

2015

Annual Report



NATIONAL
PAEDIATRIC
HOSPITAL
DEVELOPMENT
BOARD

**DESIGN
BUILD
EQUIP**

National Paediatric Hospital Development Board
Planning, designing, building, equipping and
furnishing the new children's hospital



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General Information

National Paediatric Hospital Development Board

Project Office	Block A, Herberton, St. James's Walk, Rialto, Dublin 8.
Bank	Ulster Bank 2-4 Lower O'Connell Street Dublin 1
Auditor	Comptroller and Auditor General 3A Mayor Street Upper Dublin 1
Solicitors	Eversheds One Earlsfort Centre Earlsfort Terrace Dublin 2



The Board

About the National Paediatric Hospital Development Board

The National Paediatric Hospital Development Board (the “NPHDB”) was established by the Minister for Health & Children by Statutory Instrument (S.I.) 246 of 2007 on 23rd May, 2007.

The NPHDB is responsible for planning, designing, building, equipping and furnishing a new children’s hospital in accordance with the high-level framework brief which was commissioned by the Health Service Executive (HSE). The brief includes advice on the preferred national network of paediatric care, on the core services to be delivered at the new children’s hospital, and on the additional range of services to be provided outside of the main hospital. This includes an assessment of the range of services to be provided through the Paediatric Outpatient Department & Urgent Care Centres, and the preferred location(s) for these services, taking account of international best practice in the planning of children’s hospital services.

Functions of the NPHDB

The functions of the NPHDB, as outlined in S.I. 246 of 2007, are:

- to plan, design, build, furnish and equip a national paediatric hospital (‘the new children’s hospital’) in accordance with a brief approved by the Health Services Executive (‘the HSE’) with the prior consent of the Minister, and subject to any subsequent variations to this brief as may be determined by the HSE in consultation with the NPHDB, and with the prior consent of the Minister; and
- do any other thing as is necessary for the performance of its functions.

The other functions of the NPHDB are currently undertaken by the Children’s Hospital Group Board (CHGB). These functions are as follows:

- in consultation with the relevant hospitals, prepare plans for the transfer of services from the relevant hospitals to the hospital;
- in consultation with the relevant hospitals, prepare a human resource strategy for the transfer to the new children’s hospital; and
- explore the possibility of securing philanthropic contributions to meet all or part of the capital cost of developing the hospital, and foster the philanthropic interests that already exist in relation to the provision of paediatric services.

Responsibility for these functions passed to the CHGB on the 13th September 2013, as set out in an operational agreement between the NPHDB, the CHGB and the HSE and approved by the Department of Health. Legislation is currently being prepared for Government approval to formally establish the CHGB, and amend the statutory functions of the NPHDB accordingly.

Membership of the NPHDB

Under the terms of the Statutory Instrument, the Minister for Health may appoint thirteen members to the Board – a Chairperson and twelve ordinary members.

Chairman's Statement

In August 2015, the National Paediatric Hospital Development Board (NPHDB) reached one of its most momentous milestones – a planning application to An Bord Pleanála for the construction of the new children's hospital on a shared campus with St. James's Hospital. The application also included the construction of two Paediatric Out-Patients and Urgent Care Centres at Tallaght and Connolly Hospitals, a 53 bed Family Accommodation Unit, a Children's Research and Innovation Centre on St. James's Hospital Campus and a construction compound site at Davitt Road in Dublin 12.

This is the most significant capital investment project ever undertaken in healthcare in Ireland and is a core part of Ireland's transition to a new model of care for Paediatric services. In the lead up to this planning application there were over 1,000 hours of engagement and consultation with local residents and businesses, as well as with staff from the three existing children's hospitals in Dublin, regional hospitals at Cork, Limerick and Galway and the Coombe Hospital, the Adelaide and Meath Hospital and Connolly Hospital, with families, young people and children who are former or current users of the service. This extensive consultation process has led to the development of a world class building which has been designed to enable staff to deliver the best possible clinical care for children and young people.

Engagement on the design of the new children's hospital included family forum workshops with parents and guardians whose children are users of paediatric services in Ireland, user engagement sessions with staff from the three existing children's hospitals in Dublin, information sessions with local residents and elected representatives from the local community as well as political leaders from government and opposition parties - particularly those with an interest in health and / or children were also briefed about the hospital design as well as the clinical imperatives for the new children's hospital on a campus shared with St. James's Hospital. This outreach included an Oireachtas Open Day in June 2015. Regular media briefings and unveilings of latest design concepts were also held to ensure that all members of the public were kept informed of this important project. A walk-in public information office was also opened in Dublin 8 to showcase the project and our website www.newchildrenshospital.ie was also redeveloped.

During the year work also continued in conjunction with the St. James's Hospital facilities and capital buildings team on decanting the site and transitioning services and staff to other areas of the St. James's Hospital Campus to facilitate the building of the new children's hospital. Significant progress has also been made on planning the Information and Communications Technology (ICT) by the Children's Hospital Group Board and a separate business case has been prepared. This element of the project is funded and governed separately to the capital project.

In November 2015, EY launched a report commissioned by the NPHDB – 'Harnessing the Potential' which focussed on the benefits of constructing and sustaining a new children's hospital in Dublin 8. A Community Benefit Oversight Group has already been established to identify and deliver benefits for the local community and a significant part of this community benefit will be a social clause included in the procurement contract. This is the first time in Ireland that a Community Benefit Programme on this scale has been undertaken.

In December 2015 an extensive ten day oral hearing took place with An Bord Pleanála which gave all stakeholders with an interest in the project an opportunity to air their views. Further engagement with all stakeholders will continue in the months ahead which will include information sessions and workshops on delivering a world class service within the new children's hospital.

The Development Board wishes to thank all of those who have assisted and supported the project throughout 2015. We are grateful to the Government and in particular the then Minister for Health, Leo Varadkar T.D. and Dr Tony O'Connell, National Director for Acute Hospitals Division HSE, for their commitment to the project. I would also like to thank the Health Service Executive and the National Development Finance Agency for the invaluable advice and guidance that we have received to date. We look forward to working with them in the future to deliver the new children's hospital that we can all be proud of.

