Annual Report 2013
The National Treatment Purchase Fund

Supporting Performance Improvement to Treat Patients Faster

an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

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Chairman's Statement

This Annual Report for the National Treatment Purchase Fund (NTPF) provides information on the major redesign of the operating model of the NTPF. This was aimed at supporting the Minister for Health, Dr. James Reilly and the Special Delivery Unit in achieving waiting list targets. The redesign encompassed delivery of new information systems, performance management support tools for hospitals and the early stages of the delivery of reform to the Scheduled Care pathway. Whilst at times this major change in approach was challenging, the staff and board of the NTPF were happy to embrace the changes in order to deliver shorter wait times for patients.

The 2013 Annual report for the National Treatment Purchase Fund (NTPF) describes the changing role of the NTPF to support performance improvement in scheduled care in conjunction with the Special Delivery Unit (SDU) whilst continuing in the pricing role for the Nursing Home Support Scheme (NHSS).

To support these changes the structure of the NTPF was reconfigured during the year 2013 to four new functional areas: Data and Analytics, Audit and Quality Assurance, Performance Improvement, and Finance, Hospital Pricing and Contracting. This reconfiguration ensured that the skill base of the staff in the NTPF is utilised to support a patient centred health care system whilst preparing the systems for transition into bodies such as the Healthcare Commissioning Agency and National Information and Pricing Office.

On 6th July 2013 the board of the NTPF was pleased to appoint a new Chief Executive Officer, Ian Carter. Mr. Carter formerly the CEO of St. James's Hospital had been appointed as National Director Designate of Acute Hospitals in the HSE in June 2013 and took over responsibility for the SDU on the 27th June 2013. On behalf of the NTPF Board I would like to take this opportunity to thank the Fund's former Chief Executive, Dr. Alan Smith for all his hard work and dedication to the NTPF.

In 2013 four specific waiting list targets were identified,

- no adult should be waiting over 8 months for an in-patient procedure
- no patient should be waiting over 12 months for an initial outpatient consultation
- maintenance of target achieved in 2012 that no child should be waiting over 20 weeks for an in-patient treatment
- maintenance of target achieved in 2012 that no patient be waiting over 13 weeks for a GI endoscopy procedure.

By end 2013 there was a 98% reduction in the number of adults waiting over 8 months for inpatient treatment, a 95% reduction in the number of outpatients waiting over 12 months for treatment, 95% of all children waiting on an elective waiting list were waiting less than 20 weeks and 99% of patients on a GI Endoscopy waiting list, were waiting less than 13 weeks.

2013 was the fifth year of the Fair Deal Scheme with the Fund continuing its role of negotiating prices with private and voluntary Nursing Homes. At the close of 2013, a total of 429 private nursing homes had pricing contracts with the NTPF and the overall national average price of long term residential care was €888 per week. The equivalent figure, for the end of 2012 was €885 euro per week for 433 homes.

In 2013, the Fund has made the effective transition into it's new role of performance improvement supporting the SDU. The NTPF is committed to continuing to support the SDU and National Director of Acute Hospitals in 2014 as we all work together to further reduce waiting times in the hospital system.

I would like to take this opportunity to thank Minister Reilly for his support and to acknowledge the assistance provided by the Department of Health. Finally to my colleagues on the board and to the management team and staff of the NTPF, thank you for your continued hard work and dedication.

John Horan
Chairman

Chief Executive's Statement

Since its establishment in 2002 the NTPF has developed a wealth of experience and expertise around data capture and analysis, commissioning and pricing, hospital performance improvement and audit and quality assurance. This has been particularly evident since 2011 when the NTPF embarked on a changing role moving from a purchaser provider to supporting the role of the Special Delivery Unit (SDU). The SDU has been tasked with implementing performance improvement in Irish Hospitals involving emergency department, in-patient and day case waiting lists and outpatient waiting lists.

As newly appointed Director of Acute Hospitals, HSE, and having taken over responsibility for the SDU it was an honour to accept the position of Chief Executive of the NTPF. In terms of activity there are over 1.1 million attendances at 33 Adult Emergency Departments each year, over 1.4 million people receive either in-patient or day care treatments each year and there are over 2.5 million attendances at hospital outpatients departments every year. One of the key priorities of the Acute Hospital Division in collaboration with the SDU and NTPF is to ensure access to these services.

