

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.

Person-centred

Desired Direction

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

National Rate

2022 Target $\geq 80\%$
Mean 70.6%

Statistical analysis:
Average national performance is below the 2022 target. There are signals of disimprovement since Feb-22. In addition, the rates for the most recent 4 months are below the expected range.

There were 1,043 CAMHS appointments in Sep-22 (seen & DNA), of whom 601 were seen within 12 weeks.

Latest data available: September 2022

Sep 2022

CHO 2, CHO 3, CHO 9

Mean 57.6%

CHOs ordered from lowest to highest denominator

Statistical analysis funnel plot:
The SPC funnel plot for the most recent month shows that the rates for CHO2 and CHO3 were higher than expected relative to the national average and the rate for CHO9 was lower than expected. All other CHOs were within the expected range of variation.

Service analysis (updated 28/10/2022):

Nationally there was a decrease of 152 children on the waiting list for community mental health services, from 3,970 in August to 3,818 in September 2022 (MH50). There are 407 children waiting longer than 12 months in September 2022.

As of the end of September, 63.1% of referrals accepted by child and adolescent community teams nationally were offered an appointment and seen within 12 weeks against a target of $\geq 80\%$ (MH7).

However, 95.8% of new or re-referred cases were seen within 12 months in community CAMHS services YTD September 2022 (MH72).

Nationally, 92.5% of urgent referrals to CAMHS were responded to within three working days, above the $\geq 90\%$ target. (MH73).

* Data return rate 98.6%

Note: CAMHS Waitlist: CAMHS waiting list initiatives in six CHO areas commenced over May and June and although behind target has removed an additional 244 children from the waiting list to the end of September.

- The decreases that are observed during August 2021 and June, July, August 2022 are often observed on an annual basis due to school holidays and the summer months. It would be expected that this will increase again towards the year end and it is projected that it will be 70% by the end of 2022.
- There are a number of other factors that can impact a services ability to meet this KPI:
 - In terms of overall referrals into CAMHS, this has increased from 1,544 referrals in June to 1,857 in September. Overall for the year to date, the number of referrals received are 16% ahead of the projected target (15,900 vs 13,700)
 - Another factor is the necessity to prioritise urgent and emergency cases which can also impact on seeing individuals within 0- 12 weeks, as urgent referrals need to be responded to within specific timeframes i.e 72 hours.
- A number of challenges and constraints also impacting on this including the ongoing increased demand for services, internal workforce availability and competing with private organisations when attempting to recruit.

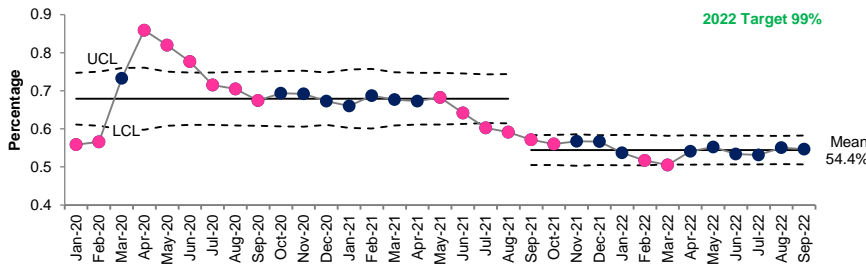
Below is a quick comparison of CAMHS waiting list data comparing figures in April versus September

- Total number of children waiting for CAMHS (in April and Sept) : 4,069 & 3,818 (reached 4,494 in June)
- Number of children on the waiting list for less than 3 months (in April and Sept) : 1,702 & 1,320
- Number of children on the waiting list for more than 12 months (in April and Sept) : 425 & 407

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. Note that control limits show the expected range for the data based on statistical calculations of the variation in the data. They do not reflect the desired range of performance.



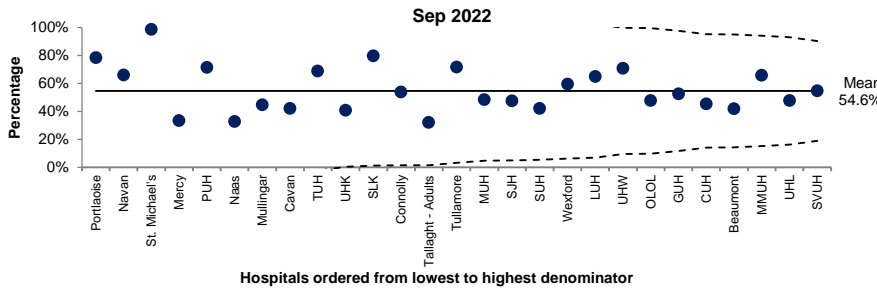
Sep-22: 16,278 people 75+ years presented to ED, of whom 8,894 were discharged or admitted within 9hours.



Latest data available: September 2022

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 (as per September Performance Profile, updated 28/10/2022):

Year to date ED attendances are higher than the previous 3 years, and have increased by over 12% when compared with the same period in 2019.

