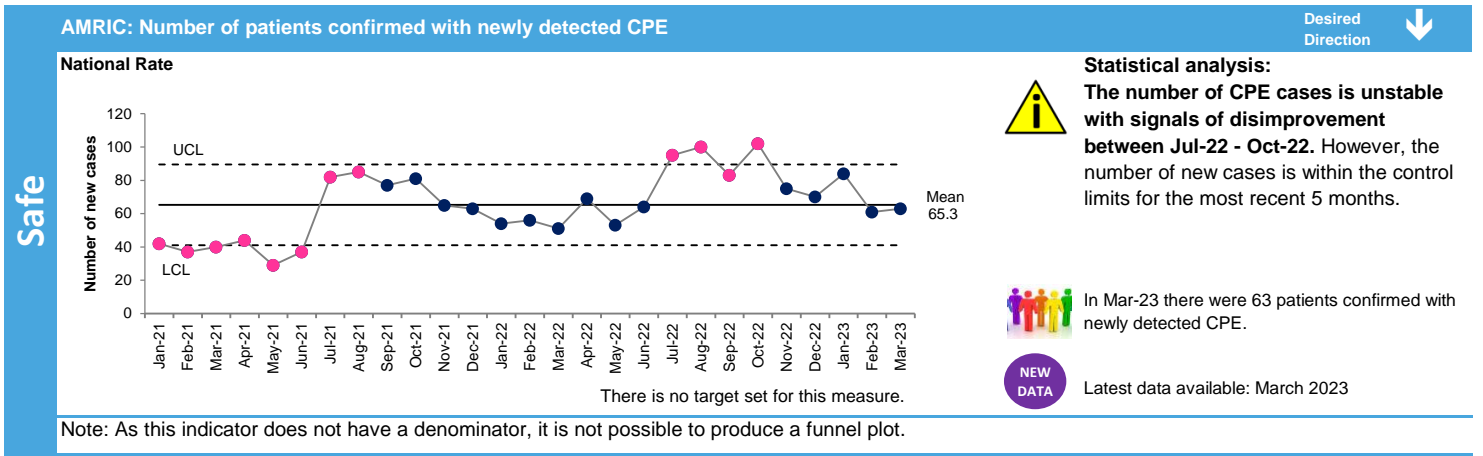


The purpose of the Quality and Safety Profile is to provide statistical insights into quality and patient safety data and to support understanding of variation in performance over time. It is separate to processes supporting the performance and accountability framework under which necessary improvement 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

**Service analysis (updated 26/04/2023):**

- 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 newly detected CPE case numbers and screening numbers
- 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



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

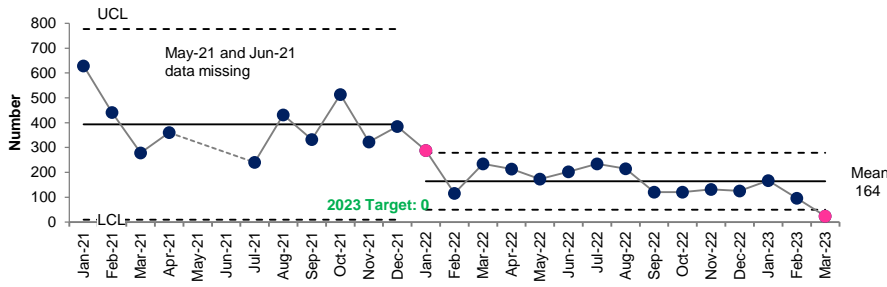
**Note:** Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

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

Desired Direction ↓

Safe

### 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. There is a new signal of improvement for Mar-23.



Mar-23: there were 24 people waiting over four weeks for access to an urgent colonoscopy.



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 25/04/2023):

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. 19 of the 24 National breaches in March 2023 were within the Saolta Hospital Group.

Galway University Hospital - 8

Letterkenny University Hospital - 5

Mayo University Hospital (MUH) - 4

The improvement measures have been seen this month, down to 4 breaches March 2023 from 63 in February 2023. This is a 93.65% reduction and Acute Operations thanks MUH for all the work to achieve same.

Portiuncula University Hospital - 2



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

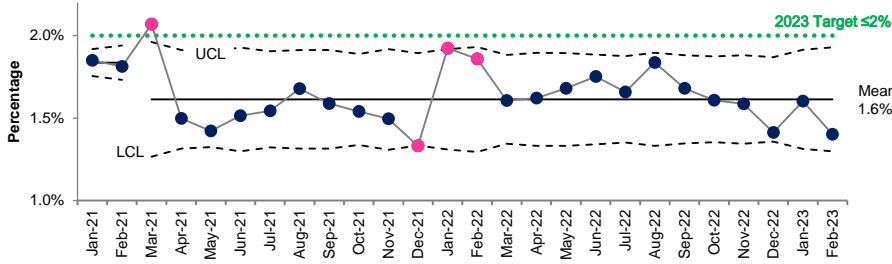
**Note:** Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

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

Desired Direction

Effective

National Rate



**Statistical analysis:**  
Average national performance is stable, and continues well below the 2023 target.

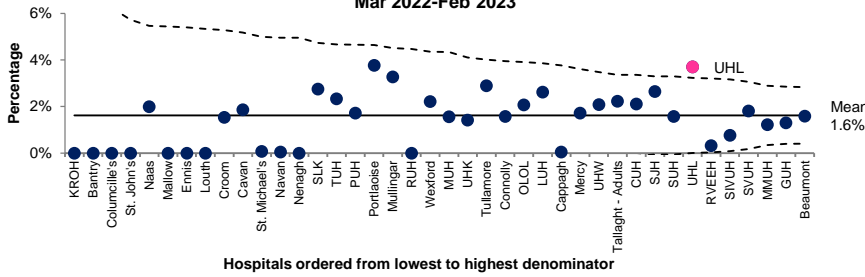


There were 26,343 surgical discharges in Feb-23 of whom 369 patients were re-admitted to the same hospital within 30 days of discharge.



Latest data available: February 2023

Mar 2022-Feb 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 30/03/2023):**

The percentage of unplanned re-admission to the same hospital within 30 days post acute or elective, inpatient or day-case surgical admission to the same hospital.

As 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.



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

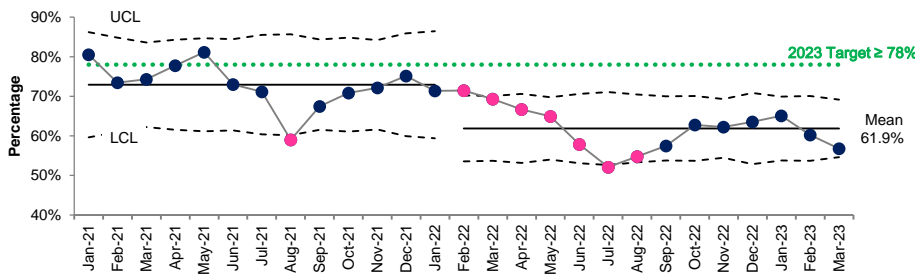
**Note:** Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

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

Desired Direction

Person-centred

National Rate



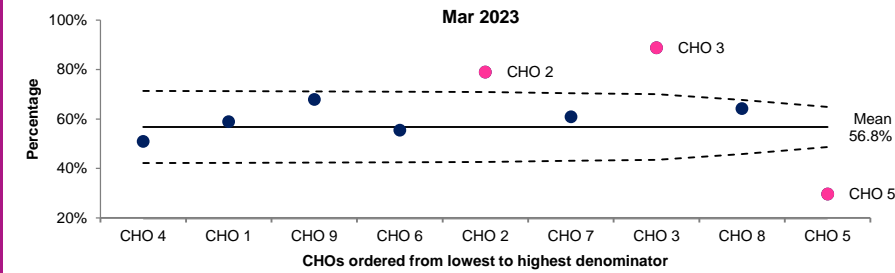
**Statistical analysis:**  
Average national performance is below the 2023 target. There are signals of disimprovement since Feb-22. The statistical process control limits were recalculated to reflect the new average.



