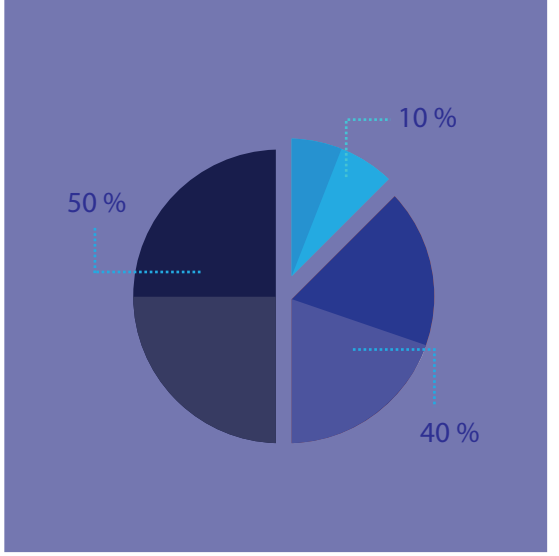
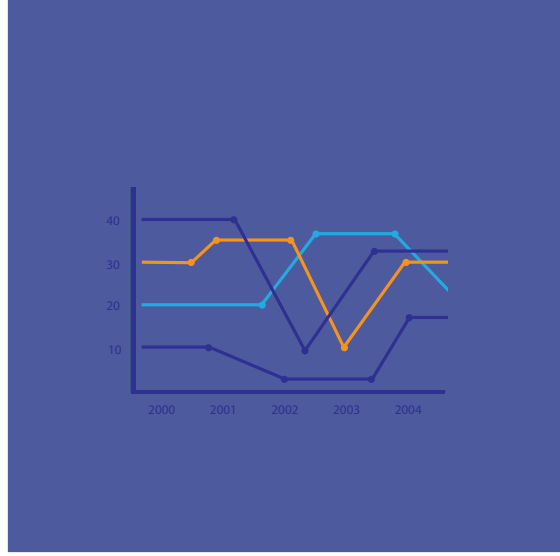
Annual Report 2015
The National Treatment Purchase Fund





Chairman's Statement | 01

Chief Executive's Statement | 02

Corporate Governance | 05

Overview of 2015 | 09

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an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

Chairman's Statement

On behalf of the National Treatment Purchase Fund Board (NTPF), I am pleased to present the 2015 Annual Report.

John Horan
Chairman

The NTPF is supporting the Government's Healthy Ireland project – A Framework for Improved Health and Wellbeing 2013 – 2025. The NTPF is particularly focused on the goals of equity and fairness for patients in the Irish healthcare system and has aligned its operations with the Healthy Ireland principles of better support systems for healthcare, better use of evidence, better measurement and optimal evaluation.

The NTPF's commitment to supporting the Government and Minister for Health in the delivery of these goals is conveyed through the provision of national waiting list information that is timely, audited and quality assured and the negotiation of maximum prices which the State will pay in respect of residential services under the Nursing Homes Support Scheme.

Whilst the NTPF's principal role has moved from treatment commissioner to independent data provider - and while also recognising the changes underway in the broader healthcare system – the NTPF continues to play a vital role in supporting the scheduled care system and has a key pricing role in the Nursing Homes Support Scheme (Fair Deal). It now has three dynamic functional areas - Information Technology, Audit and Quality Assurance and Finance and Nursing Home Pricing.

In supporting the technological infrastructure of the NTPF, Data and Analytics is the critical hub of the Information Technology Department. All acute public hospitals submit weekly extracts through encrypted software to the NTPF containing scheduled care waiting list information for inpatient, daycases, planned admissions and outpatients. Approximately half a million records are analysed on a weekly basis providing the scheduled care operational and planning system with approximately 800 supporting reports. The NTPF is also an independent publisher of monthly waiting list analytics to the wider public system.

The Audit and Quality Assurance Department has audited 35 hospitals since January 2014 in respect of compliance with data standards, compliance with operational standards and in respect of optimal usage of capacity and principles of equitable access. The Audit team is now represented in an advisory capacity on both the new National Endoscopy Working Group and the Speech and Language National Service Review Group.

The Finance Department disbursed a total of €12 million in 2015. In the main these funds were used on behalf of the HSE to support public hospitals to reach their waiting list targets. Support was also provided to public hospitals with longest waiting lists for endoscopy procedures. Finally, the balance was used for the development of systems and initiatives in support of the overall health reform programme and NTPF's responsibilities under the Nursing Home Scheme. In addition to these activities, a total of 433 nursing homes agreed pricing contracts with the NTPF.

Through our involvement in the important work described here, the NTPF Board and executive are fully cognisant of the issue of long waiting times in the Irish hospital system and are committed to continuing to support the Minister, the Department and those involved in the healthcare delivery system in programmes that will facilitate the reduction of waiting times. Looking ahead therefore – and in the context of the broader reform of the health service – ensuring that the depth of expertise and skills available in the organisation is utilised to maximum effect is our key objective. The preparatory work carried out in the past twelve months has positioned the organisation to take on more new tasks which we have identified and which we believe could make further significant contributions which will be in the best interests of patients in the healthcare system.

I would like to take this opportunity to thank Minister Varadkar for his support and to acknowledge the assistance of the Department of Health. Finally to my colleagues on the Board and to the executive team of the NTPF my sincere thanks for your commitment, diligence and can-do attitude, in the delivery of a busy programme of important activities in 2015 and in preparing the organisation for such further roles as it may be required to play in the months and years ahead.

Chief Executive's Statement

Jim O'Sullivan
Chief Executive

Introduction

The National Treatment Purchase Fund (NTPF) continued to play a key role during 2015 in assisting the health system to treat patients faster. This takes the form of a range of services and initiatives designed to help hospitals within the public system to make the best use of the resources at their disposal to focus on their patients. While it is acknowledged that there has been a loosening in the requirement for year on year reductions in the health allocation, there are undoubtedly many challenges to be faced, particularly in the context of budget reductions over a sustained period. These challenges were very evident during the year with ever increasing demand for services and with the higher expectation of the public.

During 2015 we saw Emergency Department attendances climb to 1.1 million. The number of patients who received treatment either on an Inpatient or Day Case basis grew to over 1.5 million and there were 3.3 million attendances for Outpatient appointments during the year. These numbers provide evidence of the huge efforts of staff right across the full range of health disciplines, something that we can all be rightfully proud of.

From its establishment in 2002 and ever since, the overriding mission of the National Treatment Purchase Fund has been to ensure that patients presenting for services are treated as quickly as possible. This is despite the fact that there have been many changes in the way in which we have operated and interacted with the system. This is my second Annual Report as Chief Executive and I am really pleased at the way in which we are collaborating with individual hospitals and with the HSE as well as forging strong relationships with the Department of Health. I believe that the hard work and dedication of the staff and Board members of the NTPF is contributing in a very positive way to the wider health system.

Delivering More Services

During 2015, the NTPF Board wished to explore ways in which it could maximise the level of assistance that it provides to the Department of Health, the HSE and the wider hospital system. A Strategy Committee of the Board was established to look specifically at a range of strategic options that could be explored. There has been significant engagement with the Department of Health and we have received positive feedback on a number of proposed areas where we can expand and develop the range of services provided and where we can leverage our existing knowledge and experience to provide additional support to the system. I look forward to developing these areas during the coming year.

Supporting Performance Improvement

While the NTPF does not carry responsibility for performance management of waiting lists, we continue to play a key role in promoting and facilitating timely access to services which are of the highest possible standard.

We do this on a number of different fronts and through a combination of close working with the HSE's Acute Hospital Division to provide both In-patient and Outpatient waiting lists on an individual patient level in a manner that is timely enough to support system-wide performance management.

We take pride in the relationships that we have forged over the years and we are constantly looking for ways to strengthen these with a view to providing additional support where possible so that patients are not waiting any longer than is necessary for scheduled care.

Our role as an independent provider of waiting list data is further validated through our Audit and Quality Assurance activities to ensure that hospitals are adhering to the highest standards of quality in relation to data being submitted and that there is compliance with the relevant national protocols on waiting list management.

Waiting Lists

As in recent years, there were significant challenges for the health service in delivering treatment within planned timelines in the areas of Day Cases, Inpatients and on an Outpatient basis. While the HSE's Service Plan targets for waiting times remained the same - i.e. Inpatient and Day Case waits for Adults of less than 8 months and Children less than 20 weeks and Outpatients to wait less than a year for first appointment - there were significant challenges in achieving these during 2015 with overall numbers waiting increasing year on year.

A range of targeted initiatives had broadly ensured achievement of waiting list targets up to the end of 2013 but the position deteriorated in a number of hospitals during 2014. This trend continued into 2015 with a number of hospitals facing significant challenges, particularly in some specialties. This was a cause for concern which needed to be addressed.

In light of this challenging trend, in January 2015, the Minister for Health announced the introduction of maximum permissible waiting times for Inpatient / Day Case treatment and outpatient appointments of 18 months by 30 June 2015 and 15 months by 31 December 2015. Additional funding was made available to facilitate referring patients to private hospitals for treatment where they had or were about to breach these maximum allowable times.

On foot of a public procurement process, the HSE agreed prices and volumes with private hospitals for a wide-range of Inpatient and Day Case treatments and Outpatient consultations. In order to manage this process, the NTPF reached an agreement with the HSE whereby we were responsible for the provision of a validation and payment service to the private hospitals thus ensuring that this initiative was managed in the most cost effective manner.

This initiative resulted in the treatment of over 19,836 patients and significantly reduced the number of patients waiting excessively long periods for treatment. The overall success rate against the 18 month maximum at the year-end was 95% in the case of Inpatient and Day Cases and 93% in relation to Outpatients. While there is no room for complacency in relation to managing long-waiters, these results are encouraging.

During the year, the NTPF became concerned in relation to the number of patients experiencing long waits for GI Endoscopy appointments particularly in a small number of hospitals where patients were experiencing waiting times in excess of 12 months for a procedure. With the approval of the Department of Health and in co-operation with the HSE and a number of individual hospitals, the NTPF was able to use developmental funds to oversee the validation of waiting lists and commission private hospitals to treat patients waiting over 12 months.

I am pleased that this initiative proved to be a success with the list of those waiting over 12 months cleared with the exception of a number of patients who opted to remain on the public waiting list and a small number of patients who were not clinically suitable for transfer. The ever increasing number of patients being referred for GI Endoscopy remains a cause for concern and we look forward to collaborating with the HSE on a number of initiatives focused on this area.

The public health system will undoubtedly face significant challenges in the coming year particularly in terms of the increasing numbers presenting for treatment across all hospitals. The NTPF is conscious of the pivotal role that it plays in providing timely information for management purposes. In addition there are other ways in which we can support the delivery system and we look forward to even closer collaboration in the year ahead.

Data & Analytics

A key element of the work carried out in the NTPF relates to the areas of Data and Analytics. Our team continues to work closely with individual hospitals to provide them with timely and accurate data to assist them with the management of their waiting lists. We continue to process data from each hospital across the system on a weekly basis to ensure that hospital management have quality data to assist them with the local decision making process concerning waiting lists.

