



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Health Service Executive

System Wide
Key Performance
Indicator Metadata 2018

Division : Health Business Service

No	Steps	Detail supporting KPI
1	KPI title	% of HSE' contractible non pay expenditure which is managed under formal contract (SUM)
1b		Spend Under Management (SUM)
2	KPI Description	HSE overall contractible non pay spend is approx €2.2billion per annum. This KPI involves the measurement of the HSE' non pay spend under management (SUM) vv the overall level of contractible spend with a view to progressively increasing SUM to be > 80% of overall contractible spend by end of Q4 2019. (Target SUM value = €1.9billion)
3	KPI Rationale	Approx €2.2billion of HSE non pay expenditure (spend) is subject to public procurement regulations. In general, this requires that a competitive process is carried out in an open, objective and transparent manner to assure achievement of best value for money and that formal contracts are put in place. International best practice in procurement identifies that to assure value for money and optimum process efficiency, 80%(+) of an organisation's spend should be subject to formal contract (SUM).
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	International best practice in Procurement identifies that to assure value for money and optimum process efficiency, 80%(+) of an organisation's spend should be subject to formal contract (SUM). The baseline for this KPI is established at 31% (Q1 2017). This KPI involves the measurement of the HSE' non pay spend under management (SUM) vv the overall level of contractible spend with a view to progressively increasing SUM to be >80% of overall contractible spend by end of Q4 2019.
4a	Target Trajectory	The target trajectory can be set out in quarterly targets from the baseline of 31% in Q1 2017 i.e. 6.27% increase per quarter
4b	Volume metrics	Volume metrics
5	KPI Calculation	HBS Procurement will maintain a central contracts register from which the annual value of SUM will be calculated. SUM will then be expressed as a % of HSE' overall annual contractible spend (€2.2billion) for this KPI.
6	Data Sources	HBS Procurement Plan Management System (PPMS) - Central Contracts Register.
6a	Data sign off	AND Procurement, Head of Corporate Procurement Planning and Capacity Development.
6b	Data Quality Issues	HSE financial systems are generally not fit for purpose and a new integrated financial management system (IFMS) is being implemented.
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile; MDR; Other
16	Web link to published data	
17	Additional Information	The scope of this KPI may be increased in the future to include all Section 38 and Section 39 Providers on SLA with the HSE.
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		
KPI owner/lead for implementation		
Name: Brendan White		
Email address: brendan.white@hse.ie		
Telephone Number 052 6191240 087 8377365		
PBI data support		
Name: Martina Curran		
Email Address: Martina.Curran1@hse.ie		
Telephone Number: 016352263		
Governance/sign off		
This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management		
Operational National Director:		
Signature:		
Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)		
Signature:		
KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number: _____		

Division : Internal Audit

No	Steps	Detail supporting KPI
1	KPI title	% of Internal Audit recommendations implemented, against total number of recommendations, within 6 months of report being received
		% of Internal Audit recommendations implemented, against total number of recommendations, within 12 months of report being received;
	1b	Implementation of Internal Audit Recommendations
2	KPI Description	This KPI identifies the progress made by HSE in implementing Internal Audit Recommendations. It relates to all Division of the HSE who receive Internal Audit reports and the timelines by which they implement the recommendations therein.
3	KPI Rationale	The KPI is a key governance accountability mechanism.
	3a Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce,
4	KPI Target	The count represents the status of implementation by all divisions at a particular point in time - i.e quarterly
	4a Target Trajectory	N/A
	4b Volume metrics	N/A
5	KPI Calculation	Percentage of implemented audit recommendations over the total number made.
6	Data Sources	Self assessment by each relevant Division.
	6a Data sign off	Dr Geraldine Smith, Assistant National Director
	6b Data Quality Issues	Relies on prompt and accurate responses from Divisions.
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	N/A
9	Minimum Data Set (MDS)	All Internal Audit Recommendations
10	International Comparison	Not that we are aware of
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q QUARTER 1 DATA REPORTED IN QUARTER 2 Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile; MDR; Other: Audit Committee, Leadership Team and NPOG
16	Web link to published data	
17	Additional Information	N/A
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		KPI owner/lead for implementation
		Name: Dr Geraldine Smith
		Email address: Geraldine.Smith@hse.ie
		Telephone Number: 076 695 9760
		PBI data support
		Name: Martina Curran
		Email Address: Martina.Curran1@hse.ie
		Telephone Number: 016352263
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: Dr. Geraldine Smith
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number:		

Division : Quality Assurance and Verification

No	Steps	Detail supporting KPI
1	KPI title	% and amount of the monetary value of Service Arrangements signed.
	1b	
2	KPI Description	% and amount of the monetary value of Service Arrangements (including Grant Aid Agreements) signed with non-HSE Service Providers funded by the HSE.
3	KPI Rationale	Governance , Leadership and Management
	3a Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	100% System Wide
	4a Target Trajectory	N/A
	4b Volume metrics	N/A
5	KPI Calculation	The % figure is calculated by way of a spreadsheet formula (i.e. total current monetary value of Service Arrangements and Grant Aid Agreements signed to date, divided by the total monetary value of all Service Arrangements and Grant Aid Agreements due to be signed for the year x 100). The amount is calculated by totalling the monetary value of all the Service Arrangements and Grant Aid Agreements signed to date. Note: Signed in this instance means signed by both the HSE and the Provider.
6	Data Sources	Data is obtained from the HSE Compliance Unit's Service Provider Governance (SPG) System. Data regarding completed Service Arrangements/Grant Aid Agreements must be entered onto the SPG System at CHO or Hospital Group level, as appropriate.
	6a Data sign off	Patricia McCormack
	6b Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	N/A
11	KPI Monitoring	Daily; Weekly ; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<u>Monthly</u> M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	<u>National</u> Region; <u>Hospital Group</u> Hospital; <u>CHO: sub-CHO</u> level (please give details); Other, please specify
15	KPI is reported in which reports?	<u>Annual Report</u> Performance Report/Profile; <u>MDR</u> ; Other
16	Web link to published data	
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		KPI owner/lead for implementation Name: Patricia McCormack Email address: Telephone Number
		PBI data support Name: Martina Curran Email Address: Martina.Curran1@hse.ie Telephone Number: 016352263
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit) Signature: KPI's will be deemed 'active' until a formal request to change or remove is received
<i>For Office use only:</i>		
KPI Number:		