The key dynamics for delivery are -

- Ensure access to services in relation to waiting targets for emergency or unscheduled care, and scheduled care in public hospitals, including outpatient and diagnostic services.
- Progress Outpatient (OPD) Quality Improvement Programme, particularly in relation to necessary data integrity and operational control.
- Target additional capacity and capability in areas which continue to experience increased service demand.
- Enable performance improvement particularly in relation to unscheduled care access.

As the supporting role for data collection and reporting, performance improvement, audit and quality assurance of data and protocols for scheduled care, the NTPF's role is vital to deliver on these dynamics.

Waiting Lists

Maximum wait time guarantees for patients were an important measure of quality access and fairness in in the health care system in 2013. Wait time targets were set that no adult should wait over 8 months for an in-patient or daycase procedure, no child should wait over 20 weeks for an in-patient or daycase procedure, no patient should wait over 13 weeks for a routine GI endoscopy and no patient should wait over 12 months for a first Consultant-led outpatient appointment. These targets were to be achieved by the end of 2013.

At the end of 2013 all but two hospitals achieved the access targets delivering a 98% reduction in the numbers of adults waiting over 8 months for inpatient treatment, a 95% reduction in the number of outpatients waiting over 12 months for treatment, 95% of all children on elective waiting lists were waiting less than 20 weeks and 99% of all patients on a GI Endoscopy waiting list were waiting less than 13 weeks.

Nursing Homes Support Scheme

Provisions for the NTPF's role in supporting this Scheme is set out under Sections 40 and 41 of the Nursing Homes Support Scheme Act. The role of the NTPF, as set out by the act is to negotiate and agree prices with private and voluntary nursing home owners. The act also contains a provision concerning examination of records and accounts of participating nursing homes. At the close of 2013 a total of 429 homes had pricing contracts with NTPF and the overall national average price of long term residential care amounted to €888.

Conclusion

There is no doubt that maintaining the maximum wait time guarantees will be difficult at a time of unprecedented change and economic restraint. I have confidence as National Director of Acute Hospitals that together with the NTPF and SDU teams the wait times that were achieved in 2013 will be maintained and where possible improved on. I would like to take this opportunity to thank the Board of the NTPF for their assistance and guidance during 2013 and acknowledge the dedication and commitment of the entire SDU and NTPF team.

Ian Carter
National Director of Acute Hospitals
with responsibility for the SDU and CEO
National Treatment Purchase Fund

Corporate Governance

Key Functions of the NTPF

The National Treatment Purchase Fund (NTPF) is fully committed to operating to the highest standards of efficient and effective corporate governance. The NTPF is a corporate body with key functions and responsibilities as set out under Statutory Instrument 179 – National Treatment Purchase Fund (Establishment) Order (2004). The Nursing Home Support Scheme Act No 1 and additional functions as set out under section 4.1 by the Minister for Health.
Key functions of the Board in 2013 were as follows –

1. To make arrangements with persons, whether resident in the State or elsewhere, for the provision of hospital treatment to such classes of persons as may be determined by the Minister from time to time.
2. To collect, collate and validate information in relation to persons waiting for hospital treatment and to put in place information systems and procedures for that purpose.
3. To furnish whenever so required by the Minister or on it's own initiative, advice to the Minister on issues relating to its functions under this Article.
4. To negotiate with proprietors of registered nursing homes to reach agreement in relation to the maximum prices(s) that will be charged for the provision of long-term residential care services to Nursing Homes Support Scheme Residents and provide the HSE with the details of all approved Nursing Homes agreements.
5. To develop and implement schemes to support and facilitate the gradual reduction in maximum outpatient first appointment waiting times.
6. To support measures to facilitate improved patient experience time and performance in hospital emergency departments through targeted programmes of support.

In addition, the Board observes and complies with responsibilities as set out under the Framework for Corporate and Financial Governance for agencies funded by the Department of Health and Children (April 2006) and the Code of Practice for the Governance of State Bodies (May 2009).

Two committees assist and advise the board in carrying out its functions - The Finance and Audit Committee and the Patient Care Committee (this committee did not sit in 2013 as treatment was not funded by the NTPF in 2013 under the new remit).

Board Meetings and Attendance

The Board holds regular meetings to discharge its functions. In 2013 the Board held 9 meetings with an additional 4 Finance and Audit Committee meetings.

