

# Royal Victoria Eye and Ear Hospital Annual Report 2014

# RVEEH ANNUAL REPORT 2014

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## Contents.

Mission Statement.....	3
Main Committees.....	4
Report from the President of Council.....	6
Report from Chair Person of the Medical Board.....	12
Report from the Chief Executive.....	15
Appendix A - Financial Summary.....	19
Appendix B - Activity Statistics.....	21
Appendix C - RVEEH Ophthalmology Strategy 2015-2025.....	22

## **MISSION STATEMENT**

In partnership with the Department of Health and Children, the Health Service Executive and in co-operation with other statutory and non-statutory bodies - *"to maintain the Hospital as a national centre of excellence for the treatment of patients with ophthalmic or otolaryngological diseases, 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*

## **MAIN COMMITTEES**

### **Council Members**

Dr J. Ruane President of Council  
Lord Mayor of Dublin Councillor Oisín Quinn 1<sup>st</sup> January 2015 to 30<sup>th</sup> June 2014  
Councillor Christy Burke 1<sup>st</sup> July 2014 to 31<sup>st</sup> December 2014

Mr P. Brazel  
Mr H. Byrne  
Mr J. Casey  
Ms D. Delahunty  
Mr J.P. Donnelly  
Mr P. Dowling  
Mr D. Dunne Chief Executive  
Ms M. Durcan  
Ms E. Hanly  
Dr D. Kelly  
Mr H. Kelly  
Mr D. Kilmartin  
Dr D. McCoy  
Councillor Ciaran O'Moore  
Mr W. O'Reilly  
Mr W. Power

### **Finance Committee**

Dr J. Ruane Chairman  
Mr P. Brazel  
Mr H. Byrne  
Mr J. Casey  
In attendance - HMG Members

### **Hospital Management Group**

Mr D. Dunne – Chief Executive – Chairman  
Ms S. Buckley – Acting Director of Operations and Human Resources  
Ms E. Finlay – Acting Director of Nursing  
Prof. C. Murphy – Medical Director  
Mr P. O'Connor – Interim Director of Finance and Organisation Services

## **Audit and Risk Committee**

Mr P. Dowling                      Chairman  
Mr H. Kelly  
Ms. D. Delahunty  
Mr. J.P. Donnelly  
In attendance - Mr. D.Dunne & Mr. P.O'Connor

## **Integrated Risk, Quality and Safety Committee**

Prof. C. Murphy                      Chairman  
Ms. M. Casey  
Mr O. Cunningham  
Mr D. Dunne  
Ms. E. Finlay  
Ms. S. Fitzgerald  
Ms. C. Gaskin  
Ms. D. Kelly  
Ms. M. McCarthy  
Ms. S. McCarthy  
Ms. C. Murnane  
Ms. M. O'Doherty  
Mr E. O'Hanlon  
Ms. C. Steele

## **Medical Board**

Mr. Donal Brosnahan  
Mr Mark Cahill  
Prof Lorraine Cassidy  
Prof Aongus Curran  
Dr Denise Curtin  
Mr John Doris (until May 2014)  
Ms Aoife Doyle  
Dr Mark Halligan  
Mr Stephen Hone  
Mr Noel Horgan  
Dr Dermot Kelly  
Dr Susan Kennedy  
Dr Ronan Killeen  
Mr Dara Kilmartin  
Dr Susan Knowles  
Ms Tara Mackle  
Prof Dermot Malone  
Mr Paul Moriarty  
Prof Conor Murphy  
Dr Deirdre McCoy  
Dr Muhammad Mukhtar  
Mr Paul O'Brien  
Mr Martin O'Connor  
Dr Brendan O'Hare  
Mr John Paul O'Neill (until September 2014)  
Mr William Power  
Mr Mark Rafferty  
Dr Denise Rohan  
Mr. Patrick Talty (from May 2014)  
Prof Conrad Timon

## Report from the President of Council

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### **Overview.**

I would like to begin my report by giving you a brief overview of the main events and areas of progress during 2014.

In 2014 12,381 patients were admitted to the Hospital for surgical procedures, an increase of 322 or nearly 2.6% on 2013. This figure is also an increase of approximately 7% on the target of 11,537 set by the HSE in the Service Level Agreement for the year.

Attendances at the Out-Patient Department totalled 41,377 and Accident and Emergency attendances were 36,050, much the same as 2013.

In 2014 the Hospital exceeded its obligations under the terms of the Service Level Agreement with the HSE.

This was all 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.

### **Looking ahead to 2015.**

The Hospital again faces significant challenges in the 2015. The Hospital's Revenue allocation for 2015 has been set at €22.4 million compared with a final HSE allocation of €22.5 million for 2014. To put the situation into a longer term perspective --- this is the first time since 2008 that our allocation has not decreased. It is also important that this level of funding has been confirmed at the beginning of the year. During 2014 there were two significant financial issues not reflected in the initial HSE allocation:

- The HSE allocation excluded the impact of the decision by the Department of Health to reduce the private day case rate to €407 from €753 (46% reduction) – this resulted in a real reduction of €912k in our private income for 2014.
- The on-going burden of underfunded superannuation costs increased in 2014 by the cash impact of major retirement lump sums.

These two issues contributed substantially to our original forecast deficit of €2.6 million for 2014. Whilst this deficit was raised with the HSE from first quarter 2014 the additional funding did not materialise until late November 2014. This gave rise to significant problems with cash flow during the year. During the year the Hospital had to use its agreed overdraft facility far earlier and to a much greater extent than in previous years. The situation was serious enough that Council felt compelled to consider closing theatres in November. However I am pleased to advise you this course of action was not necessary and that by year end the deficit had been fully funded and the Hospital was able to report a breakeven position for the year.

After a number of years of difficult times for the Hospital, I feel we have now reached a stage where we can begin to look forward to the future with a degree of confidence. I say that for two reasons; one, we have survived the past few difficult years well and have come out the

other end in relatively good shape and the financial situation seems to be improving, though it is still far from satisfactory.

Second, the government is going ahead with the Hospital Groupings and this will present opportunities for the Hospital to do what it does best, that is, using the medical and other expertise, skills and infrastructure that we undoubtedly have to look after patients with complex medical problems.

