

## **Public Accounts Committee 14 June 2018**

### **Opening Statement by John Horan Chairman, National Treatment Purchase Fund**

**I thank the Chairman and Committee Members for the invitation to appear here today to review the Financial Statements for 2016 and to discuss the operations of the National Treatment Purchase Fund.**

**I am pleased to have the opportunity also to introduce to you my colleagues, Liam Sloyan who took up the position of Chief Executive of the organisation on 4 May 2017, Liz Lottering who is Director of Audit, Quality and Research and Sean Flood who has recently been appointed as the organisation's Director of Finance.**

**As I have said, Liam Sloyan was only appointed to the position of Chief Executive in the course of 2017. Similarly, the Director of Finance has only recently taken up his position. So neither of them was in office during the Accounting Year 2016, but between us all we will be pleased to deal with any queries Committee members may have in respect of the Financial Statements for that year.**

**By way of providing the Committee Members with some background material we have forwarded to the Committee copies of:**

- NTPF's Strategy & Action Plan for the years 2017 through 2019**
- Annual Report and Financial Statements for year ended December 2016**
- Summary of Inpatient and Day Case Action Plan for 2018**

**I would propose therefore by way of this Opening Statement to deal briefly with just some aspects of these matters.**

**I am pleased to be in a position to report that since its inception the National Treatment Purchase Fund has carried out some great work in delivering faster treatment to hundreds of thousands of patients in the public healthcare system.**

**While not wishing to delve too much into the history of the organisation it is worth noting that in its first decade as an independent agency the NTPF succeeded in reducing inpatient waiting times for public patients from their original levels of 2 to 5 years down to an average waiting time of 2.5 months.**

**This was achieved through the direct commissioning of patient-level treatment for public patients by the NTPF - mostly in private hospitals. While dealing with matters in a chronological order I should note here that in 2009 the Nursing Home Support Scheme – referred to colloquially as the Fair Deal – was established and the NTPF was given a key role in relation to the pricing of long-term residential care. Before I conclude I will return to this particularly important part of the organisation’s operations.**

**In 2012 the Government assigned additional responsibilities to the NTPF and effectively signalled the end of the organisation’s direct patient treatment commissioning role. It also reflected a major resulting change in the operational framework of the NTPF as this commissioning work had represented a significant part of the activity of the NTPF since its inception. The result was that the organisation re-focussed its efforts on areas such as Data and Analytics, Audit and Quality Assurance and its role in relation to the Nursing Home Support Scheme. Through these, the organisation continued to provide valuable support services to the broader healthcare system at a time when it was undergoing significant change and reform.**

**During this period of change and uncertainty the organisation reduced its staffing levels to reflect the changing roles and the reduction in annual budgets.**

**In 2014 a new NTPF Board was appointed – one of the first selected under the Public Appointments Service process. This Board has a wide range of skills covering areas such as medical, legal, accounting, IT, procurement, personnel and general management. While continuing to oversee the ongoing operations of the organisation, this Board applied themselves particularly to the task of preparing the organisation through the development of a detailed strategy and action plan - all aimed at supporting performance improvement for the faster treatment of patients. The outcome of this work meant that the NTPF was well placed to support the commitments contained in the *Programme for a Partnership Government, 2016* in relation to the specific funding allocated to the organisation to reduce waiting lists in 2017 and 2018.**

**With the decision of the then Minister for Health in 2016 to re-establish the individual patient level commissioning role of the NTPF – and importantly with the associated enabling funding – the organisation is particularly well placed now to make an increased positive and valuable contribution again towards shorter waiting times for patients.**

**I say this with confidence - which is based on the proven track record of having done so in the past. It is also based on what has been achieved more recently - in the past 12 months.**

**In the Strategy and Action Plan, which we have circulated to you in advance, it can be seen that we have established six key objectives which must be achieved to ensure that we deliver successfully on our overall strategic intent.**

**Firstly, we aim to negotiate pricing agreements and purchase quality care from providers on behalf of the State. In this regard our second strategic objective is to ensure that a sustainable and fair market exists for long-term residential care with sufficient capacity to meet the requirements of those who require such care. We will continue to publish and share quality assured waiting list information in relation to public health services. This is designed to ensure that our key partners and stakeholders in the healthcare system are equipped, in a timely manner, with the necessary data and tools to make decisions that will ultimately lead to patients being treated faster.**

**A further objective in this regard will be to develop performance improvement tools that will equip operational managers in the delivery system to manage resources in the most efficient, effective and equitable manner possible. We will also provide advisory expertise to the public health service in relation to patient treatment pathways. While doing all this, as Chairman leading a strong Board of Directors, I will be ensuring that the NTPF governance and operational infrastructures are fit for purpose in delivering and communicating our strategic objectives for the treatment of long waiting patients.**

**In relation to corporate governance I am pleased to say that, using the services of the Public Appointments Service just 12 months ago, we recruited a new fulltime Chief Executive. This was a key part of the reactivation of the NTPF's role of commissioning patient treatment - as was the re-building of our staffing resources in order to support the work of reducing waiting times for the longest waiting patients.**

**In order to deliver on the requirements placed on the organisation under the *Programme for Government 2016* the NTPF budget was increased to €20 million last year, with a further €55 million committed for the current year. I am pleased to report that we have successfully resumed commissioning of patient treatment and that detailed arrangements are in place with private**

**hospitals for this work. An in-sourcing initiative was also undertaken to treat patients in public hospitals for specific procedures and treatments.**

**In the first half of 2017 preparation work for the resumption of commissioning of patient treatment was completed and detailed arrangements were made with private hospitals to carry out this work. Through this process - and using €5million of the €15million allocated to us for patient treatment work in 2017 - Day case patients were brought into the system and more were then placed on treatment pathways. A further tranche of funding was then committed to an in-sourcing initiative under which up to €5 million was provided for treating patients in public hospitals for specific procedures and treatments. Finally, in the second half of 2017 a third phase of spending was decided upon based on our experience with the first two elements.**

**All of this work and expenditure were aimed at reducing the list of patients waiting for treatment for over fifteen months as at the end of October 2017.**

**A specific target was that the Active Inpatient and Daycase waiting list numbers would be less than 9,153. At the end of October the number was down to 7,282.**

**We aimed to remove 7,000 patients from this list through acceptance of offers of treatment funded by the NTPF. A total of 8,192 people were removed.**

**700 of the longest-waiting patients would be treated from the GI Scopes waiting list. As a result of the NTPF Scopes Initiative, 1,382 patients were removed.**

**In human terms each one of these patients, and their families, have had their pain and suffering dealt with at an earlier date and have been enabled to get on with their lives.**

**Importantly, from a Public Accounts perspective, the NTPF can identify each patient and the precise treatment that they received. We can assure this Committee that Value for Money was achieved and that despite the funding allocation being small - in the context of the overall spend on Health - that a real impact was made.**

**Our decisions on the specific uses for the current years funding allocation of €50million for patient treatment were informed by our experiences with last years approach. By the end of this year the organisation will have arranged treatment for a further 20,000 inpatient and day case patients. NTPF funded treatment is being provided in private hospitals, or in public hospitals where there is available capacity. The focus will be on those waiting longest for around 50 different procedures.**

**To date, in 2018, the NTPF has made arrangements for almost 9,000 inpatient and day case patients and this has contributed to the number on the inpatient and day case waiting list reducing by a further 3,000 in the first 5 months of 2018, despite the challenges posed by Storm Emma. The number on this waiting list is currently 7,500 (or 9%) lower than it was at its peak 10 months ago.**

**As Members of the Committee will realise the amounts of money allocated to the NTPF, on their own, won't solve the waiting list problem. But they will contribute to that process. And working with the HSE we will identify the requirements, develop treatment plans, and where possible, offer treatments from within existing HSE and NTPF resources. Most importantly, as I have indicated already, thousands of long waiting patients are getting their treatments faster and are being enabled to get on with their lives.**

**Earlier in my Opening Statement I noted that the Nursing Home Support Scheme – the Fair Deal – was established in 2009 and the NTPF was given a very specific key role in relation to the pricing of long-term residential care. Given the very significant sums of public monies - of the order of €1billion - being allocated to this Scheme this matter will be of particular interest to the members of this Committee.**

**While the NTPF's role is very precisely defined - and limited - in the Nursing Home Support Scheme Act the organisation was given a vitally important task - in terms of its importance both for the users of the system and for national finances. Specifically, the NTPF is mandated by statute to negotiate with nursing home proprietors for the purposes of reaching an agreement as to the maximum amount that will be charged for the provision of specified long-term residential care services.**

**I am pleased to be able to record that the NTPF has delivered consistently on this mandate over the past eight years. The organisation has done this**

firstly by setting up the system of agreeing prices, secondly by successfully negotiating and agreeing prices with about 430 nursing homes, and finally by re-negotiating and updating these prices – again on a fully negotiated basis with each nursing home – over the years of the operation of the scheme. By the end of April 2018, more than 430 nursing homes had pricing contracts with NTPF and the average price of long-term residential care paid to these nursing homes amounted to €955 per resident per week. Another key figure is that these nursing homes are providing care to 17,500 Fair Deal residents.

On behalf of the organisation I can assure the members of this Committee that the NTPF will continue its work to ensure that value is achieved for the taxpayer and that the substantial funds being made available to Fair Deal are maximised for the benefit of those assessed as being in need of long-term residential care.

A major Review of the Nursing Home Support Scheme carried out by the Department of Health in collaboration with the HSE concluded that the National Treatment Purchase Fund had done *“an effective job in introducing and managing a pricing system for long-term residential care facilities”*. The organisation was thanked for its *“on-going contribution to the success of the Scheme and in ensuring that quality nursing home care is available for those in need of such care”*.

So any proposals to amend a successful system benefitting 17,500 residents and involving State expenditure of close to €900 million should be very carefully scrutinised and considered. In these regards I can tell the Committee that the NTPF is currently working in the first instance with both the Departments of Health and Public Expenditure and Reform in a review to ensure that viable and effective systems continue to be provided for both providers and users of long-term residential care throughout the country.

When we were asked to commence this latest consideration of the operation the scheme we were reminded that the Fair Deal Scheme accounts for very substantial amounts of State funding and that the way the scheme is priced has critical relevance not only for the Exchequer but also in securing the long-term adequacy of residential bed capacity for older people. It was also noted that this exercise has potential for far reaching implications and that it would require careful analysis and nuancing to balance the various considerations that arise.

**I can assure the Committee that the NTPF has undertaken this task with all the due diligence that would be expected of us. Our over-riding concern throughout the process has been to provide the best possible inputs to the Steering Group which includes the Departments of Health and Public Expenditure & Reform. This Group will in turn bring its proposals to a broader Working Group which will in addition include officials from the Department of the Taoiseach and the Revenue Commissioners.**

**When the review was initiated by the Department of Health it was recognised by them that the NTPF would require professional and independent costing and other technical and relevant expertise to inform its review of pricing. We have been working with Deloitte on this and they have consulted a wide range of stakeholders and interested parties. Their work is close to completion and these matters will be considered by the Steering Group in the near future.**

**Of course, we continue to engage with nursing homes and to have regard to the feedback received. By way of example, NTPF staff have attended around 500 meetings with nursing homes and their representatives in the past 12 months.**

**I will now turn to the 2016 Annual Financial Statements. The statements show income of €33.9m in 2016. This income is mostly made up of €28.8m categorised as “HSE Income” and €5.1m from “Oireachtas Grants”.**

**The “HSE Income” reflects an approach adopted in 2015 and 2016, whereby the HSE received funding and procured treatment for patients on the waiting list and the role of the NTPF was only to administer payment for these services. In line with this role, the NTPF received €28.8m from the HSE to discharge the invoices arising in respect of treatments arranged by the HSE.**

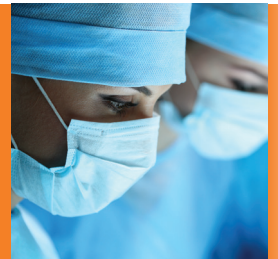
**With respect to the €5.1m in “Oireachtas Grants”, €3.9m of this amount was used to meet the costs of the NTPF in performing its functions including in relation to the Nursing Home Support Scheme; waiting list collection, validation and reporting and providing related advice and support to the Minister and to the hospital system.**

**The remaining €1.2m, together with €0.3m from the surplus carried forward was used to procure treatment for patients waiting more than 12 months for gastro-intestinal scopes.**

**In conclusion and speaking as Chairman of the Board, I wish to reassure the Committee that our objective is to ensure that the National Treatment Purchase Fund continues to be well directed and managed in accordance with all appropriate governance requirements. We have a cohort of skilled Board members and a committed Executive team and employees giving us a base of significant experience and skills. Our aim is to ensure that all of the functions allocated to us by Government are carried out effectively and efficiently and that we will continue to be in a position to demonstrate that all funding voted to the organisation is being spent as intended to reduce waiting times for patients in the public healthcare system.**

**Thank you Chairman, and Members of the Committee. The members of the Executive and I will gladly take any questions which you may have.**

2017-2019



## STRATEGY & ACTION PLAN

**Supporting performance improvement to  
treat patients faster**



an ciste náisiúnta um cheannach cóireála  
the national treatment purchase fund



## TABLE OF CONTENTS

Statement of Chairman and Chief Executive	5
Purpose	7
Background	7
Achieving Our Strategic Intent	9
Developing the Strategy	10
Stakeholder Engagement	10
Mission	11
Values	11
Strategic Objectives	12
Management of Risk	15
Resourcing	15
Communications	15
Implementation Planning and Reporting	16
Appendix:	
Action Plan	17

# STRATEGY & ACTION PLAN 2017-2019

**Supporting performance  
improvement to treat patients faster**

## Statement of Chairman and Chief Executive

As we enter into 2017 it is our pleasure to present this Strategy and Action Plan 2017 – 2019 for the National Treatment Purchase Fund. By developing and implementing this strategy we aim to achieve our strategic intent of supporting performance improvement to treat patients faster. As well as delivering on our current mandate, the NTPF has an ambition to leverage our significant expertise and experience to provide a wider offering of services which go beyond a focus on acute hospital treatment to one which also involves community services and encompass other areas including: diagnostics, demand and capacity management as well as a return to the area of commissioning individual patient treatment for those waiting longest.

This Strategy was developed against a backdrop of unprecedented numbers of patients waiting long periods for consultations and treatment and, in preparing it, the NTPF is conscious that solving this issue will require a multi-faceted approach undertaken in partnership with the HSE, Hospital Groups, individual hospitals, Community Health Care Organisations as well as with the Acute Hospital Division and the Department of Health. It also requires the active participation of the private sector, particularly private hospitals and private nursing homes which provide vital capacity in the wider health system. In developing the strategy we were also conscious of the requirement to research and adopt international best practice particularly in the area of waiting list management.

The Board brought its range of skillsets, including experiences in the health sector, accountancy, law, HR and management consulting to support the Executive in the development of this strategy. We were all cognisant of the ever increasing demands placed on public health services which can contribute to long waiting times for outpatient consultations and inpatient and day case procedures in the Acute Hospital System as well as services in the Community. There is also greater demand for diagnostic services and for services to care for our ageing population. Keeping pace with these demands and supporting the system to provide a universal, equitable, quality-based and timely service continues to prove challenging.

The NTPF was established in 2004 as an independent agency under the aegis of the Department of Health in order to help address unacceptably long waiting times for patient treatment in our hospitals. The role and function of the NTPF has evolved over the years but the original intention remains the same - faster treatment of patients. We now have the opportunity to assist with the necessary shift away from an acute-centric focus to one where a significant amount of patient interaction is carried out locally in appropriate community settings.

We believe that the NTPF is in a unique position now to make a positive and valuable contribution again towards shorter waiting times based on its proven track record of doing so in the past. In this regard, the NTPF Board and Executive welcome the decision of the Minister for Health in 2016 to re-establish the individual patient level commissioning role of the NTPF with associated enabling funding. We also acknowledge the support of the Department of Health in encouraging and facilitating the expansion of our current annual programmes of work.

We believe that this Strategy and Action Plan we are now presenting can significantly improve patient experience across the health system. We will focus our efforts over the next three years on; price negotiation and treatment purchase; ensuring a sustainable and fair market for long-term residential care; publishing information; developing performance improvement tools and providing advisory expertise while ensuring that we have the appropriate governance in place through a strong, cohesive and committed Board and Executive Team.

We know that achieving our strategic intent will not be possible without the on-going support of our key partners in the health service with whom we work on a daily basis. It is evident that there has never been a greater need for all organisations and individual professionals to work collaboratively to improve the patient experience for all those who interact with the health service.

In conclusion, we would like to sincerely thank Minister Harris and his Department for his endorsement and support in the development and delivery of this Strategy and Action Plan. It is also important to acknowledge the contribution of our colleagues on the Board of Directors of the NTPF, whose experience and dedication are vital ingredients for success, along with the staff of the organisation who work diligently to help us to achieve our objectives.



A blue ink signature of John Horan.

John Horan, Chairman



A blue ink signature of Jim O'Sullivan.

Jim O'Sullivan, Chief Executive

## Purpose

The purpose of this document is to articulate the future ambition of the NTPF, to outline its key strategic priorities for the years 2017-2019 and to present these in the form of a Strategic Plan. This is accompanied by an Action Plan focused on key deliverables over the three year life-span of the strategy.

The current Board of Directors was appointed in March 2014 with a scheduled term of three years. During its tenure the Board wishes to oversee the development of a comprehensive Strategic Plan for the organisation that will enable the NTPF to optimally contribute to the public health services in as far as its remit allows. This strategy is aligned to the commitments contained in *A Programme for a Partnership Government, 2016* in relation to specific funding allocated to the NTPF to reduce waiting lists for 2017 and 2018.

## Background

The NTPF was established by Statutory Instrument S.I. No. 179 of 2004 – The National Treatment Purchase Fund Board (Establishment) Order, 2004.

### The key functions are:

- 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;
- 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;
- To furnish whenever it is so required by the Minister or on its own initiative, advice to the Minister on issues relating to its functions under this Article;
- To perform any other function in relation to the purchase of hospital treatment that the Minister may from time to time assign to it.

### In addition, the Nursing Home Support Scheme Act, 2009 amended the Establishment Order to include the following additional purpose:

- To make arrangements with a person it considers to be appropriate, being a proprietor of a nursing home, relating to the price at which long-term residential care services will be provided by such person to persons requiring such services, and who are in receipt of financial support under the Nursing Homes Support Scheme Act 2009;

**In July 2012, the Minister for Health advised the NTPF that under provisions of the Statutory Instrument he was assigning additional responsibilities to the Board. These were:**

- To develop a national outpatient waiting list register;
- To develop and implement schemes to support and facilitate the gradual reduction in maximum outpatient first appointment waiting times;
- To support measures to facilitate improved patient experience time and performance in hospital emergency departments through targeted programmes of support.