We also wish to thank the management and staff at Our Lady's Children's Hospital Crumlin, the Children's University Hospital Temple Street, the Adelaide and Meath Hospital incorporating the National Children's Hospital Tallaght, Connolly Hospital Blanchardstown, the Coombe Hospital, St. James's Hospital and their respective boards for their invaluable contribution which led to the wonderful design, planning the services, facilities and operations for the new children's hospital. We also greatly appreciate advice and support given from all political parties and their members, Senators, local T.D.s and Councillors. I would like to thank Board members and staff of the Children's Hospital Group as their guidance assisted us in applying for planning permission in record time – almost twelve months from the date of appointing our design team. The design teams worked tremendously hard over that period to develop world class buildings which will enable staff to

deliver the best clinical care for children and young people; thanks to BDP and O'Connell Mahon who led the design team for the new children's hospital at the shared campus with St. James's Hospital; and to HLM and Coady and their team for leading the design of the two Paediatric Out-Patients and Urgent Care Centres at Tallaght and Connolly Hospitals.

Finally I would like to thank the NPHDB members and our staff, for your dedication, support and passion for the project. We will leave a legacy behind that we can all be very proud of.

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Tom Costello

Chairperson

National Paediatric Hospital Development Board

Date: 2nd November 2016



Project Overview

The new children's hospital, co-located with St James's Hospital in Dublin 8, will be a world class, child-focused facility, supported by the two Paediatric Out-Patients and Urgent Care Centres at Tallaght and Connolly Hospitals, delivering optimum healthcare to Ireland's children, equal to the highest international standards. The new children's hospital will:

- Provide national tertiary paediatric care for Ireland's children and young people; combining onto one site the clinical services currently being provided at Our Lady's Children's Hospital, Crumlin; the Children's University Hospital, Temple Street and the National Children's Hospital, Tallaght;
- Treat children up to the eve of their 16th birthday, with children in the system treated up to eve of their 18th birthday. Programmes for transition of children to adult services will commence early and be completed by their 18th birthday unless in specific circumstances where clinical outcomes are proven better under paediatric services;
- Expand the role of the Paediatric Outpatient Department & Urgent Care Centres at the new children's hospital and at Tallaght and Connolly Hospitals and reduce reliance on inpatient treatment, in line with international trends and best practice;
- Deal with higher levels of acuity among inpatients;
- Support and enable the transformation of paediatric healthcare services in Ireland through working closely with the National Paediatric Programme in its implementation of the new national model of care;
- Be the driving force behind a move towards home-based care, wherever clinically appropriate;
- Support efficiencies through innovative campus-wide sharing and use of clinical and non-clinical services as appropriate at both the new children's hospital and the Paediatric Outpatient Department & Urgent Care Centres at Tallaght and Connolly hospitals; and
- Be the primary centre for paediatric research, education and training in Ireland

Project Teams

The work of the NPHDB has been discharged by the Project Executive Team and supported by the Board Sub Committees as outlined on page 11. The design teams at BDP and O'Connell Mahon were appointed to design the new children's hospital and HLM and Coady were appointed to design the Paediatric Outpatient Department & Urgent Care Centres at Tallaght and Connolly hospitals. These teams were appointed in June 2014, other consultants were appointed in 2014 and 2015 to support the project. These teams work together with the NPHDB and its Executive to plan the design, make the planning applications, draft the business case for the project and ultimately construct and equip the hospital.

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Healthcare Planning

In consultation with the hospitals, the HSE and the healthcare planners, the current and future requirements for children's healthcare services in Ireland were analysed to determine the capacity and service models required to meet future needs. This analysis will enable the delivery of future services in a contemporary environment and at a performance level comparable with the leading children's hospitals worldwide.

The activity and capacity plan for the new children's hospital and for the connected Paediatric Outpatient Department & Urgent Care Centres was based on projected future needs and developments in service delivery. Inherent in this plan was the expected activity split between the new children's hospital and the Paediatric Outpatient Department & Urgent Care Centres at Tallaght and Connolly Hospitals.

Consultation

Children, Young People and their Families

The views of children, young people and their families are of paramount importance in planning the development and operation of the new children's hospital. A panel of young people aged between 14 and 18 was established to engage their thinking. Each member of the "Youth Advisory Committee" has had personal experience of care in the existing children's hospitals. It subsequently met regularly with the project architects to input on plans for the new children's hospital, with a particular focus on patient experience in relation to patient bedrooms, outdoor spaces, and recreational and play facilities.

In addition to the Youth Advisory panel, a survey of the views of children under 8 years of age was completed to further inform the design of the new children's hospital and we continue to engage with children, young people and their families to solicit their inputs.

Hospital Staff

The delivery of a high performing children's hospital of international renown will be an achievement of the staff in the hospital. The role of the NPHDB is to develop a built environment and hospital to enable the attainment of this goal.

From an early stage the NPHDB has continued an extensive programme of engagement which is guided by senior corporate and clinical leaders from the three children's hospitals, with whom the Executive and Design Team meet regularly throughout the year.

The results of this extensive and significant consultation process remain relevant to the project and are being updated, and have informed the revised Design Brief. Extensive and wide-ranging consultation will continue to be integral to the development and success of the project.

Design

The hospital and the two Paediatric Outpatient Department & Urgent Care Centres, where secondary care will be delivered are envisaged as secure, welcoming and environmentally sustainable facilities with maximum flexibility and adaptability, in order to facilitate future changes in service delivery.

The following hospital facilities are required to deliver high quality, child-centred and family-focused services:

- 100% single, ensuite rooms
- In-room parent sleeping facilities
- Hospital school
- Undergraduate, postgraduate and continuing professional education
- Children's Research Institute
- Family Resource Centre
- Family accommodation near critical care
- Play areas, external gardens and courtyards
- Therapy area with hydro-pool and gym
- Car parking

Accommodation for families requiring a long-term, home-away-from-home environment will be provided on the Campus.

Information and Communications Technology (ICT)

The CHGB have prepared a Programme Approach and Implementation Plan for ICT in the new children's hospital and the Paediatric Outpatient Department & Urgent Care Centres at Tallaght and Connolly hospitals in consultation with hospital representatives and the HSE. This report examines the proposal to implement an Electronic Medical Record (EMR) and an Enterprise Resource Planning (ERP) system in the new children's hospital.

The new children's hospital and Paediatric Outpatient Department & Urgent Care Centres at Tallaght and Connolly hospitals aim to provide world-class paediatric care in a holistic, patient-centric way. ICT is a critical enabler in achieving this and will be embedded in all aspects of care delivery, service delivery and business management. The new children's hospital and Paediatric Outpatient Department & Urgent Care Centres have been designed so that ICT and automation will be deployed to all areas for use by staff, patients, parents and non-clinical services. In effect, it is being designed as a digital hospital.

Costs

Revenue costs

The new children's hospital and satellite centres will represent a fundamental change in the way paediatric services are delivered which will manifest itself in all aspects of operations and the day-to-day running of the new hospital and satellite centres.