Consequently Council recently approved the undertaking of a major Clinical Services Review of Ophthalmology, ENT and Nursing as well as the other services we offer, as a starting point to the development of a 5 to 10 year strategy for the Hospital. This strategy will take on board the Hospital Groupings being implemented in the sector as well as the National Eye Care Plan which was developed for the Department of Health by Dr Paul Moriarty of this Hospital. It is early days yet and there is much to do but with everyone in the hospital working together I believe we can produce a compelling plan which if allowed to be appropriately implemented will ensure a bright future for the hospital and our various stakeholders.

### **Patient Safety/Quality**

#### HIQA Visit.

In March 2014 HIQA made an unannounced monitoring visit to the RVEEH.

There were no major points of concern and an action plan was put in place to deal with the matters raised.

#### On-going Quality programme.

During 2014 the Hospital continued to focus on improving service quality and patient safety.

The JCI Survey took place on February 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> 2014 and resulted in partial compliance. A focussed revisit took place in May and I am delighted to say the Hospital received full accreditation at this point. RVEEH is only the second public hospital in Ireland to achieve this accreditation. The reason for seeking accreditation is to prepare the Hospital for the implementation of the National Standards for Safer Better Healthcare and HIQA licensing.

This success is testament to the continuing commitment and professionalism of the staff in RVEEH.

Following on from accreditation there were a number of important patient focussed initiatives undertaken in 2014:

- ENTHN OPD moved from its old second floor location to the vacant ward area on the ground floor. As well as a more comfortable waiting area, patients can now be seen in private clinic rooms.
- The introduction of future booking IT system, initially for ENTHN OPD has resulted in reduced "Did Not Attend" rates. Work is well underway to fully implement future booking for Ophthalmology OPD.

The Hospital is currently reviewing the current Ophthalmology OPD department with a view to providing a more appropriate physical environment for both patients and staff. An initial sketch design is due by the end of Q1 2015.

## **Governance**

### **Governance Best Practice.**

In accordance with best practice Council carried out a self-assessment of its effectiveness during the year. This will become an annual exercise. In addition, this year will see a number of changes at Council level – more about this later. A CEO evaluation was also carried out and this will continue yearly in the future.

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

Our Audit Committee, under the capable guidance and direction of Patrick Dowling continued to provide professional oversight to our corporate governance during the year. I would like to take this opportunity to thank Patrick and the Committee for their good work and on-going commitment. Our Ethics & Medical Research Committee very ably chaired by Maresa Durcan continued to provide a first class service to the Hospital. We are indeed fortunate that Maresa was able to chair the committee which governs this very important aspect of our hospital's work.

Our Finance Committee, chaired by me, meets before every regular Council meeting at least, and addresses 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.

Our Senior Executive Team at the Hospital is The Hospital Management Group (HMG). This team led by Danny Dunne our Chief Executive for the past few 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 in the year ahead.

As for 2014 and beyond, Council and I continue to be confident that our very committed and supportive colleagues at the hospital will, as they have always done, rise to the difficult challenges ahead.

I am delighted to announce that Prof. Conor Murphy was appointed as Medical Director in January 2014. Having served on the HMG until September 2013 as Director of Education and Research, Conor is well placed to provide vital continuity in the clinicians input to HMG.

### **Council Membership.**

Following on from the renewal of part of our Council membership in 2012 a number of long-standing members have indicated their intention to step down in March 2015.

Work began in August 2014 to locate replacements for those leaving Council. The Nominations Committee met with prospective Council Members early in 2015 and 5 new members will join Council in March 2015.



## **External Governance.**

### **HSE Annual Compliance Statement.**

The HSE introduced an Annual Compliance Statement requirement for all HSE funded Voluntary agencies, commencing for 2014. This statement required Council to sign-off on a wide range of compliance issues by May 31<sup>st</sup> 2014, which we duly did.

### **Hospital groups**

The new Hospital Group structures began to take shape in 2014. RVEEH was confirmed as a member of the Ireland East Hospital Group. Mr. Tom Lynch was appointed Chairperson of the Ireland East Group in 2014. Ms. Mary Day has been appointed Ireland East Group CEO and the recruitment for the Group Executive roles is on-going.

A number of Ireland East Group meetings were during the year - the President of Council, the incoming President, the Chief Executive, the Medical Director and the Director of Nursing represented the RVEEH at a number of these meetings.

## **Retirements**

Dr. Denise Curtin retired in September 2014 having been appointed to her post in 1978. Happily she stayed on in a locum capacity until February 2015. Mr. Paul Moriarty also retired in 2014 but continues to work as his own locum pending appointment of a replacement.

We thank both of these Senior Consultants for their major contributions to the Hospital over many years.

Ms. Marie Tighe who has been on secondment to the HSE since July 2013 tendered her resignation from RVEEH in February 2015. Marie will take up a new role as manager of Louth County Hospitals. We would like to thank her for her contribution to the hospital since 2002 and wish her well in her new role.

From the nursing staff, Ruth Nicholson, Ann O' Dwyer, Patricia Sullivan, Pauline Kearns, Elizabeth Shiel, Breda O'Neill and Hazel Argue all retired. Margaret O'Shea from the clerical staff also retired in 2014. And last but by no means least, William Coleman from our Portering Staff also retired.

Mr. Patrick Talty, Consultant Ophthalmic Surgeon with a special interest in vitreoretinal surgery, was appointed to replace Mr. Peter Barry and took up the post in May 2014.

Mr. Jeremy O'Connor, Consultant Ophthalmic Surgeon with a special interest in Glaucoma, was appointed to replace Dr. Denise Curtin who retired in 2014.

## **In Memoriam 2014**

Mr. Harry Byrne, former President of Council and long-standing Council member passed away in 2014. I would like to acknowledge the significant contribution made by Harry Byrne to the hospital over 34 years.

Christy Bolton one of our retired Theatre Porters also passed away in 2014. May both he and Harry Byrne rest in peace.

## **Council Retirements**

Pat Brazel who joined in 2012 made a very good contribution to the hospital during his short period on Council. Regrettably his work travel commitments have increased considerably and are unlikely to change much in the near future so it is with regret that he feels he has to leave Council. We thank him most sincerely for his work over the past few years and wish him well for the future.

