



Royal Victoria
Eye and Ear
Hospital

Annual Report
2012



Mission Statement

“To maintain the hospital as a national centre of excellence for the treatment of patients through providing a first class, caring, efficient and cost effective service, while fostering and recognising the contribution of staff and developing and promoting the hospital’s reputation in research and as a teaching hospital.”

Statement of Values and Practices

To achieve our mission, the hospital must live by the highest values of integrity, respect for people, quality, leadership and teamwork. We are committed to creating an environment, which puts the patient at the centre of everything we do. We are committed to excellence in both the results we achieve and how we achieve them:

Integrity

- To maintain integrity and dedication at every level
- To take responsibility for our actions
- To follow through on commitments
- To communicate in an open, honest and appropriate fashion
- To maintain confidentiality at all times

Respect for People

- To promote an environment of mutual respect for our patients and staff
- To put the patient needs to the fore and to listen
- To treat everyone with dignity and respect
- To adopt and encourage new ideas
- To cultivate individual talent
- To maintain an equal opportunity environment

Quality

- To provide a first class, caring, efficient and cost effective service
- To undertake it with empathy and patient focused approach to care
- To strive for continuous improvement

Leadership and Teamwork

- To provide leadership by example
- To demonstrate initiative
- To take pride in what we do
- To bring out the best in people in serving patient needs
- To anticipate and manage change
- To promote innovative thinking
- To work together as a team to achieve our goals
- To be flexible and responsive
- To seek inputs, to provide feedback and to listen

President of the Hospital

Dr. J. Ruane

Chief Executive

Mr. D. Dunne

Council Members

Mr. P. Brazel
Mr. H. J. Byrne
Mr. J. Casey
Mr. D. Charles
Mr. D. Cunningham (completed term of office on 31st March 2012)
Ms. D. Delahunty
Mr. J.P. Donnelly
Mr. P. Dowling
Ms. M. Durcan
Councillor M. Freehill (completed term of office on 31st March 2012)
Mr. Justice H. Geoghegan (completed term of office on 31st March 2012)
Ms. E. Hanly
Mr. H. Kelly
Dr. F. Kennedy (completed term of office on 31st March 2012)
Mr. P. Kennedy (completed term of office on 31st March 2012)
Mr. D. Kilmartin
Mr. R. Murphy (completed term of office on 31st March 2012)
Mr. W. O'Reilly
Mr. W. Power
Lord Mayor of Dublin

Hospital Management Group

Mr. D. Dunne - Chief Executive - Chairperson
Ms. A. Doyle - Medical Director
Professor C. Murphy - Director of Education and Research
Director of Strategy and Corporate Affairs - Vacant
Director of Finance and Organisation Services - Vacant
Ms. S. Grant - Director of Operations and Human Resources
Ms. M. Tighe - Director of Nursing

Finance Committee

Dr. J. Ruane - Chairperson
Mr. P. Brazel
Mr. H. J. Byrne
Mr. J. Casey

Medical Board

Professor L. Cassidy - Chairperson
Mr. P. Barry
Mr. D. Brosnahan
Mr. M. Cahill
Mr. D. Charles
Professor A. Curran
Dr. D. Curtin
Ms. A. Doyle
Dr. J. Griffin
Dr. M. Halligan
Mr. S. Hone
Mr. N. Horgan
Dr. D. Kelly
Dr. C. Kemps
Dr. S. Kennedy
Mr. D. Kilmartin
Dr. S. Knowles
Ms. T. Mackle
Professor D. Malone
Dr. D. McCoy
Mr. P. Moriarty
Dr. M. Mukhtar
Professor C. Murphy
Mr. P. O'Brien
Mr. M. O'Connor
Dr. B. O'Hare
Mr. W. Power
Dr. D. Rohan
Dr. M. Thornton
Professor C. Timon

Audit and Risk Committee

Mr. P. Dowling - Chairperson
Ms. D. Delahunty
Mr. J.P. Donnelly
Mr. H. Kelly

Ethics and Medical Research Committee

Ms. M. Durcan - Chairperson
Dr. F. Brady
Professor A. Curran
Ms. E. Finlay
Ms. P. Fitzgerald
Mr. N. Horgan
Mr. R. Kenny
Ms. S. McCarthy
Professor C. Murphy
Dr. D. Rohan
Ms. M. Tighe

Integrated Risk, Quality and Safety Committee

Dr. A. Doyle - Chairperson
Ms M. Casey
Mr O. Cunningham
Ms A. Duggan
Mr D. Dunne
Ms E. Finlay
Ms C. Gaskin
Ms D. Kelly
Ms S. McCarthy
Ms M. McCarthy
Professor C. Murphy
Mr E. O'Hanlon
Ms M. Tighe



President's Report

In the past year 11,304 patients were admitted to the hospital for surgical procedures, which was an increase of 1,604 or nearly 16.5% on 2011. This was also an increase of approximately 16.6% on the target of 9,690 set by the HSE for the year.

Attendances at the Out-Patient Department totalled 40,932, up 3% on the previous year and Accident and Emergency attendances were 35,649, a marginal increase on 2011.

In 2012, the hospital met its obligations under the terms of the Service Level Agreement with the HSE.

The hospital achieved the 9 month maximum waiting time target for inpatient & day-case treatment set by the Special Delivery Unit. This was achieved against a background of reduced financial allocation and staffing reductions and is a tribute to the continued commitment and dedication of all staff in the RVEEH.

Integration of Services

During 2012, the hospital entered into two service arrangements with other hospitals.

As a result of the departure of Microbiology staff under the redundancy scheme, and the HSE prohibition on their replacement, the hospital entered into a service agreement with the National Maternity Hospital, Holles Street for the provision of Microbiology Services.

The hospital also engaged with St. Vincent's University Hospital for the provision of Radiology Department annual leave and out-of-hours cover.

Both of these initiatives are working well.

Strategy Document

The HMG presented Council with a detailed strategy document in 2012. While the hospital is actively pursuing the external accreditation proposal contained in the document, action on other proposals has been deferred pending the publication by the Minister for Health of the Higgins Report on Hospital Groupings.

2012 Minor Capital

The Combined Heat and Power (CHP) system became fully functional in 2012 and is contributing to reduced costs. The Central Decontamination Unit (CDU) also became fully operational in 2012.

The Fire Alarm upgrade was completed in December 2012 – this involved the installation of heat and smoke alarms to areas not previously covered by the system.

2013 Update

On both the finance and activity fronts, the hospital will face significant challenges in 2013. The hospital has been notified of a 3% cut in financial allocation and the staff headcount will be cut by 10 whole time equivalents by the end of the year. In addition to this staff reduction, we believe a redundancy scheme is under consideration by the HSE and this may result in further staff exits.

Putting the situation into a longer term perspective - in the 5 year period since 2008, our allocation from the HSE has been cut by €3.3 million or 21% - from €5million to €1.8million.