- All Emergency Presentations: The total number of Emergency presentations (including Local injury units) for September 2022 was 137,660 and was 9.27% higher than pre-COVID levels in September 2019 (125,976).
- Emergency Department attendances: The total number of ED attendances for September 2022 was 120,644 and was 6.36% higher than pre-COVID levels in September 2019 (112,971).
- ED Admission Rate: The percentage ED Admission Rate YTD August 2022 is 25.6% which is broadly in line with the 2019 rate at 25.1% (September N/A at time of issue)

Patient Experience Time (PET): 95.5% of all patients attending ED were seen within 24 hours in September 2022 which is below the NSP target of 97%. This compares with 96.6% in September 2021 and is lower than 95.8% in September 2019.

ED Patient Experience Time less than 24 hours for patients aged 75+ was 89.7% in September 2022, this is below the NSP target of 99.0%. This compares with 92.1% in September 2021 and is higher (0.6%) than August 2019 which was at 89.1%.



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

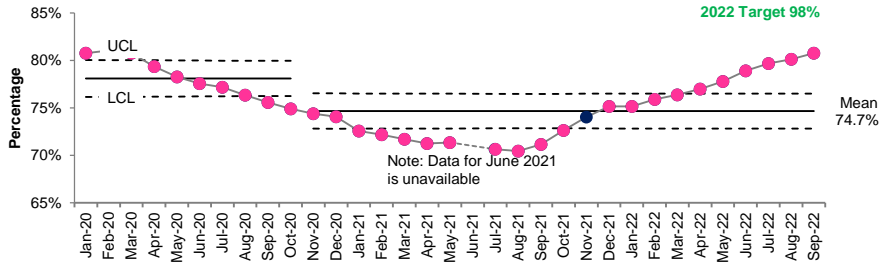
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

ACUTES: Percentage of people waiting <18 months for first access to OPD services

Desired Direction

Timely

National Rate



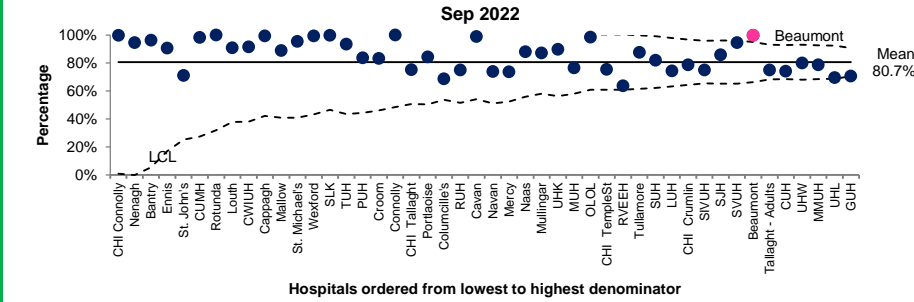
Statistical analysis:
Average national performance is below target but there are signals of improvement for the past 10 months.



Sep-22: there were 625,673 people waiting for first access to OPD services, of whom 505,247 were waiting less than 18 months.



Latest data available: September 2022



Statistical analysis funnel plot:
The SPC funnel plot shows the range of variation in the rates by hospital. All hospitals are within the control limits, with the exception of Beaumont Hospital which is higher (better) than expected relative to the national average.

Service analysis (as per September Performance Profile, updated 28/10/2022):

The total number of people waiting for an Outpatient appointment was 625,673 at the end of September 2022 which is an decrease of 3,774 (0.59%) since August 2022 (629,447). The number waiting at the end of September 2022 shows an increase of 9.9% when compared with pre-COVID September 2019 (568,769)

The number waiting over 6 months peaked in September 2020 at 411,452. It has since reduced by 96,274 (23.4%) to 315,178 at the end of September 2022.



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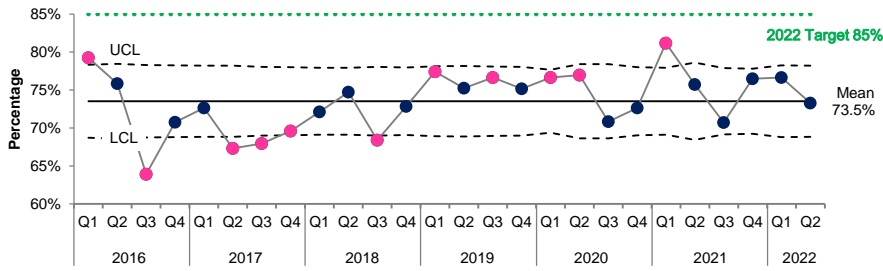
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

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 and in Q1 2021 there are no current signals of improvement.



Q2-22: 801 inpatient discharges 60+ years had emergency hip fracture surgery, of which 587 within 48h of initial assessment



Latest data available: Q2 2022

Service analysis:

Not narrative available in the September Performance Profile



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Indicates no updated data available for this measure this month



Indicates a new measure this month

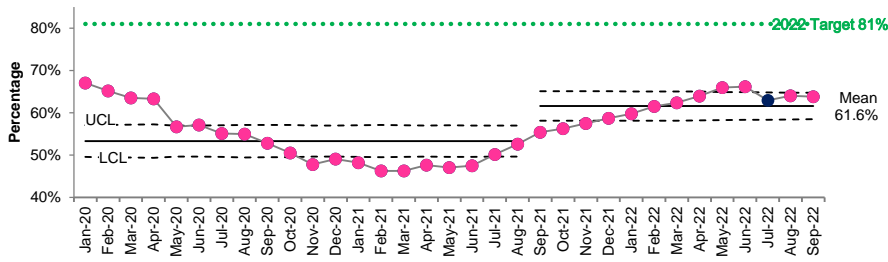
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

Timely

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 signals of improvement. There were ongoing signals of improvement since Jun-21. The control limits have been recalculated to reflect the current mean.