Maresa Durcan joined Council in 1999 and has done sterling work for us as Chair of our Ethics Committee. Her contributions at Council were always wise and well thought out and she participated in many of our appointments committees over the years. We will miss her around our Council table. Many thanks Maresa for a job well done.

J P Donnelly joined Council in 2003 and has been a wonderful colleague and participant around the Board table. He brought a strong strategic perspective to our deliberations and was never found wanting when called upon to give advice, support and counsel to us on marketing, business, PR and related matters. No surprise there as the RVEEH is in his DNA. His father John served as President of Council from 1996 to 1998 and was of course a legendary fund raiser for this great institution. Thank you JP for all you have done.

Our third retiree is from the Medical side of the house and is none other Mr. Billy Power. Billy has been on Council since 2005 and in that time has made an enormous contribution to our deliberations. Not just a superb doctor, Billy also has first class instincts and skills in working on a Board—and as such is a “rara avis” in hospital circles. We have been fortunate to have had the benefits of Billy’s wise counsel and good common sense over the past 9 years and Billy will be missed.

The fourth and final retiree is myself. I have enjoyed my very long time on the Council – over 28 years, and I have thoroughly enjoyed my 15 years as President and I will definitely miss it. That said, all good things come to an end and at the risk of leaving somebody’s name out, I will just say thank you to everyone at the Hospital with whom I worked over the years. It has been my genuine pleasure. As I take my leave, I wish everyone at the Hospital every success and happiness for the future.

## **Thanks and Appreciation**

With regard to 2014, 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, a safe pair of hands and a pleasure to work with. I also wish to thank the Hospital Management Group for their great work in 2014 in very difficult financial circumstances.

I thank the outgoing Chairman of the Medical Board, Dr Deirdre McCoy and her colleagues for their support in 2014.

I welcome the new Medical Board Chairman, Mr Mark Cahill who joins us on Council for 2015. 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 2014 and we look forward to your continuing the good work in 2015 and beyond.

Finally I want to say a few words about our incoming President of Council, Mr Patrick Dowling. My colleagues and I are delighted he is to be our new President. He has the full support of Council in his new role and because I have known Patrick for a very long time I am able to say he will be an excellent President and will look after our interests in exemplary fashion. He has the personal qualities and the professional skills to take on the task. He knows what needs to be done and how to go about it. But above all he is has the appetite for the role which in my view, inevitably means he will do a good job. Best wishes Patrick as you head into the future.

**Dr. J. Ruane**

**President of Council – Royal Victoria Eye and Ear Hospital.**

## Chairperson of the Medical Board

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Firstly I wish to acknowledge Dr Deirdre McCoy, the outgoing Chairperson of the Medical Board, for her commitment to advancing the role of the Medical Board within the Hospital. I also wish to acknowledge the hard work of the Hospital Management Group, especially our Chief Executive, Mr Danny Dunne. Danny and the HMG team are tasked with the unenviable duty of overseeing our daily operations and the Medical Board is appreciative of their ongoing efforts and support.

I never cease to be amazed by the continued efforts of all the staff of the Hospital to provide the highest quality of care to our increasing numbers of patients in a dignified and friendly manner despite a still difficult economic environment. The medical, nursing, paramedical, administrative and support staff are all a credit to this organisation.

I would like take this opportunity to especially acknowledge the hard work of my colleagues who undertake various roles which are pivotal in the day-to-day running of the Hospital. Professor Conor Murphy is the Medical Director and his hard work and unwavering commitment to that role is remarkable. It is not an easy job and one which is made harder by the fact that budgetary constraints are still a feature of our daily working lives.

Mr Noel Horgan is the Head of the Ophthalmology Department while Mr Stephen Hone remains as the Head of Otolaryngology. Dr Dermot Kelly and Professor Susan Kennedy continue in their roles as Head of the Department of Anaesthesia and Head of the National Ophthalmic Pathology Laboratory respectively. Dr Ronan Killeen has taken over from Professor Dermot Malone as Head of the Radiology Department. Finally, Mr Paul Moriarty continues in his role as clinical lead for Ophthalmology in the HSE and his plan for Ophthalmic services nationwide which he has developed in conjunction with the Irish College of Ophthalmologists and the Health Service Executive will have major implications for patient care. It is an opportunity for this great institution to be at the centre of this change by hopefully embracing the proposals in the new Eyecare pathway. Each of these Consultants undertakes a difficult job balancing these responsibilities with their clinical commitments and I would like to take this opportunity to thank each of them for their continued dedication to their roles.

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 again hosted the "Local Anaesthesia for Ophthalmic Surgery" course which was highly commended by all those in attendance.

The governance structures of the Research Foundation have been modified in accordance with recent changes to the Charities Act. This has taken over 12 months to achieve and I would like to highlight the hard work of all the staff in the Research Foundation and the Directors of the foundation including Noel Horgan, Aoife Doyle, Conor Murphy, Mark Rafferty, Andra Bobart, Susan Kennedy and Marie Tighe. The Research Foundation is also thankful for the guidance provided by the Members of the Foundation who include the President of the Council and the Chief Executive of the hospital.

The Research Foundation continues its excellent work and exciting projects are ongoing in the areas of genetics, retinal disease, ocular oncology, ocular immunology and corneal research.

The Foundation works closely with the Ocular Genetics Unit at Trinity College, the National Institute for Cellular Biotechnology (NICB) at DCU, the Department of Immunology in RCSI and the Department of Rheumatology at St Vincent's University Hospital. Such collaborations bring together clinical and scientific skills from a range of disciplines that are helping to improve our understanding of a number of eye and ear conditions and provide a real prospect of advances in treatment in the future for patients.

There are also an increasing number of doctors-in-training undertaking full-time year-long research fellowships. One of them, Dr Meadhbh Rhatigan was awarded the Novartis Research Prize this year, a prestigious national award worth €35,000.

The fifth annual Eithne Walls Research Meeting was held on Thursday 12th June 2014 in the Education & Conference Centre where all basic specialist trainees in both Ophthalmology and Otolaryngology in the hospital were invited to make a presentation based on their clinical or basic science research. Dr Michael O'Rourke was awarded the Eithne Walls Memorial Medal for his paper on 'Royal Victoria Eye and Ear Hospital anterior uveitis cohort'. The Research Foundation Clinical Prize was awarded to Dr Max Tracey for his work entitled 'Visual Acuity Charts'.