There will be marked differences between the operating costs of the existing three children's hospitals and those of the new children's hospital and satellite centres as:

- It is a modern, purpose built new children’s hospital, with 100% single occupancy rooms for inpatients with public spaces, garden areas, family spaces etc.;
- There will be a significant change to the hospital configuration, e.g. a doubling of ICU beds;
- There will be a new hospital operating model, which is underpinned by the principles of the Model of Care, including consultant driven service delivery; and
- A HIMMS level 6 ICT infrastructure which will deliver a “paper-light” hospital.

In addition, activity is projected to increase by 30% from 2014 to 2022 (the first full year of operation) which will exert an upward pressure on operating costs for the programme over the period. Operating costs will be managed to support these factors.

Funding

It is planned that the cost of the new children’s hospital and Paediatric Outpatient Department & Urgent Care Centres will primarily be met by the Exchequer through the HSE Capital Programme.

Other sources of funding include educational institutions, research organisations, philanthropy and the leasing of the car park to an investor.

Design Programme

The new children’s hospital and Paediatric Outpatient Department & Urgent Care Centres at Tallaght and Connolly hospitals programme is comprised of three interlinked and inter-related elements:

- Build – the design and construction of a state of the art new children’s hospital and Paediatric Outpatient Department & Urgent Care Centres at Tallaght and Connolly hospitals and associated facilities, as well as the clinical and non-clinical equipment requirements;
- ICT – the ICT infrastructure and applications needed to deliver the vision of a digital hospital; and
- Operational integration, commissioning and transition – the change management needed in order for the three existing hospitals to become one and the actions required to ensure the smooth, safe and efficient transition to the new children’s hospital and Paediatric Outpatient Department & Urgent Care Centres at Tallaght and Connolly hospitals.



Project Director's Report

I am pleased to report very significant progress has been made on the development of the new children's hospital on the St. James's Hospital Campus and the Paediatric Outpatient Department & Urgent Care Centres, along the M50, for the new children's hospital at Tallaght Hospital on the south side of Dublin, and Connolly Hospital on the north side of Dublin during 2015.

In April 2015, the National Paediatric Hospital Development Board (NPHDB) shared images of the proposed external and internal design of the hospital and its satellite centres (urgent care centres) with the then Minister for Health Leo Varadkar and the Youth Advisory Committee. The Youth Advisory Committee is a group of children and young people who have been providing input, advice and feedback on the new hospital design and its services. This milestone signified the progress made by the project and the Design Team to provide the best infrastructure for paediatric services on a local, national and all-island basis.

The following month the NPHDB shared the new children's hospital designs with members of the Oireachtas and with residents in the local Dublin 8 community; designs that had evolved from the extensive meetings and engagement that had taken place with patient advocacy groups, existing children's hospital staff, families and the Youth Advisory Council. The significant improvements in clinical outcomes for complex cases, which can be expected when all paediatric services are being delivered in the new children's hospital, were outlined including the opportunity to expand on clinical synergies and expertise with St. James's Hospital, as well as strengthening the research and innovation programmes that will enhance and improve the clinical outcomes and overall care provided to children and young people underpinning the principle that today's research is tomorrow's cure.

On the 10th August 2015 the NPHDB submitted the planning application for the new children's hospital to An Bord Pleanála. The application for the development of the proposed new children's hospital, which is an integrated health infrastructure development comprising six principle elements and ancillary development as set out below:

- A 473 bed new children's hospital (up to 118,113 sq.m. gross floor area) at the St. James's Hospital Campus, James's St., Dublin 8;
- A 53 bed family accommodation unit (up to 4,354 sq.m. gross floor area) at the St. James's Hospital Campus, James's St., Dublin 8;
- A Children's Research Innovation Centre (up to 2,971 sq.m. gross floor area) at the St. James's Hospital Campus, James's St., Dublin 8;
- A construction compound at the former Unilever site at Davitt Road, Drimnagh, Dublin 12.
- A Paediatric Outpatient Department & Urgent Care Centre (up to 4,466 sq.m. gross floor area) at The Adelaide & Meath Hospital Dublin (Tallaght Hospital), Belgard Square North, Tallaght Dublin 24; and
- A Paediatric Outpatient Department & Urgent Care Centre (up to 5,093 sq.m. gross floor area) at Connolly Hospital campus in Blanchardstown, Dublin 15.

This strategic infrastructure development will bring significant economic and social regeneration opportunities to the Dublin 8 area. The NPHDB Executive Team with the support of the Design Team together with the NPHDB's Legal Counsel attended the oral hearing for the planning application which commenced on the 30th November 2015 with the hearing completed prior to the Christmas 2015.

The St. James's Hospital team continued the implementation of the decanting works to transitioning existing services and staff from the site of the new children's hospital to other locations within the St. James's Hospital Campus to free the site for construction. Significant progress has been made on progressing the Information and Communications Technology (ICT) Project by the Children's Hospital Group Board (CHGB) which will position the new children's hospital as being the first paperless hospital in Ireland, and a separate business case for the ICT investment required to achieve this has been approved by the HSE. This project is funded and governed separately to the capital project.

The NPHDB is acutely aware of the urgent need to deliver the new children's hospital and Paediatric Outpatient Department & Urgent Care Centres at Tallaght Hospital and Connolly Hospital in order to greatly enhance the provision of service to children and young people. In acknowledging the challenging timeline set by the Minister for Health and his Department, we have put in place an appropriate and experienced senior management Executive Team including a well-resourced Design Team, and have established and implemented the necessary management procedures and processes to ensure the successful delivery of the new children's hospital is to the highest quality design, within budget and to programme.

Planning and Design

The Design Team comprises of all necessary disciplines and consultancy services required to deliver the design for the new children's hospital and to procure the various works contracts necessary for construction. This design team is architect-led and comprises eight primary disciplines including, Architectural, Quantity Surveying, Mechanical and Electrical Engineering Services, Civil and Structural Engineering, Fire Consultancy Services, Planning Consultancy Services, Project Supervisor design process and Traffic Consultant.

The Design Team prepared all necessary documentation and information to support the planning application for the new children's hospital and completed the Drawings, Planning Documentation, Architectural Reports, Engineering Reports and the Environmental Impact Statement. These documents were submitted on the 10th August 2015 by the NPHDB to An Bord Pleanála as the planning application for proposed Hospital.