There were 1,298 CAMHS appointments in Mar-23 (seen & DNA), of whom 737 were seen within 12 weeks.



Latest data available: March 2023



**Statistical analysis funnel plot:**

The SPC funnel plot for Mar-23 shows that the rates for CHO3 (89%) and CHO2 (79%) are higher (better) than expected and the rate for CHO5 (30%) is lower than expected. All other CHOs were within the expected range of variation.

**Service analysis (updated 25/04/2023):**

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.

In March year to date, 60.4% referrals were offered an appointment and seen within 12 weeks against a target of 78%.

CHO 2 is currently exceeding target at 79.9% compared to CHO 5 (38.8%) followed by CHO 4 (55.4%).

All other CHO's have not achieved the target CHO 1 (63.4%), CHO 3 (76.5%), CHO 6 (59.4%), CHO 7 (66%), CHO 8 (64.8%) and CHO 9 (67.6%).

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 4.8% DNA (did not attend) rate for those offered a new or re-referred appointment.



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

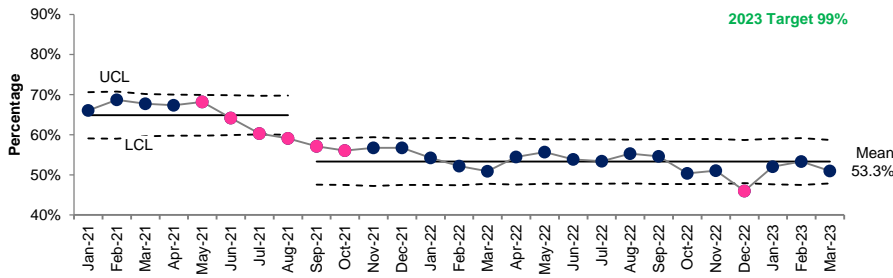
**Note:** Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

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

Desired Direction

Person-centred

**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.



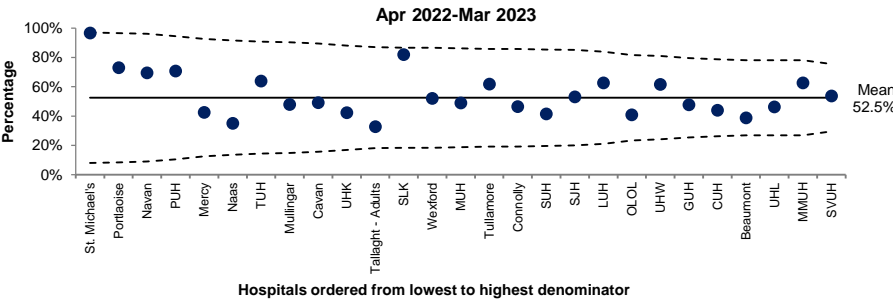
Mar-23: 17,446 people 75+ years presented to ED, of whom 8,897 were discharged or admitted within 9 hours.



Latest data available: March 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 wide. 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 27/04/2023):**

At end of March 2023, 52% 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 an:
  - 16% increase in ED attendances by those >75 years; and
  - 12.1% increase in ED admissions by those >75 years.

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/registrars (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.

As part of winter planning 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 improvement includes reductions in 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.

Other measures includes additional funding for aids and appliances to enable patients to be discharged home or to a community facility as quickly as possible. Extra funding for patient flow and discharge teams in hospital and community services to minimise delays in discharge or transfer to other hospitals or to step-down facilities. And additional homecare packages, particularly for those with complex needs, to assist them to go home from hospital.

The winter plan also includes measures to provide alternatives to attendance at, and admission through, Emergency Departments, for example, additional access to diagnostics for GPs to enable them to directly refer patients for x-rays or scans rather than as referrals to Emergency Departments, expanding the range of community supports and extending the opening times of the local injury units.

At a national level, the National Crisis Management Team (NCMT) convened by the CEO in December implemented actions to support Community Healthcare Organisations (CHO) and Hospital Groups to manage local pressures including increased resources in the ambulance service; additional GP slots; increased ED staffing; homecare and community beds; funding for use of private hospital beds; transitional care beds and contracted private beds; senior clinical decision makers on site at weekends; NCMT members on site to support hospitals as well as other local measures identified by Hospital Group and CHOs as part of their Integrated Winter Plans. The work of the Winter Oversight Group, established to oversee performance and respond to challenges, remains ongoing.



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

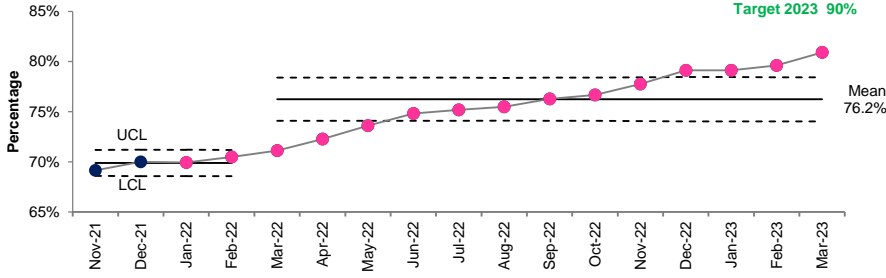
**Note:** Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

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

Desired Direction

Timely

### National Rate



Note: Data not available prior to Nov-21



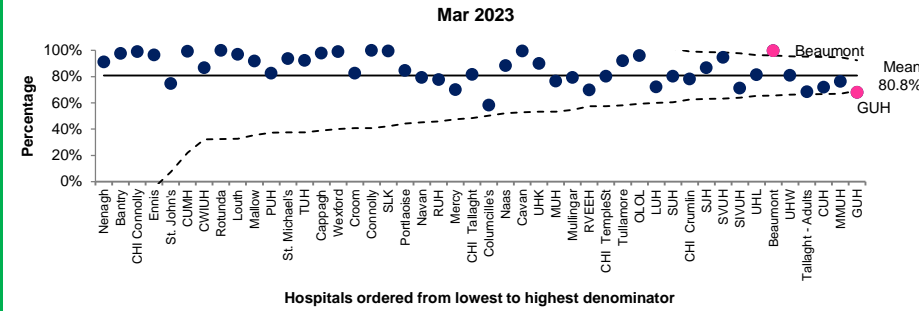
**Statistical analysis:**  
Average national performance is below 2023 target but there are signals of improvement for the past 15 months. The control limits have been recalculated to reflect the new average.



Mar-23: there were 594,858 people waiting for first access to OPD services, of whom 481,313 were waiting less than 15 months.



Latest data available: March 2023



**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 (68%) which is lower than expected.

### Service analysis (updated 25/04/2023):

At the end of March 2022 71% 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% of patients waiting less than 15 months. The volume of patients waiting over 15 months in March 2022 was 180,554 in March 2023 this figure has reduced to 113,545.

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 an ongoing multi-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.