Sep-22: 15,255 people were on the waiting list for Primary Care Psychology treatment, of whom 9,737 were waiting less than 52 weeks.



Latest data available: September 2022

Service analysis (updated 28/10/2022):

The national position in September 2022 is 63.8% compared to the target of 81% (PC103G). This is broadly in line with the August figure. The number of clients waiting longer than 52 weeks has increased by +3.1% from 5,350 in August to 5,518 in September (PC103E). The number of people seen in psychology services in YTD to September was 32,007 against a target of 37,378. A waiting list initiative is underway focussed on children waiting for primary care psychology services for more than a year, through this initiative 2,746 children and young people have been removed from the list in the YTD to the end of September. Engagement is taking place between the Head of Operations and the Heads of Service Primary Care with a view improving service, this will continue to be monitored for the remainder of 2022.

In consideration of the children and young people waiting over 12 months to access Primary Care psychology services;

- in the last quarter of 2021 the HSE provided funding through time related savings to decrease the numbers of children and young people waiting over 12 months to access psychology.
- in 2022 Access To Care funded a waiting list initiative for this cohort of patients as referred to above

Since the commencement of these additional measures, significant progress has been made to ensure the children and younger people who have been waiting the longest are seen. To be continually effective more patients must be seen in a period than the number of new referrals.

Access to Care Funding while beneficial, the once off manner in which the funding is provided has presented significant practical recruitment challenges, resulting in the loss of access to personnel and relevant expertise. This presents challenges for the continuity of services.

A significant ongoing challenge is the requirement to undertake an Assessment Of Need (AON) for Psychology within legislative timeframes. This continues to impact numbers seen in Psychology Services which ultimately impacts on the totality of numbers waiting and individual waiting times, as outlined below;

- The legislative requirement for AON is that the assessment must be started within 3 months of referral. This may result in a child requiring an AON being prioritised, in many cases before a child on the standard Psychology waiting list i.e. waiting times for those on the standard waiting list are longer.
- Undertaking an AON while necessary can be a time consuming process which impacts on total numbers of patients seen.
- Psychologists in primary care may not have the skills or expertise to carry out AON on a child with certain complex conditions including Autism. This skillset is now in the Children's Disability Network Teams



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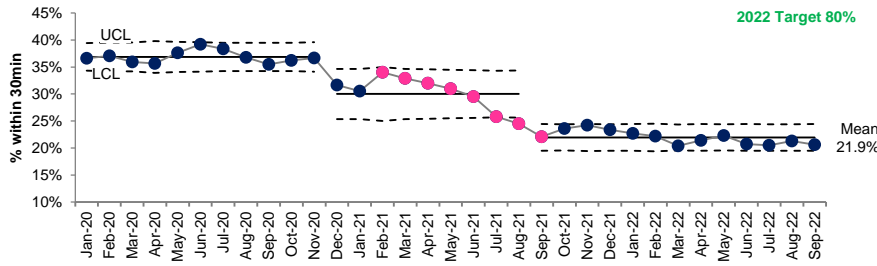
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

ACUTES: Ambulance turnaround times ≤30 mins

Desired Direction ↑

Efficient

National Data



Statistical analysis:

Average national performance is below target with signals of disimprovement since December 2020. The control limits have been recalculated to reflect the current values.



5072 ambulances had a time interval ≤ 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)



Latest data available: September 2022

Service analysis (as per September Performance Profile, updated 28/10/2022):

- Activity volume for AS17 and AS28 calls received this month has decreased by 81(31,461) calls (↓1%) compared to the same month last year (September 2021 –31,542)
- The daily average call rate for AS1 and AS2 calls received this month was 1067 (31 days this month)
- ECHO (life-threatening cardiac or respiratory arrest) incidents responded to within the target timeframe of 80% in 18 minutes and 59 seconds was below target at 76% this month. ↑3% compared to last month i.e. August 2022
- ECHO calls increased by 8% (43) compared to the same month last year (September 2021)
- DELTA (life-threatening illness or injury, other than cardiac or respiratory arrest) incidents responded to within the expected activity timeframe of 50% in 18 minutes and 59 seconds was below target at 45% this month. ↑2% compared to last month i.e. August 2022
- Nationally there was a 3% (335) increase in DELTA call activity compared to the same month last year
- 80% of all inter hospital transfer requests were managed by the NAS Intermediate Care Service this month compared to 79% in the previous month, ↑1%
- There was no change to Ambulance Turnaround times at Emergency Departments for 30mins in September (21% August 2022) and a 1% decrease 60mins in September compared to August 2022 (67%). Pressure continues in achieving response time targets, which can compromise patient care and service delivery
- 21% of vehicles were released and had their crews and vehicles available to respond to further calls within 30 minutes or less, compared to 22% of vehicles being released within 30 minutes or less last year (September 2021)



