HE

HSE Operational Services Report November 2023 HSE Operational Services Report December 2023

Annex 1 to Board Strategic Scorecard End of Year 2023

EMT/SLT 13 February HSE Board 21 February



Operational Services Report

EMT Lead: Chief Operations Officer Seirbhís Sláinte Níos Fearr á Forbairt Better Health Service

Under Deliberation

HSE Operational Services Report November 2023

The data used in this report is taken at a point in time. Data at 29/12/2023.

The HSE Hi-Level KPI Report have been compiled utilising October 2023 data or most recent data available at this time. The results are based on expected levels of activity relative to NSP2023 targets and usual RAG rule-set (as specified in the report). The report includes high-level commentary from both the Acute Service and the National Screening Service. (Commentary from Community Services this cycle is unavailable due to ongoing industrial action). Summary results from KPIs across all four quadrants of the NSP2023 NSC are included. The HSE Hi-Level KPI Report identifies KPIs that align with the Corporate Plan 2021-2024 and align (in part) with the Q2/2023 Corporate Risk Register as at 22nd September 2023.

Annex 1. Operational Services Report

EMT Lead: Chief Operations Officer

KPI*		Dec 22	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of indicators > 10% off target	Actual	32	27	25	28	24	24	26	24	24	15	14	13	
Number of indicators > 5% \leq 10% off target	Actual	5	2	5	7	6	5	9	8	6	4	1	2	
Number of indicators \leq 5% off target	Actual	18	17	12	20	18	14	19	16	14	9	6	5	
No Result expected	Actual	3	11	16	4	11	16	3	11	15	4	11	12	
No Results available		2	4	3	2	2	2	4	2	2	29	29	29	

Key Issues

- RAG results per KPI are based on YTD data available relative to NSP2023 targets and not recalibrated for data-gaps
- Cyber-attack affected both service provision and collection/reporting of service activity data in 2021 affects comparison
 YTD 2022 results with same period last year (SPLY) results
- The performance results above need to be viewed in this context
- Total KPI No for 2022 = 60
- Total KPI No for 2023 = 61



OSR/NSC NSP2023 SUMMARY REPORT (point in time data at 29/12/23) KPIs per NSP2023 NSC Quadrant - Quality & Safety, Access and Integration, Finance, Governance and Compliance, Workforce.

	Quality and Safety Quadrant						Access and Integration Quadran	t			
Service area	Indicator	Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD	Service area	Indicator	Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD
Quality and Safety	Complaints investigated within 30 working days ¹	Q	75%	▲ 69%	6%	Primary Care Services	Physiotherapy access within 52 weeks	М	94%	▲ 80.7%	-14.2%
Quality and Safety	Serious Incidents – Reviews within 125 calendar days ²	М	70%	▼45%	25%	Primary Care Services	Occupational Therapy access within 52 weeks	М	95%	▶ 72.6%	-23.6%
Quality and Safety	Reported incidents entered to NIMS within 30 days ³	Q	70%	▲77%	-7%	Primary Care Services	Speech and Language Therapy access within 52 weeks	М	100%	▲ 86.8%	-13.2%
Quality and Safety	Extreme and major incidents/all incidents	Q	<1%	▲0.54%	0.46%	Primary Care Services	Podiatry treatment within 52 weeks	М	77%	▲ 65.9%	-14.4%
Acute Hospital Services	S. Aureus	м	<0.8/10,000 bed days used	▼0.8	1.3%	Primary Care Services	Ophthalmology treatment within 52 weeks	М	64%	▼ 53.8%	-15.9%
Acute Hospital Services	C. Difficile	м	<2/10,000 bed days used	▲2.2	10%	Primary Care Services	Audiology treatment within 52 weeks	М	75%	▼75.8%	1.1%
Public Health	MMR at 24 months	Q (1 Qtr in	95%	▶ 89.2%	-6.1%	Primary Care Services	Dietetics treatment within 52 weeks	M	80%	▲ 67.3%	-15.9%
Primary Care Services	Child Assessment 12 months	arrears) M (1 Mth in arrears)	95%	▼87.6%	-7.8%	Primary Care Services Primary Care Services	Psychology treatment within 52 weeks Nursing - new patient access within 12 weeks	M M (1 Mth in	81% 100%	▼ 60.7% ▲ 96.5%	-25.1% -3.5%
Primary Care Services	Ohild Health - Babies breastfed at 3 months	Q (1 Qtr in arrears)	36%	▼31.6%	-12.2%	Acute Hospital Services	NAS to Emergency Department Handover Times within 20 minutes	arrears) M (1 Mth in arrears)	80%		
Primary Care Services	Newborn babies visited by a PHN within 72 hours of hospital discharge	Q	99%	▲98.6%	-0.4%	Acute Hospital Services	ED within six hours	М	70%	▼57%	-18.6%
Acute Hospital Services	Urgent Colonoscopy	м	0	▼1,080	1,080	Acute Hospital Services	ED within 24 hours	М	97%	▼95.8%	-1.2%
National Screening Service	BreastCheck screening uptake rate	Q (1 Qtr in	70%	▼68.8%	-1.7%	Acute Hospital Services	75 years and ED within six hours	М	95%	▼36.5%	-61.6%
Acute Hospital Services	Surgical Readmissions	arrears) M (1 Mth in	≤2%	▲ 1.6%	-18.4%	Acute Hospital Services	75 years and ED within 24 hours	М	99%	▲91.2%	-7.9%
		arrears) M (1 Mth in				Acute Hospital Services	Adults Inpatient Waiting List (<9 months)	м	90%	▲72.2%	-19.8%
Acute Hospital Services	Emergency Readmissions	arrears)	≤11.1%	▼11.9%	7.6%	Acute Hospital Services	Adults Daycase Waiting List (<9 months)	м	90%	▲ 81.2%	-9.8%
National Ambulance Service	Ambulance readiness within 15 minutes	М	75%			Acute Hospital Services	Children Inpatient Waiting List (<9 months)	М	90%	▼64.5%	-28.3%
Mental Health Services	CAMHS bed days used - inpatient units/acute inpatient units	М	>95%	▼99%	.4.3%	Acute Hospital Services	Children Daycase Waiting List (<9 months)	М	90%	▼70.6%	-21.6%
Disability Services	Movement from congregated to community settings	М	50	▲ 40	-20%	Acute Hospital Services	OPD Waiting List (<15 months)	М	90%	▲ 85.6%	-4.9%
Public Health	Smoking Cessation - Quit at 4 weeks	Q (1 Qtr in arrears)	48%	▼56.3%	17.4%	Acute Hospital Services	Routine Colonoscopy Waiting List (<13 weeks)	М	65%	▲ 65.1%	-0.1%