In 2013, the inpatient day-case waiting time target will be reduced by one month to 8 months. In addition, all OPD appointments have to be seen within a 52 week time limit.

All of the above will have to be achieved without reducing service quality or patient safety, so these will be very challenging times indeed.

Accreditation

During 2012, the hospital actively began preparing for external accreditation. The JCI accreditation process is an internationally recognised standard focussing on patient safety. Achievement of JCI accreditation will put the hospital in a strong position to meet the HIQA patient safety standards and hospital licensing requirements.

Minor Capital Works

Two projects are planned for 2013:

- the development of two isolation rooms; and
- the relocation of ENT Out-Patients Department combined with the installation of an endoscopy decontamination unit.

Both of these projects will significantly improve service quality and patient safety.

Internal Governance

Eight new Council Members were approved at the 2012 AGM replacing retiring Council Members. Their expertise, experience and varied backgrounds, has meant that they have made significant contributions to the governance and development of the hospital since their appointments.

Our Integrated Risk Quality and Safety (IRQS) Committee chaired by the hospital's Medical Director Dr. Aoife Doyle, continued to keep Council updated on the risk, quality and safety issues arising in the hospital. Dr. Doyle makes a formal presentation to Council on a quarterly basis.

Our Audit and Risk Committee, under the capable guidance and direction of Patrick Dowling, continues to provide professional oversight to our corporate governance. Patrick, who is a very experienced and capable Director with a strong background in finance, took over as Chairman of the Audit and Risk Committee in 2012 and has already made a significant contribution to the Committee. I would like to take this opportunity to thank Patrick and the Committee for their good work and commitment.

Our Ethics & Medical Research Committee very ably chaired by Maresa Durcan continued to provide a first class service to the hospital, addressing issues primarily related to the review and approval of submissions for research projects and clinical trials. We are fortunate to have someone with the skills, competencies and thoroughness of Maresa to chair this very important aspect of our hospital's governance.

I chair the Finance Committee, and we meet before every regular Council meeting and address such matters as financial performance, capital expenditure, cash flow and banking information as well as other relevant issues, to ensure that there is good financial governance in the hospital. We are particularly fortunate to have the services of our distinguished Past President Harry Byrne on this Committee. Harry is a highly qualified finance professional who has had long experience of the hospital's finances. He is very much the "corporate memory" of our institution having been so intimately involved over so many years. Harry is a wonderful resource for the hospital to be able to draw on and we appreciate the huge contribution he makes.

There is also a group of very dedicated people who are very important in ensuring the effective and efficient management of the hospital on a day to day basis.

I refer of course to The Hospital Management Group (HMG), our Senior Executive team.

This team, led by Danny Dunne our Chief Executive for over two years, continues to provide strong executive management for the hospital. Under Danny's active, dedicated and competent leadership, progress



continues to be made in a number of key areas and we look forward to a continuance of this progress.

The greatest challenge which faced the hospital in 2012 was the maintenance of service levels in the face of continuing cuts in staffing numbers and reduced HSE funding. This result was achieved through careful and expert management of the resources of the hospital and the strong and loyal support of all the people who work here. My fulsome thanks to all of them for a job very well done.

The Council and I are confident that our very committed and supportive colleagues at the hospital

will, as they have always done, rise to the difficult challenges ahead.

Aoife Doyle and Conor Murphy were appointed as Medical Director and Director of Education and Research respectively on 1st February 2011 and continue to work very successfully as members of the Hospital Management Group. They are very competent, hard-working and committed clinical professionals and we are very fortunate indeed to have their expertise available to us in their respective roles.

External Governance

The hospital awaits the outcome of the Higgins Report



on Hospital Groupings. A sub-committee of Council has been formed to investigate the various options open to the hospital and to safeguard RVEEH services in the future.

The structure of Hospital Groupings will, we believe, draw significantly on the recommendations of the HIQA report on Tallaght Hospital published in 2012.

Retirements

Three of our consultant doctors retired in 2012- David Charles, Peter Barry and Jim Griffin. All three have given long and distinguished service to the hospital and excellent care to their patients and we wish all of them every health and happiness in their new lives.

During 2012 there were several retirements in the Nursing Department notably: Teresa Mahon, Veronica Gavin, Bernadette Downes, Dymphna Campbell, Marion Stitt, Anne Caslin, Marie Lynam, Breda Brady, Daire Mangan and Eleanor Crowley.

Other retirements were:

Paula Devine and Lorraine Maxwell from the Pathology Department, Patricia Conn, Sandra King and Anne McLaughlin from the Patient Services Department, Cathy King from the Research Department and Christy Bolton, Kathleen Cooke and Anna Higgins from the Portering Services and Catering Departments.

We wish each and every one of them a long, happy and healthy retirement.

In Memoriam

It is with regret that I note the following bereavements from amongst our retired staff in 2012; George Fennell, former ENT Consultant, Cora O'Carroll, former Ward Sister and Catherine Murphy, former Staff Nurse.

Also Frank McAuley, former Ophthalmic Consultant passed away in January of this year.

May they all Rest in Peace.

Thanks and Appreciation

I would like to express my sincere thanks to all my colleagues on Council and in the hospital for their continued support and assistance in the past year. In particular I thank our Chief Executive, Mr Danny Dunne, who is a good colleague and a pleasure to work with. I also wish to thank the Hospital Management Group for their great work during the year in very difficult financial circumstances.

I thank the Chairman of the Medical Board Professor Lorraine Cassidy and her colleagues for their support.

I welcome the new Chairman, Professor Aongus Curran who by virtue of holding that position, also joins us on Council. I wish him every success in his new role.

To the Medical, Nursing, Administrative and Support Personnel, I say thank you for providing an excellent service to our patients through 2012 and we look forward to your continuing the good work in 2013 and beyond.

I would like to thank Teresa Harrington, our External Auditor from PWC who has provided a very professional service to the hospital, in both good times and bad and in periods of significant change for over 11 years. She has always been a good person to work with. While always conscious of her statutory duties as Auditor, she has nevertheless always been as helpful as possible to both Council and Management over the years and we thank her for that.

In line with good auditing practise, Teresa stepped down as our Auditor, though not of course from PWC, and she will be replaced by John Dunne. Teresa will work with John and our CEO Danny Dunne to ensure a smooth transition and in thanking Teresa for all her good work, we wish her all good things for the future.

Dr. Jim Ruane
President of the Hospital

Chief Executive's Report

Revenue

Despite reduced staff numbers and cuts to funding, plus increases in activity across all services, the hospital performed well in 2012.

The total income for 2012 was €6.6 million (€7.4 million). This comprised the HSE allocation of €0.2 million, in-patient income of €3.8 million, out-patient income of €72,000 (2011 - €73,000), and other income including retention of superannuation deductions of €0 million (2011 - €0 million).

Non-pay expenditure for the year was €1 million compared with €0.5 million in 2011.