Division : Quality Assurance and Verification

No	Steps	Detail supporting KPI
1	KPI title	% and number of Service Arrangements signed.
	1b	
2	KPI Description	% and number of Service Arrangements (including Grant Aid Agreements) signed with non-HSE Service Providers funded by the HSE
3	KPI Rationale	Governance , Leadership and Management
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	100% System Wide
4a	Target Trajectory	N/A
4b	Volume metrics	N/A
5	KPI Calculation	The % figure is calculated by way of a spreadsheet formula (i.e. total number of Service Arrangements and Grant Aid Agreements signed to date, divided by the total number of Service Arrangements and Grant Aid Agreements due to be signed for the year x 100). Note: Signed in this instance means signed by both the HSE and the Provider.The number is calculated by totalling the number of Service Arrangements and Grant Aid Agreements signed to date.
6	Data Sources	Data is obtained from the HSE Compliance Unit's Service Provider Governance (SPG) System. Data regarding completed Service Arrangements/Grant Aid Agreements must be entered onto the SPG System at CHO or Hospital Group level, as appropriate.
6a	Data sign off	Patricia Mc Cormack
6b	Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	N/A
11	KPI Monitoring	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<u>Monthly</u> M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	<u>National</u> ; Region; <u>Hospital Group</u> ; Hospital; <u>CHO</u> ; <u>sub-CHO</u> level (please give details); Other, please specify
15	KPI is reported in which reports?	<u>Annual Report</u> ; Performance Report/Profile; MDR; Other
16	Web link to published data	
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		
KPI owner/lead for implementation		
Name: Patricia McCormack		
Email address:		
Telephone Number		
PBI data support		
Name: Martina Curran		
Email Address: Martina.Curran1@hse.ie		
Telephone Number: 016352263		
Governance/sign off		
<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>		
Operational National Director:		
Signature:		
Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)		
Signature:		
KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number:		

Division : Quality Assurance and Verification

No	Steps	Detail supporting KPI
1	KPI title	% and number of Annual Compliance Statements signed
	1b	
2	KPI Description	% and number of Annual Compliance Statements signed by Section 38 and Section 39 Service Providers funded by the HSE (Note: Only Section 39 Service Providers funded in excess of €3M are required to submit an ACS)
3	KPI Rationale	Governance , Leadership and Management
	3a Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	100% System Wide
	4a Target Trajectory	N/A
	4b Volume metrics	N/A
5	KPI Calculation	The % figure is calculated by way of a spreadsheet formula (i.e. total number of Annual Compliance Statements signed, divided by the total number of Annual Compliance Statements to be signed x 100). Note: Signed in this instance means signed by the Provider. The number is calculated by counting the number of signed Annual Compliance Statements received from the Section 38 and Section 39 Service Providers.
6	Data Sources	Data is gathered by the HSE compliance unit
	6a Data sign off	Data Manager - Kevin Clery
	6b Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	N/A
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; SHO; sub-CHO level (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile; MDR; Other
16	Web link to published data	
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		KPI owner/lead for implementation Name: Kevin Clery Email address: Telephone Number 045880453
		PBI data support Name: Martina Curran Email Address: Martina.Curran1@hse.ie Telephone Number: 016352263
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit) Signature: KPI's will be deemed 'active' until a formal request to change or remove is received
For Office use only:		
KPI Number: _____		

Division : Human Resources

No	Steps	Detail supporting KPI
1	KPI title	European Working Time Directive compliance for NCHDs - <24 hour maximum shift
	1b	European Working Time Directive compliance for NCHDs - <24 hour maximum shift
2	KPI Description	Compliance with aspects of the European Working Time Directive and associated European Commission reporting requirements for Non-Consultant Hospital Doctors (NCHDs) employed in HSE and HSE-funded agencies
3	KPI Rationale	This KPI arises from the need for the HSE to report on the extent of EWTD compliance for NCHDs to the European Commission following an action by the Commission against Ireland for breach of European law relating to working time. The KPI is used to measure and assess performance in relation to EWTD compliance at hospital and national level and supports allocation of funding, staffing and the organisation of medical training. This KPI is linked to that measuring compliance with a maximum average 48 hour week for NCHDs
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) <u>Workforce</u> ;
4	KPI Target	Reporting represents the average over the reporting period. The target is 100% compliance by the end of 2017 as set out in the HSE National Service Plan 2017
4a	Target Trajectory	Target trajectory is constant
4b	Volume metrics	100% compliance is expected across the full year
5	KPI Calculation	NCHD Contract 2010 and LRC proposals of October 2013 require NCHD compliance with a maximum shift on-site on-call of 24 hours. The KPI is calculated in the case of the target by expressing the numerator (those NCHDs compliant with the target) as a percentage of the denominator (the total population of NCHDs). Data is provided in respect of each grade of NCHD - Intern, Senior House Officer, Registrar and Specialist / Senior Registrar - and for all NCHDs.
6	Data Sources	HR data provided via the Office of the National Director of HR HR data relies on an individual hospital returns for all NCHDs employed to the Office of the National Director of HR Data Completeness and any Data Quality issues this KPI applies to 100% of NCHDs employed in HSE and HSE-funded agencies Data returns to date cover approximately 97% of NCHDs employed.
6a	Data sign off	Andrew Condon, Medical Workforce Lead, HSE Human Resources
6b	Data Quality Issues	
7	Data Collection Frequency	Daily; <u>Weekly</u> ; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	See attached appendix
10	International Comparison	Compliance with the requirements of the EWTD by EU member states is monitored and reported by the European Commission. The latest (April 2017) report is here: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017SC0204&from=EN
11	KPI Monitoring	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<u>Monthly</u> M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M <u>Monthly two months in arrears</u> M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	<u>National</u> Region; <u>Hospital Group</u> ; <u>Hospital</u> ; <u>CHO</u> ; <u>sub-CHO level</u> (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; <u>Performance Report</u> /Profile; MDR; Other All Acute Hospitals, All CHOs and relevant Mental Health Services below CHO level.
16	Web link to published data	
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details	KPI owner/lead for implementation Name: Andrew Condon Email address: andrew.condon@hse.ie Telephone Number: 016352113 / 0871215490	
	PBI data support Name: Martina Curran Email Address: Martina.Curran1@hse.ie Telephone Number: 016352263	
Governance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: Liam Woods, Ann O'Connor Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit): Rosari Mannion Signature: KPI's will be deemed 'active' until a formal request to change or remove is received	
For Office use only:		
KPI Number:		