The decision made in July 2012 reflecting Government Policy, effectively signalled the end of the direct commissioning of patient-level treatment by the NTPF. It also reflected a major change in the operational framework of the NTPF as this work represented a significant cohort of the activity of the NTPF since its inception. As a result, the organisation re-focused its efforts to concentrate on three key areas; Data and Analytics; Pricing and Audit & Quality Assurance.

Notwithstanding the change of focus, the NTPF remained a statutory independent corporate body appointed by and accountable to the Minister for Health and it continued to play a valuable role in relation to the patient treatment process. In an effort to fulfill its potential, discussions were held with the Department of Health in relation to the future role of the organisation and how best it could support the health service. In particular, the Board and Executive of the NTPF were eager to enhance its existing services and leverage its expertise to provide additional support services.

Early in 2016, the Department provided clarity to the NTPF in terms of areas considered appropriate for the NTPF to pursue in the short and medium term. This enabled the organisation to commence the formal process of preparing a strategy to cover the next three years.

During the course of preparing this strategy *A Programme for a Partnership Government* was published which committed to tackling the most pressing challenges Ireland faces, including health. In particular, the programme has specific actions to address patient waiting times across the health service and has committed to continued significant investment.

This clarified role along with specific funding committed to the NTPF, is strongly welcomed by the Board of Directors and its Executive and this strategy takes into account such a role in setting out how we plan to achieve our strategic ambition over the next three years.

## Achieving our Strategic Intent

In preparing a three-year Strategy & Action Plan it is important to ensure that the organisation has the necessary skills, expertise and resources to implement the strategy to ensure that the strategic intent can ultimately be achieved.

The NTPF has long been recognised as a statutory independent body in the area of patient treatment data and is cognisant of its supporting role within the context of the overall health service both in terms of assisting in the development and shaping of policy in relation to patient treatment and also in terms of providing practical support, guidance and data analytics to the health delivery system to help ensure that patients are treated as quickly as possible in our public facilities.

**To complement the range of services that we currently provide, our ambition for the next three years is to focus our effort on:**

- Supporting the delivery of improved waiting times for scheduled care;
- Developing local demand and capacity planning tools and mechanisms;
- Developing waiting lists for hospital diagnostics;
- Delivering technical guidance materials for hospitals to ensure the highest standards of data quality and practices;
- Conducting a review of the pricing system for Long-term Residential Care;
- Playing a role in the treatment of patients waiting long periods, including the commissioning of certain treatments;
- Exploring the collection of waiting lists for services in community and primary care;
- Considering a potential role in the pricing of other health services.

The specific measures required to deliver on this programme of work are contained in the Action Plan for 2017-2019 set out in this document.

These actions will be managed through the NTPF's main functional areas of: Corporate Services, Finance & Pricing, Audit & Quality Assurance, Information Technology and Project Development Office, with responsibility for delivery of actions being assigned to relevant members of the Executive.

## Developing the Strategy

The Board has worked closely with the Executive to set out a strategic direction to enhance the current role and to expand its remit into areas where it has the capacity and expertise to add value, and where it is appropriate to do so. The Board established a Strategy Committee soon after its appointment to work with the Executive on behalf of the Board to develop a strategic vision for the NTPF, which will ensure matching the strengths of the NTPF with the opportunities in a reforming health service.

A number of exercises and facilitated workshops were undertaken to build the strategy content and to take into account the evolving requirements of the health service overall. In particular the Executive carried out a SWOT analysis and an options appraisal process was conducted. This informed the development of thinking about what is required to sustain the NTPF in its established role but also the creation of a coherent set of new potential service options for the NTPF which were, in turn, evaluated against set criteria. All the core strategic building blocks (Mission/Values/Strategic Objectives) were reviewed by the Executive team in workshop format and approved by the Strategy Committee prior to formal review, input and agreement by the Board of Directors.

## Stakeholder Engagement

In developing its Strategy and Action Plan, the NTPF was conscious of its support role of the health service. In this regard, the success of the strategy will be to ensure that key objectives are aligned with those of the health service.

In order to validate our strategic intent, a detailed consultation process was therefore conducted based on the Board approved draft and prior to finalisation for publication. This process entailed conducting a series of one on one briefing sessions with an agreed list of key stakeholders and influencers across the system. This included senior personnel from; Department of Health; HSE; private hospital/nursing home representative bodies as well as patient/service user and advocacy groups. We also consulted with our staff to obtain their views and aspirations pertaining to our strategic intent.

Based on the valuable feedback provided from these sessions through responses to series of questions, the draft strategy was amended and completed.

## Mission of the National Treatment Purchase Fund

The Mission of the NTPF is to empower public health service providers and funders, and add value by delivering;

- Independent assurance and verification of waiting list information and processes concerning patient treatment, and;
- Specialist price negotiation and purchase initiative support when sourcing health services

## Values

The work of the NTPF will be underpinned by the following values:

### **Excellence:**

We are committed to delivering services of the highest quality which are innovative and integrated in nature while taking real pride in the services we deliver. We will ensure that the solutions are sustainable in an evolving health service.

### **Partnership, Integrity & Respect:**

We will at all times endeavor to work in partnership with our key stakeholders, including patients, staff, Government and health care providers in a spirit of consultation, collaboration and integrity within a culture of mutual respect to add value to the public health system.

### **Independence, Accountability & Responsibility:**

Through consistent strong leadership we will ensure that we maintain our independence as a statutory agency and that we are appropriately accountable and responsible for the decisions that we make.

# Strategic Objectives

The **Strategic Objectives** are those which must be achieved to ensure we deliver successfully on our overall strategic intent. They are listed below and, while not in any priority order, are strongly interdependent.

We have been explicit about the **Outcomes** we wish to achieve and have identified within each Strategic Objective the **Critical Success Factors** which will enable us to achieve that objective.

Each of our **Strategic Objectives** is set out below along with a brief statement relating to the context behind each. This document also sets out in tabular form the related **Actions, Outcomes and Critical Success Factors**. We have also developed an **Implementation Timeline and Key Performance Indicators**. In addition we have identified a senior **Executive Owner** with primary responsibility for achieving the objective.

## 1 STRATEGIC OBJECTIVE

### **Negotiate pricing agreements and the purchase of quality care from providers on behalf of the State**

The context for this objective originated in a key reason for the establishment of the NTPF back in 2004. At that time, there were long delays for patients waiting for treatment in the public health system and there were capacity delays in the system for which there were no immediate solutions. The NTPF was allocated a significant annual budget to directly commission treatments largely in the private hospital sector in order to alleviate excessively long waiting periods and was quite successful in achieving this objective. Since 2012, there has been a focus on alternative ways of dealing with long waiting lists. However, the provisions of *A Programme for a Partnership Government* in 2016 provide significant funding for the NTPF to address long waiting lists. The NTPF is now working to re-establish its operational capacity to deliver on this mandate.

In addition, the establishment of the Nursing Home Support Scheme (*Fair Deal*) in 2009 led to the NTPF playing a key role in relation to the pricing of long-term residential care.

## 2 STRATEGIC OBJECTIVE

**Ensure a sustainable and fair market for Long-term Residential Care with sufficient capacity to meet the requirements of those who require such care**

The context of this objective relates to the Department of Health publishing its review of the Nursing Home Support Scheme (*Fair Deal*) in 2015. In acknowledging that the NTPF has done an effective job in introducing and managing a pricing system, it recommended that the NTPF should review the present system with a view to:

- Ensuring that there is adequate residential capacity for those residents who require higher level or more complex care;
- Ensuring value and economy, with the lowest possible administrative cost for the State and administrative burden for providers;
- Increasing the transparency of the pricing mechanism so that existing and potential investors can make as informed decisions as possible.

In 2016, the Department of Health requested that the Chief Executive of the NTPF chair a review which was carried out in the second-half of the year. Establishing the process for agreeing the outcome of the review and overseeing the implementation programme is a key objective for the NTPF. We will work with all relevant stakeholders to achieve this objective.

## 3 STRATEGIC OBJECTIVE

**Publish and share quality assured waiting list information in relation to public health services**

The context for this objective originated in the establishment of the NTPF. We have, since 2004, a mandate to collect, collate and validate information in relation to persons waiting for hospital treatment and this was extended to outpatient waiting lists in 2012.

Over the years we have improved our capacity and expertise in relation to this Data Analytics role for Inpatient, Day Case and Outpatient waiting lists. We are constantly engaging with our key partners and stakeholders to ensure that they are equipped, in a timely manner, with the necessary data and tools to make decisions that will ultimately lead to patients being treated faster. We also wish to extend our role to providing quality-assured waiting list data relating to non-hospital and community based health services so that all areas of the public health service can access data to support them to make evidence-based decisions.

## 4 STRATEGIC OBJECTIVE

### **Develop performance improvement tools for the operational management of patient treatment pathways in the public health system**

The context for this objective arises from our on-going interaction with the health service and, in particular with the acute hospitals across the country. As an independent body, the NTPF is uniquely positioned to spearhead the development of a suite of performance improvement tools and techniques that will ensure that operational managers in the delivery system are equipped to manage resources in the most efficient and effective manner to ensure that patients are treated faster and in the most equitable manner possible. We are committed to working with health service managers to explore other non-hospital based areas to focus on. Our Audit & Quality Assurance service will ensure that the highest standards of data quality and operational management are being maintained.

## 5 STRATEGIC OBJECTIVE

### **Provide advisory expertise to the public health service in relation to patient treatment pathways**

The context of this objective again has its origins in our establishment with the NTPF being given a specific function relating to the provision of advice. Since our inception we have embraced this role and continue to play an important part in advising on best practice, developing resource material and providing benchmarks against international best practice in the area of scheduling of patient treatment. We work with our partners and key stakeholders in health and academic fields in relation to advice and guidance on scheduled care in hospital settings and we have an ambition to develop this capacity for non-acute community based services.

## 6 STRATEGIC OBJECTIVE

### **Ensure that the NTPF governance and operational infrastructure are fit for purpose in delivering and communicating our strategic objectives**

As a state body, the NTPF is conscious of the requirement to operate to the highest standards of corporate governance and to ensure that we appropriately manage the risks which we face in carrying out our role. This obligation is particularly relevant as we embark on the implementation of this strategy which seeks to enhance our role in the health service with the aim of treating patients faster. It is vitally important that we have the necessary structures, processes and resources in place to effectively deliver on our existing mandate as well as enhancing our role and effectively managing the additional resources committed in *A Programme for a Partnership Government* for treating long-waiting patients.

## Management of Risk

The NTPF is committed to the management of risk as an integral part of its operations, implementing strategies to minimise threats to the achievement of the organisation's goals and objectives particularly in respect of its Strategic Plan.

There is a clear governance and reporting framework in place to ensure that the Audit and Risk Committee and subsequently the Board of Directors are adequately informed of the status of risks facing the NTPF. The current risk matrix ensures that risks are managed, monitored and reported on a monthly basis.

As part of this strategy and in line with *Risk Management Guidance for Government Departments and Offices*, (Department of Public Expenditure & Reform, February 2016), a complete new Risk Matrix Framework will be delivered in 2017. This will include a risk register in 5 x 5 matrix as set out in the guidance which is consistent with *International Standards Organisation (ISO) 31000:2009 Risk Management – Principles and guidelines*.

## Resourcing

Delivery of this three year strategy, aligned with the additional funding committed in *A Programme for a Partnership Government*, will require us to review existing resourcing arrangements and priorities in line with our overall mandate and ambition. The strategy sets out a number of significant new areas which may, in some cases, require expanded manpower levels or, more likely, expanded skillsets to complement existing capability.

Our approach will be to look firstly to internal resources to assess our options. We will then develop the business cases to the Department of Health to support investment in additional resourcing.

The relevant system and control infrastructure needed to complement and support the implementation of this strategy will also need detailed review and consideration particularly in light of any expansion in the scale of our operations.

## Communications

A strong communications process is at the heart of all healthy and successful organisations. As part of this process, we will develop a **Communications Plan** to advise our staff and key stakeholders of the ambition and content of the strategy. It will stress the importance for the organisation and the wider health service of its successful implementation.

The communications plan will also provide the mechanisms by which progress in implementing the strategy will be communicated to our broadest stakeholders.

## Implementation Planning & Reporting

It is important that control mechanisms are in place to ensure the success of implementing the strategy in a timely manner and also to ensure that the measures being implemented are having the desired effect. These mechanisms also provide an opportunity for management to reflect on what may not be working as well as anticipated and to put remedial measures in place to address issues identified.

Relevant and appropriate Key Performance Indicators (KPIs) are embedded in the Action Plan contained in this document. Through monitoring of these we will ensure that targets are being achieved to facilitate successful implementation of the plan. In addition, we have developed an indicative three year implementation timeline to ensure that the Actions are undertaken in a manageable and prioritised manner. The indicative timeline will be subject to review on a regular basis.

We will adopt a rigorous approach to reporting on these KPIs to ensure that we stay on track to implement our mission. The Chief Executive will give a quarterly progress report on the implementation of all aspects of the strategic plan to the NTPF Board. An appropriate number of goal-related measures will be used to track progress.

## ACTION PLAN

<b>OBJECTIVE 1</b> <i>Negotiate pricing agreements and the purchase of quality care from providers on behalf of the State</i>				
<b>Actions</b>	<b>Timeline</b>	<b>Outcomes</b>	<b>KPIs</b>	<b>Critical Success Factors</b>
A. Establish and agree with the Department of Health the scope and extent of future commissioning support that will be required from NTPF and the resourcing implications in line with <i>A Programme for a Partnership Government</i> (May 2016)	<b>Q1 2017</b>	<ul style="list-style-type: none"> <li>Value for money</li> <li>Faster treatment times for patients and improved patient experience</li> <li>Equity in relation to access to treatment</li> </ul>	<ul style="list-style-type: none"> <li>Agree plan between NTPF &amp; DoH</li> <li>TBA dependent on the scope of the agreed plan</li> </ul>	<ul style="list-style-type: none"> <li>Formal commitment to a clear long-term role for NTPF in healthcare commissioning</li> <li>Appropriate, timely, ring fenced budget</li> <li>Appropriate infrastructure</li> <li>Skilled experience staff</li> <li>Stakeholder and patient engagement</li> </ul>
B. Explore extending the NTPF pricing and commissioning approach to other areas of the health service	<b>Q2 2018</b>			

<b>OBJECTIVE 2</b> <i>Ensure a sustainable and fair market for Long-Term Residential Care with sufficient capacity to meet the requirements of those who require such care</i>				
<b>Actions</b>	<b>Timeline</b>	<b>Outcomes</b>	<b>KPIs</b>	<b>Critical Success Factors</b>
A. Conclude the Review of pricing for long-term residential care	<b>Q 1 2017</b>	<ul style="list-style-type: none"> <li>An equitable sustainable market for long term residential care</li> <li>An agreed set of recommendations that match the requirements and meet the Terms of Reference of the Review</li> </ul>	<ul style="list-style-type: none"> <li>Report and Implementation Plan approved by NTPF Board</li> <li>Volume, price, length and variation of price agreements</li> <li>Long term residential bed numbers</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder agreement</li> <li>Detailed Implementation Plan</li> <li>Skilled, experienced staff</li> </ul>
B. Agree and Implement Action Plan	<b>TBC</b>			
C. Negotiate Pricing Agreements for Long-term Residential Care with Proprietors of Private and Voluntary Nursing Homes	<b>On-going as agreement due for renewal</b>			

**OBJECTIVE 3***Publish and share quality assured waiting list information in relation to public health services*

<b>Actions</b>	<b>Timeline</b>	<b>Outcomes</b>	<b>KPIs</b>	<b>Critical Success Factors</b>
A. Collect, collate, validate and publish national inpatient, day case and outpatient waiting lists	<b>On-going</b>			
B. Develop and deliver a suite of web-based data analysis reports to stakeholders, including: Doh, HSE Acute Hospitals Division, Hospital Groups and individual Hospitals	<b>Q4 2017</b>	<ul style="list-style-type: none"> <li>Increased responsiveness from healthcare service providers to treat patients faster</li> <li>Evidence based decision making by stakeholders</li> <li>Better informed patients and general public</li> <li>Complete and reliable quality data held by NTPF</li> </ul>	<ul style="list-style-type: none"> <li>Publication on our website by 6th working day after month-end</li> <li>3b and 3c to be decided from agreed project plan</li> <li>Inaugural Data Excellence Award ceremony (Jan 2017)</li> <li>Biennial award retention/achievement ceremony</li> <li>Data Awareness workshop with each hospital once a year</li> </ul>	<ul style="list-style-type: none"> <li>Retention of independence in respect of publication and reporting of waiting lists</li> <li>A clear long term role for NTPF in waiting list reporting</li> <li>Skilled experience staff</li> <li>Appropriate technological resources</li> </ul>
C. Continue with Data Completeness Data Quality (DCDQ) programme to monitor and report on the content of waiting list files submitted by hospitals	<b>On going</b>			
D. Assess the feasibility of collecting additional waiting lists, specifically: <ul style="list-style-type: none"> <li>An extended Outpatient Waiting List</li> <li>Diagnostics Waiting Lists</li> <li>Community Based Services Waiting Lists</li> </ul>	<b>Q4 2018</b>			

<b>OBJECTIVE 4</b> <i>Develop performance improvement tools for the operational management of patient treatment pathways in the public health system</i>				
<b>Actions</b>	<b>Timeline</b>	<b>Outcomes</b>	<b>KPIs</b>	<b>Critical Success Factors</b>
A. Progress the Inpatient, Day Case & Planned Procedure Project (IPDPP), specifically through the; <ul style="list-style-type: none"> <li>• Provision of a suite of Lean documents to support best practice</li> <li>• Development and delivery of tool kits to guide hospital staff with demand and capacity planning</li> <li>• Design and delivery of training workshops</li> </ul>	<b>Q1 2017</b>	<ul style="list-style-type: none"> <li>• Equitable access to scheduled care through a standardised approach to waiting list management across all hospitals</li> <li>• Optimally skilled and equipped staff in hospitals</li> <li>• Faster treatment times and improved patient experience</li> <li>• Delivered audit programme</li> <li>• Improved Process Management</li> <li>• Improved Data Quality Assurance</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of a suite of Lean documents to support best practice waiting list management</li> <li>• Development and delivery of tool kits to guide hospital staff with demand and capacity planning</li> <li>• Design and delivery of training workshops</li> <li>• Design and delivery of a new quality assurance model</li> </ul>	<ul style="list-style-type: none"> <li>• Stakeholder engagement</li> <li>• Escalation Protocols</li> <li>• Hospital and Group operational infrastructure to support the tools</li> <li>• Skilled experienced staff</li> </ul>
B. Develop and deliver an Audit & Quality Assurance Programme for scheduled care aligned with: <ul style="list-style-type: none"> <li>• New Inpatient, Day Case &amp; Planned Procedure Protocol and Toolkit</li> <li>• OSPIP Outpatient Protocol and toolkit</li> </ul>	<b>Q2 2017</b>			
C. Assess the feasibility to roll out the Audit and Quality Assurance Programme to Diagnostics and Community Waiting Lists	<b>Q1 2018</b>			