Pay expenditure for the year was €9.4 million compared with €0.9 million, a reduction of €5 million.

The final outturn for the year was a surplus of €22,000. The accumulated deficit was reduced to €5 million.

In 2011, 82.2% of our activity was day case with 17.7% inpatient activity. This compares with 82.2% IP and 17.7% DC activity in 2006.

The hospital's patient Public/Private profile is 77% Public and 23% Private patients.

The above result could not have been achieved without the commitment and professionalism of the staff working in the hospital.

I would like to publicly thank them for their efforts.

2012 Developments

The 2013 allocation was set at €9.8 million, a reduction of 2.9% on 2012. The first two months of the year went well with activity steady and an overrun on operational finances. The 2013 allocation was processed by PA Consulting in conjunction with the HSE as part of the re-balancing of hospital allocations. Unfortunately, we have not been able to obtain an explanation from the HSE as to why our allocation was reduced.

2013 will see the pace of change within the health service continue unabated. The announcement of the initial membership of the various hospital groups was made after Easter. Council continues to work to ensure that the services provided by RVEEH will be protected in the short and long run.

The SDU will continue to play a key role in health care provision. In 2012, the 9 month maximum waiting time target for IP treatment was achieved by RVEEH.

Furthermore, the requirement that no patient wait longer than 52 weeks for an OPD appointment required a change in how we treat patients in our OPD clinics.

The development of a National Clinical Programme for Ophthalmology should be concluded in by the end of 2013 – this will finally place RVEEH core services into mainstream healthcare planning and funding.

RVEEH entered the Casemix system in 2012 – however we were advised by the HSE Casemix Unit that there would be no adjustment to our 2013 allocation. It appears that the Casemix system is effectively finished as a funding adjustment mechanism.

The recent “Money Follows the Patient” draft publication by the Department of Health indicates that future funding will move quickly to payment by procedure.

Infection Control

Surveillance by the Infection Prevention and Control team indicate continued low rates of infection in RVEEH. Surveillance within RVEEH includes:

- RVEEH hospital acquired infections
- Antimicrobial resistance
- Surgical site infection
- Patient device related infections
- Notifiable infectious diseases.

The KPI's for Healthcare Associated Infections are set by the HSE – the hospital achieved all KPIs. These results were attributed to:

- Good working relationships across clinical services and departments.
- Constant monitoring of services, consulting with patients, visitors and staff.
- Service modification based on feedback, internal and external audits, regulations, standards, scientific studies and guidelines.

Apart from the ongoing monitoring by the Infection Control Team there are four areas of infrastructure deficiency:

- Lack of endoscopy reprocessing facilities
- Lack of isolation rooms
- Non-compliant sinks throughout the hospital
- Inadequate air changes in theatres

A plan is in place to fully or partially address the first three items in 2013.



Hand Hygiene

Observational hand hygiene audits were carried out in May and Oct/Nov 2012 using the audit tool developed by Health Protection Surveillance Centre. The hospital achieved a compliance rating of 85% & 86% respectively against a national target of ≥85% compliance. These figures are reported back to the HPSC and published nationally. This target was increased to ≥90% in 2013 and poses significant challenges.

Strategic Development - Quality/Risk

The strategic review was presented to Council in September 2012. Apart from accreditation no further recommendations have been actioned pending clarification of the Hospital Groupings report.

The hospital continues to prepare for JCI Accreditation.

A significant volume of work has been carried out in the last 18 months. I would like to acknowledge the huge input of all staff involved in preparing and revising policies, particularly Marie Tighe, our Director of Nursing and Aoife Duggan, our Quality Co-ordinator who have led the process.

Although there is still much to be done, I believe that on completion we will have improved our quality system in two significant aspects:

- We will have implemented quality systems in areas previously lacking in such systems; and as a result,

- We will have an integrated quality system across the full patient journey.

The mock audit took place on April 22nd and 23rd. The full audit is scheduled for early November.

Minor Capital Facility Upgrades/Developments

The HSE allocated minor capital monies of €600k in 2012. However, this allocation was the subject of a lien on the hospital property, on the basis that the HSE have an obligation to protect the taxpayer's investment. The hospital declined to draw down this allocation on the basis that the funding available was to be used for minor capital purposes i.e. as a supplement to maintenance expenditure. The hospital believes that such funding should not be the subject of a 30 year lien given that the asset/value associated with minor capital spend would have expired long before the expiration of the lien.

Conclusion

I would like to thank HMG for their support over the last year. On a personal basis and on behalf of HMG I would also like to thank all the Council members, and particularly Dr. Jim Ruane, President of Council, for their support and guidance over the last year.

Mr. Danny Dunne
Chief Executive

Chairman of the Medical Board's Report

Firstly I wish to acknowledge Professor Lorraine Cassidy, the outgoing Chairperson of the Medical Board, for her commitment and dedication to advancing the role of the Medical Board within the hospital.

I also wish to commend all of the staff of the hospital for their continued efforts to ensure that the standard of care delivered to our patients is of the highest quality. The service we deliver is provided despite the current economic difficulties and the medical, nursing, paramedical, administrative and support staff are all a credit to this organisation.

Retirements

2012 saw the retirements of three of our most esteemed Consultant colleagues. Mr Peter Barry was appointed to the role of Consultant Ophthalmologist in July 1984. Dr Jim Griffin was appointed to the post of Consultant Radiologist in December 1984 and Mr David Charles was appointed to the role of Consultant Otolaryngologist in July 1996. All three made a significant contribution to the hospital during their tenure and, while I trust that they are fully enjoying all that retirement has to offer after all their hard work, their absences are acutely felt by their friends and colleagues. On behalf of the Medical Board I would

like to thank each of them for their dedication to their roles and wish them the very best for the future.

New Appointments

In late 2012 and early 2013 the hospital welcomed three new Consultants as a result of these retirements. We were delighted to welcome Mr Mark Rafferty back to the hospital in the role of Consultant Otolaryngologist. Dr Ronan Killeen was appointed as Consultant Radiologist and Mr John Doris commenced as locum Consultant Ophthalmologist with a special interest in Vitreo Retinal Surgery. Each of these talented medical professionals is an excellent asset to the hospital.

Clinicians in Management

I would like to acknowledge the hard work of my colleagues who undertake various roles which play a pivotal role in the day-to-day running of the hospital. Ms Aoife Doyle continued in the role of Medical Director while Professor Conor Murphy remained as Director of Education and Research. Both Aoife and Conor must be extolled for their hard work as part of the Hospital Management Group, particularly with regard to the JCI Accreditation process which has required immense commitment.

Mr Mark Cahill continued as Head of the Ophthalmic

Department while Mr Stephen Hone remained as the Head of Otolaryngology. Dr Dermot Kelly acceded to the role Head of the Department of Anaesthesia while Professor Susan Kennedy and Professor Dermot Malone continued in their roles as Head of the National Ophthalmic Pathology Laboratory and Head of the Radiology Department respectively. Dr Denise Curtin remained Dean of Postgraduate Education with the Irish College of Ophthalmologists. Finally, Mr Paul Moriarty continued in his role as clinical lead for ophthalmology, and is making great strides in improving ophthalmic services nationwide. I would like to thank each of them for their continued commitment to their roles and I believe that the clinician in management initiative works particularly well in this hospital.