OSR/NSC NSP2023 SUMMARY REPORT (point in time data at 29/12/23)

KPIs per NSP2023 NSC Quadrant - Quality & Safety, Access and Integration, Finance, Governance and Compliance, Workforce.

	Access and Integration Qu	adrant				
Service area	Indicator		Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD
National Ambulance Service	Clinical status of 1 ECHO incidents in 18 minutes and 59 seconds or less		М	75%	▼ 72.6%	-3.2%
National Ambulance Service	Clinical status of 1 DELTA incidents in 18 minutes and 59 seconds or less		М	45%	▲ 44.5%	-1.0%
Cancer Services	RACs within timelines	0	М	95%	▲ 79.1%	-16.7%
Cancer Services	Radiotherapy		М	90%	▲ 63.5%	-29.4%
National Screening Service	Cervical Screening Tests	0	М	248,000	▲ 220,898	-10.9%
Disability Services	Assessments completed within the timelines	00	Q	100%	▼15.6%	-84.4%
Disability Services	No. of new emergency places provided to people with a disability	e.o	М	29	▼ 96	231%
Disability Services	No. of in home respite supports for emergency cases	0	М	442	▶ 436	-1.4%
Disability Services	No. of day only respite sessions accessed by people with a disability		Q (1 Mth in arrears)	12,229	▲ 21,947	79.5%
Disability Services	No. of people with a disability in receipt of respite services	0	Q (1 Mth in arrears)	5,758	▼ 5,803	-0.8%
Disability Services	No. of overnights accessed by people with a disability	<mark>.</mark> B.O	Q (1 Mth in arrears)	64,705	▲ 76,994	19%
Older Persons Services	Home support hours provided		М	15,999,137	▲ 14,303,255	-10.6%
Older Persons Services	People in receipt of home support	©0	м	55,910	▲ 54,147	-3.2%
Mental Health Services	CAMHS - urgent referrals within 3 working days	<u>eo</u>	м	≥90%	▼94%	4.5%
Mental Health Services	General Adult Community Mental Health - first appointments and seen within 12 weeks	<u>eo</u>	м	≥75%	▼68.8%	-8.3%
Mental Health Services	Psychiatry of Later Life Community Mental Health - first appointments and seen within 12 weeks	<u>eo</u>	м	≥95%	▼89.7%	-5.5%
Social Inclusion	Homeless - assessments within two weeks		Q	85%	▼86.8%	2.1%
Social Inclusion	Substance misusers (U18) treatment within one week following assessment		Q (1 Qtr in arrears)	100%	<mark>▲</mark> 94.2%	-5.8%
Social Inclusion	Substance misusers (O18) treatment within one calendar month following assessment		Q (1 Qtr in arrears)	100%	▼95.4%	-4.6%