Division : Human Resources

No	Steps	Detail supporting KPI
1	KPI title	European Working Time Directive compliance for NCHDs - <48 hour working week
1b		European Working Time Directive compliance for NCHDs - <48 hour working week
2	KPI Description	Compliance with aspects of the European Working Time Directive and associated European Commission reporting requirements for Non-Consultant Hospital Doctors (NCHDs) employed in HSE and HSE-funded agencies
3	KPI Rationale	This KPI arises from the need for the HSE to report on the extent of EWTD compliance for NCHDs to the European Commission following an action by the Commission against Ireland for breach of European law relating to working time. The KPI is used to measure and assess performance in relation to EWTD compliance at hospital and national level and supports allocation of funding, staffing and the organisation of medical training. This KPI is linked to that measuring compliance with a maximum 24 hour shift for NCHDs
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. g) Workforce
4	KPI Target	Reporting represents the average over the reporting period. The target is 95% compliance by the end of 2017 as set out in the HSE National Service Plan 2017
4a	Target Trajectory	Target trajectory is constant
4b	Volume metrics	95% compliance is expected across the full year
5	KPI Calculation	NCHD Contract 2010 and LRC proposals of October 2013 require NCHD compliance with a maximum average working week of 48 hours. The KPI is calculated in the case of the target by expressing the numerator (those NCHDs compliant with the target) as a percentage of the denominator (the total population of NCHDs). Data is provided in respect of each grade of NCHD - Intern, Senior House Officer, Registrar and Specialist / Senior Registrar - and for all NCHDs.
6	Data Sources	HR data provided via the Office of the National Director of HR HR data relies on a individual hospital returns for all NCHDs employed to the Office of the National Director of HR Data Completeness and any Data Quality issues this KPI applies to 100% of NCHDs employed in HSE and HSE-funded agencies Data returns to date cover approximately 97% of NCHDs employed.
6a	Data sign off	Andrew Condon, Medical Workforce Lead, HSE Human Resources
6b	Data Quality Issues	
7	Data Collection Frequency	Daily, Weekly, Monthly, Quarterly, Bi-annual, Annual, Other - give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	See attached appendix
10	International Comparison	Compliance with the requirements of the EWTD by EU member states is monitored and reported by the European Commission. The latest (April 2017) report is here: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017SC0204&from=EN
11	KPI Monitoring	Daily, Weekly, Monthly, Quarterly, Bi-annual, Annual; Other - give details:
12	KPI Reporting Frequency	Daily, Weekly, Monthly, Quarterly, Bi-annual, Annual; Other - give details:
13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; Performance Report; Profile; MDR; Other All Acute Hospitals, All CHOs and relevant Mental Health Services below CHO level.
16	Web link to published data	
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
KPI owner/lead for implementation		
Contact details	Name:	Andrew Condon
	Email address:	andrew.condon@hse.ie
	Telephone Number:	016352113 / 0871215490
	PBI data support	
	Name:	Martina Curran
	Email Address:	Martina.Curran1@hse.ie
	Telephone Number:	016352263
Governance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management	
	Operational National Director: Liam Woods, Ann O'Connor	
	Signature:	
	Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit): Rosarii Mannion	
	Signature:	
	KPI's will be deemed 'active' until a formal request to change or remove is received	
For Office use only:		
	KPI Number:	

Division : Human Resources

No	Steps	Detail supporting KPI
1	KPI title	European Working Time Directive compliance for Social Care staff - <48 hour working week
1b		European Working Time Directive compliance for Social Care Staff - <48 hour working week
2	KPI Description	Compliance with aspects of the European Working Time Directive and associated European Commission reporting requirements for Social Care staff employed in HSE and HSE-funded agencies
3	KPI Rationale	This KPI arises from the need for the HSE to report on the extent of EWTD compliance for Social Care staff to the European Commission following an action by the Commission against Ireland for breach of European law relating to working time. The KPI is used to measure and assess performance in relation to EWTD compliance at service / agency and national level and supports allocation of funding, staffing and the organisation of services. This KPI is linked to that measuring compliance with a maximum 24 hour shift for Social Care staff
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. <u>g) Workforce</u>
4	KPI Target	Reporting represents the average over the reporting period. The target is 90% compliance by the end of 2017 as set out in a document presented to the European Commission by Ireland in September 2017
4a	Target Trajectory	Target trajectory is constant
4b	Volume metrics	85% compliance is expected across the full year
5	KPI Calculation	The Organisation of Working Time Act 1997 and the European Working Time Directive (2003.88.EC) require compliance with a maximum average working week of 48 hours. The KPI is calculated in the case of the target by expressing the numerator (those staff compliant with the target) as a percentage of the denominator (the total population of staff). Data is provided in respect of four grades of staff working in Social Care - Social Care Leaders, Social Care Workers, Nurses and Care Assistants - and for all grades totalled.
6	Data Sources	Data provided via Disability Operations, Social Care Division Data relies on individual HSE Service / agency returns for relevant Social Care staff employed to Disability Operations, Social Care Division
6a	Data sign off	Andrew Condon, HSE Human Resources as Chair of the National EWTD Implementation Group, Social Care.
6b	Data Quality Issues	This KPI applies to 100% of Social Care Leaders, Social Care workers, Nurses and Care Assistants employed in HSE and HSE-funded agencies under the aegis of the HSE Social Care Division. Data returns to date cover approximately 80% of relevant Social Care staff employed.
7	Data Collection Frequency	Daily; <u>Weekly</u> ; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	See attached appendix
10	International Comparison	Compliance with the requirements of the EWTD by EU member states is monitored and reported by the European Commission. The latest (April 2017) report is here: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017SC0204&from=EN
11	KPI Monitoring	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<u>Monthly</u> M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M <u>Monthly two months in arrears</u> M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	<u>National</u> ; Region; Hospital Group; Hospital; <u>CHS</u> ; <u>sub-CHO level</u> (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; <u>Performance Report</u> ; Profile; MDR; Other All Acute Hospitals, All CHOs and relevant Mental Health Services below CHO level.
16	Web link to published data	
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		
KPI owner/lead for implementation		
Name: Andrew Condon		
Email address: andrew.condon@hse.ie		
Telephone Number: 016352113 / 0871215490		
PBI data support		
Name: Martina Curran		
Email Address: Martina.Curran1@hse.ie		
Telephone Number: 016352263		
Governance/sign off		
<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>		
Operational National Director: Pat Healy		
Signature:		
Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit): Rosarii Mannion		
Signature:		
KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number:		