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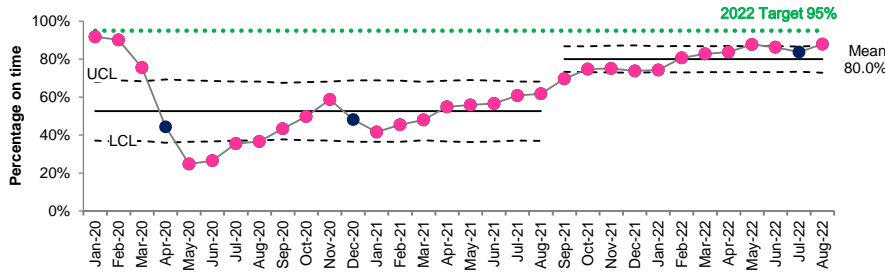
Note: Special cause variation in the statistical process control (SPC) charts is highlighted using pink data points

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 2022 target, with a significant reduction since the beginning of the pandemic. However there are ongoing signals of improvement since Jan-21. The control limits have been recalculated to reflect this improvement.



Aug-22: 4,027 babies were reaching 12 months of age, of which 3,537 had a health & development assessment completed.



Latest data available: August 2022

Service analysis (updated 28/10/2022):

The underlying performance of this metric has improved in 2022 with monthly performance in January of 74.3% compared to a monthly performance of 83.6% in August. A key challenge here is the recruitment of Public Health Nurses. This is a significant challenge in a number of CHO's. Additionally, given the age cohort of this staff there is a high level of maternity leave which is currently impacting.

Performance is being addressed with relevant CHOs who are advising that performance is expected to show continued improvement in 2022 due to a combination of factors including;

- Reduced Covid related staff illness (assuming a reduction in Covid across the year)
- Measures being taken to address non-return of data

Performance will continue to be monitored for the remainder of 2022 with relevant CHOs in the monthly engagement meetings.

Public Health Nurses (PHNs) are healthcare professionals who provide a range of community healthcare services, including child development checks. The Public Health Nursing service is one of a number of multidisciplinary health services provided through Primary Care within the community setting. There are no areas in the country that are without early development checks by Public Health Nurses (PHNs).

During the pandemic, many Public Health Nursing staff were redeployed to support Covid-19 related clinical activities, which in turn impacted the services available in certain areas. However, a framework was put in place to ensure that available staff were enabled to identify and support patients who have the greatest need in the community. Our public health nursing staff have returned to their core duties, which enables the resumption of a full service.

In some parts of the country, this post-pandemic resumption is challenged by shortages in the Public Health Nursing Service – mainly due to loss of staff due to retirement, internal movement and challenges in replacing staff - which is having an impact on the capacity to deliver routine Public Health services. A small number of areas within Community Health Organisations in Dublin and Galway, have introduced a temporary prioritisation system while waiting to fill vacant posts but development checks have not ceased in these specific areas.

Where these shortfalls are arising, we continue to prioritise and support patients who have the greatest need in the community. The prioritisation system is limited to and only in place as a contingency in areas with acute PHN staffing issues.

A National Oversight Group has been established to address PHN Challenges across the system.

* Data return rate 87.5%



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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

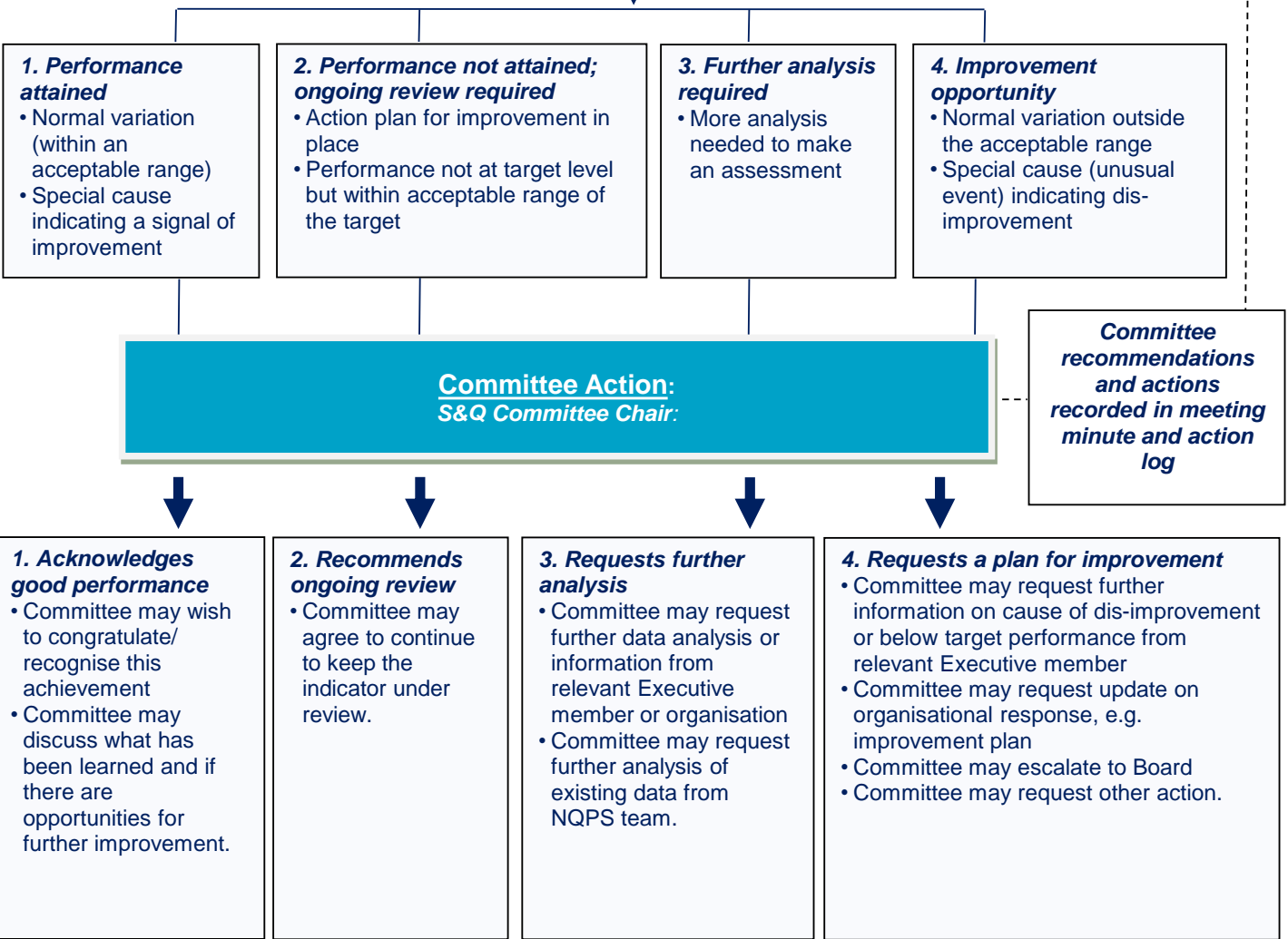
Receipt of HSE Quality and Safety Profile:
S&Q Committee members receive documents from Chief Clinical Officer (CCO)