We also work closely with the Department of Health and the HSE's Acute Hospital Division in relation to the provision of system-wide data to inform key policy and operational decisions. During the year we developed a Data Awareness service where hospital staff involved in patient administration receive hands-on training in relation to data management to ensure that hospitals get the most from their patient-administration systems. This area of activity yields great benefits in terms of better patient management.

Early publication of accurate waiting list data is vital to ensure that the necessary management actions are taken as soon as possible. To this end, the NTPF initiated a new regime whereby monthly waiting lists by hospital and by specialty are published on the internet within a week of the end of the month. This development has been widely welcomed by members of the media, academics and the public who have an interest in waiting times.

During 2016 we will look at broadening the scope of our Data and Analytics offering and, in particular looking at the development of local demand and capacity management tools that can be used in individual hospitals to better manage patient flow and treatment. We have also developed plans to work with the HSE to develop waiting lists for diagnostic services across the system using the knowledge and experience we have gained over the past fourteen years. It is planned to begin publishing this material during the coming year.

Audit & Quality Assurance

One of the key roles of the NTPF is the collection, collation and validation of hospital data which is vital to ensure equitable access and accurate information in relation to those waiting for treatment in the public health system. In this regard, our Audit & Quality Assurance team continues to deliver an on-going system wide audit programme. We pride ourselves in the independent role we play in relation to ensuring that all data being submitted by hospitals for performance management purposes meets the required standards and complies with all relevant protocols which are based on international best practice.

In this regard, we continue to work closely with hospitals to provide the necessary support to them to ensure that their data meets the appropriate standards. This involves developing corrective actions where required and following up to ensure progress with implementation.

In terms of developing this function in the coming year, we have a strategic plan to develop technical guidance for hospitals to ensure that they can achieve the highest standards of data quality and practice.

Nursing Home Support Scheme

The private and voluntary sector plays a pivotal role in the provision of quality long-stay residential care for patients across the country. The Nursing Home Support Scheme (Fair Deal) provides the system whereby those in need of long stay care have access in an affordable and timely manner to facilities that meet their care needs. Since the inception of Fair Deal in 2009, the NTPF has played a key role in the price negotiation and agreement process as provided for in legislation. At the end of 2015, we had successfully concluded agreements with 433 nursing homes. We are conscious of how important these agreements are in terms of achieving the best value possible and maximising the number of people who can benefit from the scheme.

In this regard, we will continue to explore ways in which the experience of the NTPF in relation to the pricing of long-term residential care could be leveraged to support the development of pricing mechanisms for other areas of health care.

The NTPF welcomed the publication in 2015 of the Department of Health Review of the Nursing Home Support Scheme (Fair Deal). The review was very positive in relation to the valuable role that the NTPF has played in introducing and managing a pricing system for long-term residential care. One of the recommendations of the review is that the NTPF conduct a review of the current approach to setting nursing home prices for long term residential care. This review will commence early in 2016 with a view to having the work substantially concluded before the year-end.

Governance & Board Membership

This is the second annual report to be published during the office of the current Board who commenced in February 2014. During the year the Board worked tirelessly to provide as much support and guidance that it could to enable the organisation to provide as much support as possible to the health service to ensure that patients are treated as quickly as possible.

I would like to express my gratitude to the Chairman and to each and every Board member for their contribution during the year. Their support enables myself and my colleagues to maximise the impact that we can have on the health system. I would also like to acknowledge the invaluable work carried out by the two Committees of the Board, namely Audit & Risk Committee and Strategy Committee and to their respective Chairs. Their work ensures that the widest possible range of material is covered by the Board.

It is acknowledged that the health service is undergoing a massive reform and transformation journey at present. This means that there will inevitably be a period of uncertainty for agencies in the health sector. While it is acknowledged that the longer-term future of the NTPF can only be considered in the context of the wider health reform programme, there are significant opportunities for the NTPF in the short and medium term.

Based on our discussions with the Department of Health, I look forward to commencing a number of initiatives during the coming year through which the NTPF can make a bigger impact on ensuring that patients are treated faster.

Conclusion

The past year has been a challenging year for the public health system and for all agencies working within this sphere. However, I believe that out of these challenges there have been a wide range of positive developments. In particular, I have been really impressed with the way in which the staff of the NTPF has risen to the challenge and for this I want to thank them. I look forward to working with them in 2016 to build on the achievements of the past year.

Corporate Governance

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 Homes Support Scheme act No 1 and additional functions as set out under section 4.1 by the Minister for Health.

Key functions for 2015 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 its 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 an Outpatient waiting list register;

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

7. To support measures to facilitate improved patient experience time and performance in hospital emergency departments through targeted programmes of support.

Membership of the Board

John Horan
Chairman

John Horan (Chairman)
John Horan was appointed as Chairman of the NTPF in 2010, having been a Director and Chairman of the Finance and Audit Committee.

He served previously in a variety of roles in the Aer Lingus Group for over 23 years and was Chief Executive of the Irish Hotels Federation for seven years and of Veterinary Ireland for ten years. He is now an Honorary Life Member of the National Organisation for the Veterinary Profession. For many years he represented these sectors at Council and Board levels in a range of National and European organisations.

He is an IBEC nominated Member of the Employment Appeals Tribunal and has received a Master of Science Degree in Management Practice - MSc (Mgmt) - from Trinity College, Dublin.

Sheila Bailey

Sheila Bailey

Sheila Bailey is a senior charity professional and is Managing Director of the Lyla Nsouli Foundation, a private charitable foundation funding research into paediatric brain cancer. She is a former CEO of The Ireland Fund of Great Britain.

She has served in a non-executive capacity on the boards of several governing bodies and is currently a Director of the Racehorse Owners Association and Retraining of Racehorses.

Last year she was awarded the Freedom of the City of London for her services to the Irish community in the UK.

Bernadette Costello

Bernadette Costello

Bernadette Costello is a Fellow of the Institute of Chartered Accountants in Ireland and Director of Internal Audit & Risk Management, National University of Ireland, Galway. She has extensive experience in financial and management accounting, internal audit, risk management, corporate governance and related areas.

She has served on the Council of Chartered Accountants Ireland, the Connecting with Members Committee and past Chair of Chartered Accountants Ireland Audit Committee and Public Sector Committee.

She is a member of the Board of Accounting Technicians Ireland, Chair of the Education and Examinations Board and member of the Audit and Risk Committee of the Child and Family Agency (Tusla).

She holds a Bachelor of Commerce Degree and Higher Diploma in Education from National University of Ireland, Galway.

Patrick Gibbons

Patrick Gibbons

Patrick Gibbons is a solicitor by profession, he has a career spanning almost two decades specialising in legal and regulatory compliance, corporate governance and risk management.

Patrick has spent much of his working life in management roles in a variety of leading international insurance companies.

In more recent years, he has served on boards of directors in the private, State and voluntary sectors and has chaired or been a member of several audit, risk and finance committees.

James Melly

James Melly is a Management Consultant specialising in Organisation Culture and Change with experience in many business sectors and in organisations including Health Service agencies.

He was a Senior Executive in Aer Lingus where he served as Director of a Group company and also as CEO of a subsidiary. He was appointed head of the Personnel Management function for the Aer Lingus Group and led major change programmes in that role.

Dr. Terry McWade

Dr. Terry McWade (Chairman Audit and Risk Committee)

Dr. Terry McWade is the CEO and Co Founder of Valitacell, an early stage Biotech company. He previously held the positions of Deputy CEO in the Royal College of Surgeons in Ireland, CEO Exceptis Technologies, Principle in the Boston Consulting Group (London), and CEO of Servier Laboratories (Denmark).

He is a Director of the Institute of Banking and former Director of the Corporate Governance Association of Ireland. He previously held the role of Deputy Chair of the Dublin Dental Hospital and Chair of the European Vaccine Initiative. He serves on the Audit Committee and the Registration and Continuing Practice Committee of the Medical Council and on the Governance Committee of Our Lady's Hospice Harolds Cross.

He qualified in medicine from TCD, and holds a MBA (INSEAD), MSc (Healthcare Ethics and Law), and Diploma in Corporate Governance (UCD).

Brendan O'Donoghue

Brendan O'Donoghue

Brendan O'Donoghue is an non-executive director of Ampersand and is non-executive Chairman of Celtic Linen.

He served previously as Chief Executive Officer of St Patrick's University Hospital and prior to that was 21 years with the Tedcastle Group. His roles included Group Finance Director and subsequently Group Operations Officer.

He is an IoD Chartered Director, qualified in 2011 and is treasurer of their Chartered Director Network. He is an accountant (FCCA retired).

Dr. Jack Nagle

Dr. Jack Nagle (Chairman of the Strategy Committee)

After more than 15 years working internationally in a range of senior roles, Dr. Jack Nagle returned to Ireland where he worked as Operations & Engineering Director for Boston Scientific for 6 years. In 2004, he become founder and CEO of Alpha Healthcare, an Irish company dedicated to providing support services to the Healthcare Sector and then set-up Alpha Primary Care in 2007 serving the UK market. He has a special interest in Total Quality Management and Lean Techniques.

He received an MBA from Cranfield University and received his Phd from the University of Cardiff.

Anne-Marie Taylor

Anne-Marie Taylor

Anne-Marie Taylor is a senior executive with a track record in programme management, human resources, operations and change management in Ireland and abroad. She was programme manager in 2012 for The Gathering Ireland initiative and prior to that was a Senior Executive with Accenture, a global leader in consulting, technology and outsourcing. She is a member of the board of the Public Appointments Service and a member of the Preliminary Proceedings Committee of the Pharmaceutical Society of Ireland.

She has a Diploma in Corporate Governance from UCD, and a Masters degree from the University of Illinois.

Board Meetings and Attendance

The board met on 9 occasions in 2015. Two committees have been appointed to assist and advise the board in carrying out its functions - The Audit and Risk Committee and the Strategy Committee. The Audit and Risk Committee met on 6 occasions in 2015 and the Strategy Committee met on 6 occasions. Table 1 details the level of attendance of each Board Member.

Table 1.

Board members	Board Meetings (9)	Audit and Risk Committee (6)	Strategy Committee meetings (6)
Mr. John Horan (Board Chairman)	9		
Mrs. Sheila Bailey	7		2
Ms. Bernadette Costello	9	6	
Mr. Patrick Gibbons	9	6	
Mr. James Melly	9		6
Dr. Jack Nagle (Strategy Committee Chairman)	8		6
Mr. Brendan O'Donoghue	9	5	
Dr. Terence McWade (Finance and Audit Committee Chairman)	9	6	
Ms. Anne-Marie Taylor	8		5
Mr. Martin Barron		1*	

*Mr. Barron was appointed to the Audit and Risk Committee as an Independent IT Adviser in late 2015.

Overview of 2015

Information Technology (IT) developments

Brian Parsons
Information Technology Manager

2015 saw another busy year for the NTPF IT Department with increasing activity across the three teams, IT Projects, Infrastructure & Operations and Data Analysis & Reporting. In January 2015 we commenced the publication of a revised suite of waiting list reports on our website. The suite comprises individual reports at National, Hospital and Specialty level for Inpatient, Daycase and Outpatient. Previous months are available (previously we showed current month only) and December 2014 is also shown to facilitate year-on-year comparison for 2014/2015. A commitment was given in late 2014 that we would publish our reports within a week of month end – this key performance indicator was achieved in Jan 2015 and has been maintained each month since.