The Research Foundation

The Research Foundation continued its excellent work and a number of hugely exciting projects are on-going. The Foundation works with the Ocular Genetics Unit at Trinity College and as a result of the molecular genetic advances with which the Research Foundation has been intimately involved, realistic prospects now exist to give hope that treatments will become available in the near future for those facing inexorable loss of vision as a result of inherited retinal degenerations.

The Research Foundation has also funded a trial project to improve the diabetic retinopathy screening service in the hospital. The Foundation is the principle investigating site in Ireland for a number of drug trials involving anti-VEGF medications for the treatment of retinal diseases.

The Foundation also supports a long-term collaboration between the ocular inflammation/cornea service of the Royal Victoria Eye & Ear Hospital, the National Institute for Cellular Biotechnology (NICB) at DCU, the Department of Immunology at RCSI and the Department of Rheumatology at St Vincent's University Hospital. This collaboration brings together clinical and scientific skills from a range of disciplines that are helping to improve our understanding of a number of inflammatory eye conditions and corneal diseases.

The ENT Department hosted two notable events this year. RVEEH & St Vincent's University Hospital hosted a Head & Neck Course which was well received by all trainees who took part. This was followed by the annual Head & Neck Conference which was fully

subscribed. The Anaesthetic Department also hosted the "Local Anaesthesia for Ophthalmic Surgery" course in September 2012 which was highly commended by all those in attendance.

The Eithne Walls Medal

The third annual Eithne Walls Research Meeting was held in June 2012 in the Education & Conference Centre where all basic specialist trainees in ophthalmology in the hospital were invited to make a presentation based on their clinical or basic science research in ophthalmology. Dr Farahida Ibrahim was awarded the Eithne Walls Memorial Medal for her paper on "Diabetic Retinopathy Screening Using Manual and Automated 3 Step Grading of Fundus Photographs with Supplementary OCT in an OPDR Setting". A new prize was also awarded this year; the Research Foundation Clinical Prize was awarded to Sorcha Ni Dhubhghaill for her work on "Genetic & Demographic Risk Factor Profile in the Irish AMD Population".

The meeting was a great success, and followed on from the Women's Mini Marathon in which a large number of Eithne's family, friends and former colleagues participated to fundraise for the research fund established in her memory. These events continue to grow from strength to strength each year and we look forward to continuing to build on these important dates in the hospital's calendar, which allow us to remember our dear colleague and foster continued interest in ophthalmic research.

Conclusion

In the current economic climate it is likely that again this hospital will be expected to do more while receiving less funding. Despite meeting all HSE targets in 2012 the hospital's budget for 2013 was again reduced however through the admirable dedication and efforts of our staff, the Royal Victoria Eye & Ear Hospital continues to provide the highest quality care to its many patients throughout 2013.

I would like to thank the Chief Executive, Mr Danny Dunne, the Council President, Dr Jim Ruane and all the members of the Hospital Council for the support shown to the Medical Board throughout the year and their ongoing commitment to the hospital as we strive to achieve our common goal.

Thank you.

Prof. Aongus Curran
Chairperson, Medical Board



Comparative Statistics for Calendar Year 2012 and 2011

Out-Patients	2012	2011	% Change
Ophthalmic	33,608	31,969	5.13%
ENT	7,324	7,648	-4.53%
Total	40,932	39,617	3.32%

Accident and Emergency

Ophthalmic	23,912	24,094	-0.75%
ENT	11,737	11,429	2.69%
Total	35,649	35,523	0.36%

Special Clinics

Radiology	1,674	1,799	-6.94%
Speech Therapy	599	612	-2.12%
Physiotherapy	664	740	-10.27%
Audiology	2,941	2,977	-1.20%
Orthoptic	4,196	4,354	-3.62%
Medical Social Worker	1,662	1,597	4.07%
Photographic/Fluorescein	13,683	9,888	38.37%
Contact Lens	224	290	-22.75%
Retinal	406	535	-24.11%
Comeal	1,245	1,147	8.54%
Vitreo-Retinal	659	681	-3.23%
ECG	1,013	812	24.75%
Orbital/Oculoplastic	946	1,048	-9.73%
Glaucoma	1,544	1,511	2.18%
Humphrey Fields	3,075	3,162	-2.75%
Diabetic Screening	81	210	-61.42%
Laser	794	645	23.10%
HIPE	13,081	7,821	67.25%
Botox Clinic	462	454	1.76%
A-Scans (Daycare)	1,844	1,930	-4.45%
Refraction	4,481	4,097	9.37%
Pathology	116,933	184,642	-36.67%

Comparative Statistics for Calendar Year 2012 and 2011

In-Patients	2012	2011	% Change
Ophthalmic	1,500	1,490	0.66%
ENT	874	941	-7.12%
Total	2,374	2,431	-2.34%

Day Cases

Ophthalmic	7,897	6,251	26.33%
ENT	1,033	1,010	2.27%
Total	8,930	7,261	22.98%

Operations

Ophthalmic	5,117	4,587	11.55%
ENT	1,800	1,701	5.82%
Total	6,917	6,288	10.00%

Average Stay (Days)

2012	2.53	2011	2.79
------	------	------	------

Comparative Financial and Patient Statistics 2009 to 2012

Patient Statistics	2012	2011	2010	2009
In-Patients	2,374	2,431	2,425	2,719
Day Cases	8,930	7,261	5,668	4,258
Out-Patient attendances	40,932	39,617	38,863	38,902
Accident and Emergency attendances	35,649	35,523	34,739	34,276
Available beds including Day Care	80	80	80	80

Financial Statistics

Total Pay Expenditure	19,435,370	20,905,053	21,514,732	22,591,569
Total Non-Pay Expenditure	7,131,266	6,455,046	7,653,154	8,093,655
Total Expenditure	26,566,636	27,360,099	29,167,886	30,685,224
Total Income	6,563,705	6,515,193	6,337,777	6,365,047

Excess Expenditure Over Income	20,002,931	20,844,906	22,830,109	24,320,177
--------------------------------	------------	------------	------------	------------

Financial Statements

Income and Expenditure Account Year ended 31 December 2012

Revenue	2012 €	2011 €
Pay Expenditure	19,435,370	20,905,053
Non-Pay Expenditure	7,131,266	6,455,046
	<hr/>	<hr/>
Total Expenditure	26,566,636	27,360,099
Total Income	(6,563,705)	(6,515,193)
	<hr/>	<hr/>
Excess of Expenditure over Income	20,002,931	20,844,906
Grant towards deficit for year	(20,225,716)	(20,865,259)
	<hr/>	<hr/>
Operating (surplus) for year	(222,785)	(20,353)
	<hr/>	<hr/>
Accumulated deficit at beginning of year	1,689,635	1,709,988
	<hr/>	<hr/>
Accumulated deficit at end of year	1,466,850	1,689,635
	<hr/>	<hr/>
Capital		
Expenditure on premises and equipment	-	322,272
Grants	-	(322,272)
	<hr/>	<hr/>
	-	-
	<hr/>	<hr/>

