HSE Operational Services Report (August 2023)

Annex 1 to Board Strategic Scorecard October (August KPI data)
HSE Board 25 October 2023

HSE Operational Services Report

August 2023

The data used in this report is taken at a point in time. Data at 29/09/2023.

Based on NSP 2023 activity levels/targets as relevant per each KPI.

Operational Services Report

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				
Number of indicators > 5% ≤ 10% off target	Actual	5	2	5	7	6	5	9	8	6				
Number of indicators ≤ 5% off target	Actual	18	17	12	20	18	14	19	16	14				
No Result expected	Actual	3	11	16	4	11	16	3	11	15				
No Results available		2	4	3	2	2	2	4	2	2				

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

> 10% off target
> 5% ≤ 10% off target
≤ 5% off target
No result expected
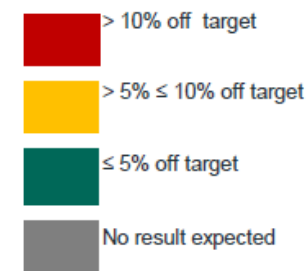
Key Messages – Acute Services

Acute Hospital Services Operational Services Report (OSR) (August 23 Data Cycle) Update (04/10/2023)

Cancer Services – Rapid Access Cancer Clinics (RACC)

	Symptomatic Breast 95%	Lung 95%	Prostate 90%	Radiotherapy 90%
Hospitals Compliant with Target	5	3	5	1
Hospitals Non-Compliant with Target	4	5	3	4

NCCP are engaged with the individual RACCs to determine the cause for the breaches of target and to ascertain the number of days outside of the target patients are waiting. NCCP and Acute Operations are closely monitoring performance across all sites.

Update briefing paper on cancer services in CUH submitted to the performance and planning committee for consideration. South/South West Hospital Group is now escalated to NPOG Level following the report in line with the performance and accountability framework. This is to remain a focus for the committee with an update on progress against improvement plan required monthly through the COO performance report

Focus on Cork University Hospital RACC

Urgent Breast – 192 new attendances, 53 seen within timeframe 27.6% compliance with KPI, down 34.44% on previous month (Jul 23).
Missed Target Timeframe
11-15 working days – 38
16 – 20 working days – 97
>20 working days – 4

Non - Urgent Breast – 96 new attendances, 60 seen within timeframe 62.5% compliance with KPI, down 2.65% on previous month (Jul 23).
Missed Target Timeframe
85 – 91 calendar days – 1
92 - 98 calendar days – 13
>98 calendar days – 22

Prostate – 65 new attendances, 23 seen within timeframe 35.4% compliance with KPI, up 34.09% on previous month (Jul 23). Since the introduction of Advanced Nurse Practitioners (ANPs) there has been a steady increase month on month.
Missed Target Timeframe
21 - 30 working days – 2
31 - 40 working days – 12
>40 working days – 28

Lung – 41 new attendances, 27 seen within timeframe 65.9% compliance with KPI, down 28.83% on previous month (Jul 23).
Missed Target Timeframe
11-15 working days – 10
16 – 20 working days – 1
>20 working days – 3

Radiotherapy - 70 new attendances, 51 seen within timeframe 72.9% compliance with KPI, down 5.81% on previous month (Jul 23).

Colonoscopy – Routine and Urgent

	Aug – 23	July 23	June - 23
Total waiting for Colonoscopy/OGD	24,288	24,757	25,159
Urgent Colonoscopy Breaches	58	160	208

The 58 Urgent Colonoscopy Breaches (⇩102 a decrease of 63.75%) cases in August 2023 took place at:

- IEHG 20 (MMUH 14, St. Columcille's 6)
- Saolta 5 (Portiuncula UH 5)
- Dublin Midlands 24 (Tallaght UH 20, MRH Portlaoise 3, SJH 1)
- South, South West 9 (South Infirmary Victoria UH 7, Tipperary UH 2)

Mater Hospital - The hospital is currently experiencing a cumulative daily nursing shortage of 4 WTE. An action plan is in place, with weekly monitoring. Funding for weekend capacity has been secured via the access to care funding stream. MMUH have not breached since 11 August.