Our Infrastructure Team carried out a number of important replacements and upgrades to our network and worked closely with the other business units to ensure the availability and security of all IT services.

Weekly and monthly operational tasks are a critical part of our remit and in this regard we process 2 million records each month and distribute up to 800 reports to the 'health system' weekly. Waiting List extract files are received in from 43 public hospitals and processed each week within a tight turnaround timeframe.

Our Data Analysis & Reporting Team produces a wide range of reports and data feeds in a timely and relevant manner to a wide range of stakeholders. This information is contributing to the planning, development and management of Hospital, and Group, waiting list services throughout the health system in Ireland. This in turn feeds into the demand/capacity assessments that are currently underway and are being driven by a number of factors not least the changing demographics and demand for health services in Ireland and the re-organisation of services at National, Group and Hospital levels.

Work continued throughout the year by our Projects Team on the Data Completeness/Data Quality (DCDQ) project. In this regard we work closely with all Hospitals, Hospital Groups and the HSE National teams to monitor compliance and accuracy in this area. The project encompasses

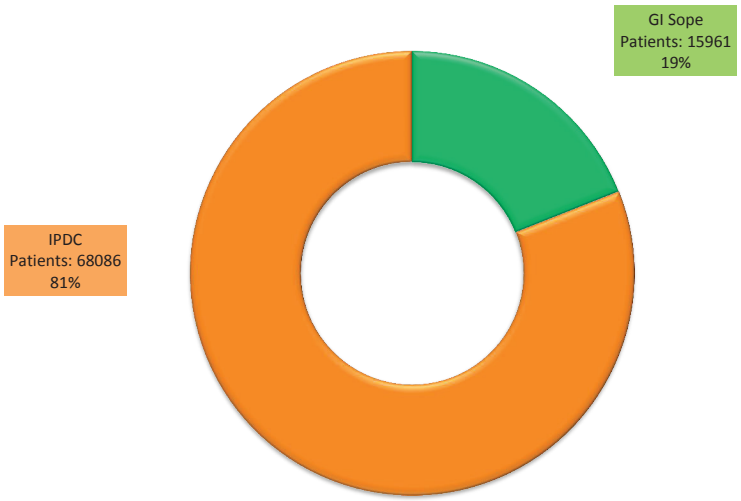
- Weekly Statistical Evaluation of Irregularities (SEI) checks on incoming data files
- Liaison with hospital teams on data quality issues, queries on data compliance items etc
- Workshop sessions, including hands-on training, with the relevant hospital staff on data findings (Data Awareness Days)
- Enhanced reporting suite sent to stakeholders to facilitate on-going review, escalation and improvement
- Liaison with our Audit & Quality Assurance Team on highlighted issues

As part of our DCDQ project, and in order to drive a sustainable data quality environment, we announced a Data Excellence Award project. We plan to assess and score each hospital on a standard Data Quality Metric and to hold an award ceremony in late 2016.

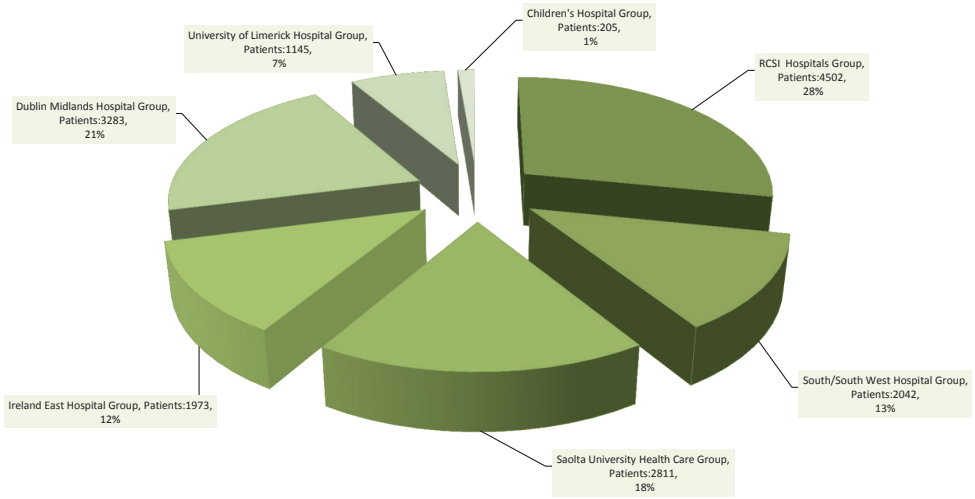
Work commenced, at end of the year, on a project to collect additional waiting list data, 1) an enhanced Outpatient data set and 2) Radiology Diagnostic tests. Work will continue on this throughout 2016.

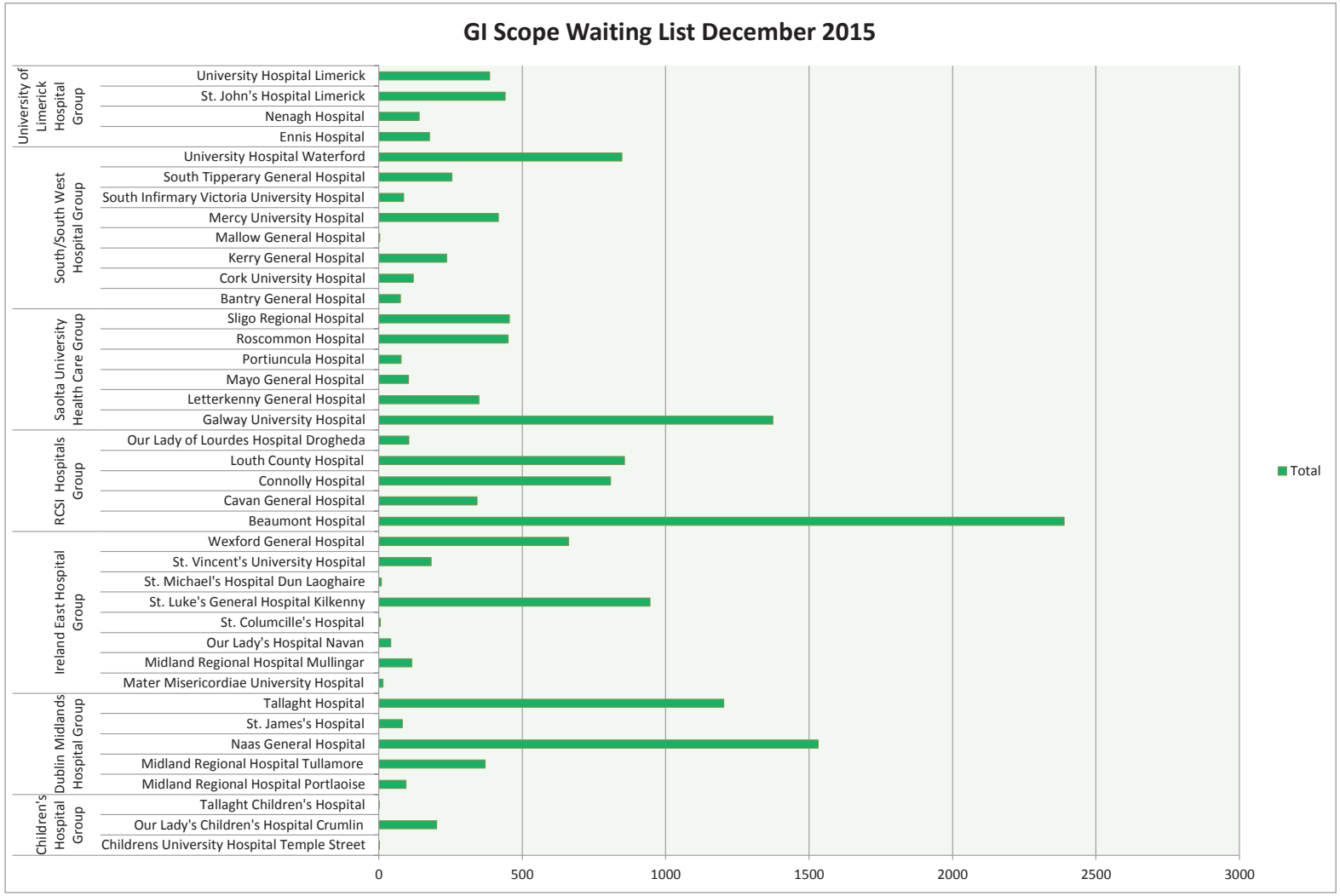
The following statistical graphing (pages 10 – 23) identifies end year position in relation to waiting list statistics and statistical analysis