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



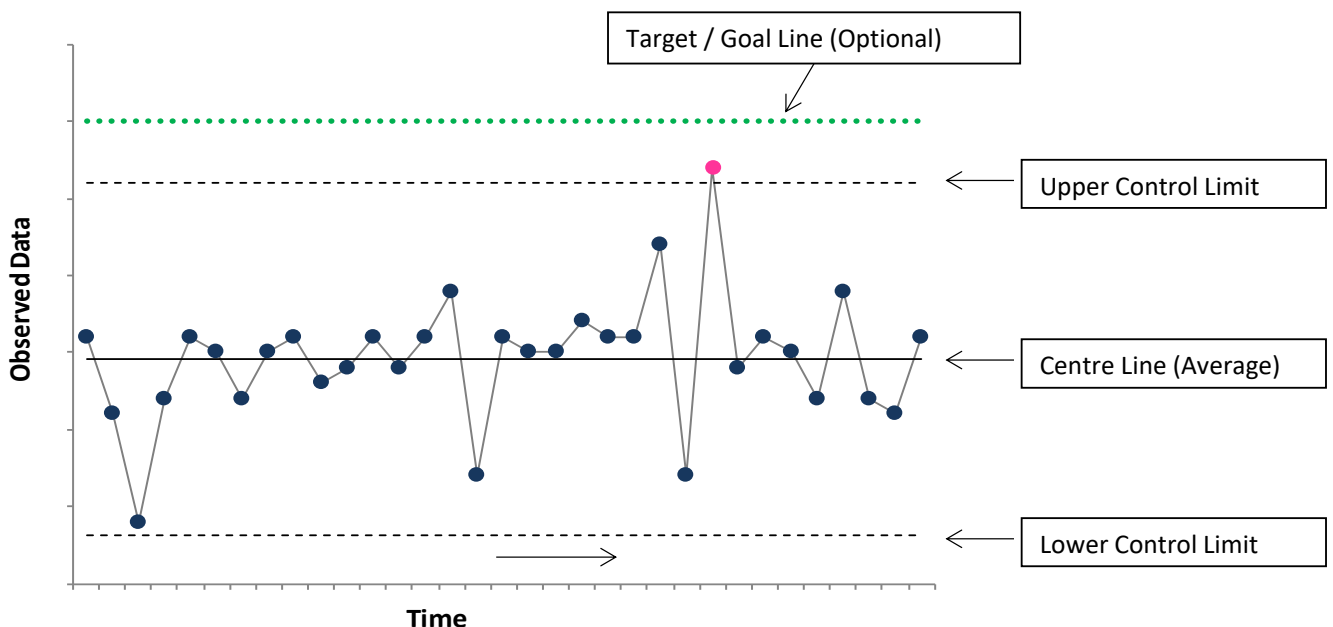
Anatomy of a Statistical Process Control Chart

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.