Construction Contracts

The Suitability Assessment Questionnaire (SAQ) documents, to identify the tender shortlists for the various works contracts to construct the new children's hospital, were prepared by the Design Team in conjunction with the NPHDB and published on eTenders; with all SAQ submissions received by the NPHDB by the end of November 2015 which have been subsequently evaluated.

Risk Management

A risk management framework is in place consisting of representatives from all delivery stakeholders (NPHDB, CHG and SJH), which is underpinned by the application of robust risk management processes and procedures which are appropriately implemented and managed.

Campus Shared Infrastructure and Associated Services

The shared services initiative on the St James's Hospital campus has been progressing with the establishment of the Campus Shared Infrastructure and Associated Services Steering Group. A resource plan is being developed by the CHG and SJH to progress the implementation of both clinical and non-clinical services with the initial focus on the Facilities Management Logistics. Agreement has been reached on the lead provider of the various services (SJH or CHG) and the scope and operational policy associated with each is being developed.

Discussions have been progressing with Tallaght and Connolly hospitals regarding shared infrastructure at these locations which will only consider non-clinical services. It has been agreed in principle that the host hospital will provide the services and discussions are ongoing between the CHG and the respective hospital on the specific scope and operational policy associated with shared services. The governance structure required to support the delivery of shared services at each hospital location is being progressed.

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NPHDB Sub-committees

The sub-committees of the NPHDB continued to meet during 2015 playing a key role in supporting the project activities. The sub-committees were as follows:

- Planning (Chair – John Martin)
- Design (Chair – John Cole)
- Procurement (Chair – Tim Bouchier Hayes)
- Communications (Joint Chair – John Pollock & Eilish Hardiman)
- Healthcare Technology (Chair – Marguerite Sayers)
- Decanting (Chair – Lorcan Birthistle)
- Finance (Chair – Paul Quinn)
- Audit (Chair – Brian Fitzgerald)
- Organisation & Recruitment (Chair – Marguerite Sayers)
- Co/Tri-Location Planning Committee (Joint Chair – Eilish Hardiman & Lorcan Birthistle)

Conclusion

In conclusion the progress made to date in the delivery of the new children's hospital and Paediatric Outpatient Department & Urgent Care Centres at Tallaght and Connolly hospitals has been exceptional having recently secured planning approval, the procurement of the various construction contracts well advanced progressing towards contract award, and a design that has been agreed by all will create a new world-class hospital facility for the children of Ireland.

The key organisations and stakeholders involved in the project (Department of Health, HSE, CHGB and NPHDB) have a clear understanding of their respective roles and responsibilities and are working together in a real spirit of collaboration to ensure the successful delivery of the project.

I would like to thank Mr. Tom Costello (Chairman) and the members of the NPHDB for their invaluable guidance, direction and support throughout 2015.

I am extremely grateful for the support of the Minister for Health and his Department officials, and for the guidance provided by several departments of the HSE, in particular the Director General's Office, Estates and Finance Office and the National Development Finance Agency for their sound advice and guidance provided to date

I wish to extend my thanks to the management and staff in the three existing children's hospitals, to the children and young people, parents, public servants, community representatives, local residents and the many other individuals and organisations who have engaged and supported the project throughout 2015.

Finally, I am confident that we will continue to receive the goodwill and support of the many stakeholders on this project as we move towards construction. With the award of planning permission in 2016, a new and exciting phase in the delivery of this great and important national infrastructure project - the new children's hospital - is well progressed.



John Pollock

Project Director

National Paediatric Hospital Development Board

Date: 2nd November 2016



Board Members' Report

Governance

The NPHDB has adopted the Code of Practice for Governance of State Bodies 2009, and has implemented the provisions of that Code. The NPHDB is committed to maintaining the highest standards of corporate governance, and to monitoring compliance on an ongoing basis.

In discharging its functions, the Board appointed an executive management team consisting of a Programme Director, a Finance Officer and a Medical Director. The NPHDB will continue to discharge its functions through this management team and through external consultants and contractors who have been and will be appointed under public tendering arrangements.

Ethics and standards

The provisions of the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001 have been implemented.

Board

The NPHDB consists of a Chairman and 12 ordinary members, all of whom are non-executive and are appointed by the Minister for Health. The members during the year ended 31st December, 2015 are set out on page 14 of this Annual Report.

All members receive appropriate and timely information to enable the Board to discharge its duties.

The NPHDB has established sub-committees to assist in the effective discharge of its responsibilities.

The Board is supported by the executive of the NPHDB; Mr. John Pollock, Project Director; Mr. Phelim Devine, Design Director/Deputy Project Director; Mr. Norman Craig, Commercial Director; Mr. Jim Farragher, Chief Financial Officer; and Dr. Emma Curtis, Medical Director.

Board Secretary

Mr Jarleth Heneghan of William Fry Solicitors was Board Secretary from January 2015 to October 2015 and Ms Fiona Mahon of Eversheds Solicitors was Board Secretary from November 2015 to December 2015. The Board Secretaries were responsible for ensuring that Board decisions on procedures and controls were implemented, and that relevant legislation, regulations and guidelines were complied with.



Attendance at Meetings for NPHDB

Meetings of the Board

In 2015 the Board met on 12 occasions.

The attendance at Board meetings is set out in the table below.

Member	Meetings	Attendance	Resignation Date	Appointment Commencement
Mr Tom Costello	12	12		02nd August 2013
Mr John Cole	12	10		02nd August 2013
Mr Brian Fitzgerald	12	11		02nd August 2013
Mr Tim Bouchier-Hayes	12	10		02nd August 2013
Mr Karl Kent	12	12		02nd August 2013
Mr John Martin	12	11		02nd August 2013
Mr Paul Quinn	12	8		02nd August 2013
Ms Anne Butler	12	10		02nd August 2013
Ms Marguerite Sayers	12	10		02nd August 2013
Prof Hilary Hoey	12	9		18th October 2013
Dr Tony O'Connell	1	0	13th January 2015	27th May 2014
Mr Liam Woods	9	5		04th March 2015

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Board members remuneration

Member	Fees (€)	Travel
Mr Tom Costello	40,110*	3,528
Mr John Cole CBE	7,695	6,574
Mr Karl Kent	7,695	---
Mr John Martin	7,695	---
Professor Hilary Hoey	7,695	---
Ms Anne Butler	7,695	---
Total	78,585	10,102

* This includes additional fees of €28,140 which were approved by the Department of Public Expenditure and Reform in recognition of the additional time commitment required by his role on the Board in 2015.