GI Scope % December 2015

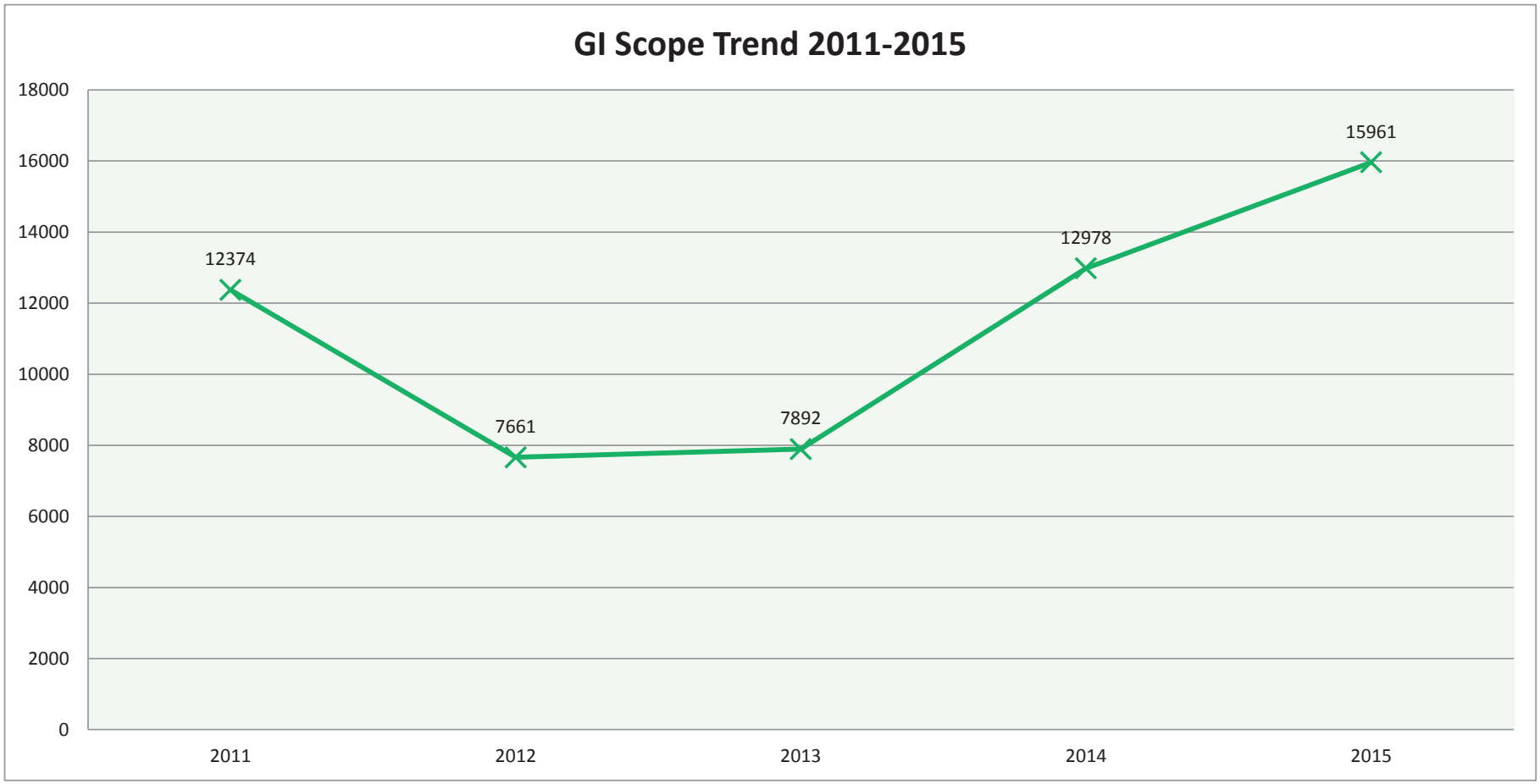


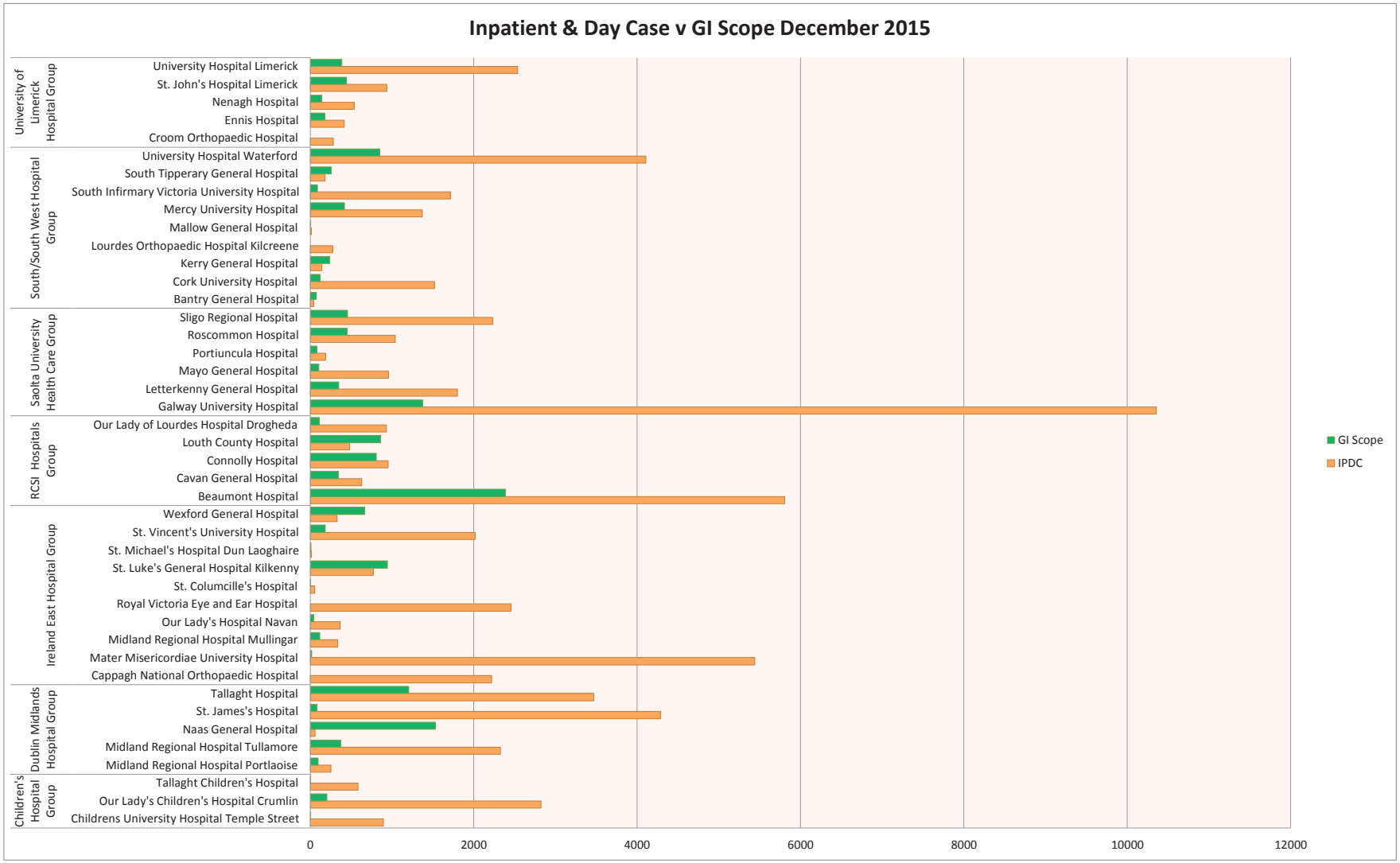
GI Scope Breakdown by Group

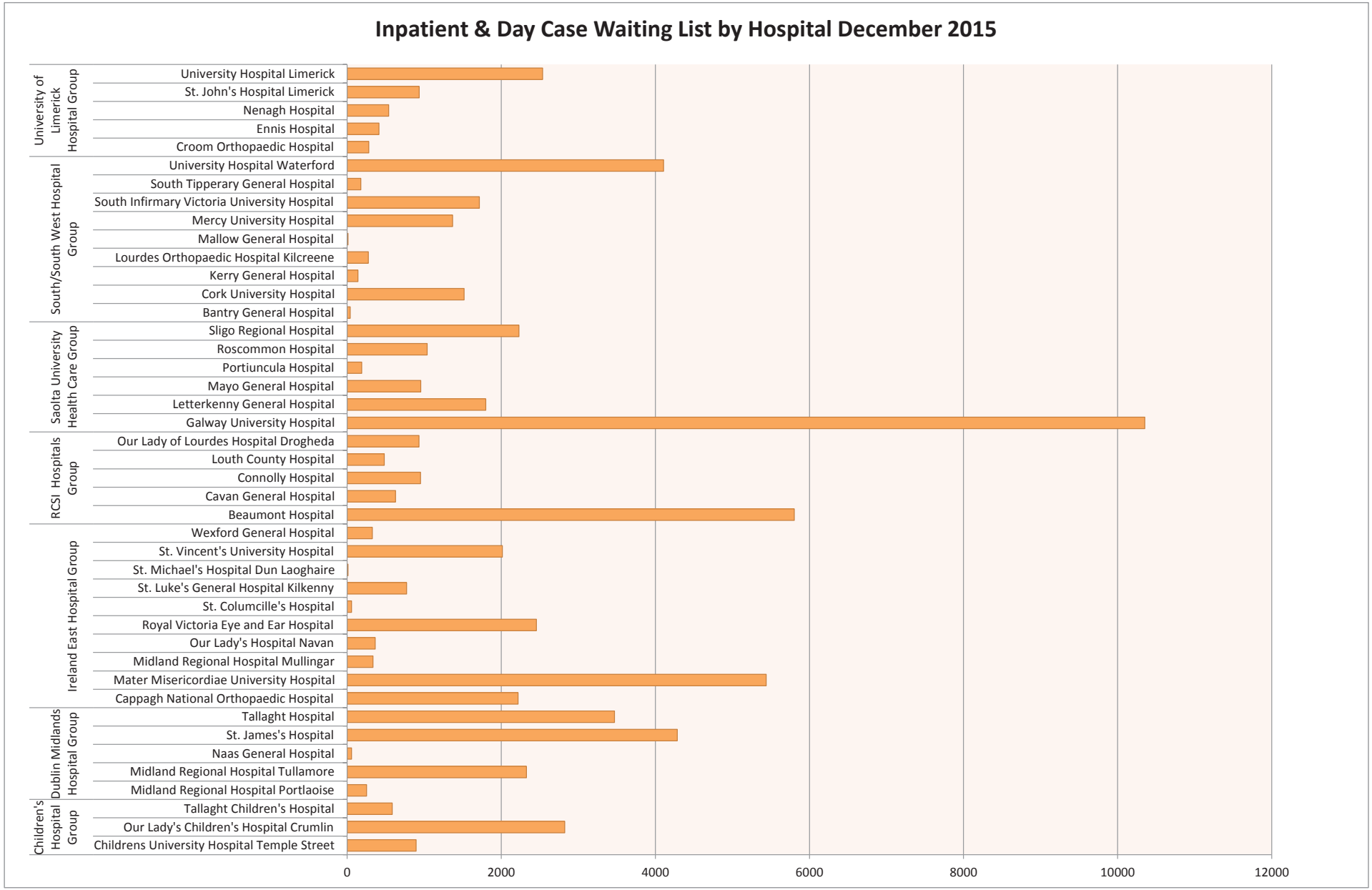



GI Scope Waiting List December 2015
University of Limerick Hospital Group
University Hospital Limerick
St. John's Hospital Limerick
Nenagh Hospital
Ennis Hospital
South/South West Hospital Group
University Hospital Waterford
South Tipperary General Hospital
South Infirmary Victoria University Hospital
Mercy University Hospital
Mallow General Hospital
Kerry General Hospital
Cork University Hospital
Bantry General Hospital
Saolta University Health Care Group
Sligo Regional Hospital
Roscommon Hospital
Portiuncula Hospital
Mayo General Hospital
Letterkenny General Hospital
Galway University Hospital
RCSI Hospitals Group
Our Lady of Lourdes Hospital Drogheda
Louth County Hospital
Connolly Hospital
Cavan General Hospital
Beaumont Hospital
Ireland East Hospital Group
Wexford General Hospital
St. Vincent's University Hospital
St. Michael's Hospital Dun Laoghaire
St. Luke's General Hospital Kilkenny
St. Columcille's Hospital
Our Lady's Hospital Navan
Midland Regional Hospital Mullingar
Mater Misericordiae University Hospital
Dublin Midlands Hospital Group
Tallaght Hospital
St. James's Hospital
Naas General Hospital
Midland Regional Hospital Tullamore
Midland Regional Hospital Portlaoise
Children's Hospital Group
Tallaght Children's Hospital
Our Lady's Children's Hospital Crumlin
Childrens University Hospital Temple Street
0
500
1000
1500
2000
2500
3000
Total

