedures over grant funding to outside agencies ensure adequate control over approval of grants and monitoring and review of grantees to ensure grant funding has been applied for the purpose intended.

### **Ongoing Monitoring and Review**

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

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

### **Procurement**

I confirm that the Health Research Board has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2021 the Health Research Board complied with those procedures. Matters arising regarding controls over procurement are highlighted under "Internal Control Issues" below.

### **Review of Effectiveness**

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

I confirm that the Board conducted an annual review of the effectiveness of the internal controls during 2021 and concluded on the outcome of that review at its meeting on 1 July 2022. The Health Research Board did not experience any significant issues that required implementation of changes in its internal controls as a result of the Covid-19 pandemic.



### **Internal Control Issues**

The provision of funds to the grantee before expenditure has been incurred requires the prior sanction of the Department of Health. Sanction was received on 10 January 2022.

During 2021, expenditure of €284,809 was incurred in relation to goods and services with two suppliers, where the procedures employed did not comply with procurement guidelines. In both cases, they related to additional deliveries on previous contracts. Following procurement competitions, new framework agreements are now in place for both services.

### **Covid Response - Staff**

The HRB had no issues to the working or control environment arising from Covid 19. The HRB has a flexible ICT infrastructure that has equipped staff to work from home in a safe and secure way. The HRB have built on this over the past year with the upgrading of new firewalls with an emphasis on extending the IT network to remote workers with security in everything we do. The HRB complement this technical work with support for those who need equipment to do their work properly and provided monitors, printers and desks if needed as well as health and safety guidance.

The HRB have in place a staff wellbeing framework that sees various wellbeing initiatives rolled out to staff throughout the year and have an employee assistance programme in place. The HRB has commissioned a staff survey that will review blended working arrangements.

The HRB continue to monitor guidelines from the Department of Health/DPER in order to ensure consistency within the wider Public Service.

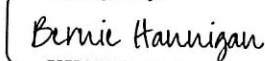
### **Covid Response – Research Awards**

The Covid-19 pandemic presented a unique set of challenges to our health system, society, and economy and it highlighted the importance of high quality and timely evidence and information to inform decisions.

Throughout 2020 and 2021, the HRB played a lead role in the emergency response to covid through funding rapid-response research projects, evidence synthesis activities, clinical trials to evaluate new treatments and vaccines and a national covid-19 biobank. The HRB directed any available core income to this cause and secured some additional covid-related funding from the Department of Health to address specific priorities.

In addition, the initiated discussions with the Department of Health in 2021 about learnings for the research and innovation system from the covid crisis and research needed to ensure preparedness for future health emergencies, including but not limited to pandemics.

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**Professor Bernie Hannigan**  
Chairperson

Date : 05 December 2022

**HEALTH RESEARCH BOARD**

**Financial Statements for the year ended 31 December 2021**

**Report of the Comptroller and Auditor General**



# Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

## Report for presentation to the Houses of the Oireachtas

### Health Research Board

#### Qualified opinion on the financial statements

I have audited the financial statements of the Health Research Board for the year ended 31 December 2021 as required under the provisions of section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements comprise

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

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the Health Research Board at 31 December 2021 and of its income and expenditure for 2021 in accordance with FRS 102.

#### *Basis for qualified opinion*

In compliance with the directions of the Minister for Health, the Health Research Board accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102 which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period and the accrued liability at the reporting date. The effect of the non-compliance on the Health Research Board's financial statements for 2021 has not been quantified.

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

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

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

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

I have nothing to report in that regard.

**Mary Henry**  
For and on behalf of the  
Comptroller and Auditor General  
12 December 2022



## Appendix to the report

### Responsibilities of Board members

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

- the preparation of annual financial statements in the form prescribed under article 21 of the Health Research Board (Establishment) Order 1986
- ensuring that the financial statements give a true and fair view in accordance with FRS102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Responsibilities of the Comptroller and Auditor General

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

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

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

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

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

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

I report by exception if, in my opinion,

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

### Information other than the financial statements

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

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

### Reporting on other matters

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

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

## HEALTH RESEARCH BOARD

## Statement of Income and Expenditure and Retained Revenue Reserves

for the year ended 31 December 2021

	Notes	2021 €	2020 €
<b>INCOME</b>			
Department of Health Revenue Grant (Vote 38 B.1)	2	39,492,956	38,840,430
Research Funding	2	2,682,252	4,825,674
Funding Income	2	474,195	416,470
Other Income	2	112,746	3,152
		<u>42,762,149</u>	<u>44,085,726</u>
<b>EXPENDITURE</b>			
Research Award Expenditure	3	32,231,079	33,724,960
Evidence Unit	4	1,675,044	1,768,163
National Health Information Systems	4	1,768,011	1,813,104
RSF Research Award Programme Management Costs	4	2,441,118	2,284,314
National Office for Research Ethics Committees (NREC)	4	727,053	353,414
The Health Research Consent Declaration Committee (HRCDC)	4	235,043	251,545
General Administration and Operation Support Costs	4	3,680,119	3,898,788
		<u>42,757,467</u>	<u>44,094,288</u>
<b>SURPLUS/(DEFICIT) Before Appropriations</b>		4,682	(8,562)
Transfer to Capital Reserve of Amount Allocated to Fund Fixed Assets		(3,235)	(9,119)
<b>SURPLUS/(DEFICIT) After Appropriations</b>		1,447	(17,681)
Revenue Reserves at 1 January		(533,628)	(515,947)
<b>REVENUE RESERVES AT 31 DECEMBER</b>		<u>(532,181)</u>	<u>(533,628)</u>

The Board has no recognised gains or losses other than those dealt with in the revenue and capital statements of income and expenditure.

The Statement of Cashflows and notes 1 to 22 form part of these Financial Statements.