Financial Statements

Balance Sheet Year ended 31 December 2012

	2012 €	2011 €
Current Assets		
HSE Revenue Grants receivable	2,022,574	2,086,528
Debtors	904,593	1,040,438
Stocks	51,767	55,573
Bank Balances	367,174	561,656
	<hr/>	<hr/>
	3,346,108	3,744,195
	<hr/>	<hr/>
Current Liabilities		
Creditors and accrued expenses	3,480,852	4,472,113
Bank Overdraft	605,015	-
HSE Capital Grants	202,382	437,008
	<hr/>	<hr/>
	4,288,249	4,909,121
	<hr/>	<hr/>
Net Current (Liabilities)	(942,141)	(1,164,926)
	<hr/>	<hr/>
Fixed Assets	72,931	72,931
	<hr/>	<hr/>
Net (Liabilities)	(869,210)	(1,091,995)
	<hr/>	<hr/>
Represented by:		
Capital Funds		
Building fund	527,070	527,070
Bequest fund	70,570	70,570
	<hr/>	<hr/>
	597,640	597,640
	<hr/>	<hr/>
Income and Expenditure Account	(1,466,850)	(1,689,635)
	<hr/>	<hr/>
	(869,210)	(1,091,995)
	<hr/>	<hr/>

Education and Research Report



The Education and Conference Centre continues to provide excellent facilities for teaching and conference presentations. During the academic term the centre is in constant use by undergraduate medical students from RCSI, TCD and UCD. It is a superb venue for the delivery of the national postgraduate teaching programme

in ophthalmology, which is video-conferenced to seven regional hospitals and delivered by on-line video streaming to those practicing in rural areas. Another successful General Practice Ophthalmology Seminar was held at the centre last June that was attended by over 80 GPs. The feedback from this important meeting, which is due to be held again in late May this year, was overwhelmingly positive. The Centre also provides ideal facilities for the delivery of hospital courses for nurses and other staff.

The past 12 months have been a very active time for patient-oriented clinical and laboratory research at RVEEH. Our collaborations with other academic institutions, including RCSI, DCU, TCD, NUI Maynooth and St Vincent's University Hospital, are going from strength to strength. The RVEEH Research Foundation generously supports many projects at the hospital and I would like to acknowledge the efforts of the staff and committee members of the Research Foundation for their support of research at the hospital through their many fund raising initiatives. The hospital was very well represented at the Annual Meeting of the Irish College of Ophthalmologists (ICO), where two of our trainees received the main presentation prizes of the meeting, as well as at numerous international meetings. Dr Pathma Ramasamy, a research registrar in ophthalmology at RVEEH and one of the ICO award recipients, was selected from over 250 researchers at RCSI to receive the Postgraduate Scholars Prize, a highly prestigious award, at the Annual RCSI Research Day. The presentation of the Eithne Walls Medal last year, in honour of our late colleague, is an annual

event in which our trainees can showcase their research achievements of the year. This event, which is supported by Eithne's family and the Research Foundation, was a resounding success in which the calibre of presentations matched those of the ICO Annual Meeting.

Clinical audit at RVEEH is developing well and many audits of our clinical practice across anaesthesia, nursing, otolaryngology and ophthalmology are underway. Regular meetings are held by each department to discuss the outcomes of these audits and how they can lead to improvements in our clinical practice and better outcomes for our patients.

Professor Conor Murphy
Director of Education and Research

Medical Director's Report



2012 has been a challenging year for the hospital due to the on-going financial restrictions facing the HSE and the acute hospital services. It is to the credit of the staff of the hospital that we have once again exceeded our target activity in terms of in-patient and out-patient care.

In spite of a reduction in allocation and reducing staff numbers the hospital has achieved efficiencies in many areas and ensured that patient care has been improved and delivered in a caring and competent manner.

Targets for reducing the waiting list for in-patient care and procedures from 12-months to 9-months by September 2012 were achieved across all specialties. With the help of their anaesthetic colleagues the ophthalmology department achieved up to 95% utilisation of available theatre slots whilst the day procedure unit increased day case activity to meet the increasing demands for medical retina services. None of this could have been achieved without the input from the nursing staff across the hospital and tight management from patient services. This was a cross hospital initiative and all staff participated in ensuring that more patients were treated over the course of the year.

Whilst the throughput of patients has been increasing much work has been done by all departments in relation to quality control as part of the on-going preparation for accreditation with JCI which is due to take place in late 2013. This ensures that standards of safety, hygiene and risk management are maintained in spite of the increasing volume of patients accessing care at the hospital. Improvements in information technology, chart tracking and risk management have assisted clinicians in improving the patient experience on their journey through the hospital.

The Integrated Risk, Quality and Safety Committee identified a number of key items in relation to safety, hygiene and infection control, governance structures and other aspects of hospital safety which are key to

continuing to provide a safe service to our patients. Clinical audit meetings are now taking place which should be instrumental in driving improvements or identifying issues of importance in relation to standards of care. The complaints officers continue to process patient complaints, the majority of which have been resolved to the satisfaction of all involved with action taken to rectify aspects of the service where improvement was required. It is worth noting that a large number of compliments for the service are also received from satisfied patients.

Throughout 2012 and into 2013 Mr Peter Barry has been fulfilling his role as President of the European Society of Cataract and Refractive Surgeons and we are proud that a member of the RVEEH was selected for this prominent role in an important European organisation. Mr Paul Moriarty has been working as National Clinical Lead for Ophthalmic Care and once again the hospital supports him in his endeavours to restructure and improve care for ophthalmic patients nationally.

During the year three of our long-standing staff members retired: Mr David Charles (otolaryngology), Dr Jim Griffin (radiology) and Mr Peter Barry (ophthalmology) and we wish them all the best in their retirement and welcome the newly appointed Dr Ronan Killeen and Mr Mark Rafferty to the consultant staff of the hospital.

Overall whilst 2012 has been a challenging year, the staff of the hospital have worked hard together in a spirit of cooperation and innovation across all departments to ensure that there has been no restriction in service to our patients. Many challenges face us in 2013 such as maintaining service in the face of increasing demand and reducing resources, working towards formal accreditation, managing waiting lists for out-patients in keeping with SDU guidelines and facing the implications of an EU ruling in relation to the European Working Time Directive.

On behalf of the medical team I would like to congratulate the staff of the Royal Victoria Eye and Ear Hospital on the achievements to date and hope that we can continue to work together to ensure optimum and safe delivery of care to our patients.

