



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 our mission is to maintain the Hospital as a national centre of excellence for the treatment of patients with ophthalmic or otolaryngeal 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.

Main Committees

Council Members

Dr. J. Ruane – President of Council.

Lord Mayor of Dublin: Councillor Naoise ÓMuirí 01/01/13 - 30/06/13

Councillor Oisín Quinn 01/07/13 - 31/12/13

Mr. H. J. Byrne

Mr. J.P. Donnelly

Ms. M. Durcan

Councillor G. Ashe

Mr. P. Brazel

Mr. W. O'Reilly

Mr. J. Casey

Prof. A. Curran

Ms. D. Delahunty

Mr. D. Dunne

Ms. E. Hanley

Dr. D. Kelly

Mr. H. Kelly

Mr. W. Power

Hospital Management Group

Mr. D. Dunne - Chief Executive

Ms. A. Doyle. - Medical Director

Prof. C. Murphy – Medical Director

Ms. S. Buckley - Director of Operations and Human Resources

Mr. P. O'Connor - Director of Finance and Organisation Services

Ms. M. Tighe - Director of Nursing (until June 30th 2013)

Ms. E. Finlay – Acting Director of Nursing (From July 1st 2013)

Medical Board

Professor A. Curran - Chairman

Dr. D. Kelly

Mr. D. Brosnahan

Mr. M. Cahill

Professor L. Cassidy

Dr. A. Doyle

Mr. S. Hone

Dr. S. Kennedy

Mr. D. Kilmartin

Dr. S. Knowles

Dr. D. McAuliffe-Curtin

Dr. D. McCoy

Dr. D. Malone

Mr. P. Moriarty

Mr. M. O'Connor

Dr. B. O'Hare

Mr. W. Power

Professor C. Timon

Dr. Ronan Killeen

Dr. M. Mukhtar

Dr. M. Halligan

Mr. M. Rafferty

Ms. T. Mackle

Dr. R. Rohan

Mr. P.O'Brien

Mr. N.Horgan

Mr. J.P. O'Neill

Mr. J. Doris

Report of the President of Council

Introduction.

In the past year 12,059 patients were admitted to the Hospital for surgical procedures, an increase of 1,205 or nearly 11% on 2012. This is also an increase of approximately 7% on the target of 11,280 set by the HSE.

Attendances at the Out-Patient Department totaled 51,163, up 6.8% on the previous year and Accident and Emergency attendances were 35,722, a marginal increase on 2012.

In 2013 the Hospital exceeded its obligations under the terms of the Service Level Agreement with the HSE.

The Hospital also achieved the 8 month maximum waiting time target for inpatient & day-case treatment set by the Special Delivery Unit.

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.

In addition to our service level obligations the Hospital also engaged in two important initiatives during 2013:

- RVEEH began participating in the National Diabetic Retinopathy screening programme funded by the National Cancer Screening Service. This is now an on-going programme and it is a strategically important initiative to be involved in one for us to be involved in; and
- In the last quarter of 2013, RVEEH undertook additional cataract work from Waterford Regional Hospital – this was funded by the SDU as part of a waiting list initiative. This work took place on Saturdays and Sundays.

Outlook for 2014.

The Hospital again faces significant challenges in the year ahead. The Hospital's Revenue allocation for 2014 has been set at €19.9 million compared with a final allocation of €20.3 million for 2013 – that is a 2% decrease.

Royal Victoria Eye and Ear Hospital – Annual Report 2013

To put the situation into a longer term perspective --- in the 6 year period since 2008, our allocation from the HSE has been cut by €5.3 million or 20% --- from €25million to €19.9million.

In addition, in 2014 there are two significant financial issues not reflected in the HSE allocation:

1. The HSE allocation excludes the impact of the decision by the Department of Health to reduce the private day case rate to €407 from €753 (46% reduction) – this will result in an estimated reduction of €920k in our private income for 2014.
2. The on-going burden of underfunded superannuation costs will be exacerbated in 2014 by the cash impact of major retirement lump sums.

