Health Service Executive

System Wide Metadata 2019

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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 :Workforce
4	KPI Target	Reporting represents the average over the reporting period. The target is 95% compliance
		In Month (total over the reporting period)
4a	Target Trajectory	Target tracjectory 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 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	Barbara Whiston, HSE Human Resources
6b	Data Quality Issues	
7	Data Collection Frequency	Weekly
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO;
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	N/A
17	Additional Information	N/A
	Contact details	Ms Barbara Whiston
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director

Human Resources		
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.:Workforce;
4	KPI Target	Reporting represents the average over the reporting period. The target is 95% compliance
		In Month (total over the reporting period)
4a	Target Trajectory	Target tracjectory 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	Barbara Whiston, HSE Human Resources
6b	Data Quality Issues	
7	Data Collection Frequency	Weekly
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details)
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	
	Contact details	Ms Barbara Whiston
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director

	Human Resources	
1	KPI title	European Working Time Directive compliance for NCHDs - <24 hour maximum shift - Mental Health
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 :Workforce
4	KPI Target	Reporting represents the average over the reporting period. The target is 95%
		In Month (total over the reporting period)
4a	Target Trajectory	Target tracjectory 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 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	Barbara Whiston, HSE Human Resources
6b	Data Quality Issues	
7	Data Collection Frequency	Weekly
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO;
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	N/A
17	Additional Information	N/A
	Contact details	Ms Barbara Whiston
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director

Human Resources		
1	KPI title	European Working Time Directive compliance for NCHDs - <48 hour working week - Mental Health
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.:Workforce;
4	KPI Target	Reporting represents the average over the reporting period. The target is 95%
		In Month (total over the reporting period)
4a	Target Trajectory	Target tracjectory 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	Barbara Whiston, HSE Human Resources
6b	Data Quality Issues	
7	Data Collection Frequency	Weekly
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details)
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	
	Contact details	Ms Barbara Whiston
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director

Human Resources		
1	KPI title	European Working Time Directive compliance for Social Care staff - <24 hour maximum shift - Social Care
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 :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
		In Month (total over the reporting period)
4a	Target Trajectory	Target tracjectory 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	
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	Monthly
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO;
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	N/A
17	Additional Information	N/A
	Contact details	Mr Jim Murphy
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director

Human Resources		
1	**KPI title**	European Working Time Directive compliance for Social Care staff - <48hour maximum shift- Social Care
1b		European Working Time Directive compliance for Social Care Staff - <48hour 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 :Workforce
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
		In Month (total over the reporting period)
4a	**Target Trajectory**	Target tracjectory 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**	
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**	Monthly
8	**Tracer Conditions (clinical metrics only)**	
9	**Minimum Data Set (MDS)**	
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**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI report period**	Monthly
14	**KPI Reporting Aggregation**	National; Region; Hospital Group; Hospital; CHO;
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**	N/A
17	**Additional Information**	N/A
	Contact details	Mr Jim Murphy
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director

	Human Resources	
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 Hospitals & Section 38 Voluntary agencies) in lost time percentage terms (certified & self-certified) for reporting, monitoring and comparative purposes.
3	**KPI Rationale**	Absence data is measured and reported on a national basis and is an integral part of the performance processes. Measurement provides data to enable management of staff performance and is also used comparatively to enable benchmarking of performance. Managers locally must comply with the policy on managing attendance (January 09) revised 2014. https://www.hse.ie/eng/staff/resources/our-workforce/workforce-reporting/
3a	**Indicator Classification**	National Scorecard Quadrant :Workforce
4	**KPI Target**	The HSE's National Service Plan 2019 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.
		Point In Time and cumulative (in month and YTD reportng)
4a	**Target Trajectory**	Absence is presented by staff category and CHO/HG/Division/Care Group and service 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, Strategic Workforce Planning & Intelligence
6b	**Data Quality Issues**	Each agency is responsible for absence reporting for each staff member and ensuring quality and accuracy of data is provided to National HR Division for National Reporting.
7	**Data Collection Frequency**	Monthly
8	**Tracer Conditions (clinical metrics only)**	
9	**Minimum Data Set (MDS)**	Staff category, Type of administration (HSE, S38 Hospital, S38 voluntary agency, division, care group, hospital group & CHI, CHO, service area & hospital /agency, Lost time due to certified absence and self certified 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**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI report period**	Monthly in Arrears
14	**KPI Reporting Aggregation**	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details)
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**	
	Contact details	Philippa Withero-Ryan
	PBI data support	Martina Curran
	Governance/sign off	National Director

Human Resources		
1	KPI title	% of staff who have completed Dignity at Work elearning programme
1b		Annual completion statistics on Dignity at Work E-Learning programme hosted on the Health Services E-Learning portal HSELanD (www.hseland.ie)
2		Target population is all registerd users of HSELanD. HSELanD currently has approximately 100,000 active users from across the Health Service which includes the HSE as well as Section 38 and 39 organisations.Increasing staff awareness and undestanding of issues and processes in relation to this issue is a key element of the HR Strategy
3	KPI Rationale	Results from the HR 2018 organisational wide staff survey " Your Opinion Counts" indicated that bullying and harassment are significant issues in and across the Organisation with significant numbers of staff reporting either experiencing or witnessing bullying and/or harassment at work. This e-learning module has been developed and designated as a mandatory learning programme for all staff.
3a	Indicator Classification	National Scorecard Quadrant:Workforce
4	KPI Target	60%
		Point in Time
4a	Target Trajectory	Target trajectory
4b	Volume metrics	Volume metrics
5	KPI Calculation	
6	Data Sources	
6a	Data sign off	
6b	Data Quality Issues	
7	Data Collection Frequency	
8	Tracer Conditions (clinical	
9	Minimum Data Set (MDS)	N/A
10	International Comparison	N/A
11	KPI Monitoring	Annual
12	KPI Reporting Frequency	Annual
13	KPI report period	Annual
14	KPI Reporting Aggregation	National
15	KPI is reported in which	Annual Report; Performance Report/Profile; MDR
16	Web link to published data	
17	Additional Information	
	Contact details	Mr Tony Liston
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director NR