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

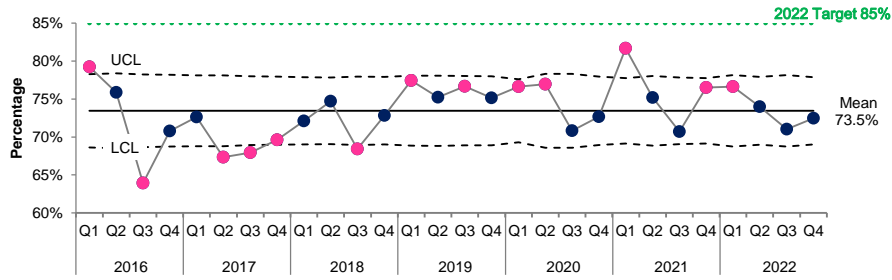
**Note:** Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

Timely

## ACUTES: Percentage of hip fracture surgery carried out within 48 hours of initial assessment

Desired Direction

### National Rate



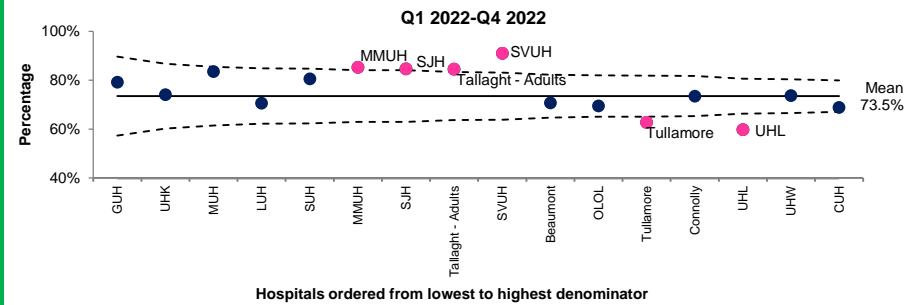
**Statistical analysis:**  
Average national performance is below the target. Although there were signals of improvement in Q1 & Q2 2020, Q1 2021 and in Q4 2021-Q1 2022 there are no current signals of improvement in most recent 3 quarters.



Q4-22: 894 inpatient discharges 60+ years had emergency hip fracture surgery, of which 648 within 48h of initial assessment



Latest data available: Q4 2022



**Statistical analysis funnel plot:**  
The SPC funnel plot for last 4 quarters shows MMUH (85%), SJH(85%), Tallaght-Adults (84%) and SVUH(91%) are above the expected limits (better) while Tullamore (63%) and UHL(60%) are below the expected limits.

### Service analysis (27/04/2023):

Acute Operations (AO) communicate to all hospital groups following receipt of the recent data

The total number of Emergency hip fracture surgery carried out within 48 hours is 648

Nationally the compliance stands at 72.5%

The achievement of this target is significantly impacted by emergency pressures and the flow of emergency patients requiring admission. Feedback from hospitals have indicated that some patients deemed within target are actually not suitable for surgery, this factor does impact on achievement of the target.



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

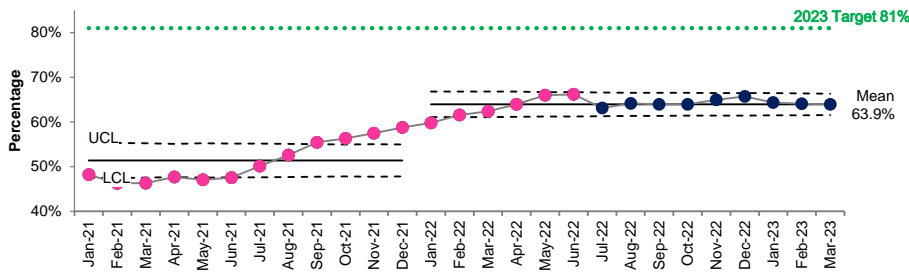
**Note:** Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

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

Desired Direction

Timely

### National Rate



### Statistical analysis:

Average national performance is below the target and unstable. While performance has improved 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.



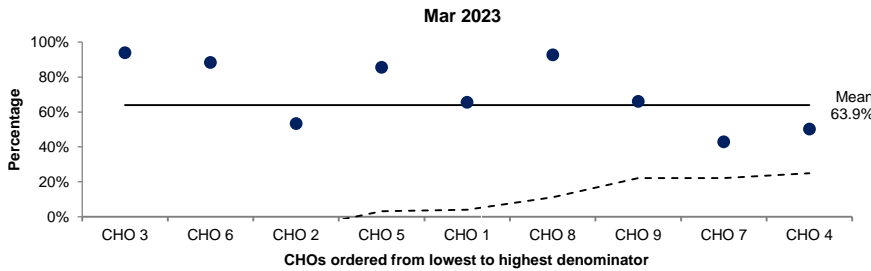
Mar-23: 17,583 people were on the waiting list for Primary Care Psychology treatment, of whom 11,238 were waiting less than 52 weeks.



Latest data available: March 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 wide. 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 25/04/2023):

The national position in March 2023 is 63.9% compared to the target of 81% (PC103G). The number of people waiting longer than 52 weeks has increased by + 3.9% from 6,107 in February to 6,345 in March (PC103E). 761 children and young people have been removed from the waiting list from January to March 2023 as a result of the WLAP waiting list initiatives referred to earlier in this commentary.

The number of new patients seen for first time at the end of March 2023 is 3,010 which is 16.6% ahead of same period last year position of 2,581 (PC40) CHOs 3, 5 and 9 are above target. CHO4 is within 5% to 10% of achieving target. CHOs 1,2,6,7 and 8 are over 10% of achieving target.

Numbers of referrals YTD (Mar) is 4,594 which represents an increase of 1,963 (74.6%) in expected activity (2,631). Referrals are 13.6% ahead of the same period last year (4,044) with increases in recorded CHOs 1, 3, 4, 5, 8 and 9. (PC38)

### Note on Primary Care Services

Primary Care Services have been impacted by Covid waves 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.

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 96.3% return rate for data across Primary Care Services in March.

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.

The underlying trend in numbers seen by Primary Care Therapy Services continues to improve. At March 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.



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

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

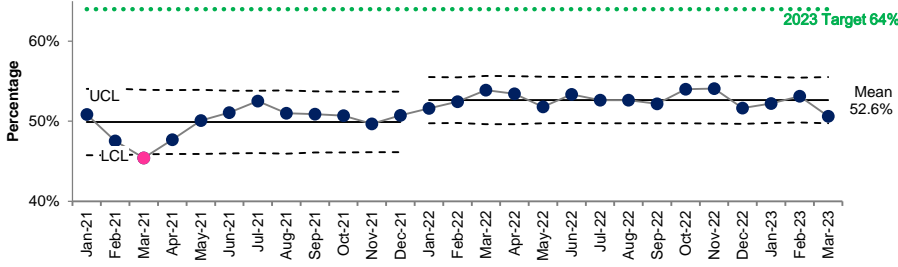


**PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤52 weeks**

Desired Direction

Timely

**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.



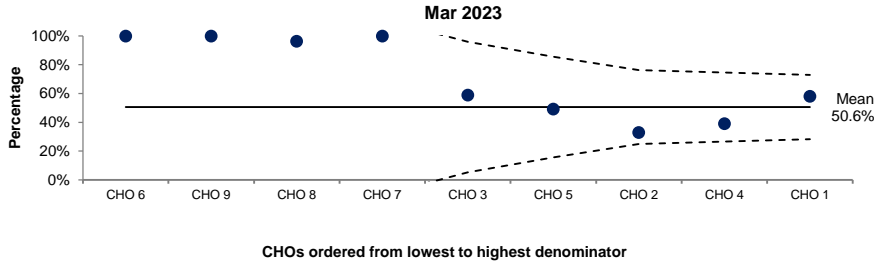
Mar-23: 22,238 people were on the waiting list for Primary Care Ophthalmology treatment, of whom 11,256 were waiting less than 52 weeks.



Latest data available: March 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 wide. 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 25/04/2023):**

The national March 2023 position is 50.6% compared to the target of 64% (PC107G). The number of people waiting longer than 52 weeks has decreased by -1.3% from 11,128 in February to 10,982 in March (PC107E).

The number of new patients seen for first time assessment at the end of March 2023 is 5,785 which is 15.2% ahead of same period last year position of 5,021 (PC54)

CHOs 4, 5, 6, 7 and 8 are above target and CHOs 1, 2, 3 and 9 are over 10% of achieving target.