These two issues contribute substantially to our forecast deficit of €2.6 million 2014. The Hospital has communicated these concerns to the HSE and will continue to engage with them to secure funding.

The HSE are promoting an Incentivised Career Break Scheme and a Voluntary Redundancy Scheme as means of reducing costs. The schemes come with the proviso that service quality or patient safety cannot be impacted by their use. However as the Hospital is already operating with minimum staffing levels any further reduction risks reducing our ability to deliver services.

Patient Safety/Quality

HIQA Visits 2013.

In August 2013 HIQA made an unannounced monitoring visit to the RVEEH.

There were two main points raised in the HIQA report:

- Lack of compliance with hand hygiene standards;
- Manual Cleaning of fiberscopes.

An action plan was put in place to deal with the matter and both Council and HiQA are satisfied that all areas of concern have been addressed.

On-going Quality programme.

During 2013 the Hospital continued to focus on improving service quality and patient safety. Preparations continued throughout 2013 for the JCI accreditation process. The JCI

Royal Victoria Eye and Ear Hospital – Annual Report 2013

Survey took place on February 10th, 11th and 12th 2014 and resulted in partial compliance. A focused revisit is due in May and we are working very hard on this.

The reason for seeking accreditation is to prepare the Hospital for the implementation of the National Standards for Safer Better Healthcare and HIQA Licensing of Hospitals.

I would like to acknowledge all staff for their continued commitment to improving service quality and patient safety.

Internal Governance

Risk Management.

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.

Audit and Risk Committee.

Our Audit and Risk 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.

Ethics & Medical Research Committee.

This committee, under the guidance of Maresa Durcan continued to provide a first class service to the Hospital. We are indeed fortunate that Maresa continues to chair the committee which governs this very important aspect of our hospital's work.

Finance Committee.

This committee, which I chair, 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, with the purpose of ensuring good financial governance in the hospital.

Hospital Management Group

The Hospital Management Group (HMG) is the senior management group within the hospital.

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.

The greatest challenge facing the Hospital in 2013 was the maintenance of service levels in the face of continuing cuts in staffing numbers and reduced HSE funding. Whilst service levels were exceeded the full year financial deficit was €495k.

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.

Medical Board.

Aoife Doyle stepped down as Medical Director in Dec 2013. Aoife continued to drive the quality agenda process towards the JCI survey in February. I would like to express the thanks of Council and HMG to Aoife for her invaluable contribution. 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.

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.

A CEO evaluation was also carried out in 2013 and this will continue yearly in the future.

Council reviewed important Governance documentation during 2013 – this included a Code of Governance for Council Members and Staff and Disclosure of Members Interest. The Terms of Reference of key committees (Council, HMG, Nominations, Finance, and Audit) were also reviewed during the period.

External Governance.

Annual Compliance Statement.

The HSE introduced an Annual Compliance Statement requirement for all HSE funded Voluntary agencies, commencing for 2013. This statement requires Council sign-off on a wide range of compliance issues by May 31st 2014.

The Hospital is currently carrying out a review of the various areas covered by the compliance statement.

Payment of Allowances to Senior Managers and Public Sector Pay Compliance.

As with all the voluntary hospitals, there was on-going communication between the Hospital and the HSE during 2013 on the matter of allowances paid to senior staff. The RVEEH made full disclosure to the HSE in relation to these.

At a meeting in early January 2014 the HSE agreed that the RVEEH was now deemed compliant in relation to payment of allowances to senior managers and in recognition of our needs, we were requested to submit two business cases in 2014 in relation to appropriate allowances for clinician's involvement in management duties.

The current and previous Chief Executives are paid on an approved salary scale and there have been no additional payments to any the chief executives or employees from any other sources.

Hospital Groups.

The new Hospital Group structures began to take shape in 2013. RVEEH was confirmed as a member of the Ireland East Hospital Group. Mr. Tom Lynch was appointed Chairperson of the Ireland East Group in 2013. It had been anticipated that the Group Management Team roles would be filled during the year but no appointments had been made by year end.

