HSE Quality and Safety Profile

June 2023
April Data Cycle

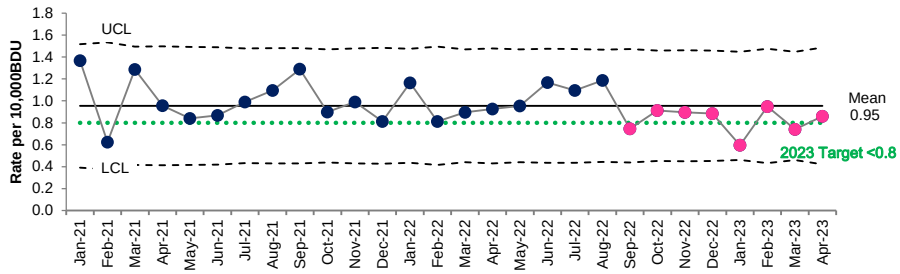
The purpose of the Quality and Safety Profile is to provide statistical insights into quality and patient safety data and to support understanding of variation in performance over time. It is separate to processes supporting the performance and accountability framework under which necessary improvement plans are developed and monitored by NPOG and reported on through EMT and the Monthly Performance reporting process up to and including the Board Strategic Scorecard.

Safe

AMRIC: Hospital acquired new cases of S. aureus bloodstream infection per 10,000 bed days used

Desired Direction ↓

National Rate

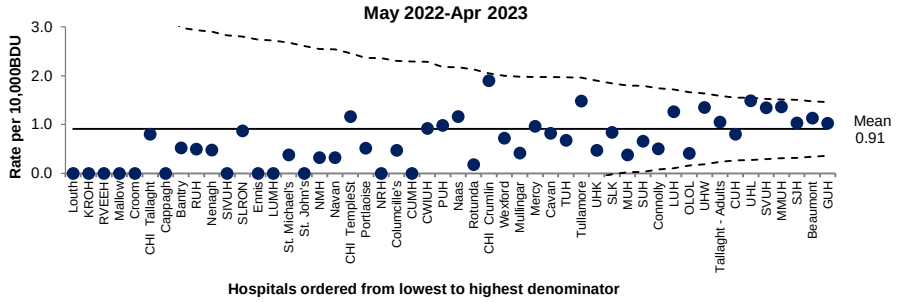


Statistical analysis:
The national rates for the last eight months are all below the centre line and show a signal of improvement.

In Apr-23 there were 26 new cases of Hospital acquired S. aureus bloodstream infections.

NEW DATA

Latest data available: April 2023



Hospitals ordered from lowest to highest denominator

Statistical analysis funnel plot:
The SPC funnel plot for the last 12 months shows that the rates for all hospitals were within the expected range of variation.

Service analysis (updated 25/05/2023):

• April 2023 rate of S. aureus bloodstream infections is 0.9, which is slightly above the target of <0.8 and will continue to be monitored

• YTD 2023 rate of S. aureus bloodstream infections is at 0.8.

• HSE AMRIC Oversight and implementation/working governance groups in place with Acute Operations reps, and Hospital Group IPC/AMS Steering Groups in place in 5 Groups.

• Performance KPIs and monitoring process in place for acute hospital HCAI KPIs and which includes assessment of commentary from hospitals on rates above target in terms of appropriate review and actions taken.

• Policies, Procedures & Guidelines available to hospitals and National AMRIC technical support / guidance/ webinars/ education supports provided.

• Ongoing monitoring of 2021-2025 AMRIC Implementation Plan objectives as they relate to acute services.

• First group of intravenous care teams have been established in Model 4 hospitals and recruitment ongoing to have teams in place in all Model 4 hospitals.

Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.

NEW DATA — Indicates updated data for this measure this month

NO NEW DATA — Indicates no updated data available for this measure this month

NEW — Indicates a new measure this month

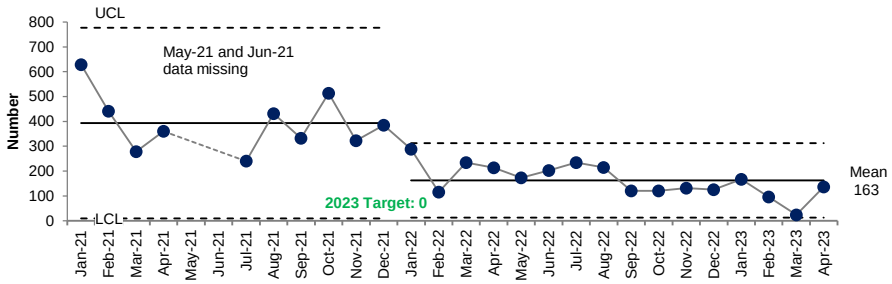
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

Safe

ACUTES: No. of new people waiting > four weeks for access to an urgent colonoscopy

Desired Direction

National Data



Statistical analysis:
Average national performance is above the 2023 target. There were signals of improvement since Jan-22. The statistical limits were recalculated to reflect the new average.

Apr-23: there were 137 people waiting over four weeks for access to an urgent colonoscopy.

NEW DATA

Latest data available: April 2023

Note: As this indicator does not have a denominator, it is not possible to produce a funnel plot.

Service analysis (updated 25/05/2023):

Acute Operations continue to robustly monitor breaches across all hospitals. Hospitals have been instructed to include both public and private patients on weekly urgent colonoscopy returns to the BIU. April saw a significant increase from March with 137 new breaches reported. However of these breaches a large amount, **121**, were from 3 hospitals; Mater Misericordiae University Hospital **50**, this was due to loss of staffing in the existing 4th room over the past few weeks staffing their 4th room over the past few weeks,. All breaches have dates within 7-10 days for all those breeching but they are working to get back within target. Roscommon University Hospital **51**, this was due to a reporting matter, the hospital has moved from a manual to automated reporting system. Midlands Regional Hospital Portlaoise **20** this was because Portlaoise endoscopy unit is closed from 6th April 2023 for 17 weeks. All P1s sent to Clane, and scoped there. P2s are going on the WL, and waiting.

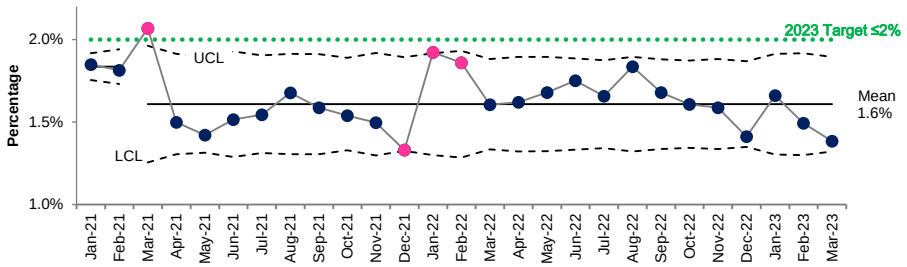
Hospital	March 2023	April 2023
Children's Health Ireland	0	0
Dublin Midlands Hospital Group	0	20
Ireland East Hospital Group	1	50
RCSI Hospitals Group	0	0
Saolta University Health Care Group	19	67
South/South West Hospital Group	1	0
UL Hospitals Group	3	0

Effective

ACUTES: Percentage of surgical re-admissions to the same hospital within 30 days of discharge

Desired Direction

National Rate

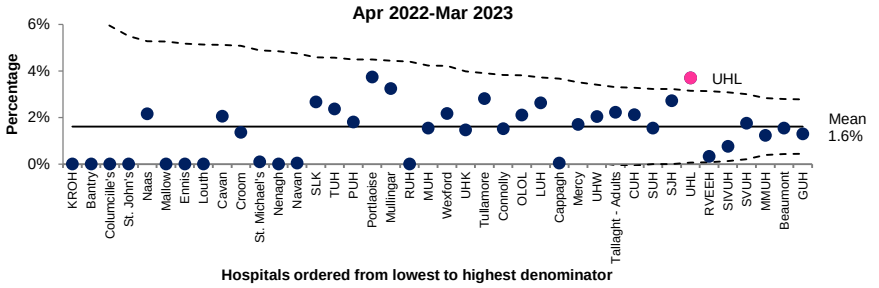


Statistical analysis:
Average national performance is stable since Mar-22, and continues well below the 2023 target.

There were 32,870 surgical discharges in Mar-23 of whom 455 patients were re-admitted to the same hospital within 30 days of discharge.

NEW DATA

Latest data available: March 2023



Statistical analysis funnel plot:
The SPC funnel plot for the last 12 months shows that the rate for UHL (3.7%) was higher than expected relative to the national average. All other hospitals were within the expected range of variation.

Service analysis (updated 25/05/2023):

There was **455** surgical readmissions in March 2023 representing **1.4%** of total admissions. The National Average is **1.5%**

Hospitals are encouraged to reduce surgical length of stay, it is important that re-admission rates are monitored to ensure that there is not an associated inappropriate increase of readmissions to surgical services.

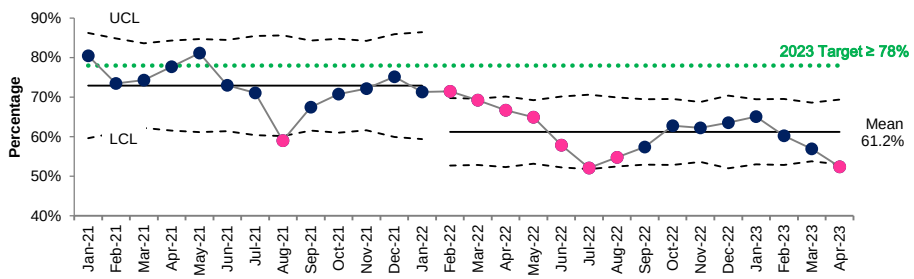
Data is collected monthly in arrears, a low rate of surgical re-admissions is a good proxy measure for quality care; pre- and post-discharge care can improve care outcomes and reduce surgical readmission.

Person-centred

CAMHS: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks

Desired Direction ↑

National Rate

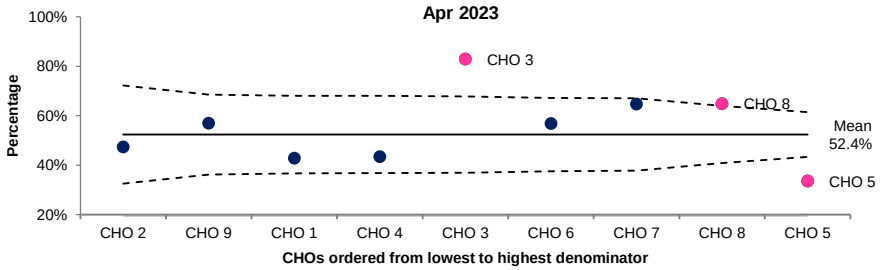


Statistical analysis:
Average national performance is below the 2023 target. There are signals of disimprovement since Feb-22. The statistical process control limits were recalculated to reflect the new average. In addition there is a new signal of disimprovement in Apr-23.

There were 1,069 CAMHS appointments in Apr-23 (seen & DNA), of whom 560 were seen within 12 weeks.

NEW DATA

Latest data available: April 2023



Statistical analysis funnel plot:
The SPC funnel plot for Mar-23 shows that the rates for CHO3 (89%) and CHO8 (65%) are higher (better) than expected and the rate for CHO5 (33%) is lower than expected. All other CHOs were within the expected range of variation.