GI Scope December 2015									
Group	**Hospital**	**0-3 Months**	**3-6 Months**	**6-9 Months**	**9-12 Months**	**12-15 Months**	**15-18 Months**	**18+ Months**	**Grand Total**
Children's Hospital Group	Childrens University Hospital Temple Street	1	1	0	0	0	0	0	2
	Our Lady's Children's Hospital Crumlin	118	73	10	1	0	0	0	202
	Tallaght Children's Hospital	1	0	0	0	0	0	0	1
Dublin Midlands Hospital Group	Midland Regional Hospital Portlaoise	84	10	1	0	0	0	0	95
	Midland Regional Hospital Tullamore	185	109	59	18	0	0	0	371
	Naas General Hospital	568	298	352	313	1	0	0	1532
	St. James's Hospital	78	1	1	2	0	0	0	82
	Tallaght Hospital	496	448	181	74	1	2	1	1203
Ireland East Hospital Group	Mater Misericordiae University Hospital	11	3	0	0	0	0	0	14
	Midland Regional Hospital Mullingar	114	1	0	0	0	0	0	115
	Our Lady's Hospital Navan	27	7	8	0	0	0	0	42
	St. Columcille's Hospital	1	4	0	0	0	0	0	5
	St. Luke's General Hospital Kilkenny	355	178	223	189	0	0	0	945
	St. Michael's Hospital Dun Laoghaire	9	0	0	0	0	0	0	9
	St. Vincent's University Hospital	171	9	1	1	0	0	0	182
	Wexford General Hospital	271	254	129	7	0	0	0	661
RCSI Hospitals Group	Beaumont Hospital	360	546	642	643	54	84	60	2389
	Cavan General Hospital	343	0	0	0	0	0	0	343
	Connolly Hospital	491	293	24	0	0	0	0	808
	Louth County Hospital	856	1	0	0	0	0	0	857
	Our Lady of Lourdes Hospital Drogheda	105	0	0	0	0	0	0	105
Saolta University Health Care Group	Galway University Hospital	752	321	192	108	1	0	0	1374
	Letterkenny General Hospital	349	0	0	0	0	0	0	349
	Mayo General Hospital	104	0	0	0	0	0	0	104
	Portiuncula Hospital	68	8	2	0	0	0	0	78
	Roscommon Hospital	445	5	1	0	0	0	0	451
	Sligo Regional Hospital	455	0	0	0	0	0	0	455
South/South West Hospital Group	Bantry General Hospital	75	0	0	0	0	0	0	75
	Cork University Hospital	71	37	7	5	0	0	0	120
	Kerry General Hospital	237	0	0	0	0	0	0	237
	Mallow General Hospital	1	2	0	0	0	0	0	3
	Mercy University Hospital	326	83	7	1	0	0	0	417
	South Infirmary Victoria University Hospital	87	0	0	0	0	0	0	87
	South Tipperary General Hospital	255	0	0	0	0	0	0	255
	University Hospital Waterford	314	222	239	73	0	0	0	848
University of Limerick Hospital Group	Ennis Hospital	177	0	0	0	0	0	0	177
	Nenagh Hospital	141	0	0	0	0	0	0	141
	St. John's Hospital Limerick	279	152	10	0	0	0	0	441
	University Hospital Limerick	351	28	7	0	0	0	0	386
Grand Total		**9132**	**3094**	**2096**	**1435**	**57**	**86**	**61**	**15961**

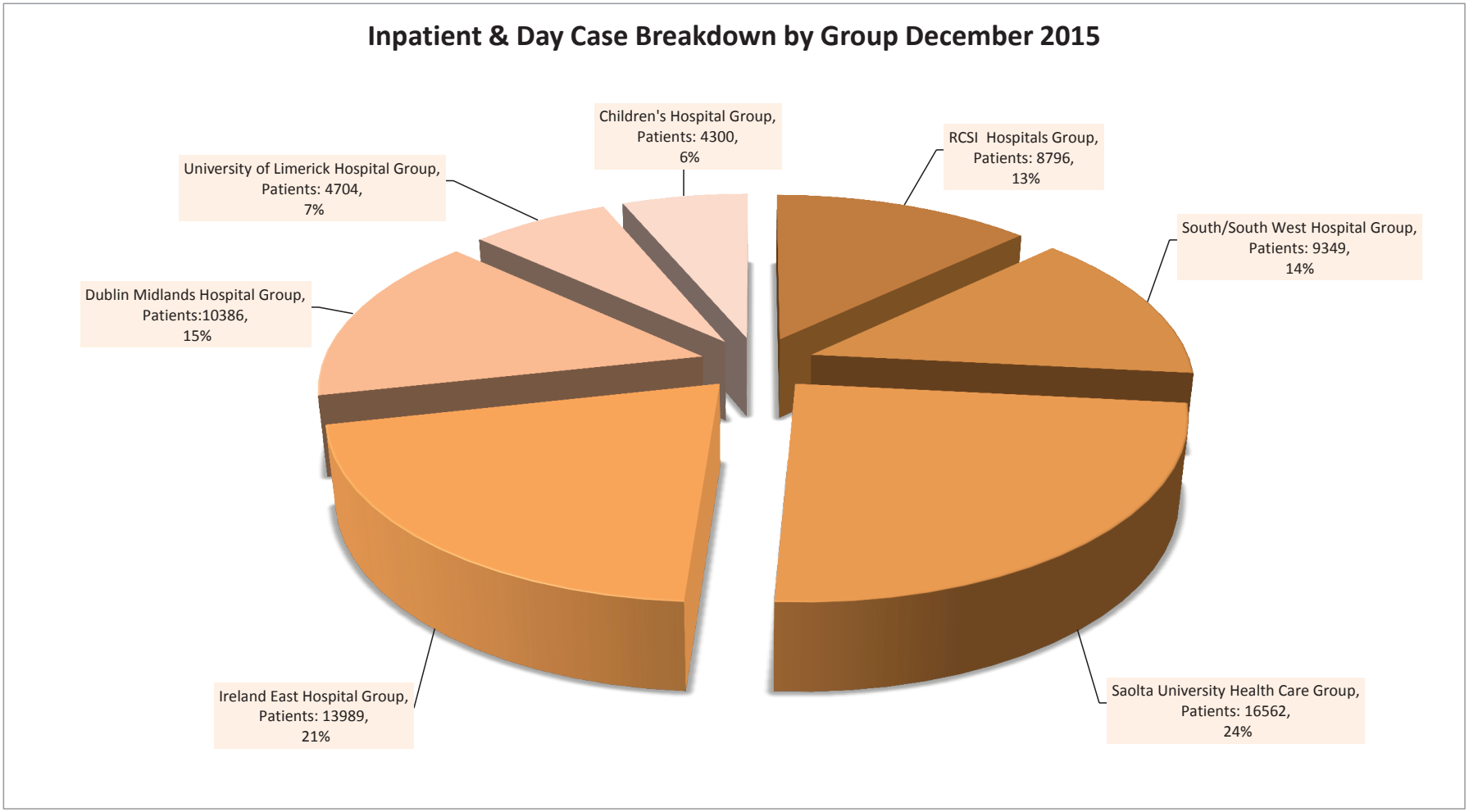

GI Scope Trend 2011-2015
18000
16000
14000
12000
10000
8000
6000
4000
2000
0
12374
7661
7892
12978
15961
2011
2012
2013
2014
2015

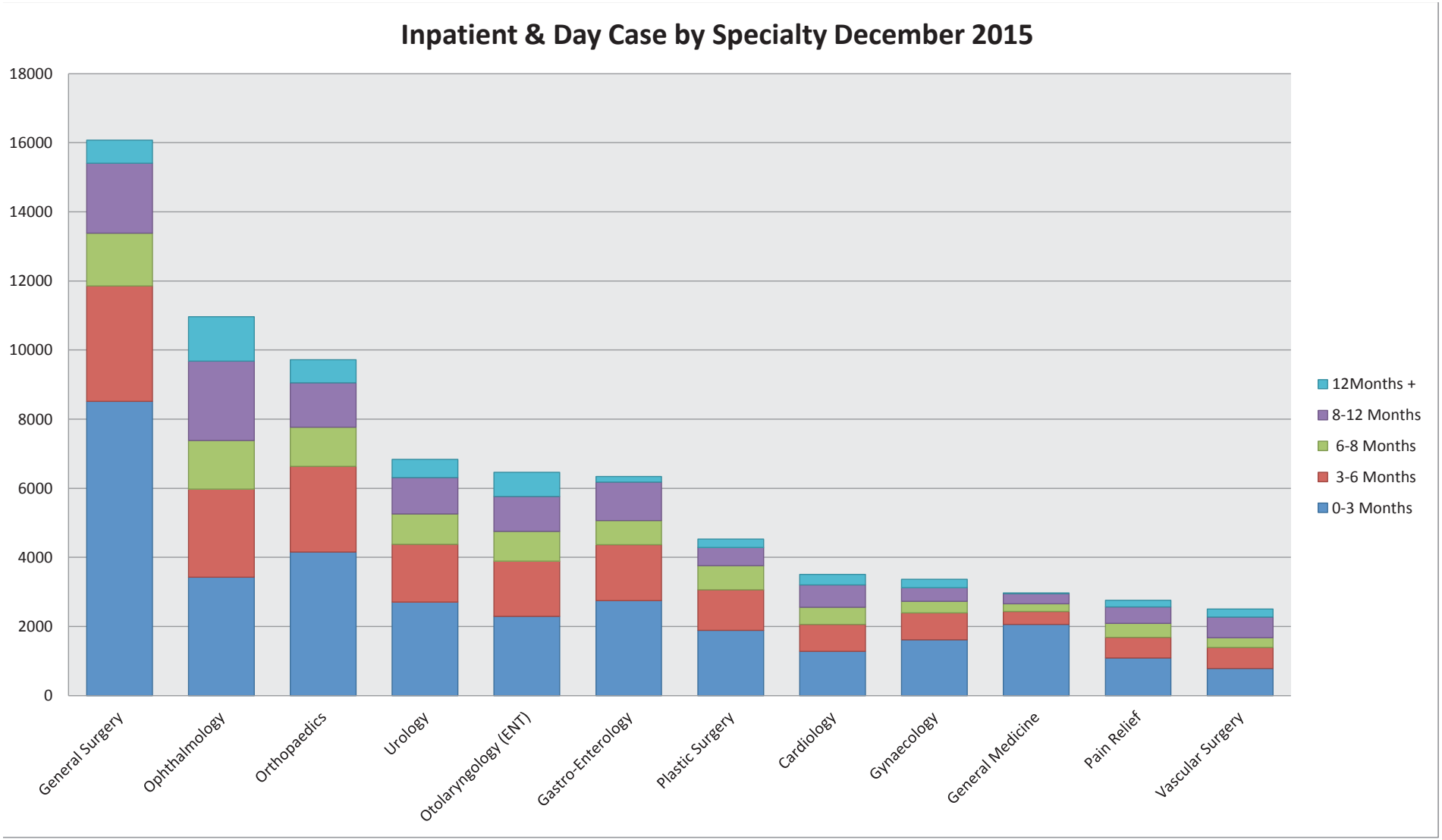

Inpatient & Day Case v GI Scope December 2015
University of Limerick Hospital Group
University Hospital Limerick
St. John's Hospital Limerick
Nenagh Hospital
Ennis Hospital
Croom Orthopaedic Hospital
South/South West Hospital Group
University Hospital Waterford
South Tipperary General Hospital
South Infirmary Victoria University Hospital
Mercy University Hospital
Mallow General Hospital
Lourdes Orthopaedic Hospital Kilcreene
Kerry General Hospital
Cork University Hospital
Bantry General Hospital
Saolta University Health Care Group
Sligo Regional Hospital
Roscommon Hospital
Portiuncula Hospital
Mayo General Hospital
Letterkenny General Hospital
Galway University Hospital
RCSI Hospitals Group
Our Lady of Lourdes Hospital Drogheda
Louth County Hospital
Connolly Hospital
Cavan General Hospital
Beaumont Hospital
Ireland East Hospital Group
Wexford General Hospital
St. Vincent's University Hospital
St. Michael's Hospital Dun Laoghaire
St. Luke's General Hospital Kilkenny
St. Columcille's Hospital
Royal Victoria Eye and Ear Hospital
Our Lady's Hospital Navan
Midland Regional Hospital Mullingar
Mater Misericordiae University Hospital
Cappagh National Orthopaedic Hospital
Dublin Midlands Hospital Group
Tallaght Hospital
St. James's Hospital
Naas General Hospital
Midland Regional Hospital Tullamore
Midland Regional Hospital Portlaoise
Children's Hospital Group
Tallaght Children's Hospital
Our Lady's Children's Hospital Crumlin
Childrens University Hospital Temple Street
0
2000
4000
6000
8000
10000
12000
GI Scope
IPDC