Despite the absence of a Group Executive, a number of Group meetings were held between July and December - the President of Council, the CE, the Medical Director and the Director of Nursing represented the RVEEH at a number of these meetings.

Retirements

Mr. Peter Barry officially retired in December 2013 following a year as President of the ESCRS European Society of Cataract and Refractive Surgeons.

Mr. Barry has given long and distinguished service to the Hospital and excellent care to his patients and I wish him every health and happiness in his new life.

During 2013 there were several retirements in the Nursing Department notably Annette Morgan and Cora Loftus Flynn.

Other retirements were Betty Dodd from Household and Willie Coleman from Portering.

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

New Appointments

I would like to welcome Mr. Philip O'Connor who commenced as Locum Director of Finance and Organisation Services in November 2013.

Ms. Elspeth Finlay took on the role of Director of Nursing following Ms. Marie Tighe's secondment to the HSE.

Mr. John Doris was appointed locum Consultant Surgeon to replace Mr. Peter Barry. Mr. Patrick Talty was appointed to the permanent role and will take up the post in May 2014.

I would like to thank Mr. Doris for his contribution to the hospital during his time here.

Change in Audit Partner

I would also like to acknowledge John Dunne, our new Audit partner from PWC. John, who has taken over the role from Teresa Harrington, is a very experienced auditor and we look forward to working with him in the years ahead.

In Memoriam 2013

It is with regret that I note the following deaths from amongst our retired staff. Ruth Curtin, Healthcare worker – retired from the RVEEH in 2010 and passed away in August 2013. Ruth is a sister of Dr. Denise Curtin, Consultant Ophthalmologist at our hospital.

Frank McAuley retired Consultant Ophthalmologist passed away in Jan 2013.

May they 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 in 2013 in very difficult financial circumstances.

I thank the outgoing Chairman of the Medical Board, Professor Aongus Curran and his colleagues for their support in 2013. I welcome the new Medical Board Chairman, Dr. Deirdre McCoy who by virtue of holding that position also joins us on Council. I wish her every success in her new role.

To the Medical, Nursing, Administrative and Support Personnel, I say thank you for providing an excellent service to our patients through 2013 and we look forward to your continuing the good work in 2014 and beyond.

Dr. James Ruane,
President of Council.

Report of the Chief Executive.

Revenue

Total income for 2012 was €26.6 million (€27.4 million). This was comprised of:

HSE allocation of €20.2 million

Inpatient income of €3.8 million.

Outpatient income of €472k (2011-€573k).

Other income including retention of superannuation deductions of €2.0 million (2011-€2.0 million).

Non-pay expenditure for the year was €7.1 million compared with €6.5 million in 2011.

Pay expenditure for the year was €19.4 million compared with €20.9 million, a reduction of €1.5 million.

The final outturn for the year was a deficit of €454k.

In 2013 88.3% of our activity was day case (2012 – 86.4%) with 11.7% inpatient activity (2012 – 13.6%). This compares with 80.5% IP and 19.5% DC activity in 2009.

The Hospital's Public/Private profile was 78.8% public patients (2012 – 76.9%) and 21.2% private patients (2012 – 23.1%).

Inpatient attendances were down 2.0% to 2,327 from 2012 levels. Day Case attendances increased by 9.0% on 2012 levels to 9,732.

The above performance was achieved despite reduced staffing levels and funding. This could not be achieved without the commitment and professionalism of the staff working in the RVEEH.

I would like to place on record my appreciation for all their hard work in 2013.

2014 Risk Outlook.

2014 will be another challenging year for the RVEEH. The major risks facing the hospital in 2014 will be:

- the structural underfunding relating to superannuation costs and the government decisions to reduce private day case charges.
- the development of the Hospital group structures will bring opportunities as well as risks. The continued lack of any development plan is a concern.
- the continued lack of a National Clinical Programme for Ophthalmology means that the services provided by RVEEH are peripheral to HSE and Government planning.