Service analysis (updated 23/05/2023):

Every effort is made to prioritise urgent cases so that the referrals of young people with high risk presentations are addressed as soon as possible and this is often within 24 to 48 hours. The severity of presenting symptoms as well as an assessment of risk is always taken into account in terms of waiting times.

The prioritisation of urgent cases, may impact on wait times for cases that are considered, by a clinician, to be less severe or a lower risk. CAMHS teams meet weekly to review all referrals and to assess the risk to any children and young people on their caseload.

As of the end of April, 58.5% of referrals accepted by child and adolescent community teams nationally were offered an appointment and seen within 12 weeks against a target of ≥78%

All CHO's have not achieved the target CHO 1 (57.7%), CHO 2 (74.3%) CHO 3 (77.8%), CHO 54 (52.4%), CHO 5 (37.8%), CHO 6 (58.8%), CHO 7 (65.7%), CHO 8 (64.8%) and CHO 9 (64.8%).

There are ongoing issues with retention of CAMHS staff, also there has been an increase in urgent/complex presentations to CAMHS. The response to these urgent presentations has affected the ability to respond to lower complex presentations within the time frame.

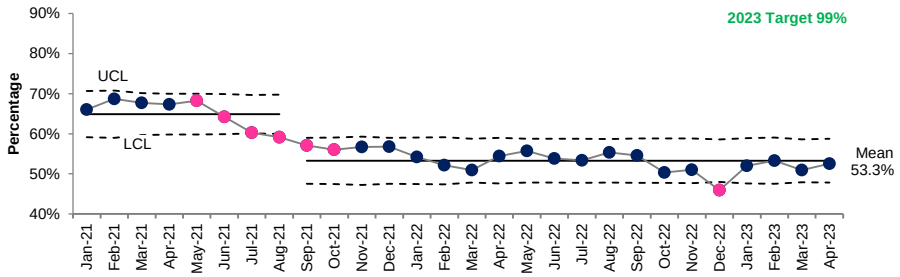
There is also 5.1% DNA (did not attend) rate for those offered a new or re-referred appointment.

Person-centred

ACUTES: Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 9 hours

Desired Direction ↑

National Rate

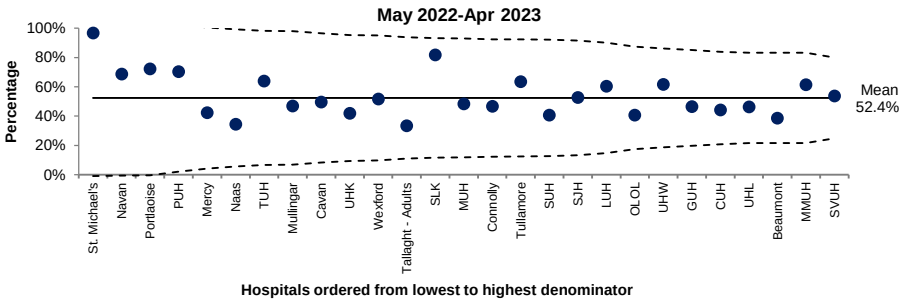


Statistical analysis:
Average national performance is below target and relatively stable after disimproving since May-21. The control limits have been recalculated to reflect this. In addition the rate for Dec-22 showed a signal of disimprovement.

Apr-23: 16,813 people 75+ years presented to ED, of whom 8,834 were discharged or admitted within 9 hours.

NEW DATA

Latest data available: April 2023



Statistical analysis funnel plot:
The SPC funnel plot shows the range of variation among hospitals. All hospitals are within the control limits, although the control limits are very vide. This indicates that there is a lot of variation in the rates by hospital, but there are no statistical differences between hospitals with higher or lower rates.

Service analysis (updated 25/05/2023):

At end of April 2023, **52.6%** of patients aged over 75 years were admitted/discharged within 9 hours. There are many reasons that result in longer wait times such as volume of patients presenting to the Emergency Department and the requirement to prioritise, treat and care for the sickest and older cohort of patients and those with life threatening illnesses. This can mean that patients with less serious illnesses and conditions may need to wait longer for their treatment.

Many of the patients attending EDs are frail and elderly and their health care needs are varied and complex. Comparing 2022 with 2019, there has been a significant increase in the demand for services for patients in this age cohort as follows:
• 17.8% increase in ED attendances by those >75 years; and
• 10.8% increase in ED admissions by those >75 years.

As part of winter planning 22/23 the HSE developed comprehensive plans to support hospital and community services to respond to anticipated high levels of emergency attendances and admissions, long waiting times in Emergency Departments and pressure on hospital bed capacity. The focus for included the number of patients accommodated on trolleys, improved patient experience time for all patients and a particular focus for those patients aged over 75, reductions in the number of delayed transfers of care and reductions in overall length of stay within the acute hospital. Recruitment to the posts, including 51 ED Consultants, 101 staff nurses for EDs under Phase II of Safer Staffing, and a number of other resources remain ongoing.

The patient experience can include multiple steps such as: triage (the first nursing assessment of how urgent the patient's presenting condition is), registration, nursing assessment, consultant/registrar (or nurse practitioner) assessment, consultations, investigations (tests), treatments, and decisions to admit patients. Delays in any one of these events or services will increase a patient's wait time, and can create bottlenecks in the Emergency Department.

Emergency Department wait times are also affected by events outside of the hospital Emergency Department, in both the hospital and the community. This includes such things as the availability of inpatient beds within acute hospitals for acute admissions, the availability of community beds and or home care support for those patients in acute settings who are medically fit for transfer or discharge to the community. These factors in turn slow down the transfer of patients from the ED.

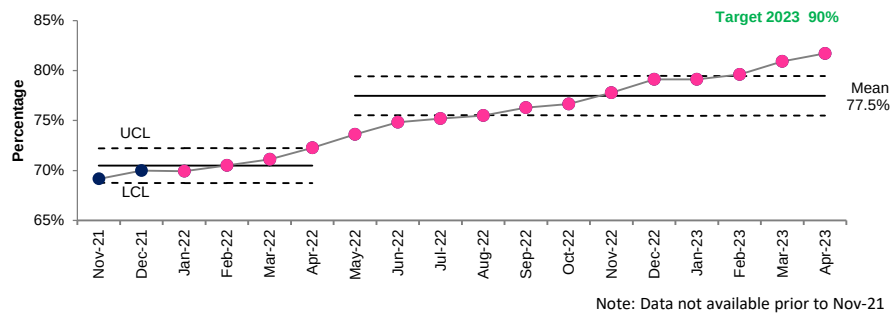
The HSE are currently developing a 3 year multi annual Urgent and Emergency Care Plan which recognises the year round UEC pressures experienced in our hospitals. In order to support the management and delivery of UEC until year-end 2023, a UEC Operational Plan is being developed. The purpose of this UEC Operational Plan is to identify short-term initiatives and measures to be progressed to support UEC delivery until year end. This operational plan will lead into year one of the multi-annual UEC plan and will align with the governance structure of the overarching multi-annual UEC plan with key focus on 24 hour PET, 24 hour PET > 75, 8am trolley count, DTOC and NAS Turnaround times and Length of Stay.

Timely

ACUTES: Percentage of people waiting <15 months for first access to OPD services

Desired Direction ↑

National Rate



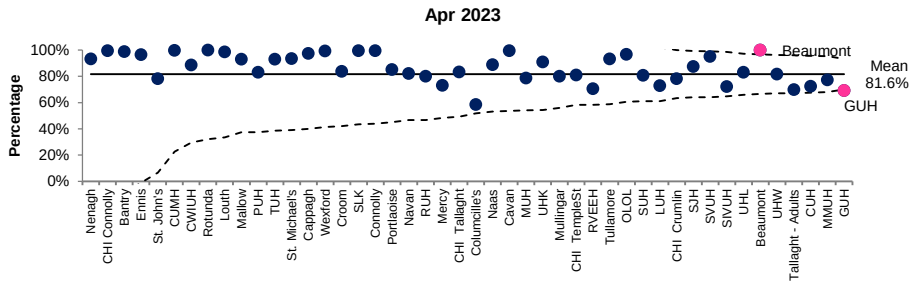
Note: Data not available prior to Nov-21

Statistical analysis:
Average national performance is below 2023 target but there are signals of improvement for the past 16 months. The control limits have been recalculated to reflect the new average.

Apr-23: there were 596,265 people waiting for first access to OPD services, of whom 487,245 were waiting less than 15 months.

NEW DATA

Latest data available: April 2023



Hospitals ordered from lowest to highest denominator

Statistical analysis funnel plot:
The SPC funnel plot for last month shows the range of variation in the rates by hospital. All hospitals are within the control limits, with the exception of Beaumont (99.9%) which is higher (better) than expected relative to the national average and GUH (69%) which is lower than expected.

Service analysis (updated 25/05/2023):

At the end of April 2023 **72.3%** of patients on the outpatient waiting list were waiting less than 15 months in comparison to the same period this year this has increased to 81.7% of patients waiting less than 15 months. The volume of patients waiting over 15 months in April 2022 was 173,264 in April 2023 this figure has reduced to 109,020.

Year to date , GUH have removed the largest volumes of OPD patients waiting greater than the 15 month maximum wait time target nationally (n = 23,976), however OPD referral data indicates that GUH referrals have increased by 50% from the same period last year receiving 20,899 January to March 2023. GUH continue have strong performance in terms of the new to return ratio at 1:2.3 and continue to maximise core activity, administrative validation, chronological scheduling, insourcing and outsourcing initiatives which has led to the reductions so far and anticipate further improvements with the on-boarding of DPS for more specialities in the coming weeks.

The 2023 Waiting List Action Plan sets out the ongoing priorities to continue to address waiting lists this year and build on the progress that has been made over the past 18 months. It is an ambitious plan targeting significant additional activity to reduce waiting lists in line with Sláintecare reforms and the Government has allocated €443 million to the plan this year. The plan forms a part of a an ongoing mulit-annual approach to reduce waiting with a range of approaches including, additional activity funded by both once off and recurrent funding, chronological scheduling, capacity and demand analysis to support optimisation of resource utilisation, NTPF commissioning, HSE/NTPF validation. Activity and funding in this context is being targeted at longest waiting patient's to support overall wait time reductions.

Used to highlight a change in the assessment from last month; unexpected variation; or variance from the target.