<b>OBJECTIVE 5</b> <i>Provide advisory expertise to the public health service in relation to patient treatment pathways</i>				
<b>Actions</b>	<b>Timeline</b>	<b>Outcomes</b>	<b>KPIs</b>	<b>Critical Success Factors</b>
A. Participate in national policy forums relating to patient treatment	<b>On-going</b>	<ul style="list-style-type: none"> <li>Better informed decision making</li> <li>Improved patient and service user experience</li> <li>Improved service delivery</li> <li>Irish performance is aligned with international best practice</li> </ul>	<ul style="list-style-type: none"> <li>Monthly update to the Board Of Directors and wider health system with agreed suite of robust targeted reports</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder Engagement</li> <li>Implementation of recommendations</li> </ul>
B. Conduct diagnostic reviews to inform national policy	<b>On-going</b>			
C. Collaborate with partner Universities and research partners, to advance the scheduled care improvement agenda	<b>Q1 2018</b>			
D. Continue to develop alliances with hospitals, Hospital Groups and National stakeholders	<b>Q2 2017</b>			

<b>OBJECTIVE 6</b> <i>Ensure that the NTPF governance and operational infrastructure are fit for purpose in delivering and communicating our strategic objectives</i>				
<b>Actions</b>	<b>Timeline</b>	<b>Outcomes</b>	<b>KPIs</b>	<b>Critical Success Factors</b>
A. Ensure compliance with Corporate Governance national standards, with a specific focus on risk management and internal financial control	<b>Q2 2017</b>	<ul style="list-style-type: none"> <li>Strong internal corporate governance including:</li> <li>Statutory compliance</li> <li>Value for money</li> <li>NTPF delivers on its objectives</li> <li>An engaged and committed workforce</li> <li>Increased recognition for NTPF brand and profile</li> <li>Informed stakeholders and enhanced organisational profile</li> </ul>	<ul style="list-style-type: none"> <li>Corporate Governance Manual completed</li> <li>Completion of new Risk Framework &amp; Register</li> <li>New organisational framework delivered</li> <li>Delivery of the HR plan</li> <li>Communications Plan delivered</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate skilled staff and supporting controls &amp; systems</li> <li>A clear long term role for NTPF</li> <li>Appointment of HR function</li> <li>A clear long term role for NTPF in waiting list reporting</li> </ul>
B. Review organisational structure, culture, internal resources, IT systems and operational processes	<b>Q1 2017</b>			
C. Implement the recommendations of commissioned HR analysis	<b>Q1 2017</b>			
D. Develop a communication plan	<b>Q1 2017</b>			





National Treatment Purchase Fund Board

Financial Statements

For Year Ended 31 December 2016

# National Treatment Purchase Fund Board

## Table of Contents

	Page
Table of Contents	2
General Information	3
Statement of Board Members' Responsibilities	4
Statement of Internal Financial Control	5 - 6
Report of the Comptroller and Auditor General	7
Statement of Income and Expenditure and Retained Revenue Reserves	8
Statement of Financial Position	9
Statement of Cash Flows	10
Notes to the Financial Statements	11 - 22

# National Treatment Purchase Fund Board

## General Information

Board members :	John Horan (Chairman) Sheila Bailey (appointed 28/02/14) Bernadette Costello (appointed 28/02/14) Patrick Gibbons (appointed 28/02/14) Terry McWade (appointed 28/02/14) James Melly (appointed 28/02/14) Jack Nagle (appointed 28/02/14) Brendan O'Donoghue (appointed 28/02/14) Anne-Marie Taylor (appointed 28/02/14)
Board Secretary:	Liz Lottering
Head Office:	Ashford House Tara Street Dublin 2
Telephone No:	+353 1 6427 101
Fax No:	+353 1 6427 102
Website:	<a href="http://www.ntpf.ie">www.ntpf.ie</a>
Auditors:	Comptroller and Auditor General 3 Mayor Street Upper North Wall Dublin 1
Main Bankers:	AIB Bank Limited Swords Road Santry Dublin 9
Solicitors:	Philip Lee Solicitors 7/8 Wilton Terrace Dublin 2

# National Treatment Purchase Fund Board

## Board Members' Report

For the year ended 31 December 2016

### Statement of Board Members' Responsibilities

The Board is required by the National Treatment Purchase Fund Board (Establishment) Order 2004 to prepare financial statements for each financial year which give a true and fair view of the financial state of affairs of the NTPF Board and of its income and expenditure for the year reported.

In preparing these financial statements, the NTPF Board is required to:

- Select suitable accounting policies and apply them consistently
- Make judgements and estimates that are reasonable and prudent
- Disclose and explain any material departures from applicable accounting standards
- Prepare the accounts on the going concern basis unless it is inappropriate to presume that the Board will continue in operation.

The Board is responsible for keeping proper accounting records which disclose, with reasonable accuracy at any time, its financial position and enable it to ensure that the financial statements comply with accounting standards generally accepted in Ireland and comply with the National Treatment Purchase Fund Board (Establishment) Order 2004.

The Board is also responsible for safeguarding the assets of the organisation and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the NTPF Board:

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John Horan  
Chairperson  
Date: 22/01/2018

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Terry McWade  
Board Member  
Date: 22/01/2018

# National Treatment Purchase Fund Board

## Statement of Internal Financial Control

### Responsibility for the System of Internal Financial Control

I as Chairman of the Board make this statement in accordance with the requirements set out in the Department of Public Expenditure and Reform's code of Practice for the Governance of State Bodies (2009). The Chairman and Members of the Board of the National Treatment Purchase Fund acknowledge their responsibility for ensuring that an effective system of internal financial control is maintained and operated.

### Roles and Responsibilities in relation to the Waiting List Initiative

In May 2015, the Health Service Executive (HSE) tendered for private hospitals to provide inpatient and outpatient services to all patients on public hospital waiting lists for in excess of 18 months. Individual hospitals were selected to provide specified procedures/treatments at agreed rates. The HSE arranged for treatment to be delivered to patients on its waiting lists. NTPF provided some administrative support to this initiative by way of disbursing payments to the participating private hospitals during 2015 and 2016.

### Purpose of the System of Internal Control

A system of internal financial control is designed to reduce rather than eliminate risk. Such a system can provide only reasonable and not absolute assurance that assets are safeguarded, transactions are authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely manner.

It is confirmed that the system of internal control was in place for the whole of the financial year under review, being the year ended 31 December 2016.

### Key Control Procedures

The following steps have been taken to ensure an appropriate control environment:

- The Board has a regular schedule of meetings at which it is provided with updated reports of expenditure trends and other financial planning and budgetary control issues.
- An Audit and Risk Committee has been established and operates under formal terms of reference that support a strong financial control environment. The Committee reports to the Board regularly.
- An Internal Audit Function, which is outsourced to a professional accountancy firm, operates in accordance with a written charter. Its work is informed by an analysis of the business risks to which the National Treatment Purchase Fund is exposed and its annual internal plans are based on this analysis. The internal audit function reports to the Audit and Risk Committee. Any instances of fraud or other irregularities that are identified are addressed by management and, where required, the appropriate authorities are notified.
- For the year under review, the Audit and Risk Committee, on behalf of the Board, arranged for Internal Audit to conduct a review of internal financial controls at the National Treatment Purchase Fund.

# National Treatment Purchase Fund Board

## Statement of Internal Financial Control (cont.)

- Management responsibilities are clearly assigned, with corresponding accountability.
- Reporting procedures are well established at all levels where responsibility for financial management has been assigned.

## The Risk and Control Framework

The system of internal financial control is continually developed, maintained and monitored in response to the emerging requirements of the organisation. There is a framework of administration procedures and regular management reporting in place including segregation of duties and a system of delegation and accountability.

The following is an outline of key processes and procedures designed to provide effective internal financial control, which are in place across the organisation:

- The Board has formulated a Strategy and Action Plan 2017-2019. The purpose of the document is to outline the National Treatment Purchase Fund's key strategic priorities for the years 2017-2019. This is accompanied by an Action Plan focused on key deliverables over the three year life-span of the strategy.
- There is an appropriate budgeting system with an annual budget which is kept under review by senior management.
- There are regular reviews by senior management of periodic and annual financial reports which indicate financial performance against forecast.
- A risk management system operates within the National Treatment Purchase Fund Board. Formal procedures have been established for reporting significant control failures and ensuring appropriate corrective action.
- There are systems in place aimed at ensuring the security of the ICT systems.
- The National Treatment Purchase Fund is compliant with all pay and travel circulars issued by the Department of Public Expenditure and Reform and all relevant guidelines regarding procurement.

## Annual Review of Controls

I confirm that a review of the effectiveness of the system of internal financial controls was carried out in respect of 2016.

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John Horan  
Chairperson  
Date: 22/01/2018



# National Treatment Purchase Fund Board

## Statement of Income and Expenditure and Retained Revenue Reserves For the year ended 31 December 2016

		2016	2015
	Notes	€	€
<b>Income</b>			
Oireachtas Grants	2	5,100,000	5,100,000
HSE Income	3	28,767,120	20,354,016
Superannuation contributions		74,330	90,382
<b>Total Income</b>		<b>33,941,450</b>	<b>25,544,398</b>
<b>Less: Expenditure</b>			
Patient Care Expenditure	4	30,387,932	21,345,689
Administration Expenses	5	3,899,689	3,271,331
<b>Total Expenditure</b>		<b>34,287,621</b>	<b>24,617,020</b>
<b>(Deficit) / Surplus for the Year before Appropriations</b>		<b>(346,171)</b>	<b>927,378</b>
<b>Transfer from Capital Account</b>	12	26,104	44,754
<b>(Deficit) / Surplus for the Year after Appropriations</b>		<b>(320,067)</b>	<b>972,132</b>
Balance Brought Forward at 1 January		1,154,253	182,121
<b>Balance Carried Forward at 31 December</b>		<b>834,186</b>	<b>1,154,253</b>

All income and expenditure for the year relates to continuing activities at the reporting date. The Statement of Income and Expenditure and Retained Revenue Reserves includes all gains and losses recognised in the year.

The Statement of Cash Flows and notes 1 to 15 form part of these financial statements

On Behalf of the National Treatment Purchase Fund Board:

John Horan  
Chairperson  
Date: 22/01/2018

Terry McWade  
Board Member  
Date: 22/01/2018

# National Treatment Purchase Fund Board

## Statement of Financial Position as at 31 December 2016

		2016	2015
	Notes	€	€
<b>Fixed Assets</b>	7	99,174	125,278
<b>Current Assets</b>			
Receivables and Prepayments	8	399,191	12,668,104
Cash at Bank and Cash in Hand	9	1,726,272	2,123,481
		<u>2,125,463</u>	<u>14,791,585</u>
<b>Current Liabilities (amounts falling due within one year)</b>			
Care Payables and Accruals	10	931,191	13,456,964
Non-Care Payables and Accruals	11	360,084	180,368
		<u>1,291,276</u>	<u>13,637,332</u>
<b>Net Current Assets</b>		<u>834,186</u>	<u>1,154,253</u>
<b>Total Net Assets</b>		<u>933,360</u>	<u>1,279,531</u>
<b>Representing</b>			
Income and Expenditure Account		834,186	1,154,253
Capital Account	12	99,174	125,278
		<u>933,360</u>	<u>1,279,531</u>

The Statement of Cash Flows and notes 1 to 15 form part of these financial statements

On Behalf of the National Treatment Purchase Fund Board:

\_\_\_\_\_  
John Horan  
Chairperson  
Date: 22/01/2018

\_\_\_\_\_  
Terry McWade  
Board Member  
Date: 22/01/2018

# National Treatment Purchase Fund Board

## Statement of Cash Flows

For the year ended 31 December 2016

		2016	2015
	Note	€	€
<b>Net Cash Flow from Operating Activities</b>			
(Deficit) / Surplus of Income over Expenditure		(346,171)	927,378
Depreciation and impairment of fixed assets	7	66,082	60,495
Decrease / (Increase) in receivables		12,268,913	(12,472,742)
(Decrease) / Increase in payables		(12,346,055)	11,961,698
<b>Net Cash Inflow from Operating Activities</b>		<b>(357,232)</b>	<b>476,829</b>
 <b>Cash Flows from Investing Activities</b>			
Payments to acquire property, plant and equipment	7	(39,978)	(15,742)
 <b>Net Cash Flows from Investing Activities</b>		<b>(39,978)</b>	<b>(15,742)</b>
 <b>Net (Decrease) / Increase in Cash and Cash Equivalents</b>		<b>(397,210)</b>	<b>461,087</b>
 Cash and Cash Equivalents at 1 January		2,123,481	1,662,394
Cash and Cash Equivalents at 31 December		1,726,272	2,123,481

# National Treatment Purchase Fund Board

## Notes to the financial statements

For the year ended 31 December 2016

### 1. Accounting Policies

The basis of accounting and significant accounting policies adopted by the National Treatment Purchase Fund Board (NTPF Board) are set out below. They have all been applied consistently throughout the year and for the preceding year.

#### a) General Information

The NTPF Board was set up under the National Treatment Purchase Fund Board (Establishment) Order 2004 with a head office at Ashford House, Tara Street, Dublin 2.

The NTPF Board's primary objectives are as follows:

- (i) 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.
- (ii) 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.
- (iii) To furnish whenever so required by the Minister or on its own initiative, advice to the Minister on issues relating to its functions.
- (iv) 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.
- (v) To develop and implement schemes to support and facilitate the gradual reduction in maximum outpatient first appointment waiting times.
- (vi) To support measures to facilitate improved patient experience time and performance in hospital emergency departments through targeted programmes of support.

In February 2016, the Department of Health clarified the short and medium term function of the NTPF. In the short term, the Department considers it appropriate for NTPF to continue its current role for the purpose of;

- supporting the HSE in the delivery of improved waiting times for scheduled care, particularly in relation to the management of inpatient day case and outpatient waiting lists
- working with the HSE to assist hospitals in the development of local demand and capacity planning tools and mechanisms

# National Treatment Purchase Fund Board

## Notes to the financial statements

For the year ended 31 December 2016

- working with the HSE to develop hospital diagnostic waiting lists
- developing technical guidance materials for hospitals to ensure the highest standards of data analysis and quality practice

In the medium term, the Department will work with NTPF to explore the possibility of extending the organisations remit into the area of community and primary care waiting lists. The long term future role of the NTPF Board is being considered in the context of the wider Health Reform Programme.

The NTPF Board is a Public Benefit Entity (PBE)

### **b) Statement of Compliance**

The financial statements of the NTPF Board for the year ended 31 December 2016 have been prepared in accordance with FRS 102, the financial reporting standard applicable in the UK and Ireland, issued by the Financial Reporting Council (FRC).

The NTPF Board has adopted FRS 102 in accordance with accounting standards except that pensions are accounted for on a pay-as-you-go basis. The provisions of FRS 102 Section 28 Employee Benefits are not applied and the liability for future pension benefits accrued in the year has not been recognised in the financial statements.

### **c) Basis of Preparation**

The financial statements have been prepared under the historical cost convention, except for certain assets and liabilities that are measured at fair value as explained in the accounting policies below.

The financial statements are in the form approved by the Minister for Health with the concurrence of the Minister for Finance under the National Treatment Purchase Fund Board (Establishment) Order 2004.

The following accounting policies have been applied consistently in dealing with items which are considered material in relation to NTPF Board's financial statements.

### **d) Revenue**

#### Oireachtas Grants

Revenue is generally recognised on an accruals basis. However, Oireachtas Grants are provided to meet liabilities maturing during the year as opposed to expenses incurred during the year and are accounted for on a cash receipts basis.

# National Treatment Purchase Fund Board

## Notes to the financial statements (cont.) For the year ended 31 December 2016

### Health Service Executive Income

Income from the Health Service Executive is recognised in the year in which the medical care is provided.

### Other Revenue

Other revenue is recognised on a cash receipts basis.

### **e) Patient care expenditure**

Care expenditure is recognised in the year in which the medical care is provided.

### **f) Property, Plant and Equipment**

Property, plant and equipment are stated at cost less accumulated depreciation, adjusted for any provision for impairment. Depreciation is provided on all property, plant and equipment on a straight line basis at rates which are estimated to reduce the assets to residual values by the end of their expected useful lives as follows:

Computer Software and Equipment	20% per annum
Office Equipment	20% per annum
Furniture and Fittings	10% per annum

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting estimated costs of disposal, if the asset were already of an age and in the condition expected at the end of its useful life.

Expenditure incurred on the development of computer systems, which is substantial in amount, and is considered to have an economic benefit to the Board lasting more than one year into the future, is capitalised and depreciated over the period in which the economic benefits are expected to arise. This period is subject to a maximum of 5 years. In the event of uncertainty regarding its future economic benefit an impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year.

### **g) Inventory**

As the Board does not carry any material inventory all unused sundry consumable items (e.g. stationery, printed material etc.) are charged in full to the Statement of Income and Expenditure and Retained Revenue Reserves in the period in which they were first acquired.

# National Treatment Purchase Fund Board

## Notes to the financial statements (cont.) For the year ended 31 December 2016

### **h) Receivables**

Receivables are recognised at fair value, less provision for doubtful debts. The provision for doubtful debts is a specific provision, and is established when there is objective evidence that the NTPF Board will not be able to collect all amounts owed to it. All movements in the provision for doubtful debts are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

### **i) Operating Leases**

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease. Expenditure is recognised on a straight line basis over the lease period.

### **j) Employee Benefits**

#### Short-term Benefits

Short term benefits such as holiday pay are recognised as an expense in the year, and benefits that are accrued at year-end are included in the Payables figure in the Statement of Financial Position.