Given the onerous nature of the role, the availability of suitable candidates to replace retiring Council members is also of concern.

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.

Royal Victoria Eye and Ear Hospital – Annual Report 2013

RVEEH key performance indicators (KPI's)

HCAI Key Performance Indicators	Targets	2009	2010	2011	2012	2013
Post-operative endophthalmitis (elective cataract surgery)	≤0.1%	0%	0.06%	0.05%	0.08%	0.10%
Endophthalmitis post intravitreal injections	≤0.05%	0.07%	0%	0.03%	0.02%	0%
Keratitis post corneal collagen cross linking		Surgery not done	Surgery not done	0%	3.38%	0%
Other Eye Infections		0.03%	0%	0%	0.01%	0%
Post op ENT Infections		0.06%	0%	0%	0.05%	0%
Number of RVEEH acquired MRSA colonization	≤4	1	1	1	0	0
Number of RVEEH acquired MRSA infection	≤2	0	0	0	1	0
Number of MRSA blood stream infections	≤1	1	0	1	0	0
Device related infections (Peripheral IV catheter infection)	≤5		2	2	3	1 (approx. 0.014%)
<i>Clostridium difficile</i> Infections	≤2	0	1	0	0	0

Source – RVEEH IPCC Annual Report 2013.

The KPI's for Healthcare Associated Infections (HCAI's) are set by the HSE and the Hospital's Infection Prevention and Control Committee. 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.

The annual report of the IPCC highlights three areas of concern:

- Lack of isolation rooms.
- Inadequate air changes in Theatres.
- Non-compliant sinks throughout the hospital.

These areas are identified on the Hospitals Corporate risk register.

The lack on Endoscopy reprocessing facilities was addressed through refurbishing a ward area – the new facility opened in October 2013 and is located close to the new ENT OPD area.

The Hospital will continue to install compliant sinks on a replacement basis.

Hand Hygiene

Observational hand hygiene audits were carried out in May and November 2013 using the audit tool developed by Health Protection Surveillance Center (HPSC). The Hospital achieved a compliance rating of 91% & 83% respectively against a national target of $\geq 90\%$ compliance. These figures are reported back to the HPSC and published nationally. Where targets are not met additional hand hygiene training/awareness is carried out and the area is re-audited.

90% of RVEEH staff received Hand Hygiene education and training in 2013.

Hand gel consumption increased in 2013 over the previous two years.

National Standards for Safer Better Healthcare/JCI.

The Hospital continues to prepare for HiQA licensing of hospitals and for the implementation of the National Quality Standards. A significant amount of updating of policies and procedures has been carried out.

I would like to acknowledge the significant input of all staff involved in preparing and revising policies during 2013. This was achieved despite the departure of both Ms. Marie Tighe, Director of Nursing (on secondment to HSE) and Aoife Duggan, Quality Co-ordinator (resignation).

Although there is still much to be done I believe that on completion we will have a much improved 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.

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 Jim Ruane, President of Council, for their support and guidance over the last year.

D. Dunne

Chief Executive

Report of the Chairperson of the Medical Board

Medical Board – Role and Responsibilities.

The roles and responsibilities of The Medical Board comprise providing clinical guidance to the Hospital Management Group and making recommendations to The Hospital Council on significant and strategic decisions that involve choices about the provision of clinical services.

We are also charged with establishing and reviewing medical policy and development, directing medical education and offering advice on appointments.

Hospital Staffing.

Despite budgetary limitations the hospital continues to provide high quality, internationally standardised and evidence based care to our patients. The delivery of this care by medical, nursing, paramedical, administrative and support staff at the RVEEH is commendable, a credit to this hospital and an achievement for which we should be justifiably proud.

Our ethical code bases medical practice on continuous improvement and excellence in the provision of health care, on teaching, on training and on research. We continuously interrogate the available evidence base and use this in combination with training and clinical experience to guide professional practice.