NEW DATA Indicates updated data for this measure this month

NO NEW DATA Indicates no updated data available for this measure this month

NEW Indicates a new measure this month

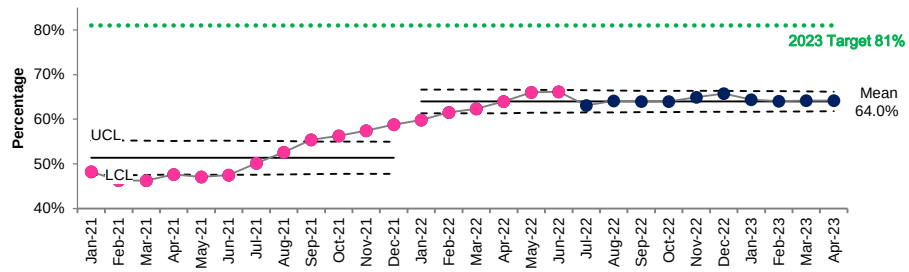
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

Timely

PRIMARY CARE: Percentage of psychology patients on waiting list for treatment ≤ 52 weeks

Desired Direction ↑

National Rate

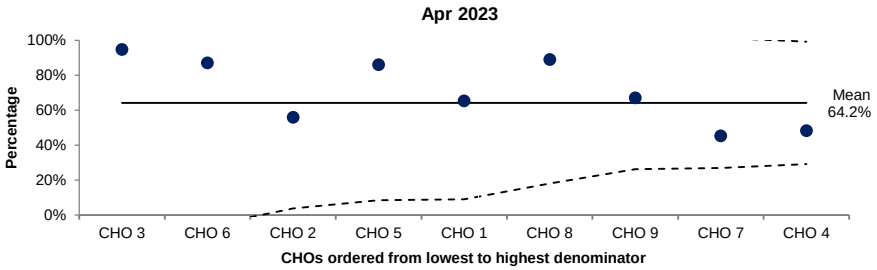


Statistical analysis:
Average national performance is below the target and unstable. While performance disimproved since the beginning of the pandemic, there are now ongoing signals of improvement since Jun-21. The control limits have been recalculated to reflect the current mean.

Apr-23: 18,622 people were on the waiting list for Primary Care Psychology treatment, of whom 11,955 were waiting less than 52 weeks.

NEW DATA

Latest data available: April 2023



Statistical analysis funnel plot:
The SPC funnel plot shows the range of variation among CHOs. All CHOs are within the control limits, although the control limits are very vide. This indicates that there is a lot of variation in the rates by CHO, but there are no statistical differences between CHOs with higher or lower rates.

Service analysis (updated 23/05/2023):

The national position in April 2023 is 64.2% compared to the target of 81% (PC103G). The number of people waiting longer than 52 weeks has increased by + 4.2% from 6,400 in March to 6,667 in April (PC103E).
The psychology waiting list will require an additional 3,129 people to be seen to reach the target of 81%

930 children and young people have been removed from the waiting list from January to April 2023 as a result of the WLAP waiting list initiatives referred to earlier in this commentary.

Numbers of referrals to date is 6,184 which represents an increase of +76.3% in expected activity (3,508) and +16.3% ahead of the same period last year (5,317) (PC38)
The number of new patients seen for first time at the end of April 2023 is 4,430 which is +28.1% ahead of same period last year position of 3,459 (PC40)
CHOs 1,2,4,6 and 7 are over 10% of achieving this year's target for access

Note on Primary Care Services
Primary Care Services have been impacted by Covid waves over previous years with staff absence impacting on performance. Additionally, Primary Care has a key role in the Ukrainian response. This has inevitably impacted the delivery of Primary Care services to KPI targets.

One of the factors impacting on numbers of patients seen is the complexity of cases presenting.
Many patients require a multi-disciplinary approach and in a number of cases ongoing treatment is required for a prolonged period of time. Another significant factor impacting access performance is the increase in numbers of referrals across all therapy services which will also impact on numbers waiting. This increase in the number of referrals may result in longer waiting times as patients are clinically prioritised.

As indicated the performance metrics need to be read in the context of staff delivering front line services within the foregoing constraints. The challenges detailed above relate to all the services reported below. Overall, there was 100% return rate for data across Primary Care Services in April.
The underlying trend in numbers seen by Primary Care Therapy Services continues to improve. At April 2023 the total number of patients seen is 13.3% ahead of the same period in 2022.

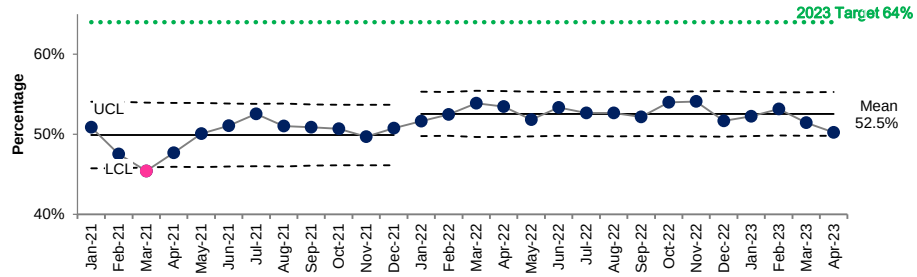
Performance is discussed in the individual monthly engagements between the national Head of Operations for Primary Care with the CHO Heads of Service Primary Care. An increasing focus for these discussions are measures for increased productivity in terms of numbers seen per WTE relative to national averages for each service

Timely

PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤52 weeks

Desired Direction ↑

National Rate

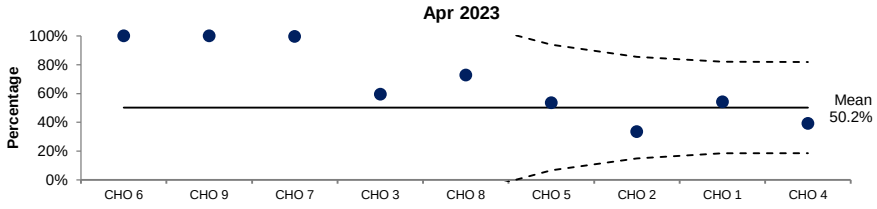


Statistical analysis:
Average national performance is below the target. There were signals of improvement since Jan-22. The statistical process control limits were recalculated to reflect the new average.

Apr-23: 22,894 people were on the waiting list for Primary Care Ophthalmology treatment, of whom 11,499 were waiting less than 52 weeks.

NEW DATA

Latest data available: April 2023



CHOs ordered from lowest to highest denominator

Statistical analysis funnel plot:
The SPC funnel plot shows the range of variation among CHOs. All CHOs are within the control limits, although the control limits are very vide. This indicates that there is a lot of variation in the rates by CHO, but there are no statistical differences between CHOs with higher or lower rates.

Service analysis (updated 23/05/2023):

The national April 2023 position is 50.2% compared to the target of 64% (PC107G). The number of people waiting longer than 52 weeks has increased by +1.4% from 11,239 in March to 11,395 in April (PC107E).
The ophthalmology waiting list will require an additional 3,153 people to be seen to reach the target of 64%

An Ophthalmology submission has been approved for one CHOs in 2023 under the Primary Care Therapies waiting list initiatives (WLAP). This initiative is approved to commence from July to December 2023.

Numbers of referrals to date is 9,325 which represents an increase of +14.6% in expected activity and +16.4 % ahead of the same period last year (8,011) (PC52)

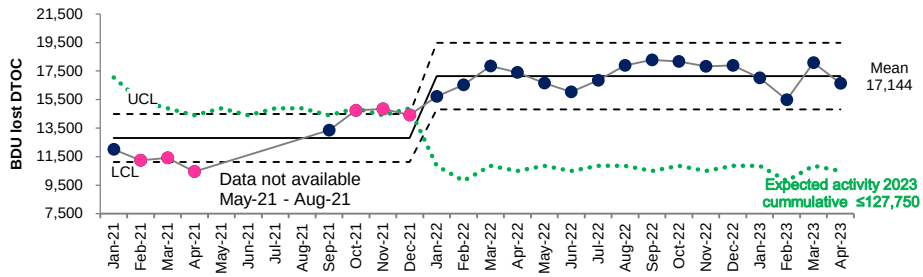
The number of new patients seen for first time assessment at the end of April 2023 is 8,647 which is +28.1% ahead of same period last year position of 6,748 (PC54)
CHOs 2, 3 and 9 are over 10% of achieving this year's target for access

Efficient

ACUTES: Number of acute bed days lost through delayed transfers of care

Desired Direction ↓

National Data



Statistical analysis:
Average national performance is stable above the target.
The annual cumulative target is distributed as monthly values and varies due to the number of days in each month.

Apr-23: 16,627 acute bed days were lost through delayed transfers of care. As of end of Apr-23 there were 575 beds subject to Delayed Transfer of Care.

NEW DATA

Latest data available: April 2023

Note: As this indicator does not have a denominator, it is not possible to produce a funnel plot.

Service analysis (25/05/2023):

As of April 2023, a total of **575** DTOC (16,627 bed days) were accommodated in acute hospitals leading to a reduced availability in bed capacity for both scheduled and unscheduled care. This is a reduction from 604 in March 2023 (18,086 bed days lost). In addition, there is national and international evidence to suggest that unnecessarily prolonged stays for patients in hospital can cause harm. The consequences of which may include

- Exposure to an unnecessary risk of hospital acquired infection and hospital acquired deconditioning.
- Increased patient dependence, as the acute hospital environment is not designed to meet the needs of people who are ready for discharge.
- Severely ill patients being unable to access acute services due to beds being occupied by patients who are ready for discharge and /or transfer to a post-acute setting.

A person is ready for discharge or transfer from hospital after being in receipt of inpatient hospital care, when:
- A clinical decision has been agreed with the patient that they are ready for discharge to their home and/ or transfer to a post-acute hospital setting AND
-The post-acute hospital care pathway has been agreed with the patient, those important to them and the multidisciplinary team.

A delayed transfer of care (DTOC) occurs when a patient is ready for discharge and is still occupying a bed for a number of reasons including delays in provision of home support services, waiting for an appropriate follow on service such as long stay or rehabilitation service, due to legal complexities such as ward of court, and in some instances non-compliance or cooperation with the process.

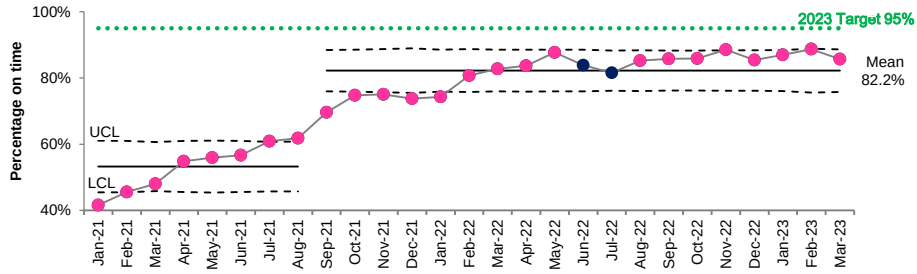
Ongoing efforts continue to ensure an integrated, focused, approach to discharge planning continues to ensure efficient patient flow and maximisation of available capacity to support integrated discharge planning from acute hospitals. Under the governance of the Urgent & Emergency Care Steering Group, a DTOC project is currently underway to improve the integrated care and case management of patients categorised as “delayed transfers of care” (DTOC) across acute sites and CHOs. This is focused particularly on this cohort of patients in terms of the systems, processes and discharge pathways utilised to address their care needs and transition to ‘Home’, ‘Long Term Care’ and ‘Other’. It will identify areas of good practice and most importantly, focus on improving and aligning discharge pathways to meet patients’ needs and hence reduce DTOC in a time lined targeted manner.

Wellbeing

PRIMARY CARE: Percentage of child health & development assessments completed on time or before 12 months of age

Desired Direction ↑

National Rate

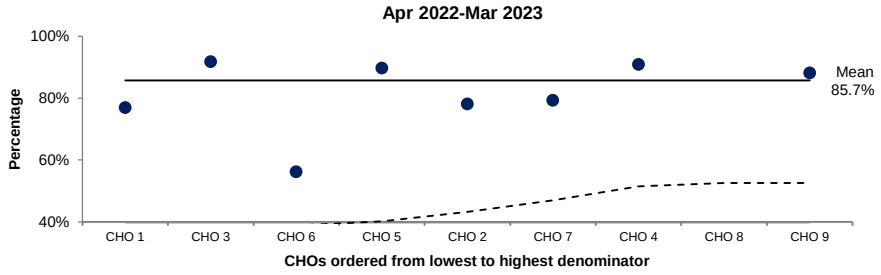


Statistical analysis:
Average national performance is below the 2023 target, with ongoing signals of improvement Jan-21 to May-22. The control limits have been recalculated to reflect this improvement. In addition, there are signals of improvement in the last 8 months.