Table 1 details the level of attendance of each Board Member.

Board members	Board Meetings (9)	Finance and Audit Committee Meetings (4)
Ms. Mary Brazil	7	
Ms. Corah Caples	8	
Ms. Rita Hayes	8	4
Mr. John Horan (Chairman)	9	
Mr. Dermot Mullane (Term expired 9/11/2013)	5	4
Mr. Tom Murphy (Term expired 2/06/2013)	4	1
Dr. Sean McCarthy	9	
Ms. Joan Ryan	8	

Overview of 2013

Information Technology (IT) Developments

During 2013 work continued on the system modifications necessary to support the revised Inpatient and Outpatients wait time targets. The IT team worked extensively with the various NTPF operations teams to understand the business needs, integrate with existing systems and implement new solutions to enhance the business processes. In particular we liaised closely with our Performance Improvement Team and our Audit & Quality Assurance Team to design a suite of reports to support their important work.

A project was initiated towards the end of the year on Data Completeness & Data Quality (DCDQ) of hospital waiting lists to monitor compliance and accuracy in this area.

Performance Improvement

2014 National Access Targets

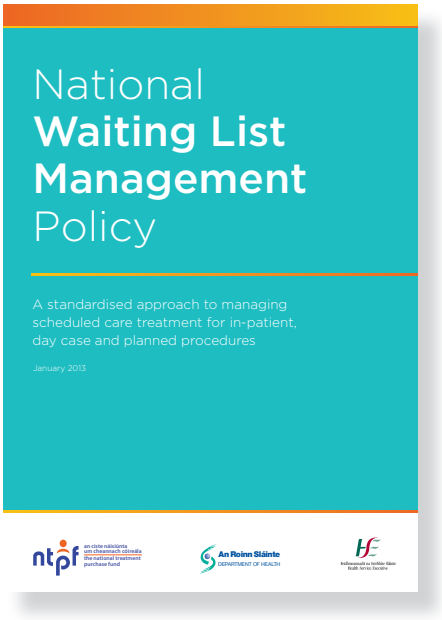
The end of 2013 saw all but two hospitals achieve the access targets as set out in the 2013 HSE Service Plan. In the course of 2013 with the support of the NTPF there was a 98% reduction in the numbers of adults waiting over 8 months for inpatient treatment, a 95% reduction in the number of outpatients waiting over 12 months for treatment, 95% of all children on elective waiting lists were waiting less than 20 weeks and 99% of all patients on a GI Endoscopy waiting list were waiting less than 13 weeks.

Considerable professional and personal effort was required by staff in each of the hospitals to 'reach the target' by year end. Maintaining the national access targets for all patients, at all times, thus ensuring a backlog or queue is not allowed to develop as it has done in the past has been the focus of the work of the Performance Improvement Team in the NTPF. Adopting this proactive approach to performance management will ensure that the system moves away from gruelling initiative based work to sustainable performance improvement.

The Performance Improvement Team in 2013 was made up of Performance Improvement specialists and an administrator. Our methodology has been to work closely with the hospitals, monitoring and analysing waiting lists, ensuring validation and chronological scheduling are being implemented, and supporting hospitals with their individual performance improvement plans.

Waiting List Management Policy

A new Waiting List Management Policy (2013) was published in 2013 to ensure that all administrative, managerial and professional health care staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care, regardless of whether patients are active, suspended, scheduled or planned. The policy describes the essential elements that are fundamental to ensuring there is a consistent structured approach to the management of the waiting list for in-patient, day case and planned procedure patients in hospitals in Ireland.



The priority items for all hospitals include:

- Agreement of a local waiting list management policy
- Include in the policy accountabilities and escalation policies
- Define weekly and monthly KPI's
- Appoint a designated executive lead who will have responsibility for all waiting list staff and booking team(s)
- Implement a training program - audit adherence

Performance Improvement Toolkit for Scheduled Care

During 2013 the Performance Improvement Team implemented various innovative and beneficial ways of improving inpatient waiting lists, such as introducing real capacity planning and a toolkit for performance improvement. The toolkit was developed to support the successful implementation of the Waiting List Management Policy (2013). The Performance Improvement Toolkit for Scheduled Care focuses on the organisational, procedural and operational changes necessary to improve patient experience of scheduled care in Ireland. It provides an organisational assessment tool to enable hospitals to understand their current capabilities and performance (see www.ntpf.ie). It also identifies areas for hospitals to focus on improvements based on the organisational assessment. The toolkit focuses on the organisational and operational changes necessary to improve patient experience of scheduled care.