#### Retirement Benefits

Pension entitlements of employees directly employed by the Board are provided for through a defined benefit scheme currently being finalised with the Departments of Health and Public Expenditure & Reform. By direction of the Minister of Health, no provision is made in the financial statements in respect of future pension benefits. Funding is provided when pension payments are made.

Pension contributions deducted from employees' salaries are recognised as income in the Statement of Income and Expenditure and Retained Revenue Reserves. Pension payments are charged to the Statement of Income and Expenditure and Retained Revenue Reserves when paid.

NTPF also administer the Single Public Service Pension Scheme ("Single Scheme") which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Single scheme members' contributions and employer contributions are paid over to the Department of Public Expenditure and Reform.

Pension benefits of staff seconded to the NTPF Board remain the responsibility of their parent bodies. The employer cost of providing these benefits is charged to the Statement of Income and Expenditure and Retained Revenue Reserves and is remitted to the parent bodies together with the relevant employee contributions.

### **k) Capital account**

The capital account represents the unamortised value of income applied to capital expenditure. Releases are made from this reserve to the Income and Expenditure and Retained Revenue Reserves in line with the depreciation and write-down of the assets.

# National Treatment Purchase Fund Board

## Notes to the financial statements (cont.) For the year ended 31 December 2016

### l) Foreign Transactions

Foreign transactions during the period have been translated at the rate of exchange ruling at the date of the transaction.

### m) Critical Accounting Judgements and Estimates

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the balance sheet date and the amounts reported for revenues and expenses during the year. The nature of estimation means that actual outcomes could differ from those estimates. However, there were no judgements required that had a significant effect on amounts recognised in the financial statements for 2016.

#### Depreciation and Residual Values

The NTPF Board has reviewed the asset lives and associated residual values of all fixed asset classes, and in particular, the useful economic life and residual values of fixtures and fittings, and have concluded that asset lives and residual values are appropriate.

### 2 Oireachtas Grants

The Oireachtas Grants voted to National Treatment Purchase Fund Board from Vote 38 Health as shown in the financial statements consist of;

		<b>2016</b>	<b>2015</b>
		<b>€</b>	<b>€</b>
Grants for current expenditure	<b>Sub-head E3</b>	5,100,000	5,100,000

		<b>2016</b>	<b>2015</b>
		<b>€</b>	<b>€</b>
<b>3 HSE Income</b>			
NTPF/HSE Outsourcing initiative		28,767,120	20,354,016

During 2015 and 2016 NTPF provided administrative support to a special HSE initiative whereby longest waiting public patients were treated in private hospitals. This support concerned disbursing payments to the participating private hospitals. Funding in relation to this initiative originates in the Department of Health Vote Subheads I1 to I4 and is allocated to the HSE. Patient care expenditure of €28.77m incurred in 2016 (2015 €20.35m) was processed in this way by NTPF.

# National Treatment Purchase Fund Board

## Notes to the financial statements (cont.) For the year ended 31 December 2016

### 4 (a) Patient Care Expenditure

In 2016 expenditure incurred by NTPF related to payments to private hospitals to provide inpatient and outpatient services to patients who had been on waiting lists for in excess of 18 months. The expenditure is broken down by payee and speciality as follows;

	2016 €	2015 €
<b>4 (b) Patient Care Expenditure by payee</b>		
Private Hospitals	30,387,932	21,330,689
Voluntary Hospitals	-	15,000
	<u>30,387,932</u>	<u>21,345,689</u>

	2016 €	2015 €
<b>4 (c) Patient Care Expenditure by speciality</b>		
Orthopaedics	12,958,057	5,509,381
ENT	4,286,291	3,794,944
General Surgery	3,533,586	2,689,430
Ophthalmology	2,338,225	992,493
Gynaecology	1,416,340	430,835
Non-cosmetic Plastic Surgery	1,402,816	977,058
Vascular Surgery	1,219,941	561,278
Urology	1,203,697	2,473,238
Neurosurgery	652,283	1,378,357
Cardiac Surgery/ Cardiology	614,518	1,537,431
Radiology	408,064	770,633
Dental and Oral Surgery	208,575	110,575
Surgical Dermatology	78,846	45,944
Rheumatology	35,832	42,281
Pain Management	26,741	757
Neurology	4,119	31,055
Total	<u>30,387,932</u>	<u>21,345,689</u>

## National Treatment Purchase Fund Board

### Notes to the financial statements (cont.) For the year ended 31 December 2016

		<b>2016</b>	<b>2015</b>
		<b>€</b>	<b>€</b>
<b>5 Administration Expenses</b>			
Payroll	Note 6	2,061,662	2,040,896
Office rent		603,805	442,897
Computer expenses		295,070	306,259
Office expenses		154,172	151,048
Transport and Travel		66,584	68,258
Professional services		414,941	61,624
Depreciation		66,082	60,495
Legal fees		38,303	53,930
Training and Recruitment		56,780	25,221
Premises cleaning and maintenance		23,261	20,553
Insurance		11,059	10,158
Board expenses	Note 6 (d)	12,749	10,068
Advertising and Promotion		78,062	8,795
Audit fees		14,000	8,500
Miscellaneous costs		2,554	2,089
Bank charges		604	540
		<u>3,899,689</u>	<u>3,271,331</u>

The costs of administering NTPF's role under the Nursing Homes Support Scheme Act are included in salaries and overheads. These costs amount to €375,566 (2015 €299,173).

## 6 Remuneration and Pay Costs

<b>6(a) Salaries and Pensions</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
<b>Staff Salaries :</b>		
Management	315,230	259,195
Administration	1,676,246	1,711,515
Board Fees	70,186	70,186
Total Payroll Cost	<u>2,061,662</u>	<u>2,040,896</u>

Pension levy deductions of €83,212 (2015 €118,875) were made from staff salaries and remitted to the Department of Health.

## National Treatment Purchase Fund Board

### Notes to the financial statements (cont.)

For the year ended 31 December 2016

#### 6(a) Salaries and Pensions (cont.)

Pending consideration of NTPF's role, 3 employees were on temporary secondment to other Health Agencies during 2016. Salary costs relating to these staff are being recouped from the Agencies in question. A further 11 employees, with a salary cost of €393,537 (2015 €436,764) were similarly assigned to other Health Agencies without salary recoupment to the Board. On the 31 December 2017 arrangements were put in place so that all secondees would either transfer on a permanent basis to other agencies or alternatively return to employment with the NTPF.

	2016	2015
Average Number of Employees during the year	46	45
Of which were seconded	-14	-18

6(b) Chief Executive's Salary	€	€
	-	-

The Chief Executive Officer (CEO) was appointed on an acting basis with effect from 28 May 2014. The Acting CEO did not receive any remuneration from NTPF in respect of his role. In addition to the role and duties as Acting CEO with NTPF, the CEO also carried out the role of Assistant National Director in the Office of the Director General of the HSE and was paid in line with the HSE consolidated pay scales.

6(c) Employee benefits breakdown		Number of Employees	
From	To	2016	2015
€60,000	- €69,999	4	4
€70,000	- €79,999	2	2
€80,000	- €89,999	-	-
€90,000	- €99,999	-	-
€100,000	- €109,999	1	1
Total		7	7

# National Treatment Purchase Fund Board

Notes to the financial statements (cont.)

For the year ended 31 December 2016

## 6 Remuneration and Pay Costs (cont.)

### 6(d) Board Members' Emoluments

	<b>Board Fees</b>	<b>PRSI on Board Fees</b>	<b>Vouched Expenses</b>	<b>Total 2016</b>	<b>Total 2015</b>
<b>Board Member</b>	€	€	€	€	€
John Horan (Chair)	11,970	0	1,324	13,294	12,902
Sheila Bailey	7,695	654	2,494	10,844	9,497
Patrick Gibbons	7,695	654	181	8,530	8,550
Terry McWade	7,695	654		8,349	8,349
James Melly	7,695		635	8,330	8,050
Jack Nagle	7,695	654	3,037	11,386	12,569
Brendan O'Donoghue	7,695	654		8,349	8,349
Anne-Marie Taylor	7,695	654		8,349	8,349
Bernadette Costello			5,078	5,078	3,212
Martin Barron (advisor)	424	2		426	426
<b>Total</b>	<b>66,259</b>	<b>3,927</b>	<b>12,749</b>	<b>82,935</b>	<b>80,253</b>

	<b>Meetings attended</b>		
		<b>Audit &amp; Risk Committee</b>	<b>Strategy Committee</b>
<b>Board Member</b>	<b>Board (9)</b>	<b>(6)</b>	<b>(11)</b>
John Horan (Chair)	9		
Sheila Bailey	7		8
Patrick Gibbons	9	6	
Terry McWade	9	6	
James Melly	9		11
Jack Nagle	8		10
Brendan O'Donoghue	9	6	8
Anne-Marie Taylor	8		10
Bernadette Costello	9	5	
Martin Barron (advisor)			

# National Treatment Purchase Fund Board

Notes to the financial statements (cont.)  
For the year ended 31 December 2016

## 7 Property, Plant & Equipment

	Computer Equipment and Software	Office Equipment	Furniture, Fixtures and Fittings	Total
Depreciation Rate	20% €	20% €	10% €	€
<b>Cost</b>				
At 1 January 2016	4,746,525	157,408	386,434	5,290,367
Additions	38,754	1,224	-	39,978
Disposals	-	-	-	-
At 31 December 2016	<b>4,785,279</b>	<b>158,632</b>	<b>386,434</b>	<b>5,330,345</b>
<b>Depreciation</b>				
At 1 January 2016	(4,632,238)	(150,701)	(382,151)	(5,165,089)
Charge for the Year	(60,818)	(2,921)	(2,343)	(66,082)
Disposals	-	-	-	-
At 31 December 2016	<b>(4,693,056)</b>	<b>(153,621)</b>	<b>(384,494)</b>	<b>(5,231,171)</b>
<b>Net Book Value</b>				
At 1 January 2016	114,287	6,707	4,284	125,278
Net movement for the year	(22,064)	(1,697)	(2,343)	(26,104)
At 31 December 2016	<b>92,223</b>	<b>5,010</b>	<b>1,941</b>	<b>99,174</b>

	2016 €	2015 €
<b>8 Receivables and prepayments</b>		
Receivables - Health Services Executive	173,388	12,650,614
Sundry Prepayments	220,272	11,215
Other Sundry Receivables	5,531	6,275
	<b>399,191</b>	<b>12,668,104</b>
<b>9 Cash at Bank and in Hand</b>		
	<b>2016 €</b>	<b>2015 €</b>
Bank Current Account	1,725,972	2,123,181
Petty Cash	300	300
	<b>1,726,272</b>	<b>2,123,481</b>

# National Treatment Purchase Fund Board

## Notes to the financial statements (cont.) For the year ended 31 December 2016

	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
<b>10 Care Payables and Accruals</b>		
Care payables	325	142,047
Care accruals	930,866	13,314,917
	<u>931,191</u>	<u>13,456,964</u>

	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
<b>11 Non-Care Payables and Accruals</b>		
Professional Services Withholding Tax	140,626	35,431
PAYE / PRSI and Government Levies	57,375	64,430
Other non care payables and accruals	162,083	80,507
	<u>360,084</u>	<u>180,368</u>

	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
<b>12 Capital Account</b>		
Balance at 1 January	125,278	170,032
Funds allocated to acquire fixed assets	39,978	15,742
Amortisation in line with asset depreciation	(66,082)	(60,495)
Balance at 31 December	<u>99,174</u>	<u>125,278</u>

### 13 Operating Leases

The National Treatment Purchase Fund occupies premises at Ashford House, Tara Street, Dublin 2 under a lease agreement commencing 1 January 2016 and expiring on 31 December 2020.

<b>Operating lease rentals (charged to Income and Expenditure and Retained Reserves)</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
Land and Buildings	603,805	442,897

## National Treatment Purchase Fund Board

### Notes to the financial statements (cont.) For the year ended 31 December 2016

<b>13 Operating Leases (cont.)</b>	<b>2016</b>	<b>2015</b>
	<b>€</b>	<b>€</b>
<b>The Board has the following commitments under operating leases which expire</b>		
Within 1 year	603,805	442,897
Within 2 to 5 years	2,415,218	-

Operating lease payments recognised as an expense were €603,805 (2015 €442,897)

#### **14 Related Party Disclosures**

Key personnel of the NTPF Board consist of members of the Board, the CEO and Senior Managers. Total compensation paid to key personnel, including Board member's fees and expenses, amounted to €385,416 (2015 €339,449). For a breakdown of the remuneration and benefits paid to key personnel see Note 6.

The NTPF Board adopts procedures in accordance with the guidelines issued by the Department of Public Expenditure and Reform covering the personal interests of Board members. In the normal course of business the NTPF Board may enter into contractual arrangements with entities in which the NTPF Board members are employed or are otherwise interested.

During the year the NTPF Board had no dealings with bodies connected to any of the Board members.

#### **15 Approval of the financial statements**

The financial statements were approved by the National Treatment Purchase Fund Board on 22 January 2018

2016



# ANNUAL REPORT

**Supporting performance improvement to  
treat patients faster**



an ciste náisiúnta um cheannach cóireála  
the national treatment purchase fund



Supporting performance  
improvement to  
treat patients faster

# Contents

## **Chairman's Statement**

## **Corporate Governance**

## **Overview of 2016**

- ▶ Acting Chief Executive Officer
- ▶ Information & Communications Technology
- ▶ Audit and Quality Assurance
- ▶ Corporate Services
- ▶ Finance, Hospital Pricing and Contracting
- ▶ Nursing Home Support Scheme
- ▶ Project Management Office

On behalf of the National Treatment Purchase Fund (NTPF), I am pleased to present the 2016 Annual Report.

This report is written against a backdrop of significant numbers of patients waiting long periods for treatment and consultation. Although the NTPF is not responsible for the performance management of the system, our offering of services in 2016 has been specifically tailored towards supporting improved systems and better use of evidence in the healthcare system to treat these patients faster.

During 2016 we developed the organisation into five dynamic functional areas – Information Technology, Audit and Quality Assurance, Project Development, Finance and Nursing Home Pricing and Corporate Services. All of this strategic planning work was designed to have the organisation fully prepared to resume its role in the commissioning of patient treatments – a role which had previously contributed to the successful reduction in waiting times for patients.



**John Horan**  
(Chairman)

We look forward now to making an enhanced contribution to this vitally important work of getting patients treated faster.

## **Information Technology**

Data and reporting has become a significant hub of the NTPF. The NTPF is now responsible for the collection, collation, verification and publication of waiting list information for inpatient, daycase, planned procedure and outpatient information. It also provides the Department of Health, Health Service Executive, Hospital Groups and individual hospitals with comprehensive trend analyses on waiting list information on a weekly basis. In 2017 the NTPF is providing a new suite of web-based data analysis reports to further support these stakeholders.

## **Audit and Quality Assurance**

In 2016 the Audit and Quality Assurance (AQA) Team completed a programme of audits across the scheduled care system in 42 hospitals in Ireland. The aim and objective of this programme was to ensure that complete, accurate, validated patient information was returned by hospitals to the NTPF and to confirm that hospitals had implemented national protocols for the management of waiting lists. A total of 739 remedial action plan items were reported as non-compliant across 19 key test controls reviewed in the 42 hospitals. 57% of those have been tracked to closure and the AQA team continues to work with Acute Hospitals HSE, Hospital Groups and individual Hospitals to track remaining remedial items.

The AQA team also completed a comprehensive piece of work for the National Directors of Primary and Social Care supporting the newly established National Speech and Language Therapy review group. A total of 11 diagnostic reviews were completed in seven service areas of Speech and Language Therapy with the highest volumes of clients waiting. This programme has contributed to a reduction of 70% in the over 12 months waiters for Initial Speech and Language Therapy. It has also supported the review groups report on a new National Model of Care for Speech and Language Therapy.

## **Project Development**

The Project Development Office was established in the NTPF in March 2016, initially to support the delivery of technical guidance materials for hospitals to ensure the highest standards of data quality and practice. The new National Inpatient, Day Case and Planned Procedure (IDPP) Waiting List Protocol was launched as part of an NTPF symposium in January 2017. This protocol was delivered in conjunction with the Department of Health, HSE, Hospital Groups and individual hospitals utilising lean methodology and tools and is intended to ensure consistent waiting list management and data practice across all 42 hospitals.

## Finance and Nursing Home Pricing

A total of €34.3m was processed by the NTPF in 2016,

- €28.8 million was received by the HSE and disbursed by NTPF in order to support public hospitals reach waiting list targets. This funding facilitated the treatment of more than 40,000 patients across a wide range of specialties
- €3.9m supported the provision and maintenance of the national patient treatment register, the development of systems and initiatives in support of the overall health reform programme and responsibilities under the Nursing Homes Support Scheme
- €1.6m was allocated by NTPF to provide some limited support to public hospitals facilitating those waiting over 12 months for a colonoscopy or gastroscopy procedure.

2016 was the eighth year of the Fair Deal Scheme with the Fund continuing its role of negotiating prices with private Nursing Homes. At the close of 2016 the NTPF had pricing contracts for a total of 433 homes at an average cost of €919 per week.

As requested by the Department of Health report on the Nursing Homes Support Scheme the NTPF will also be submitting proposals in 2017 to the Minister for Health as it relates to:

- Ensuring adequacy of residential capacity for those residents who require high level or more complex care;
- Continuing to ensure Value for Money and economy, with the lowest possible administrative costs for clients and the State and administrative burden for providers;
- Increasing the transparency of the pricing mechanism so that existing and potential investors can make as informed decisions as possible.

## Corporate Services

The Corporate Services Division was established in 2016 to support the work of the NTPF by designing and implementing strategies to foster and enable performance by capable and committed individuals. Employment Control Framework restrictions during the recessionary period have imposed limitations on our available resources that have limited our work programme. The Corporate Services Division can now offer solutions to ensure organisational effectiveness whilst ensuring that the NTPF cultivates an environment where development is encouraged and potential maximised.

## Additional Services 2017

Early in 2016, the Department of Health provided clarity to the NTPF in terms of areas considered appropriate for the NTPF to pursue in the short and medium term. This enabled the Board to commence the formal process of preparing a strategy to cover the next three years. During the course of preparing this strategy *A Programme for Partnership Government* was published which committed to tackling the most pressing challenges Ireland faces, including health. In particular the programme has specific actions to address patient waiting times across the health service and has committed to significant investment in the NTPF.