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Bernie Hannigan

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Professor Bernie Hannigan  
Chairperson

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Charles Normand

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Professor Charles Normand  
Board Member

Date: 05 December 2022

## HEALTH RESEARCH BOARD

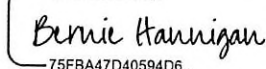
## Statement of Capital Income and Expenditure

for the year ended 31 December 2021

	<i>Notes</i>	2021 €	2020 €
<b>INCOME</b>			
Department of Health capital grant (Vote 38 B.1)		10,206,695	9,741,690
Amortisation of capital reserve account		35,487	117,450
		<b>10,242,182</b>	<b>9,859,140</b>
<b>EXPENDITURE</b>			
Research Award Expenditure	9	10,000,000	9,590,315
Programme Administration and Operational Expenditure		180,663	133,190
Additions to fixed assets		26,032	18,185
Depreciation	11	35,487	117,450
		<b>10,242,182</b>	<b>9,859,140</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>			
		-	-

The Statement of Cashflows and notes 1 to 22 form part of these Financial Statements.

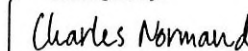
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**Professor Bernie Hannigan**  
Chairperson

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**Professor Charles Normand**  
Board Member

Date: 05 December 2022



## HEALTH RESEARCH BOARD

## Statement of Financial Position

for the year ended 31 December 2021

	Notes	2021 €	2020 €
<b>FIXED ASSETS</b>			
Property, Plant & Equipment	11	62,240	68,463
<b>CURRENT ASSETS</b>			
Receivables	12	908,423	1,168,359
Investments	13	641	641
Cash at bank and on hand	14	372,960	232,109
		<b>1,282,024</b>	<b>1,401,109</b>
<b>CURRENT LIABILITIES</b>			
<i>Amounts falling due within one year:</i>			
Payables	15	1,436,639	1,510,896
		<b>1,436,639</b>	<b>1,510,896</b>
<b>NET CURRENT ASSETS/(LIABILITIES)</b>		<b>(154,615)</b>	<b>(109,787)</b>
<b>LONG TERM LIABILITIES</b>			
<i>Amounts falling due after one year:</i>			
Payables	16	377,566	423,323
		<b>377,566</b>	<b>423,323</b>
<b>TOTAL NET ASSETS</b>		<b>(469,941)</b>	<b>(464,647)</b>
<b>REPRESENTING</b>			
Retained Revenue Reserves		(532,181)	(533,628)
Capital Reserve	17	62,240	68,981
		<b>(469,941)</b>	<b>(464,647)</b>

The Statement of Cashflows and notes 1 to 22 form part of these Financial Statements.

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Bernie Hannigan

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**Professor Bernie Hannigan**  
Chairperson

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Charles Normand

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**Professor Charles Normand**  
Board Member

Date: 05 December 2022

## HEALTH RESEARCH BOARD

## Statement of Cash Flows

for the year ended 31 December 2021

	Notes	2021 €	2020 €
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Surplus/(Deficit) for the year		1,447	(17,681)
Adjustment to Surplus figure for Depreciation		35,487	117,450
(Increase)/Decrease in Receivables		259,940	(115,513)
Increase/ (Decrease) in Payables		(120,015)	245,617
Amortisation of Capital Reserves		(35,487)	(117,450)
Amount Allocated to Fund Fixed Asset Additions		29,267	27,304
Bank Interest Received		-	-
<b>NET CASH FLOW FROM OPERATING ACTIVITIES</b>		<b>170,639</b>	<b>139,727</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>			
Adjustment to Reserve opening balance		(521)	-
Amount Allocated to Fund Fixed Asset Additions		(29,267)	(27,304)
<b>NET CASH FLOW FROM INVESTING ACTIVITIES</b>		<b>(29,788)</b>	<b>(27,304)</b>
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>			
Bank Interest Received		-	-
<b>NET CASH FLOW FROM FINANCING ACTIVITIES</b>		<b>-</b>	<b>-</b>
<b>NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS</b>		<b>140,851</b>	<b>112,423</b>
<b>RECONCILIATION OF OPENING TO CLOSING CASH AND CASH EQUIVALENTS</b>			
Cash at bank at 1 January		232,109	119,686
Cash at bank at 31 December		372,960	232,109
<b>MOVEMENT IN CASH FOR THE YEAR</b>	<b>18</b>	<b>140,851</b>	<b>112,423</b>



## HEALTH RESEARCH BOARD

### Notes to the Financial Statements

for the year ended 31 December 2021

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#### 1. Accounting Policies

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

##### a. General Information

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

Health Research Board's primary objectives as set out in part four of the Statutory Instrument No.297 are as follows:

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

##### b. Statement of Compliance

The financial statements of the Health Research Board for the year ended 31 December 2021 have been prepared in accordance with FRS102, the financial reporting standard applicable in the UK and Ireland and issued by the Financial Reporting Council (FRC).

##### c. Basis of Preparation

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

##### d. Revenue - Income recognition

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

**HEALTH RESEARCH BOARD****Notes to the Financial Statements**

for the year ended 31 December 2021

**e. Expenditure Recognition**

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

An award is a contractual commitment between the Health Research Board and an approved Host Institution for the provision of funding for a specified grant funded programme of research or development of a key research asset. Amounts payable in future years in respect of contractual commitments on existing research awards is disclosed in note 20.

Note 10 has been included to show the HRB's financial records to reflect the HRB Strategy 2021 - 2025 Health Research - Making an Impact. Expenditure, including funding for research awards, is shown against the Strategic Objectives and Strategic Key Actions.