Included in the toolkit is an organisational assessment tool which will allow hospitals to examine their current capabilities and performance around scheduled care. Key areas include:

- Effective Leadership and Governance
- Gathering and using data and information effectively
- Addressing patient back-log issues and improving scheduled care management processes
- Communicating change to hospital staff and engaging them for sustainable performance improvement. The toolkit is available on the NTPF website.

New website launched

As part of our on-going support to performance improvement reform in hospitals the NTPF re-designed its website in 2013. www.ntpf.ie. The main changes include the publication of monthly reports at hospital and specialty level in-patient, day-case and GI endoscopy waiting list figures and trends. Outpatient waiting time data by hospital also became available. We were also delighted to announce a new section dedicated to innovation and development. The purpose of the innovation and development hub is to provide all health care workers with easy access to training and development guidance in the form of policy documents, toolkits (as described above), technical guidance documents, workshops and much more. The hub brings together in one convenient location, all of the work that has been undertaken in relation to performance improvement by the NTPF/ SDU to hospitals in 2012 and into 2013.

The SDU/NTPF will continue to engage and work closely with all the relevant key stakeholder and the front line staff and senior management within the health system.

Audit and Quality Assurance

Scope and Objectives

On 15th May 2013 the National Director of Acute Hospitals, Mr. Ian Carter commissioned a team from the NTPF led by Liz Lottering to –

1) Audit and quality assure that outpatient data returned to the NTPF by hospitals is complete, accurate and is in compliance to the National Protocol for the Management of Outpatient Services December 2012 and

2) To review key internal practices to establish whether the hospital is maximising appropriate usage of available capacity, particularly in relation to patients experiencing long waiting times for primary attendance.

Methodology and Approach

A high level review of national waiting list information was undertaken to identify key trends in data. The audit sample was selected using light touch review and specialty analysis. 20 hospitals were selected for audit who had recorded the highest volumes of patients waiting over 12 months accounting for 93% of all nationally. The top two specialties in each hospital were selected as a representative sample as these accounted for 51% of the total and in each hospital accounted for between 30% and 100% of the overall total waiting over 12 months.

A set of 14 key controls were developed using the National Protocol for Management of Outpatient Services December 2012. Adherence to controls were tested through high level questionnaires, consultations and interviews with staff, review of sample data on the PAS/HIS (Patient Administration System or Hospital information system) and contact with patients and review of hospital medical notes where necessary.

Each hospital was provided with a detailed report on findings and a tailored management action plan containing timed deliverables to resolve areas within the 14 key controls that were not in compliance. A follow up meeting was arranged with each Chief Executive Officer/General Manager and an agreed action plan was tracked to closure.

Table 1) Key findings of Audit Scope and Objective at Audit

1) 60% of all hospitals tested were not returning complete, accurate data for patients waiting over 12 months that complied with the Protocol of Outpatient Services December 2012. Two key elements were found to have the most impact on the accuracy and completeness of data –
    - Validation
    - Implementation and monitoring of processes in respect of tracking patients to initial attendance, discharge or return on the hospital information system
2) 53% of hospitals tested were not maximising appropriate usage of available capacity particularly in relation to patients experiencing long waiting times for primary attendance. Six key factors were found to have impact on the maximisation of capacity particularly in respect of longest waiters –
    - Lack of consistency in hospital scheduling clinic templates volumes across similar specialties in hospitals.
    - Lack of consistency in new to return ratios across similar specialties in hospitals.
    - Chronological booking not implemented in the majority of hospitals examined.
    - Private patients were evidenced as having attended public hospital clinics in 6 of the 20 hospitals reviewed.
    - Poor implementation of policies around patients not attending (DNA),cancellations (CNA) either by patient or hospital.
    - Lack of governance around hospital cancellation of patients within clinic templates.

Table 2) Key findings Post Implementation of Management Action Plan

1. 95% of hospitals tested were returning complete accurate data for patients waiting over 12 months that complied with the Protocol of Outpatients Services 2012

    Note: The team noted particular concerns in relation to completeness and accuracy of data from Tallaght hospital that as of time of report at end 2013 remained unresolved.
2. 77% of hospitals were maximising appropriate usage of available capacity particularly in relation to patients experiencing long waiting times for primary attendance.

