

# Annual Report 2014

## The National Treatment Purchase Fund

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## Chairman's Statement



John Horan

**This Annual Report outlines the continued redesign of the National Treatment Purchase Fund (NTPF) - moving from treatment commissioner to independent data provider supporting the scheduled care system. The NTPF also continues in its pricing role for the Nursing Homes Support Scheme (NHSS).**

The principle underpinning the Governments Future Health, A Strategic Framework for Reform of the Health Service 2012 – 2015, is equal access to healthcare based on medical need, not income. The NTPF is committed to supporting the Minister for Health in delivering on this principle by providing timely accurate waiting list information that is quality assured and by negotiating maximum prices which the State will pay in respect of residential services under the Nursing Homes Support Scheme.

I was pleased to accept the invitation of the Minister for Health to continue in my role as Chairman of the NTPF in 2014. I take this opportunity to welcome the incoming board members appointed during the year and to thank the outgoing board members for their good work on behalf of the organisation.

I also welcome Jim O'Sullivan as the new Chief Executive of the NTPF. Mr. O'Sullivan is Programme Director in the HSE and now also supports the NTPF in its transformation to its new role. On behalf of the board I also take this opportunity to thank the former Chief Executive, Ian Carter, for all his work and dedication.



While the NTPF has changed significantly in light of the Government policy on health, it continues to play a valuable role in relation to the patient treatment process. The organisation now delivers on its remit through three core functional areas - Data and Analytics, Audit and Quality Assurance and Nursing Home Pricing and Contracting.

- The Data and Analytics team has built on the expertise gained by the NTPF since 2002 on the collection, collation and dissemination of waiting list information. As well as providing the monthly reports published to the website this function is capable of delivering complex “point in time” information to assist the Department of Health and the HSE in Service Planning.
- The Audit and Quality Assurance (AQA) function was established in 2013 informed by concerns around waiting list management in the UK. The objectives of AQA are to ensure that inpatient, daycase and outpatient data is complete and in compliance with national protocols and that hospitals have implemented internal management practices to manage, demand, capacity and productivity ensuring equitable access to treatment for patients on these waiting lists.

- Since 2009 the NTPF has played a vital role in the successful development of the Nursing Home’s Support Scheme (Fair Deal) and has built up a key skill set and expertise in this area. Under Sections 40 and 41 of the NHSS Act the organisation negotiates and agrees prices with private and voluntary nursing home owners. At the close of 2014 a total of 430 nursing homes had pricing contracts with the NTPF and the overall national average price of long term residential care was €893 per week.

I would like to take this opportunity to thank Minister Varadkar for his support and to acknowledge the assistance provided by the Department of Health. Finally, at this time of significant change, 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 aimed at supporting performance improvement in the health service to enable public patients to be treated faster.

John Horan  
Chairman

NTPF was established on an administrative basis in 2002 and thereafter given Statutory Instrument functions under SI 179 (2004)



## Chief Executive's Statement



Jim O'Sullivan

**During 2014, the National Treatment Purchase Fund (NTPF) continued to support the public health system to ensure that the best use is made of available resources and facilities. It proved to be another challenging year for the public health service as it continued to deal with the effects of the recent trend of reduced financial allocations.**

Whilst it is easy to focus attention on the substantial challenges that the health service faces in delivering patient care, it is important not to lose sight of the tremendous effort that is expended in the system by staff at all levels across the span of disciplines that make up the health service work force. During 2014, there were more than 1.2 million attendances at Emergency Departments across the country, almost half a million patients received treatment either on an inpatient or daycase basis and over 3 million patients attended Outpatient departments.

The overarching goal of the National Treatment Purchase Fund when it was established in 2002 was to ensure that patients were treated faster. While the manner in which the NTPF interacts with the system and the delivery model may have changed over the years, we remain firmly focused on the same goal. Since I took over the role of Chief Executive in June 2014, I have been impressed by the enthusiasm of management, staff and Board members as they strive to find ways to enhance the support that the NTPF provides to the health services.