The Eithne Walls meeting was preceded by the second "New Frontiers in Ophthalmology" meeting which featured talks by Lloyd Paul Aiello from Harvard University and Rheinold Medina from Queens University Belfast. The meeting also included an update on the National Diabetic Retinopathy Screening programme. This New Frontiers meeting is becoming a major fixture in the national calendar of Ophthalmology meetings and is an important way to increase the profile of the hospital.

It is not possible to mention Eithne and not talk about 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 allow us to remember our dear colleague and her friends Jane Deasy and Aisling Butler. These June events also foster continued interest in research in the hospital and in the community for which we provide care.

In February this year Denise Curtin retired after a long career as an eye doctor. Denise is held in the highest regard by her patients, colleagues and all members of the hospital staff and she will be missed. However Denise is still playing a significant part in the training of young doctors in her role as vice Dean of the College of Ophthalmologists.

I would also like to welcome Patrick Talty and Jeremy O'Connor onto the Consultant Staff of the hospital. Patrick started work in May 2014 and has a special interest in retinal disease and Jeremy who took up his post in January of this year has a special interest in glaucoma. Both Patrick and Jeremy are excellent doctors and I would like to take this opportunity to wish them both every success for the future.

I would like to draw some parallels with Ireland's recent 6 nation's championship success for both the Men's and Women's teams in support of my resolution to maintain the hospital as a centre of clinical excellence. Up to a few years ago Irish Rugby teams were dismissed by media pundits and experts as being too small, too specialised in certain aspects of the game, under prepared for crunch matches, with too few players in each position and with an average coaching staff. Now all that appears to have changed but in reality a brilliant coach and backroom staff have used those perceived weakness and turned them into strengths. Now Irish rugby teams are very well prepared and use a specific plan for each game and each player knows their role and plays as part of the team. Their specialist kicking game and

high tempo play are now envied and being smaller is an asset not an obstacle. There now appears to be more players for each position because existing players are now being including in all games and each players' potential is maximised, enabling all of them to contribute.

Like Ireland's rugby teams we have an exceptional management team and staff and the Hospital's specialisation and size are assets. For example excluding the minor procedure room 3,000 patients had major eye surgery last year, 1,400 ENT procedures were performed and 550 specialised paediatric surgeries were undertaken. A patient with a sight-threatening retinal detachment can be in theatre within 120 minutes of walking into casualty on any given day including weekends. The on-going and growing training, educational and research programmes that I have already outlined strengthen the hospital and will remain part of our future plans for growth. In the future we will surely face bigger teams than our own and the referee's decisions may not always go our way. But if we work as a team, prepare well, and stick to our plan we will continue to thrive.

On a more serious note the present economic crisis is ending and the Hospital must maintain a long term view when funding for healthcare may be provided in a different way to the present model. I am reassured that the manner in which the Hospital rose to the challenges it faced in 2014 shows that this institution, and most importantly its staff, will remain as committed to its ethos of patient care grounded in training, education and research as it was on the day it was founded over a hundred years ago.

To end my speech I would like to mention in particular the President of the Council Jim Ruane. Jim is stepping down as President of the Council in 2015. Like his predecessors in that role Jim has been selfless in advocating for, and leading this institution. As often happens in such roles he received little thanks during his many years on the council and his tenure as President. I would like to take this opportunity now to thank Jim for all his work and I know we all agree that this hospital, in no small part due to his work and leadership, is a better and stronger organisation now than when he started.

Jim's successor is Patrick Dowling and on behalf of the Medical Board I wish him every success during his time as President and I look forward to working with Patrick over the rest of the year.

I and the Medical Board would also like to thank the other members of the Council who are also stepping down.

**Mr. Mark Cahill,  
Chairman – RVEEH Medical Board.**

## Chief Executives Report.

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### **Revenue**

Total income for 2014 was €28.4 million (2013 - €26.4 million). This comprised the HSE allocation of €23.2 million (2013-€20.3 million), inpatient income of €2.6 million (2013 - €3.6 million), outpatient income of €455k (2013-€477k), and other income including retention of superannuation deductions of €2.0 million (2013-€2.0 million).

Non-pay expenditure for the year was €8.4 million compared with €7.6 million in 2013.

Pay expenditure for the year was €19.9 million compared with €19.4 million in 2013.

The final outturn for the year was a surplus of €10k (2013 - €494k deficit). The accumulated deficit remains unchanged at €1.9 million.

### **Review of Activity.**

2014 saw the continued trend in RVEEH towards delivering public, day-case procedures.

Day Case activity in 2014 accounted for 88.5% of total activity (2013 - 88.3%).

Inpatient Activity in 2015 accounted for 11.5% (2013 – 11.7 %).

In 2014 public patients accounted for 79.4% of activity (2013 – 78.8% public).

Private patients accounted for 20.5% of activity (2013 – 21.2%).

Both the financial and activity out-turn could not have been achieved without the continued commitment and professionalism of the staff working in the RVEEH. I would like to record my appreciation to all staff for their contribution to delivering high quality services to our patients.

### **2014 Development - Quality/Risk.**

One of the most significant events of the year was the hospital's receiving full JCI accreditation following audits in February and May. RVEEH is only the second public hospital in Ireland to achieve this award. The audit process followed an intensive 18 month preparation period which involved significant effort from staff. That this was achieved against the background of very restricted resources speaks volumes to the commitment of staff.

It would be wrong to think that in achieving JCI accreditation that we have nothing to improve on – this is clearly not the case. We are all aware of the infrastructure challenges we face in delivering services on a day to day basis.



The reality is that achieving JCI accreditation has established a benchmark on which we need to build: we are engaged in a continuous quality improvement process, which is focused on service quality and patient safety.

Since becoming accredited a number of quality initiatives have been undertaken:

- A major development in 2014 was the moving of ENT OPD from its original location to the ground floor in the main hospital. This move has resulted in a much improved clinic/treatment area for patients as well as a better working environment for staff.
- Future Booking System for OPD appointments was introduced
- A quality management system Qpulse has been introduced.
- Transfer of Blood Sciences work to SVUH, to be completed April 2015.
- Emergency Department Services restructuring is under consideration
- RVEEH will become part of the national Radiological Imaging System, to be completed Q3 2015.