The value of our service, and the esteem in which it is held, are illustrated by the number of patients seeking treatment at the hospital, in the complexity and variety of treatments offered, in the management of patients with multiple and complex medical comorbidities and in positive communications from individual patients and in written and social media.

Clinicians in Management.

The RVEEH, in striving to achieve and deliver the highest standard care in the best interests of our patients, requires unity of purpose and contributions from all disciplines in the hospital. Medical Board members endeavour not to implement individual agendas but to help the hospital effectively meet its responsibility by freely volunteering expertise

and time to serve on hospital committees with administration and nursing colleagues, and to participate in policy drafting and development. This provides significant expert clinical knowledge and experience which is used to formulate logical, structured and effective management plans that include resource allocation considerations - all of which underpins an integrated approach to patient care.

I would like to acknowledge my colleagues who undertake these management roles that have become fundamental to the day to day operation of the hospital.

I would like to thank my predecessor Professor Aongus Curran for his commitment to chairmanship of the Medical Board during 2013, and to acknowledge the work of the Hospital Management Group, especially our Chief Executive, Mr. Danny Dunne.

Mr. Dunne and the HMG oversee daily hospital operational issues and provide reciprocal support - for which we are appreciative - to the Medical Board.

Professor Conor Murphy commenced as Medical Director in January 2014.

In particular I would like to acknowledge the successful tenure of his predecessor. Since January 2011 Ms. Aoife Doyle not only embraced the role, but demonstrated her professionalism and skills through meticulous planning and co-ordination of numerous initiatives, not least of which was the recent successful JCI Accreditation Survey in which her contribution was crucial. She drafted hospital policy and procedure documents, moderated staff information sessions and contributed to numerous hospital committees - all with exceedingly good humour in a spirit of altruism, while contending with a busy and demanding clinical workload.

Her hard work and unwavering commitment has set a challenging precedent.

On behalf of the Medical Board I express our profound gratitude to Ms. Doyle, and I have no doubt that we have found in Professor Murphy a worthy successor - I wish them both every success.

Ms. Doyle is now Head of the Ophthalmic Group, Mr. Stephen Hone remains Head of Otolaryngology and Dr Dermot Kelly Head of the Department of Anaesthesia. Professor Susan Kennedy continues as Head of the National Ophthalmic Pathology Laboratory and Professor Dermot Malone is Head of the Radiology Department. Dr Denise Curtin continues as the Irish College of Ophthalmologists' Postgraduate Dean of Education and Mr. Paul Moriarty continues as national clinical lead for ophthalmology, charged with reviewing the national provision of ophthalmic services.

These management roles require the incumbent clinician to undertake multiple responsibilities in addition to continuous clinical service provision -

I thank them on behalf of the Medical Board for their commitment, vision and dedication within and outside the RVEEH.

New Consultant Appointments

In 2013 the Medical Board welcomed the appointment of Mr. James Paul O'Neill, Consultant in Otolaryngology with a special interest in Head and Neck Surgery - an excellent addition to the RVEEH consultant staff. On behalf of the Medical Board I wish him every success in this post and in his future career.

Another addition to the consultant staff is Dr Niall Fanning, Consultant Anaesthetist who has joined the Department of Anaesthesia in a locum capacity during Dr Christopher Kemps' sabbatical year.

The Research Foundation

The Research Foundation continues its work and a number of important projects are underway in the areas of genetics, retinal disease, ocular oncology and ocular immunology, inflammation and corneal research.

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

Departmental Activities.

The ENT Department hosted two important events in 2013: a joint RVEEH and St Vincent's University Hospital Head and Neck Course, followed by the annual Head and Neck Conference both of which were fully subscribed.

The Department of Anaesthesia hosted the "Local Anaesthesia for Ophthalmic Surgery" one day course in association with the College of Anaesthetists. This course received universally positive feedback and it is now a mandatory course for Irish College of Ophthalmology trainees. In addition the Department of Anaesthesia as part of the Fellowship Programme in Airway Management and Simulation Training organised an

Airway Management Training Workshop for RVEEH and SJH anaesthesia and emergency medicine trainees and a joint seminar with CAI – A Practical Guide to Fiberoptic Intubation.