St Columcille's Hospital - The unit is experiencing a lack of endoscopists with lower GI experience. The hospital management team and clinical lead are seeking solutions to this. Extended days have commenced to meet the demand and a locum consultant is in place.

Tipperary University Hospital - This breach was an administrative error when recording the patient episode on the hospital administration system.

South Infirmary Victoria University Hospital – Breaches recorded due to consultant leave. New systems have been put in place for managing patients during periods of consultant leave.

MRH Portlaoise - Breaches as a result of capacity issues in the hospital.

St James's Hospital – No response received.

Tallaght University Hospital - TUH have reported breaches since July due to consultant staffing issues. TUH have engaged with DPS urgent scope lists commenced from August Bank holiday to date. Weekend lists have also been introduced. In addition, TUH continues to outsource scopes to local private hospitals in order to create capacity.

Portiuncula University Hospital - Two breaches relate to patients who required propofol (GA) for their procedure. The remaining breaches were incorrectly recorded as breaches - the patients had rescheduled appointments.

BowelScreen

The BowelScreen target is that 90% of patients are scheduled within 20 days. In August 2023, 301 invitations were issued of which 235 (78.60%) were scheduled within the target time of 20 days. The BowelScreen programme is working very closely with the units who are currently not meeting the KPI & various measures have been discussed to assist them.

Key Messages – Acute Services

Access

Inpatient and Day Case Waiting Lists

At the end of August 2023, the number of people waiting for an inpatient or day case appointment (IPDC) was **83,292** which represents an increase of **159 (0.19%)** on the previous month (July 2023) **(83,133).**

- Compliance with NSP23 target of >9 months (90%) - **74%**
- Waiting >9 months **21,560** which represents an increase of 306 **(1.44%)** on the previous month (July 2023) **(21,254).**
- Waiting > 24 months **4,617** which represents a decrease of 6 (-0.13%) on the previous month (July 2023) **(4,623).**

Elective Access

Outpatient Waiting Lists & Attendances

At the end of August 2023, the number of people waiting for an Outpatient (OPD) appointment was **600,819** which represents a decrease of 321 (-**0.05%**) on the previous month (July 2023) **(601,140).**

- Compliance with NSP23 target of >15 months (90%) – **83.8%**
- Waiting >15 months **97,473** which represents a decrease of 1,749 (**-1.76%**) on the previous month (July 2023) **(99,222).**
- Waiting > 36 months **19,574** which represents a decrease of 2,219 (**-10.18%**) on the previous month (July 2023) **(21,793).**

Emergency Presentations

The total number of Emergency presentations (including Local injury units) for August 2023 was **141,735** and is 2% higher compared to the same period 2022 (138,950 August 2022).

Patient Experience Times (PET):

	Aug 23	July 23	June 23
PET <24 Hrs. ALL PATIENTS (97%)	96.4%	96.7%	96.8%
PET <9 Hrs. ALL PATIENTS (85%)	74%	73.7%	74.6%
PET <6 Hrs. ALL PATIENTS (70%)	57.5%	56.9%	58.1%
PET <24 Hrs. +75 YRS. (99%)	92.9%	93%	93%
PET <9 Hrs. +75 YRS. (99%)	56%	56.8%	56.7%
PET <6 Hrs. +75 YRS. (95%)	37.8%	37.7%	37.8%

Zero tolerances over 75s over 24hrs – Acute Operations have sought clear improvement plans from the outliers and discussed with the hospital group at the monthly Access and Performance and Finance meetings. Weekly meetings are taking place with sites that are not meeting the target.

Overall the performance of community services has been stabilising after early year challenges, however a number of service areas will not meet expected targets by year end.

Primary Care Services

Child Health Developmental Assessment 12 months
The national performance at July YTD (Data one month in arrears) is 87.6% compared to a target of 95% (PC153). Performance in July of 88.1% compared to a monthly performance of 90.5% in June.

Therapy Services
The following is an analysis of the number of patients seen year to date within the therapy disciplines.