Inpatient & Day Case Waiting List by Hospital December 2015
University of Limerick Hospital Group
University Hospital Limerick
St. John's Hospital Limerick
Nenagh Hospital
Ennis Hospital
Croom Orthopaedic Hospital
South/South West Hospital Group
University Hospital Waterford
South Tipperary General Hospital
South Infirmary Victoria University Hospital
Mercy University Hospital
Mallow General Hospital
Lourdes Orthopaedic Hospital Kilcreene
Kerry General Hospital
Cork University Hospital
Bantry General Hospital
Saolta University Health Care Group
Sligo Regional Hospital
Roscommon Hospital
Portiuncula Hospital
Mayo General Hospital
Letterkenny General Hospital
Galway University Hospital
RCSI Hospitals Group
Our Lady of Lourdes Hospital Drogheda
Louth County Hospital
Connolly Hospital
Cavan General Hospital
Beaumont Hospital
Ireland East Hospital Group
Wexford General Hospital
St. Vincent's University Hospital
St. Michael's Hospital Dun Laoghaire
St. Luke's General Hospital Kilkenny
St. Columcille's Hospital
Royal Victoria Eye and Ear Hospital
Our Lady's Hospital Navan
Midland Regional Hospital Mullingar
Mater Misericordiae University Hospital
Cappagh National Orthopaedic Hospital
Dublin Midlands Hospital Group
Tallaght Hospital
St. James's Hospital
Naas General Hospital
Midland Regional Hospital Tullamore
Midland Regional Hospital Portlaoise
Children's Hospital Group
Tallaght Children's Hospital
Our Lady's Children's Hospital Crumlin
Childrens University Hospital Temple Street
0
2000
4000
6000
8000
10000
12000

Inpatient & Day Case Waiting List December 2015

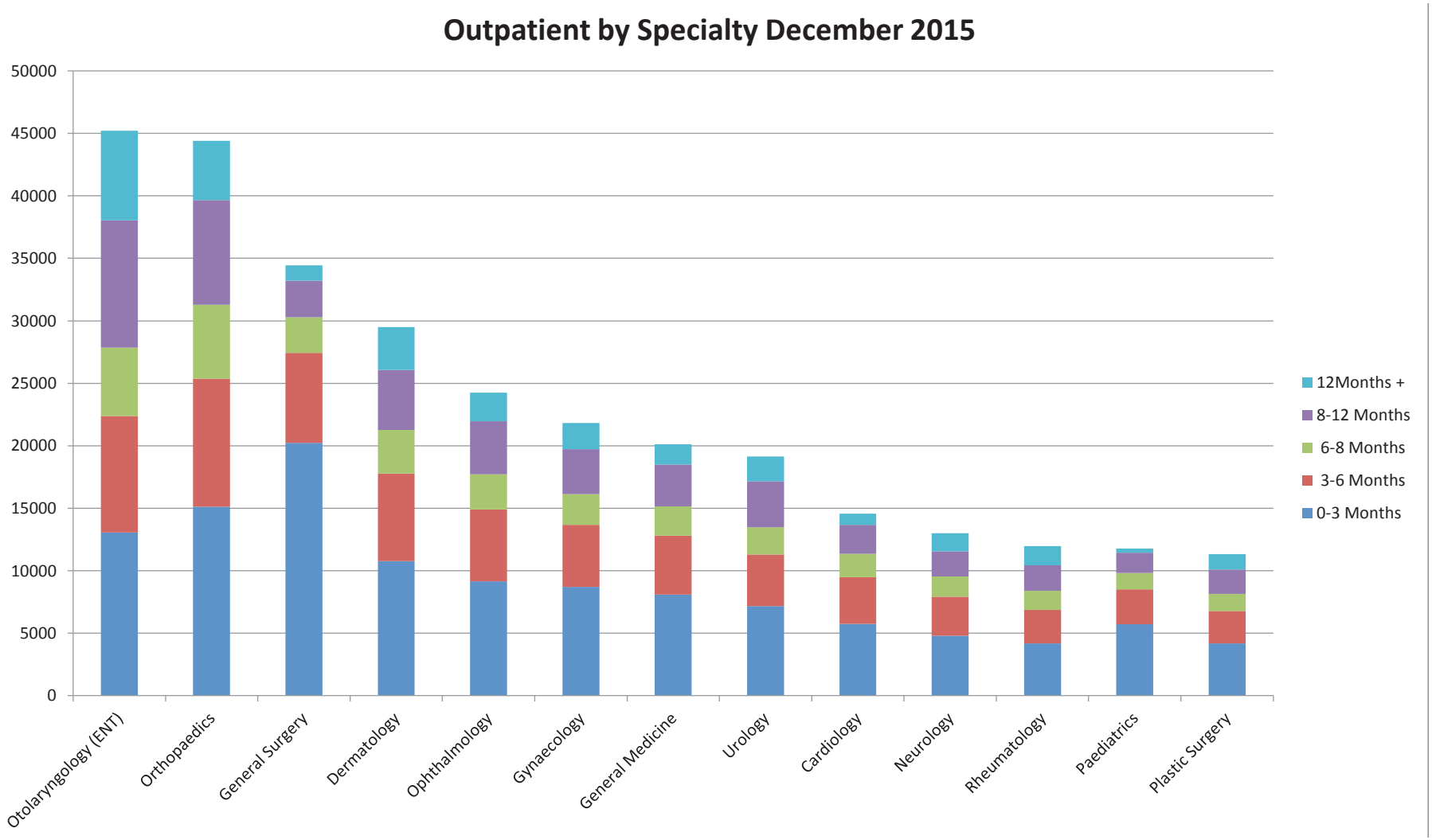
Group	Hospital	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18+ Months	Grand Total
Children's Hospital Group	Childrens University Hospital Temple Street	461	228	137	52	15	0	0	893
	Our Lady's Children's Hospital Crumlin	1018	728	546	328	203	0	0	2823
	Tallaght Children's Hospital	206	187	120	65	6	0	0	584
Dublin Midlands Hospital Group	Midland Regional Hospital Portlaoise	127	89	28	4	2	0	0	250
	Midland Regional Hospital Tullamore	760	692	410	286	176	1	2	2327
	Naas General Hospital	44	6	5	2	0	0	0	57
	St. James's Hospital	1412	1082	754	619	416	0	1	4284
	Tallaght Hospital	1450	900	514	320	178	35	71	3468
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	640	614	493	323	148	0	0	2218
	Mater Misericordiae University Hospital	1944	1298	1047	641	510	0	0	5440
	Midland Regional Hospital Mullingar	207	63	41	18	7	0	0	336
	Our Lady's Hospital Navan	253	66	36	7	2	0	0	364
	Royal Victoria Eye and Ear Hospital	877	662	466	339	111	0	0	2455
	St. Columcille's Hospital	50	5	0	0	0	0	0	55
	St. Luke's General Hospital Kilkenny	250	193	158	103	67	0	0	771
	St. Michael's Hospital Dun Laoghaire	10	0	0	0	0	0	0	10
	St. Vincent's University Hospital	997	435	314	167	101	0	0	2014
	Wexford General Hospital	183	101	41	1	0	0	0	326
RCSI Hospitals Group	Beaumont Hospital	2175	1362	999	676	413	61	118	5804
	Cavan General Hospital	414	164	45	4	0	0	0	627
	Connolly Hospital	405	202	137	97	99	12	0	952
	Louth County Hospital	326	118	34	3	0	0	0	481
	Our Lady of Lourdes Hospital Drogheda	383	198	163	120	68	0	0	932
Saolta University Health Care Group	Galway University Hospital	3018	2219	1963	1625	1108	162	259	10354
	Letterkenny General Hospital	636	396	324	261	183	0	0	1800
	Mayo General Hospital	623	280	52	0	0	0	0	955
	Portiuncula Hospital	86	54	32	14	1	0	0	187
	Roscommon Hospital	513	332	180	4	8	0	0	1037
	Sligo Regional Hospital	1315	600	207	63	44	0	0	2229
South/South West Hospital Group	Bantry General Hospital	35	4	0	0	0	0	0	39
	Cork University Hospital	617	368	275	160	98	0	0	1518
	Kerry General Hospital	99	25	14	2	0	0	0	140
	Lourdes Orthopaedic Hospital Kilcreene	211	36	17	8	1	0	0	273
	Mallow General Hospital	9	1	1	0	0	0	0	11
	Mercy University Hospital	599	310	252	127	81	0	0	1369
	South Infirmary Victoria University Hospital	879	413	255	130	38	0	0	1715
	South Tipperary General Hospital	160	15	1	0	0	0	0	176
	University Hospital Waterford	1071	915	834	660	604	16	8	4108
University of Limerick Hospital Group	Croom Orthopaedic Hospital	254	18	9	0	0	0	0	281
	Ennis Hospital	240	88	85	0	0	0	0	413
	Nenagh Hospital	278	122	88	51	0	0	0	539
	St. John's Hospital Limerick	488	255	136	56	0	0	0	935
	University Hospital Limerick	930	466	559	350	231	0	0	2536
Grand Total		**26653**	**16310**	**11772**	**7686**	**4919**	**287**	**459**	**68086**