Conclusion

Although significant progress was made in 2013 around the data structure and process surrounding outpatient management by this team and the SDU and the National Outpatient Lead and Regional Co-ordinators the team felt it was imperative that gains that were made in respect of data quality and improvement of process be maintained and expanded upon. The teams end year report for 2013 made a number of recommendations around the maintenance of accurate, reliable and complete outpatient data and supporting governance structures to enable health care professionals to share and learn towards more efficient outpatient management.

Data accuracy and Completeness recommendations

1. It is essential that waiting lists over 3 months are validated at least bi-annually and recorded uniformly on hospital information systems.
2. Hospitals should introduce a clerical training program and training manual to provide clarity to administrative staff on the tracking of patients on the PAS/HIS. An internal audit sampling process should be introduced to identify training needs as required.

Maximisation of usage of available capacity, particularly in relation to patients experiencing long waiting times for primary attendance.

1. The NTPF should expand minimum data sets and data collection to include patients returning for follow up appointments (returns).
2. Initial appointment and return appointment information should be published on an Outpatient performance improvement portal. Clinicians and health care administrators should be able to view information for similar specialties on a hospital by hospital basis for: total clinic volumes, new to return ratios, % of patients triaged as urgent, CNA volumes and DNA volumes. In the United Kingdom there is a National Benchmarker and Assurance Portal. It provides detailed analysis of hospital data to allow local health economies compare themselves against an expected level of activity. www.audit-commission.gov.uk.
3. Private patients who are attending for an initial appointment or return appointment should not be seen in a public clinic as per HSE Guidance to Health Service Management on the treatment of public and private patients 16th September 2009 with the exception of those stated in Section 5 of Department of Health Circular No. 5 of 1991.
4. A quality assurance review of the data returned for inpatient and outpatient waiting lists should be carried out in each hospital on an annual basis or as required by the National Director of Acute Hospitals or the Special Delivery Unit (SDU).

Conclusion

The team would like to express their thanks to all the hospitals reviewed for their professional approach to the reviews and their participation in management action plans to resolve key issues identified.

Finance, Hospital Pricing and Contracting

From a financial perspective the fund continued to operate on a 'money follows the patient' basis. In other words prices for treatments are agreed up front with hospitals. Once appropriate medical documentation is provided payment is then made on a patient-by-patient basis. This approach means there is control and certainty as to the likely financial demands on the fund and allows NTPF, as a purchaser, to compare prices offered by different hospitals for the same treatment.

- €4.9m was incurred in 2013 by NTPF in support of public hospitals reducing waiting times for inpatient & day case elective surgery.

- €4m supported the 2013 provision and maintenance of the national patient treatment register, the development of systems & initiatives in support of the overall health reform programme and responsibilities under the Nursing Homes Support Scheme.

Financial Accounts

The annual financial statements of the NTPF Board are subject to audit by the Office of the Comptroller and Auditor General. Once this audit has been completed in respect of 2013 separate financial statements will be submitted and presented in accordance with Section 11 of the Comptroller and Auditor general (Amendment) Act 1993.

Nursing Homes Support Scheme

NTPF's role in supporting this Scheme is one of negotiating and agreeing prices with private and voluntary nursing home owners. Section 40 of the Nursing Homes Support Scheme Act 2009 sets out that:

"The Minister shall, as soon as is practicable, by notice in writing designate a person to negotiate with persons carrying on the business of a nursing home for the purposes of reaching an agreement referred to in the definition of an approved nursing home."

Sections 40 and 41 of the Nursing Homes Support Scheme Act designated NTPF as that corporate person. The Act also contains a provision concerning examination of records and accounts of participating nursing homes:

"In performing its function the Board may examine the records and accounts of an approved nursing home or of a nursing home the proprietor of which proposes to enter into arrangements under the scheme."

It is important to note that the role is confined to negotiating prices with private and voluntary nursing home proprietors. Administration of the scheme, public nursing home costs, processing of applications and general management of the Fair Deal fund rest with the HSE.

Pricing arrangements with nursing homes that wish to be included in the Nursing Home Support Scheme, are formally committed to writing in a Deed of Agreement between NTPF and the proprietor(s) of the nursing home. Amongst other things the agreement sets out:

- The definition of long term residential care;
- Responsibilities of the contracting parties (the nursing home proprietor and NTPF);
- The agreed price.