Other infrastructure priorities include:

- Significant improvements are needed to improve patient confidentiality and working environment in the ophthalmology Out Patient and Emergency Department areas.
- The provision of air-handling facilities into the main theatres.
- The provision of two isolation rooms.
- The refurbishment/relocation of the Audiology department.

### **2015 Developments.**

The 2015 allocation has been set at €23.2 million which is the same figure as 2014.

2014 will see continuing change within the health service. The announcement of Hospital Group CEOs in the latter part of the year began the process of building a group executive structure. Recruitment to these posts continued into 2015.

The National Clinical Programme for ophthalmology although completed still awaits sign-off – this will finally place RVEEH core services into mainstream healthcare planning and funding and it will also be very important in defining our role within the group.

The “Money Follows the Patient” model continues to evolve – RVEEH is firmly engaged with the relevant authorities on this matter.



In 2014 the national focus was on balancing the books – one of the consequences of this is that waiting lists grew. However there are already indications that there will be renewed focus on reducing waiting lists in 2015. This will be challenging for the hospital given the scope of its catchment area and range of specialist services.

### **Infection Control**

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

- 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.

There are still 3 areas of infrastructure deficiency which affect our ability to be fully compliant:

- Lack of isolation rooms.
- Non-compliant sinks throughout the hospital.
- Lack of air-changing facilities in our main Theatres

## **Hand Hygiene**

Observational hand hygiene audits were carried out during 2013. The Infection Control Team continues to audit and provide training support to all staff.

The RVEEH fully accepts its role in improving hand hygiene compliance within the hospital. However this is a systemic problem and needs to be addressed as such. Ultimately this is a matter of individuals taking responsibility for their actions.

A full copy of the 2014 Infection Control report can be seen on the hospital website [www.rveeh.ie](http://www.rveeh.ie).

## **Minor Capital Facility Upgrades/Developments**

The HSE allocated minor capital monies of €100k in 2013. 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.

The hospital did receive an urgent equipment grant of €121k in 2014 – this was used to replace old equipment.

## **Conclusion.**

2014 was another very busy year for all in RVEEH. We have managed to address a number of infrastructural deficiencies – this is an on-going process.

I would like to thank Hospital Management Group for their support over the last year and in particular Professor Conor Murphy who has stepped into the role of Medical Director. As CEO and on behalf on the HMG I would like to thank all the Council members for their support and advice during what was a difficult year.

**Mr Danny Dunne.**  
**Chief Executive – Royal Victoria Eye and Ear Hospital.**

## Appendix A - SUMMARY FINANCIAL DATA 2014

### **INCOME AND EXPENDITURE ACCOUNT**

**Year Ended 31 December 2014**

	2014 €	2013 €
HSE revenue grant for year	23,245,733	20,309,627
Hospital income	<u>5,143,478</u>	<u>6,151,082</u>
Total income	28,389,211	26,460,709
Pay expenditure	(19,982,709)	(19,365,938)
Non-pay expenditure	<u>(8,396,106)</u>	<u>(7,588,898)</u>
Operating surplus/ (deficit)	10,396	(494,127)
Accumulated deficit at beginning of year	<u>(1,960,977)</u>	<u>(1,466,850)</u>
Accumulated deficit at end of year	<u>(1,950,581)</u>	<u>(1,960,977)</u>

# RVEEH ANNUAL REPORT 2014

## BALANCE SHEET

As at 31 December 2014

	2014 €	2013 €
<b>Current assets</b>		
HSE revenue grants receivable	2,559,567	2,477,725
Debtors	1,222,380	1,095,232
Stocks	<u>308,648</u>	<u>395,511</u>
	<u>4,130,595</u>	<u>3,968,468</u>
<b>Current liabilities</b>		
Creditors and accrued expenses	4,574,334	4,048,528
Bank overdraft	715,747	1,211,322
HSE capital grants	<u>266,386</u>	<u>144,886</u>
	<u>5,556,467</u>	<u>5,404,736</u>
<b>Net current liabilities</b>	(1,425,872)	(1,436,267)
<b>Fixed assets</b>	<u>72,931</u>	<u>72,931</u>
<b>Net (liabilities)</b>	<u>(1,352,941)</u>	<u>(1,363,337)</u>
<b>Represented by:</b>		
<b>Capital funds</b>		
Building fund	527,070	527,070
Bequest fund	<u>70,570</u>	<u>70,570</u>
	597,640	597,640
<b>Income and expenditure account</b>	<u>(1,950,581)</u>	<u>(1,960,977)</u>
	<u>(1,352,941)</u>	<u>(1,363,337)</u>