Statement of Board Members' Responsibilities

The National Paediatric Hospital Development Board was established by the National Paediatric Hospital Development Board (Establishment) Order, 2007 (S.I. No.246 of 2007) on 23 May 2007, as amended by the Health (Miscellaneous Provisions) Act 2007.

Under the terms of the National Paediatric Hospital Development Board (Establishment) Order, 2007 (S.I. No.246 of 2007), as amended by the Health (Miscellaneous Provisions) Act 2007, the NPHDB acknowledges the requirement to prepare financial statements for the year which give a true and fair view of the state of affairs of the National Paediatric Hospital Development Board and its income and expenditure for the period.

In preparing those financial statements, the NPHDB is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- disclose and explain any material departures from applicable accounting standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the National Paediatric Hospital Development Board will continue in existence.

The NPHDB is responsible for keeping proper books of account which disclose with reasonable accuracy at any time the financial position of the NPHDB and to enable the Board to ensure the financial statements comply with the relevant Order and with the accounting standards laid down by the Minister for Health. The Board is also responsible for safeguarding the assets of the NPHDB and hence for taking reasonable steps for the prevention and the detection of fraud and other irregularities.

On behalf of the Board:



Tom Costello
Chairperson

National Paediatric Hospital Development Board



Brian Fitzgerald
Board Member

National Paediatric Hospital Development Board







Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

National Paediatric Hospital Development Board

I have audited the financial statements of the National Paediatric Hospital Development Board for the year ended 31 December 2015 under 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 financial position, the statement of cash flows and the related notes. The financial statements have been prepared in accordance with Section 14 of the National Paediatric Hospital Development Board (Establishment) Order 2007 (SI 246/2007), and in accordance with generally accepted accounting practice.

Responsibilities of the Board

The Board is responsible for the preparation of the financial statements, for ensuring that they give a true and fair view of the state of the Board's affairs and of its income and expenditure, and for ensuring the regularity of transactions.

Responsibilities of the Comptroller and Auditor General

My responsibility is to audit the financial statements and report on them in accordance with applicable law.

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation.

My audit is carried out in accordance with the International Standards on Auditing (UK and Ireland) and in compliance with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements, sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of

- whether the accounting policies are appropriate to the National Paediatric Hospital Development Board's circumstances, and have been consistently applied and adequately disclosed
- the reasonableness of significant accounting estimates made in the preparation of the financial statements, and
- the overall presentation of the financial statements.

I also seek to obtain evidence about the regularity of financial transactions in the course of audit.

Opinion on the financial statements

In my opinion, the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the National Paediatric Hospital Development Board as at 31 December 2015 and of its income and expenditure for 2015; and
- have been properly prepared in accordance with generally accepted accounting practice.

In my opinion, the accounting records of the National Paediatric Hospital Development Board were sufficient to permit the financial statements to be readily and properly audited. The financial statements are in agreement with the accounting records.

Matters on which I report by exception

I report by exception if I have not received all the information and explanations I required for my audit, or if I find

- any material instance where money has not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or
- the information given in the National Paediatric Hospital Development Board's annual report is not consistent with the related financial statements or with the knowledge acquired by me in the course of performing the audit, or
- the statement on internal financial control does not reflect the National Paediatric Hospital Development Board's compliance with the Code of Practice for the Governance of State Bodies, or
- there are other material matters relating to the manner in which public business has been conducted.

I have nothing to report in regard to those matters upon which reporting is by exception.

Patricia Sheehan

Patricia Sheehan

For and on behalf of the
Comptroller and Auditor General

9 November 2016

Certification of Project Director and Chairperson

For the year ended 31st December, 2015

We certify that the financial statements of the National Paediatric Hospital Development Board for the year ended 31 December 2015 as set out herein are in agreement with the books of account and have been drawn up in accordance with the accounting standards laid down by the Minister for Health.

The financial statements, which comprise of pages 23 to 31 and the statement of accounting policies on pages 21 and 22, give a true and fair view of the state of affairs of the Board at 31 December 2015 and of its income and expenditure for the year then ended.



John Pollock
Project Director
National Paediatric Hospital Development Board



Tom Costello
Chairperson
National Paediatric Hospital Development Board

Date: 2nd November 2016



Statement on Internal Financial Controls

Responsibility for the System of Internal Financial Controls

On behalf of the Board I acknowledge our responsibility for ensuring that an effective system of internal financial control is maintained and operated.

The system can only provide reasonable and not absolute assurance that assets were safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or will be detected in a timely period.

The Board has taken the necessary steps to ensure that there is an effective system of financial control in place, by implementing a system of delegation of responsibility. This system of internal control applies both to the internal activities of the body and, as appropriate, to the operations of Third Parties to whom services have been outsourced ("Third Party Providers").

Key Control Procedures

The Board has taken steps to ensure an appropriate environment by:

- Clearly defining the respective responsibilities of management and of Third Party Providers;
- Establishing formal procedures for reporting significant control failures
- Ensuring appropriate corrective action; and
- Implementing internal audit.

The Board has established formal processes to identify and evaluate risks associated with planning and development of the new children's hospital by identifying the nature, extent and financial implications of such risks facing the body. This includes the extent and categories which it regards as acceptable, assessing the likelihood of identified risks occurring, assessing the body's ability to manage and mitigate the risks that do occur.

The system of internal financial control is based on a framework of regular management information, administrative procedures including segregation of duties, and a system of delegation and accountability.

In particular it includes:

- A comprehensive budgeting system with an annual budget which is reviewed and agreed by the Board
- Accounts and annual financial reports which indicate financial performance against forecasts; and
- Clearly defined capital investment control guidelines.

The Board has delegated responsibility for the development and maintenance of the financial control framework to management. The Board has established a formal process for monitoring and reviewing the effectiveness of the system of internal financial control.

Internal Audit

The Board has an internal audit function with appropriately trained personnel, currently staffed by a team made up of resources outsourced from a firm of accountants, which operates in accordance with a written Scope of Services which the Board has approved. Its work is informed by analysis of the risks to which the Board is exposed and its annual internal audit plans, approved by the Audit Committee, are based on this analysis. These plans aim to cover the key controls on a rolling basis over a reasonable period. The internal audit function is reviewed periodically by the Audit Committee. The Board has put procedures in place to ensure that the reports of the internal audit function are followed up.

Review of the effectiveness of the system of Internal Financial Controls

I confirm that in the year ended 31 December 2015 the Board conducted a review of the systems of Internal Financial Controls. The review examined key processes in place to provide an effective internal control environment.