**f. Property, Plant & Equipment**

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

· Premises	4%
· Computer Equipment	25%
· Office Furniture and Equipment	15%

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

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

**g. Receivables**

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

**h. Pensions**

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

**i. Operating Leases**

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

**HEALTH RESEARCH BOARD**

**Notes to the Financial Statements**

for the year ended 31 December 2021

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**j. Employee Benefits - short term benefits**

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

**k. Critical Accounting Judgements and Estimates**

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

**l. Impairment of Fixtures and Fittings and Equipment**

Assets that are subject to amortisation were reviewed for impairment and no impairment was recognised in 2021.



## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

		2021	2020
		€	€
<b>2. Department of Health Funding</b>			
		€	€
Core Non-Capital Funding		34,954,000	34,404,000
Safe Nurse Staffing and Skill Mix		147,386	150,000
Third Floor Lease Grattan House		228,100	210,848
National Research Ethics Committee		757,110	443,759
Health Research Consent Declaration Committee		291,185	307,148
Reducing Harm Supporting Recovery		396,533	360,675
WHO Solidarity Trial		1,658,642	1,400,000
The Irish Longitudinal Study of Ageing - IDS TILDA		60,000	-
Covid Awards		1,000,000	-
The Irish Longitudinal Study of Ageing - TILDA		-	1,500,000
Home Options for the Aging		-	64,000
		<u>39,492,956</u>	<u>38,840,430</u>
<b>Research Funding</b>			
		€	€
<b>Addressing major health challenges</b>			
Medical Council of Ireland	Patrick Quinn awards for Parkinson's Research	76,738	118,020
National Childrens Hospital	National Childrens Hospital Foundation- HRB Funding Scheme 2017	-	65,861
Science Foundation Ireland (SFI)	HRB/SFI/Wellcome Trust	812,600	868,977
US Ireland	US Ireland R&D Partnership	224,364	300,472
		<u>1,113,702</u>	<u>1,353,330</u>
<b>Supporting healthcare Intervention</b>			
HSC Public Health Agency (Northern Ireland)	Opportunity Led Funding	-	115,686
		-	<u>115,686</u>
<b>Addressing the research needs of the Irish health and social care system</b>			
Atlantic Philanthropies	Dementia Research Programme	-	106,718
Health Services Executive (HSE)	Research Collaborative in Quality and Patient Safety (RCQPS)	265,039	353,494
HSC Public Health Agency (Northern Ireland)	Palliative Care Research Network	-	33,307
HSC Public Health Agency (Northern Ireland)	Capacity Building for Evidence Synthesis	201,352	167,916
		<u>466,391</u>	<u>661,435</u>
<b>Building a strong enabling environment</b>			
Irish Research Council	PPI National Network	200,000	-
Irish Research Council	Covid 19 - Rapid Response Call	852,874	2,442,343
Irish Research Council	PPI Ignite Income	49,285	252,880
		<u>1,102,159</u>	<u>2,695,223</u>
		<u>2,682,252</u>	<u>4,825,673.26</u>
<b>Funding Income</b>			
		€	€
<b>Addressing the research needs of the Irish health and social care system</b>			
Department of Justice and Equality	National Drug Related Deaths Index	162,309	95,423
Epilepsy Ireland	Data Collection on deaths due to Epilepsy	19,990	19,990
EU Income		24,452	34,113
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)	Contribution to Drug Misuse Research	79,590	79,590
Health Services Executive (HSE)	Prevalence Expert	11,465	11,465
Health Services Executive (HSE)	Data Collection on deaths due to Suicide	118,000	118,647
Road Safety Authority	Data collection on deaths due to Road Collisions	58,389	57,242
		<u>474,195</u>	<u>416,470</u>
<b>Other Income</b>			
		€	€
Prompt Payments		550	-
Fair Data		(1,445)	-
National Research Ethics Committee Income		110,340	-
Paul Henry Royalties		3,301	3,152
		<u>112,746</u>	<u>3,152</u>
		<u>42,762,149</u>	<u>44,085,726</u>

## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

3. Revenue Awards By Health Research Area	2021	2020
	€	€
<b>Summary of Revenue Awards By Health Research Area</b>		
Applied Biomedical Research	4,125,700	4,043,970
Applied Biomedical/Clinical Research	1,382,074	2,284,664
Basic Biomedical	424,461	698,420
Clinical Research	15,151,732	11,074,490
Clinical/Health Services Research	1,938,610	1,659,246
Clinical/Population Health Services	688,739	765,172
Health Services Research	5,381,317	6,251,130
Population Health Sciences	2,597,124	6,236,268
Population Health Sciences/Health Services Research	541,322	711,600
	<u>32,231,079</u>	<u>33,724,960</u>
<b>Applied Biomedical Research</b>		
Clinician Scientist Postdoctoral Fellowship	-	155,085
Covid19- Rapid Response Call	64,747	125,490
Collaborative Doctoral Awards	(30,225)	37,122
Emerging Investigator Scheme	380,128	739,744
EU Joint Programme Initiative	140,035	123,171
Health Research Charities Ireland	473,446	338,195
Investigator Led Projects	1,086,525	515,333
Knowledge Exchange Dissemination Scheme	(112)	-
Open Research Data	13,363	-
Patrick Quinn Awards for Parkinson's Research	-	118,020
Post Doctoral in Translational Medicine	(3,089)	-
SFI-HRB-Wellcome Research Partnership	1,261,182	995,146
US Ireland Research & Development Partnership	739,700	896,664
	<u>4,125,700</u>	<u>4,043,970</u>
<b>Applied Biomedical/Clinical Research</b>		
Clinician Scientist Awards	(1,693)	-
Collaborative Doctoral Awards	-	83,299
Emerging Investigator Scheme	328,959	647,869
EU Joint Programme Initiative	71,798	79,293
Health Research Charities Ireland	230,793	219,286
HRB/SFI Translational Awards	(12,647)	-
Investigator Led Projects	777,544	1,123,078
Knowledge Exchange Dissemination Scheme	(25,131)	-
National SpR/SR Academic Fellowship Programme	(12,582)	28,702
Open Research Data	13,363	-
SFI-HRB-Wellcome Research Partnership	11,670	103,137
	<u>1,382,074</u>	<u>2,284,664</u>
<b>Basic Biomedical</b>		
Open Research Data	13,363	-
SFI-HRB-Wellcome Research Partnership	352,350	639,672
US Ireland Research & Development Partnership	58,748	58,748
	<u>424,461</u>	<u>698,420</u>



## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

	2021	2020
	€	€
<b>3. Revenue Awards By Health Research Area (continued)</b>		
<b>Clinical Research</b>		
Applying Research into Policy & Practice Postdoctoral Fellowships	124,947	-
Cancer Trials Ireland	3,561,620	3,561,620
Clinician Scientist Postdoctoral Fellowship	43,415	76,951
Cochrane Training Fellowships	(13,575)	-
Collaborative Doctoral Awards	56,450	466,157
Conference and Event Sponsorship Scheme	24,594	-
Covid19 - Rapid Response Call	125,377	753,743
Definitve Intervention and Feasability	3,622,699	2,329,752
Emerging Investigator Award	741,837	183,075
EU Joint Programme Initiative	225,397	131,103
European Clinical Research Infrastructure	206,649	189,683
Health Research Charities Ireland	205,758	134,798
HRB Collaboration In Ireland	469,604	468,729
HRB Impact Award	35,000	-
HRB Trials Methodology Research	1,385,732	474,722
Investigator Led Projects	697,396	369,238
Irish Clinical Academic Training: An All-Ireland Integrated Training Programme for Clinical Academics (ICAT)	642,098	400,000
Irish Research Nurses Network	-	48,966
Knowledge Exchange and Dissemination Scheme	(43,793)	-
National Covid Biobanking	1,000,000	-
National SpR/SR Academic Fellowship Programme	(72)	46,054
Open Research Data	13,363	-
Secondary Data Analysis Projects	294,905	-
Summer Student Scholarships	58,749	39,900
ULYSSES	14,940	-
WHO-Solidarity	1,658,642	1,400,000
	<b>15,151,732</b>	<b>11,074,490</b>
<b>Clinical/Health Services Research</b>		
Applied Partnership Awards	(34,140)	3,907
Applying Research into Policy & Practice Postdoctoral Fellowships	67,308	-
Clinician Scientist Awards	(2,925)	-
Cochrane Training Fellowships	(5,101)	-
Collaborative Doctoral Awards	839,689	647,802
Conference and Event Sponsorship Scheme	(1,587)	-
Fulbright - HRB Health Impact Awards	-	9,352
Investigator Led Projects	(29,392)	-
Internships	93,699	285,028
Irish Platform for Patients Organisations Science and Industry Support Award	75,000	75,000
Knowledge Exchange Dissemination Scheme	(5,738)	-
Open Research Data	13,363	-
Public Patient Involvement	945,867	638,157
Research Leader Awards	(17,433)	-
	<b>1,938,610</b>	<b>1,659,246</b>

## HEALTH RESEARCH BOARD

Notes to the Financial Statements

for the year ended 31 December 2021

3. Revenue Awards By Health Research Area (continued)	2,021	2,020
	€	€
<b>Clinical/Population Health Research</b>		
Cancer Prevention Fellowship Programme	(3,645)	-
Collaborative Doctoral Awards	403,481	200,775
Covid19 - Rapid Response Call	96,831	254,755
Emerging Investigator Award	205,723	163,199
HRB Trials Methodology Research	-	(137,747)
Interdisciplinary Capacity Enhancement Awards	10,386	64,998
Investigator Led Projects	(28,412)	219,192
Knowledge Exchange Dissemination Scheme	(5,230)	-
Open Research Data	13,363	-
Research Collaborative in Quality and Patient Safety	(2,758)	-
	<u>688,739</u>	<u>765,172</u>
<b>Health Services Research</b>		
AllHPC Palliative Care Research Network	-	66,614
Applied Partnership Awards	854,139	656,811
Applying Research Into Policy & Practice Postdoctoral Fellowships	346,069	311,444
Collaborative Doctoral Awards	(31,556)	25,428
Collaborative Applied Research Groups	(71,359)	-
Conference and Event Sponsorship Scheme	15,000	-
Covid19 - Rapid Response Call	290,995	1,597,178
Clinician Scientist Postdoctoral Fellowship	-	115,824
Dementia and Neurodegenerative	21,617	81,620
Emerging Investigator Award	786,508	667,185
Evidence Synthesis Ireland	1,081,382	796,391
EU Joint Programme Initiative	59,373	328,947
Fulbright - HRB Health Impact Awards	-	20,375
Health Research Charities Ireland	53,031	50,221
Investigator Led Projects	397,049	273,281
Interdisciplinary Capacity Enhancement Awards	(864)	-
Knowledge Exchange and Dissemination Scheme	(41,912)	(8,658)
Medical Education Research Grant	(14,427)	-
National Childrens Hospital Foundation	-	65,681
Nursing Taskforce-Research Programme	147,386	179,544
Open Research Data	13,363	-
Opportunity Led Funding	-	174,651
Patrick Quinn awards for Parkinson's Research	84,335	-
PhD Scholars Programmes & Networks	(200,002)	-
Research Collaborative in Quality and Patient Safety	509,082	609,879
Research Leader Awards	(456,883)	118,797
Secondary Data Analysis Projects	1,473,545	108,135
Structured PhD Programme in Population and Health-Service Research Education	13,846	27,693
Summer Student Scholarships	51,600	(15,900)
	<u>5,381,317</u>	<u>6,251,130</u>
<b>Population Health Sciences</b>		
Applied Partnership Awards	-	99,159
Applying Research Into Policy & Practice Postdoctoral Fellowships	88,453	93,289
Collaborative Doctoral Awards	-	231,273
Conference and Event Sponsorship Scheme	5,425	-
Covid 19 - Rapid Response Call	385,386	1,776,789
Emerging Investigator Awards	459,023	204,721
EU Joint Programme Initiative	531,292	281,501
HRB Impact Award	-	15,585
IDS Tilda - Survey	60,273	-
Interdisciplinary Capacity Enhancement Awards	50,903	148,614
Investigator Led Projects	424,213	258,570
Knowledge Exchange and Dissemination Scheme	(20,161)	-
Open Research Data	13,363	-
Secondary Data Analysis	378,078	-
Summer Student Scholarship	57,000	37,800
The Irish Longitudinal Study on Ageing (TILDA)	-	3,088,967
US Ireland Research & Development Partnership	163,876	-
	<u>2,597,124</u>	<u>6,236,268</u>
<b>Population Health Sciences/Health Services Research</b>		
Applied Partnership Awards	87,831	87,841
Collaborative Doctoral Awards	370,134	333,121
Conference and Event Sponsorship Scheme	(24)	-
Investigator Led Projects	71,414	290,638
Knowledge Exchange and Dissemination Scheme	(1,396)	-
Open Research Data	13,363	-
	<u>541,322</u>	<u>711,600</u>
<b>Total Revenue Award Expenditure</b>	<u>32,231,079</u>	<u>33,724,960</u>