Division : Human Resources

No	Steps	Detail supporting KPI
1	KPI title	European Working Time Directive compliance for Social Care staff - <24 hour maximum shift
	1b	European Working Time Directive compliance for Social Care Staff - <24 hour maximum shift
2	KPI Description	Compliance with aspects of the European Working Time Directive and associated European Commission reporting requirements for Social Care staff employed in HSE and HSE-funded agencies
3	KPI Rationale	This KPI arises from the need for the HSE to report on the extent of EWTD compliance for Social Care staff to the European Commission following an action by the Commission against Ireland for breach of European law relating to working time. The KPI is used to measure and assess performance in relation to EWTD compliance at service / agency and national level and supports allocation of funding, staffing and the organisation of services. This KPI is linked to that measuring compliance with a maximum average 48 hour working week for Social Care staff
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	Reporting represents the average over the reporting period. The target is 95% compliance by the end of 2017 as set out in a document presented to the European Commission by Ireland in September 2017
4a	Target Trajectory	Target trajectory is constant
4b	Volume metrics	92% compliance is expected across the full year
5	KPI Calculation	The Organisation of Working Time Act 1997 and the European Working Time Directive (2003.88.EC) require compliance with a maximum average working week of 48 hours. The KPI is calculated in the case of the target by expressing the numerator (those staff compliant with the target) as a percentage of the denominator (the total population of staff). Data is provided in respect of four grades of staff working in Social Care - Social Care Leaders, Social Care Workers, Nurses and Care Assistants - and for all grades totalled.
6	Data Sources	Data provided via Disability Operations, Social Care Division Data relies on individual HSE Service / agency returns for relevant Social Care staff employed to Disability Operations, Social Care Division
6a	Data sign off	Andrew Condon, HSE Human Resources as Chair of the National EWTD Implementation Group, Social Care.
6b	Data Quality Issues	This KPI applies to 100% of Social Care Leaders, Social Care workers, Nurses and Care Assistants employed in HSE and HSE-funded agencies under the aegis of the HSE Social Care Division. Data returns to date cover approximately 80% of relevant Social Care staff employed.
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	See attached appendix
10	International Comparison	Compliance with the requirements of the EWTD by EU member states is monitored and reported by the European Commission. The latest (April 2017) report is here: http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52017SC0204&from=EN
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please see details); Other, please specify
15	KPI is reported in which reports?	Annual Report; Performance Report; Profile; MDR; Other All Acute Hospitals, All CHOs and relevant Mental Health Services below CHO level.
16	Web link to published data	
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		
KPI owner/lead for implementation		
Name: Andrew Condon		
Email address: andrew.condon@hse.ie		
Telephone Number: 016352113 / 0871215490		
PBI data support		
Name: Martina Curran		
Email Address: Martina.Curran1@hse.ie		
Telephone Number: 016352263		
Governance/sign off		
This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management		
Operational National Director: Pat Healy		
Signature:		
Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit); Rosarii Mannion		
Signature:		
KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number:		

Division : Human Resources

No	Steps	Detail supporting KPI
1	KPI title	Health Service Absence Reporting
	1b	Absence Reporting
2	KPI Description	Health Service Absence Reporting collates monthly absence data from all public health service employers (HSE, Section 38 voluntary hospitals & non-acute agencies) in lost time percentage terms (certified & self-certified) for reporting, monitoring and comparative purposes.
3	KPI Rationale	Absence data must be measured for staff performance. If not measured how can the performance be managed. Managers locally must comply with the policy on managing attendance (January 09) revised 2014. https://www.hse.ie/eng/staff/Resources/hrppg/attend.html
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	The HSE's National Service Plan 2018 sets absence rates as a key performance indicator (KPI) with the objective of reducing the impact and cost of absence and commits to a national target level of 3.5% for all hospitals and agencies.
4a	Target Trajectory	Absence is presented by staff category as percentage lost time and proportion medically certified.
4b	Volume metrics	1. Lost hours as a proportion of total available hours. 2. Proportion of lost hours medically certified/ self certified.
5	KPI Calculation	% absence rate = Total hours lost due to Absenteeism/Available Hours
6	Data Sources	Absence submitted by agencies and sourced from Business Warehouse depending on the area.
6a	Data sign off	Assistant National Director, Workforce Planning, Analytics & Informatics.
6b	Data Quality Issues	Each agency is responsible for absence reporting of each staff member and ensuring quality and accuracy of data is provided to National HR Division for National Reporting.
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	N/A
9	Minimum Data Set (MDS)	Staff category, Type of administration (HSE, S38 Hospital, S38 voluntary agency, directorate, hospital group, CHO, service area & hospital /agency, Lost time due to unauthorised absence
10	International Comparison	The Health Services is generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally.
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	National; Division Hospital Group; Hospital; CHO; sub CHO divisional level, level by staff category
15	KPI is reported in which reports?	Performance Report/Profile; MDR; Other
16	Web link to published data	http://www.hse.ie/eng/staff/Resources/Our-Workforce/
17	Additional Information	It is important to note that this is a national absence report, collated from agency data returned to this office at staff category level and based on the organisation structures. The purpose of national absence reporting is to generate a national rate and to provide comparators for benchmarking and performance reports. Absence at an individual level is managed locally. Absence is not supported by a National System. Information is aggregated using Excel and Business Objects.
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details	KPI owner/lead for implementation Name: Frank O'Leary Email address: workforcedata@hse.ie Telephone Number: 045 880 407 PBI data support Name: Martina Curran Email Address: BIU Telephone Number: 016352263	
Governance/sign off	This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: Rosarii Mannion Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit) Signature: <i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>	
For Office use only:		
KPI Number:		