Legal services were procured in relation to the termination of contracts at the Mater site. While the relevant services were not openly tendered, the Board agreed a reduction on rates with the legal firm under an existing HSE framework agreement for legal services. In 2015, expenditure on these services totalled €576,225. The legal services were successfully tendered under a framework agreement which was put in place in 2016.



Tom Costello
Chairperson

National Paediatric Hospital Development Board

Date: 2nd November 2016

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Statement of Accounting Policies

The Basis of accounting and significant accounting policies adopted by the NPHDB are set out below. They have all been applied consistently throughout the year and for the preceding year.

1. General Information

The NPHDB was set up under the Statutory Instrument (S.I.) No.246 of 2007, with a head office at Hospital 7, St. James's Hospital Campus, Dublin 8.

The functions of the NPHDB are as follows:

- to plan, design, build, furnish and equip a national paediatric hospital (the new children's hospital) in accordance with a brief approved by the Health Services Executive (HSE) with the prior consent of the Minister, and subject to any subsequent variations to this brief as may be determined by the HSE in consultation with the NPHDB and with the prior consent of the Minister; and
- do any other thing as is necessary for the performance of its functions.

The other functions of the NPHDB, as set out in part 5 of S.I. No.246 of 2007, are currently undertaken by the Children's Hospital Group Board (CHGB). These functions are as follows:

- in consultation with Our Lady's Children's Hospital Crumlin, the Children's University Hospital Temple Street, and the National Children's Hospital Tallaght (relevant hospitals), prepare plans for the transfer of services from the relevant hospitals to the new children's hospital;
- in consultation with the relevant hospitals, prepare a human resource strategy for the transfer to the new children's hospital; and
- explore the possibility of securing philanthropic contributions to meet all or part of the capital cost of developing the new children's hospital, and foster the philanthropic interests that already exist in relation to the provisions of the paediatric service.

Responsibility for these functions passed to the CHGB on the 13th September 2013, as set out in an operational agreement between the NPHDB, the CHGB and the HSE and approved by the Department of Health. Legislation is currently being prepared for Government approval to formally establish the CHGB, and amend the statutory functions of the NPHDB accordingly.

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2. Statement of Compliance

The financial statements of the NPHDB for the year ended 31 December 2015 have been prepared in accordance with FRS 102, the financial reporting standard applicable in the UK and Ireland issued by the Financial Reporting Council (FRC), as promulgated by Chartered Accountants Ireland. These are the NPHDB's first set of financial statements prepared in accordance with FRS 102. The date of transition to FRS 102 is 1st January 2014. The transition to FRS 102 has not affected its financial position or financial performance.

3. Basis of Preparation

The financial statements have been prepared under the historical cost convention, except for certain assets and liabilities that are measured at fair values as explained in the accounting policies below. The financial statements are in the form approved by the Minister for Health with the concurrence of the Minister for Finance under the S.I. No.246 of 2007. The following accounting policies (4 to 11) have been applied consistently in dealing with items which are considered material in relation to the NPHDB's financial statements.

4. Revenue

Oireachtas Grants

Grant income comprises grants receivable from the HSE towards the planning, design, construction, and commissioning of a national paediatric hospital. Grants are recognised as income in line with expenditure.

5. Expenditure

All expenditure, including administrative costs incurred by the Board are recognised on an accruals basis and capitalised and transferred to construction work in progress and are not depreciated.

6. Fixed assets - construction work in progress

All fixed asset acquisitions, regardless of the source of funds, are capitalised as construction work in progress and are not depreciated.

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.

7. Capital Account

The capital account represents the unamortised value of funding applied for the purchase of fixed assets.

8. Superannuation

The provision of the superannuation for staff seconded to the Board remains the responsibility of the respective employer body. The charges for superannuation benefits in respect of seconded staff are recouped by the respective employer as part of the secondment arrangement and are charged to the Income and Expenditure Account.

Other pension contributions are made to a PRSA pension contract. These contributions are funded out of capital income of the Board and are charged to the Income and Expenditure Account in the year in which they became payable.

9. Receivables

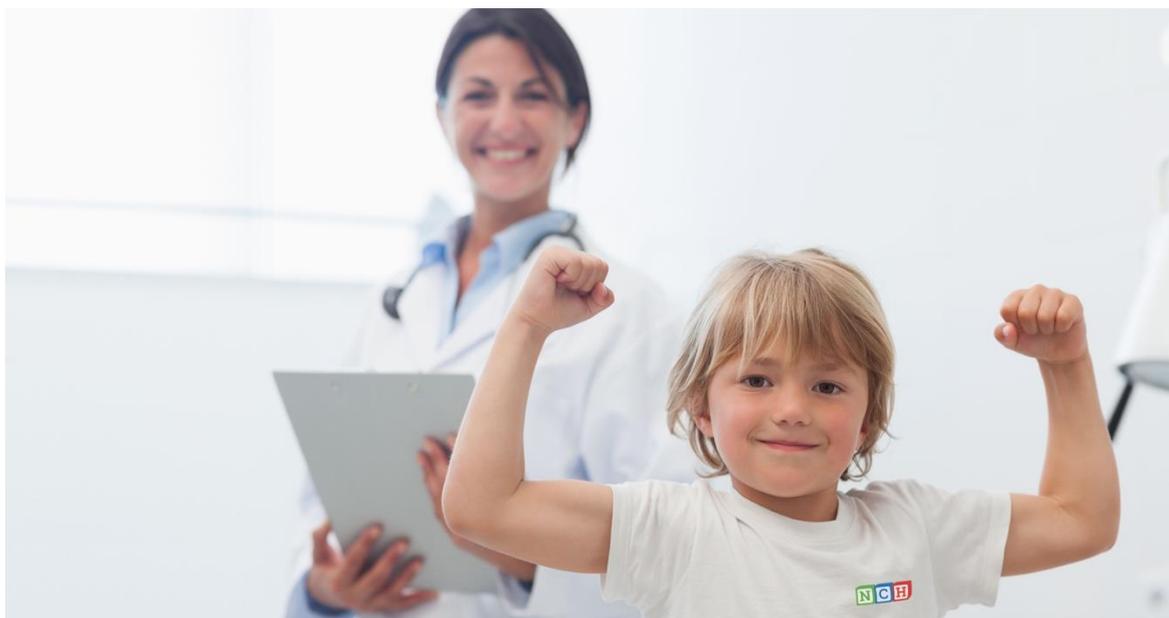
The balance due from the HSE represents expenditure accrued by the Board for which funding has not yet been drawn down from the HSE. All other receivables are recognised at fair value.

10. Short-term Employee Benefits

Short term benefits such as holiday pay 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.