**HEALTH RESEARCH BOARD****Notes to the Financial Statements**

for the year ended 31 December 2021

<b>3a. Revenue Award Expenditure by Scheme Category</b>	<b>2021</b>	<b>2020</b>
	<b>€</b>	<b>€</b>
<b>Revenue Award Expenditure by Scheme Category</b>		
Capacity Building and Leadership	6,098,208	6,964,706
Infrastructure and Networks	7,666,090	5,467,364
Interventions	5,281,341	3,904,403
Projects and Programmes	13,185,440	17,388,488
	<u>32,231,079</u>	<u>33,724,960</u>

**Notes to the Financial Statements**  
for the year ended 31 December 2021

<b>4. Programme Administration and Operational Expenditure</b>	<b>2021</b>	<b>2020</b>
	<b>€</b>	<b>€</b>
<b>Evidence Unit</b>		
Drug and Alcohol Strategy	237,642	347,597
Drugnet Ireland Costs	41,210	63,721
European Monitoring System for Drugs and Drug Addition European focal point activities	166,876	172,509
HRB Evidence Generation Service	952,944	845,953
HRB National Drugs Library (formerly NDC)	276,372	338,383
	<u>1,675,044</u>	<u>1,768,163</u>
<b>National Health Information Systems</b>		
National Ability Supports Systems (NASS)	475,818	407,076
National Database Development Project	191,004	328,793
National Drug-related Deaths Index	264,693	200,670
National Drug Treatment Reporting System	442,245	429,713
National Office for Suicide Prevention	112,716	145,237
National Pyschiatric Inpatient Reporting System	203,032	162,075
Programme Management	21,394	87,560
Road Safety Authority	57,109	51,980
	<u>1,768,011</u>	<u>1,813,104</u>
<b>RSF Research Award Programme Management Costs</b>	2,441,118	2,284,314
<b>National Office for Research Ethics Committees (NREC)</b>	727,053	353,414
<b>The Health Research Consent Declaration Committee (HRCDC)</b>	235,043	251,545
<b>General Administration and Operation Support Costs</b>	3,680,119	3,898,788
	<u>10,526,388</u>	<u>10,369,328</u>



## Notes to the Financial Statements

for the year ended 31 December 2021

*The following expenditure relates to the operational expenditure of the HRB and does not include any Award payments.*

<b>4a. Programme Administration and Operational Expenditure</b>	<b>2021</b>	<b>2020</b>
	<b>€</b>	<b>€</b>
Audit Fees - Comptroller and Auditor General Fees	25,000	24,200
Audit Services - including Internal Audit and audit of Host Institutions	37,545	49,066
Bank Interest and Charges	3,368	17,388
HRB Board Remuneration	48,226	34,471
Books and Journals (including online databases)	194,133	299,067
Building Management Fees	112,107	110,774
Building Running Costs	89,904	121,255
Commissioned Research	59,591	279,638
Consultancy Costs	157,482	181,555
Contracted Services	109,392	143,801
Courses and Seminars	122,910	65,883
Deferred Benefit from Rent-free period	(45,756)	(45,756)
GDPR	2,876	600
Hospitality	6,409	3,294
ICT Costs	565,475	652,317
Insurance	37,780	33,053
Launches, Events and Promotional Costs	106,060	74,068
Managed Service - GEMS	117,960	114,568
Managed Service - ICT Support	207,071	182,142
Managed Service - Media Monitoring	22,523	14,387
Managed Service - Payroll Processing	16,533	13,323
Memberships	42,523	49,398
Other Employee Costs	37,417	86,464
Recruitment Costs	2,560	65,622
Panel Costs and Associated Award Costs	245,371	313,399
Pension Contributions	(284,761)	(247,337)
Pension Payments	253,571	286,143
Prompt Payments	29	202
Rent and Rates	950,612	950,685
Reports and Printing Costs	203,172	180,771
Salaries	5,575,818	4,994,881
Salaries - Agency Staff	1,390,017	1,219,858
Sponsorship	11,655	(16,969)
Stationery	1,802	6,826
Travel Costs	7,662	23,011
Website Costs	92,351	87,277
	<u>10,526,388</u>	<u>10,369,328</u>

*A number of 2020 figures have been restated in line with the reclassification of 2021 expenditure*

## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

## 5. Pensions paid to retired members of staff

	2021	2020
	€	€
Pension Payments	253,571	286,143
Less: Contributions from Current Staff	(285,015)	(247,337)
Contributions in respect of Seconded Staff	-	(34,825)
	<u>(31,444)</u>	<u>3,982</u>

## 6. Employee Costs

	2021	2020
	€	€
Remuneration and other pay costs (€)	5,575,818	4,994,881
Numbers of staff employed at 31 December (whole time equivalent)	82.5	75.5

€205,908 of pension levy was deducted in 2021 (2020: €185,643) and paid over to the Department of Health.