Numbers of referrals YTD (Mar) is 7,251 which represents an increase of 1,149 (18.8%) in expected activity (6,102).

Referrals are 19.8% ahead of the same period last year (6,052) with increases in recorded CHOs 1, 2, 4, 7, 8 and 9. (PC52)



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



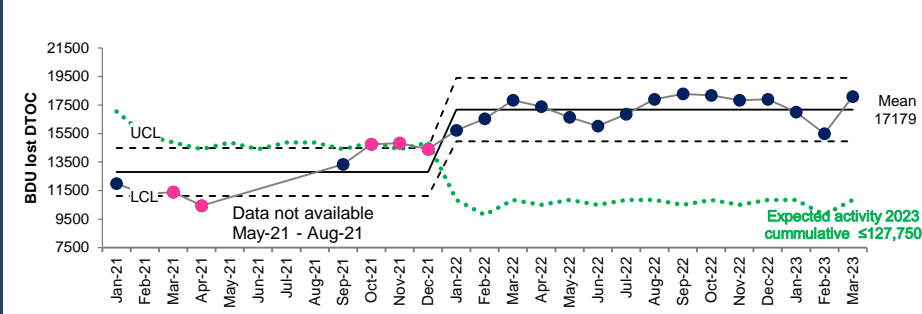
Indicates a new measure this month

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

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

Efficient

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.



Mar-23: 18,086 acute bed days were lost through delayed transfers of care. As of end of Mar-23 there were 604 beds subject to Delayed Transfer of Care.



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 (27/04/2023):**

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 (DTCO) 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.

As of March 2023, a total of 604 DTCOs (18,086 bed days) were accommodated in acute hospitals leading to a reduced availability in bed capacity for both scheduled and unscheduled care. 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.

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 Winter Oversight Group, a DTCO project is currently being established to improve the integrated care and case management of patients categorised as “delayed transfers of care” (DTCO) across acute sites and CHOs. This will focus 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 DTCO in a time lined targeted manner.



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

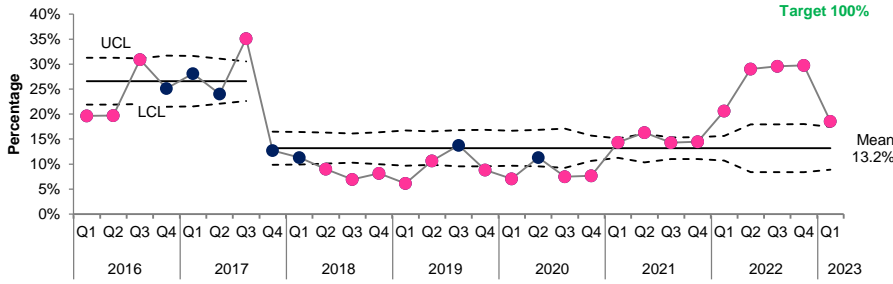
**Note:** Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

**SOCIAL CARE: Disability Act Compliance: percentage of child assessments of need completed within the timelines**

Desired Direction

Equitable

**National Rate**



**Statistical analysis:**  
Average national performance is below the target with a sustained reduction since Q4 2017. However the rates for the past 9 quarters indicate signals of improvement. Rates for the last 5 quarters are above the upper control limit.



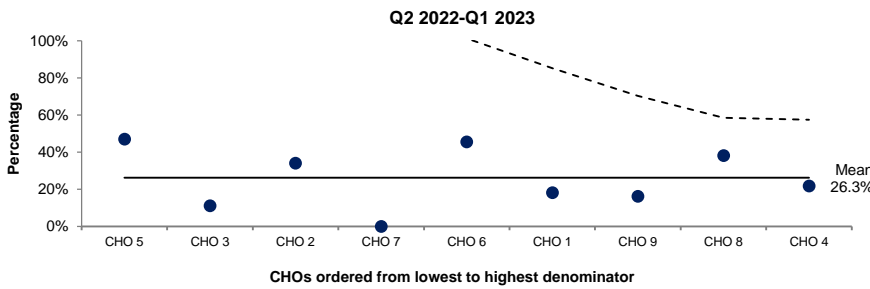
Q1-23: 560 Assessments of Need were completed, of which 104 within three months of their commencement or within a revised time frame negotiated as per the regulations



Latest data available: Q1 2023

**Statistical analysis funnel plot:**

The SPC funnel plot shows the range of variation among CHOs for the last 4 quarters. All CHOs are within the control limits, although the control limits are very wide. 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 (25/04/2023):**

A High Court judgement delivered on 11th March 2022 has impacted on the completion of assessments since that date. As a consequence of the judgement, Assessment Officers cannot complete assessments based on the agreed Preliminary Team Assessment format. As a result, activity for the first quarter of 2023 indicates that there has been an increase in the total number of applications 'overdue for completion', which now stands at 5,304 (excluding those applications for which an extended time-frame was negotiated with the parent on the grounds of there being exceptional circumstances as provided for in paragraph 10 of the regulations).

The requirement to provide diagnostic assessments under the terms of the Act for children whose assessments were completed based on the Preliminary Team Assessment format will further impact on compliance in the coming months. These additional assessments for children whose status has already been recorded as "complete" must be progressed in parallel with new applications for AON.

The HSE's National Clinical Programme for People with Disability (NCPDP) has led the process of developing Interim Clinical Guidance to replace the element of the Standard Operating Procedure which was found to be non-compliant with the Disability Act (2005) – the Preliminary Team Assessment. This guidance has been reviewed by the HSE's and Department of Health's legal advisors and feedback provided. It has also been agreed with staff representative bodies. It is now being finalised by NCPDP and a date for circulation will be agreed following this.

NCPDP has also committed to establishing a Task Group on Assessment of Need to address other issues related to the Assessment of Need process that are not addressed in the Interim Clinical Guidance. This group will include representatives from all the key stakeholders and particularly those with lived experience, and will meet monthly over the next 12 months.

The Disability Act outlines the statutory timelines under which Assessments of Need under the Act must be completed. In summary, the assessment report must be completed within 6 months of the date the application was received. While the HSE endeavours to meet its legislative obligations under the Act, it has struggled to achieve compliance with these timeframes. In Quarter 1, 2023, 19% of assessments were completed within the timeframes set out in the Disability Act 2005 and accompanying Regulations.

The first quarter of 2023 has seen a further increase in the number of applications for assessment of need received (2,034 for the quarter) which is up 24% on the profiled target the period (DIS1).

The number of applications for Assessment of Need under the Act has risen steadily since its implementation in June 2007. The non-commencement of the Education for Persons with Special Education Needs (EPSEN) Act (2004) is a significant contributory factor. When originally implemented it was envisaged that the Assessment of Need would apply to children aged less than five years. Following a High Court ruling in 2009 eligibility was expanded to include all persons born on or after June 1st 2002. This has also contributed to the rise in applications. A new commencement order (S.I. No. 3 of 2022) subsequently confirmed that Part 2 of the Disability Act applies to persons born on or after 1st June 2002.

The provision of diagnostic ASD assessments through the Assessment of Need process is the most significant factor in waiting lists for children's disability services. Approximately €11m has been allocated to address waiting lists and this funding has facilitated CHOs to procure small numbers of diagnostic ASD assessments through the private sector. In parallel, a large scale international procurement process is being progressed.