Dr. Aoife Doyle
Medical Director

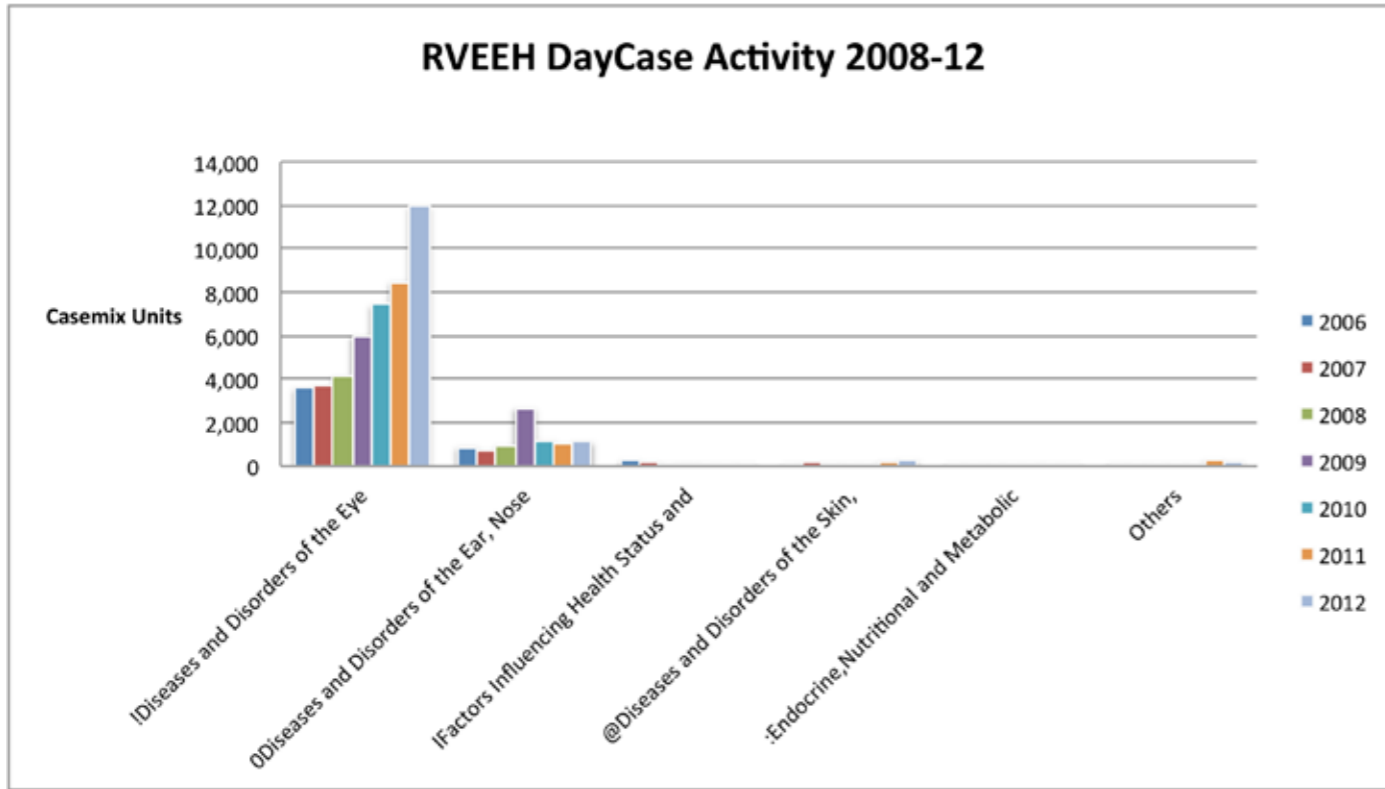


Fig 1

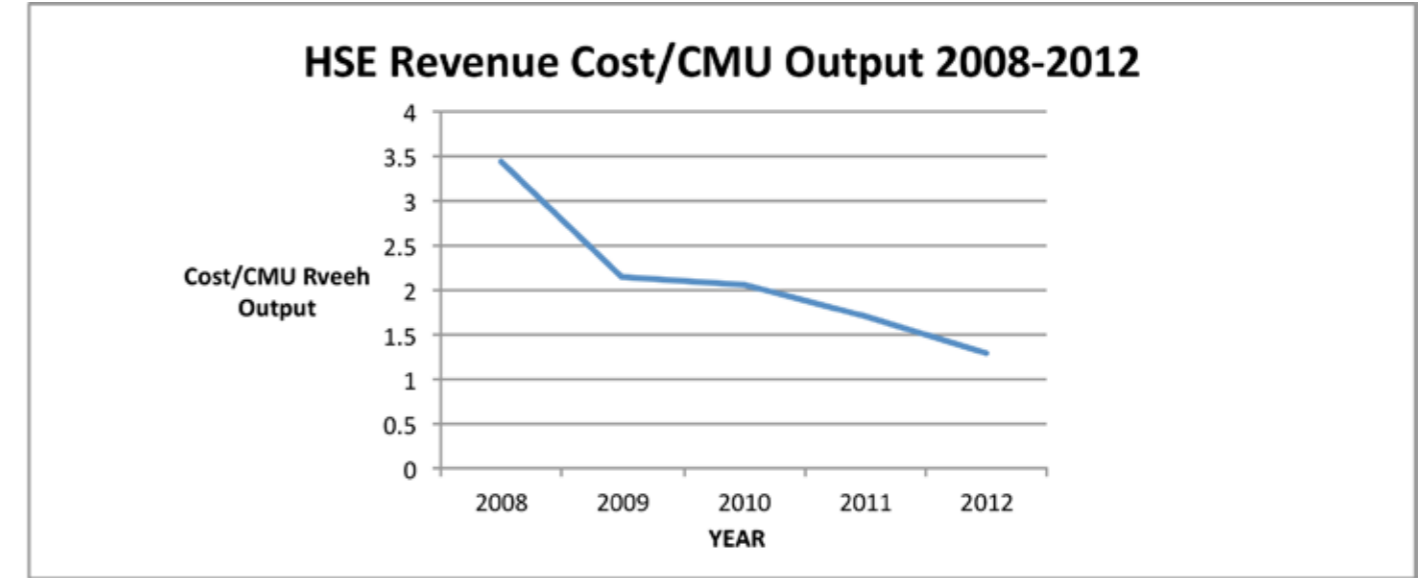