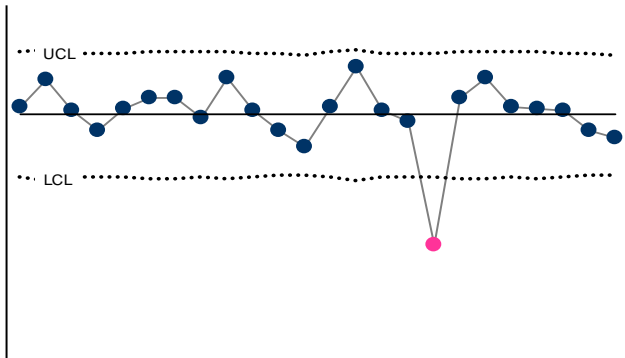


References

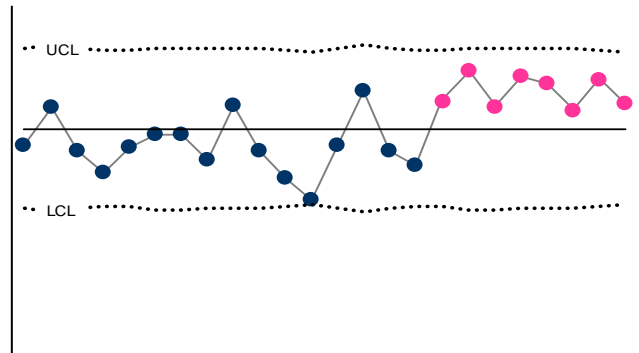
Provost L, Murray S. The Healthcare Data Guide: Learning from Data for Improvement. San Francisco: Jossey-Bass, Publication, 2011

Rules for detecting special cause variation using statistical process control charts

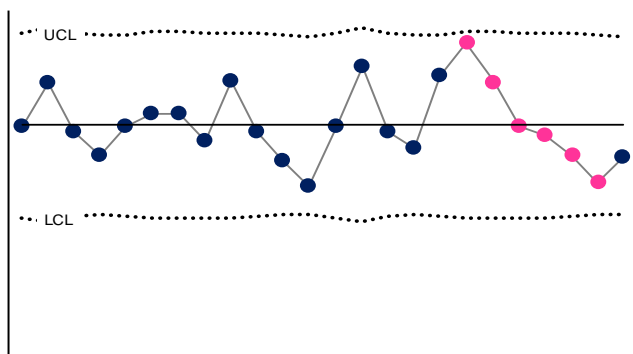
1. A single point outside the control limits (this doesn't include points exactly on the limit)



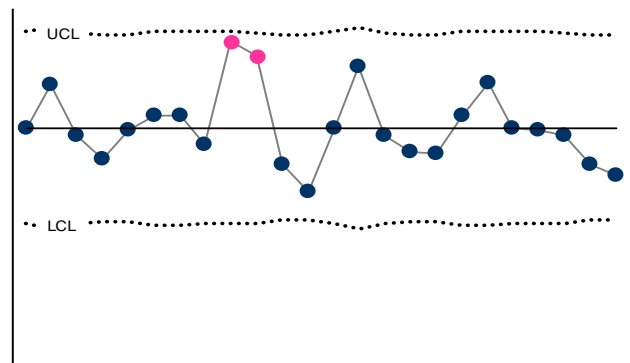
2. A run of 8 or more consecutive points above or below the centre line



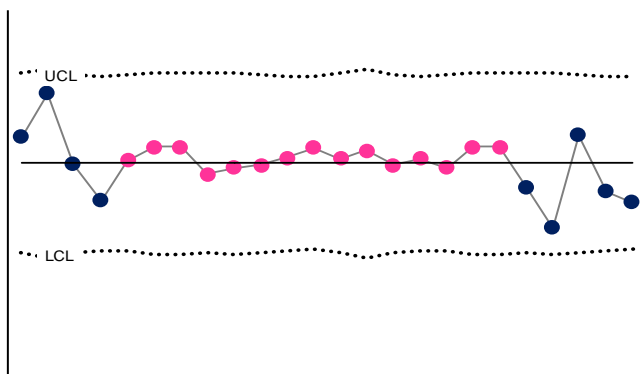
3. A trend of at least 6 consecutive points all going up or down



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)