Mar-23: 4,393 babies were reaching 12 months of age, of which 3,763 had a health & development assessment completed.

NEW DATA

Latest data available: March 2023



Statistical analysis funnel plot:
The SPC funnel plot for the last 12 months shows that the rates for all CHOs were within the expected range of variation.

Service analysis (updated 23/05/2023):

The national performance at March YTD (Data one month in arrears) is 87.1% compared to a target of 95% (PC153). Performance in March of 85.7% compared to a monthly performance of 88.7% in February.

Performance is being addressed with relevant CHOs who are advising that performance is expected to show continued improvement in 2023, in most areas, due to a combination of factors including;

• Reduced Covid related staff illness (assuming a reduction in Covid across the year)

• Less DNAs / cancellations from clients due to reduced impact of Covid

• Measures being taken to address non-return of data

• Overall reduction in backlogs

• It must be noted that challenges remain in relation to the recruitment and retention of Public Health Nurses in some areas especially some parts of Dublin and Galway. A national community nursing oversight group has been established to develop proposals and recommendations in order to increase recruitment and retention of Public Health Nurses (PHNs) and Community RGNs (CRGNs) in Community Services.

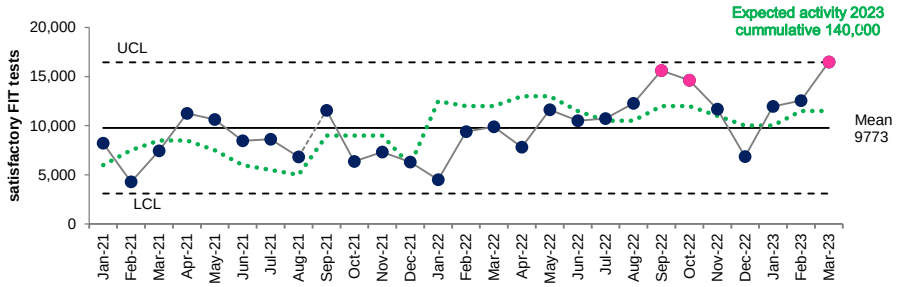
Performance will continue to be monitored in 2023 with relevant CHOs including in the monthly engagement meetings

Wellbeing

NSP: No. of clients who have completed a satisfactory BowelScreen FIT test

Desired Direction ↑

National Rate



Statistical analysis:
The values for 8 of the last 9 months were on or above the target. Additionally, there are signals of improvement in Sep-22, Oct-22 and Mar-23. The monthly targets are included as per metadata specifications.

Mar-23: there were 16,493 people screened by the BowelScreen programme who have completed a satisfactory FIT test.

NEW

Latest data available: March 2023

Note: As this indicator does not have a denominator, it is not possible to produce a funnel plot.

Service analysis (updated 31/05/2023):

Eligible BowelScreen clients are aged 60-69 years and the screening round is a 2 year duration. The eligible population is invited over that a 2 year period (approximately 500,000 people). The primary screening test is the faecal immunochemical test (FIT)

The number of people who return a FIT is a surrogate indicator of uptake and allows for the calculation of the number of people who will require a follow up colonoscopy (approximately 5% of returned FIT kits). This in turn informs the level of colonoscopy provision required for the BowelScreen programme.

The BowelScreen Patient Reported Experience Measures (PREMs) programme currently has:

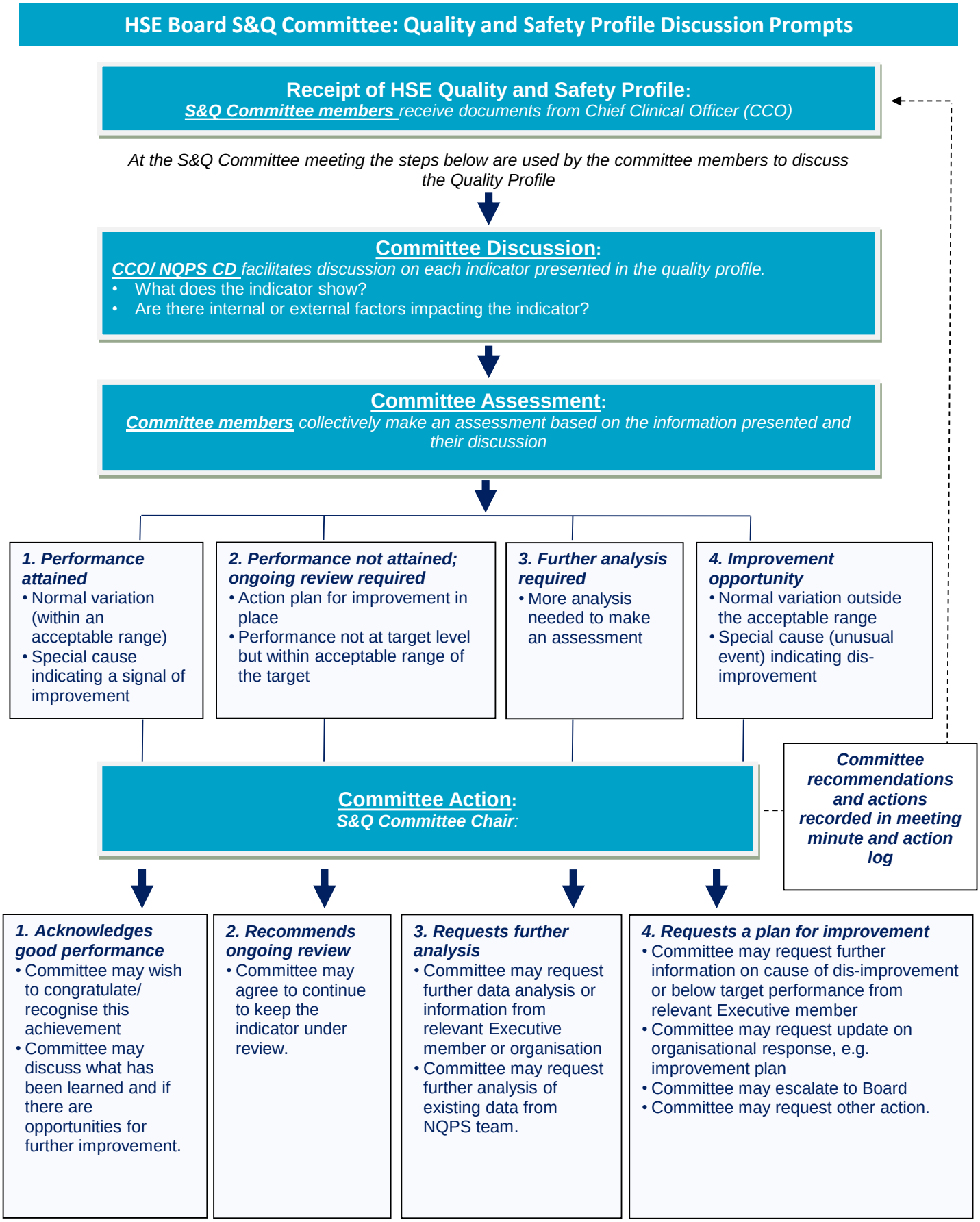
- An overall response rate of 42%

- Response rate amongst FIT positive participants (i.e., post-colonoscopy) was 48%

- Eighty-nine percent (89%) of respondents rated BowelScreen as ‘Good’ or ‘very good’

- BowelScreen participants reported high levels of satisfaction with the programme achieving a net promoter score (NPS) of >73%, a score considered exceptional by international standards

Appendix 1: Board Discussion Prompts



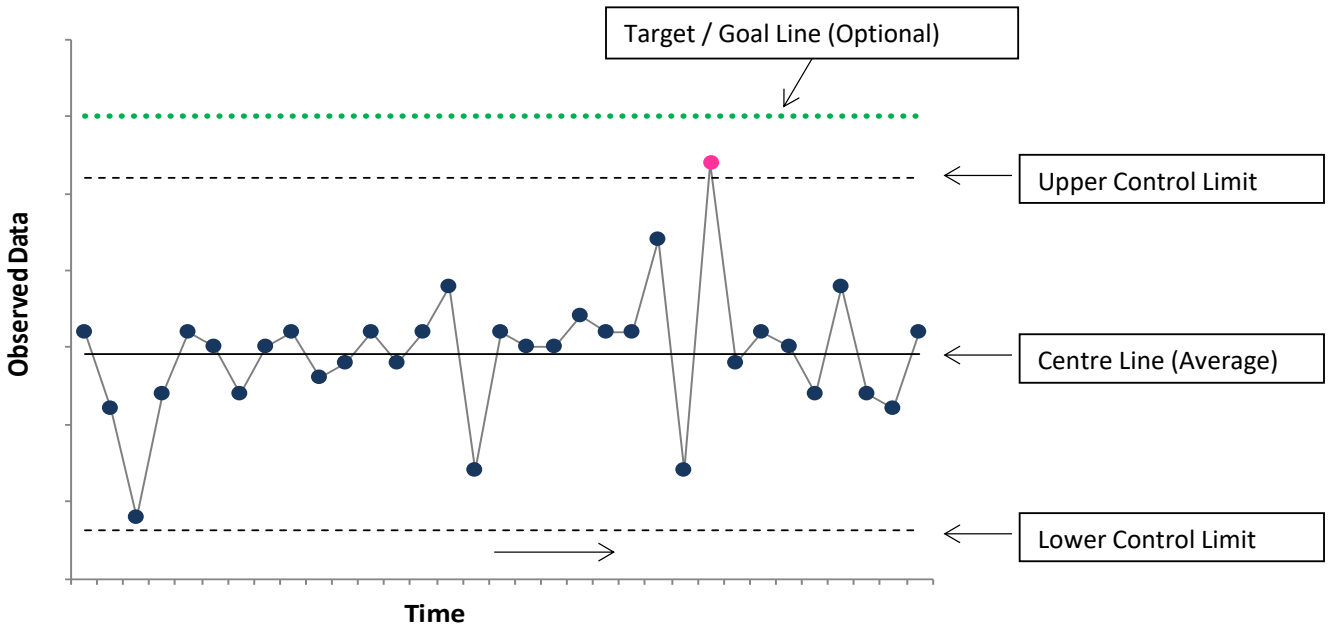
Anatomy of a Statistical Process Control Chart

A **Statistical Process Control** (SPC) Chart consists of data plotted in order, usually over time (weeks, months etc). It includes a centre line based on the average (mean) of the data. It also includes upper and lower control limits based on statistical calculations (3 sigma deviations from the average).

The control limits are based on the variation in the observed data. The control limits reflect the expected range of variation within the data, and do not reflect the desired range of variation in terms of quality of care. The probability of any data point falling outside of the control limits by chance alone is very small.

Points that are above or below the control limits are an indication of special cause variation. In addition to a data point outside of the control limits, there are four other rules that indicate non-random (special cause) variation.