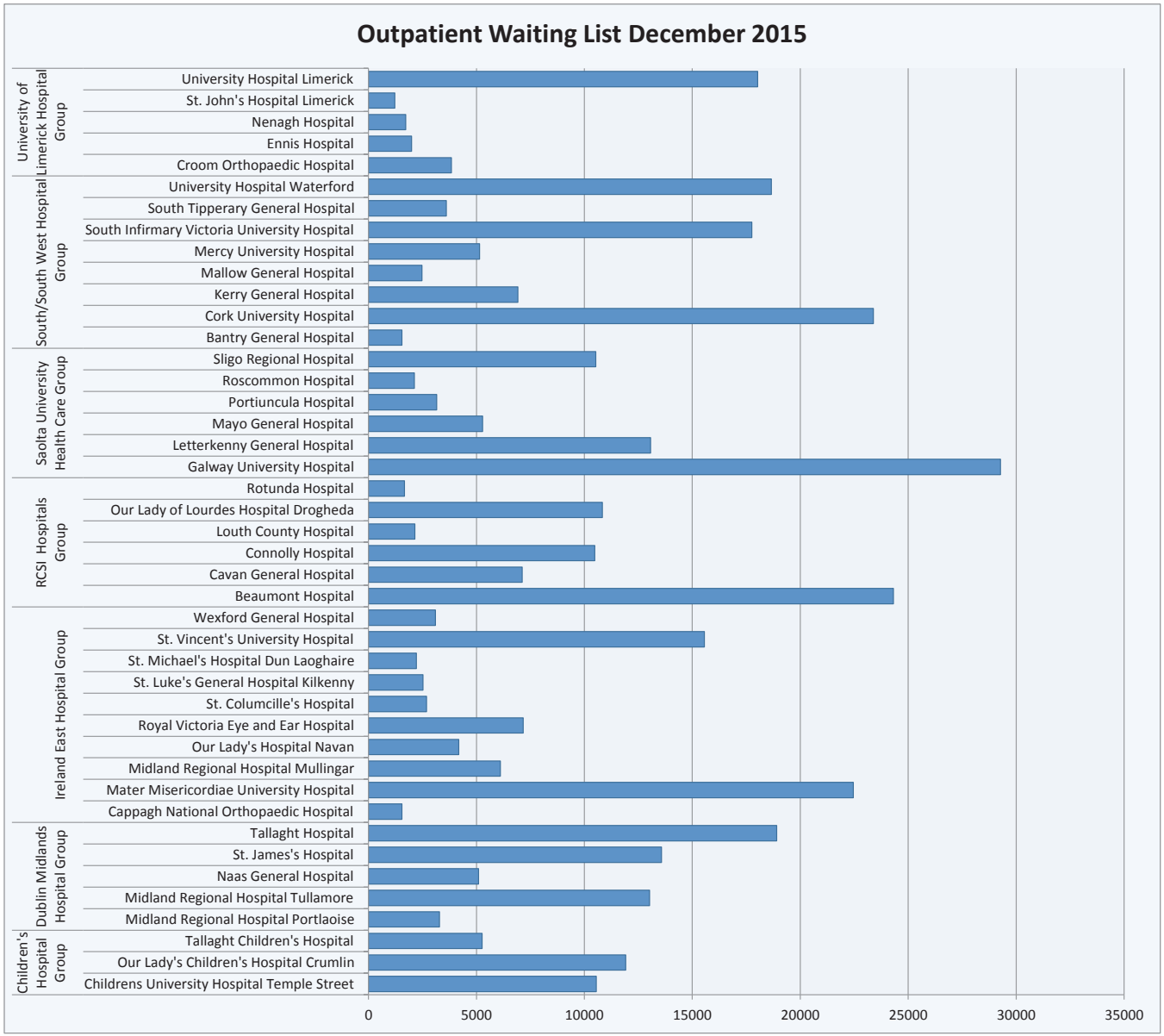

Inpatient & Day Case Breakdown by Group December 2015
Children's Hospital Group, Patients: 4300, 6%
RCSI Hospitals Group, Patients: 8796, 13%
University of Limerick Hospital Group, Patients: 4704, 7%
South/South West Hospital Group, Patients: 9349, 14%
Dublin Midlands Hospital Group, Patients:10386, 15%
Ireland East Hospital Group, Patients: 13989, 21%
Saolta University Health Care Group, Patients: 16562, 24%


Inpatient & Day Case by Specialty December 2015
18000
16000
14000
12000
10000
8000
6000
4000
2000
0
General Surgery
Ophthalmology
Orthopaedics
Urology
Otolaryngology (ENT)
Gastro-Enterology
Plastic Surgery
Cardiology
Gynaecology
General Medicine
Pain Relief
Vascular Surgery
12Months +
8-12 Months
6-8 Months
3-6 Months
0-3 Months

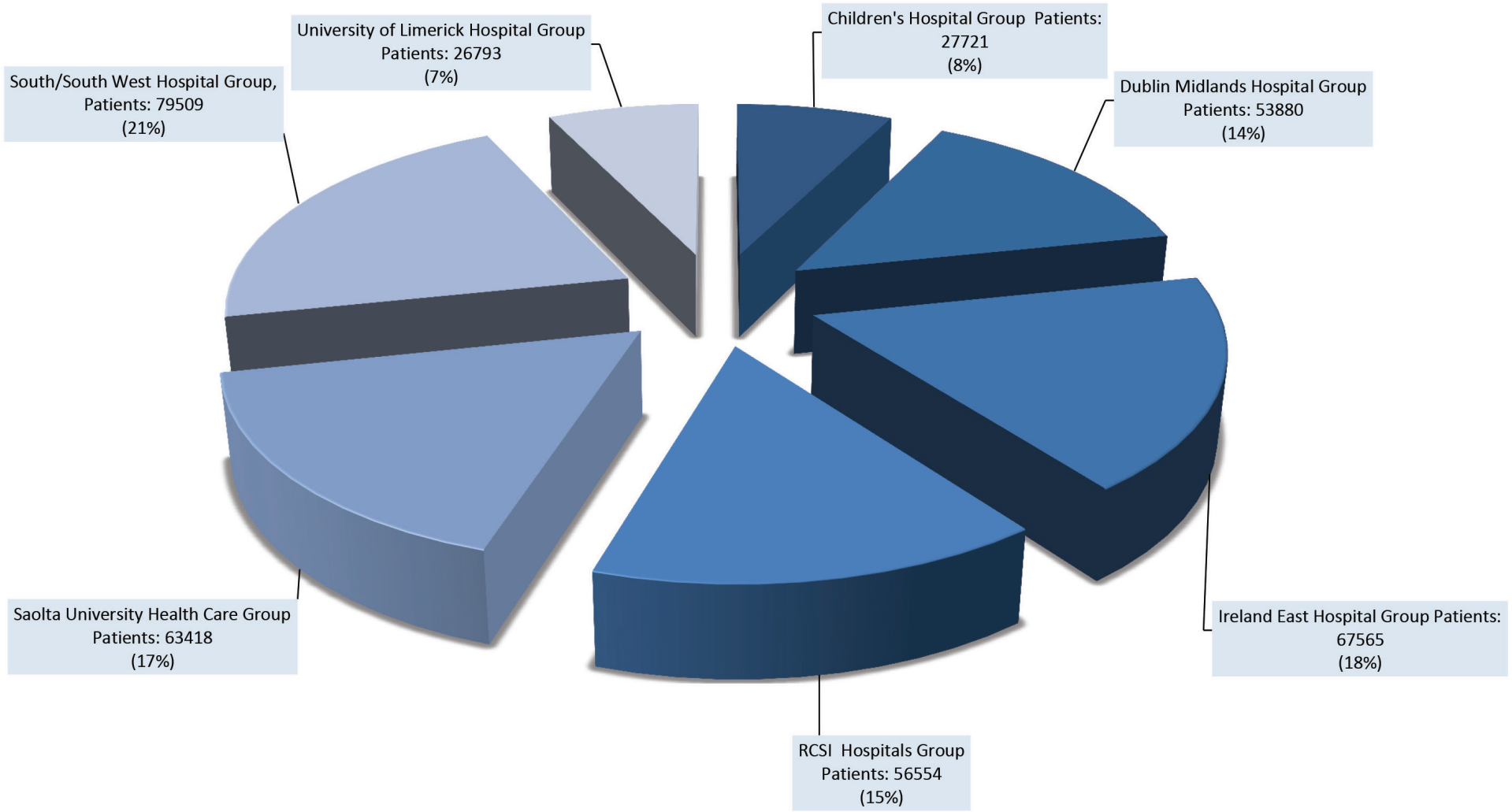
Outpatient Waiting List as of December 2015

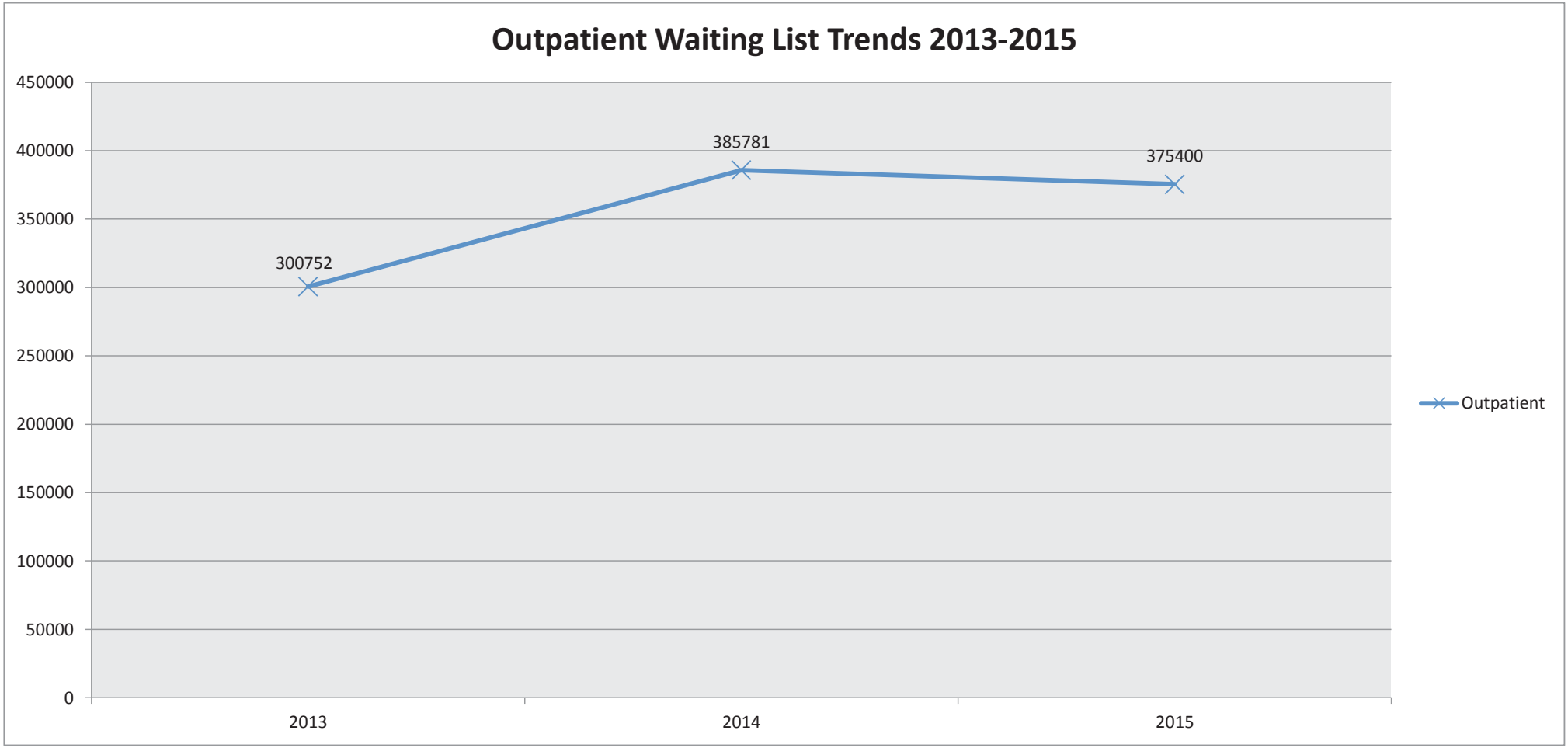
Group	Hospital	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18+ Months	Grand Total
Children's Hospital Group	Childrens University Hospital Temple Street	3786	2741	2061	1205	534	107	112	10546
	Our Lady's Children's Hospital Crumlin	4707	2805	1714	1524	1023	115	21	11909
	Tallaght Children's Hospital	1956	1044	803	940	475	25	23	5266
Dublin Midlands Hospital Group	Midland Regional Hospital Portlaoise	1308	806	611	398	158	4	0	3285
	Midland Regional Hospital Tullamore	3201	2910	2402	2115	1140	452	804	13024
	Naas General Hospital	2078	1154	881	641	340	0	0	5094
	St. James's Hospital	7233	3272	1751	1042	252	5	12	13567
	Tallaght Hospital	6116	4270	3032	2864	1789	416	423	18910
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	757	412	266	107	2	3	0	1547
	Mater Misericordiae University Hospital	10544	5371	3626	1792	1129	0	0	22462
	Midland Regional Hospital Mullingar	2284	1625	1079	601	515	0	0	6104
	Our Lady's Hospital Navan	1606	1096	890	475	119	0	0	4186
	Royal Victoria Eye and Ear Hospital	2023	1612	1281	1251	998	0	0	7165
	St. Columcille's Hospital	837	512	431	337	197	131	248	2693
	St. Luke's General Hospital Kilkenny	1824	398	143	109	52	0	0	2526
	St. Michael's Hospital Dun Laoghaire	1143	512	287	193	56	18	5	2214
	St. Vincent's University Hospital	7571	3497	2397	1406	545	120	28	15564
	Wexford General Hospital	1682	716	498	188	20	0	0	3104
RCSI Hospitals Group	Beaumont Hospital	8169	5525	3711	3083	2237	759	825	24309
	Cavan General Hospital	2671	1801	1352	898	399	0	0	7121
	Connolly Hospital	3899	2315	1719	1336	734	257	220	10480
	Louth County Hospital	946	571	394	164	78	0	0	2153
	Our Lady of Lourdes Hospital Drogheda	4168	2442	1938	1532	748	0	0	10828
	Rotunda Hospital	927	548	158	28	2	0	0	1663
Saolta University Health Care Group	Galway University Hospital	12263	5748	4430	3412	1923	626	867	29269
	Letterkenny General Hospital	3912	2686	2350	1721	1636	437	322	13064
	Mayo General Hospital	2612	797	586	543	432	113	198	5281
	Portiuncula Hospital	1350	670	509	280	209	80	59	3157
	Roscommon Hospital	948	370	369	239	128	28	41	2123
	Sligo Regional Hospital	4624	2422	1779	1013	629	34	23	10524
South/South West Hospital Group	Bantry General Hospital	974	374	128	49	20	0	0	1545
	Cork University Hospital	8908	4909	3666	2982	2292	176	458	23391
	Kerry General Hospital	2736	1762	1114	788	520	3	1	6924
	Mallow General Hospital	868	604	427	397	176	0	0	2472
	Mercy University Hospital	1894	1093	987	630	380	69	92	5145
	South Infirmary Victoria University Hospital	6282	3567	3202	2143	1734	389	443	17760
	South Tipperary General Hospital	1571	918	611	432	76	0	0	3608
	University Hospital Waterford	6810	4455	3015	2402	1713	250	19	18664
University of Limerick Hospital Group	Croom Orthopaedic Hospital	1267	916	738	515	392	4	7	3839
	Ennis Hospital	811	541	262	236	140	0	0	1990
	Nenagh Hospital	785	387	208	208	132	0	0	1720
	St. John's Hospital Limerick	718	280	117	91	8	0	0	1214
	University Hospital Limerick	7007	4317	3032	2431	1228	4	11	18030
Grand Total		**147776**	**84771**	**60955**	**44741**	**27310**	**4625**	**5262**	**375440**