	Finance, Governance and Compliance Quadrant							
Service area		Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD			
Finance	Net expenditure variance from plan	м	≤0.1%	▼ 15,407.8 mil	5.9%			
Compliance Unit/Service Arrangements	Service arrangements signed	М	100%	▲ 70.99%	29.01%			
Internal Audit	Internal audit - Recommendations implemented within 12 months ⁴	Q	95%	▲ 81%	-14%			

	Workforce Quadrant				
Service area	Indicator	Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD
Human Resources	Absence rates by staff category ⁵	M (1 Mth in arrears)	≤4%	▼ 5.55%	1.55%

	Legend/ RAG Rule Set/ Escalation								
	> 10% of target								
	> 5% ≤ 10% of target								
	≤ 5% of target								
	No result expected								
	No result available								
▼▲►	Arrows are indicative of the RAG status and the trend of the result when compared to the previous reported result.								
	KPIs that are aligned with Corporate Plan 2020-2024 This is denoted within the report using this symbol illustrated on the left.								
(KPIs that are aligned in part to the Q2/2023 Corporate Risk Register as at 22 nd September 2023 is denoted within the report using this symbol illustrated on the left.								

Note:

Performance trend is result in current report period (month/quarter etc) relative to prior reporting period.

Please see notes in text box under graphs which provides details of data unavailable due to cyber-attack in 2021.

RAG results per KPI are based on YTD data available relative to NSP2023 targets and not recalibrated for data gaps.

- 1. Data Q2/2023 updated 21 August 2023
- 2. * Current reflecting compliance for incidents notified in June 2023. Current 12M rolling period reflecting compliance August 2022 July 2023
- 3. ** Current reflecting compliance for incidents occurring in Q3 2023. Current 4Q rolling period reflecting compliance Q4 2022-Q3 2023
- 4. *The target is to have at least 75% of internal audit recommendations implemented within 6 months of the audit report, and 95% within 12 months. Data updated in November 2023
- August year to date 2023 Data. Reporting frequency changes from M (1 Mth in arrears) to M as current month data available. Target of ≤4% does not include C19.



Operational Services Report

EMT Lead: Chief Operations Officer Seirbhís Sláinte Níos Fearr á Forbairt Better Health Service

Under Deliberation

HSE Operational Services Report December 2023

The data used in this report is taken at a point in time. Data at 02/02/24

YTD

The HSE Hi-Level KPI Report have been compiled utilising October 2023 data or most recent data available at this time. The results are based on expected levels of activity relative to NSP2023 targets and usual RAG rule-set (as specified in the report). The report includes high-level commentary from both the Acute Service and the National Screening Service. (Commentary from Community Services this cycle is unavailable due to ongoing industrial action). Summary results from KPIs across all four quadrants of the NSP2023 NSC are included. The HSE Hi-Level KPI Report identifies KPIs that align with the Corporate Plan 2021-2024 and align (in part) with the Q2/2023 Corporate Risk Register as at 22nd September 2023.

Annex 1. Operational Services Report

EMT Lead: Chief Operations Officer

KPI*		Dec 22	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of indicators > 10% off target	Actual	32	27	25	28	24	24	26	24	24	15	14	13	13
Number of indicators > 5% ≤ 10% off target	Actual	5	2	5	7	6	5	9	8	6	4	1	2	6
Number of indicators ≤ 5% off target	Actual	18	17	12	20	18	14	19	16	14	9	6	5	9
No Result expected	Actual	3	11	16	4	11	16	3	11	15	4	11	12	0
No Results available		2	4	3	2	2	2	4	2	2	29	29	29	33

Key Issues

- RAG results per KPI are based on YTD data available relative to NSP2023 targets and not recalibrated for data-gaps
- Cyber-attack affected both service provision and collection/reporting of service activity data in 2021 affects comparison
 YTD 2022 results with same period last year (SPLY) results
- The performance results above need to be viewed in this context
- Total KPI No for 2022 = 60
- Total KPI No for 2023 = 61