Number of Patients Seen YTD August 2023 *(please note data return rates referred to above)*

Discipline	Target YTD (NSP 2023)	Actual YTD	Actual vs. Target* YTD	Actual vs. SPLY YTD
Physiotherapy (PC125)	391,736	353,970	-9.6%	+12.4%
Occupational Therapy (PC124)	259,504	235,802	-9.1%	+7.6%
SLT (PC126)	188,208	129,471	-31.2%	+1.0%
Podiatry (PC127)	57,246	44,947	-21.5%	+3.1%
Ophthalmology (PC128)	53,216	63,866	+20.0%	+20.3%
Audiology (PC129)	36,144	37,850	+4.7%	+8.1%
Dietetics (PC130)	45,760	47,596	+4.0%	+13.5%
Psychology (PC131)	33,200	28,195	-15.1%	-1.9%

Therapy Waiting List < 52 Weeks

Key Messages – Community Services

Palliative Care
- 97.4% of admissions to a Specialist Palliative care inpatient unit were admitted within 7 days of active referral.
- 78.5% of patients who waited for Specialist Palliative care services in a community setting were seen within 7 days.

Mental Health Services

The availability of skilled staff is a significant issue in mental health services where demand outstrips supply in both the national and international contexts and the workforce (particularly younger staff) are availing of employment opportunities outside of Ireland. Therefore the recruitment and retention of Medical/Nursing manpower across Mental Health Services, along with a 27.4% increase growth in demand (from 2020 to 2021) for Child and Adolescent Mental Health Services are some of the services particular challenges. However, by the end of 2022 demand has reduced by -9.4% compared with 2021.

In August 2023 demand has increased by +5.1% compared with same period in 2022.

CAMHS Inpatient Units

Due to staff shortages 45 of 72 beds are operational (13(24) in Linn Dara, 6(12) in St Joseph's, 14(20) in Merlin Park and 12(16) in Eist Linn).
- 94.7% of admissions were to child and adolescent acute inpatient units above the target (>85%). (MH5)
- 99% of bed days used were in Child and Adolescent Acute Inpatient Units, above >95% target (MH57).
- There were 125 children admitted to CAMHS inpatient units at the end of August 2023 compared with 156 in same period last year.(MH37)

- There were 7 child admission to an adult approved centre, compared to 17 in same period last year. Local protocols around ensuring that children are only placed in adult inpatient units when all alternative options have been exhausted.

Community CAMHS
- There was a decrease of 164 children on the waiting list for community mental health services, from 4,055 in July to 3,891 in August with 656 children waiting longer than 12 months.
- 56% of referrals accepted were offered an appointment & seen within 12 weeks below target of ≥78%
- 94% of urgent referrals were responded to within three working days, above the ≥90% target.
- 91.7% of new or re-referred cases were seen within 12 months.

Community Adult Mental Health Services
- 86.9% of patients were offered an appointment within 12 weeks in general adult services against a target of ≥90%
- 92% of patients in Psychiatry of Old Age services were offered an appointment within 12 weeks against a target of ≥98%

Key Messages – Community Services

Disability Services

Residential Places

- 8,343 residential places for people with a disability, which is slightly above target. A number of new emergency residential places have been added to the residential base, resulting in a capacity increase.

Older Persons Services

Older Persons Home Support

- Home Support Service provided 14,303,255 hours, -10.6% below target, but a +4.2% increase on same period last year.
- 54,147 people are in receipt of home support and 74 people are in receipt of an Intensive Home Care Package.

Key Messages – National Screening Services

BreastCheck

- In August, the number of women who had a mammogram was above target;
- BreastCheck operated normally in August, however radiology staff illness and staff vacancies are adding to radiology shortages;
- The programme remains a year behind schedule owing to the pause in screening due to Covid and Covid infection control measures; there continues to be gradual improvements to the number of delayed invitations.
- Recall rates to assessement in 2023 (YTD) are higher than in previous years, which has impacted workflow across the programme and has added further pressure to theatre access;
- Access to theatre remains challenging across the service; to alleviate pressure, BreastCheck is utilising private sector capacity to reduce wait times but at a minimal level.
- The recruitment/retention of radiography and radiology staff continues to be critical to the operation of BreastCheck and is being actively managed.