11. Critical Accounting Judgement and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that effect the amounts reported for assets and liabilities as at the balance sheet 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.



Statement of Income and Expenditure and Retained Revenue

For the year ended 31st December, 2015

		2015	2014
	Note	€	€
Income			
Oireachtas grants	7	22,310,583	7,830,115
Other income	1	6	-
Total Income		22,310,589	7,830,115
Expenditure			
Administration & Operations	2	22,310,589	7,830,115
Total Expenditure		22,310,589	7,830,115
Surplus / (Deficit) for the Year before Appropriations		-	-
Transfer from/(to) the Capital Account	5	(22,310,589)	(7,830,115)
Transfer to construction work in progress	2	22,310,589	7,830,115
		-	-
Surplus / (Deficit) for the Year after Appropriations		-	-
Balance Brought Forward at 01 January		-	-
Surplus / (Deficit) for the Year at 31 December		-	-

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All income and expenditure for the year relates to continuing activities at the balance sheet date. The Statement of Income & Expenditure and Retained Revenue Reserves includes all gains and losses recognised in the year.

The Statement of Cash Flows and notes 1 to 9 form part of these financial statements.

On behalf of the Board of the NPHDB



Tom Costello

Chairperson

National Paediatric Hospital Development Board



John Pollock

Project Director

National Paediatric Hospital Development Board

Date: 2nd November 2016

Statement of Financial Position

As of 31st December, 2015

			2015	2014
		Notes	€	€
Fixed Assets				
Construction work in progress		2	36,329,530	14,018,941
Total Fixed Assets			<u>36,329,530</u>	<u>14,018,941</u>
Current Assets				
Receivables		3	3,436,146	1,753,702
Cash and cash equivalents			436,862	1,044,981
			<u>3,873,008</u>	<u>2,798,683</u>
Current Liabilities (amounts falling due within one year)				
Payables		4	(3,873,008)	(2,798,683)
Net Current Assets			<u>-</u>	<u>-</u>
Total Net Assets			<u>36,329,530</u>	<u>14,018,941</u>
Represented by:				
Capital account		5	36,329,530	14,018,941
			<u>36,329,530</u>	<u>14,018,941</u>

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The Statement of Cash Flows and notes 1 to 9 form part of these financial statements.

On behalf of the Board of the NPHDB



Tom Costello

Chairperson

National Paediatric Hospital Development Board



John Pollock

Project Director

National Paediatric Hospital Development Board

Date: 2nd November 2016

Statement of Cash Flows

For the year ended 31 December 2015

	2015	2014
	€	€
Net Cash Flow from Operating Activities		
Excess Income over Expenditure	-	-
(Increase) / Decrease in Receivables	(1,682,444)	(991,530)
Increase / (Decrease) in Payables	1,074,325	2,013,895
Bank interest received	(6)	-
Net Cash Inflow from Operating Activities	(608,125)	1,022,365
Cash Flows from Financing Activities		
Bank Interest received	6	-
Net Cash Flows from Financing Activities	6	-
Net Increase / (Decrease) in Cash and Cash Equivalents	(608,119)	1,022,365
Cash and cash equivalents at 01 January	1,044,981	22,616
Cash and cash equivalents at 31 December	436,862	1,044,981



Notes to Financial Statements

For the year ended 31st December, 2015

1. Other Revenue							
					2015	2014	
					€	€	
Bank deposit income					6	-	

2. Administration & Operations / Construction work in progress
 Total costs incurred to date amount to €36.3m with costs of €22.3m incurred in 2015. The table below shows the total cost incurred by cost category. As outlined in the accounting policy, VAT incurred in relation to expenditure incurred by the NPHDB is not recoverable. The table includes the amounts relating to irrecoverable VAT for information purposes.

		2015			Cumulative to 31 December 2015		
		Excl. VAT	Irrecoverable VAT	Total Cost	Excl. VAT	Irrecoverable VAT	Total Cost
		€	€	€	€	€	€
(i) Business Services Team		-	-	-	3,140,006	735,624	3,875,630
(ii) Design Team		11,422,060	2,635,427	14,057,487	15,681,031	3,609,326	19,290,357
(iii) Site development and clearance		2,159,976	403,508	2,563,484	2,818,233	520,348	3,338,581
(iv) Admin Costs		5,142,781	546,837	5,689,618	8,962,954	862,008	9,824,962
		<u>18,724,817</u>	<u>3,585,772</u>	<u>22,310,589</u>	<u>30,602,224</u>	<u>5,727,306</u>	<u>36,329,530</u>
		2014			Cumulative to 31 December 2014		
		Excl. VAT	Irrecoverable VAT	Total Cost	Excl. VAT	Irrecoverable VAT	Total Cost
		€	€	€	€	€	€
(i) Business Services Team		-	-	-	3,140,006	735,624	3,875,630
(ii) Design Team		3,856,733	881,390	4,738,123	4,258,971	973,899	5,232,870
(iii) Site development and clearance		446,062	68,035	514,097	658,257	116,840	775,097
(iv) Admin Costs		2,409,598	168,297	2,577,895	3,820,173	315,171	4,135,344
		<u>6,712,393</u>	<u>1,117,722</u>	<u>7,830,115</u>	<u>11,877,407</u>	<u>2,141,534</u>	<u>14,018,941</u>

a) Administration Costs:							2015
				Excl.	Irrecoverable	Total	
				Vat	Vat	Cost	
			Note	€	€	€	
Remuneration and other pay costs	2 (i)			2,104,644	-	2,104,644	
ICT				65,677	15,105	80,782	
Legal expenses				209,035	48,987	258,022	
Procurement fees				178,374	41,768	220,142	
Other professional fees				121,998	28,026	150,024	
Office expenses				83,068	10,667	93,735	
Office fit out				75,271	10,280	85,551	
Communications				229,987	52,951	282,938	
C&AG audit fees				10,000	-	10,000	
Internal audit fees				10,470	2,132	12,602	
Insurance				24,117	-	24,117	
Planning application costs				560,575	-	560,575	
Business case development				326,960	75,201	402,161	
Health planning				980,612	225,570	1,206,182	
Programming and scheduling services				139,043	31,978	171,021	
Other administration expenses				22,950	4,172	27,122	
			2	<u>5,142,781</u>	<u>546,837</u>	<u>5,689,618</u>	
						2014	
				Excl.	Irrecoverable	Total	
				Vat	Vat	Cost	
			Note	€	€	€	
Remuneration and other pay costs	2 (i)			1,572,069	6,801	1,578,870	
ICT				93,635	20,775	114,410	
Legal expenses				71,528	16,452	87,980	
Procurement fees				96,379	22,167	118,546	
Other professional fees				139,055	31,146	170,201	
Office expenses				22,110	2,707	24,817	
Office fit out				101,469	15,719	117,188	
Communications				79,498	18,760	98,258	
C&AG audit fees				11,200	-	11,200	
Internal audit fees				9,850	2,265	12,115	
Insurance				16,994	-	16,994	
Business case development				46,000	10,580	56,580	
Health planning				128,079	18,442	146,521	
Other administration expenses				21,732	2,483	24,215	
			2	<u>2,409,598</u>	<u>168,297</u>	<u>2,577,895</u>	