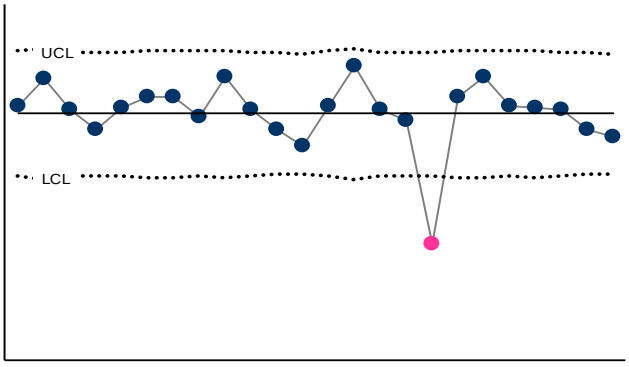
The target / goal line is interpreted differently to the other lines in the chart. It is not determined by the data and so is not normally part of an SPC chart, but it can be useful to display it to help focus improvement efforts.



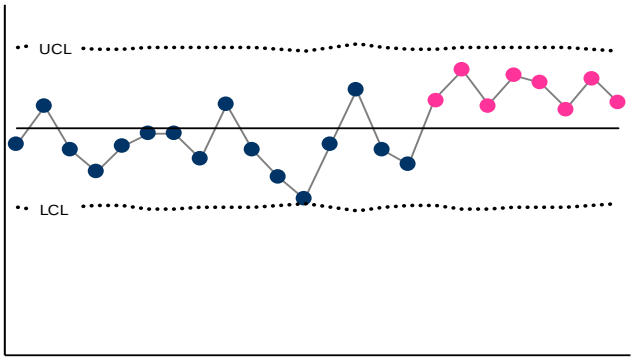
References
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

Rules for detecting special cause variation using statistical process control charts

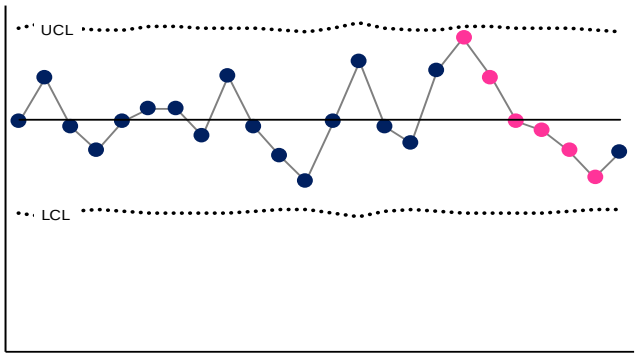
1. A single point outside the control limits (this doesn't include points exactly on the limit)



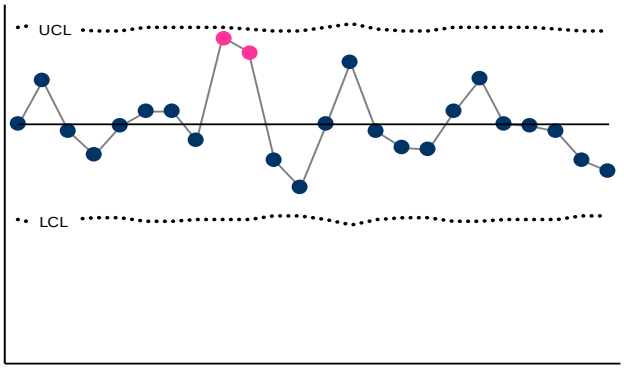
2. A run of 8 or more consecutive points above or below the centre line



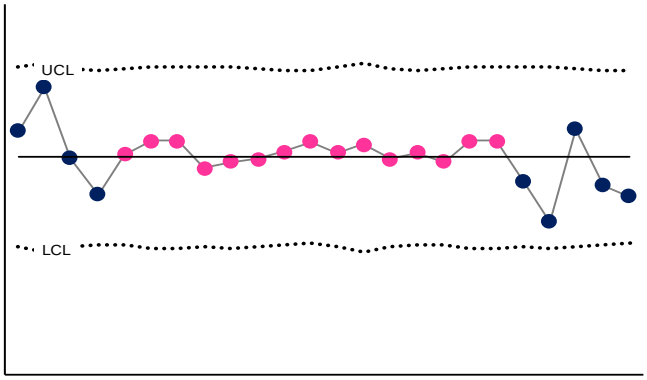
3. A trend of at least 6 consecutive points all going up or down



4. Two out of three consecutive points in the outer third (or beyond)



5. A series of 15 consecutive points close to the centre line (in the inner one-third)

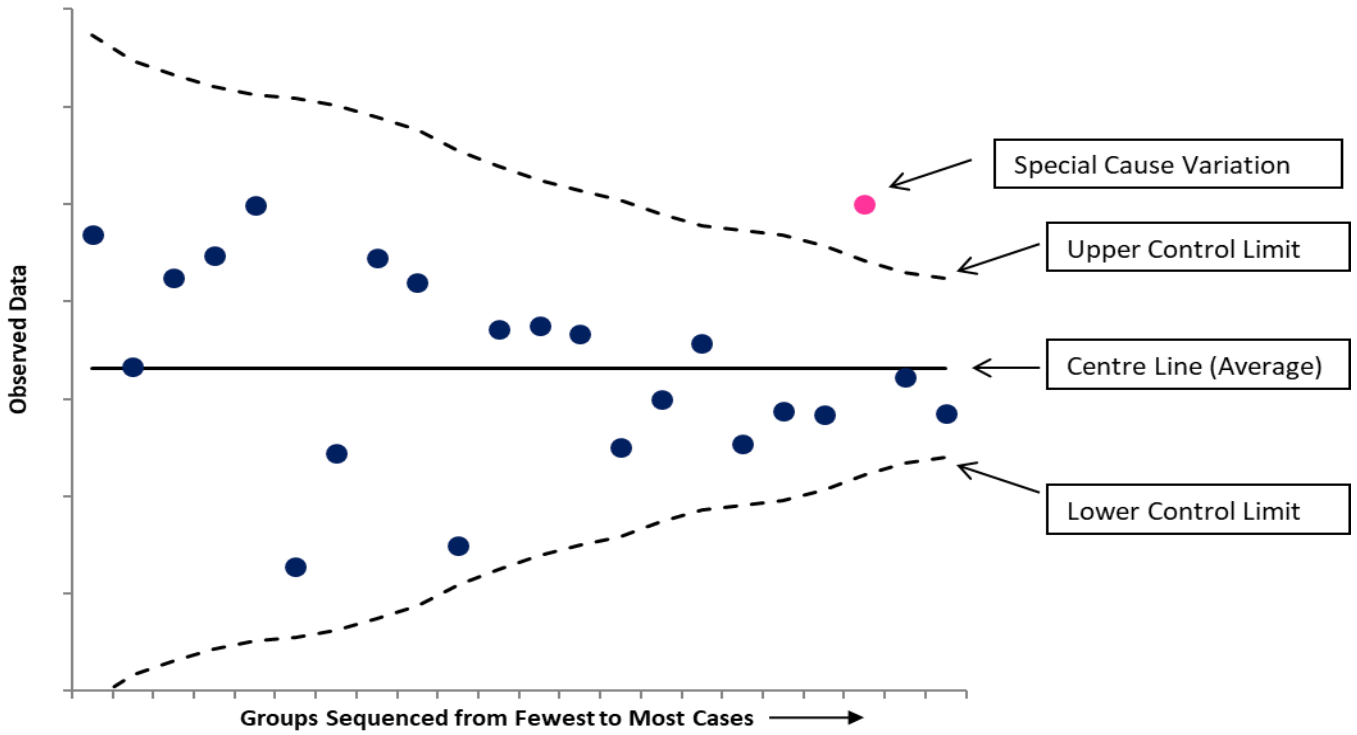


Anatomy of a Statistical Process Control Funnel Plot

A **Statistical Process Control** (SPC) Chart consists of data plotted in order, including a centre line based on the average of the data and upper and lower control limits based on statistical calculations (3 sigma deviations from the average).

SPC charts are commonly used to display data over time. However it is also possible to use SPC charts to display data for different groups (such as hospitals) within control limits. The control limits are calculated in the same way as an SPC chart over time, but the data are ordered by denominator size rather than by time. This gives a funnel shape to the SPC chart. Points that are above or below the control limits in a funnel plot are an indication of special cause variation.

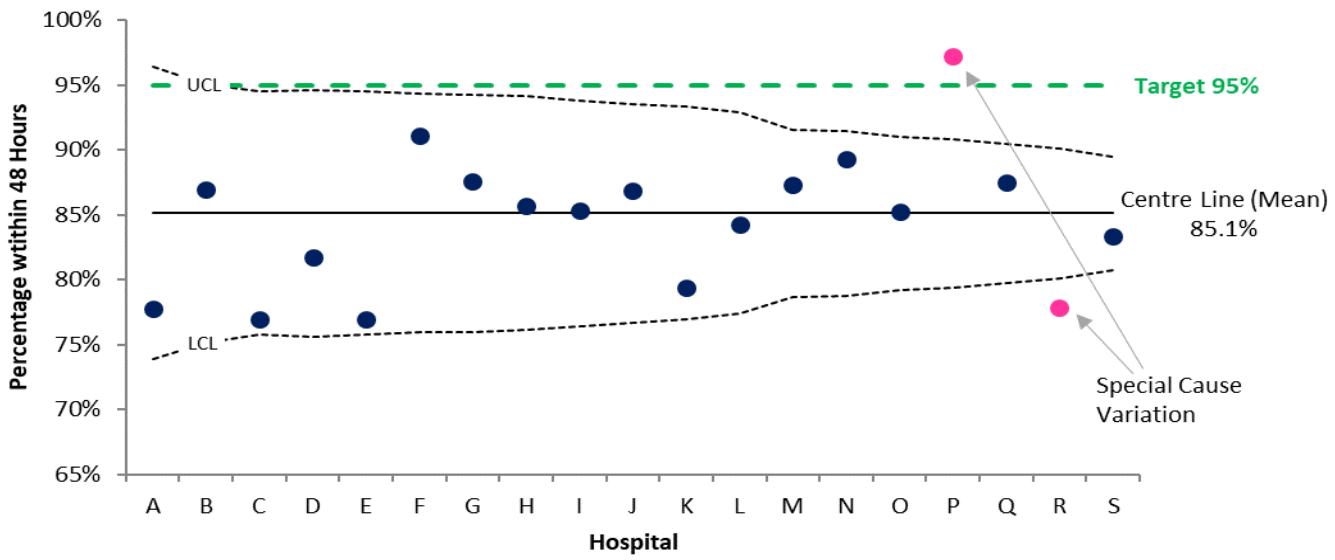
The control limits are based on the variation in the observed data. The control limits reflect the expected range of variation within the data, and do not reflect the desired range of variation in terms of quality of care. The probability of any data point falling outside of the control limits by chance alone is very small.