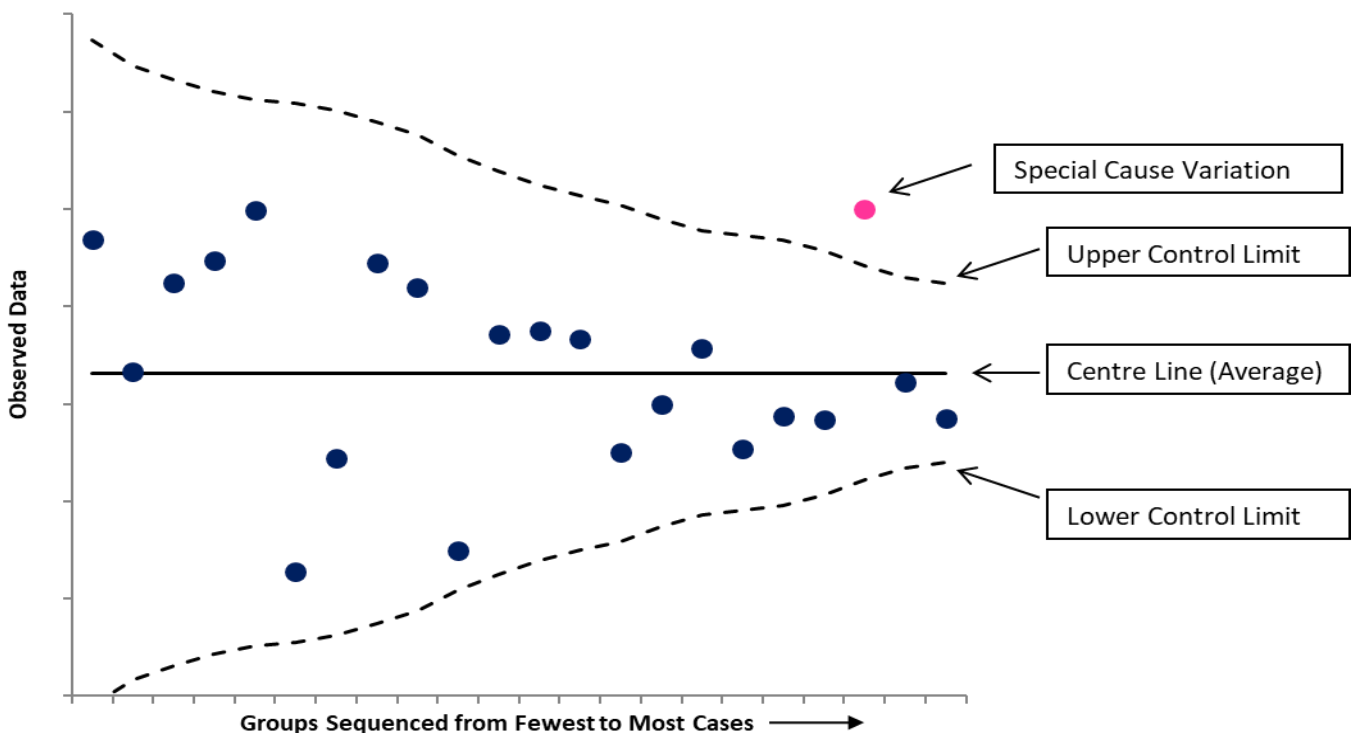


Anatomy of a Statistical Process Control Funnel Plot

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.

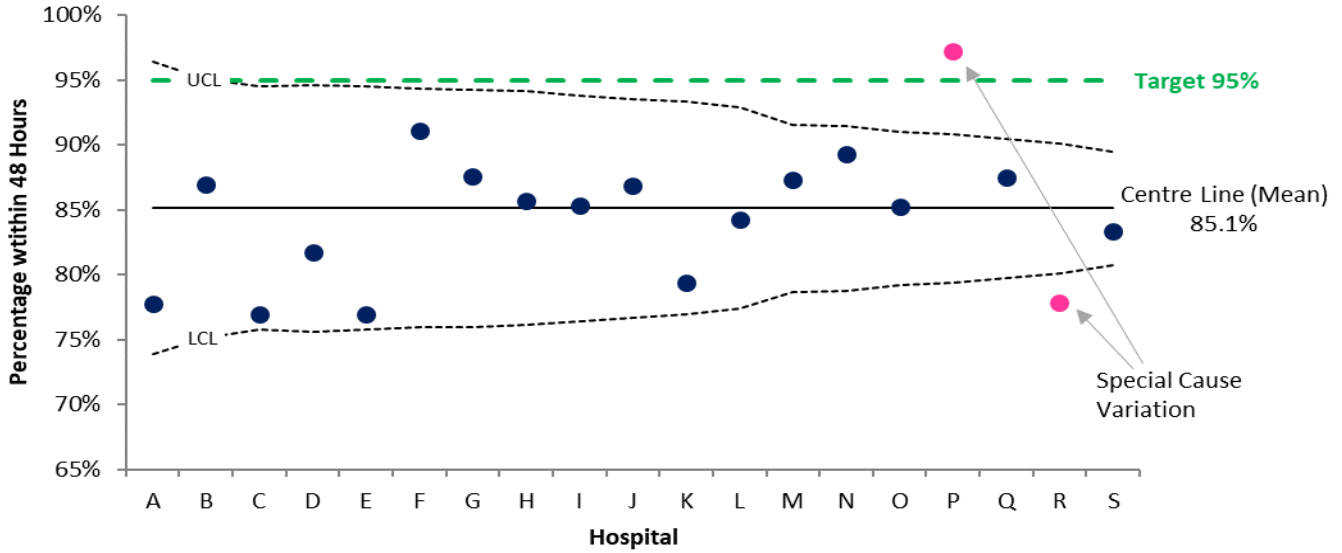
The control limits are based on the variation in the observed data. The control limits reflect the expected range of variation within the data, and do not reflect the desired range of variation in terms of quality of care. The probability of any data point falling outside of the control limits by chance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