Our new Strategy and Action Plan 2017 – 2019 available at, [www.ntpf.ie](http://www.ntpf.ie), commits to a range of expanded services including;

- commissioning of treatment for longest waiting patients
- exploring price commissioning in other areas of the health system
- assessing the feasibility of collection of additional waiting lists eg for extended Outpatients, Diagnostics and Community Based Services waiting lists
- development of a new Audit and Quality Assurance programme for scheduled care
- expansion of the Community Audit and Quality Assurance diagnostic review programme
- expansion of performance improvement tools for the management of patient treatment pathways
- completion of the review of NHSS pricing

## Conclusion

I would like to thank Minister Harris and his Department for their endorsement and support in the development of our Strategy and Action Plan 2017 – 2019.

I would also like to thank my colleagues on the Board who have leveraged their broad range of skills to support the Executive in the development of this strategy. This places the NTPF in a unique position to continue to make a positive and valuable contribution toward shorter waiting times and to support our healthcare partners.

Finally I would like to thank and acknowledge the executive and staff of the NTPF for their continued dedication, diligence and hard work.

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 Home Support Scheme Act 2009 and additional functions as set out under section 4.1 by the Minister for Health. The Board operates to best practice corporate governance principles and in line with guidelines set out in “Code of Practice for Governance of State Bodies” issued by the Department of Public Expenditure and Reform both in its own activities and in its use of committees.

The Board is collectively responsible for leading and directing the State body’s activities. The Board delegates responsibility for the implementation of policy to the executive under Board supervision.

In accordance with Section 5 of the establishment order the current board of the NTPF was appointed by the Minister for Health on the 28<sup>th</sup> February 2014. The key corporate governance functions of this 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.

## Membership of the Board



### 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 is a senior charity professional and 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.

She was awarded in 2014 the Freedom of the City of London for her services to the Irish community in the UK.



### 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 Quality Assurance 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 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 (Chairman Audit and Risk Committee)

Dr. Terry McWade is a management consultant specialising in healthcare and education. He previously held the positions of Deputy CEO in the Royal

College of Surgeons in Ireland, Principle in the Boston Consulting Group (London), and CEO of Servier Laboratories (Denmark).

He is a Director of the Corporate Governance Association of Ireland, and former 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.

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 served previously as Chief Executive Officer of St Patrick's University Hospital from 1999 to 2007 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. He is an accountant (FCCA retired).



## 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 became founder and CEO of Alpha Healthcare, an Irish company dedicated to providing business management consultancy, change management, quality management systems, benchmarking support and training services to the Healthcare Sector. He set up Alpha Primary Care in 2007 to provide the same services to the UK market. He has a special interest in implementing Total Quality Management and LEAN techniques within the health sector.

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



## 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 formerly 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 2016. 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 2016 and the Strategy Committee met on 11 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 (11)
Mr. John Horan (Board Chairman)	9		
Mrs. Sheila Bailey	7		8
Ms. Bernadette Costello	9	5	
Mr. Patrick Gibbons	9	6	
Mr. James Melly	9		11
Dr. Jack Nagle (Strategy Committee Chairman)	8		10
Mr. Brendan O'Donoghue	9	6	8
Dr. Terence McWade (Finance and Audit Committee Chairman)	9	6	
Ms. Anne-Marie Taylor	8		10

## Acting Chief Executive Officer

In recent years the NTPF did not have a direct role in the commissioning of patient treatment. In that time Jim O'Sullivan served as acting CEO on a part-time basis for a number of years.

Throughout 2016 the organisation began its preparations to continue its work on providing necessary supports to the healthcare system and to again take on a role in the commissioning of patient treatment - in line with commitments in the Programme for a Partnership Government to reduce waiting times for the longest waiting patients. Throughout 2016 he led the NTPF Executive team and worked with the Board in developing the organisation's Strategy for the years 2017-2019. This was specifically aimed at ensuring that the organisation was well placed to commence the work of delivering waiting list initiatives to reduce patient waiting times.



**Jim O'Sullivan**

The work carried throughout 2016 is described in detail in the following sections of this Overview of 2016.

As the organisation moved in recent times to appoint a new full-time Chief Executive the Minister for Health, Simon Harris TD, thanked Jim O'Sullivan for his work. He thanked Jim "for his hard work and dedication in serving as Acting CEO of the NTPF over a number of years. His experience and expertise have greatly contributed to the organisation. Jim has led the organisation through a time of considerable change and has laid the foundation for its expanded role in the next few years".

## Information and Communications Technology Department

The Information & Communications Technology (ICT) Department plays a key role in the delivery of the NTPF strategic objectives. Broadly speaking this entails the collection, collation and reporting of hospital inpatient, daycase and outpatient waiting list numbers, together with ensuring the availability, security and confidentiality of our ICT systems. We manage this through three teams; Data Analysis & Reporting, Infrastructure & Operations and IT Projects.

In 2016 we commenced publication of waiting list numbers on the Irish Public Sector Open Data Portal (<https://data.gov.ie>). This portal is a rich source of open, free and reusable data for research and analysis purposes and spans a wide range of datasets. Hospital waiting list numbers are available for download in csv format at a Hospital Group, Hospital and Specialty level across the various timebands. Further work will continue on this important data transparency service in 2017.

We continued with our Data Completeness/Data Quality (DCDQ) work throughout the year, culminating in the presentation of the inaugural Data Quality Awards to a number of hospitals at the NTPF Symposium in January 2017. This is an important element in our drive to ensure that we receive consistent, quality data from the individual hospitals in order that we in turn can provide a trusted source of information to facilitate evidence-based planning and management of waiting lists at National, Group and Hospital levels. We liaise closely with our Audit & Quality Assurance team who audit and report on compliance in this area.

Mid-2016 saw the appointment of a new Health Minister which in turn brought a renewed focus on NTPF funding together with new waiting list clearance targets. The ICT team were in a position to facilitate a range of new weekly and monthly reports to various stakeholders in this regard. Indeed, the availability of timely, consistent and reliable data from us contributed greatly to the various *waiting list action plans 2016* at Group and National level. Of course this all takes place while we also must ensure the day-to-day operations are kept going – we processed over 24 million records in 2016 and distributed over 2,000 reports to the ‘health system’ each month. A selection of year-end reports are contained on the following pages.

Work continued in 2016 to collect and collate Radiology Diagnostics waiting lists, through a pilot project in the Dublin Midlands Hospital Group. We also worked closely with Crumlin and Temple Street hospitals to publish the numbers on the Outpatient Genetics waiting list.

An expanded data collection, by way of a Minimum Data Set (MDS), will be introduced to the Inpatient, Daycase and Planned Procedures waiting list in 2017 and the ICT team will work closely with our Project Development team and the various hospital teams to help deliver on this. An expanded MDS for Outpatient waiting lists is also planned to commence in 2017 and we will work closely with the HSE National Outpatient Performance Improvement Programme who are leading out on this project.

The increased data requirements from the various projects mentioned above will require up-to-date technology for data storage, analysis and reporting. In this regard our IT Projects team commenced, in 2016, a major project to redesign our database platform and expect to complete this in 2017. This in turn will facilitate an expanded range of reporting and publication options through the use of the latest technology and tools. We look forward to completing the foundations for this in 2017 and building an enhanced, scalable and user-friendly information portal.

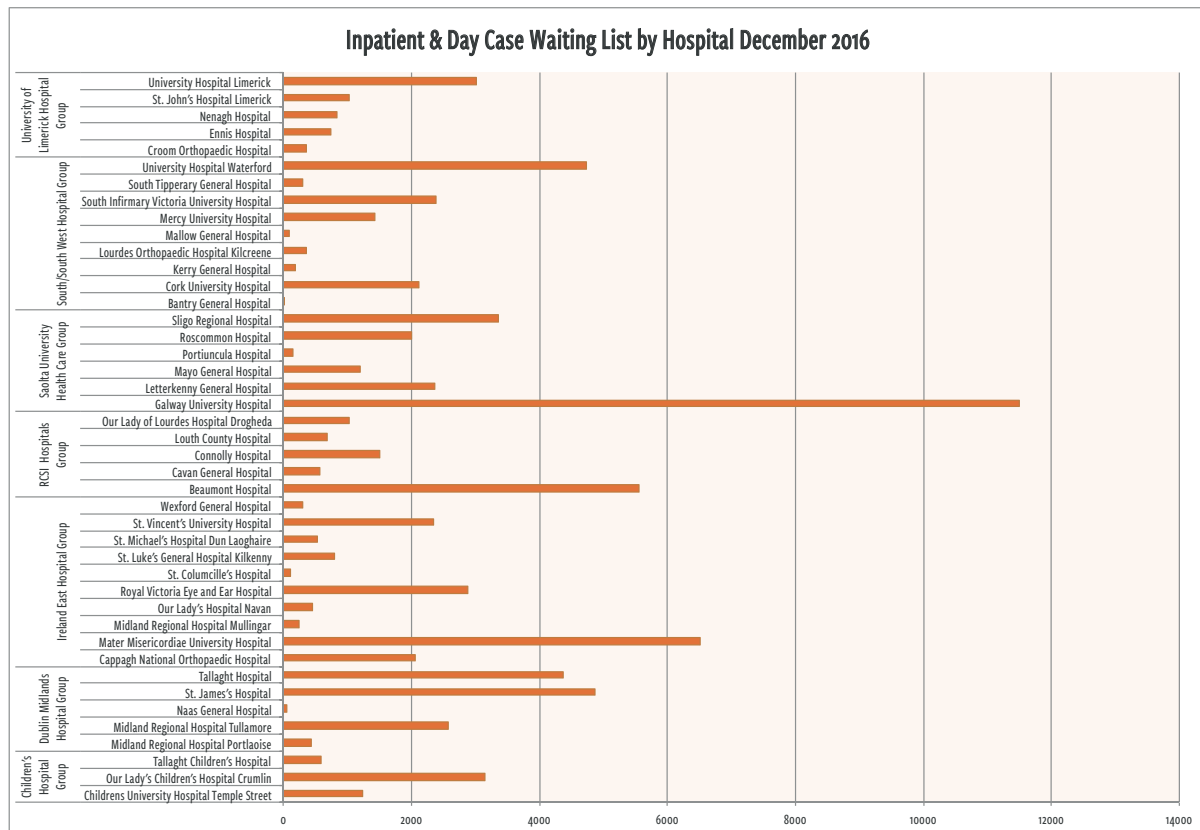
Our Projects Team also delivered on a number of important system upgrades and new solutions including the successful implementation of a digital Board Meeting system.

Our Infrastructure & Operations 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.

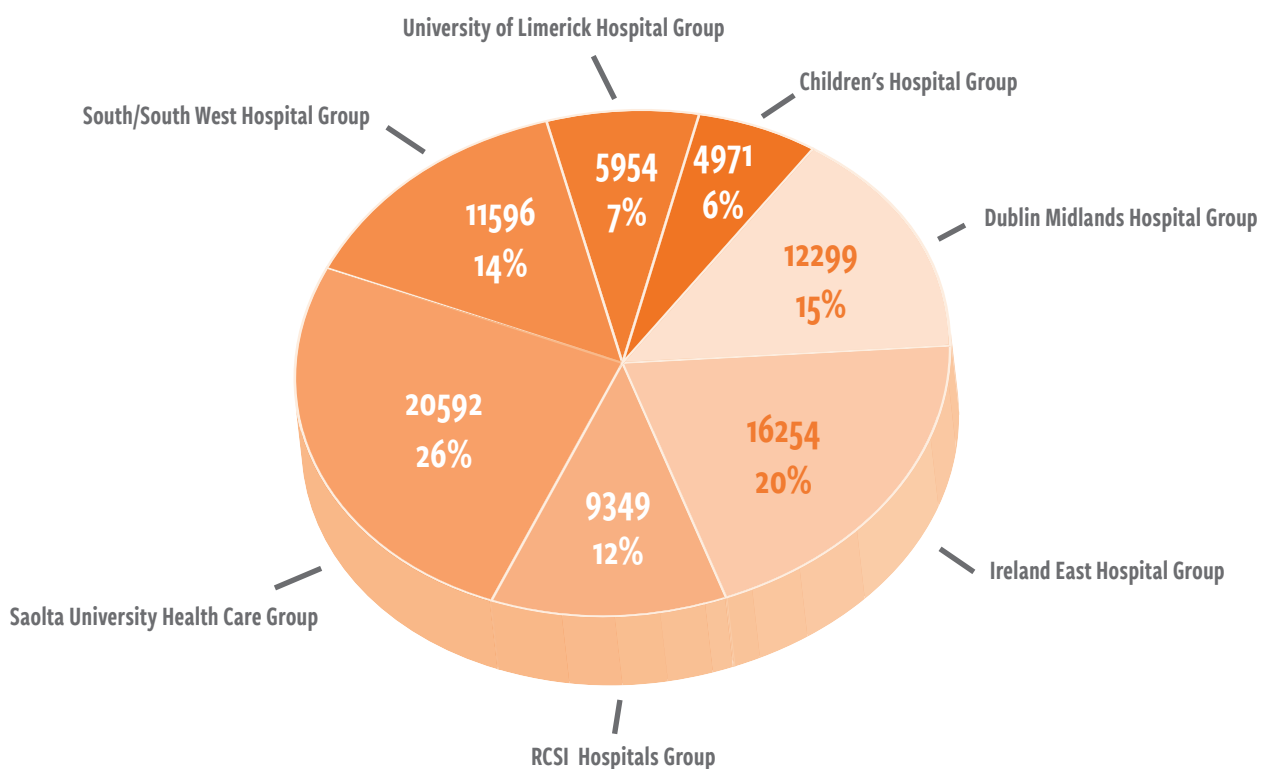
The Office of the Government CIO (OGCIO) has stated recently that Public Bodies should consider the opportunities presented by the use of Cloud services when developing business cases and making investment decisions around new business information systems. As such the NTPF are following a ‘cloud first’ strategy and will build on this throughout 2017.