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

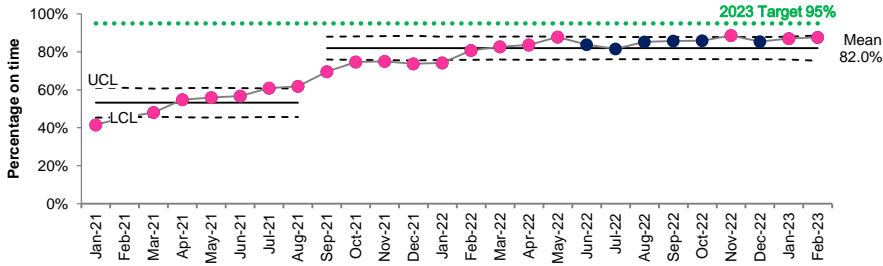
**Note:** Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

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

Desired Direction

Wellbeing

**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 Nov-22 and Jan-23 - Feb-23.



Feb-23: 3,763 babies were reaching 12 months of age, of which 3,301 had a health & development assessment completed.

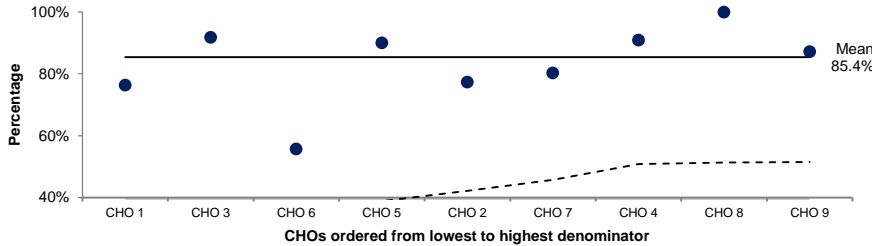


Latest data available: February 2023

**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.

**Mar 2022-Feb 2023**



**Service analysis (updated 25/04/2023):**

The national performance at February YTD (Data one month in arrears) is 87.3% compared to a target of 95% (PC153). Performance in February of 87.7% compared to a monthly performance of 87% in January.

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

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



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



Indicates updated data for this measure this month



Indicates no updated data available for this measure this month



Indicates a new measure this month

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

## HSE Board S&Q Committee: Quality and Safety Profile Discussion Prompts

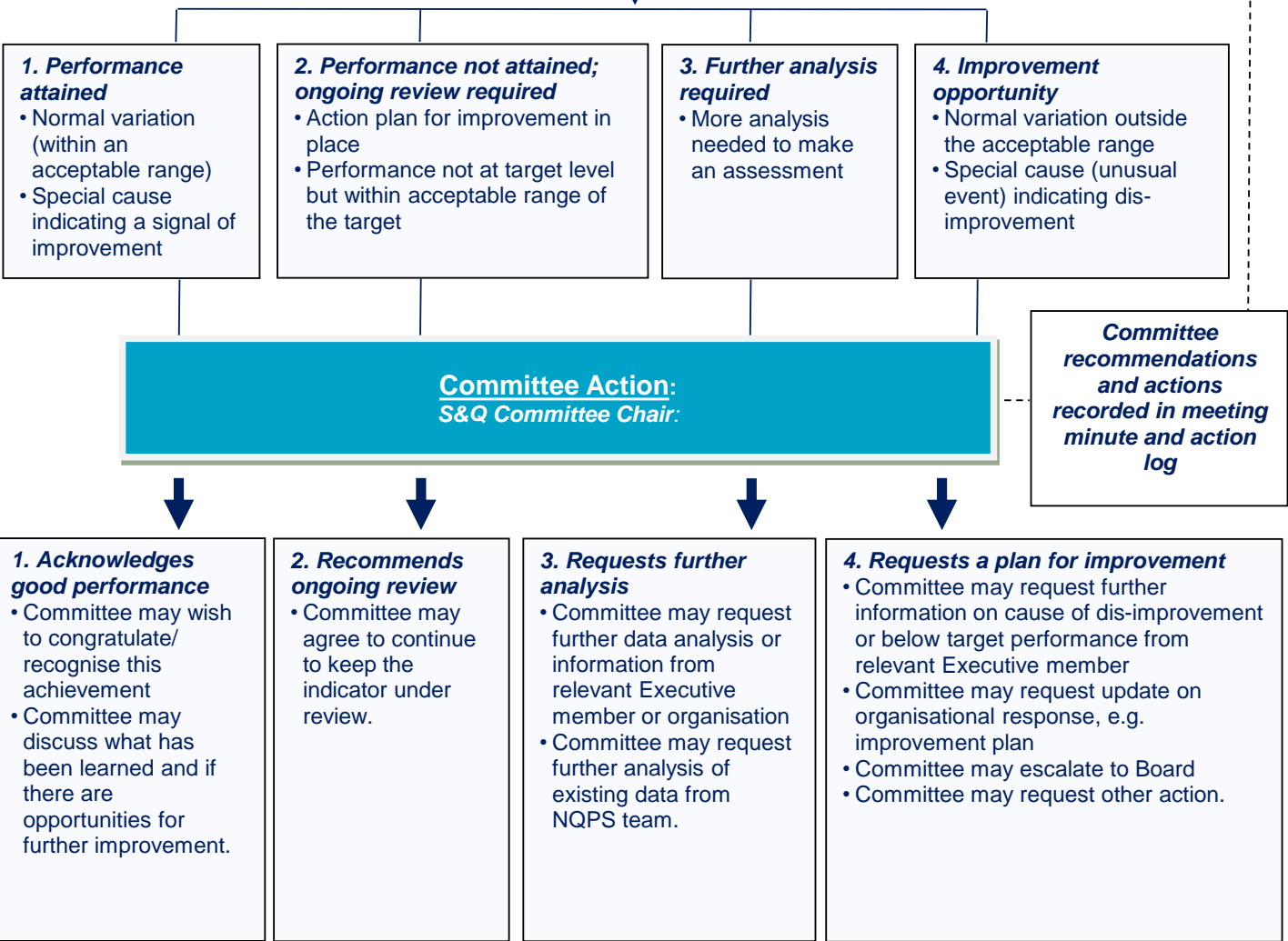
**Receipt of HSE Quality and Safety Profile:**  
*S&Q Committee members receive documents from Chief Clinical Officer (CCO)*

*At the S&Q Committee meeting the steps below are used by the committee members to discuss the Quality Profile*

**Committee Discussion:**  
*CCO/ NQPS CD facilitates discussion on each indicator presented in the quality profile.*

- What does the indicator show?
- Are there internal or external factors impacting the indicator?

**Committee Assessment:**  
*Committee members collectively make an assessment based on the information presented and their discussion*



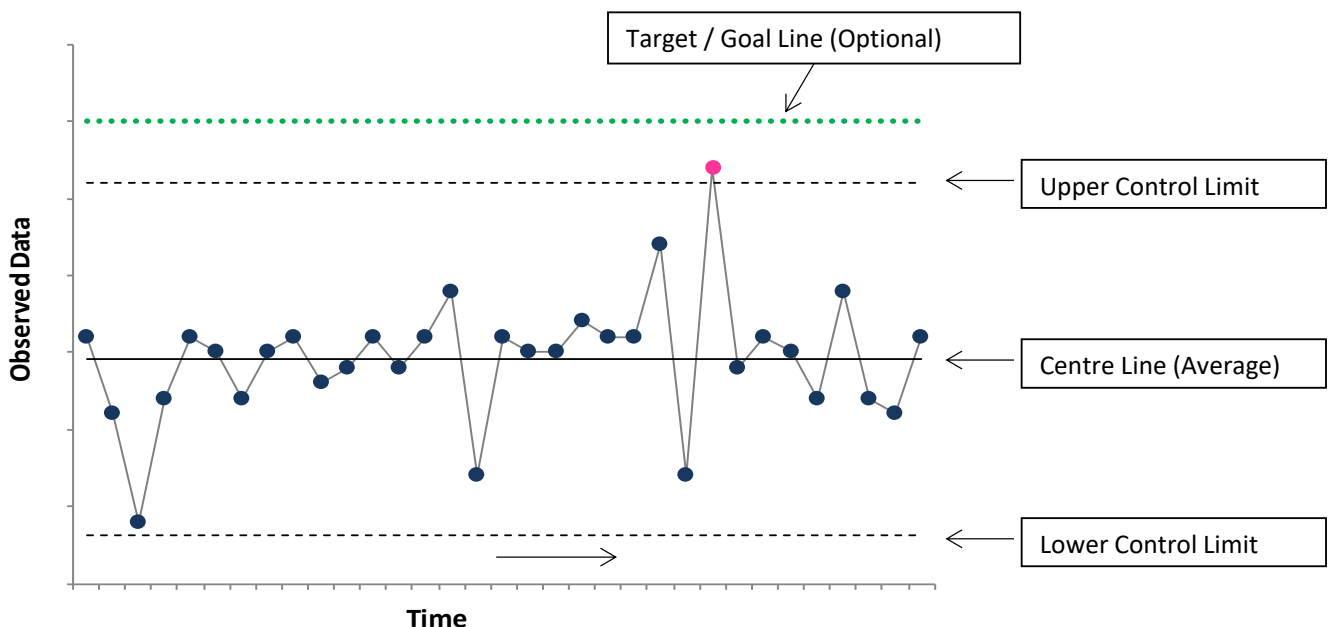
### Anatomy of a Statistical Process Control Chart