### Supporting Performance Improvement

Timely access to quality health services is a fundamental principle of the health service and this underpins one of the key areas of activity in the NTPF. In this regard, we are an independent provider of data and we work closely with the HSE's Acute Hospital Division. We have also worked closely with the HSE's Special Delivery Unit since its establishment in 2011 to support performance management of the system by providing timely patient level detail for both inpatient and outpatient waiting lists. The NTPF also supports the performance

improvement of the system by auditing hospitals adherence to quality data standard submissions and performance adherence to national protocols in respect of the management of waiting lists.

The strong links that we have fostered allows us to support hospitals on an individual basis to provide them with the particular support that they require. While not directly responsible for the management of waiting lists, the NTPF strives to provide as much support as is possible to ensure that patients do not have to wait any longer than is necessary to receive treatment.

### Waiting Lists

During 2014, the health service continued to grapple with the challenge of treating patients in a timely manner within the resources at its disposal. This is done in the context of guaranteed maximum waiting times for treatment.

In the case of patients requiring admission to hospital these include an 8 month maximum wait time target for adults, a 20 week maximum wait time target for children and a 13 week maximum wait time target for GI endoscopy.

In the case of outpatient departments, the maximum waiting time target for a first outpatient appointment is a 12 month maximum.

Up to the end of 2013, these targets were broadly achieved by the year-end. However during 2014, achievement of these targets proved to be quite problematic for a number of hospitals, particularly in some specialties. Despite the best efforts of all concerned, 15,576 patients did not receive their inpatient and day case treatment within the maximum waiting times. Likewise 61,400 patients did not receive their first outpatient appointment within the targeted time.

In order to address these challenges, the system needs to develop new and innovative ways to ensure that patients can be treated faster and in the most appropriate settings. We, in the NTPF, continue to look at ways in



which we can support the health services in its efforts.

### **Data & Analytics**

The availability of timely and accurate data is central to the management of waiting lists and, in this regard the NTPF plays a pivotal role. Our team of data analysts and IT specialists work closely with each individual hospital across the system to provide them with weekly data in relation to waiting lists and times helping them to ensure that data quality is of the highest standard. Local decision making which is supported by the use of high quality data will be invaluable in improving the patient experience in the public health system. On a weekly basis the team processes 500,000 patient records relating to 42 hospitals and this work supports the integrity of national waiting list data.

### **Audit & Quality Assurance**

The collection, collation and validation of hospital data is vital to ensure equitable access and accurate information in relation to those waiting for treatment in the public health system. The NTPF continues to build capacity within its Audit & Quality Assurance team and has developed an on-going audit programme for hospitals across the system. Its key role relates to ensuring that data being returned in relation to inpatient, day case and outpatient activity is compliant with agreed protocols. The team also reviews internal practices to ensure the maximisation of patient treatment capacity with a view to reducing waiting times.

### **Nursing Homes Support Scheme**

The provision of quality long-stay care for patients is vital in a well-functioning health system and in Ireland private and voluntary nursing home providers play a key role. Since the establishment of the Nursing Homes Support Scheme (Fair Deal), the specialist team in the NTPF plays a key role in the price negotiation and agreement process which is underpinned by legislation. At the end of 2014, agreements were in place with 430 nursing homes and these agreements are vital to ensuring that the best value possible is achieved so that the maximum number of

people requiring long-stay care can benefit from the Fair Deal allocation.

### **Board Membership**

The term of office of the NTPF Board expired during the year with a new Board being appointed by the Minister for Health in February 2014. I would like to acknowledge the significant contribution that the outgoing members made during their time in office and I look forward to working with the new board to build on the legacy of their predecessors. We are fortunate that the Chairman was asked to continue to chair the incoming board and the continuity of his knowledge and experience will be invaluable. The Board is anxious to play a key role in supporting the health service and I look forward to working with them and receiving their strategic input to help achieve this.

### **Conclusion**

As we face into another challenging year in terms of delivering on maximum wait times, I am encouraged by the enthusiasm of all those involved. However, the upward trend in waiting list numbers particularly for those waiting longest for treatment is a cause for concern. In this regard, the public health service needs to refocus its efforts on reducing long waiting lists and on the achievement of agreed targets. I can assure you that the NTPF will do all that it can to support these efforts in any manner that will assist with the delivery of these necessary improvements.