The Drugs Therapeutic and Medicines Committee.

The Drug, Therapeutics and AMS Committee (DTAM) has completed a comprehensive hospital medication management review as part of the recent JCI Accreditation Survey. DTAMS, in association with the Department of Anaesthesia, is currently designing a smartphone application that will be available to hospital staff later this year. Its objective - enhanced safety and adherence to the highest international practice standards in prescribing and medication management - an innovation that indicates this hospital's commitment to continuous quality improvement.

Research Prizes.

The fourth annual Eithne Walls Research Meeting was held on Thursday 27th June 2013 in the Education and Conference Centre. Clinical and basic science research papers were presented by BSTs in Ophthalmology and Otorhinolaryngology. Dr David Shahnazaryan was awarded the Eithne Walls Memorial Medal for his paper on 'The Role of ICPO viral protein in HSK'.

The Research Foundation Clinical Prize was awarded to Dr Jeyanthi Kulasegarah for her work on 'The prevalence of human papillomavirus in multiple synchronous or metachronous primary squamous cell carcinomas of the upper aerodigestive tract'.

This meeting followed the Women's Mini Marathon in which many of Dr Wall's family, friends and colleagues participated. The purpose of the event is to support the research fund established in memory of Dr Eithne Walls, to remember our colleague and to encourage and foster ophthalmic research.

Conclusion.

Good hospital practice is based on a relationship of trust between the institution and society, in which hospital staff are expected to meet the highest standards of professional practice. It involves a partnership between patient and institution that is based on mutual respect, confidentiality, honesty, responsibility and accountability.

In a turbulent economic environment we at the RVEEH, cogniscent of these principles, continue to afford our patients improvement in life quality through comprehensive care that is founded on clinical expertise and accumulated academic knowledge.

While yet another challenging year lies ahead I expect that the manner in which the hospital, through the admirable dedication of its staff, took up the gauntlet in 2013, indicates that The Royal Victoria Eye and Ear Hospital remains as committed to training young doctors, to developing and promoting the hospital's reputation in research, and to its educational ethos, as on the day it was established in 1897, amalgamating two hospitals and the shared vision of their founders Isaac Ryall and Sir William Wilde.

This commitment assures the hospital's position as the national centre of excellence in ophthalmic and otorhinolaryngeal training, research and clinical care.

Hospital governance has evolved over the last half century from stewardship, civic duty, and fundraising, to management oversight, financial management and strategic performance. In addition all progress and innovation in medicine require continual changes in the way in which we work in order to maintain the highest quality service our patients expect and deserve.

In response to these challenges the Medical Board I believe exhibits the fundamental characteristics necessary to meet these standards. Its members responsibly undertake their service respecting the hospital, the management and allied healthcare workers. This results in openness and confidentiality in board discussions as well as a common aim for consensus.

By undertaking its roles and responsibilities, based on these principles the Medical Board always seeks to exercise good judgment and is committed to excellence and, in so doing, I believe it is well positioned to face the challenges of the future and to keep the RVEEH on track for the ultimate good and in the best interests of our patients.

In Lincoln's words: "The world will not remember what I say here, but (our patients) will never forget what we did here,"

Royal Victoria Eye and Ear Hospital – Annual Report 2013

It gives me great pleasure to thank the Chief Executive, Mr. Danny Dunne, the Council President, Mr. Jim Roane and members of the Hospital Council for their support of the Medical Board and for their commitment to the RVEE Hospital as we strive to provide a quality service with our patients at the center of everything we do, promoting integrity, good leadership and teamwork within the hospital and maintaining the highest standards of care.

Dr. Deirdre McCoy

Chairperson – Medical Board.