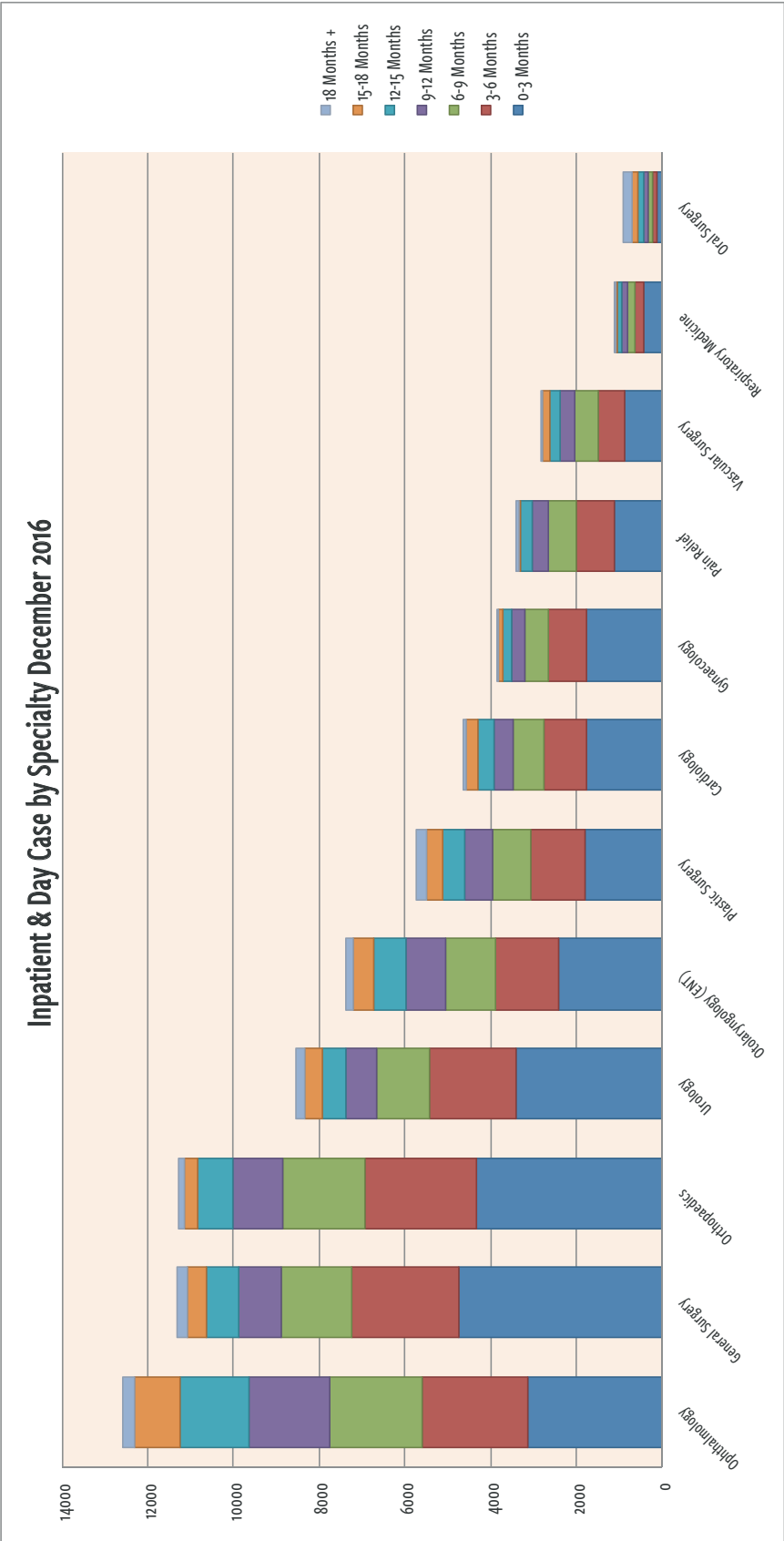
**Brian Parsons**



## Inpatient & Day Case Breakdown by Group December 2016

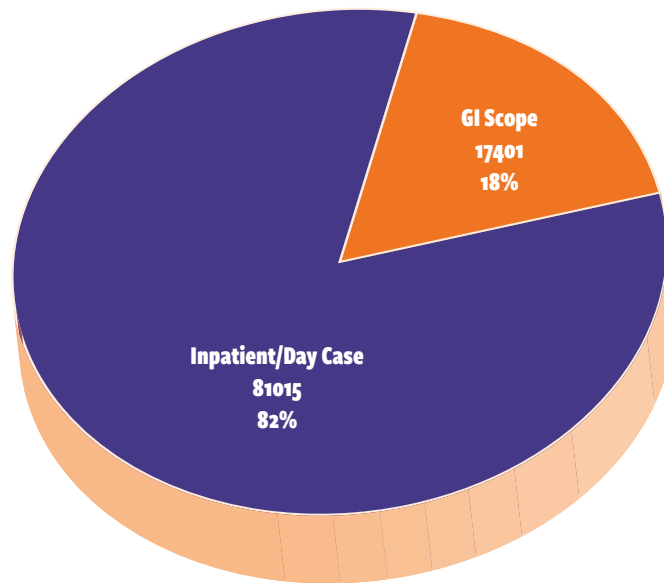


Inpatient & Day Case Waiting List Total December 2016									
Group	Hospital	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18+ Months	Grand Total
Children's Hospital Group	Childrens University Hospital Temple Street	507	275	195	123	114	25	0	1239
	Our Lady's Children's Hospital Crumlin	1021	672	474	315	323	240	100	3145
	Tallaght Children's Hospital	176	149	98	54	49	61	0	587
Dublin Midlands Hospital Group	Midland Regional Hospital Portlaoise	164	103	69	31	65	10	0	442
	Midland Regional Hospital Tullamore	666	534	477	424	284	181	1	2567
	Naas General Hospital	35	6	6	2	0	0	0	49
	St. James's Hospital	1495	1059	851	586	454	360	73	4878
	Tallaght Hospital	1484	984	657	502	396	269	71	4363
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	650	592	456	229	129	0	0	2056
	Mater Misericordiae University Hospital	1884	1476	1164	787	722	485	0	6518
	Midland Regional Hospital Mullingar	158	45	30	3	1	0	0	237
	Our Lady's Hospital Navan	300	97	43	15	0	0	0	455
	Royal Victoria Eye and Ear Hospital	762	591	479	437	324	169	119	2881
	St. Columille's Hospital	110	4	4	1	0	0	0	119
	St. Luke's General Hospital Kilkenny	404	164	138	63	28	9	0	806
	St. Michael's Hospital Dun Laoghaire	319	112	94	3	0	0	0	528
	St. Vincent's University Hospital	1048	602	309	190	139	66	0	2354
	Wexford General Hospital	166	106	25	3	0	0	0	300
RCSI Hospitals Group	Beaumont Hospital	2333	1334	756	490	278	169	198	5558
	Cavan General Hospital	350	158	55	15	0	0	0	578
	Connolly Hospital	745	367	215	80	73	19	0	1499
	Louth County Hospital	345	212	86	32	11	0	0	686
	Our Lady of Lourdes Hospital Drogheda	332	217	211	140	128	0	0	1028
Saolta University Health Care Group	Galway University Hospital	3188	2056	1726	1445	1138	893	1062	11508
	Letterkenny General Hospital	850	568	405	255	191	90	0	2359
	Mayo General Hospital	648	287	165	51	36	22	0	1209
	Portiuncula Hospital	68	37	30	6	2	0	0	143
	Roscommon Hospital	532	485	319	257	228	182	4	2007
	Sligo Regional Hospital	1426	823	591	316	168	42	0	3366
South/South West Hospital Group	Bantry General Hospital	8	0	0	0	0	0	0	8
	Cork University Hospital	883	379	302	215	182	105	47	2113
	Kerry General Hospital	163	25	3	1	0	0	0	192
	Lourdes Orthopaedic Hospital Kilcreene	318	31	3	0	0	0	0	352
	Mallow General Hospital	86	4	0	1	0	0	0	91
	Mercy University Hospital	554	326	210	172	122	15	33	1432
	South Infirmary Victoria University Hospital	1235	529	274	173	101	73	2	2387
	South Tipperary General Hospital	237	46	11	0	0	0	0	294
	University Hospital Waterford	1283	899	783	662	661	411	28	4727
University of Limerick Hospital Group	Croom Orthopaedic Hospital	332	20	2	1	1	0	0	356
	Ennis Hospital	252	206	111	73	54	41	0	737
	Nenagh Hospital	272	233	131	98	68	32	0	834
	St. John's Hospital Limerick	489	229	164	98	40	1	0	1021
	University Hospital Limerick	989	561	497	379	357	223	0	3006
Grand Total		29267	17603	12619	8728	6867	4193	1738	81015

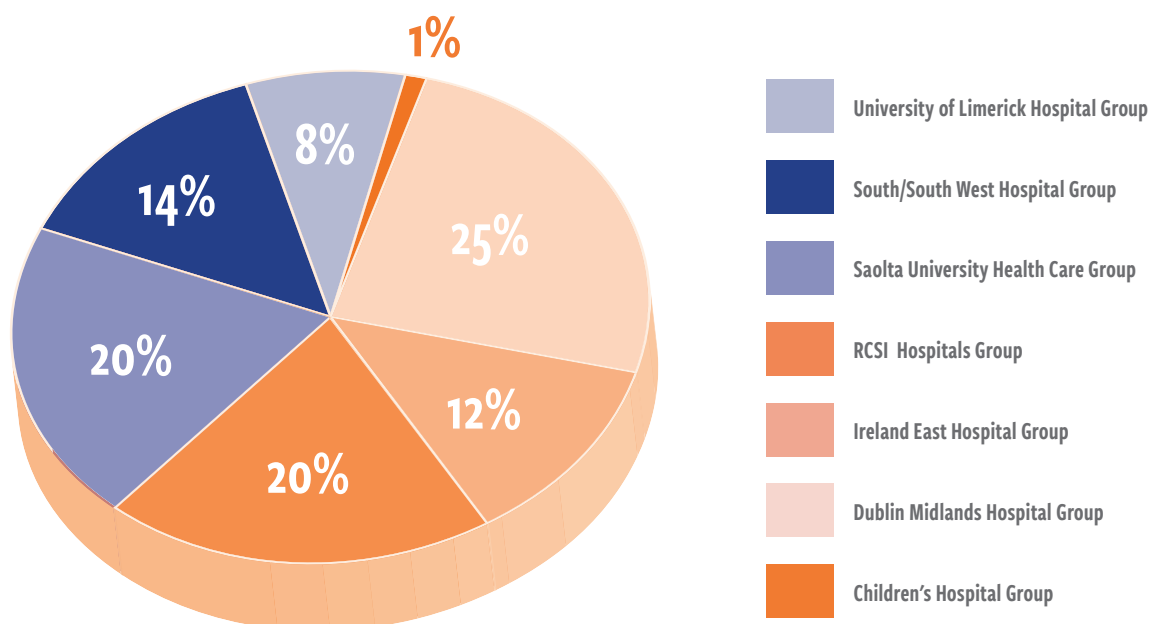


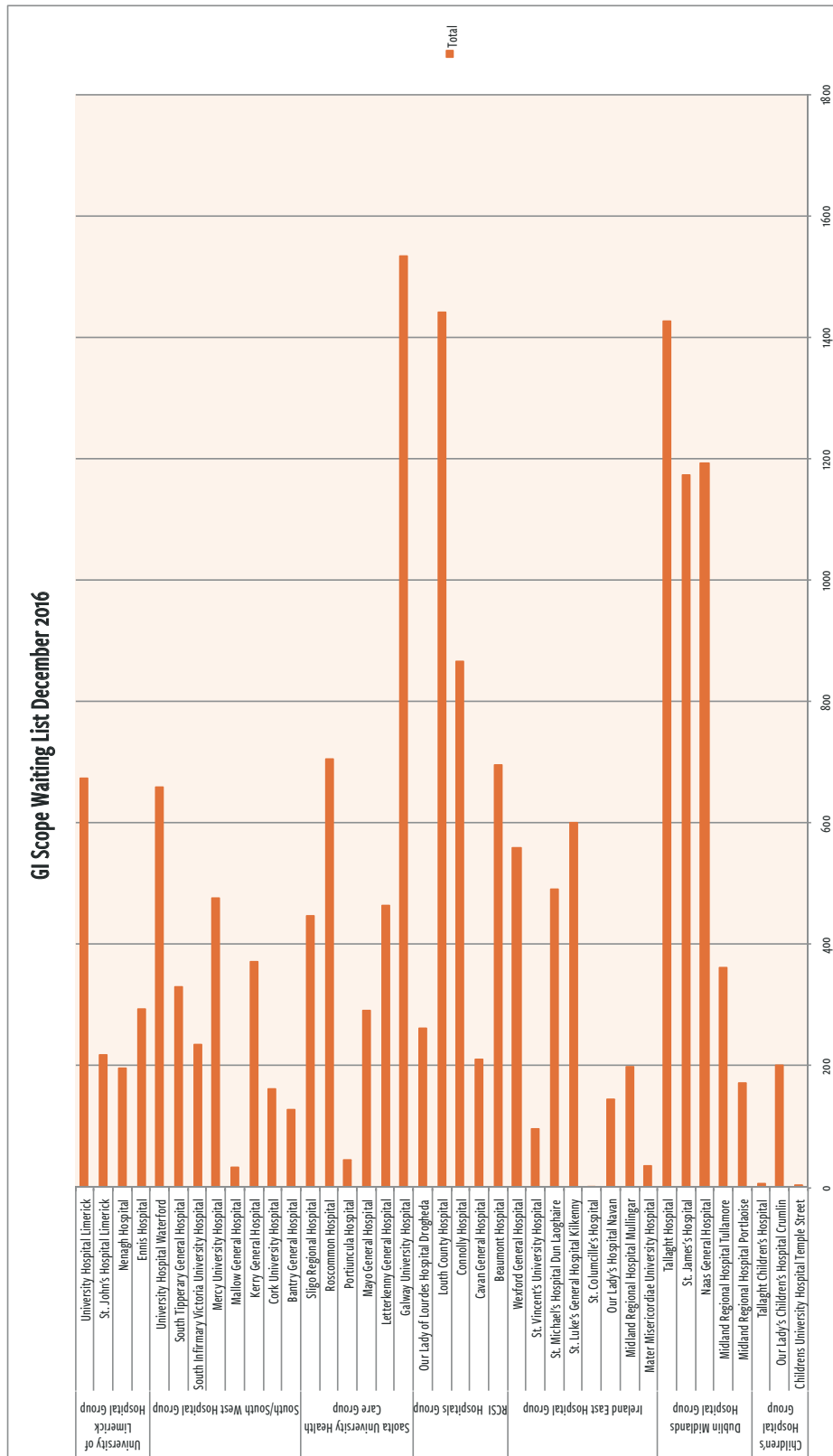
The following statistical graphing (pages 10 – 23) identifies end year position in relation to waiting list statistics and statistical analysis

GI Scope % December 2016

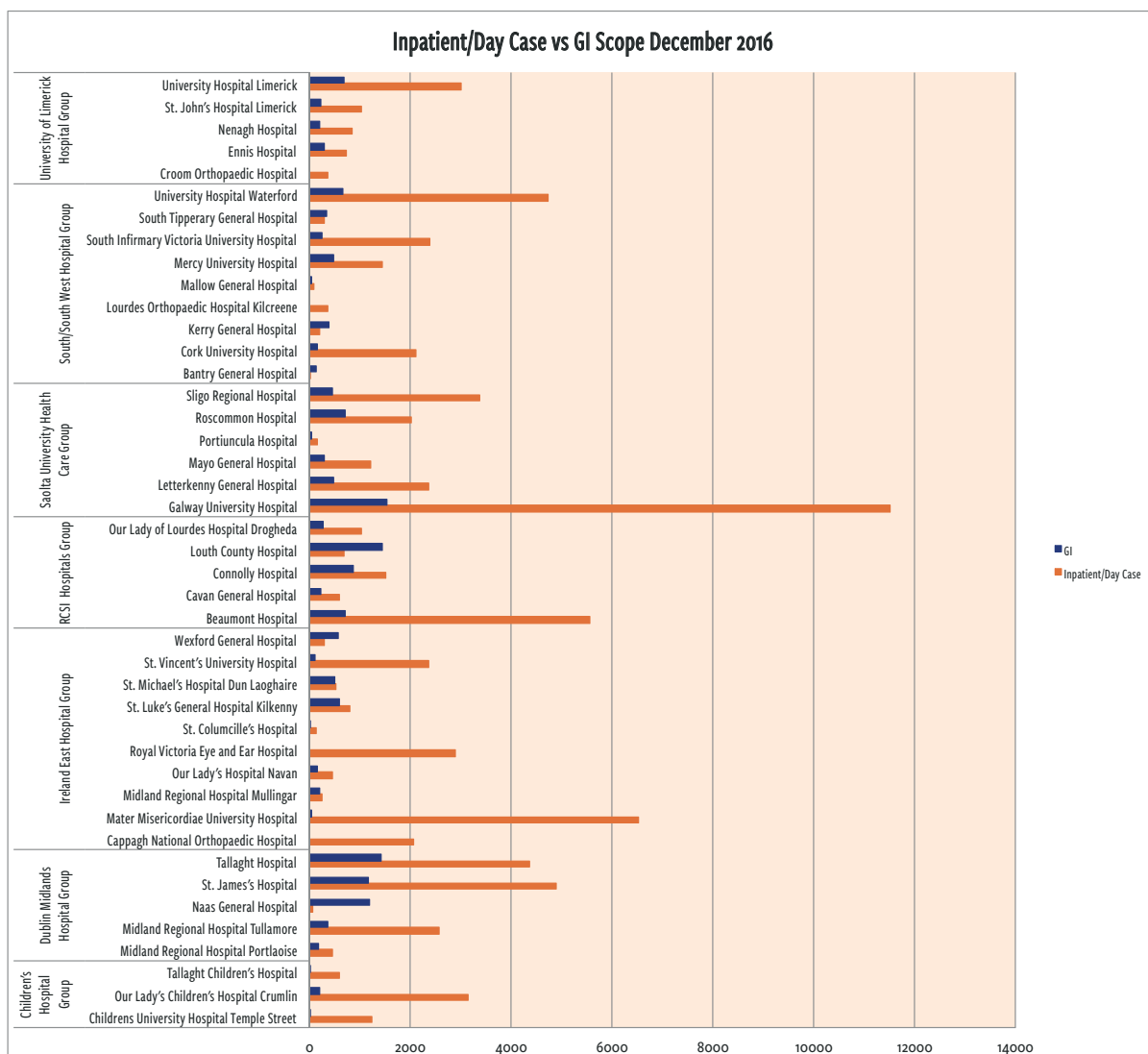
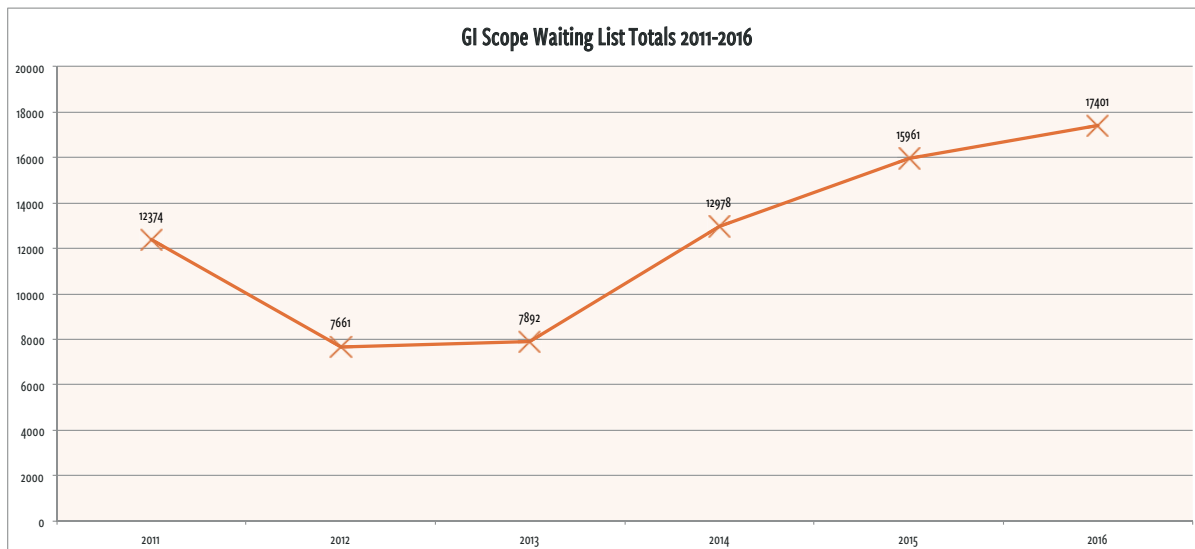