Finally, I want to express my appreciation to the Board and staff of the NTPF. I am also conscious that the health system is currently undergoing a fundamental process of reform and transformation in line with Government priorities as set out in Future Health: A Strategic Framework for Reform of the Health Service 2012-2015. In particular, the structural reform element of the programme will undoubtedly have implications for the way in which services are delivered. In conjunction with the Board, I look forward to ensuring that the expertise built up within the NTPF is deployed in the best way to ensure that patients are treated as quickly as possible.



### Members of the Board

The NTPF is a corporate body with key functions and responsibilities set out under Statutory Instrument 179 – National Treatment Purchase Fund (Establishment) Order (2004), the Nursing Homes Support Scheme Act 2009 and additional functions as set out under section 4.1 by the Minister for Health.

In accordance with Section 5 of this establishment order a new board was appointed by the Minister for Health on the 28th February 2014.

### National Treatment Purchase Fund Board



Mr. John Horan  
Chairman



Ms. Sheila Bailey



Ms. Bernadette Costello



Mr. Patrick Gibbons



Mr. James Melly



Dr. Terry McWade



Mr. Brendan O'Donoghue



Dr. Jack Nagle



Ms. Ann Marie Taylor



The key corporate governance functions of the board under statutory instrument and as assigned under section 4.1 are 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 its own initiative, advice to the Minister on issues relating to its functions under this Article.
4. To develop an outpatient waiting list register.
5. 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.

6. To develop and implement schemes to support and facilitate the gradual reduction in maximum outpatient first appointment waiting times.

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).

### Board Meetings and Attendance

The initial meeting of the newly appointed board of the National Treatment Purchase Fund took place on 2nd April 2014. This board subsequently met on an additional 8 occasions in 2014. This included a focused Corporate Governance and Risk strategy workshop day.

Two committees have been appointed to assist and advise the board in carrying out its functions - The Finance and Audit Committee and the Strategy Committee. The Finance and Audit Committee met on 3 occasions in 2014 and the Strategy Committee met on 6 occasions.

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

Board members	Board Meetings (8)	Finance and Audit Committee meetings (3)	Strategy Committee meetings (6)
Mr. John Horan (Board Chairman)	8	-	-
Mrs. Sheila Bailey	7	-	5
Ms. Bernadette Costello	7	3	-
Mr. Patrick Gibbons	8	3	-
Mr. James Melly	7	-	6
Dr. Jack Nagle (Strategy Committee Chairman)	8	-	6
Mr. Brendan O'Donoghue	7	1*	-
Dr. Terence McWade (Finance and Audit Committee Chairman)	8	3	-
Ms. Anne-Marie Taylor	7	-	6

\*Mr. Brendan O'Donoghue was appointed to committee on 24th June 2014



## Overview of 2014



Brian Parsons

### Information Technology (IT) Developments

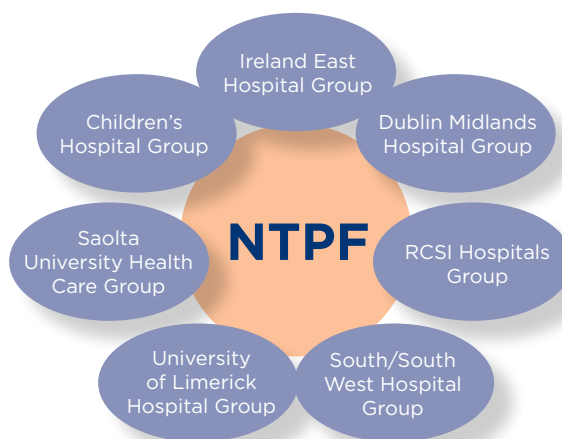
During 2014 work continued on the Data Completeness & Data Quality (DCDQ) of hospital waiting lists to monitor compliance and accuracy in this area. The IT team worked closely with hospital staff in analysing the data, providing detailed breakdown of content, engaging in data awareness sessions and facilitating collaboration workshops between the various stakeholders. This has resulted in various workflow & process improvements at hospital/group level and increased confidence & reliance on data at national level. Work will continue on this throughout 2015.