Division : Human Resources

No	Steps	Detail supporting KPI
1	KPI title	Response Rate to the 2018 Staff Engagement Survey
1b		Number of Health Sector staff who respond/complete the 2018 Health Services staff Survey
2	KPI Description	AS above see 1b
3	KPI Rationale	To assess the views and opinions of our staff . To develop and enhance the staff engagement in health service organisations. Research evidence shows that where staff engagement is higher or services are seen to be supporting staff wellbeing the results are: lower patient mortality, reductions in the number of incidents, improved clinical care,improved patient experience,improved staff wellbeing,lower absenteeism rates and,improved staff retention.
3a	Indicator Classification	National Scorecard Quadrant a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;
4	KPI Target	Target detail ; 20% Staff response rate for the 2018 survey based on IPSOS projections
4a	Target Trajectory	Target trajectory As above
4b	Volume metrics	Volume metrics
5	KPI Calculation	Number of staff who complete and return the survey
6	Data Sources	Survey Questionnaire
6a	Data sign off	National Director of Human Resources
6b	Data Quality Issues	
7	Data Collection Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	IPSOS RED Pole , NHS survey data , also comparison with 2016 Survey data sets
11	KPI Monitoring	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	Monthly M Quarterly Q Biannual BA Annual A By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; GHO; sub-GHO level (please give details); Other, please specify
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile; MDR; Human Resource Workplans
16	Web link to published data	
17	Additional Information	National
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		
KPI owner/lead for implementation		
Name: Vera Kelly		
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Telephone Number		
PBI data support		
Name: Martina Curran		
Email Address: Martina.Curran1@hse.ie		
Telephone Number: 016352263		
Governance/sign off		
This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management		
Operational National Director:		
Signature:		
Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)		
Signature:		
KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number:		

Division : Finance

No	Steps	Detail supporting KPI
1	KPI title	Pay
1b		Pay
2	KPI Description	Variance ytd actual Non Pay against ytd target Non Pay
3	KPI Rationale	<p>1) How would this measure be used to improve services? - The HSE has an obligation to only spend what is allocated from the DoH. This KPI monitors this throughout the year</p> <p>2) Is there evidence of effectiveness? - The HSE is obliged to stay within its funding envelope each year</p> <p>3) Why is this an important area of performance e.g.: patient safety; improved access; effects a lot of service users; costly to provide; other. - It measures if the HSE is pending more financial resources than it has available</p> <p>4) Does this KPI link in with other measures being used? (please indicate KPI number) - It links with the other Finance metrics for Net Exp/Pay/Income</p> <p>5) Does this measure replace or change any current measure? (please indicate KPI number) - No, it was used in 2017</p> <p>¶The KPI number can be sourced from FBI</p>
3a	Indicator Classification	<p>National Scorecard Quadrant</p> <p>a) Quality and Safety; b) Access; c) <u>Finance, Governance and Compliance.</u> d) Workforce.</p>
4	KPI Target	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
4a	Target Trajectory	a) Performance targets constant over the full year
4b	Volume metrics	N/A
5	KPI Calculation	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
6	Data Sources	Templates with data sourced from finance CFI system
6a	Data sign off	ACFO, Planning & Performance, Finance
6b	Data Quality Issues	None
7	Data Collection Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	n/a
9	Minimum Data Set (MDS)	All data supplied per templates
10	International Comparison	
11	KPI Monitoring Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<p><u>Monthly</u> M Quarterly Q Biannual BA Annual A</p> <p>By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M</p>
14	KPI Reporting Aggregation	<u>National</u> ; Region; <u>Hospital Group</u> ; Hospital; <u>SHO</u> ; <u>sub-CMO</u> level (please give details); Other, please specify National Services and Demand Led Services
15	KPI is reported in which reports?	Annual Report; Performance <u>Report Profile</u> ; <u>MDR</u> ; <u>Other</u>
16	Web link to published data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	
<p>It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed</p>		
<p>Contact details</p> <p>KPI owner/lead for implementation Name: Colum maddox Email address: colum.maddox@hse.ie Telephone Number: 01 771 8413</p> <p>PBI data support Name: Martina Curran Email Address: Martina.Curran1@hse.ie Telephone Number: 016352263</p>		
<p>Governance/sign off</p> <p>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</p> <p>Operational National Director: Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit) Signature: KPI's will be deemed 'active' until a formal request to change or remove is received</p>		
<p>For Office use only: KPI Number:</p>		