GI Scope Breakdown by Group

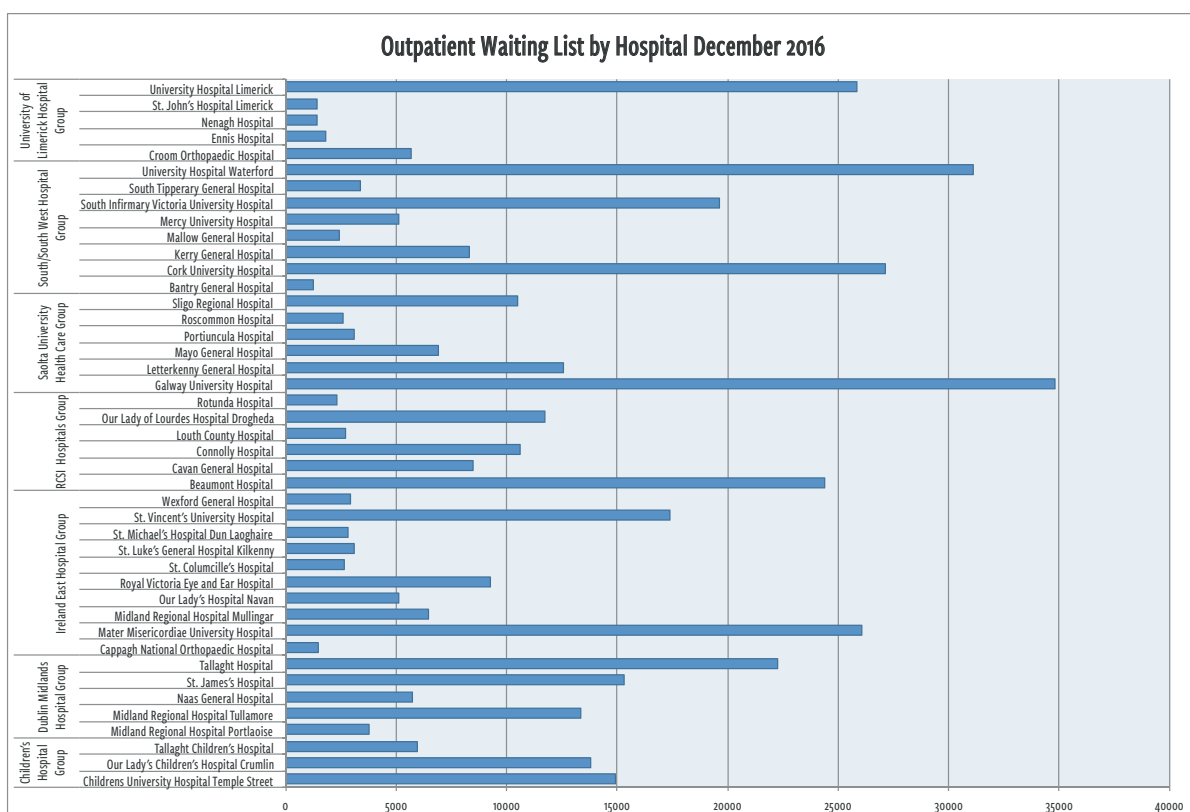
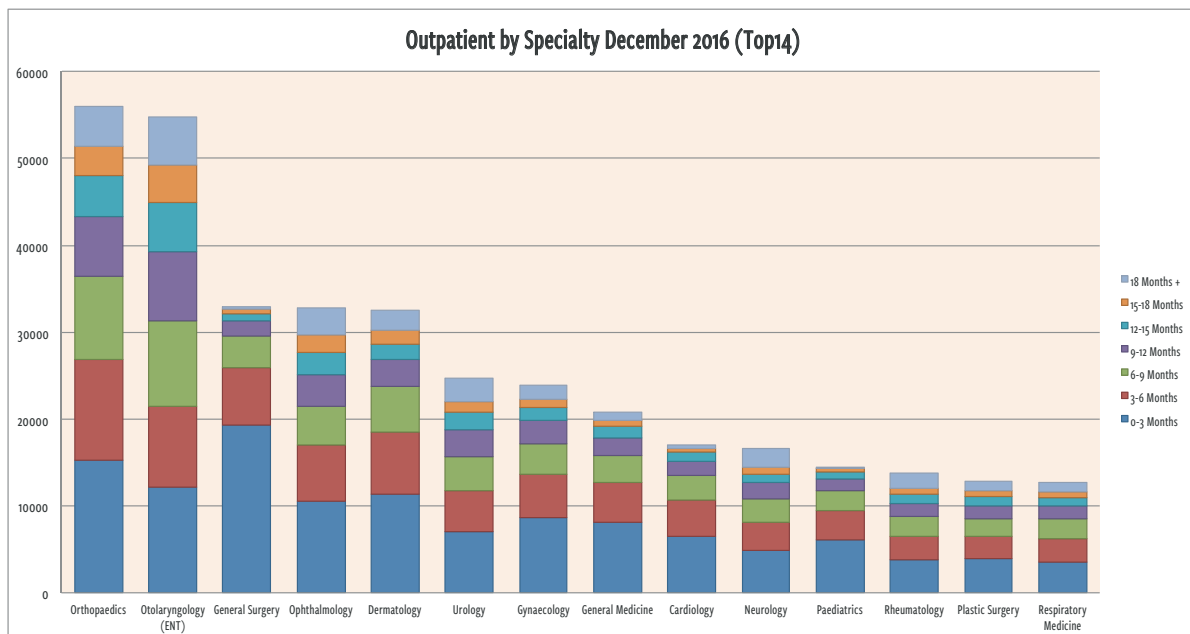




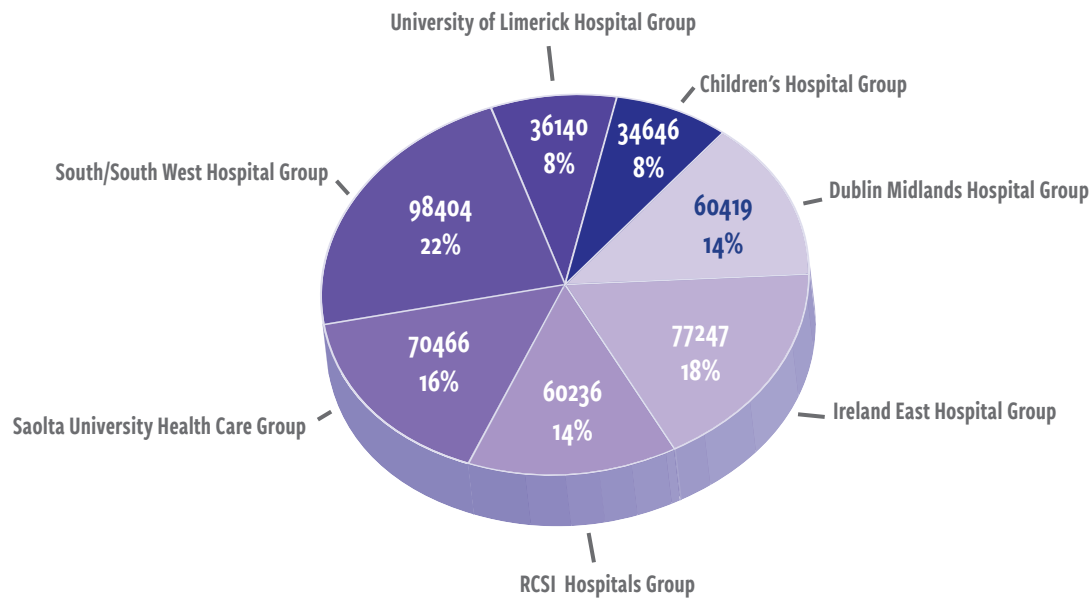
GI Scope Waiting List Total December 2016								
Group	Hospital	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	Grand Total
Children's Hospital Group	Childrens University Hospital Temple Street	3	1	0	0	0	0	4
	Our Lady's Children's Hospital Crumlin	112	66	20	2	2	0	202
	Tallaght Children's Hospital	3	4	0	0	0	0	7
Dublin Midlands Hospital Group	Midland Regional Hospital Portlaoise	59	49	39	24	0	0	171
	Midland Regional Hospital Tullamore	169	57	83	52	0	0	361
	Naas General Hospital	358	234	296	304	0	0	1192
	St. James's Hospital	732	279	162	1	0	0	1174
	Tallaght Hospital	651	387	232	156	0	0	1426
Ireland East Hospital Group	Mater Misericordiae University Hospital	19	13	3	1	0	0	36
	Midland Regional Hospital Mullingar	194	4	0	0	0	0	198
	Our Lady's Hospital Navan	111	33	0	0	0	0	144
	St. Columcille's Hospital	1	1	0	0	0	0	2
	St. Luke's General Hospital Kilkenny	354	173	73	0	0	0	600
	St. Michael's Hospital Dun Laoghaire	472	17	1	1	0	0	491
	St. Vincent's University Hospital	97	0	0	0	0	0	97
	Wexford General Hospital	237	168	146	8	0	0	559
RCSI Hospitals Group	Beaumont Hospital	378	312	5	1	0	0	696
	Cavan General Hospital	211	0	0	0	0	0	211
	Connolly Hospital	530	271	66	0	0	0	867
	Louth County Hospital	647	436	286	72	0	0	1441
	Our Lady of Lourdes Hospital Drogheda	105	32	83	41	0	0	261
Saolta University Health Care Group	Galway University Hospital	645	360	259	267	1	1	1533
	Letterkenny General Hospital	445	19	1	0	0	0	465
	Mayo General Hospital	76	55	64	92	4	0	291
	Portlincula Hospital	41	3	0	0	0	0	44
	Roscommon Hospital	411	243	49	2	0	0	705
	Sligo Regional Hospital	387	59	0	0	0	0	446
South/South West Hospital Group	Bantry General Hospital	124	5	0	0	0	0	129
	Cork University Hospital	86	37	24	14	0	0	161
	Kerry General Hospital	354	18	0	0	0	0	372
	Mallow General Hospital	29	3	0	0	0	0	32
	Mercy University Hospital	330	137	10	0	0	0	477
	South Infirmary Victoria University Hospital	217	18	0	0	0	0	235
	South Tipperary General Hospital	330	0	0	0	0	0	330
	University Hospital Waterford	215	145	136	159	1	2	658
University of Limerick Hospital Group	Ennis Hospital	187	106	0	0	0	0	293
	Nenagh Hospital	188	8	1	0	0	0	197
	St. John's Hospital Limerick	168	48	3	0	0	0	219
	University Hospital Limerick	477	193	4	0	0	0	674
<b>Grand Total</b>		<b>10153</b>	<b>3994</b>	<b>2046</b>	<b>1197</b>	<b>8</b>	<b>3</b>	<b>17401</b>



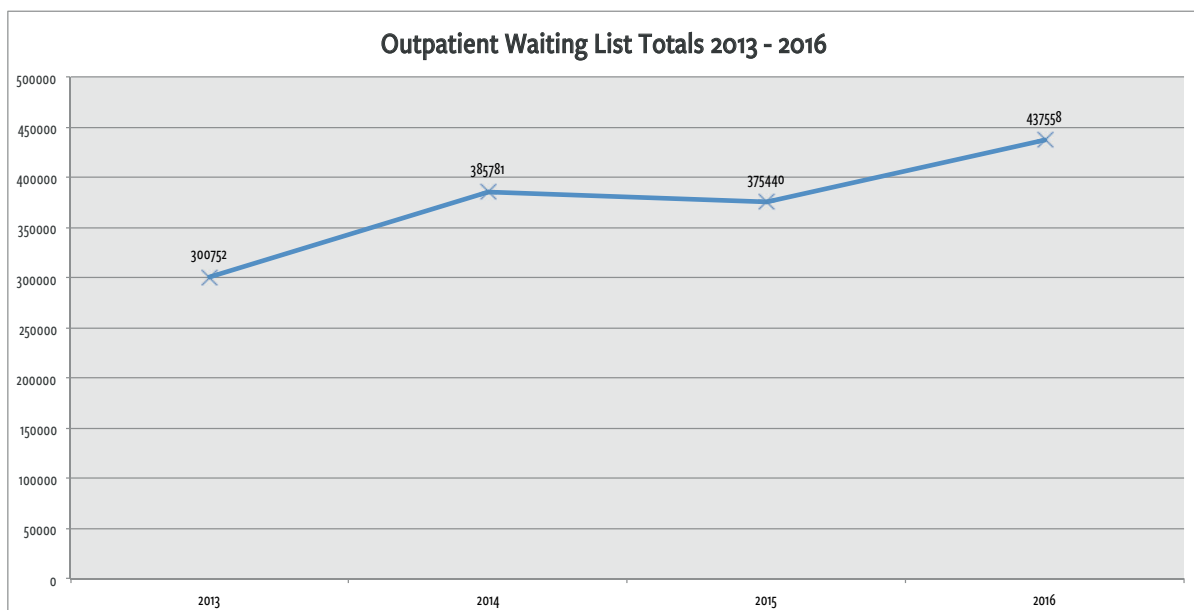
Outpatient Waiting List Total December 2016									
Group	Hospital	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18+ Months	Grand Total
Children's Hospital Group	Childrens University Hospital Temple Street	3899	2771	2627	1946	1378	994	1288	14903
	Our Lady's Children's Hospital Crumlin	4747	2753	1947	1363	1037	880	1052	13779
	Tallaght Children's Hospital	1691	1200	1187	828	437	158	463	5964
Dublin Midlands Hospital Group	Midland Regional Hospital Portlaoise	1294	994	685	417	234	127	40	3791
	Midland Regional Hospital Tullamore	3023	2336	2623	2103	1398	905	961	13349
	Naas General Hospital	2233	1013	766	587	382	342	394	5717
	St. James's Hospital	7084	3596	1940	1167	657	330	512	15286
	Tallaght Hospital	5966	4986	3839	2201	1636	1076	2572	22276
Ireland East Hospital Group	Cappagh National Orthopaedic Hospital	622	404	251	165	34	0	0	1476
	Mater Misericordiae University Hospital	9984	5799	3908	2505	1309	936	1636	26077
	Midland Regional Hospital Mullingar	2311	1725	1046	592	304	185	318	6481
	Our Lady's Hospital Navan	1825	1194	947	598	273	267	14	5118
	Royal Victoria Eye and Ear Hospital	2415	1828	1524	1034	813	742	897	9253
	St. Columcille's Hospital	735	396	353	254	178	164	575	2655
	St. Luke's General Hospital Kilkenny	2005	537	276	156	88	18	0	3080
	St. Michael's Hospital Dun Laoghaire	1268	684	475	206	99	60	3	2795
	St. Vincent's University Hospital	7492	3481	2702	1869	878	571	389	17382
	Wexford General Hospital	1450	697	519	245	19	0	0	2930
RCSI Hospitals Group	Beaumont Hospital	8291	4991	3022	2321	1717	1458	2610	24410
	Cavan General Hospital	2349	1891	1654	1201	764	485	108	8452
	Connolly Hospital	4010	2138	1601	1148	470	521	720	10608
	Louth County Hospital	1155	694	415	290	174	0	0	2728
	Our Lady of Lourdes Hospital Drogheda	4137	3086	2143	1299	805	235	0	11705
	Rotunda Hospital	1091	556	420	266	0	0	0	2333
Saolta University Health Care Group	Galway University Hospital	12277	6912	5095	3754	2666	1668	2435	34807
	Letterkenny General Hospital	4334	2658	1970	1383	801	382	1020	12548
	Mayo General Hospital	2671	1108	726	614	471	354	977	6921
	Portiuncula Hospital	1636	698	396	215	107	42	20	3114
	Roscommon Hospital	1064	395	365	215	154	129	282	2604
	Sligo Regional Hospital	4301	2567	1711	1159	554	107	73	10472
South/South West Hospital Group	Bantry General Hospital	713	343	160	47	12	1	1	1277
	Cork University Hospital	8656	5202	4016	3185	2144	1510	2403	27116
	Kerry General Hospital	2633	1857	1241	931	719	459	482	8322
	Mallow General Hospital	951	471	445	275	166	76	42	2426
	Mercy University Hospital	1804	967	832	468	337	210	512	5130
	South Infirmary Victoria University Hospital	5557	3640	3263	1980	1543	1348	2272	19603
	South Tipperary General Hospital	1334	844	538	349	193	122	18	3398
	University Hospital Waterford	7599	5545	4942	3820	3006	2386	3834	31132
University of Limerick Hospital Group	Croom Orthopaedic Hospital	1216	930	901	666	563	503	878	5657
	Ennis Hospital	430	324	394	296	159	124	74	1801
	Nenagh Hospital	531	245	173	119	138	132	93	1431
	St. John's Hospital Limerick	662	412	236	101	3	0	0	1414
	University Hospital Limerick	8641	4874	3824	2977	2162	1842	1517	25837
Grand Total		148087	89742	68098	47315	30982	21849	31485	437558



## Outpatient Breakdown by Group December 2016



## Outpatient Waiting List Totals 2013 - 2016



## Audit and Quality Assurance

### 1. National Scheduled Care Audit and Quality Assurance Review Programme

The National Scheduled Care 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 Service Executive. 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 audit that hospitals are returning complete, accurate, validated patient information for inpatient and outpatient waiting lists.
2. To audit 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
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 rolling two year programme of 42 audits was initiated in April 2014 and completed in May 2016. Each audit consisted of a site visit testing 19 key controls comprising of 103 subtests. Individual hospitals received a report on compliance to national protocols and a remedial action plan was agreed with the Chief Executive Officer/General Manager.

A total of 739 remedial management action plan items were identified across the 42 hospitals of which a total of 418 (57%) have been tracked to closure. The AQA team continues to work with the Acute Hospitals Division, Hospital Groups and individual hospitals to track remaining remedial action plan items to closure. Table 1) summarises outstanding items by Hospital Group. Table 2) summarises outstanding items by management action plan reason.



**Liz Lottering**

**Table 1) Total Outstanding Inpatient, Day Case, Planned Procedure and Outpatient Action Plan Items by Hospital Group**

Hospital Group	Outstanding
Children's Hospital Group	31
Dublin Midland Hospital Group	45
Ireland East Hospital Group	119
RCSI Hospitals Group	12
Saolta University Health Care Group	41
South/South West Hospital Group	48
University of Limerick Hospital Group	25
<b>Grand Total</b>	<b>321</b>

**Table 2) Total Outstanding Inpatient, Daycase, Planned Procedure and Outpatient Action Plan Items by action plan category**

Management action plan category	Not Completed
Operational Process does not meet with national protocols	112
Individual monitoring KPI's are not comprehensive	89
Local hospital policy does not meet with national protocol	40
Hospital does not meet with technical extract file guidance	29
Validation process does not meet with national protocols	29
Governance arrangements for waiting list management does not meet with national protocols	22
<b>Grand Total</b>	<b>321</b>

## 2. National Speech and Language Therapy Review Group

Under the leadership of the National Directors of Primary and Social Care, the Health Service Executive (HSE) has established a Service Improvement Initiative on behalf of the Chief Officers of the nine Community Healthcare Organisations (CHOs) to address issues in Speech and Language Therapy (SLT) provision.

The aims and objectives include the achievement of short-term goals to undertake a review of waiting lists using standard methodology, improve responsiveness in respect of clients waiting for services, develop a standardised performance set, implement the electronic management system and medium-term goal to develop a model of care/service provision for primary and community care based SLT.

The National Primary Care Metrics Group through the SLT Technical Group has progressed standard definitions and key performance indicators. However, a need was identified to validate demand against agreed definitions, standards and approved sources of referral, which the NTPF agreed to facilitate through diagnostic reviews. A total of 11 diagnostic reviews were completed in the seven service areas of Speech and Language Therapy Waiting Lists with the highest volume of clients waiting.

The purpose of the diagnostic reviews was to (1) establish whether waiting list volume returns were complete and accurate and (2) to review access to the service for clients on waiting lists inclusive of referral management practices.

The NTPF diagnostic review process included (a) data sample (100 clients) and review of client case notes and (b) review checklist questionnaire completed with each nominated service lead.

Key findings included;

- National published waiting list returns were evidenced as inaccurate up to 29% and incomplete in the majority of services
- Current Primary Care Minimum Data Set Metrics are not compatible with the provision of the Disability Service
- There are no National Models of Care in respect of Primary and Disability Care services to ensure standardisation of service provision
- There is no National Clinical Priority Rating Scale to ensure clients are being managed equally
- There is no electronic integrated client management information system in place to manage client information, support the referral pathway, appointment scheduling, and facilitation of local and national reporting
- There is no formal administrative validation programme in place for client level validation
- There is significant variation in the layout and organisation of client case notes
- There is limited administration resources supporting the delivery of SLT clinical services

In the absence of an agreed National Model of Care and national guidance documentation, individual services have implemented their own Models of Care, governance framework and local protocols. This is leading to variation in referral and waiting list management, treatment care pathways, clinical prioritisation and discharge protocols across each of the service areas reviewed and as a result it is the opinion of the Audit Team that there is inequitable access across services for clients.