Outpatient by Specialty December 2015
50000
45000
40000
35000
30000
25000
20000
15000
10000
5000
0
Otolaryngology (ENT)
Orthopaedics
General Surgery
Dermatology
Ophthalmology
Gynaecology
General Medicine
Urology
Cardiology
Neurology
Rheumatology
Paediatrics
Plastic Surgery
12Months +
8-12 Months
6-8 Months
3-6 Months
0-3 Months


Outpatient Waiting List December 2015
University of Limerick Hospital Group
University Hospital Limerick
St. John's Hospital Limerick
Nenagh Hospital
Ennis Hospital
Croom Orthopaedic Hospital
South/South West Hospital Group
University Hospital Waterford
South Tipperary General Hospital
South Infirmary Victoria University Hospital
Mercy University Hospital
Mallow General Hospital
Kerry General Hospital
Cork University Hospital
Bantry General Hospital
Saolta University Health Care Group
Sligo Regional Hospital
Roscommon Hospital
Portiuncula Hospital
Mayo General Hospital
Letterkenny General Hospital
Galway University Hospital
RCSI Hospitals Group
Rotunda Hospital
Our Lady of Lourdes Hospital Drogheda
Louth County Hospital
Connolly Hospital
Cavan General Hospital
Beaumont Hospital
Ireland East Hospital Group
Wexford General Hospital
St. Vincent's University Hospital
St. Michael's Hospital Dun Laoghaire
St. Luke's General Hospital Kilkenny
St. Columcille's Hospital
Royal Victoria Eye and Ear Hospital
Our Lady's Hospital Navan
Midland Regional Hospital Mullingar
Mater Misericordiae University Hospital
Cappagh National Orthopaedic Hospital
Dublin Midlands Hospital Group
Tallaght Hospital
St. James's Hospital
Naas General Hospital
Midland Regional Hospital Tullamore
Midland Regional Hospital Portlaoise
Children's Hospital Group
Tallaght Children's Hospital
Our Lady's Children's Hospital Crumlin
Childrens University Hospital Temple Street
0
5000
10000
15000
20000
25000
30000
35000

National Outpatient Waiting List at Hospital Group Level




Outpatient Waiting List Trends 2013-2015
450000
400000
350000
300000
250000
200000
150000
100000
50000
0
300752
385781
375400
2013
2014
2015
Outpatient

Audit and Quality Assurance

Liz Lottering
National Scheduled Care Audit and Quality Assurance Manager & Board Secretary

Introduction

The Scheduled Care National Audit and Quality Assurance Review Programme was established in the National Treatment Purchase Fund in 2014 in conjunction with the National Director of Acute Hospitals, Health Services Executive. This programme was established in the NTPF following on (Bowles, 2012) which was an investigation into the management culture in a United Kingdom Hospital – NHS Lothian. This programme is also consolidated under the NTPF's Statutory Instrument (2004, S.I. No. 179) "to collect, collate and validate information in relation to persons waiting for hospital treatment and to put in place information systems for that purpose."

The aim and overall objective of this programme is:

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 lists.

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.

This is a rolling two year programme. Calendar year April 2014 to March 2015 initially concentrated on 22 hospitals that were judged to be most at risk. Calendar year April 2015 to March 2016 has concentrated on the remaining 19 hospitals.

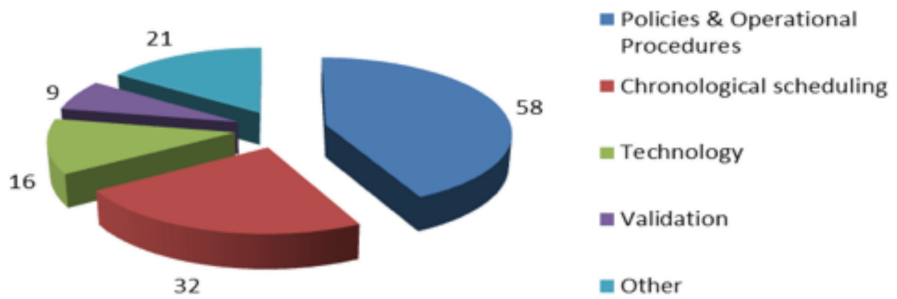
Since April 2014 a total of 35 audits were completed with an additional 6 either in progress or scheduled for 2016. Each audit consisted of a site visit testing 19 key controls comprising of 105 subtests. Audits were completed through review of relevant process documentation, interviews with waiting list leads and other ancillary staff, electronic sampling of records, review of medical notes and contact with patients where necessary. On completion of the audit, each hospital was subject to an evaluation report and management action plan which was agreed in relation to accuracy and viability with the General Manager or Chief Executive of the hospital. A total of 531 audit report recommendations were issued as part of each final audit report across the 35 hospitals, 337 for the 2014 audits and 194 for audits completed in 2015. A total of 201 (60%) of the 2014 audit items were completed by end of 2015 and a small percentage of the 2015 items due (8%) were completed by end of 2015. (See table 1).

Table 1) 2014/2015 Audit progress distribution

	2014	2015
Report recommendations	337	194
Recommendations completed	201	10
Recommendations past due date	136	120

The audit team are working closely with each hospital to complete management action plan remaining items for 2014 and to progress 2015 items. However remaining 2014 audit items have evidenced persistent issues across particular areas i.e. alignment of policies and procedures to national protocol, implementation of chronological scheduling, technology around extract file submission and local key performance indicator monitoring and validation. (See Table 2).

Table 2) 2014 Persistent Issues



Recognising the deficiency in consistency and training across these areas that play a fundamental supporting role to the scheduled care system, the NTPF has developed a new project management role that will work with hospitals initially in the development of expanded guidance and secondly to implement a certified training programme.

The development of this role is envisaged as an enabler towards improved alignment to national protocols within each hospital group and fundamentally in each individual hospital.

Conclusion

The team would like to express their thanks to all 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 in 2016.

Finance

David Allen
Finance Director

Introduction

2015 saw a very busy year for the Finance & Nursing Home Support Scheme Department. In respect of Finance funds allocated to the NTPF in 2015 were disbursed as follows:

- €3.2m 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.

- €1.1m was allocated by the NTPF to provide somelimited support to public hospitals by facilitating the treatment of those waiting longest (greater than 12 months) for colonoscopy, gastroscopy and panendoscopy procedures.

This initiative identified a total of 2,652 patients in this category and resulted in 2,438 patients being removed from public waiting lists. Those remaining being due to clinical reasons or patient choice.

- €7.7m was received from the HSE, and disbursed by the NTPF, in order to support public hospitals reach their waiting list targets. This funding facilitated the treatment of 11,873 patients over a wide range of medical specialties.

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 2015, 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

The 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 Act designated the NTPF as that corporate person. The Act also contains aprovision 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 private nursing homes, that wish to be included in the Nursing Home Support Scheme, are formally committed to writing a Deed of Agreement between the 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 the NTPF);
- The agreed price.

The 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 2015 a total of 433 homes had pricing contracts with the NTPF and the overall national average price of long term residential care amounted to €903 per week. The equivalent figures for the end of 2014 were €893 for 430 homes.

In 2016 NTPF 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.

As recommended by the Department of Health's 2015 report on the Nursing Homes Support Scheme we will also be submitting proposals to the Minister for Health on NTPF's role as it relates to:

- The adequacy of residential capacity for those residents who require more complex care
- Value for money, economy and administrative cost for clients, the State and providers
- The transparency of how pricing arrangements are arrived at (to ensure that existing and potential investors can make informed decisions)

We wish to acknowledge the professionalism and courtesy shown by nursing home proprietors to our representatives during pricing negotiations and look forward to continue doing business with them in 2016.

Notes

Notes

The National Treatment Purchase Fund,
Ashford House, Tara Street, Dublin 2
www.ntpf.ie