# RVEEH ANNUAL REPORT 2014

## APPENDIX B - COMPARATIVE STATISTICS FOR CALENDAR YEAR 2014 AND 2013

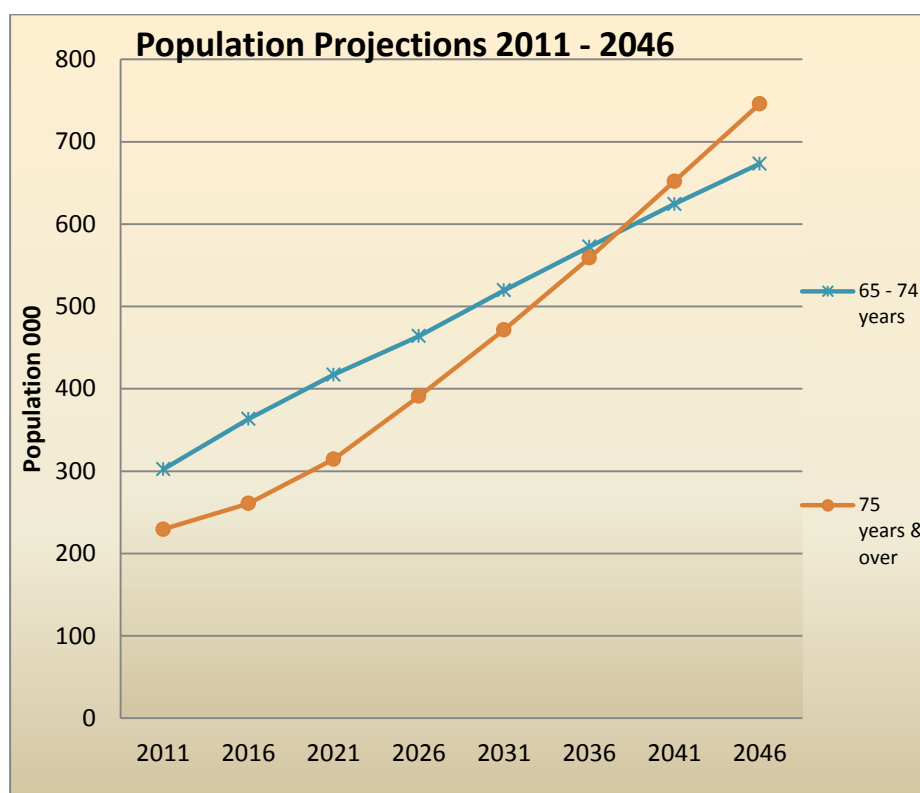
<b>Out-Patients</b>	<b>2014</b>	<b>2013</b>	<b>% Change</b>
Ophthalmic	33,536	41,574	-23.97%
ENT	<u>7,841</u>	<u>9,589</u>	-22.30%
Total	41,377	51,163	-23.65%
<b>Accident and Emergency</b>			
Ophthalmic	24,146	24,209	-0.26%
ENT	<u>11,904</u>	<u>11,513</u>	3.40%
Total	36,050	35,722	0.92%
<b>Special Clinics</b>			
Radiology	1,471	1,538	-4.55%
Speech Therapy	629	657	-4.45%
Physiotherapy	548	715	-30.47%
Audiology	2,820	2,656	6.10%
Orthoptic	4,417	4,017	9.95%
Medical Social Worker	902	1,760	-95.12%
Photographic/Fluorescein	17,102	15,709	8.87%
Contact Lens	350	258	35.65%
Retinal	472	496	-5.08%
Corneal	1,338	1,243	7.64%
Vitreo-Retinal	1,087	838	29.71%
ECG	1,369	1,214	12.76%
Orbital/Oculoplastic	1,119	1,129	-0.89%
Glaucoma	2,422	1,719	40.89%
Humphrey Fields	3,301	3,258	1.31%
Diabetic Screening	115	189	-64.34%
Laser	698	795	-13.89%
HIPE	12,972	10,854	19.51%
Botox Clinic	476	477	-0.21%
A-Scans (Daycare)	1,867	1,987	-6.42%
Refraction	5,384	5,342	0.78%
Pathology	80,406	95,235	-18.44%
<b>In-Patients</b>			
Ophthalmic	1,429	1,437	-0.55%
ENT	<u>781</u>	<u>890</u>	-13.95%
Total	2,210	2,327	-5.29%
<b>Day Cases</b>			
Ophthalmic	9,081	8,665	4.8%
ENT	<u>1,090</u>	<u>1,067</u>	2.15%
Total	10,171	9,732	4.51%
<b>Operations</b>			
Ophthalmic	5,375	5,585	-3.9%
ENT	<u>1,725</u>	<u>1,834</u>	-6.31%
Total	7,100	7,419	-4.49%
<b>Average Stay (Days)</b>	<b>2.26</b>	<b>2.45</b>	<b>-8.4%</b>

## APPENDIX C - RVEEH OPHTHALMOLOGY STRATEGY 2015-2025

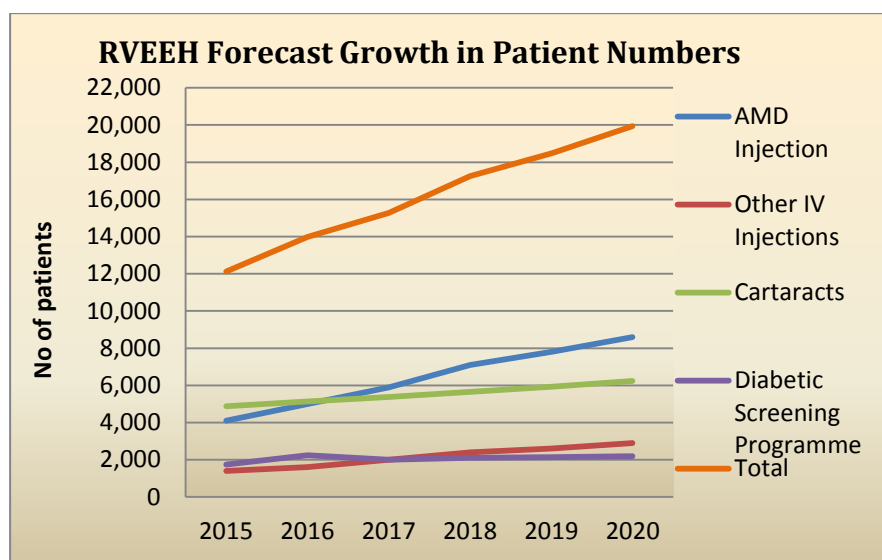
### EXECUTIVE SUMMARY

#### RVEEH OPHTHALMOLOGY STRATEGY 2015/2025

The RVEEH Strategy 2015/2025 is the Hospital's plan for dealing with the challenges facing the Irish ophthalmology services, in particular the need to respond to the significant increase in the Irish population aged over 65 which is giving rise to a material growth in patient numbers.



(Prof Whelan/Tilda Project)



(Prof Whelan/Tilda Project)

The Strategy and has 4 main reference points:

- The 'National Eye Care Plan 2014' which recommends the realignment of services away from the acute setting towards community based care;
- The Community Services review currently being undertaken by Mr Brian Murphy, Head of Planning, Primary Care Division, HSE;
- The development of Hospital Groups in general and IEHG in particular;
- On an international level the best practice models of service delivery, and in particular the established hub-and-spoke care model operational in Moorfields Eye Hospital in London, a world renowned independent Trust Hospital.