CervicalCheck

- In August, the number of women who had a screening test in a primary care setting was below target;
- The programme is operating normally;
- The timeframes for result letters in August are within expected KPIs;
- The Coombe Hospital has paused HPV and cytology sample processing while it completes its final accreditation documentation for INAB. The major non-conformance has been closed by INAB and an INAB revisit took place on 23 August resulting in seven minor non-conformances which are to be closed satisfactorily prior to return of service.

Continued... The NCSL team have submitted required paperwork to INAB in September and we await final confirmation from the Coombe that accreditation has been reinstated. All CervicalCheck samples are being tested in Quest Diagnostics Inc. in the US.

BowelScreen

- The number of men and women who have completed a satisfactory BowelScreen FIT test in August was below target;
- Waiting times for a colonoscopy was below the ≥90% target in August with 7 of 15 endoscopy units not meeting this KPI;
- Clinical staff shortages are being reported from participating endoscopy units and cancer centre laboratories;
- Surveillance colonoscopies continue to be delivered through insourcing weekends; at the end of Q3, 10 of the 15 endoscopy units will have participated in this weekend initiative.

Diabetic RetinaScreen

- The DRS programme is operating normally and participants are being offered screening appointments within screening timelines; the number of people with diabetes screened in August was above target;
- The project to mobilize to the new DRS screening contract continues to progress through the planning and initiation phase; the new contract is expected to commence on the 1st of January 2024.
- Treatment centres continue to address backlog levels, monthly review meetings are in place.

KPIs per Quadrant

Quality and Safety Quadrant

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%
Quality and Safety	Serious Incidents – Reviews within 125 calendar days [2]	M	70%	▼ 45%	25%
Quality and Safety	Reported incidents entered to NIMS within 30 days [3]	Q	70%	▲ 74%	-5.7%
Quality and Safety	Extreme and major incidents/all incidents	Q	<1%	▼ 0.54%	0.46%
Acute Hospital Services	S. Aureus	M	<0.8/10,000 bed days used	▲ 0.8	-0.7%
Acute Hospital Services	C. Difficile	M	<2/10,000 bed days used	▲ 2.1	3.8%
Public Health	MMR at 24 months	Q (1 Qtr in arrears)	95%	▼ 89.2%	-6.1%
Primary Care Services	Child Assessment 12 months	M (1 Mth in arrears)	95%	▼ 87.6%	-7.8%
Primary Care Services	Child Health - Babies breastfed at 3 months	Q (1 Qtr in arrears)	36%	▼ 31.6%	-12.2%
Primary Care Services	Newborn babies visited by a PHN within 72 hours of hospital discharge	Q	99%	▲ 98.6%	-0.4%
Acute Hospital Services	Urgent Colonoscopy	M	0	▼ 1,053	1,053
National Screening Service	BreastCheck screening uptake rate	Q (1 Qtr in arrears)	70%	▲ 77.9%	11.3%
Acute Hospital Services	Surgical Readmissions	M (1 Mth in arrears)	≤2%	► 1.6%	-19.8%
Acute Hospital Services	Emergency Readmissions	M (1 Mth in arrears)	≤11.1%	▼ 11.9%	6.8%
National Ambulance Service	Ambulance readiness within 15 minutes	M	75%		
Mental Health Services	CAMHS bed days used - inpatient units/acute inpatient units	M	>95%	▼ 99%	.4.3%
Disability Services	Movement from congregated to community settings	M	50	▲ 40	-20%
Public Health	Smoking Cessation - Quit at 4 weeks	Q (1 Qtr in arrears)	48%	▲ 56.6%	18%