## 7. Emoluments of Chief Executive

	2021	2020
	€	€
Dr Darrin Morrissey (Gross)	-	66,141
Dr Darrin Morrissey (Employers PRSI)	-	7,191
Dr Mairead O'Driscoll (Gross)	142,779	82,148
Dr Mairead O'Driscoll (Employers PRSI)	14,535	8,314
	<u>157,314</u>	<u>163,794</u>

No bonus payments or awards were made to the incumbents of the posts of Chief Executive in 2021 or 2020.  
Travel and subsistence expenses paid to Dr Mairead O'Driscoll amounted to €19 in 2021 (nil in 2020).

## 8. Board members fees

	2021	2020
	€	€
Dr Jane Grimson ( Previous Chairperson)	-	10,908
Mr. John McCormack	-	3,472
Prof. Bernadette Hannigan (New Chairperson)	10,775	7,695
Tracey Cunningham	8,372	12,396
Dr Cyril Sullivan	2,654	-
Dr Terry McWade	5,602	-
Dr Cliona Saidlear	5,602	-
Dr Julie Ling	5,602	-
Prof Charles Normand	9,619	-
	<u>48,226</u>	<u>34,471</u>

Board Members expenses in 2021 amounted to €479 (2020: €185).

## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

9. Capital Awards By Health Research Area	2021	2020
	€	€
<b>Summary of Capital Awards By Health Research Area</b>		
Applied Biomedical Research	261,609	132,509
Applied Biomedical/Clinical Research	535,158	460,959
Basic Biomedical	-	-
Clinical Research	3,684,990	2,636,465
Clinical/Health Services Research	1,384,769	1,609,661
Clinical/Population Health Services	1,321,085	1,024,435
Health Services Research	1,231,188	2,263,015
Population Health Sciences	1,005,306	854,399
Population Health Sciences/Health Services Research	575,895	608,872
	<u>10,000,000</u>	<u>9,590,316</u>
<i>The breakdown of the above summary is as follows:</i>		
<b>Applied Biomedical Research</b>		
Emerging Clinician Scientist Awards	261,609	132,509
	<u>261,609</u>	<u>132,509</u>
<b>Applied Biomedical/Clinical Research</b>		
Emerging Clinician Scientist Awards	535,158	460,959
	<u>535,158</u>	<u>460,959</u>
<b>Clinical Research</b>		
HRB Clinical Trial Networks	1,580,380	665,581
HRB Clinical Research Coordination Ireland/National Clinical Trials Office	1,254,048	1,081,780
HRB Clinical Research Facilities	850,562	889,104
	<u>3,684,990</u>	<u>2,636,465</u>
<b>Clinical/Health Services Research</b>		
HRB Clinical Research Facilities	784,319	840,914
Health Research Centres	223,624	487,696
Research Leader Awards	376,826	281,051
	<u>1,384,769</u>	<u>1,609,661</u>
<b>Clinical/Population Health Research</b>		
HRB Clinical Research Facilities	1,012,118	1,024,435
Emerging Clinician Scientist Award	308,967	-
	<u>1,321,085</u>	<u>1,024,435</u>
<b>Health Services Research</b>		
Research Leader Awards	842,275	1,318,124
Structured PhD Programme in Population and Health-Services Research Education	388,913	944,891
	<u>1,231,188</u>	<u>2,263,015</u>
<b>Population Health Sciences</b>		
IDS Tilda	949,123	571,865
Research Leader Awards	56,183	282,534
	<u>1,005,306</u>	<u>854,399</u>
<b>Population Health Sciences/Health Services Research</b>		
Emerging Clinician Scientist Awards	283,882	168,832
Research Leader Awards	292,013	254,456
Development of a Proof of Concept Data Environment for Health & Related Research Under the DASSL Model	-	185,584
	<u>575,895</u>	<u>608,872</u>
<b>Total Capital Award Expenditure</b>	<u>10,000,000</u>	<u>9,590,316</u>

## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

## 9a. Capital Award Expenditure By Scheme Category

	2021	2020
	€	€
Capital Award Expenditure By Scheme Category		
Capacity Building and Leadership	3,345,826	3,843,356
Infrastructure and Networks	5,481,427	4,687,399
Interventions	-	-
Projects and Programmes	1,172,747	1,059,561
	<u>10,000,000</u>	<u>9,590,316</u>



## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

## 10. HRB Strategy 2021 - 2025 Health Research - Making an Impact

Revenue and Capital expenditure shown against the Strategic Objectives and Strategic Key Actions

	2021	2020
10a. HRB Strategy 2021 - 2025 Health Research - Making an Impact	€	€
Strategic Objective 1 Invest in research that delivers value for health, the health system, society and the economy	16,530,051	21,226,598
Strategic Objective 2 Be an independent, credible voice for research and evidence and a trusted thought leader	2,736,494	2,457,146
Strategic Objective 3 Promote and enable the use of data to shape health policy, enhance healthcare delivery, and drive broader research and innovation initiatives	5,228,921	3,610,977
Strategic Objective 4 Build a strong and supportive environment for health research in Ireland	21,738,096	20,173,582
Strategic Objective 5 Foster and enhance European and international coordination, collaboration and engagement	2,976,155	2,389,929
Strategic Objective 6 Develop the HRB as a progressive place to work, where our people are supported to be innovative and responsive	3,757,691	3,986,865
	<b>52,967,408</b>	<b>53,845,097</b>