NTPF considers pricing proposals of private and voluntary nursing homes under four headings (not in any order of priority):

- Costs reasonably and prudently incurred by the nursing home and evidence of value for money;
- Price(s) previously charged;
- The local market price; and
- Budgetary constraints and the obligation on the State to use available resources in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.

Negotiations are with each nursing home (as opposed to collective negotiations with a representative body). This typically involves a series of contacts and face-to-face meetings with each proprietor.

At the close of 2013 a total of 429 homes had pricing contracts with NTPF and the overall national average price of long term residential care amounted to €888 per week. The equivalent figures for the end of 2012 were €885 for 433 homes.

We will be continuing to ensure that value is achieved for the taxpayer and that the fund made available to Fair Deal is maximized for the benefit of those assessed as being in need of long term residential care.

We wish to acknowledge the professionalism and courtesy shown by nursing home proprietors to our representatives during, sometimes difficult, pricing negotiations and look forward to continue doing business with them in 2014

Analysis of National Outpatient Waiting List by Hospital for December 2013

Months	0 to 3	3 to 6	6 to 12	12 plus	Total
Bantry General Hospital	350	176	61	0	587
Beaumont Hospital	8,401	5,601	5,386	0	19,388
Cappagh National Orthopaedic Hospital	834	575	480	0	1,889
Cavan Monaghan Hospital Group	2,264	1,479	1,574	0	5,317
Children's University Hospital, Temple Street	3,610	2,533	3,122	367	9,632
Connolly Hospital, Blanchardstown	3,670	2,032	2,413	0	8,115
Cork University Hospital	7,035	4,215	4,392	0	15,642
Galway University Hospital	11,039	5,783	7,126	1,540	25,488
Kerry General Hospital	2,379	1,775	1,648	0	5,802
Letterkenny General Hospital	3,767	2,513	3,266	491	10,037
Louth County Hospital	570	372	424	0	1,366
Mallow General Hospital	885	538	242	0	1,665
Mater Misericordiae University Hospital	11,824	6,026	4,809	0	22,659
Mayo General Hospital	2,704	1,024	955	400	5,083
Mercy University Hospital	2,369	1,292	901	0	4,562
Midland Regional Hospital, Mullingar	2,815	1,524	1,389	0	5,728
Midland Regional Hospital, Tullamore	2,715	2,450	3,298	0	8,463
Midland Regional Hospital, Portlaoise	1,425	989	664	0	3,078
Mid-Western Regional Hospital, Dooradoyle	5,438	2,862	2,855	0	11,155
Mid-Western Regional Hospital, Ennis	837	657	769	0	2,263
Mid-Western Regional Hospital, Nenagh	812	366	425	0	1,603
Mid-Western Regional Hospital, Croom	847	573	816	0	2,236
Naas General Hospital	2,083	1,251	1,310	0	4,644
Our Lady of Lourdes Hospital, Drogheda	3,550	1,967	2,349	0	7,866
Our Lady's Children's Hospital, Crumlin	4,388	2,739	3,213	747	11,087
Our Lady's Hospital Navan	1,695	1,014	1,261	0	3,970

Analysis of National Outpatient Waiting List by Hospital for December 2013 (continued)

Months	0 to 3	3 to 6	6 to 12	12 plus	Total
Portiuncula Hospital	1,226	884	782	0	2,892
Roscommon Hospital	787	405	369	312	1,873
Royal Victoria Eye and Ear	2,693	1,727	2,204	0	6,624
Sligo Regional Hospital	3,793	2,183	2,266	359	8,601
South Infirmary – Victoria University Hospital	5,485	3,435	3,806	410	13,136
South Tipperary General Hospital	1,397	461	147	0	2,005
St. Columcille's Hospital	909	498	404	311	2,122
St. James's Hospital	7,027	1,967	667	0	9,661
St. John's Hospital, Limerick	603	310	77	0	990
St. Lukes General Hospital, Kilkenny	1,767	491	430	0	2,688
St. Michaels Hospital, Dun Laoghaire	1,096	629	422	0	2,147
St. Vincent's Hospital	6,389	2,801	1,097	0	10,287
Tallaght Hospital (AMNCH)	7,381	5,794	7,377	0	20,552
Waterford Regional Hospital	5,069	4,045	6,009	0	15,123
Wexford General Hospital	1,499	750	477	0	2,726
Total	**135,427**	**78,706**	**81,682**	**4,937**	**300,752**