2 (i) Remuneration and Other Pay Costs

					2015	2014
				Note	€	€
Staff salaries					1,878,769	1,389,747
Employer's contribution to social welfare					112,442	89,013
Staff training and development					1,050	1,920
Staff travel and subsistence costs					33,798	16,170
Board members' emoluments				2 (iii)	78,585	82,020
					<u>2,104,644</u>	<u>1,578,870</u>

The average number of employees (full time equivalents) during the year as follows:

					2015	2014
Executive & Staff					14.5	8.9
Seconded Staff					7.9	3.7
Total					<u>22.4</u>	<u>12.6</u>

As at December 2015, the executive & staff number represents fourteen full time employees directly employed by the Board and two executives who are seconded and are 0.5 of a FTE each. In addition to the executive & staff, there are ten (8.8 FTE) seconded employees at 31st December 2015.

2 (ii) Employee benefits breakdown

The number of Executive and Staff employees (including seconded staff) whose total employee benefits for the reporting period fell within each band of €10,000 from €60,000 upwards are as follows:

Range of total employee benefits			Number of Employees	
From	To		2015	2014
€60,000	-	€69,999	3	1
€70,000	-	€79,999	3	1
€80,000	-	€89,999	2	1
€90,000	-	€99,999	1	-
€100,000	-	€109,999	-	1
€110,000	-	€119,999	-	-
€120,000	-	€129,999	1	1
€130,000	-	€139,999	3	2
€140,000	-	€149,999	-	-
€150,000	-	€159,999	-	1
			<u>13</u>	<u>8</u>

The Project Director received salary payments of €125,761 (2014: €125,761). No bonus payments were made in the year. The Project Director received an amount of €5,378 (2014: €1,230) in respect of travel and subsistence. The Project Director's pension entitlements do not extend beyond the standard entitlements in the model single public service pension scheme.

2 (iii) Board Members' Emoluments

	Board Fees	Vouched Expenses	Meetings Attended
Board Member	€	€	
Mr Tom Costello (Chairman)	40,110	3,528	12 of 12
Mr John Cole CBE	7,695	6,574	10 of 12
Mr Brian Fitzgerald	-	-	11 of 12
Mr Tim Bouchier-Hayes	-	-	10 of 12
Mr Karl Kent	7,695	-	12 of 12
Mr John Martin	7,695	-	11 of 12
Mr Paul Quinn	-	-	8 of 12
Ms Anne Butler	7,695	-	10 of 12
Ms Marguerite Sayers	-	-	10 of 12
Prof Hilary Hoey	7,695	-	9 of 12
Dr Tony O'Connell	-	-	0 of 1
Mr Liam Woods	-	-	5 of 9
	<u>78,585</u>	<u>10,102</u>	
During 2015, twelve Board meetings were held			
Resignations - Dr Tony O'Connell resigned 13.Jan.2015			
Appointments - Mr Liam Woods was appointed 04.Mar.15			

3. Receivables

	2015	2014
	€	€
HSE grants due	2,651,546	1,327,238
Other debtors and prepayments	784,600	426,464
	<u>3,436,146</u>	<u>1,753,702</u>

4. Payables

Amounts falling due within one year	2015	2014
	€	€
Other creditors	517,050	-
Accruals	2,964,358	2,465,269
Taxation creditors:		
- PAYE / PRSI	47,779	38,158
- PSWT	343,821	295,256
	<u>3,873,008</u>	<u>2,798,683</u>

5. Capital account						
					2015	2014
					€	€
Opening balance					14,018,941	6,188,826
Transfer to Income and Expenditure						
- Capital expenditure					22,310,589	7,830,115
Closing balance					<u>36,329,530</u>	<u>14,018,941</u>

6. Capital Commitments						
At 31 December 2015, the Board had the following capital commitments:						
					2015	2014
					€	€
Contracted for but not provided in the financial statements						
Within 1 year					8,218,744	13,625,866
Between 1 and 2 years					9,301,026	6,319,485
Between 2 and 5 years					10,108,950	13,387,335
Total					<u>27,628,720</u>	<u>33,332,686</u>

7. Funding from the Health Service Executive						
Advances and balances due from the Health Service Executive (HSE), which were all capital related, at the 31 December 2015 were:						
					2015	2014
					€	€
Total capital grants notified by the HSE for the year						
					21,000,000	13,000,000
Opening balance due from HSE at 1 Jan 2015					1,327,238	756,689
Capital expenditure incurred in the year					22,310,589	7,830,115
Less: Remittances from the HSE in the year					(20,986,281)	(7,259,566)
Balance due from the HSE at 31 Dec 2015					<u>2,651,546</u>	<u>1,327,238</u>



8. Related Party Disclosures

Key management personnel in the NPHDB consist of the Project Director and members of the Board of Directors. Total compensation paid to key management personnel, including Board members fees and expenses and total Project Director's remuneration, amounted to €219,826 (2014: €216,423).

Please refer to Note 2 for a breakdown of the remuneration and benefits paid to key management.

The NPHDB adopts procedures in accordance with the guidelines issued by the Department of Public Expenditure and Reform covering the personal interests of Board members. In the normal course of business, the NPHDB may enter into contractual arrangements with entities in which the NPHDB Board members are employed or are otherwise interested.

In cases of potential conflict of interest, Board members do not receive Board documentation or otherwise participate in or attend discussions regarding these transactions. A register is maintained and available on request of all such instances.

List all party related disclosures

As per the Conflict of Interest Log, there were no conflicts of interest recorded in 2015.

9. Approval of the financial statements

The financial statements were approved by the Board of the NPHDB on 02nd November 2016.

On behalf of the Board:



Tom Costello
Chairperson

National Paediatric Hospital Development Board



Brian Fitzgerald
Board Member

National Paediatric Hospital Development Board

Date: 2nd November 2016