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.

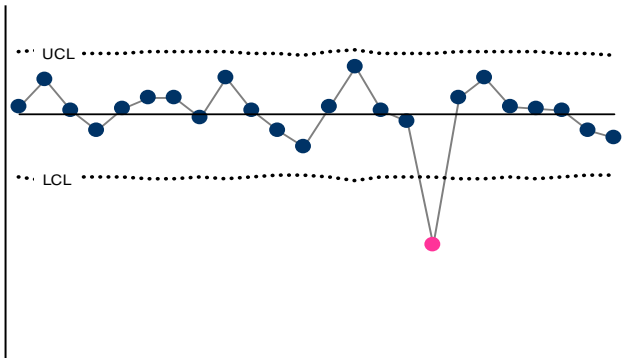


#### References

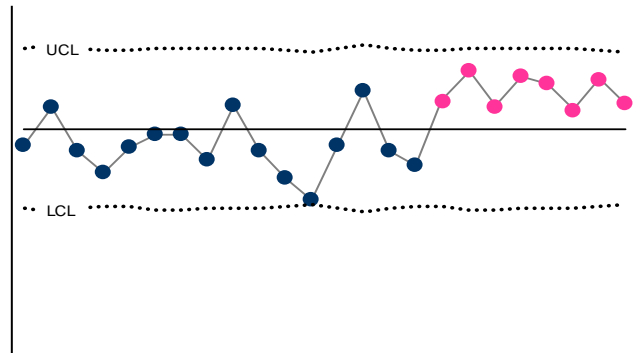
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

# Rules for detecting special cause variation using statistical process control charts

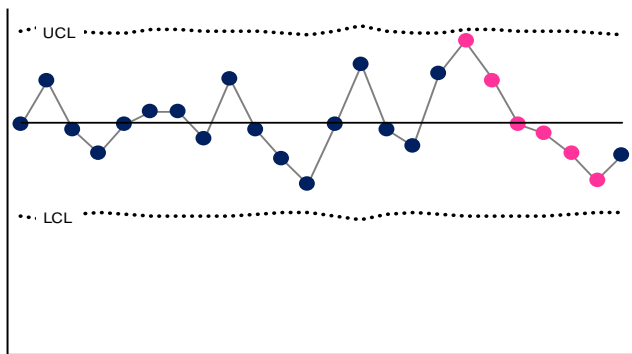
1. A single point outside the control limits (this doesn't include points exactly on the limit)



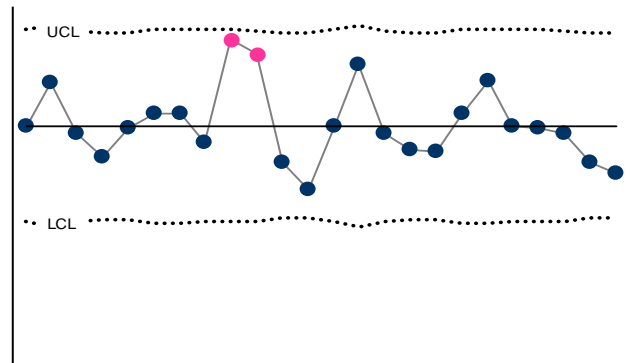
2. A run of 8 or more consecutive points above or below the centre line



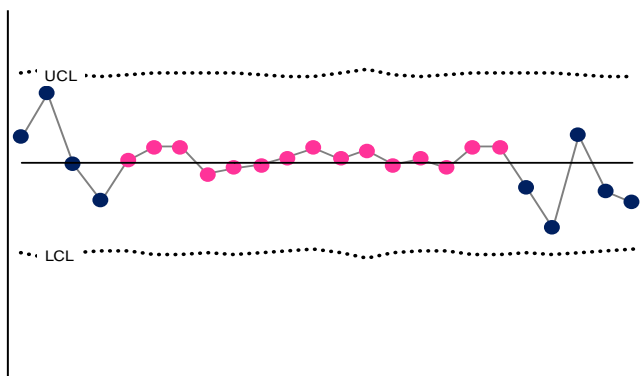
3. A trend of at least 6 consecutive points all going up or down



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)

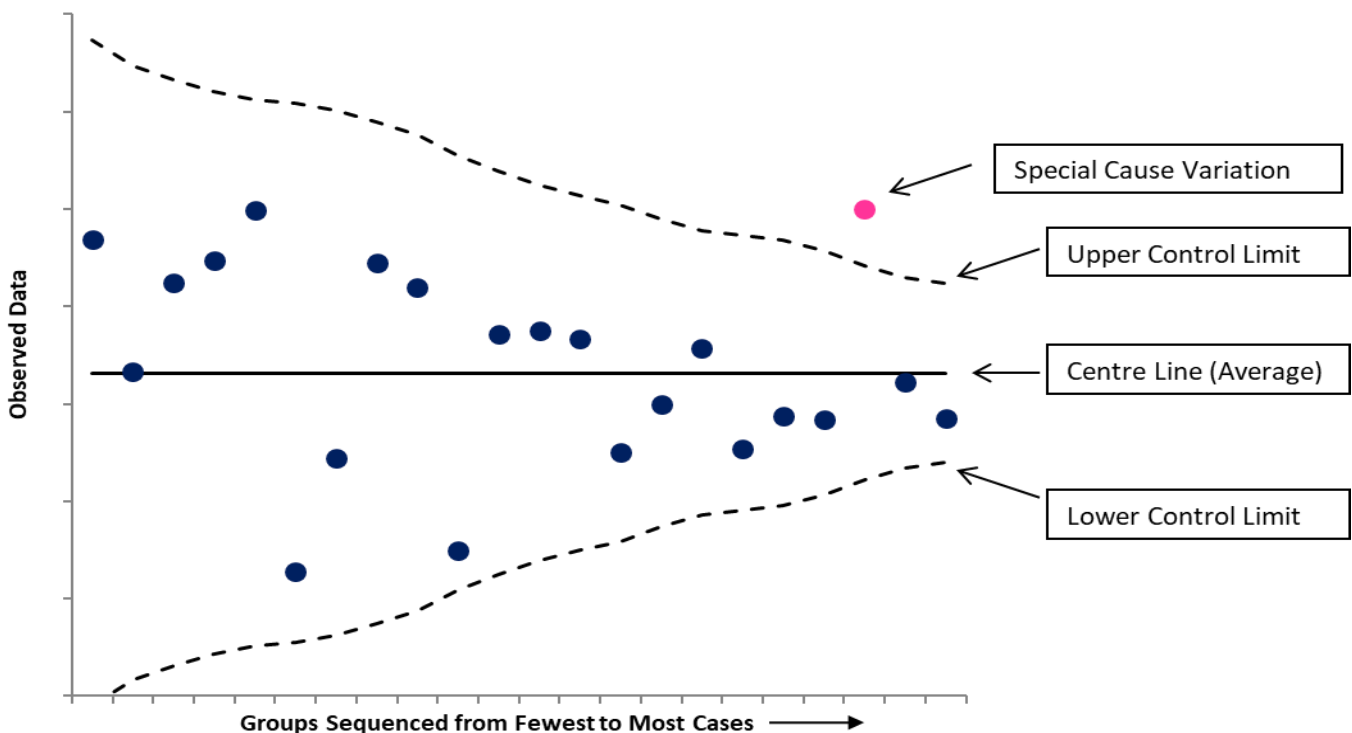


## Anatomy of a Statistical Process Control Funnel Plot

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.