These reviews have contributed to a Speech and Language Therapy Review Group Report due to be submitted to the National Directors of Primary and Social Care to meet with the aims and objectives of the Service Improvement Initiative.

## Conclusion

The team would like to express their thanks to all hospitals and primary care services reviewed for their professional approach to the audits and diagnostic reviews. The NTPF continues to work with individual hospitals regarding outstanding remedial action plans. The NTPF also continues to work with the National Speech and Language Therapy Services Review Group and is happy to report that their work has contributed to a 70% reduction in the number of children waiting over 12 months for Initial Speech and Language Therapy in 2016.

We look forward to our continued work with Acute Hospitals and our expanded work to Primary Care services in improvement plans for Physiotherapy and Occupational Therapy waiting lists in 2017.

## Corporate Services

It is envisaged that 2017 will see the embedding of all areas of Corporate Services competencies, including Procurement, Organisation Development and Effectiveness, Business Planning Process, Communications and Health and Safety. The Corporate Services Division supports and informs NTPF work by designing, developing and implementing strategies designed to foster and enable performance by capable and committed individuals.

As a public sector body operating in a difficult environment, an on-going challenge is to continue to add value while working within resource constraints. The Employment Control Framework restrictions during the period have meant that there were centrally imposed limitations to our resource availabilities that impinged on our work programme.

Within the NTPF, we recognise that our staff are our most valuable asset and it is their skill, dedication and commitment that enables the organisation to fulfil its role of supporting performance improvements to treat patients faster.

Prior to 2016, a Corporate Services Unit didn't exist in the NTPF. In late 2015, the Board of NTPF established a HR working group, whose primary objective was to ensure that HR consideration would form an integral part of the strategy development process with regards to resourcing and mobility needs and also the learning and development requirements which would aid in the delivery of organisational success. Both the Chair, John Horan and Board member Jim Melly joined this group and commissioned a HR Management Strategy.

Over the course of 2016, the HR Working Group held six formal meetings;

- i. 11 January 2016
- ii. 31 March 2016
- iii. 23 May 2016
- iv. 28 June 2016
- v. 15 August 2016
- vi. 9 November 2016

Through the development of the HR Working Group, the need for a Head of Unit was confirmed and the process of appointing an individual in Q4 2016 resulted in the establishment of a new Corporate Services unit with a strong HR element

HR can now offer solutions to ensure organisational effectiveness while also ensuring NTPF employees receive excellent HR operational service. The NTPF strives to cultivate an environment where development is encouraged, potential is maximised and innovation thrives. We continuously review and amend policies and procedures in relation to all aspects of our business to ensure best practise throughout the organisation.

As the organisation continues to evolve it is imperative that we attract and retain individuals with the appropriate specialist skill sets and competencies. Ensuring we have the required number of skilled people is a fundamental element in the achievement of the delivery of our Strategic Plan.

Learning and development is a major component in the organisations Human Resource toolkit. Our focus is on encouraging continuous professional development. We continue to support individuals to acquire third level qualifications, and to develop leadership, management and professional skills.



**Niamh Drew**

It is envisaged that 2017 will see the embedding of all other areas of Corporate Services competencies.

In terms of smart working initiatives, progress this year included:

- i. Development of Human Resources Strategy
- ii. Design of organisation Training & Development Plan
- iii. Development of standardised templates for document creation and version control.
- iv. Review of internal policies and procedures
- v. Establishment of organisation Communication Forum
- vi. Providing in-house workshops on various competencies

In managing our organisation we are aware of our responsibility to sustainability issues. We have continued to support many green initiatives e.g. recycling bins, promoting the use of public transport by staff under the tax-saver scheme, the promotion of the cycle-to-work scheme, and energy efficient measures. We will continue to successfully seek and progress further methods and initiatives to reduce our carbon footprint.

The NTPF remains committed to the Public Service Agreement process and will continue to seek efficiency gains, we will continue to enhance individual and organisational performance together with finding ways to work more efficiently and minimise cost to the organisation.

The achievements of the NTPF are built on the commitment and quality of the employees of the organisation and we look forward to continuing to build on this throughout 2017.

## Finance

Funds allocated to NTPF in 2016 were disbursed as follows:

- €3.9m 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.
- €1.6m was used by NTPF to provide some limited support to public hospitals by facilitating the treatment of those waiting longest (greater than 12 months) for colonoscopy and gastroscopy procedures.
- €28.8m was received from the HSE, and disbursed by NTPF, in order to support public hospitals reach their waiting list targets. This funding facilitated the treatment of 40,379 patients over a wide range of medical specialties.



**Dave Allen**

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 2016, 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 Act designated NTPF as that corporate person. The Act also contains a provision concerning examination of records and accounts of participating nursing homes:

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

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

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

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

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

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

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

At the close of 2016 a total of 433 homes had pricing contracts with NTPF and the overall national average price of long term residential care amounted to €919 per week. The equivalent figures for the end of 2015 were €903 for 433 homes.

In 2017 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:

- Ensuring adequacy of residential capacity for those residents who require high level or more complex care;
- Continuing to ensure Value for Money and economy, with the lowest possible administrative costs for clients and the State and administrative burden for providers;
- Increasing the transparency of the pricing mechanism so that existing and potential investors can make as informed decisions as possible.

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 2017.

## Project Management Office

### Introduction

The Project Management Office was established in the National Treatment Purchase Fund in 2016.

In March 2016 Ms. Alison Green was appointed to the position of Project Development Manager, to lead the advancement of the new Project Development Office (PMO) and ensure the successful delivery of the NTPF's key project requirements during the year ahead.



**Alison Green**

### Background

In line with the NTPF Service Plan 2016 and on receipt of correspondence from the Department of Health (DOH) in February 2016 the NTPF was requested to undertake the following key deliverables:

- support the Health Service Executive (HSE) in the delivery of improved waiting times for scheduled care, particularly in relation to the management of inpatient, day case and outpatient waiting lists
- work with the HSE to assist hospitals in the development of local demand and capacity planning tools and mechanisms
- develop technical guidance materials for hospitals to ensure the highest standards of data quality and practice

These requirements were assigned to the PMO and thus the National Inpatient, Day Case and Planned Procedure (IDPP) Waiting List Management Project was initiated.

### Inpatient, Daycase Planned Procedure (IDPP) Project

The IDPP Project was progressed utilising Lean methodology and tools. In order to achieve the requirements as set out by the DOH the project was designed in three components to be delivered over a total project lifecycle of 18 months.

	Project Component	Timeline for Delivery
1.	IDPP Waiting List Management Protocol	Q4 2016
2.	IDPP Waiting List Management Tool Kit (incl Capacity and Demand Planning)	Q1 2017
3.	IDPP Waiting List Management Training and Development Programme	Q2 2017

Fundamental to the success of this project were:

- an in-depth development, analysis and understanding of process maps to capture the true pathways of patients on IDPP waiting lists
- a number of hospital site visits conducted to review best practice waiting list management as identified by AQA Audits
- the establishment of a National Steering Group, with participation from all stakeholders including Hospital Groups, Department of Health, Special Delivery Unit and HSE.
- the facilitation of an NTPF Waiting List Management Workshop in August 2016, which 48 representatives from around the country attended and contributed to the collation of information necessary to inform the IDPP Project.
- collaboration with the National Clinical Care Programmes

The National IDPP Waiting List Management Protocol was successfully completed and endorsed by the National Steering Group in December 2016 and subsequently launched at the NTPF Symposium in January 2017. The Toolkit and Training and Development Programme are currently in development.

## **NTPF Symposium 2017**

In August 2016 the PMO was tasked with the coordination and organisation of the NTPF Symposium 2017 to be hosted by the NTPF in the Royal Hospital Kilmainham on 19<sup>th</sup> January 2017.

The purpose of the NTPF Symposium was to host a formal event to:

1. Launch the NTPF Strategy and Action Plan 2017 - 2019
2. Launch the National Inpatient, Day Case and Planned Procedure Waiting List Management Protocol 2017
3. Present NTPF Data Quality Awards 2016

Minister for Health, Mr. Simon Harris was in attendance and opened the event and Professor Luigi Siciliani, Programme Director, MSc Health Economics, Department of Economics, University of York was the key note speaker on the day.

Other speakers included:

- Mr. Jim O'Sullivan, CEO, NTPF
- Ms. Alison Green, Project Development Manager, NTPF
- Dr. Colm Henry, National Clinical Advisor and Group Lead, Acute Hospital Division, HSE
- Dr. Chris Steele, National Clinical Lead, Endoscopy Programme, Acute Hospital Division, HSE
- Dr. Tadgh Nagle, Lecturer Business Information Systems, University College Cork
- Prof. Mary Day, Group CEO, Ireland East Hospital Group

Approximately 300 delegates from across the Irish Health Sector attended this event. Attendees included government officials, healthcare policy drivers, executive members of the hospital groups, senior healthcare leaders and managers from both the public and private health sector.



Teach Áth na Fuinseoige, Sráid na Teamhrach, Baile Átha Cliath 2  
Ashford House, Tara Street, Dublin 2



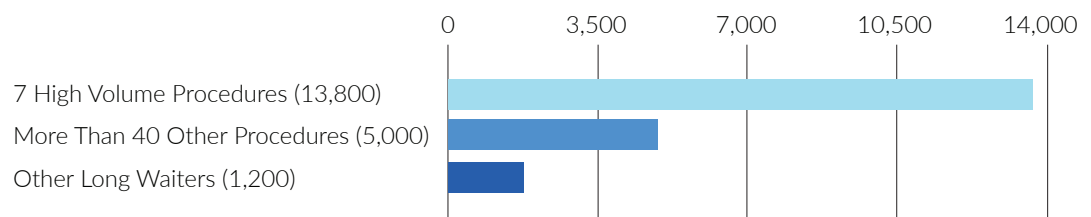
**An Roinn Sláinte**  
Department of Health

# Inpatient / Day Case Action Plan 2018

Prepared by the Department of  
Health, HSE and National Treatment Purchase Fund  
**gov.ie**

# Summary

1. HSE to deliver 1.14 million elective inpatient and day case procedures at a value of €1.3 billion in 2018.
2. NTPF to receive €50 million in 2018 for patient treatment. Will fund 20,000 inpatient/day case (IPDC) treatments broken down as follows:



**High volume procedures include:**

Cataracts	Angiograms	Varicose veins
Hip/Knee replacements	Cystoscopies	
Tonsils	Skin Lesions	

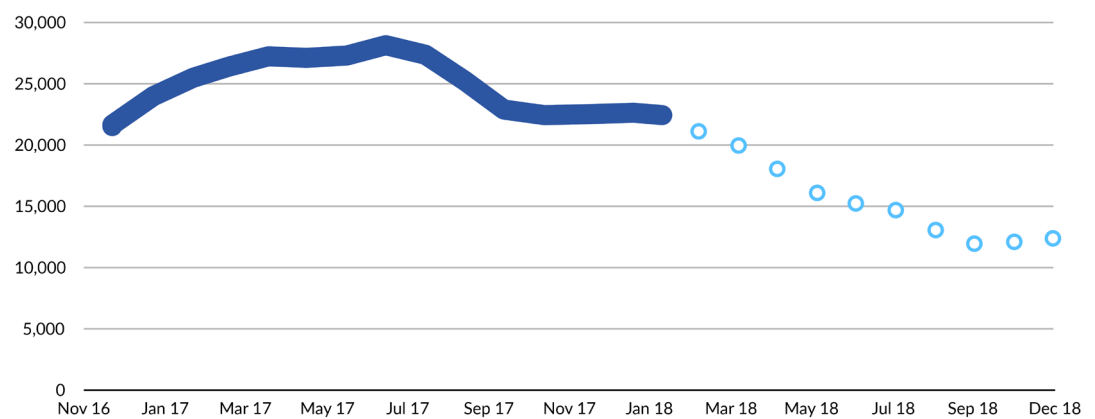
3. NTPF funded treatment will be provided in private hospitals or in public hospitals where there is available capacity.
4. All patients who are clinically suitable for outsourcing waiting more than 9 months will be offered treatment in 2018 - for targeted high volume procedures (i.e. cataracts, hip / knee replacements, tonsils, varicose veins, cystoscopies, skin lesions and angiograms).
5. Focus on Longest Waiters:
  - a. The NTPF will arrange treatment for around 50 different procedures
  - b. The NTPF will offer treatment to those waiting longest in respect of all of these procedures
  - c. For patients who are waiting longest for other procedures, the NTPF and HSE will work together to identify the requirements, develop treatment plans, and where possible, offer treatments, from within existing HSE and NTPF resources.

# Summary

6. Projections by year end to reduce the overall number of patients on the waiting list from just over 81,500 in Dec 2017, to less than 70,000 by year end depending in particular on the number of new patients. Within this overall reduction:
  - a. the number of patients waiting longer than 3 months is projected to reduce from 52,500 to 40,000
  - b. the number of patients waiting longer than 9 months is projected to reduce from 22,500 to 12,500



## Total numbers waiting longer than 9 months for IPDC treatment

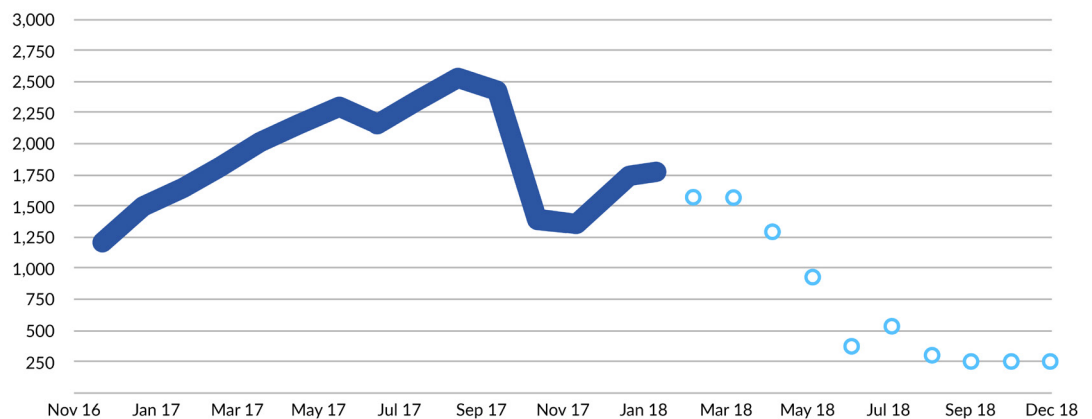


# Summary

7. The NTPF will arrange 4,000 Gastrointestinal Scopes at a cost of €4 million.
8. The focus on patients waiting for GI scopes will see:
  - a. The number of patients waiting more than 3 months is projected to reduce from 7,500 to 5,500
  - b. The number patients waiting more than 9 months is projected to reduce from 1,350 to 250
  - c. All patients who are clinically suitable for outsourcing waiting over 9 months for a GI scope will be offered treatment
  - d. The total number of patients waiting is projected to reduce from 17,600 to 16,150.



## GI Scopes - Total numbers waiting more than 9 months



# Background

## NTPF Inpatient/Day Case Waiting List Activity



**Core Target:** 20,000 accepted offers in 2018

The NTPF proposes to allocate €40 million (80% of funding for patient treatment) of its 2018 allocation to remove 17,000 patients from the Active Inpatient Day Case Waiting List between January and October 2018 and an additional 3,000 patients will be removed from the waiting list in November and December 2018.

The treatment for some patients who accept treatment in November and December 2018 will be provided in 2019 at a cost of €7 million. <sup>1</sup> To achieve this target the NTPF will authorise offers of treatment to an estimated 32,000 patients in 2018.

Having regard to previous experience, it is projected that 12,000 of the 32,000 patients may not be suitable for outsourcing or accept an offer of treatment. It is projected that 6,000 will remain on the list for treatment at a future date and 6,000 will be removed from the list, as treatment will no longer be required.



**Impact projection:** the number of patients waiting longer than 3 months to reduce to 40,000 by year end



**Impact projection:** the number of patients waiting longer than 9 months to reduce to 12,500 by year end



**Impact projection:** the total number of patients waiting to be less than 70,000 by year end

<sup>1</sup> The NTPF was allocated €50 million core and €5 million administration funding for 2018. The remaining €10m will be allocated to the excess of the cost of treatment of those removed from the waiting list in late 2017 but treated in 2018, (€3m), the GI Scope waiting list (€4m) and Outpatient initiatives (€3m)

# Background

## High Volume Activity – 13,800 procedures



**Core Target:** offer of treatment to all patients who are clinically suitable for outsourcing waiting more than 9 months in 7 high volume procedures

The NTPF will target seven procedures, which account for 40% of people on the Active Inpatient Day Case waiting list. When combined with HSE activity it is projected that the NTPF will be in a position to offer treatment to all clinically suitable patients waiting more than 9 months for the following procedures:

- Cataracts
- Hip / Knee Replacement
- Varicose Veins
- Tonsillectomies
- Cystoscopies
- Coronary Angiograms
- Excision of Lesions.

## Other Procedures – 5,000 procedures



**Activity Target:** 5,000 offers of treatment to “other procedures” accepted in 2018

In addition, the NTPF will arrange 5,000 procedures across an expanded range of over 40 “other procedures” in 2018 including:

- Other Orthopaedic Procedures
- Septoplasties
- Laparoscopic Cholecystectomies (i.e. gallbladder)
- Squint (Strabismus)
- Hernias
- TURPs (Transurethral resection of the prostate)
- Dental / Maxillofacial Surgery.

# Background

## Longest waiters – 1,200 very long waiters treated in 2018



**Activity Target:** 1,200 offers of treatment to very long waiters accepted in 2018

The NTPF is engaging with the HSE and public hospitals to seek solutions for very long waiters either in the private sector or through insourcing and plans to fund the treatment of 1,200 patients in 2018 through this mechanism.

The NTPF and HSE will undertake a piece of work in Q2 2018 to identify the longest waiters and to determine:

- what specialty/procedure they are waiting for;
- are the patient needs appropriate for a NTPF initiative or should they be treated by the HSE;
- appropriate care plans for the patients involved.

## GI Scopes – 4,000 GI scopes



**Core Target:** 4,000 GI Scopes accepted offers in 2018

The NTPF is proposing to commit €4m in 2018 to the purchase of 4,000 GI Scopes throughout the year.



**Core Target:** all patients who are clinically suitable for outsourcing waiting over 9 months receiving an offer of treatment by year end



**Impact projection:** the number of patients waiting longer than 3 months to reduce to 5,500 by year end



**Impact projection:** the number of patients waiting longer than 9 months to reduce to 250 by year end



**Impact projection:** the number of patients waiting overall to reduce to 16,150 by year end