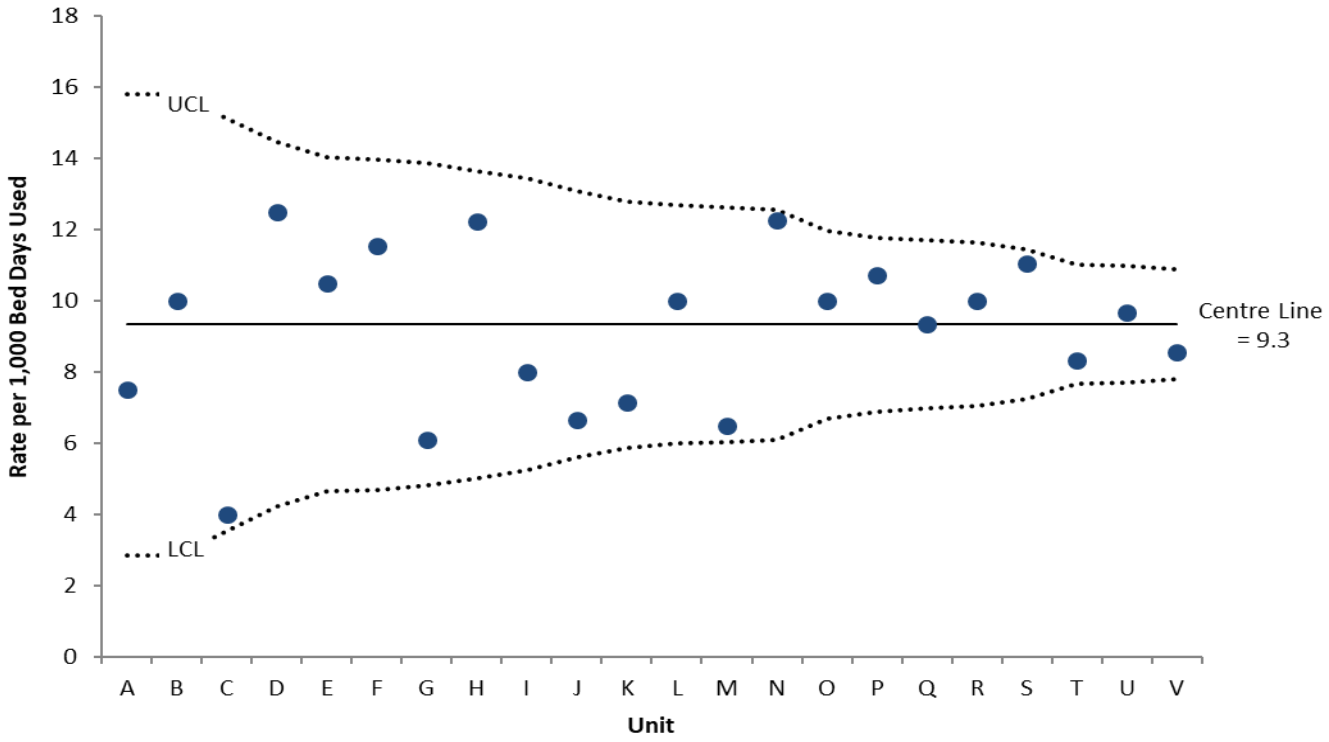
References
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

Statistical Process Control Funnel Plot Examples

Example 1: Percentage of patients with a hip fracture undergoing surgery within 48 hours, by hospital



Example 2: Rate of falls per 1,000 bed days, by community nursing units



Quality and Safety Profile Indicators Metadata

Safe	AMRIC: Hospital acquired new cases of S. aureus bloodstream infection per 10,000 bed days used
	Calculation
	Numerator: Number of new cases of hospital acquired S. *aureus* bloodstream infection.
	Denominator: Number of bed days used
	Rate is calculated as the numerator/denominator*10000.
	Details of analysis
	National level data are displayed in an SPC U chart since January 2021
	Data source
	Acute Management Data Report
	Data frequency
	Monthly
	Data coverage
	No known current data coverage issues.
	Further information
	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Safe	AMRIC: Rate of new cases of hospital associated C. difficile infection per 10,000 bed days used
	Calculation
	Numerator: Number of new cases of hospital associated C. difficile infection.
	Denominator: Number of bed days used
	Rate is calculated as the numerator/denominator*10000.
	Details of analysis
	National level data are displayed in an SPC U chart since January 2021
	Data source
	Acute Management Data Report
	Data frequency
	Monthly
	Data coverage
	Indicator not included in this Quality and Safety Profile.
	Further information
	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Safe	AMRIC: Number of patients confirmed with newly detected CPE
	Calculation
	Numerator: Number of patients confirmed with newly detected CPE.
	Details of analysis
	National level data are displayed in an SPC C chart since January 2021
	Data source
	Acute Management Data Report
	Data frequency
	Monthly
	Data coverage
	Indicator not included in this Quality and Safety Profile.
	Further information
	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Safe	ACUTES: No. of new people waiting > four weeks for access to an urgent colonoscopy
	Calculation
	Count: Number of New patients waiting greater than 28 days for an Urgent Colonoscopy
	Details of analysis
	National level data are displayed in an SPC I chart since January 2021.
	Data source
	Acute Management Data Report
	Data frequency
	Monthly
	Data coverage
	No known current data coverage issues.
	Further information
	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Safe	System wide: Percentage of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident
	Calculation
	Numerator: Number of incidents included in Denominator where the review was completed in no more than 125 calendar days.
	Denominator: Number of Category 1 Incidents involving service users, where a decision that 'further review is not necessary' was not made that were notified between last day of reporting month-125days and 12 months prior
	Details of analysis
	National level data are displayed in an SPC P chart since January 2021.
	Data source
	NIMS KPIs report
	Data frequency
	Monthly
	Data coverage
	Indicator not included in current Quality and Safety Profile.
	Further information
	https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/nims/

Quality and Safety Profile Indicators Metadata

Safe	ACUTES: Rate of defined and suspected venous thromboembolism (VTE, blood clots) associated with hospitalisation
Calculation	Numerator: Number of adult in-patient discharges with a length of stay of 2 or more days with an additional diagnosis of VTE.
	Denominator: Number of adult in-patient discharges with a length of stay of 2 or more days
	Rate is calculated as the numerator/denominator*1,000.
Details of analysis	National level data are displayed in an SPC U chart since January 2021
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	Indicator not included in this Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Safe	ACUTES: Rate of medication incidents as reported to NIMS per 1,000 bed days
Calculation	Numerator: number of medication-related incidents as reported on NIMS
	Denominator: number of in-patient bed days
	Rate is calculated as the numerator/denominator*1,000.
Details of analysis	National level data are displayed in an SPC U Prime chart since January 2021
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	Indicator not included in this Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Safe	ACUTES: Percentage of maternity hospitals / units that have completed and published monthly Maternity Safety Statements
Calculation	% maternity hospitals that completed and published MSS = number of maternity hospitals that completed and published MSS/ total number of maternity hospitals
Details of analysis	National level data are displayed in an SPC I (**In Mar-23 there were 193**
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	Indicator is not included in this Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Safe	System wide: Extreme and major incidents as a percentage of all incidents reported as occurring
Calculation	Numerator: Number of Category 1 incidents that occurred in the reporting period.
	Denominator: Number of incidents that occurred in the reporting period
Details of analysis	National level data are displayed in an SPC P chart since Q1 2018.
Data source	NIMS KPIs reports from Jan 2022. For 2018-2021 data was re-calculated from NIMS system using same methodology as reports issued from 2022 to ensure a consistent approach.
Data frequency	Quarterly
Data coverage	Indicator not included in current Quality and S In Feb-23 there were 0 defined and suspected VTE blood clo
Further information	https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/nims/

Effective	ACUTES: Percentage of surgical re-admissions to the same hospital within 30 days of discharge
Calculation	Numerator: Number of Surgical discharges (inpatient & daycase) in the denominator period which resulted in an emergency readmission to the same hospital within 30 days
	Denominator: Number of Surgical discharges (elective and emergency) in the denominator period (denominator period is set 30 days in arrears)
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021.
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	No known current data coverage issues.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Quality and Safety Profile Indicators Metadata

Person-centred	CAMHS: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks
Calculation	Numerator: Number of new / re-referred cases offered an urgent or routine appointment and seen up to 13 weeks
	Denominator: Total number offered an appointment, seen and DNA
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021.
Data source	Community Healthcare Metric Report – QlikView
Data frequency	Monthly
Data coverage	Data for Mar-23 for LHO South Tipperary was outstanding at the time of production of the Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2023-mental-health-services-nsp-metadata.pdf

Person-centred	ACUTES: Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 9 hours
Calculation	Numerator - All ED patients aged >75 years of age, who are admitted to a ward or discharged in less than 9 hours from their Arrival Time.
	Denominator - All patient attendances at ED who are aged over 75 years of age who are admitted or discharged
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021.
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	No known current data coverage issues
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Timely	ACUTES: Percentage of people waiting <15 months for first access to OPD services
Calculation	Numerator: Number of outpatient patients waiting to be seen less than 15 months
	Denominator: Total number of patients waiting to be seen in Outpatients
Details of analysis	National level data are displayed in an SPC P Prime chart since November 2021
Data source	Acute Management Data Report
Data frequency	Monthly
Data coverage	No known current data coverage issues.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Timely	ACUTES: Percentage of hip fracture surgery carried out within 48 hours of initial assessment
Calculation	Numerator: The number of inpatient discharges aged over 60 in the reporting period where emergency hip fracture surgery was carried out within 48 hours of initial assessment.
	Denominator: The number of inpatient discharges aged over 60 in the reporting period where emergency hip fracture surgery was carried out.
Details of analysis	National level data are displayed in an SPC P chart since Quarter 1 2016.
Data source	Irish Hip Fracture Database (IHFD)
Data frequency	Quarterly in arrears
Data coverage	Indicator not included in this Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Quality and Safety Profile Indicators Metadata

Timely	PRIMARY CARE: Percentage of psychology patients on waiting list for treatment ≤ 52 weeks
Calculation	Numerator: Number of new psychology patients in all age bands who are waiting ≤ 52 weeks to be seen by a psychologist (either in an individual or in a group environment).
	Denominator: Total number of psychology patients in all age bands waiting for these services.
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021
Data source	Community Healthcare Metric Report – QlikView
Data frequency	Monthly
Data coverage	Data for Dec-22 for LHO Kerry and data for Feb-23 and Mar-23 for LHO South Tipperary was outstanding at the time of production of the Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2023-primary-care-services-nsp-metadata.pdf

Timely	PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤52 weeks
Calculation	Numerator: Number of ophthalmology patients in all age bands on the treatment waiting list for 0-52 weeks
	Denominator: Total number of ophthalmology patients in all age bands on the treatment waiting list.
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2021
Data source	Community Healthcare Metric Report – QlikView
Data frequency	Monthly
Data coverage	Data for Dec-22 for LHO Sligo Leitrim and data for Mar-23 for LHOs Waterford and Louth was outstanding at the time of production of the Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2023-primary-care-services-nsp-metadata.pdf

Efficient	ACUTES: Number of acute bed days lost through delayed transfers of care
Calculation	Count of bed days lost to patients who are Delayed transfer of care
Details of analysis	National level data are displayed in an SPC I chart since January 2021
Data source	Acute Management Data Report.
Data frequency	Monthly
Data coverage	No known current data coverage issues.
Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2023.pdf

Equitable	SOCIAL CARE: Disability Act Compliance: percentage of child assessments of need completed within the timelines
Calculation	Numerator: The number of Assessments of Need completed within three months of their commencement or within a revised time frame negotiated as per the regulations.
	Denominator: The total number of Assessments of Need completed.
Details of analysis	National level data are displayed in an SPC P chart since Quarter 1 2016.
Data source	Community Healthcare Metric Report – QlikView
Data frequency	Quarterly
Data coverage	Indicator not included in this Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2023-disability-services-nsp-metadata.pdf