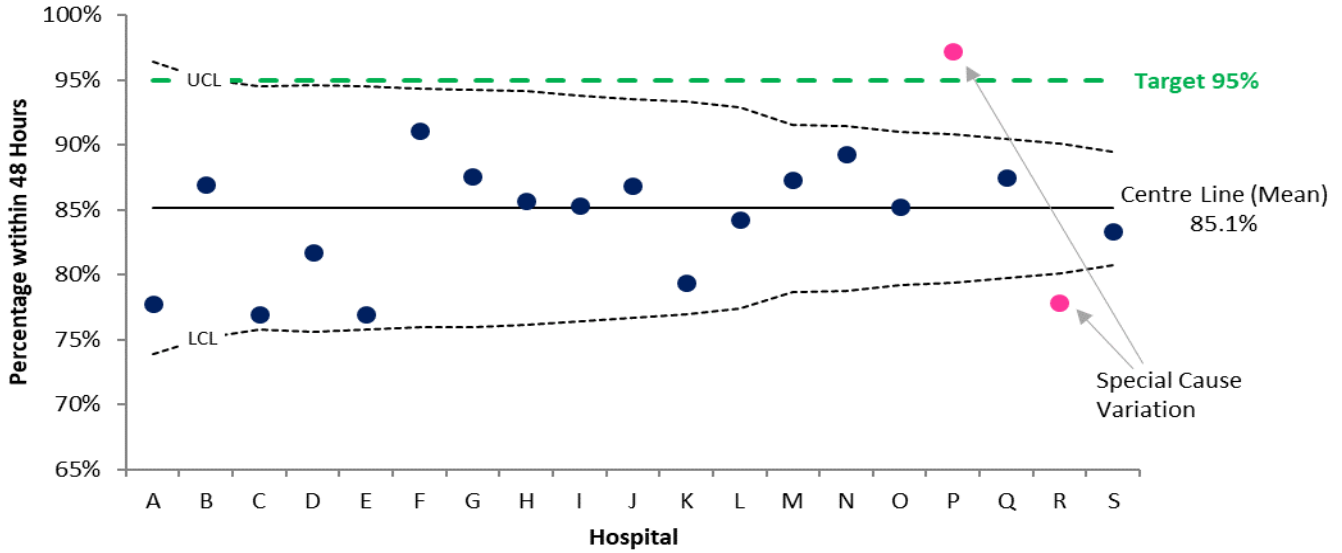


### References

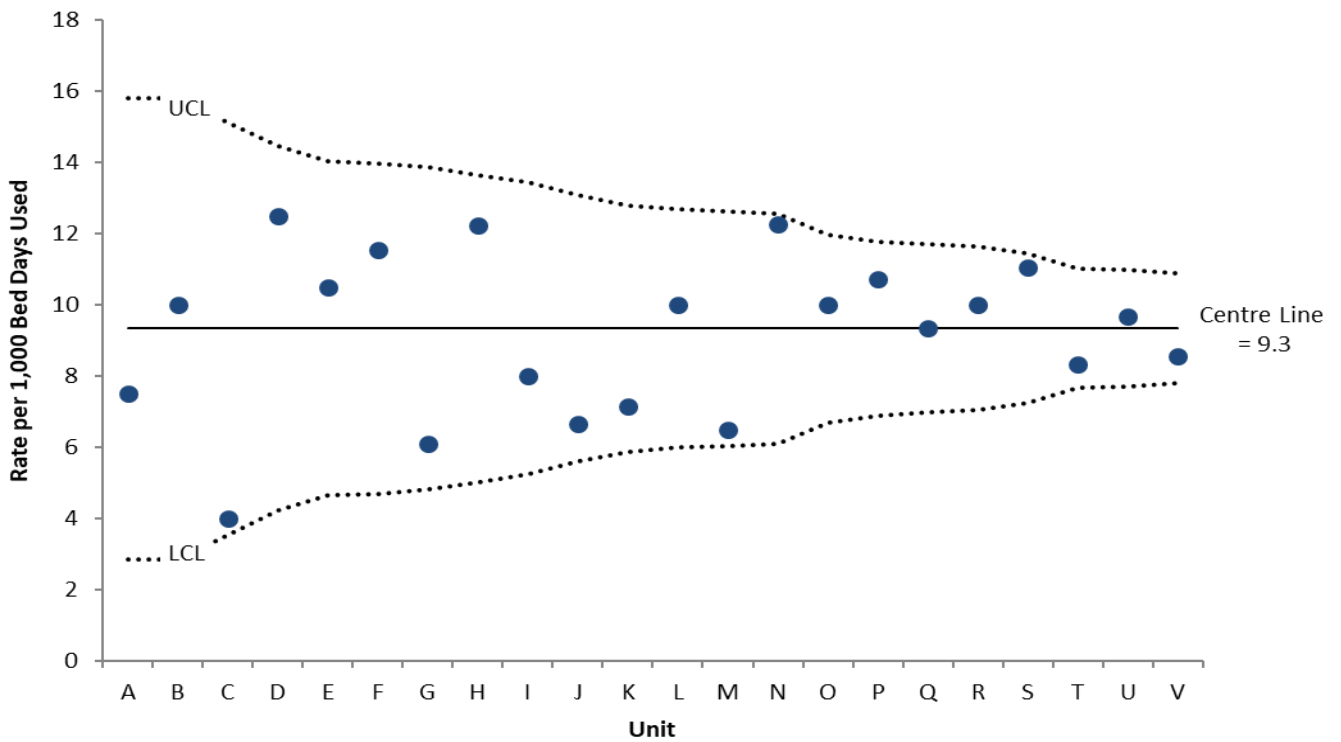
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011



**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**



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

Safe

<b>Calculation</b>	Numerator: Number of new cases of hospital acquired <i>S. aureus</i> bloodstream infection. Denominator: Number of bed days used Rate is calculated as the numerator/denominator*10000.
<b>Details of analysis</b>	National level data are displayed in an SPC U chart since January 2021
<b>Data source</b>	Acute Management Data Report
<b>Data frequency</b>	Monthly
<b>Data coverage</b>	Indicator not included in this Quality and Safety Profile.
<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf">https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf</a>

## AMRIC: Rate of new cases of hospital associated *C. difficile* infection per 10,000 bed days used

Safe

<b>Calculation</b>	Numerator: Number of new cases of hospital associated <i>C. difficile</i> infection. Denominator: Number of bed days used Rate is calculated as the numerator/denominator*10000.
<b>Details of analysis</b>	National level data are displayed in an SPC U chart since January 2021
<b>Data source</b>	Acute Management Data Report
<b>Data frequency</b>	Monthly
<b>Data coverage</b>	Indicator not included in this Quality and Safety Profile.
<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf">https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf</a>