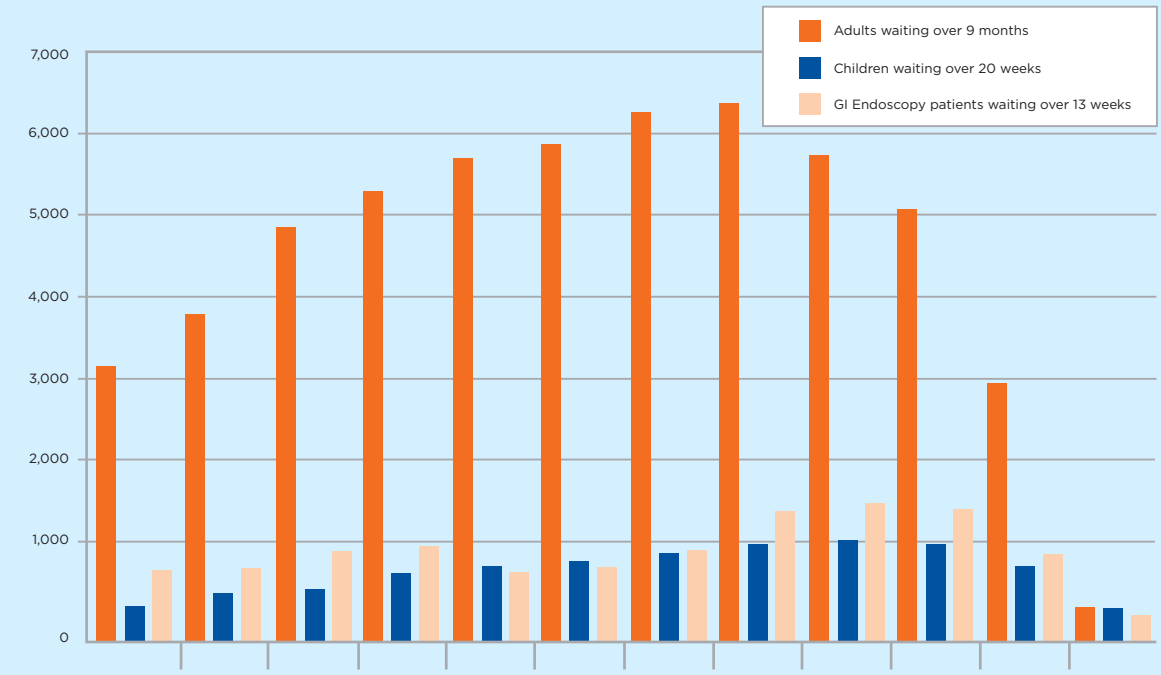
Analysis of National Inpatient and Daycase Waiting List by Hospital for December 2013