The change of Minister for Health during 2014 saw a refocus in the effort to deal with those longest waiting. The IT team was in a position to respond to data requests in a timely, efficient and relevant manner to the numerous stakeholders.

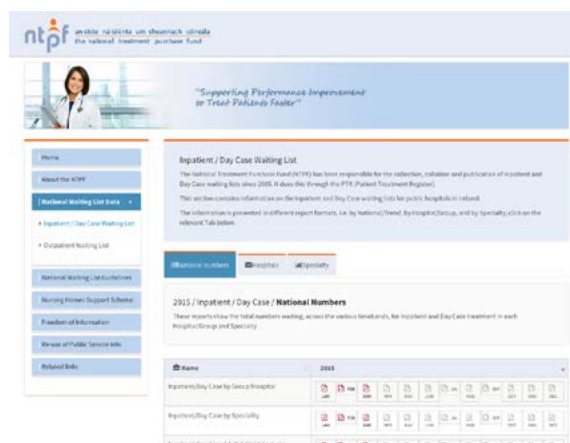
The number, complexity and frequency of report requests continued to grow during 2014, most notably as a result of a number of factors, e.g. the increased focus on targeted waiters (Adult, Child, GI Scope), demand & capacity analysis, outpatient to inpatient conversion, chronological scheduling, targeted clearance dates etc. The increasing dependence on the NTPF for timely, quality and accurate data underpins the focus on the DCDQ project as outlined above.

At end of 2014 the NTPF Board gave a commitment to publish the waiting list numbers at month-end, as soon as numbers are available. This commenced from January 2015.

### Waiting List data is received from 42 hospitals, across seven Hospital Groups, in 2014



### NTPF MONTHLY WAITING LIST PUBLICATION





## Liz Lottering



### Audit and Quality Assurance

The Audit and Quality Assurance Function (AQA) within the NTPF was established in May 2013 informed by concerns around waiting list management in the UK. Its establishment is underpinned by the NTPF's statutory instrument which states that the NTPF has responsibility – "to collect, collate and validate information in relation to persons waiting for hospital treatment and to put in place information systems for that purpose". Its role and function is also supported through the national policy for "Accessing, Outpatient, Inpatient and Day Case Services in Acute Hospitals in Ireland" (2014).

The overall objectives of this function are:

1. To ensure that hospitals are returning complete, accurate, validated patient information for inpatient and outpatient waiting lists.
2. To ensure that hospitals have implemented key internal management practices to manage demand, capacity and productivity ensuring equitable access to treatment for patients on inpatient and outpatient waiting list.

The AQA team utilises a facilitative audit model which includes;

1. High level risk rating and review of hospitals
2. Pre-defined selection criteria of hospitals most judged to be at risk
3. Execution and reporting of site audit and quality assurance reports that include remedial management action plans
4. Continuous monitoring, reporting and closure of open items on hospital management action remedial plans.

A combined risk review defined 25 hospitals for selection including 4 hospitals randomly selected for audit in calendar year 1st April 2014 to the 1st April 2015. As at the end December 2014 all but five reports and

remedial action plans had been agreed with hospitals for delivery over 2014 and in the first half of 2015.

Interim results of hospitals tested up to end of December 2014 have identified limited compliance in hospitals to required waiting list data submissions and national protocols for the management of inpatient and outpatient waiting lists. This is with the exception of two hospitals who were compliant across the majority of controls tested.

Particularly significant findings were evidenced around the adherence to data submissions and protocols for Inpatients and Day case waiting list management;

1. 70% of hospitals tested were not returning required details of all waiting lists.
2. 93% of hospitals tested were not managing patients who failed to attend for admission (DNA) or patients who cancelled scheduled dates (CNA) for admission in line with required data submissions or national protocols.
3. 75% of hospitals tested had not implemented a validation programme as prescribed by the national protocol.
4. 75% of hospitals tested had not implemented demand capacity planning analyses.
5. 80% of hospitals tested had significant triage variations to national averages within significant volumes of tested specialties.
6. 75% of hospitals tested had not implemented chronological scheduling i.e. patients were not booked in turn once urgency was taken into account.
7. 90% of hospitals were not managing the treatment of planned procedure patients within appropriate times (planned procedures are those patients who are



waiting to be recalled for a further stage in their course of treatment or surgical investigation within specific timescales).