	Quality and Safety Quadrant					Access and Integration Quadrant							
Service area	Indicator	Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD	Service area	Indicator	Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD		
Quality and Safety	Complaints investigated within 30 working days ¹	Q	75%	▲69%	6%	Primary Care Services	Physiotherapy access within 52 weeks	М	94%	▲ 80.7%	-14.2%		
Quality and Safety	Serious Incidents – Reviews within 125 calendar days ²	м	70%	▼43%	27%	Primary Care Services	Occupational Therapy access within 52 weeks	М	95%	▶ 72.6%	-23.6%		
Quality and Safety	Reported incidents entered to NIMS within 30 days ³	Q	70%	▲77%	-7%	Primary Care Services	Speech and Language Therapy access within 52 weeks	М	100%	▲ 86.8%	-13.2%		
Quality and Safety	Extreme and major incidents/all incidents ⁴	Q	<1%	▼0.5 %	0.5%	Primary Care Services	Podiatry treatment within 52 weeks	М	77%	▲ 65.9%	-14.4%		
Acute Hospital Services	S. Aureus	м	<0.8/10,000 bed days used	▼0.8	0%	Primary Care Services	Ophthalmology treatment within 52 weeks	М	64%	▼ 53.8%	-15.9%		
Acute Hospital Services	C. Difficile	м	<2/10,000 bed days used	▼2.2	10%	Primary Care Services	Audiology treatment within 52 weeks	М	75%	▼75.8%	1.1%		
		Q (1 Qtr in	days used			Primary Care Services	Dietetics treatment within 52 weeks	М	80%	▲ 67.3%	-15.9%		
Public Health	MMR at 24 months	arrears)	95%	▲ 89.4%	-5.9%	Primary Care Services	Psychology treatment within 52 weeks	м	81%	▼60.7%	-25.1%		
Primary Care Services	Child Assessment 12 months	M (1 Mth in arrears)	95%	▼87.6%	-7.8%	Primary Care Services	Nursing - new patient access within 12 weeks	M (1 Mth in arrears)	100%	<mark>▲</mark> 96.5%	-3.5%		
Primary Care Services	Child Health - Babies breastfed at 3 months	Q (1 Qtr in arrears)	36%	▼31.6%	-12.2%	Acute Hospital Services	NAS to Emergency Department Handover Times within 20 iminutes	M (1 Mth in arrears)	80%				
Primary Care Services	Newborn babies visited by a PHN within 72 hours of hospital is charge	Q	99%	▲ 98.6%	-0.4%	Acute Hospital Services	ED within six hours	М	70%	▼56.9%	-18.7%		
Acute Hospital Services	Urgent Colonoscopy	м	0	▼1,169	1,169	Acute Hospital Services	ED within 24 hours	М	97%	▲ 95.9%	-1.2%		
National Screening Service	BreastCheck screening uptake rate	Q (1 Qtr in	70%	▲ 65.7%	-6.2%	Acute Hospital Services	75 years and ED within six hours	м	95%	▼36.4%	-61.6%		
		arrears) M (1 Mth in				Acute Hospital Services	75 years and ED within 24 hours	м	99%	▲ 91.5%	-7.6%		
Acute Hospital Services		arrears)	≤2%	▲ 1.6%	-18.4%	Acute Hospital Services	Adults Inpatient Waiting List (<9 months)	м	90%	▲73.6%	-18.2%		
Acute Hospital Services	Emergency Readmissions	M (1 Mth in arrears)	≤11.1%	▼11.9%	7.6%	Acute Hospital Services	Adults Daycase Waiting List (<9 months)	М	90%	▲ 81.6%	-9.3%		
National Ambulance Service	Ambulance readiness within 15 minutes	м	75%			Acute Hospital Services	Children Inpatient Waiting List (<9 months)	М	90%	▼63.6%	-29.4%		
Mental Health Services	CAMHS bed days used - inpatient units/acute inpatient units	м	>95%	▼99%	.4.3%	Acute Hospital Services	Children Daycase Waiting List (<9 months)	М	90%	▼69.3%	-23%		
Disability Services	Movement from congregated to community settings	м	50	▲ 40	-20%	Acute Hospital Services	OPD Waiting List (<15 months)	М	90%	▲ 86.6%	-3.8%		
Public Health	Smoking Cessation - Quit at 4 weeks	Q (1 Qtr in arrears)	48%	▲57.5%	19.8 %	Acute Hospital Services	Routine Colonoscopy Waiting List (<13 weeks)	М	65%	▲ 66%	1.5%		

APPENDIX – OSR/NSC NSP2023 SUMMARY REPORT (point in time data at 02/02/24) KPIs per NSP2023 NSC Quadrant - Quality & Safety, Access and Integration, Finance, Governance and Compliance, Workforce.