APPENDICES

Appendix 1 – 2013 Income and Expenditure Account & Balance Sheet

Royal Victoria Eye and Ear Hospital			
INCOME AND EXPENDITURE ACCOUNT			
Year Ended 31 December 2013			
	Notes	2013 €	2012 €
Expenditure			
Pay Expenditure		13,365,938	19,435,370
Non-Pay Expenditure		<u>7,588,898</u>	<u>7,131,266</u>
Total Expenditure		26,954,836	26,566,636
Total Income		<u>(6,151,082)</u>	<u>(6,563,705)</u>
Excess of Expenditure over Income		20,803,754	20,002,931
Grant towards deficit for the year		<u>(20,309,627)</u>	<u>(20,225,716)</u>
Operating deficit/(surplus) for year		494,127	222,785
Accumulated deficit at beginning of year		<u>1,466,850</u>	<u>1,689,635</u>
Accumulated deficit at end of year		<u>1,960,977</u>	<u>1,466,850</u>

Royal Victoria Eye and Ear Hospital – Annual Report 2013

BALANCE SHEET			
As at 31 December 2013			
		2013	2012
		€	€
Current Assets			
HSE revenue grant receivable		2,477,725	2,022,574
Debtors		1,095,232	904,593
Stocks		395,511	51,767
Bank balance		<u>73,916</u>	<u>367,174</u>
		<u>4,042,384</u>	<u>3,346,108</u>
Current Liabilities			
Creditors and accrued expenses		4,048,528	3,480,852
Bank overdraft		1,285,238	605,015
HSE capital grant		<u>144,886</u>	<u>202,382</u>
		<u>5,478,652</u>	<u>4,288,249</u>
Net current (liabilities)		(1,436,267)	(942,141)
Fixed assets		<u>72,931</u>	<u>72,931</u>
Net (liabilities)		<u>(1,363,337)</u>	<u>(869,210)</u>
Represented by:			
Capital Funds			
Building Fund		527,070	527,070
Request Fund		<u>70,570</u>	<u>70,570</u>
		597,640	597,640
Income and expenditure account		<u>(1,960,977)</u>	<u>(1,466,850)</u>
		<u>(1,363,337)</u>	<u>(869,210)</u>

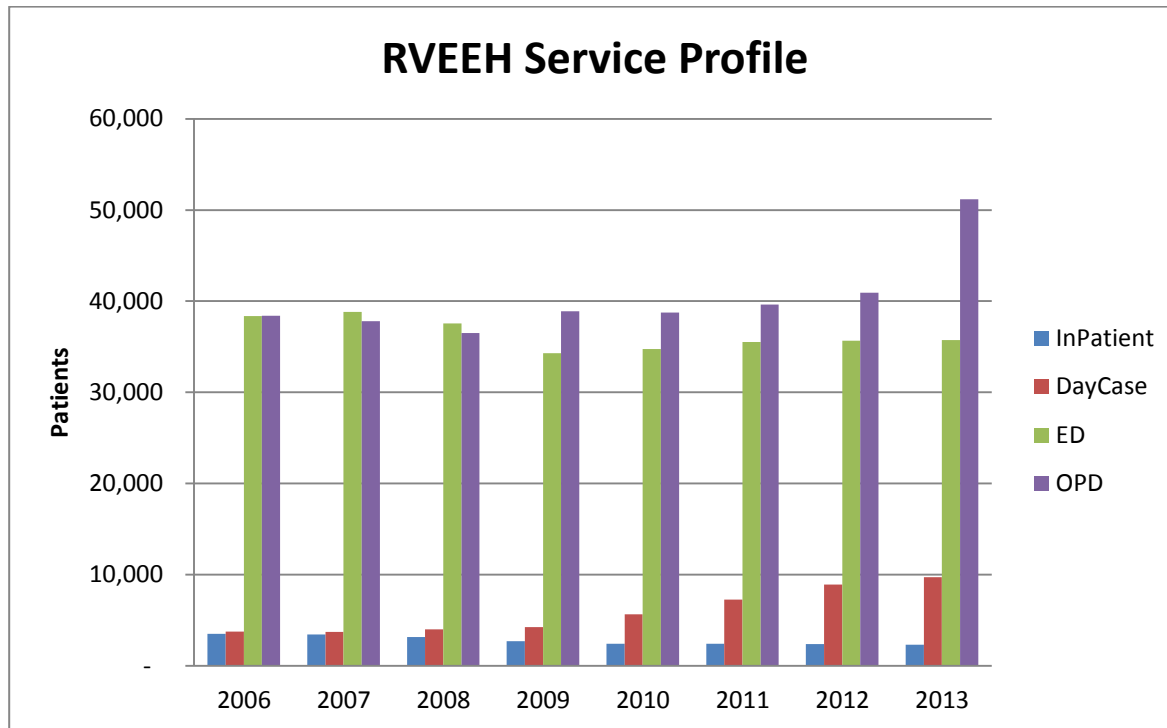
The financial statements were approved at the Hospital AGM on March 27th 2014.