8. 80% of hospitals were not adhering to prescribed processes in respect of suspensions (suspended patients are those patients who have received an offer of treatment but have either been unable to proceed because they are not well enough or have chosen to delay treatment for personal reasons).

Marginally less significant findings were evidenced around the adherence to data submissions and protocols for outpatient waiting lists but in the overall context were still evidenced as requiring remedial action ;

1. 20% of hospitals tested were not returning required details of all waiting lists.
2. 55% of hospitals tested were not managing patients who failed to attend for attendance (DNA) or patients who cancelled scheduled dates (CNA) for appointments in line with required data submissions or national protocols.
3. 95% of hospitals tested had not implemented a validation programme as prescribed by the national protocol.
4. 55% of hospitals tested had not implemented a demand, productivity and capacity planning analysis.
5. 80% of hospitals tested had significant triage variations to national averages within significant volume of tested specialties.
6. 80% of hospitals tested had new to return ratios above national targets.
7. 75% of hospitals had not implemented required processes to minimise the cancellation of patients attending outpatient clinics.

8. 40% of hospitals had not implemented chronological booking i.e. patients were not booked in turn once urgency was taken into account.

### Remedial Action Plans

As part of the Audit and Quality Assurance report each hospital receives and agrees to implement a remedial action plan with timed deliverables to deliver on non-compliance issues. Each item is tracked to closure by the NTPF and progress is reported on a monthly basis to the national leads for outpatient and inpatient performance improvement, the National Director of Acute Hospitals and the National Director of Quality Assurance and Verification.

### Conclusion

The team would like to express their thanks to all the hospitals reviewed for both their professional approach to the audits and their participation in the remedial management action plans. We look forward to continued remedial progress and engagement with hospitals.





## Finance

From a financial perspective funds allocated to NTPF in 2014 were disbursed as follows:

- €4m supported the 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.
- €1m was allocated in 2014 by NTPF with agreement of the Department of Health to provide some limited support to public hospitals in order to reduce waiting times.

## 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 2014 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 a supporting one, focused only on negotiating prices with private and voluntary nursing home proprietors. Administration of the wider 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 Homes 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 those agreements set 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 2014 a total of 430 homes had pricing contracts with NTPF and the overall national average price of long term residential care amounted to €893 per week. The equivalent figures for the end of 2013 were €888 for 429 homes.

We will be continuing to ensure that value is achieved for the taxpayer and that the fund made available to Fair Deal is maximised 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 2015.