Quality and Safety Profile Indicators Metadata

Wellbeing	PRIMARY CARE: Percentage of child health & development assessments completed on time or before 12 months of age
Calculation	Numerator: The number of babies having a health and development assessment completed by 12 months of age in the reporting period
	Denominator: The number of babies reaching 12 months of age in the reporting period
Details of analysis	National level data are displayed in an SPC P Prime chart since January 2020
Data source	Community Healthcare Metric Report – QlikView
Data frequency	Monthly in arrears
Note	Data for 2019 and 2020 refers to child health & development assessments completed on time or before 10 months of age. Following a recommendation by the Developmental Surveillance Subgroup of the National Steering Group for the Revised Child Health Programme and based on the latest evidence on developmental surveillance, the timeframe for the provision of this child health contact was changed from 7 to 9 months to 9 to 11 months, and so from 2021 the KPI is reported based on assessments on time or before 12 months of age.
Data coverage	Data for Feb-22- Jul-22 for Cavan Monaghan LHO, data for Mar-22 for Waterford LHO, data for Nov-22 for LHO Mayo and data for Feb-23 for LHOs Dublin South West, Slogo Leitrim and Kildare West Wicklow was outstanding at the time of production of the Quality and Safety Profile.
Further information	https://www.hse.ie/eng/services/publications/kpis/2023-primary-care-services-nsp-metadata.pdf

Wellbeing	NSP: No. of clients who have completed a satisfactory BowelScreen FIT test
Calculation	Count of no. of clients screened by the BowelScreen programme who have completed a satisfactory FIT test in the reporting period. (FIT = faecal immunochemical test, which is a self-administered test carried out at home, satisfactory means that the kit was suitable for analysis)
Details of analysis	National level data are displayed in an SPC I Chart since January 2021
Data source	Acute Management Data Report.
Data frequency	Monthly in arrears
Data coverage	No known current data coverage issues.
Further information	https://www.hse.ie/eng/services/publications/kpis/2023-national-screening-service-nsp-metadata.pdf

Hospitals abbreviations as per Corporate Reporting Guidelines

Hospital name	Abbreviation
Coombe Women and Infants University Hospital	CWIUH
MRH Portlaoise	Portlaoise
MRH Tullamore	Tullamore
Naas General Hospital	Naas
St. James's Hospital	SJH
St. Luke's Radiation Oncology Network	SLRON
Tallaght University Hospital	Tallaght - Adults
Mater Misericordiae University Hospital	MMUH
MRH Mullingar	Mullingar
National Maternity Hospital	NMH
National Orthopaedic Hospital Cappagh	Cappagh
National Rehabilitation Hospital	NRH
Our Lady's Hospital Navan	Navan
Royal Victoria Eye and Ear Hospital	RVEEH
St. Columcille's Hospital	Columcille's
St. Luke's General Hospital Kilkenny	SLK
St. Michael's Hospital	St. Michael's
St. Vincent's University Hospital	SVUH
Wexford General Hospital	Wexford
Beaumont Hospital	Beaumont
Cavan General Hospital	Cavan
Connolly Hospital	Connolly
Louth County Hospital	Louth
Monaghan Hospital	Monaghan
Our Lady of Lourdes Hospital	OLOL
Rotunda Hospital	Rotunda
Galway University Hospitals	GUH
Letterkenny University Hospital	LUH
Mayo University Hospital	MUH
Portiuncula University Hospital	PUH
Roscommon University Hospital	RUH
Sligo University Hospital	SUH
Bantry General Hospital	Bantry
Cork University Hospital	CUH
Cork University Maternity Hospital	CUMH
Kilcreene Regional Orthopaedic Hospital	KROH
Mallow General Hospital	Mallow
Mercy University Hospital	Mercy
South Infirmary Victoria University Hospital	SIVUH
Tipperary University Hospital	TUH
UH Kerry	UHK
UH Waterford	UHW
Croom Orthopaedic Hospital	Croom
Ennis Hospital	Ennis
Nenagh Hospital	Nenagh
St. John's Hospital Limerick	St. John's
UH Limerick	UHL
UMH Limerick	LUMH
CHI at Connolly	CHI Connolly
CHI at Crumlin	CHI Crumlin
CHI at Tallaght	CHI Tallaght
CHI at Temple St	CHI TempleSt
CHI	CHI

Appendix 3: Underlying Data for the Quality and Safety Profile Indicators

Underlying data for	SAFE	AMRIC: Hospital acquired new cases of S. aureus bloodstream infection per 10,000 bed days used																																
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	37	16	38	28	25	26	31	34	40	29	31	25	37	24	29	29	31	37	35	39	24	31	30	30	21	30	26	26								
Denominator	270,429	256,331	295,004	292,577	297,214	299,319	313,540	310,761	310,513	323,153	313,350	307,477	317,791	295,609	324,004	313,425	325,123	317,222	319,275	328,313	321,557	339,739	335,342	339,311	352,865	315,971	351,658	302,298								
Data point	1.4	0.6	1.3	1.0	0.8	0.9	1.0	1.1	1.3	0.9	1.0	0.8	1.2	0.8	0.9	0.9	1.0	1.2	1.1	1.2	0.7	0.9	0.9	0.9	0.6	0.9	0.7	0.9								
Numerator: new HA Staf Aureus cases // Denominator: Number of Bed Days Used // Data points: S. Aureus cases per 10,000 BDU																																				

Underlying data for	SAFE	AMRIC: Rate of new cases of hospital associated C. difficile infection per 10,000 bed days used																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	56	55	56	57	56	54	73	62	58	61	71	69	76	64	49	66	65	69	81	70	67	81	86	62	80	60	80	64								
Denominator	270,429	256,331	295,004	292,577	297,214	299,319	313,540	310,761	310,513	323,153	313,350	307,477	317,791	295,609	324,004	313,425	325,123	317,222	319,275	328,313	321,557	339,739	335,342	339,311	352,865	315,971	351,658	302,298								
Data point	2.1	2.1	1.9	1.9	1.9	1.8	2.3	2.0	1.9	1.9	2.3	2.2	2.4	2.2	1.5	2.1	2.0	2.2	2.5	2.1	2.1	2.4	2.6	1.8	2.3	1.9	2.3	2.1								
Numerator: new Ha C. difficile cases // Denominator: Number of Bed Days Used // Data points: S. Aureus cases per 10,000 BDU																																				

Underlying data for	SAFE	AMRIC: Number of patients confirmed with newly detected CPE																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Data point	42	37	40	44	29	37	82	85	77	81	65	63	54	56	51	69	53	64	95	100	83	102	75	70	84	57	64	74								
Count: Number of patients confirmed with newly detected CPE																																				

Underlying data for	SAFE	ACUTES: No. of new people waiting > four weeks for access to an urgent colonoscopy																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Data point	629	441	279	360			240	431	332	513	323	385	288	116	235	214	173	203	235	215	120	120	132	126	167	96	24	137								
Count: Number of New patients waiting greater than 28 days for an Urgent Colonoscopy																																				

Underlying data for	SAFE	System wide: Percentage of reviews completed within 125 days of category 1 incidents from the date the service was notified of the incident																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	16	18	17	20	10	16	14	7	12	20	18	13	18	18	17	14	15	22	15	18	11	17	15	13												
Denominator	110	48	38	34	23	25	29	30	39	34	37	22	33	35	34	40	38	33	34	38	34	39	51	42												
Data point	15%	38%	45%	59%	43%	64%	48%	23%	31%	59%	49%	59%	55%	51%	50%	35%	39%	67%	44%	47%	32%	44%	29%	31%												
Numerator: Number of incidents reviewed in ≤ 125 calendar days. // Denominator: Number of Category 1 patient safety incidents requiring review // Data points: % reviews completed in ≤ 125 days.																																				

Underlying data for	SAFE	ACUTES: Rate of defined and suspected venous thromboembolism (VTE, blood clots) associated with hospitalisation																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	290	359	308	287	250	196	230	246	255	271	277	315	267	283	267	273	247	239	268	246	246	253	255	274	262	173	193									
Denominator	18,292	18,313	22,819	23,152	22,514	23,818	24,435	23,105	23,663	23,061	22,899	23,413	20,681	21,325	23,104	22,315	23,123	23,089	23,112	23,748	23,729	23,348	23,452	23,067	22,650	18,113	18,298									
Data point	15.85	19.60	13.50	12.40	11.10	8.23	9.41	10.65	10.78	11.75	12.10	13.45	12.91	13.27	11.56	12.23	10.68	10.35	11.60	10.36	10.37	10.84	10.87	11.88	11.57	9.55	10.55									
Numerator: Number of adult in-patient discharges (2days+) with a diagnosis of VTE. // Denominator: Number of adult in-patient discharges with a length of stay of 2 or more days // Data points: rate of VTE occuring during hospitalisation per 1,000 discharges.																																				

Underlying data for	SAFE	ACUTES: Rate of medication incidents as reported to NIMS per 1,000 bed days																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	1378	1442	1118	947	926	1046	1166	1299	920	1276	876	702	834	857	892	866	1034	1069	931	887	883	880	924	763	959	861										
Denominator	270,429	256,331	295,004	292,577	297,214	299,319	313,540	310,761	310,513	323,153	313,350	307,477	317,791	295,609	324,004	313,425	325,123	317,222	319,275	328,313	321,557	339,739	335,342	339,311	352,865	315,971										
Data point	5.10	5.63	3.79	3.24	3.12	3.49	3.72	4.18	2.96	3.95	2.80	2.28	2.62	2.90	2.75	2.76	3.18	3.37	2.92	2.70	2.75	2.59	2.76	2.25	2.72	2.72										
Numerator: Number of medication-related incidents as reported on NIMS. // Denominator: Number of Bed Days Used // Data points: Rate of medication incidents reported per 1,000 BDU.																																				