## AMRIC: Number of patients confirmed with newly detected CPE

Safe

<b>Calculation</b>	Numerator: Number of patients confirmed with newly detected CPE.
<b>Details of analysis</b>	National level data are displayed in an SPC C chart since January 2021
<b>Data source</b>	Acute Management Data Report
<b>Data frequency</b>	Monthly
<b>Data coverage</b>	Data for CUH and CUMH was outstanding at the time of production of the Quality and Safety Profile.
<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf">https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf</a>

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

Safe

<b>Calculation</b>	Count: Number of New patients waiting greater than 28 days for an Urgent Colonoscopy
<b>Details of analysis</b>	National level data are displayed in an SPC I chart since January 2021.
<b>Data source</b>	Acute Management Data Report
<b>Data frequency</b>	Monthly
<b>Data coverage</b>	No known current data coverage issues.
<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf">https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf</a>

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

Effective

<b>Calculation</b>	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)
<b>Details of analysis</b>	National level data are displayed in an SPC P Prime chart since January 2021.
<b>Data source</b>	Acute Management Data Report
<b>Data frequency</b>	Monthly
<b>Data coverage</b>	No known current data coverage issues.
<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf">https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf</a>

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

Person-centred	<b>Calculation</b>	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
	<b>Details of analysis</b>	National level data are displayed in an SPC P Prime chart since January 2021.
	<b>Data source</b>	Community Healthcare Metric Report – QlikView
	<b>Data frequency</b>	Monthly
	<b>Data coverage</b>	Data for Mar-23 for LHO South Tipperary was outstanding at the time of production of the Quality and Safety Profile.
	<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/2022%20mental%20health%20nsp%20metadata.pdf">https://www.hse.ie/eng/services/publications/kpis/2022%20mental%20health%20nsp%20metadata.pdf</a>

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

Person-centred	<b>Calculation</b>	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
	<b>Details of analysis</b>	National level data are displayed in an SPC P Prime chart since January 2021.
	<b>Data source</b>	Acute Management Data Report
	<b>Data frequency</b>	Monthly
	<b>Data coverage</b>	No known current data coverage issues
	<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf">https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf</a>

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

Timely	<b>Calculation</b>	Numerator: Number of outpatient patients waiting to be seen less than 15 months Denominator: Total number of patients waiting to be seen in Outpatients
	<b>Details of analysis</b>	National level data are displayed in an SPC P Prime chart since November 2021
	<b>Data source</b>	Acute Management Data Report
	<b>Data frequency</b>	Monthly
	<b>Data coverage</b>	No known current data coverage issues.
	<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf">https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf</a>

## ACUTES: Percentage of hip fracture surgery carried out within 48 hours of initial assessment

Timely	<b>Calculation</b>	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.
	<b>Details of analysis</b>	National level data are displayed in an SPC P chart since Quarter 1 2016.
	<b>Data source</b>	Irish Hip Fracture Database (IHFD)
	<b>Data frequency</b>	Quarterly in arrears
	<b>Data coverage</b>	No known current data coverage issues.
	<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf">https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf</a>

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

Timely	<b>Calculation</b>	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.
	<b>Details of analysis</b>	National level data are displayed in an SPC P Prime chart since January 2021
	<b>Data source</b>	Community Healthcare Metric Report – QlikView
	<b>Data frequency</b>	Monthly
	<b>Data coverage</b>	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.
	<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf">https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf</a>

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

Timely

<b>Calculation</b>	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.
<b>Details of analysis</b>	National level data are displayed in an SPC P Prime chart since January 2021
<b>Data source</b>	Community Healthcare Metric Report – QlikView
<b>Data frequency</b>	Monthly
<b>Data coverage</b>	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.
<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf">https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf</a>

## Number of acute bed days lost through delayed transfers of care

Efficient

<b>Calculation</b>	Count of bed days lost to patients who are Delayed transfer of care
<b>Details of analysis</b>	National level data are displayed in an SPC I chart since January 2021
<b>Data source</b>	Acute Management Data Report.
<b>Data frequency</b>	Monthly
<b>Data coverage</b>	No known current data coverage issues.
<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf">https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf</a>

## Disability Act Compliance: percentage of child assessments of need completed within the timelines

Equitable

<b>Calculation</b>	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.
<b>Details of analysis</b>	National level data are displayed in an SPC P chart since Quarter 1 2016.
<b>Data source</b>	Community Healthcare Metric Report – QlikView
<b>Data frequency</b>	Quarterly
<b>Data coverage</b>	No known current data coverage issues.
<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/2022-disability-services-nsp-metadata.pdf">https://www.hse.ie/eng/services/publications/kpis/2022-disability-services-nsp-metadata.pdf</a>

## Percentage of child health & development assessments completed on time or before 12 months of age

Wellbeing

<b>Calculation</b>	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
<b>Details of analysis</b>	National level data are displayed in an SPC P Prime chart since January 2020
<b>Data source</b>	Community Healthcare Metric Report – QlikView
<b>Data frequency</b>	Monthly in arrears
<b>Note</b>	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.
<b>Data coverage</b>	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, Sligo Leitrim and Kildare West Wicklow was outstanding at the time of production of the Quality and Safety Profile.
<b>Further information</b>	<a href="https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf">https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf</a>



# Quality and Safety Profile Indicators Metadata

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. Includes Numerator, Denominator, and Data point rows with monthly data from Jan-21 to Dec-23.

Underlying data for SAFE AMRIC: Rate of new cases of hospital associated C. difficile infection per 10,000 bed days used. Includes Numerator, Denominator, and Data point rows with monthly data from Jan-21 to Dec-23.

Underlying data for SAFE AMRIC: Number of patients confirmed with newly detected CPE. Includes Data point row with monthly data from Jan-21 to Dec-23.

Underlying data for SAFE ACUTES: No. of new people waiting > four weeks for access to an urgent colonoscopy. Includes Data point row with monthly data from Jan-21 to Dec-23.

Underlying data for EFFECTIVE ACUTES: Percentage of surgical re-admissions to the same hospital within 30 days of discharge. Includes Numerator, Denominator, and Data point rows with monthly data from Jan-21 to Dec-23.

Underlying data for PERSON-CENTRED CAMHS: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks. Includes Numerator, Denominator, and Data point rows with monthly data from Jan-21 to Dec-23.

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. Includes Numerator, Denominator, and Data point rows with monthly data from Jan-21 to Dec-23.

Underlying data for TIMELY ACUTES: Percentage of people waiting <15 months for first access to opd15m services. Includes Numerator, Denominator, and Data point rows with monthly data from Jan-21 to Dec-23.

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

Underlying data for	ACUTES: Percentage of hip fracture surgery carried out within 48 hours of initial assessment																															
	TIMELY				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	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	PRIMARY CARE: Percentage of psychology patients on waiting list for treatment ≤ 52 weeks																																			
	TIMELY				2016				2017				2018				2019				2020				2021				2022							
	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	11,238									
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	17,583									
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%	64.9%	65.7%	64.4%	64.0%	63.9%										
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	PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment ≤ 52 weeks																																			
	TIMELY				2016				2017				2018				2019				2020				2021				2022							
	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	11,256									
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	22,238									
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%	50.6%									
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	ACUTES: Number of acute bed days lost through delayed transfers of care																																			
	EFFICIENT				2016				2017				2018				2019				2020				2021				2022							
	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									
Data points: Number of acute bed days lost through delayed transfers of care																																				

Underlying data for	SOCIAL CARE: Disability Act Compliance: percentage of child assessments of need completed within the timelines																																			
	EQUITABLE				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																																				

Underlying data for	PRIMARY CARE: Percentage of child health & development assessments completed on time or before 12 months of age																																			
	WELLBEING				2016				2017				2018				2019				2020				2021				2022							
	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	3,301										
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	3,763										
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%	87.7%										
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 12 months of age																																				