Access and Integration Quadrant

Service area	Indicator	Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD
Primary Care Services	Physiotherapy access within 52 weeks	M	94%	▲ 80.7%	-14.2%
Primary Care Services	Occupational Therapy access within 52 weeks	M	95%	► 72.6%	-23.6%
Primary Care Services	Speech and Language Therapy access within 52 weeks	M	100%	▲ 86.8%	-13.2%
Primary Care Services	Podiatry treatment within 52 weeks	M	77%	▲ 65.9%	-14.4%
Primary Care Services	Ophthalmology treatment within 52 weeks	M	64%	▼ 53.8%	-15.9%
Primary Care Services	Audiology treatment within 52 weeks	M	75%	▼ 75.8%	1.1%
Primary Care Services	Dietetics treatment within 52 weeks	M	80%	▲ 67.3%	-15.9%
Primary Care Services	Psychology treatment within 52 weeks	M	81%	▼ 60.7%	-25.1%
Primary Care Services	Nursing - new patient access within 12 weeks	M (1 Mth in arrears)	100%	▲ 96.5%	-3.5%
Acute Hospital Services	NAS to Emergency Department Handover Times within 20 minutes	M (1 Mth in arrears)	80%		
Acute Hospital Services	ED within six hours	M	70%	▲ 56.6%	-19.1%
Acute Hospital Services	ED within 24 hours	M	97%	▼ 95.7%	-1.3%
Acute Hospital Services	75 years and ED within six hours	M	95%	▲ 36.2%	-61.9%
Acute Hospital Services	75 years and ED within 24 hours	M	99%	▼ 90.5%	-8.6%
Acute Hospital Services	Adults Inpatient Waiting List (<9 months)	M	90%	▼ 67.3%	-25.2%
Acute Hospital Services	Adults Daycase Waiting List (<9 months)	M	90%	▼ 77.1%	-14.3%
Acute Hospital Services	Children Inpatient Waiting List (<9 months)	M	90%	▲ 64.8%	-28%
Acute Hospital Services	Children Daycase Waiting List (<9 months)	M	90%	▼ 73.2%	-18.6%
Acute Hospital Services	OPD Waiting List (<15 months)	M	90%	▲ 83.8%	-6.9%
Acute Hospital Services	Routine Colonoscopy Waiting List (<13 weeks)	M	65%	▼ 58%	-10.8%

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KPIs per Quadrant

Access and Integration Quadrant

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		M	75%	▼ 73.1%	-2.5%
National Ambulance Service	Clinical status of 1 DELTA incidents in 18 minutes and 59 seconds or less		M	45%	▼ 44.1%	-1.9%
Cancer Services	RACs within timelines		M	95%	▼ 80.2%	-15.6%
Cancer Services	Radiotherapy		M	90%	▼ 63.1%	-29.9%
National Screening Service	Cervical Screening Tests		M	178,000	▼ 161,335	-9.4%
Disability Services	Assessments completed within the timelines		Q	100%	▼ 15.6%	-84.4%
Disability Services	No. of new emergency places provided to people with a disability		M	29	▼ 96	231%
Disability Services	No. of in home respite supports for emergency cases		M	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		Q (1 Mth in arrears)	5,758	▼ 5,803	-0.8%
Disability Services	No. of overnights accessed by people with a disability		Q (1 Mth in arrears)	64,705	▲ 76,994	19%
Older Persons Services	Home support hours provided		M	15,999,137	▲ 14,303,255	-10.6%
Older Persons Services	People in receipt of home support		M	55,910	▲ 54,147	-3.2%
Mental Health Services	CAMHS - urgent referrals within 3 working days		M	≥90%	▼ 94%	4.5%
Mental Health Services	General Adult Community Mental Health - first appointments and seen within 12 weeks		M	≥75%	▼ 68.8%	-8.3%
Mental Health Services	Psychiatry of Later Life Community Mental Health - first appointments and seen within 12 weeks		M	≥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%	▲ 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	Indicator		Reporting frequency	Expected activity/ Target	National YTD	% Variance YTD
Finance	Net expenditure variance from plan		M	≤0.1%	▼ 15,407.8 mil	5.9%
Compliance Unit/Service Arrangements	Service arrangements signed [4]		M	100%	▲ 25.81%	74.19%
Internal Audit	Internal audit - Recommendations implemented within 12 months [5]		Q	95%	▲ 74%	-21%

Workforce Quadrant

Service area	Indicator		Reporting frequency	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.
	NPOG Escalation. This is denoted within the report using this symbol illustrated on the left.
	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 22nd 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 April 2023.Current 12M rolling period reflecting compliance May 2022 - April 2023.
3. ** Current - reflecting compliance for incidents occurring in Q2 2023. Current 4Q rolling period reflecting compliance Q3 2022- Q2 2023
4. No graphs available, MDR table included page 29 of the Dashboard Report.
5. Data updated in June 2023
6. 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.