*The breakdown of the above summary is as follows:*

10b. HRB Strategy 2021 - 2025 Health Research - Making an Impact	2021	2020
	€	€
Strategic Objective 1 Invest in research that delivers value for health, the health system, society and the economy		
Key Action 1.1 Engage with partners in the health and social care system and with other funders to facilitate dialogue on key issues and agendas, to ensure stronger collaboration, coordination and prioritisation.	23,395	-
Key Action 1.2 Invest in research that informs decisions and actions of knowledge users in the Irish health and social care system.	6,735,379	8,283,797
Key Action 1.3 Continue to support high-quality, investigator-initiated research to create new knowledge that, over time, will help to address major health challenges in society and have an impact on tomorrow's healthcare.	7,824,629	11,169,231
Key Action 1.4 Involve the public, patients, and carers in HRB-funded research to ensure that it is relevant and useable, and to catalyse cultural change in the research system.	1,071,227	721,004
Key Action 1.5 Drive excellence in health research practices, by overseeing and promoting high standards of research management and governance.	760,313	987,576
Key Action 1.6 Measure, monitor and evaluate the HRB funding portfolio on a regular basis to assess effectiveness, relevance, outcomes, impact and return on investment.	115,108	64,990
	<b>16,530,051</b>	<b>21,226,598</b>
Strategic Objective 2 Be an independent, credible voice for research and evidence and a trusted thought leader		
Key Action 2.1 Provide a high-quality and responsive evidence service to support policy, practice and evaluation for the Department of Health and other stakeholders in health and social care.	1,157,311	1,200,427
Key Action 2.2 Promote and support national and international evidence review and synthesis activities to build capacity, address knowledge gaps, inform guidelines and provide guidance to policymakers and practitioners.	1,627,775	1,265,387
Key Action 2.3 Play a lead role in stimulating dialogue with stakeholders, including the public, to respond to emerging developments in research, health and society.	31,375	-
Key Action 2.4 Position the HRB as a trusted objective source for health research and evidence to guide policy, inform decision-making and influence behaviour.	(79,967)	(8,668)
	<b>2,736,494</b>	<b>2,457,146</b>
Strategic Objective 3 Promote and enable the use of data to shape health policy, enhance healthcare delivery, and drive broader research and innovation initiatives		
Key Action 3.1 Play a lead role with other stakeholders to promote and enable the infrastructure and environment for the optimal use of health and social care data and statistical data for research.	2,461,699	965,530
Key Action 3.2 Grow and develop HRB's National Health Information Systems to provide quality, timely and relevant data to policymakers, service providers and researchers.	1,834,007	1,787,841
Key Action 3.3 Work with partners to optimise the use of data from HRB information systems for research purposes, with a particular focus on alcohol and drug use, disabilities and mental health.	-	-
Key Action 3.4 Use commissioned primary research and secondary data analysis to support drug and alcohol strategies at a national and European level.	517,733	593,493
Key Action 3.5 Support the regulatory work of the Health Research Consent Declaration Committee to ensure that health data is used in a transparent, trusted and safeguarded manner, and in the public interest.	235,043	251,546
Key Action 3.6 Take a national leadership role in driving the FAIR* data and open research agendas. (*findable, accessible, interoperable and re-usable)	180,439	12,567
	<b>5,228,921</b>	<b>3,610,977</b>

## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

## 10. HRB Strategy 2021 - 2025 Health Research - Making an Impact

## 10b. HRB Strategy 2021 - 2025 Health Research - Making an Impact (continued).

	2021	2020
	€	€
<b>Strategic Objective 4</b>	<b>Build a strong and supportive environment for health research in Ireland</b>	
	Invest strategically in research leadership and build the capacity of academic researchers and health and social care practitioners to respond to current and emerging health research needs.	
Key Action 4.1	9,003,795	10,625,315
	Working with partners, invest in a coordinated clinical trials infrastructure to deliver benefits for patients and the Innovation agenda, and with enhanced integration into the health system.	
Key Action 4.2	10,869,733	8,852,633
	Take a lead role in convening stakeholders to progress the design, development and implementation of national shared, high-cost research infrastructures, including in the areas of biobanking and genomic research.	
Key Action 4.3	1,067,821	-
	Lead the transformation of the national research ethics system in Ireland to deliver a robust, efficient and transparent review framework that engenders the trust of key stakeholders including the public.	
Key Action 4.4	727,053	354,019
	Together with national, EU and international partners, develop and shape health research related policies, regulations and procedures and support their implementation in Ireland.	
Key Action 4.5	69,694	341,615
	<u>21,738,096</u>	<u>20,173,582</u>
<b>Strategic Objective 5</b>	<b>Foster and enhance European and International coordination, collaboration and engagement</b>	
	Forge strategic alliances with European and international partners to tackle global health challenges and complex societal issues and strengthen Ireland's profile as a knowledge economy.	
Key Action 5.1	1,690,699	1,400,000
	Drive transformative agendas in national health research by informing strategic choices and maintaining an expert understanding of the evolving European research landscape	
Key Action 5.2	86,840	-
	Strengthen, develop and invest in co-funding collaborations with other EU and international agencies and organisations in targeted areas of health research.	
Key Action 5.3	1,102,450	850,565
	Support the Irish health research community, policymakers and service delivery counterparts to compete directly in EU funding programmes.	
Key Action 5.4	96,166	139,364
	<u>2,976,155</u>	<u>2,389,929</u>
<b>Strategic Objective 6</b>	<b>Develop the HRB as a progressive place to work, where our people are supported to be innovative and responsive</b>	
	Promote a positive organisational culture and provide our people with the skills, processes and capabilities needed to continuously develop, improve and adapt to changing needs	
Key Action 6.1	332,592	355,848
	Operate and adhere to the highest standards of corporate governance supported by a high performing Board and its committees	
Key Action 6.2	884,251	858,500
	Deliver value for money, and optimise financial operations in partnership with internal and external stakeholders to ensure timely, accurate, and meaningful financial information is available to inform decision making.	
Key Action 6.3	466,835	678,470
	Ensure that HRBs ICT systems are reliable, resilient, cyber-secure and focused on digital innovation.	
Key Action 6.4	590,445	601,184
Key Action 6.5	1,145,581	1,225,228
	Deliver on ambitious sustainability and climate action goals.	
Key Action 6.6	337,987	267,635
	<u>3,757,691</u>	<u>3,986,865</u>
	<u>52,967,408</u>	<u>53,845,097</u>

## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

**11. Fixed assets**

	Premises €	Office Furniture & Equipment €	Computers €	Total €
<b>Cost</b>				
At beginning of year	384,785	896,512	276,545	1,557,842
Additions	-	-	29,267	29,267
Disposals	-	-	-	-
<b>At end of year</b>	<b>384,785</b>	<b>896,512</b>	<b>305,812</b>	<b>1,587,109</b>
<b>Depreciation</b>				
At beginning of year	384,785	868,901	235,696	1,489,382
Charge for year	-	7,888	27,599	35,487
Disposals	-	-	-	-
<b>At end of year</b>	<b>384,785</b>	<b>876,789</b>	<b>263,295</b>	<b>1,524,869</b>
<b>Net Book Value</b>				
At 31 December 2021	-	19,723	42,517	62,240
At 31 December 2020	-	27,611	40,849	68,460



## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

12. Receivables	2021	2020
	€	€
Debtors	378,701	829,591
Prepayments and Sundry Debtors	529,722	338,768
	<u>908,423</u>	<u>1,168,359</u>
13. Investments	2021	2020
	€	€
Prize Bonds (at cost)	<u>641</u>	<u>641</u>
14. Bank and Cash	2021	2020
	€	€
Bank Current Account	119,389	19,443
Bank Deposit Account	55,636	-
Bank Account for Deferred Income	197,535	212,261
Petty Cash	400	405
	<u>372,960</u>	<u>232,109</u>
15. Payables	2021	2020
<i>Amounts falling due within one year:</i>	€	€
Other Creditors and Accruals	1,162,764	1,292,519
Deferred Income	273,875	218,377
	<u>1,436,639</u>	<u>1,510,896</u>
16. Payables	2021	2020
<i>Amounts falling due greater than one year:</i>	€	€
Deferred Benefit From Rent Free Period		
Opening Balance at 1 January	423,323	469,079
Increase in deferred benefit in the period	-	-
Release of deferred benefit relating to the current year	(45,757)	(45,756)
Closing Balance 31 December	<u>377,566</u>	<u>423,323</u>



## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

17. Capital reserve	2021	2020
	€	€
At the beginning of the year	68,981	159,127
Expenditure from Capital Account to Fund Fixed Assets	26,032	18,185
Transfer from Revenue Account to Fund Fixed Assets	3,235	9,119
Opening Balance adjustment	(521)	-
Amortisation Charge for the year	(35,487)	(117,450)
<b>At the End of the Year</b>	<b>62,240</b>	<b>68,981</b>

18. Analysis of cash and cash equivalents	2021	2020
	€	€
At the Beginning of the Year	232,109	119,686
Cash Flow (movement in the year)	140,851	112,423
<b>At the End of the Year</b>	<b>372,960</b>	<b>232,109</b>

19. Operating leases	2021	2020
	€	€
During 2021 the Health Research Board held two property leases in respect of which it has the following commitments:		
Payable Within One Year	954,492	954,492
Payable within Two to Five Years	3,817,969	3,817,969
Payable after Five Years	7,150,739	8,105,231
	<b>11,923,200</b>	<b>12,877,692</b>

Operating lease payments recognised as an expense in 2021 were €950,612 (2020: €950,612).

This property at Grattan House, 67-72 Lower Mount Street, Dublin 2 was originally held by way of a 15 year lease commencing on 4th July 2014. The lease is subject to a review every five years, the initial rent being €416,100 per annum. The first 17 months of the lease were rent free and the first rental payment amounting to €31,920 was made in December 2015. The benefit of the rent free period has been spread over the life of the lease. At the time of the first rent review in June 2019 the lease was extended to include the third floor of Grattan House and the annual rent was increased to €954,492 per annum. The term of the lease was extended up to 27th June 2034. The first five months of the lease for the third floor only were rent free. The benefit of the rent free period has been spread over the life of the lease.

## HEALTH RESEARCH BOARD

## Notes to the Financial Statements

for the year ended 31 December 2021

**20. Grant commitments**

Grant commitments changes during the year	2021 €	2020 €
Opening Balance	104,977,666	108,053,066
Grants/Social Costs Granted During the Year	66,308,078	42,402,184
Grants/Social Costs Decommitted During the Year	(2,503,181)	(2,162,308)
Payments on Awards During the Year	(42,231,079)	(43,315,276)
Outstanding Grant Commitments at 31 December	126,551,484	104,977,666

**21. Board members' interests**

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

Please refer to Note 8 for a breakdown of the remuneration and benefits paid to key management.

**22. Board approval**

The financial statements were approved by the Board on 05th December 2022