Division : Finance

No	Steps	Detail supporting KPI
1	KPI title	Non Pay
1b		Non Pay
2	KPI Description	Variance ytd actual Non Pay against ytd target Non Pay
3	KPI Rationale	<p>1) How would this measure be used to improve services? - The HSE has an obligation to only spend what is allocated from the DoH. This KPI monitors this throughout the year</p> <p>2) Is there evidence of effectiveness? - The HSE is obliged to stay within its funding envelope each year</p> <p>3) Why is this an important area of performance e.g.: patient safety; improved access; effects a lot of service users; costly to provide; other. - It measures if the HSE is pending more financial resources than it has available</p> <p>4) Does this KPI link in with other measures being used? (please indicate KPI number) - It links with the other Finance metrics for Net Exp/Pay/Income</p> <p>5) Does this measure replace or change any current measure? (please indicate KPI number) - No, it was used in 2017</p> <p>¶The KPI number can be sourced from PBI</p>
3a	Indicator Classification	<p>National Scorecard Quadrant</p> <p>a) Quality and Safety; b) Access; c) <u>Finance, Governance and Compliance.</u> d) Workforce.</p>
4	KPI Target	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
4a	Target Trajectory	a) Performance targets constant over the full year
4b	Volume metrics	N/A
5	KPI Calculation	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
6	Data Sources	Templates with data sourced from finance CFI system
6a	Data sign off	ACFO, Planning & Performance, Finance
6b	Data Quality Issues	None
7	Data Collection Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	n/a
9	Minimum Data Set (MDS)	All data supplied per templates
10	International Comparison	
11	KPI Monitoring Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<p><u>Monthly</u> M Quarterly Q Biannual BA Annual A</p> <p>By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M</p>
14	KPI Reporting Aggregation	<u>National</u> Region; <u>Hospital Group</u> Hospital; <u>CHO, sub-CHO</u> level (please give details); Other, please specify National Services and Demand Led Services
15	KPI is reported in which reports?	Annual Report; <u>Performance Report/Profile</u> ; <u>MDR</u> - Other
16	Web link to published data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		
KPI owner/lead for implementation		
Name: Colum maddox		
Email address: colum.maddox@hse.ie		
Telephone Number: 01 771 8413		
PBI data support		
Name: Martina Curran		
Email Address: Martina.Curran1@hse.ie		
Telephone Number: 016352263		
Governance/sign off		
This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management		
Operational National Director:		
Signature:		
Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)		
Signature:		
KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number:		

Division : Finance

No	Steps	Detail supporting KPI
1	KPI title	Income
1b		Income
2	KPI Description	Variance ytd actual Income against ytd target Income
3	KPI Rationale	<p>1) How would this measure be used to improve services? - The HSE has an obligation to only spend what is allocated from the DoH. This KPI monitors this throughout the year 2) Is there evidence of effectiveness? - The HSE is obliged to stay within its funding envelope each year 3) Why is this an important area of performance e.g.: patient safety; improved access; effects a lot of service users; costly to provide; other. - It measures if the HSE is pending more financial resources than it has available 4) Does this KPI link in with other measures being used? (please indicate KPI number) - It links with the other Finance metrics for Net Exp/Pay/Non Pay 5) Does this measure replace or change any current measure? (please indicate KPI number) - No, it was used in 2017</p> <p>¶The KPI number can be sourced from PBI</p>
3a	Indicator Classification	<p>National Scorecard Quadrant a) Quality and Safety; b) Access; c) <u>Finance, Governance and Compliance.</u> d) Workforce.</p>
4	KPI Target	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
4a	Target Trajectory	a) Performance targets constant over the full year
4b	Volume metrics	N/A
5	KPI Calculation	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
6	Data Sources	Templates with data sourced from finance CFI system
6a	Data sign off	ACFO, Planning & Performance, Finance
6b	Data Quality Issues	None
7	Data Collection Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	n/a
9	Minimum Data Set (MDS)	All data supplied per templates
10	International Comparison	
11	KPI Monitoring	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; <u>Monthly</u> ; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<p><u>Monthly</u> M Quarterly Q Biannual BA Annual A</p> <p>By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M</p>
14	KPI Reporting Aggregation	<u>National</u> Region; <u>Hospital Group</u> Hospital; <u>OHQ_sub-CHO</u> level (please give details); Other, please specify National Services and Demand Led Services
15	KPI is reported in which reports?	Annual Report; <u>Performance Report/Battle</u> ; <u>MDR</u> ; <u>Other</u>
16	Web link to published data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		
KPI owner/lead for implementation		
Name: Colum maddox		
Email address: colum.maddox@hse.ie		
Telephone Number: 01 771 8413		
PBI data support		
Name: Martina Curran		
Email Address: Martina.Curran1@hse.ie		
Telephone Number: 016352263		
Governance/sign off		
<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>		
Operational National Director:		
Signature:		
Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)		
Signature:		
KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number:		