	Access and Integration Qu	adrant				
Service area	Indicator		Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD
National Ambulance Service	Clinical status of 1 ECHO incidents in 18 minutes and 59 seconds or less	0	М	75%	▲ 72.5%	-3.3%
National Ambulance Service	Clinical status of 1 DELTA incidents in 18 minutes and 59 seconds or less	O	М	45%	▼44.2%	-1.7%
Cancer Services	RACs within timelines	O	М	95%	▼ 79.6%	-16.2%
Cancer Services	Radiotherapy	O	М	90%	▼ 64%	-28.9%
National Screening Service	Cervical Screening Tests	O	М	264,000	▼234,046	-11.3%
Disability Services	Assessments completed within the timelines	Ø	Q	100%	▼ 15.6%	-84.4%
Disability Services	No. of new emergency places provided to people with a disability	eo	М	29	▼ 96	231%
Disability Services	No. of in home respite supports for emergency cases	eo	М	442	► 436	-1.4%
Disability Services	No. of day only respite sessions accessed by people with a disability	Ø	Q (1 Mth in arrears)	12,229	▲ 21,947	79.5%
Disability Services	No. of people with a disability in receipt of respite services	Ø	Q (1 Mth in arrears)	5,758	▼ 5,803	-0.8%
Disability Services	No. of overnights accessed by people with a disability	Ø	Q (1 Mth in arrears)	64,705	▲ 76,994	19%
Older Persons Services	Home support hours provided	BO	М	15,999,137	▲ 14,303,255	-10.6%
Older Persons Services	People in receipt of home support	e0	М	55,910	▲ 54,147	-3.2%
Mental Health Services	CAMHS - urgent referrals within 3 working days	eo	м	≥90%	▼ 94%	4.5%
Mental Health Services	General Adult Community Mental Health - first appointments and seen within 12 weeks	BO	м	≥75%	▼68.8%	-8.3%
Mental Health Services	Psychiatry of Later Life Community Mental Health - first appointments and seen within 12 weeks	BO	м	≥95%	▼89.7%	-5.5%
Social Inclusion	Homeless - assessments within two weeks	BO	Q	85%	▼86.8%	2.1%
Social Inclusion	Substance misusers (U18) treatment within one week following assessment	O	Q (1 Qtr in arrears)	100%	▲ 94.2%	-5.8%
Social Inclusion	Substance misusers (O18) treatment within one calendar month following assessment	O	Q (1 Qtr in arrears)	100%	▼ 95.4%	-4.6%

APPENDIX 3 - OSR/NSC NSP2023 SUMMARY REPORT (point in time data at 02/02/24) KPIs per NSP2023 NSC Quadrant - Quality & Safety, Access and Integration, Finance, Governance and Compliance, Workforce.

	Finance, Governance and Compliance Quadrant							
Service area	Indicator	Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD			
Finance	Net expenditure variance from plan	м	≤0.1%	▼ 15,407.8 mil	5.9%			
Compliance Unit/Service Arrangements	Service arrangements signed	М	100%	▲ 80.20%	19.80%			
Internal Audit	Internal audit - Recommendations implemented within 12 months ⁵	Q	95%	<mark>▲</mark> 82%	-13%			

	Workforce Quadrant				
Service area	Indicator		Expected activity/ Target	National YTD	% Variance YTD
Human Resources	Absence rates by staff category ⁶	M (1 Mth in arrears)	≤4%	▼ 5.55%	1.55%

	Legend/ RAG Rule Set/ Escalation
	> 10% of target
	> 5% ≤ 10% of target
	≤ 5% of target
	No result expected
	No result available
▼▲►	Arrows are indicative of the RAG status and the trend of the result when compared to the previous reported result.
	KPIs that are aligned with Corporate Plan 2020-2024 This is denoted within the report using this symbol illustrated on the left.
6	KPIs that are aligned in part to the Q2/2023 Corporate Risk Register as at 22 nd September 2023 is denoted within the report using this symbol illustrated on the left.

Note:

Performance trend is the result in the current reporting period (month/quarter etc) relative to the prior reporting period. RAG results per KPI are based on YTD data available relative to NSP2023 targets and are not recalibrated for data gaps.

Data Q2/2023 updated 21 August 2023 1

* Current - reflecting compliance for incidents notified in August 2023. Current 12M rolling period reflecting compliance September 2022 - August 2023. 2

3. Reported at October 2023

4.

5.

** Current - reflecting compliance for incidents occurring in Q4 2023. Current 4Q rolling period reflecting compliance Q1-Q4 2023 *The target is to have at least 95% of internal audit recommendations implemented within 12 months. Data updated in Q4/2023 *August year to date 2023 Data. Reporting frequency changes from M (1 Mth in arrears) to M as current month data available. Target of ≤4% does not 6. include C19. More recent data unavailable due to Industrial Action