## National Outpatient Waiting List - December 2014

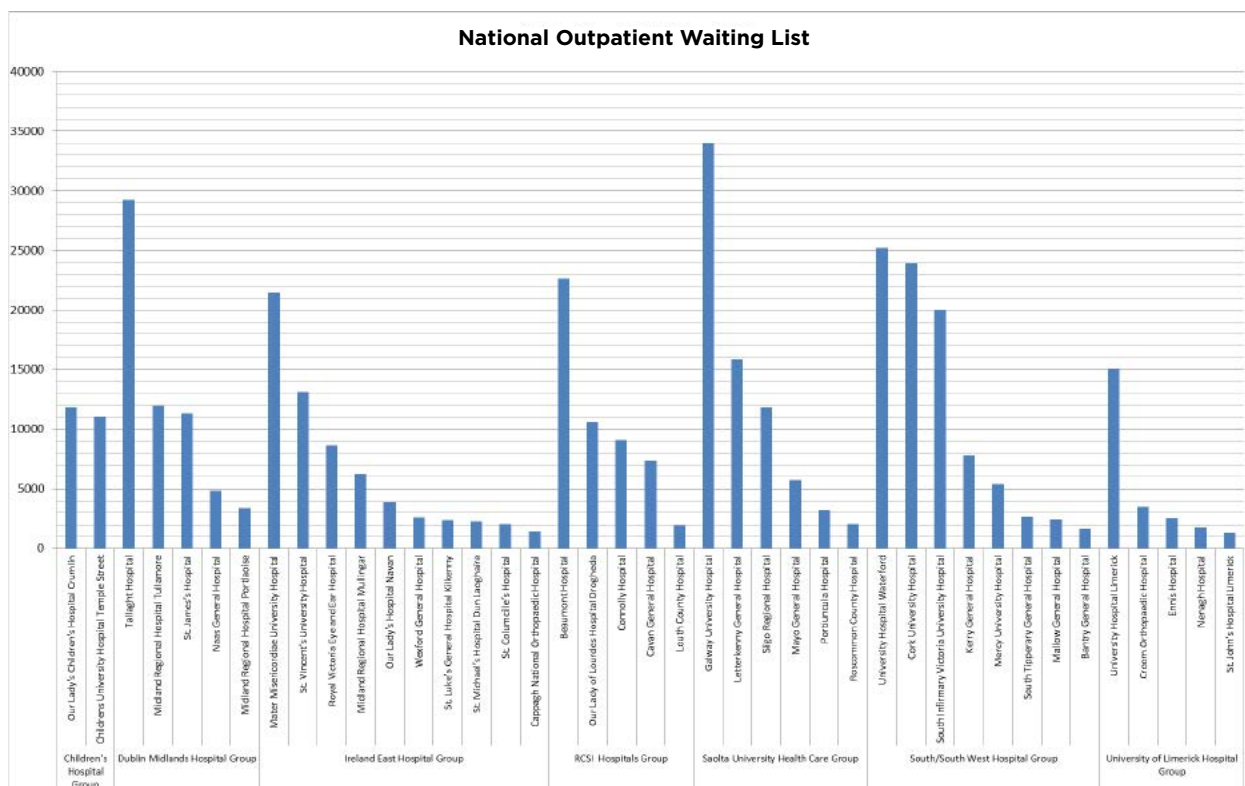
Group	% of Waiting List	Hospital	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12+ Months	Grand Total
Children's Hospital Group	6%	Childrens University Hospital Temple Street	3924	2575	1903	1063	1573	11038
		Our Lady's Children's Hospital Crumlin	4860	2574	2153	1203	1059	11849
Dublin Midlands Hospital Group	16%	Midland Regional Hospital Portlaoise	864	928	790	384	432	3398
		Midland Regional Hospital Tullamore	3153	2388	2429	1589	2475	12034
		Naas General Hospital	2047	1092	856	503	383	4881
		St. James's Hospital	6876	2479	1265	514	203	11337
		Tallaght Hospital	7555	5588	4526	3342	8244	29255
Ireland East Hospital Group	17%	Cappagh National Orthopaedic Hospital	572	375	334	158	0	1439
		Mater Misericordiae University Hospital	9965	5262	3027	1561	1676	21491
		Midland Regional Hospital Mullingar	2987	1580	789	387	525	6268
		Our Lady's Hospital Navan	1878	1143	586	263	32	3902
		Royal Victoria Eye and Ear Hospital	2215	1592	1130	1072	2623	8632
		St. Columcille's Hospital	841	413	370	156	313	2093
		St. Luke's General Hospital Kilkenny	1499	438	253	161	50	2401
		St. Michael's Hospital Dun Laoghaire	1208	557	311	170	35	2281
		St. Vincent's University Hospital	7092	3687	1580	662	132	13153
RCSI Hospitals Group	13%	Wexford General Hospital	1453	547	378	190	15	2583
		Beaumont Hospital	8624	5193	4141	2479	2156	22593
		Cavan General Hospital	2464	1792	1363	855	885	7359
		Connolly Hospital	4024	1880	1563	1010	655	9132
		Louth County Hospital	1051	480	288	124	38	1981
Saolta University Health Care Group	19%	Our Lady of Lourdes Hospital Drogheda	3942	2733	2237	1247	439	10598
		Galway University Hospital	12096	6222	4486	4094	7110	34008
		Letterkenny General Hospital	3969	2818	2444	1944	4724	15899
		Mayo General Hospital	2657	836	691	473	1077	5734
		Portiuncula Hospital	1236	766	584	260	379	3225
		Roscommon County Hospital	910	368	241	187	343	2049
South/South West Hospital Group	23%	Sligo Regional Hospital	4040	2385	1836	1244	2342	11847
		Bantry General Hospital	942	535	114	39	0	1630
		Cork University Hospital	7963	4852	3533	2415	5136	23899
		Kerry General Hospital	2688	1956	1483	798	917	7842
		Mallow General Hospital	1037	548	354	223	264	2426
		Mercy University Hospital	2308	1216	936	499	466	5425
		South Infirmary Victoria University Hospital	6403	3943	3109	2081	4476	20012
		South Tipperary General Hospital	1353	799	358	117	25	2652
University of Limerick Hospital Group	6%	University Hospital Waterford	5798	4169	3763	3348	8129	25207
		Croom Orthopaedic Hospital	1172	860	650	470	346	3498
		Ennis Hospital	875	586	565	414	133	2573
		Nenagh Hospital	905	308	218	146	171	1748
		St. John's Hospital Limerick	898	296	135	8	0	1337
University Hospital Limerick			6206	3284	2621	1542	1419	15072
Grand Total			142550	82043	60393	39395	61400	385781