Fig 3

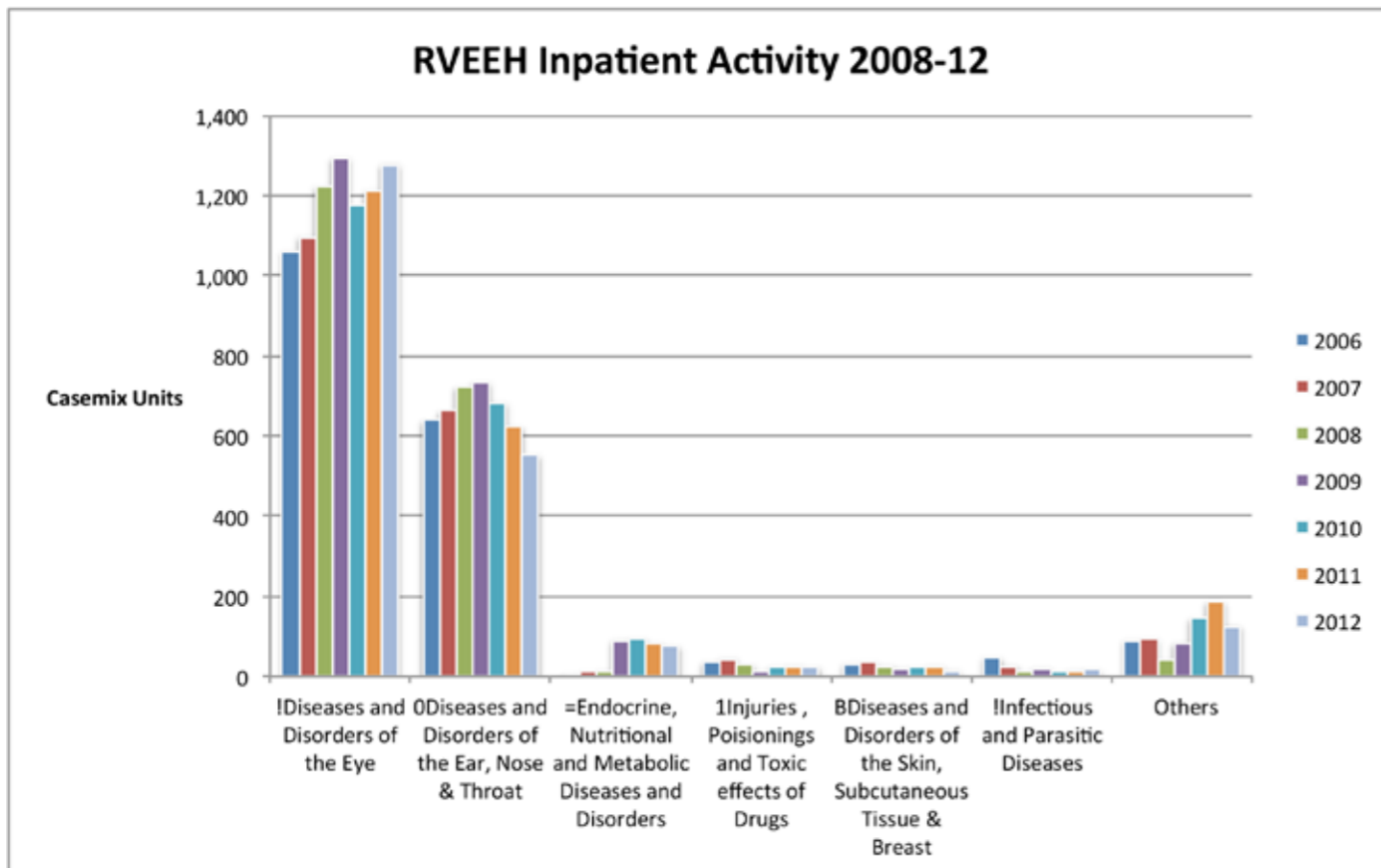


Fig 2

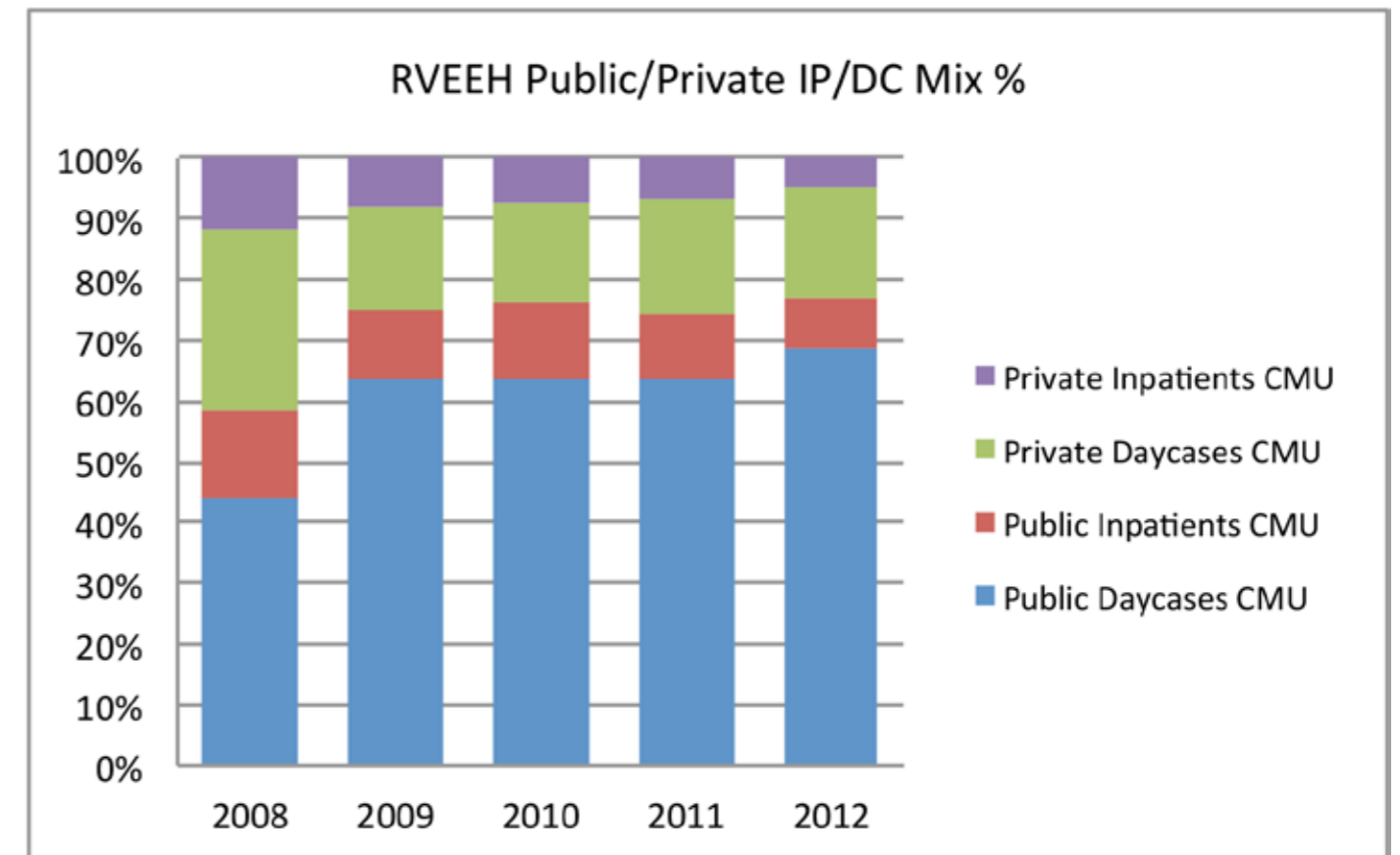