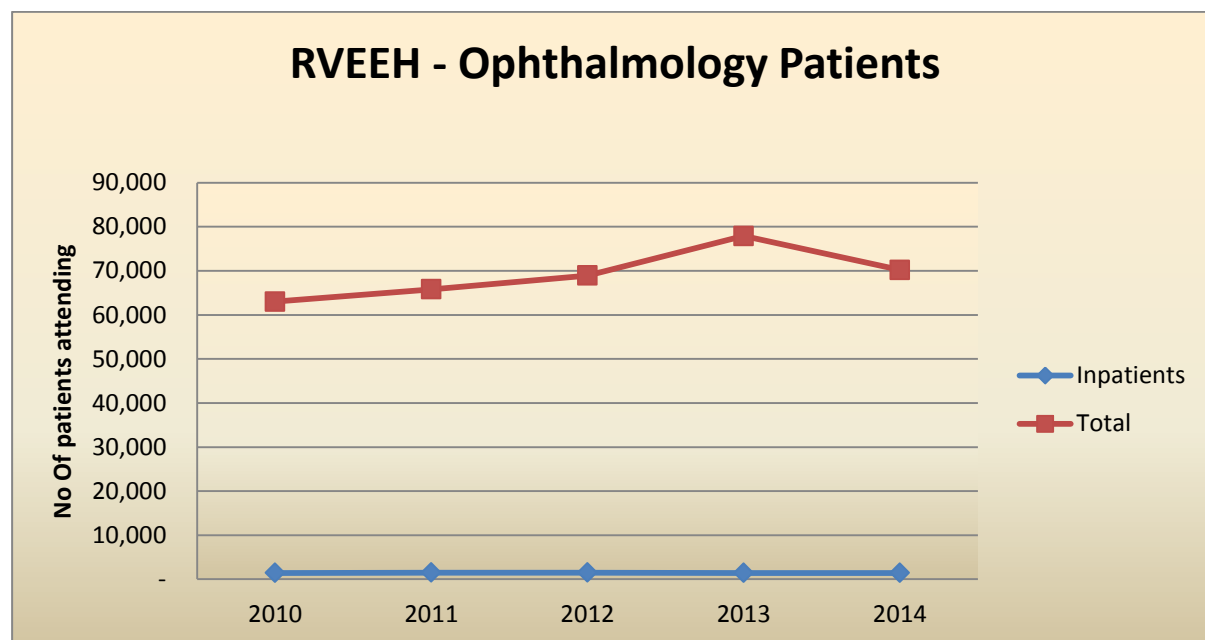
The capital costs of implementing the Strategy are modest while the outputs will result in:

- Elimination of waiting lists
- Cost effective management of anticipated growth in patient numbers
- Patient assessment and treatment in their community when possible
- Considerable economic benefit to society by reducing risk of blindness in older people
- Upskilling of nurses

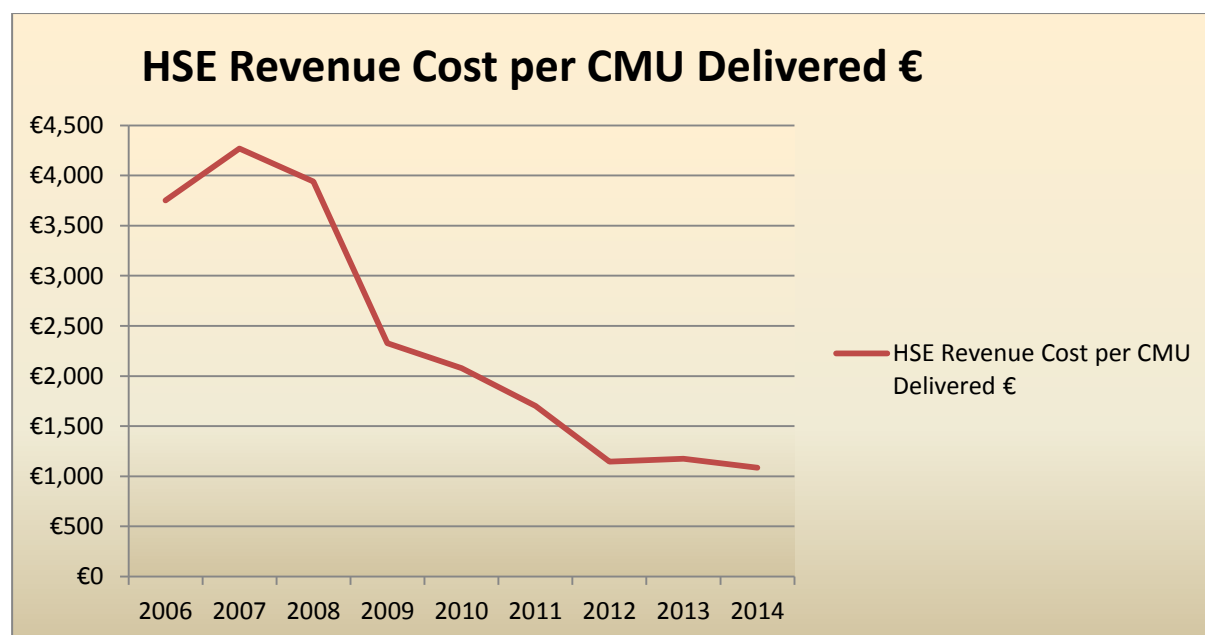
## THE ROYAL VICTORIA EYE and EAR HOSPITAL

The RVEEH has been serving the people of Ireland for almost 120 years. It was established by public subscription under an Act of Parliament which brought together two existing eye and ear hospitals. One of these was Sir William Wilde's Hospital. Sir William was the father of Oscar Wilde.

Today the Hospital welcomes approximately 100,000 patient visits per year in total, 75,000 of which are ophthalmology patients are treated on a day care basis in the majority of cases with overnight stays averaging approximately only 30 patients per night maximum (see following table).



In recent years RVEEH has shown a significant reduction in the cost per unit of CMU delivered.



Source: HSE Allocation/RVEEH Hipe Statistics



### STAND ALONE HOSPITAL

The top-ranked eye hospitals in the UK, USA and Australia are all stand-alone hospitals, distinct from general hospital complexes.

Since most procedures are elective and patients are treated on a day care basis, the potential for high volume and efficient throughput in theatres exists because surgeons know theatres will be available and can plan accordingly. This applies equally to ENT patients.