Division : Finance

No	Steps	Detail supporting KPI
1	KPI title	Net Expenditure
1b		Net Expenditure
2	KPI Description	Variance ytd actual net expenditure against ytd target net expenditure
3	KPI Rationale	<p>1) How would this measure be used to improve services?</p> <ul style="list-style-type: none"> - The HSE has an obligation to only spend what is allocated from the DoH. This KPI monitors this throughout the year 2) Is there evidence of effectiveness? - The HSE is obliged to stay within its funding envelope each year 3) Why is this an important area of performance e.g.: patient safety; improved access; effects a lot of service users; costly to provide; other. - It measures if the HSE is pending more financial resources than it has available 4) Does this KPI link in with other measures being used? (please indicate KPI number) - It links with the other Finance metrics for Pay/Non Pay/Income 5) Does this measure replace or change any current measure? (please indicate KPI number) - No, it was used in 2017 <p>!!The KPI number can be sourced from PBI</p>
3a	Indicator Classification	<p>National Scorecard Quadrant</p> <p>a) Quality and Safety; b) Access; c) Finance, Governance and Compliance. d) Workforce;</p>
4	KPI Target	YTD Actual vs YTD Target by €000s and % Target (±0.1%)
4a	Target Trajectory	a) Performance targets constant over the full year
4b	Volume metrics	N/A
5	KPI Calculation	YTD Actual vs YTD Target by €000s and % Target (±0.1%)
6	Data Sources	Templates with data sourced from finance CFI system
6a	Data sign off	ACFO, Planning & Performance, Finance
6b	Data Quality Issues	None
7	Data Collection Frequency	Daily; Weekly; Monthly ; Quarterly; Bi-annual; Annual; Other – give details:
8	Tracer Conditions (clinical metrics only)	n/a
9	Minimum Data Set (MDS)	All data supplied per templates
10	International Comparison	
11	KPI Monitoring	Daily; Weekly; Monthly ; Quarterly; Bi-annual; Annual; Other – give details:
12	KPI Reporting Frequency	Daily; Weekly; Monthly ; Quarterly; Bi-annual; Annual; Other – give details:
13	KPI report period	<p>Monthly M Quarterly Q Biannual BA Annual A</p> <p>By exception Monthly in arrears M-1M Monthly two months in arrears M-2M Quarterly in arrears Q-1Q Quarterly one month in arrears Q-1M Quarterly two quarters in arrears Q-2Q Quarterly three quarters in arrears Q-3Q Quarterly six months in arrears Q-2Q Biannual one quarter in arrears BA-1Q Biannual six months in arrears BA-2Q Annual reported in 1st quarter A Annual 12 months in arrears A-1A Rolling 12 months Rolling 12M</p>
14	KPI Reporting Aggregation	National ; Region; Hospital Group ; Hospital; Other ; sub-CSP level (please give details); Other, please specify National Services and Demand Led Services
15	KPI is reported in which reports?	Annual Report; Performance Report/Brochure ; MDR; Other
16	Web link to published data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	
<p>It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed</p>		
<p>Contact details</p> <p>KPI owner/lead for implementation Name: Colum maddox Email address: colum.maddox@hse.ie Telephone Number: 01 771 8413</p> <p>PBI data support Name: Martina Curran Email Address: Martina.Curran1@hse.ie Telephone Number: 016352263</p>		
<p>Governance/sign off</p> <p>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</p> <p>Operational National Director: Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit) Signature: KPI's will be deemed 'active' until a formal request to change or remove is received</p>		
<p><i>For Office use only:</i></p> <p>KPI Number: _____</p>		

Quality Assurance and Verification Division - Serious Incidents

No	Steps	Detail supporting KPI
1	KPI title	% of Serious Incidents being notified within 24 hours of occurrence to the Senior Accountable Officer
2	KPI Description	<p>Serious Incidents are described in the document entitled "<i>Incident Management Framework - HSE 2018</i>" as a rating of major or extreme as per the HSE's Risk Assessment Tool and defined as Category 1. (autogenerated by NIMS)</p> <p>In the context of the management of an incident, the "Senior Accountable Officer" is the person who has ultimate accountability and responsibility for the services within the area where the incident occurred. E.g. in a hospital group this could be the Hospital Group Manager or the hospital CEO/Manager or where services are organised on a cross hospital Directorate basis the directorate lead. In a CHO it could be the CEO or the Head of Service and in the case of the NAS it could be the NAS corporate area manager.</p> <p>"Notified within 24 hours" notifying the Senior Accountable Officer of the occurrence of the SI.</p> <p>Services must have in place a process for the timely completion and input of the NIRF onto the National Incident Management System (NIMS). The entering of an incident onto NIMS fulfils the service's obligation to inform the State Claims Agency.</p>
3	KPI Rationale	It is a requirement of the HSE that all Serious Incidents are managed, reported and reviewed in line with the HSE's Incident Management Framework
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance Leadership / Management
4	KPI Target	99%
5	KPI Calculation	The numerator is the number of SIs that occurred each month by Division on NIMS identifying the date notified to the SAO is ≤24 hours. The denominator is the total number of SIs that occurred each month on NIMS. The numerator is a subset of the denominator and is expressed as a percentage of it.
6	Data Source	Data Source: NIMS (National incident Management System)
	Data Completeness	Data Completeness: The following fields must be populated: date of incident, date notified to Senior Accountable Officer, Division, who was involved.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other
8	Tracer Conditions	A serious incident results in a rating of major or extreme as per the HSE's Risk Assessment tool and defined in the IMF as Category 1, autogenerated by NIMS
9	Minimum Data Set	NIMS Reference Number (autogenerated), Date of Incident, Date notified to Senior Accountable officer, Location Data
10	KPI Monitoring	KPI will be <u>monitored</u> :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
11	KPI Reporting Frequency.	Indicate how often the KPI will be <u>reported</u> :
		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
12	KPI report period.	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input checked="" type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input type="checkbox"/> Other – give details:
13	KPI Reporting Aggregation.	1. NIMS system will be the only reporting source and provide functionality for this purpose.
		<input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Acute Division <input checked="" type="checkbox"/> Community (Social Care, Mental Health, H&WB, Primary Care) <input checked="" type="checkbox"/> NAS
14	KPI is reported in which reports?	Indicate where the KPI will be reported:
		<input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input checked="" type="checkbox"/> Other – give details: relevant reports, PQs etc.
15	Web link to data	National Incident Management System (NIMS)
16	Additional Information	n/a
Contact details for Data Manager /Specialist Lead		Name: Carol Hickey Email address: carol.hickey3@hse.ie Contact Number: 01-6352230
National Lead and Division		National Lead: Patrick Lynch, National Director, Quality Assurance and Verification Division Division: Quality Assurance and Verification Division