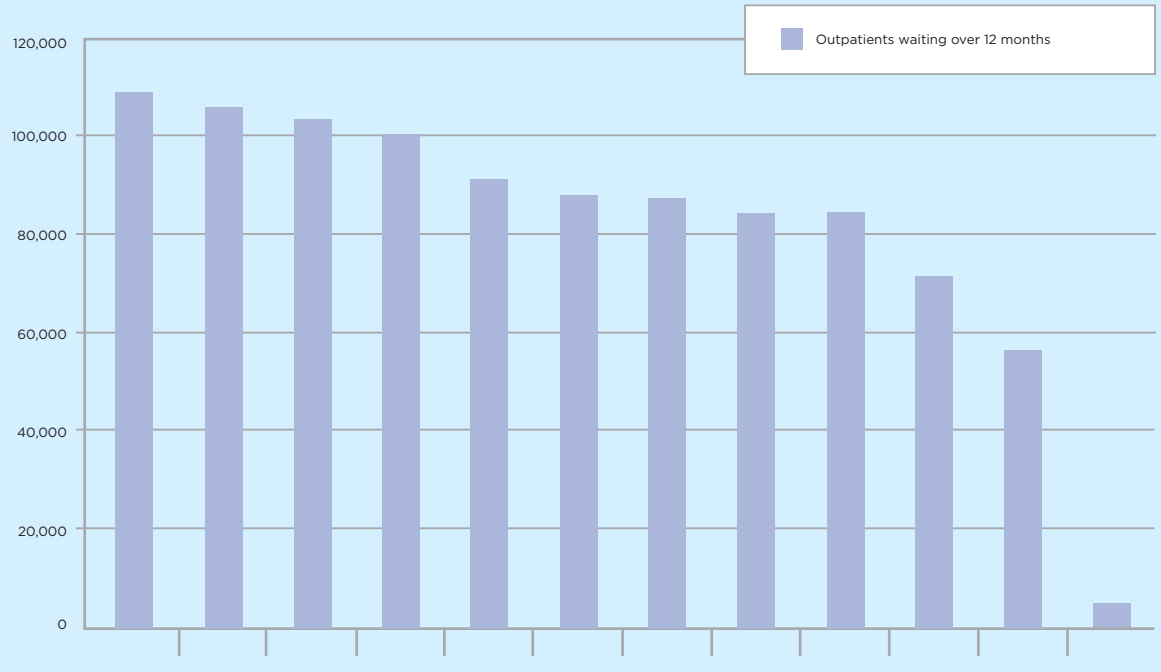
Months	0 to 3	3 to 6	6 to 8	8 – 12	Total
Bantry General Hospital	5	0	0	0	5
Beaumont Hospital	3,131	1,373	552	0	5,056
Cappagh National Orthopaedic Hospital	852	813	146	0	1,811
Cavan Monaghan Hospital Group	917	205	34	0	1,156
Children's University Hospital, Temple Street	326	58	0	0	384
Connolly Hospital, Blanchardstown	748	257	51	0	1,056
Cork University Hospital	1,186	602	278	0	2,066
Galway University Hospital	3,090	1,599	718	0	5,407
Kerry General Hospital	195	28	1	0	224
Letterkenny General Hospital	826	577	305	0	1,708
Lourdes Hospital, Kilcreene	344	63	16	0	423
Louth County Hospital	545	36	1	0	582
Mallow General Hospital	22	6	0	0	28
Mater Misericordiae University Hospital	1,838	1,046	421	0	3,305
Mayo General Hospital	530	285	116	0	931
Mercy University Hospital	891	303	182	0	1,376
Midland Regional Hospital, Mullingar	249	111	31	0	391
Midland Regional Hospital, Portlaoise	218	87	26	0	331
Midland Regional Hospital, Tullamore	1,116	550	117	0	1,783
Mid-Western Regional Hospital, Dooradoyle	1,605	541	149	0	2,295
Mid-Western Regional Hospital, Ennis	549	126	32	0	707
Mid- Western Regional Hospital, Nenagh	354	32	1	0	387
Mid-Western Regional Hospital, Croom	204	26	0	0	230
Naas General Hospital	301	14	5	0	320
Our Lady of Lourdes Hospital, Drogheda	684	158	30	0	872
Our Lady's Children's Hospital, Crumlin	838	225	56	64	1,183

Analysis of National Inpatient and Daycase Waiting List by Hospital for December 2013 (continued)

Months	0 to 3	3 to 6	6 to 8	8 – 12	Total
Our Lady's Hospital Navan	321	53	1	0	375
Portiuncula Hospital	74	36	21	0	131
Roscommon Hospital	581	128	2	0	711
Royal Victoria Eye and Ear	903	459	166	0	1,528
Sligo Regional Hospital	1,287	389	112	0	1,788
South Infirmary – Victoria University Hospital	575	167	44	0	786
South Tipperary General Hospital	332	118	6	0	456
St. Columcille's Hospital	38	4	3	0	45
St. James's Hospital	2,488	1,035	508	4	4,035
St. John's Hospital, Limerick	591	204	62	0	857
St. Lukes General Hospital, Kilkenny	578	252	98	0	928
St. Vincent's Hospital	1,840	361	72	0	2,273
Tallaght Hospital (AMNCH)	1,244	717	262	0	2,223
Waterford Regional Hospital	873	652	388	0	1,913
Wexford General Hospital	554	122	20	0	696
Totals	**33,843**	**13,818**	**5,033**	**68**	**52,762**

Analysis of progress on Targets 2013





an ciste náisiúnta
um cheannach cóireála
the national treatment
purchase fund

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