The independently assessed top ranked eye hospitals in the US, UK and Australia in 2013 are all stand-alone eye hospitals. (*US News and World Report*).

Top-ranked eye hospitals in US:	1. Bascom Palmer, Florida 2. Wills Eye Hospital, Philadelphia 3. Massachusetts Eye and Ear Infirmary, Boston
Top-ranked UK Eye hospital:	Moorfields Eye Hospital, London
Top-ranked Australian Eye Hospital:	Royal Victorian Eye & Ear Hospital, Melbourne

The RVEEH Strategy 2015/2025 is based on the Hospital continuing to operate on a stand-alone basis. The Hospital will remain the main tertiary provider for complex subspecialty eye disorders. At the same time it will develop community based units at regional hospitals and primary care centres – a hub and spoke care delivery model with RVEEH at the hub.

As a stand-alone hospital RVEEH has a very low patient transfer out rate – 6 patients over a 3 year period.

### HUB and SPOKE DELIVERY MODEL

Outpatient diagnostic interventional work would be carried out at the satellite spoke unit. This would obviate the need for patients to make multiple trips to Dublin for routine eye care and would absorb some of the increased demand for eye care in the expanding over- 65-years population.

The preferred option is that the satellite spoke units would be under the management and clinical supervision of RVEEH to ensure a high standard of clinical care for patients.

All units would have integrated IT connected to RVEEH. An assessment of the most appropriate IT system is being carried out, led by the former IT director from Moorfields Hospital. Two systems are currently being assessed – Open Eyes (used by Moorfields) or Medisoft.

The physical size requirement of the satellite unit is small, at c. 2,500 sq., feet. The cost of equipping a fully operational unit is approximately € 148,830. Personnel needs would be

€458,787. There would be an investment in IT but this would be a shared cost over multiple satellite units.

RVEEH has longstanding relations with Loughlinstown Hospital and Portlaoise Hospital. It is intended that the first satellite units could be located at these hospitals. Discussions to that effect are underway and the intention is to have them operational in 2016.

Potential locations for other satellite units are Wexford, and Kilkenny. Collaboration with Waterford Hospital with whom RVEEH has had a long relationship would also be explored.

Meetings have taken place with HSE Primary Care services who have expressed interest in developing ophthalmology spoke clinics in suitable primary care settings e.g. Meath Health Center and Rialto.

### DEDICATED CATARACT UNIT at RVEEH

The RVEEH capacity to handle the growing demand for cataract surgery cannot be met from existing theatre capacity. The establishment of a cataract only theatre would bring significant benefit in terms of efficient processing of an additional 3,000 cataract cases per annum and from the reduction in waiting lists.

It is planned to convert an existing administrative space at RVEEH into the dedicated cataract theatre. The cost of doing this is estimated as follows:

Building refurbishment	€900,000.
Equipment	€294,500.
Operational costs	€2,954,000.

The operational costs include consultant costs (1 WTE surgeon and 1 WTE anaesthetist), 3 nursing WTE and consumable.

Planners from Dublin City Council have visited the site and although the Hospital building is a protected structure, the planners do not see a problem approving the conversion of the existing administrative space into a cataract theatre. The establishment of a cataract only theatre would free up space in the existing theatre for other ophthalmic work.

The new Cataract Theatre would be operational in 2016.

### OUTPATIENT AREA

Both the JCI accreditation process and HIQUA have commented on inadequate patient confidentiality in the outpatient area of the Hospital. It is intended to address this issue by reconfiguring the space so that multiple numbers of patients will not be examined in the same room at the same time. The opportunity will also be taken to improve patient experience by upgrading this area. The cost of this work is estimated at €750,000.

## CLINICAL NURSE SPECIALISTS

The RVEEH Strategy 2015/2025 anticipates the increased involvement of clinical nurse specialists in patient care. This will enable faster access to care, shorter waiting times and a more cost effective service. For example, clinics for stable glaucoma patients can be run by nurse practitioners and technicians, both within the RVEEH and in satellite units. The same would apply for other routine eye treatments.

## CHILDREN'S EYE SERVICES

The RVEEH has a dedicated paediatric ward and the hospital had 5,300 outpatient attendances and completed 260 surgeries (there were 316 at Crumlin) in 2013 for children under 16. There is little strategic overlap between the ophthalmology services at Temple Street, Crumlin and RVEEH. This should be reviewed with the various stakeholders.

## RESEARCH FOUNDATION.

The Research Foundation was founded in 1972 as an independent institution and registered charity. It works closely with the hospital to foster primary research, both clinical and laboratory based. The role of the Foundation is seen as essential in attracting high quality medical professionals and in promoting the international reputation of the Hospital.

## NCHD and NURSE TRAINING.

RVEEH is a teaching hospital connected to the Royal College of Surgeons, Trinity and UCD Medical Schools. It is also the national centre for complex eye surgery and is engaged in research through the RVEEH Research Foundation. The Hospital provides the only 24-hour regional emergency service. RVEEH delivers the only higher diploma programme for ophthalmic nurses in Ireland. Training

## RVEEH ADELAIDE ROAD BUILDING

Built as an inpatient hospital, the RVEEH premises use has changed significantly over the years. With a total of 100,000 patient attendances per year the hospital has become an outpatient/daycare hospital. With the modifications outlined above, the building will be perfectly adequate for the period of the RVEEH 2015/2025 Strategy. It is noted that Moorfields main hospital is still located in its original 1804 building. Following the implementation of the 2015/2025 Strategy, RVEEH will still have surplus space both within the building and in the space at the back of the building. These areas have the potential to be better utilised. This is an issue which the Council of the Hospital will review during the period of the Strategy.

## CONCLUSION

Recent experience and the significant increase in the number of 65+ year olds which is forecast over coming years means that ophthalmology services will be under severe strain with consequent pressure on waiting lists.

The RVEEH 2015/25 Ophthalmology Strategy seeks to put in place structures to deal with the rising demand now. It addresses the need to develop patient care closer to the community and is based to systems shown to have worked in other jurisdictions.

While the plan addresses long term issues it is capable of being up and running in 2016. At a very low cost the plan should lead to eliminating ophthalmology waiting lists. The proposed structures could also be rolled out nationally as recommended by the National Eye Care Plan 2014.