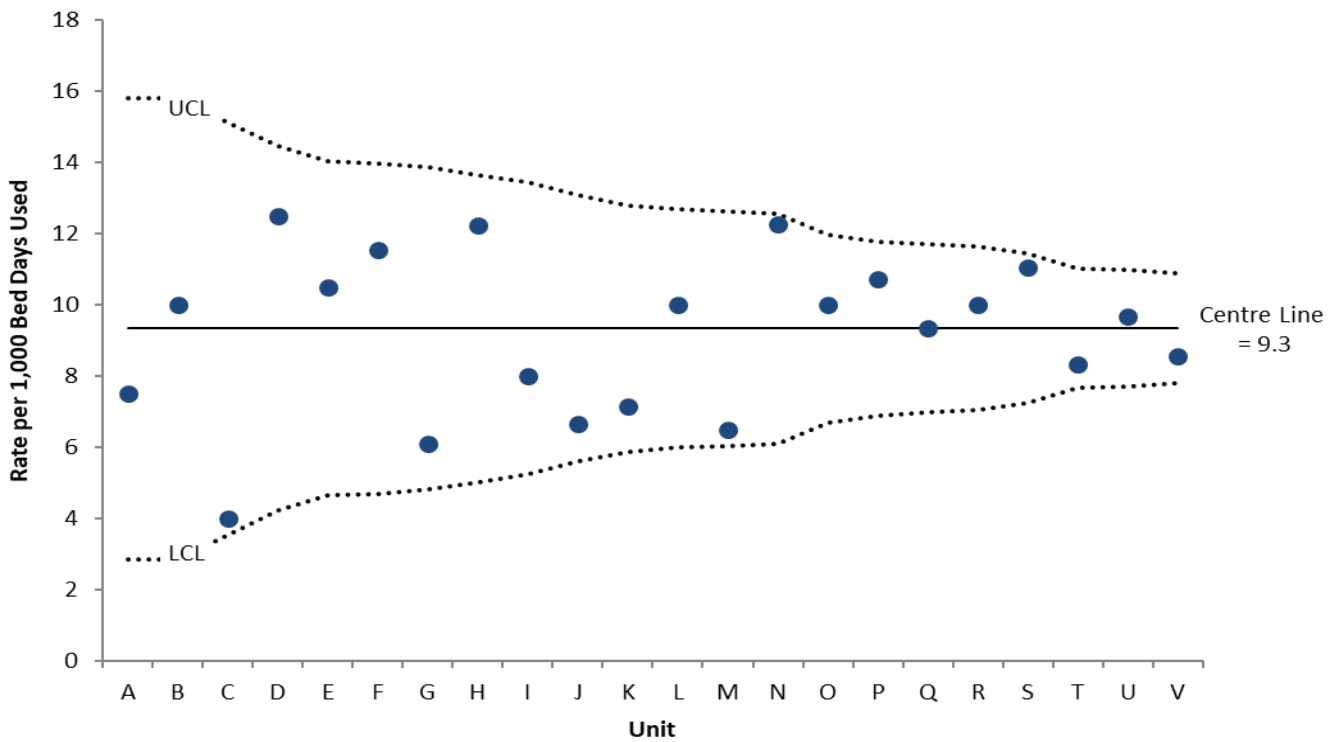
References

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



CAMHS: Percentage of accepted referrals / re-referrals offered first appointment and seen within 12 weeks		
Person-centred	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 2020.
	Data source	Community Healthcare Metric Report – QlikView
	Data frequency	Monthly
	Data coverage	No known current data coverage issues
	Further information	https://www.hse.ie/eng/services/publications/kpis/2022%20mental%20health%20nsp%20metadata.pdf

ACUTES: Percentage of all attendees aged 75 years and over at ED who are discharged or admitted within 9 hours		
Person-centred	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 2020.
	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-2022.pdf

ACUTES: Percentage of people waiting <18 months for first access to OPD services		
Timely	Calculation	Numerator: Number of outpatient patients waiting to be seen less than 18 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 January 2020
	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-2022.pdf

ACUTES: Percentage of hip fracture surgery carried out within 48 hours of initial assessment		
Timely	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	No known current data coverage issues
	Further information	https://www.hse.ie/eng/services/publications/kpis/final-acute-metadata-2022.pdf

PRIMARY CARE: Percentage of psychology patients on waiting list for treatment \leq 52 weeks		
Timely	Calculation	Numerator: Number of new psychology patients in all age bands who are waiting \leq 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 2020
	Data source	Community Healthcare Metric Report – QlikView
	Data frequency	Monthly
	Data coverage	Data for Jul-22 - Sep-22 for LHO Dublin South East was outstanding at the time of production of the Quality and Safety Profile
	Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf

PRIMARY CARE: Percentage of ophthalmology patients on waiting list for treatment \leq 52 weeks		
Timely	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 2020
	Data source	Community Healthcare Metric Report – QlikView
	Data frequency	Monthly
	Data coverage	Data for Mar-22 & Apr-22 for Roscommon LHO was outstanding at the time of production of the Quality and Safety Profile.
	Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf

Ambulance turnaround times \leq 30 mins		
Efficient	Calculation	% of ambulances that have a time interval of \leq 30 minutes from arrival at the Emergency Department (ED) from ambulance arrival time through clinical handover in ED to when the ambulance crew declares readiness of the ambulance to accept another call in line with the process / flow path in the ambulance turnaround framework.
	Details of analysis	National level data are displayed in an SPC P Prime chart since January 2020
	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-2022.pdf

Disability Act Compliance: percentage of child assessments of need completed within the timelines		
Equitable	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	Not included for this Quality and Safety Profile
	Further information	https://www.hse.ie/eng/services/publications/kpis/2022-disability-services-nsp-metadata.pdf

Percentage of child health & development assessments completed on time or before 12 months of age		
Wellbeing	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- Aug-22 for Cavan Monaghan LHO, data for Mar-22 for Waterford LHO, data for Jun-22 - Aug-22 for LHO Dublin South East and data for Aug-22 for LHOs Galway and Dublin West was outstanding at the time of production of the Quality and Safety Profile.
	Further information	https://www.hse.ie/eng/services/publications/kpis/2022-primary-care-services-nsp-metadata.pdf