Quality Assurance and Verification Division - Serious Incidents

No	Steps	Detail supporting KPI
1	KPI title	% of Serious Incidents requiring review completed within 125 calendar days of occurrence of the incident
2	KPI Description	<p>Serious Incidents are described in the document entitled "<i>Incident Management Framework - HSE 2018</i>" as a rating of major or extreme as per the HSE's Risk Assessment Tool and defined as Category 1. (autogenerated by NIMS)</p> <p>In the context of the management of Category 1 serious incidents, each must be referred to the Serious Incident Management Team (SIMT) for decision making. (See IMF Appendix 2 - Preliminary assessment to assist review decision making) . Ideally decisions relating to the review of these incidents should be made within 72 hours of identification of the incident and at the latest must be made within one working week.</p> <p>"Review" level of review to be conducted should be guided by the categorisation of Level 1 - Comprehensive Review (Category 1 incidents) - approaches include Systems Analysis Level 2 - Concise (Category 2 and some Category 1 incidents) - approaches include Systems Analysis, Incident Specific Review Tool or After Action Review (AAR)</p> <p>NB If the decision is not to commission a Comprehensive or Concise Review, the reason / rationale for this decision and the evidence upon which it is based must be communicated to person affected, submitted for review and ratification by the Quality & Safety Committee and entered onto NIMS.</p>
3	KPI Rationale	It is a requirement of the HSE that all Serious Incidents are managed, reported and reviewed in line with the HSE's Incident Management Framework
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: <input type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input checked="" type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance Leadership / Management
4	KPI Target	90%
5	KPI Calculation	The numerator is the number of Category 1 SIs that occurred by Division on NIMS identifying review has been completed within 125 days. (Exclusion: incidents where reviews have not been commissioned and incidents where 125 days have not yet transpired). The denominator is the total number of SIs requiring review on NIMS. The numerator is a subset of the denominator and is expressed as a percentage of it.
6	Data Source	Data Source: NIMS (National incident Management System)
	Data Completeness	Data Completeness: The following fields must be populated: date of incident, is an investigation / review required, level of investigation / review, Date Review Accepted by Commissioner
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other
8	Tracer Conditions	A serious incident results in a rating of major or extreme as per the HSE's Risk Assessment tool and defined in the IMF as Category 1, autogenerated by NIMS
9	Minimum Data Set	NIMS Reference Number (autogenerated), date of Incident, is an investigation / review required, Date Review Accepted by Commissioner
10	KPI Monitoring	KPI will be <u>monitored</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
11	KPI Reporting Frequency.	Indicate how often the KPI will be <u>reported</u> : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
12	KPI report period.	Indicate the period to which the data applies <input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) <input type="checkbox"/> Monthly in arrears (June data reported in July) <input type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2) <input type="checkbox"/> Rolling 12 months (previous 12 month period) <input checked="" type="checkbox"/> Other – give details: January 2018 compliance will be reported in May 2018 (125 days) - see exclusions above, YTD February 2018 will be reported in June 2018 etc.
13	KPI Reporting Aggregation.	1. NIMS system will be the only reporting source and provide functionality for this purpose. <input checked="" type="checkbox"/> National <input checked="" type="checkbox"/> Acute Division <input checked="" type="checkbox"/> Community (Social Care, Mental Health, H&WB, Primary Care) <input checked="" type="checkbox"/> NAS
14	KPI is reported in which reports?	Indicate where the KPI will be reported: <input checked="" type="checkbox"/> Performance Report (NSP) <input type="checkbox"/> CompStat <input checked="" type="checkbox"/> Other – give details: relevant reports, PQs etc.
15	Web link to data	National Incident Management System (NIMS)
16	Additional Information	n/a
Contact details for Data Manager /Specialist Lead		Name: Carol Hickey Email address: carol.hickey3@hse.ie Contact Number: 01-6352230
National Lead and Division		National Lead: Patrick Lynch, National Director, Quality Assurance and Verification Division Division: Quality Assurance and Verification Division

Quality Assurance and Verification Division - Complaints

No	Steps	Detail supporting KPI
1	KPI title	% of Complaints investigated and responded to within timeframe
2	KPI Description	% of complaints investigated and responded to within the timeframe
3	KPI Rationale	Potential for improvement if performance is known
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	<input checked="" type="checkbox"/> Person Centred Care <input type="checkbox"/> Effective Care <input type="checkbox"/> Safe Care <input type="checkbox"/> Better Health and Wellbeing <input type="checkbox"/> Use of Information <input type="checkbox"/> Workforce <input type="checkbox"/> Use of Resources <input type="checkbox"/> Governance, Leadership and Management
4	KPI Target	75%
5	KPI Calculation	The numerator is the number of complaints investigated and reported in within 30 working days. The denominator is the total number of Complaints recorded on the Complaints Module.
6	Data Source	Data Source: NIMS (National incident Management System) Complaints Module. Data Completeness: completeness of this measurement is dependent on timely completeness of the relevant fields.
	Data Completeness	
	Data Quality Issues	
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input checked="" type="checkbox"/> Other – give details: Data collected automatically as the Complaints Management System is updated
8	Tracer Conditions	
	Minimum Data Set	NIMS fields - Date Complaint received [Complaint General Details] to Complaint Closed Date (Complaints Follow-up) is less than or equal to 30 working days
10	International Comparison	
11	KPI Monitoring	KPI will be monitored : <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency.	Indicate how often the KPI will be reported: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other – give details:
13	KPI report period.	Indicate the period to which the data applies
		<input type="checkbox"/> Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		<input checked="" type="checkbox"/> Monthly in arrears (June data reported in July)
		<input checked="" type="checkbox"/> Quarterly in arrears (quarter 1 data reported in quarter 2)
		<input type="checkbox"/> Rolling 12 months (previous 12 month period)
<input type="checkbox"/> Other – give details:		
14	KPI Reporting Aggregation.	<input checked="" type="checkbox"/> National <input type="checkbox"/> Regional <input checked="" type="checkbox"/> Hospital Group <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> CHO <input type="checkbox"/> LHO
		<input type="checkbox"/> County <input type="checkbox"/> Institution <input type="checkbox"/> Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported:
		Performance Report (NSP) <input type="checkbox"/> CompStat <input type="checkbox"/> Other – give details: Annual Publication, Data on Complaints Statistics. Quarterly Casebook
16	Web link to data	NIMS is a Web based system.
17	Additional Information	
	Contact details for Data Manager /Specialist Lead	Name: Brenda Cremin Email address: brendam.cremin@hse.ie Contact Number: 061 483296
	National Lead and Division	National Lead: Patrick Lynch Division: Quality Assurance and Verification Division