## National Inpatient and Day Case Waiting List - December 2014

Group	% of Waiting List	Hospital	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12+ Months	Grand Total
Children's Hospital Group	4%	Childrens University Hospital Temple Street	324	115	33	3	1	476
		Our Lady's Children's Hospital Crumlin	984	534	360	175	250	2303
Dublin Midlands Hospital Group	19%	Midland Regional Hospital Portlaoise	258	87	41	24	17	427
		Midland Regional Hospital Tullamore	1068	598	410	335	183	2594
		Naas General Hospital	791	385	266	115	0	1557
		St. James's Hospital	1566	1003	828	571	597	4565
		Tallaght Hospital	1837	1249	922	571	441	5020
Ireland East Hospital Group	19%	Cappagh National Orthopaedic Hospital	774	845	657	335	152	2763
		Mater Misericordiae University Hospital	1916	1151	968	706	767	5508
		Midland Regional Hospital Mullingar	302	54	27	12	23	418
		Our Lady's Hospital Navan	271	91	18	0	0	380
		Royal Victoria Eye and Ear Hospital	834	527	358	190	153	2062
		St. Columcille's Hospital	63	9	4	0	0	76
		St. Luke's General Hospital Kilkenny	690	243	62	52	36	1083
		St. Vincent's University Hospital	1043	417	246	165	52	1923
RCSI Hospitals Group	18%	Wexford General Hospital	457	141	6	0	0	604
		Beaumont Hospital	2946	2111	1688	760	1026	8531
		Cavan General Hospital	838	121	106	81	176	1322
		Connolly Hospital	851	408	166	16	0	1441
		Louth County Hospital	556	66	14	0	0	636
Saolta University Health Care Group	19%	Our Lady of Lourdes Hospital Drogheda	688	306	224	224	17	1459
		Galway University Hospital	3185	2222	1609	884	785	8685
		Letterkenny General Hospital	1073	578	327	121	6	2105
		Mayo General Hospital	673	365	88	13	0	1139
		Portiuncula Hospital	119	51	4	1	1	176
		Roscommon County Hospital	510	235	68	3	0	816
South/South West Hospital Group	14%	Sligo Regional Hospital	1335	402	153	9	3	1902
		Bantry General Hospital	15	1	0	0	0	16
		Cork University Hospital	720	299	216	192	202	1629
		Kerry General Hospital	557	76	39	16	0	688
		Lourdes Orthopaedic Hospital Kilcreene	219	35	10	29	12	305
		Mallow General Hospital	32		4	2	1	39
		Mercy University Hospital	974	514	256	107	103	1954
		South Infirmary Victoria University Hospital	952	308	254	128	72	1714
		South Tipperary General Hospital	323	68	7	2	0	400
University of Limerick Hospital Group	7%	University Hospital Waterford	1491	1157	807	542	209	4206
		Croom Orthopaedic Hospital	214	10	0	0	0	224
		Ennis Hospital	477	127	136	74	59	873
		Nenagh Hospital	452	115	62	11	0	640
		St. John's Hospital Limerick	697	205	97	38	1	1038
University Hospital Limerick			1474	428	238	178	68	2386
Grand Total			34549	17657	11779	6685	5413	76083





### National Outpatient Waiting List at Hospital Group Level