Fig 4

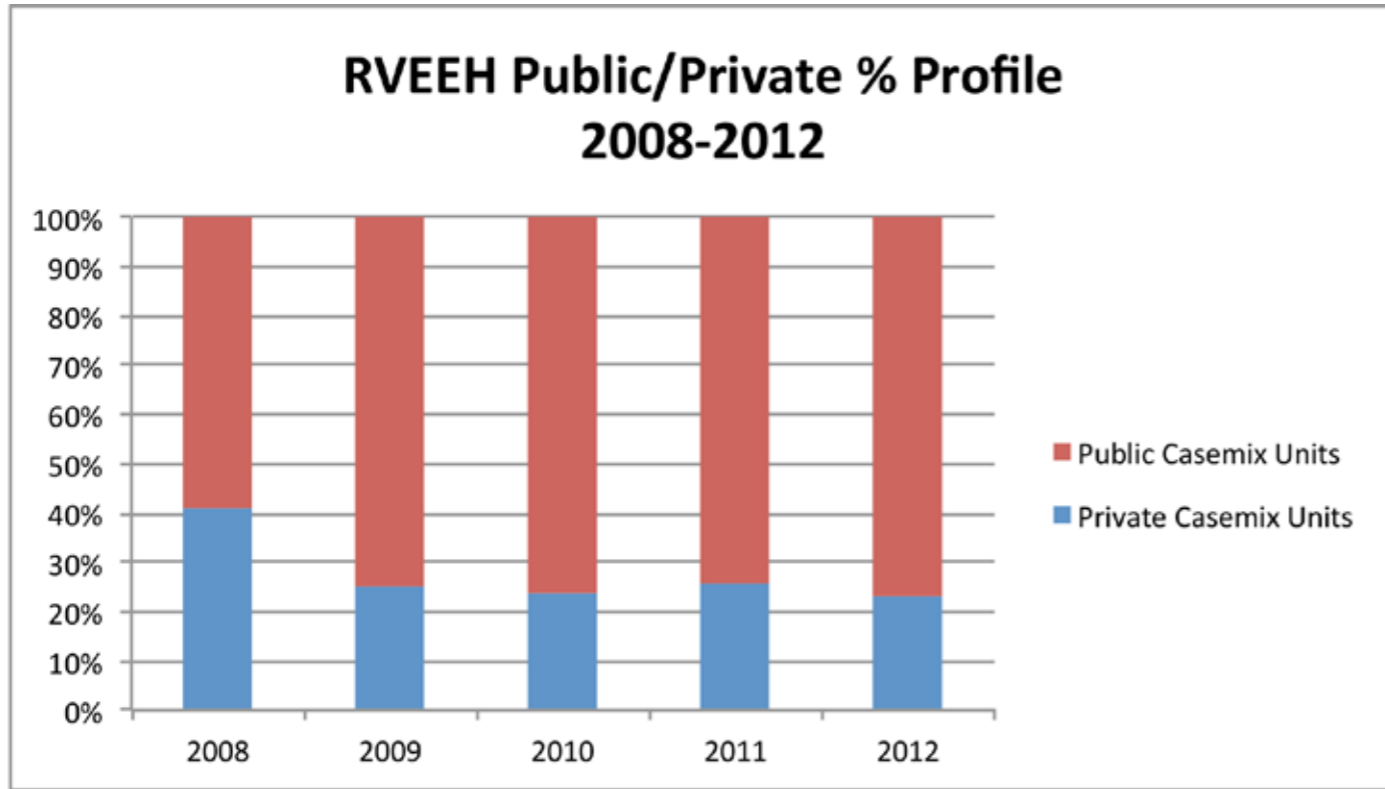


Fig 5

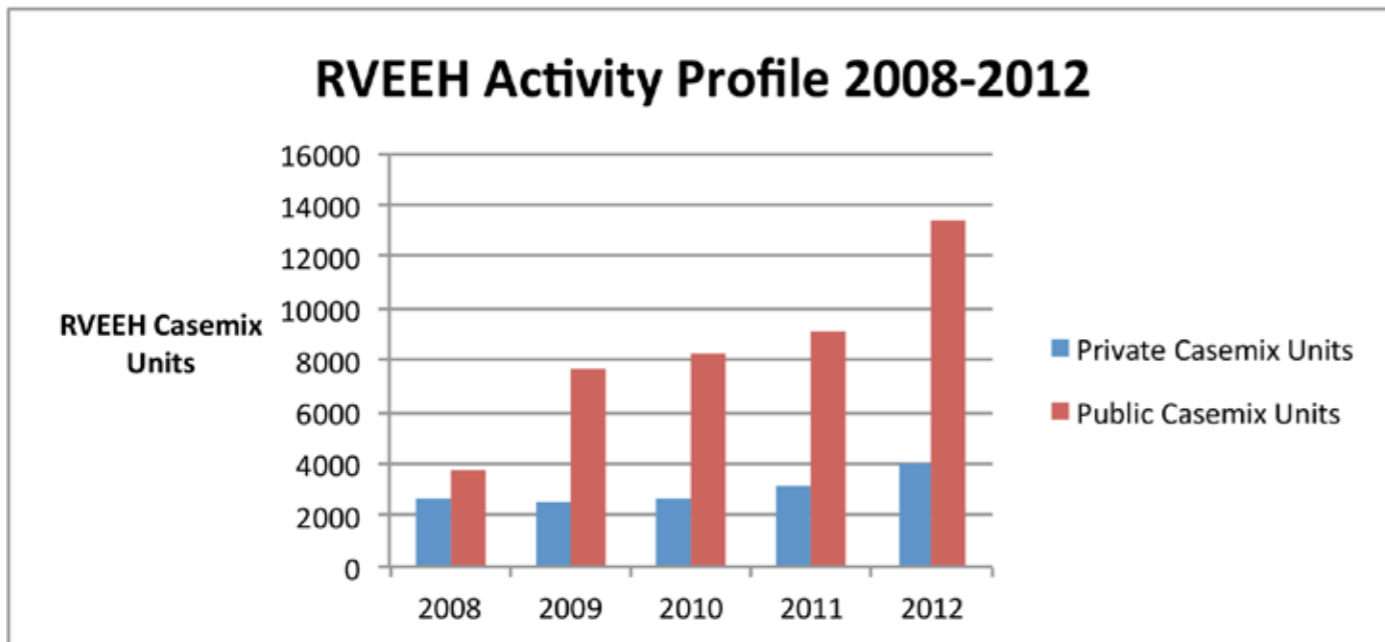


Fig 6