Appendix 2 – 5 Year Financial/Activity Summary

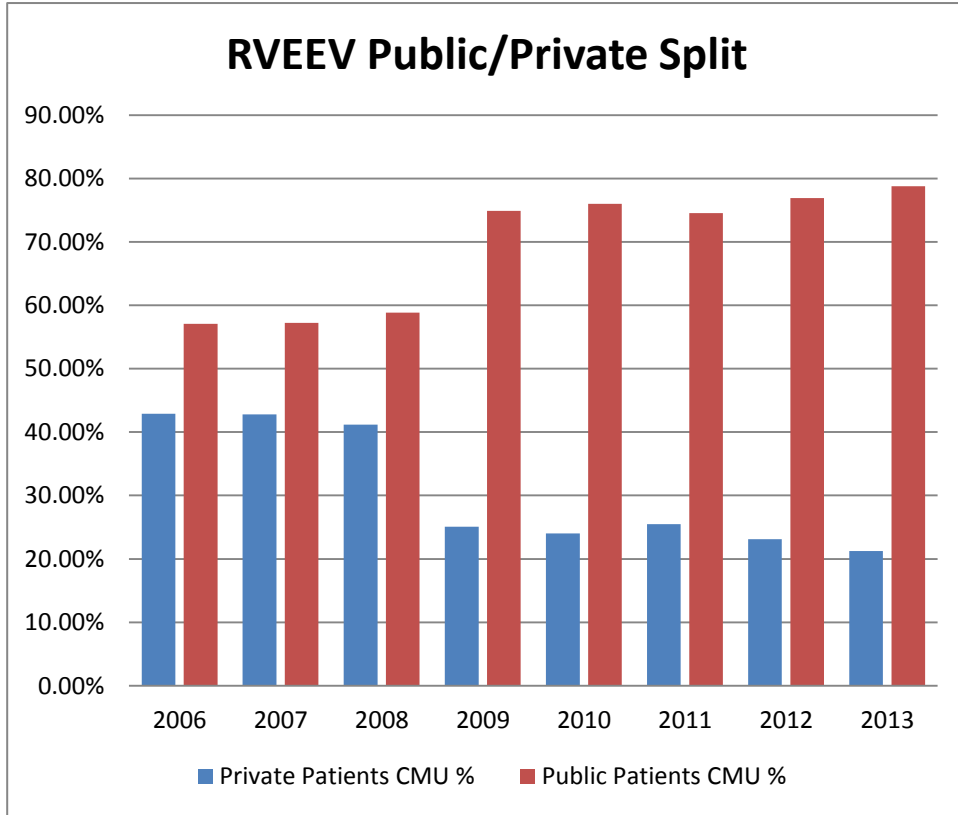
5 year Financial Summary

	2009	2010	2011	2012	2013
Net Operating Costs - €'000	24,320	22,830	20,845	20,804	20,002
Activity – Casemix Units	10,270	10,809	12,255	17,465	17,697

Appendix 3 – Activity Profile 2006-2013



Appendix 4 – Public/Private Profile (Inpatient & Daycase)



Appendix 5 – Public/Private Profile (Inpatient & Daycase)

RVEEH Inpatient/Daycase Public/Private Profile