Underlying data for	SAFE	ACUTES: Percentage of maternity hospitals / units that have completed and published monthly Maternity Safety Statements																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Data point	89.5%	63.2%	26.3%	36.8%	21.1%	47.4%	52.6%	73.7%	89.5%	73.7%	84.2%	73.7%	89.5%	63.2%	84.2%	94.7%	89.5%	84.2%	78.9%	84.2%	52.6%	84.2%	63.2%	100.0%	89.5%	73.7%										
Data points: Percentage of maternity hospitals that have completed and published monthly Maternity Safety Statements = number of maternity hospitals that completed and published MSS/ total number of maternity hospitals																																				

Underlying data for	SAFE	System wide: Extreme and major incidents as a percentage of all incidents reported as occurring																																		
	2018				2019				2020				2021				2022				2023				2024											
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4								
Numerator	222	228	222	241	249	237	228	234	288	427	206	285	403	212	254	263	236	215	201	263	206															
Denominator	39521	40813	39779	37482	37682	39569	39963	38579	41671	38259	40385	40984	45330	38260	41285	42740	53032	46807	45994	43856	36157															
Data point	0.6%	0.6%	0.6%	0.6%	0.7%	0.6%	0.6%	0.6%	0.7%	1.1%	0.5%	0.7%	0.9%	0.6%	0.6%	0.6%	0.4%	0.5%	0.4%	0.6%	0.6%															
Numerator: Number of Category 1 incidents // Denominator: Number of incidents that occurred in the reporting period // Data points: % of Category 1 incidents of total incidents occuring in the reporting period																																				

Appendix 3: Underlying Data for the Quality and Safety Profile Indicators

Underlying data for	EFFECTIVE	ACUTES: Percentage of surgical re-admissions to the same hospital within 30 days of discharge																																	
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	518	304	447	438	445	401	476	491	467	530	420	445	544	481	579	531	555	619	631	603	616	621	576	565	483	424	455									
Denominator	28,012	16,762	21,612	29,243	31,310	26,475	30,823	29,257	29,423	34,423	28,074	33,443	28,288	25,870	36,048	32,768	33,035	35,341	38,078	32,827	36,671	38,636	36,313	39,999	29,095	28,404	32,870									
Data point	1.8%	1.8%	2.1%	1.5%	1.4%	1.5%	1.5%	1.7%	1.6%	1.5%	1.5%	1.3%	1.9%	1.9%	1.6%	1.6%	1.7%	1.8%	1.7%	1.8%	1.7%	1.6%	1.6%	1.4%	1.7%	1.5%	1.4%									
Numerator: Number of surgical discharges (inpatient & daycase) which resulted in an emergency readmission to the same hospital within 30 days // Denominator: Number of surgical discharges (inpatient & daycase) // Data points: % emergency surgical readmissions																																				

Underlying data for	PERSON-CENTRED	CAMHS: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	738	844	1056	974	951	896	734	592	845	817	919	725	635	704	708	601	721	518	421	515	599	642	782	541	690	621	744	560								
Denominator	917	1,149	1,421	1,253	1,172	1,227	1,032	1,003	1,252	1,154	1,274	965	890	985	1,022	901	1,110	895	808	940	1,043	1,023	1,257	851	1,060	1,031	1,307	1,069								
Data point	80.5%	73.5%	74.3%	77.7%	81.1%	73.0%	71.1%	59.0%	67.5%	70.8%	72.1%	75.1%	71.3%	71.5%	69.3%	66.7%	65.0%	57.9%	52.1%	54.8%	57.4%	62.8%	62.2%	63.6%	65.1%	60.2%	56.9%	52.4%								
Numerator: Number of new / re-referred cases offered an urgent or routine appointment and seen up to 13 weeks // Denominator: Total number offered an appointment, seen and DNA // Data points: % accepted ref/ re-ref offered first appointment and seen <12weeks																																				

Underlying data for	PERSON-CENTRED	ACUTES: Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 9 hours																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	7451	7444	9210	9746	9918	9692	9874	9309	8775	8381	7825	8646	8049	7592	8552	8496	9405	9042	8933	9420	8934	8272	8307	8161	8143	8038	8878	8834								
Denominator	11,283	10,834	13,602	14,476	14,540	15,102	16,375	15,749	15,363	14,954	13,796	15,230	14,851	14,548	16,802	15,608	16,889	16,801	16,731	17,024	16,370	16,426	16,277	17,776	15,668	15,093	17,428	16,813								
Data point	66.0%	68.7%	67.7%	67.3%	68.2%	64.2%	60.3%	59.1%	57.1%	56.0%	56.7%	56.8%	54.2%	52.2%	50.9%	54.4%	55.7%	53.8%	53.4%	55.3%	54.6%	50.4%	51.0%	45.9%	52.0%	53.3%	50.9%	52.5%								
Numerator: All ED patients aged > In Feb-23 there were 0 defined and suspected VTE blood clots associated with hospitalisation.																																				

Underlying data for	TIMELY	ACUTES: Percentage of people waiting <15 months for first access to opd15m services																																		
	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23										
Numerator	440,280	432,163	437,392	441,730	444,502	451,509	459,628	466,897	472,046	475,149	477,239	470,888	468,858	462,604	466,559	474,585	481,313	487,245																		
Denominator	636,695	617,448	625,513	626,658	625,056	624,773	624,444	623,903	627,856	629,447	625,673	614,225	602,832	584,626	589,670	596,099	594,858	596,265																		
Data point	69.2%	70.0%	69.9%	70.5%	71.1%	72.3%	73.6%	74.8%	75.2%	75.5%	76.3%	76.7%	77.8%	79.1%	79.1%	79.6%	80.9%	81.7%																		
Numerator: Number of outpatient patients waiting to be seen less than 18 months // Denominator: Total WL OPD // Data points: % people waiting <15 months for OPD																																				

Underlying data for	TIMELY	ACUTES: Percentage of hip fracture surgery carried out within 48 hours of initial assessment																																		
	2016				2017				2018				2019				2020				2021				2022											
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4								
Numerator	599	547	489	557	584	540	583	607	649	677	589	646	641	614	644	638	781	568	522	627	771	628	647	723	604	654	561	648								
Denominator	756	721	765	787	804	802	858	872	900	906	861	887	828	816	840	849	1019	738	737	863	944	835	915	945	788	884	790	894								
Data point	79.2%	75.9%	63.9%	70.8%	72.6%	67.3%	67.9%	69.6%	72.1%	74.7%	68.4%	72.8%	77.4%	75.2%	76.7%	75.1%	76.6%	77.0%	70.8%	72.7%	81.7%	75.2%	70.7%	76.5%	76.6%	74.0%	71.0%	72.5%								
Numerator: I/P disch.s >60 years where emergency hip fr. surgery within 48h of initial assessment // Denominator: I/P disch > 60y with emergency hip fracture surgery // Data points: % his surgery <48h initial assessment																																				

Underlying data for	TIMELY	PRIMARY CARE: Percentage of psychology patients on waiting list for treatment ≤ 52 weeks																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	5,272	4,829	5,007	5,465	5,156	5,293	5,622	6,061	6,718	6,937	6,996	7,336	7,442	7,707	7,752	8,145	9,000	9,035	9,041	9,630	9,856	9,931	10,476	10,546	10,596	10,879	11,465	11,955								
Denominator	10,931	10,441	10,814	11,473	10,955	11,143	11,216	11,526	12,119	12,324	12,178	12,477	12,446	12,524	12,433	12,732	13,638	13,656	14,323	15,015	15,410	15,530	16,130	16,047	16,462	16,986	17,865	18,622								
Data point	48.2%	46.3%	46.3%	47.6%	47.1%	47.5%	50.1%	52.6%	55.4%	56.3%	57.4%	58.8%	59.8%	61.5%	62.4%	64.0%	66.0%	66.2%	63.1%	64.1%	64.0%	63.9%	64.9%	65.7%	64.4%	64.0%	64.2%	64.2%								
Numerator: Number of new psychology patients waiting ≤ 52 weeks to be seen by a psychologist // Denominator: Total number of psychology patients // Data points: % psychology patients waiting ≤ 52 weeks																																				

Underlying data for	TIMELY	PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤52 weeks																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	9,550	8,876	8,998	9,685	10,102	10,740	11,216	10,614	11,296	11,399	11,283	11,455	11,495	11,940	11,012	11,083	11,339	12,102	11,655	11,539	11,565	11,944	11,713	10,850	11,741	12,619	11,907	11,499								
Denominator	18,778	18,675	19,811	20,309	20,169	21,030	21,352	20,809	22,197	22,485	22,707	22,574	22,265	22,763	20,437	20,736	21,882	22,686	22,135	21,917	22,169	22,118	21,657	21,006	22,478	23,747	23,146	22,894								
Data point	50.9%	47.5%	45.4%	47.7%	50.1%	51.1%	52.5%	51.0%	50.9%	50.7%	49.7%	50.7%	51.6%	52.5%	53.9%	53.4%	51.8%	53.3%	52.7%	52.6%	52.2%	54.0%	54.1%	51.7%	52.2%	53.1%	51.4%	50.2%								
Numerator: Number of ophthalmology patients waiting for 0-52 weeks // Denominator: Total number of ophthalmology patients on waiting list // Data points: % of community ophthalmology patients waiting ≤52 weeks																																				

Underlying data for	EFFICIENT	ACUTES: Number of acute bed days lost through delayed transfers of care																																		
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Data point	11,999	11,246	11,401	10,444					13,344	14,747	14,841	14,410	15,717	16,529	17,845	17,394	16,649	16,027	16,847	17,900	18,280	18,175	17,838	17,895	17,015	15,487	18,086	16,627								
Data points: Number of acute bed days lost through delayed transfers of care																																				

Underlying data for	EQUITABLE	SOCIAL CARE: Disability Act Compliance: percentage of child assessments of need completed within the timelines																																		
	2016				2017				2018				2019				2020				2021				2022				2023							
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Numerator	157	156	261	169	194	210	392	119	111	97	83	83	51	98	108	68	60	87	50	125	386	207	320	311	354	132	133	133	104							
Denominator	800	791	845	672	690	875	1,116	937	983	1,078	1,199	1,021	833	923	785	771	848	770	666	1,627	2,693	1,268	2,243	2,149	1,719	455	450	447	560							
Data point	19.6%	19.7%	30.9%	25.1%	28.1%	24.0%	35.1%	12.7%	11.3%	9.0%	6.9%	8.1%	6.1%	10.6%	13.8%	8.8%	7.1%	11.3%	7.5%	7.7%	14.3%	16.3%	14.3%	14.5%	20.6%	29.0%	29.6%	29.8%	18.6%							
Numerator: Number of Assessments of Need completed within time frame as per regulations // Denominator: The total number of Assessments of Need completed // Data points: % child assessments completed within regulations timelines																																				

Appendix 3: Underlying Data for the Quality and Safety Profile Indicators

Underlying data for	WELLBEING				PRIMARY CARE: Percentage of child health & development assessments completed on time or before 12 months of age																												
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Numerator	1,762	1,954	2,270	2,379	2,338	2,468	2,793	2,829	3,241	3,372	3,201	2,967	3,360	3,519	3,779	3,769	4,001	3,884	4,013	4,097	4,284	4,286	4,316	4,130	4,146	3,670	3,763									
Denominator	4,238	4,295	4,727	4,338	4,182	4,353	4,591	4,578	4,656	4,511	4,264	4,024	4,525	4,360	4,566	4,504	4,560	4,631	4,921	4,806	4,994	4,994	4,874	4,835	4,767	4,139	4,393									
Data point	41.6%	45.5%	48.0%	54.8%	55.9%	56.7%	60.8%	61.8%	69.6%	74.8%	75.1%	73.7%	74.3%	80.7%	82.8%	83.7%	87.7%	83.9%	81.5%	85.2%	85.8%	85.8%	88.6%	85.4%	87.0%	88.7%	85.7%									
Numerator: The number of babies having a health and development assessment completed by 12 months of age // Denominator: The number of babies reaching 12 months of age in the reporting period // Data points: % assessments completed in time or before 12months of age																																				

Underlying data for	WELLBEING				PRIMARY CARE: Percentage of child health & development assessments completed on time or before 12 months of age																														
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Data point	8,219	4,273	7,458	11,240	10,644	8,469	8,629	6,822	11,570	6,374	7,331	6,285	4,502	9,383	9,885	7,817	11,627	10,517	10,714	12,279	15,630	14,613	11,701	6,861	11,956	12,567	16,493									
Numerator: The number of babies having a health and development assessment completed by 12 months of age // Denominator: The number of babies reaching 12 months of age in the reporting period // Data points: % assessments completed in time or before 12months of age																																				