Service Arrangement/Annual Compliance Statement		
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: Finance, Governance and Compliance.
4	**KPI Target**	100% System Wide
		Cumulative (YTD)
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
6b	**Data Quality Issues**	
7	**Data Collection Frequency**	Annual
8	**Tracer Conditions (clinical**	All Service Arrangements (including Grant Aid Agreements) (within CHOs & Hospital Groups) to be signed by the HSE and non-HSE Service Providers funded by the HSE.
9	**Minimum Data Set (MDS)**	Number of signed Annual Compliance Statements from all Section 38 and Section 39 Service Providers
10	**International Comparison**	N/A
11	**KPI Monitoring**	Annual
12	**KPI Reporting Frequency**	Annual
13	**KPI report period**	Annual
14	**KPI Reporting Aggregation**	National; Hospital Group; Hospital; CHO; sub-CHO level
15	**KPI is reported in which**	Annual Report; Performance Report/Profile; MDR
16	**Web link to published data**	
17	**Additional Information**	N/A
17	**Additional Information**	N/A
	Contact details	Mr Kevin Clery
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director

Service Arrangement/Annual Compliance Statement		
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: Finance, Governance and Compliance.
4	**KPI Target**	100% System Wide
		Cumulative (YTD)
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**	Monthly
8	**Tracer Conditions (clinical**	N/A
9	**Minimum Data Set (MDS)**	N/A
10	**International Comparison**	N/A
11	**KPI Monitoring**	Monthly
12	**KPI Reporting Frequency**	Monthly
13	**KPI report period**	Monthly M
14	**KPI Reporting Aggregation**	National; Region; Hospital Group; Hospital; CHO;
15	**KPI is reported in which**	Annual Report; Performance Report/Profile; MDR ;
16	**Web link to published data**	
17	**Additional Information**	N/A
	Contact details	Ms Patricia Mc Cormack
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director

	Service Arrangement/Annual Compliance Statement	
1	KPI title	% 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: Finance, Governance and Compliance.
4	KPI Target	100% System Wide
		Point in Time
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	Monthly
8	Tracer Conditions (clinical	N/A
9	Minimum Data Set (MDS)	N/A
10	International Comparison	N/A
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO
15	KPI is reported in which	Annual Report; Performance Report/Profile; MDR ;
16	Web link to published data	
17	Additional Information	N/A
	Contact details	Ms Patricia McCormack
	PBI data support	Ms Martina Curran
	Governance/sign off	National Director

Internal Audit		
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: Finance, Governance and Compliance.
4	**KPI Target**	The count represents the status of implementation by all divisions at a particular point in time - i.e quarterly 6th target is 75%.12mthstarget is 95%
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**	Quarterly
8	**Tracer Conditions (clinical**	N/A
9	**Minimum Data Set (MDS)**	All Internal Audit Recommnedations
10	**International Comparison**	Not that we are aware of
11	**KPI Monitoring**	Quarterly
12	**KPI Reporting Frequency**	Quarterly
13	**KPI report period**	Quarterly Q
14	**KPI Reporting Aggregation**	National;Hospital Group;CHO
15	**KPI is reported in which**	Annual Report; Performance Report/Profile; MDR ; Audit Committee and Leadership Team and NPOG
16	**Web link to published data**	
17	**Additional Information**	N/A
	Contact details	Internal Audit Department, HSE
	PBI data support	Ms Martina Curran
	Governance/sign off	Director, Internal Audit

Finance		
1	KPI title	Net Expenditure
1b		Net Expenditure
2	KPI Description	Variance ytd actual net expenditure against ytd target net expenditure
3	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant: Finance, Governance and Compliance.
4	KPI Target	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
		Cumulative(YTD)
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 %
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	Monthly
8	Tracer Conditions (clinical	N/A
9	Minimum Data Set (MDS)	All data supplied per templates
10	International Comparison	
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details);
15	KPI is reported in which	Annual Report; Performance Report/Profile; MDR ; Other
16	Web link to published data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	
	Contact details	Mr Colum Maddox
	PBI data support	Ms Martina Curran
	Governance/sign off	Chief Financial Officer

Finance		
1	KPI title	Non Pay
1b		Non Pay
2	KPI Description	Variance ytd actual Non Pay against ytd target Non Pay
3	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant: Finance, Governance and Compliance.
4	KPI Target	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
		Cumulative(YTD)
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 %
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	Monthly M
8	Tracer Conditions (clinical	n/a
9	Minimum Data Set (MDS)	All data supplied per templates
10	International Comparison	
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details);
15	KPI is reported in which	Annual Report; Performance Report/Profile; MDR
16	Web link to published data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	
	Contact details	Mr Colum Maddox
	PBI data support	Ms Martina Curran
	Governance/sign off	Chief Financial Officer

Finance		
1	KPI title	Pay
1b		Pay
2	KPI Description	Variance ytd actual Pay against ytd target Pay
3	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant: Finance, Governance and Compliance.
4	KPI Target	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
		Cumulative(YTD)
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 %
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	Monthly
8	Tracer Conditions (clinical	n/a
9	Minimum Data Set (MDS)	All data supplied per templates
10	International Comparison	
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National; Region; Hospital Group; Hospital; CHO; sub-CHO level (please give details);
15	KPI is reported in which	Annual Report; Performance Report/Profile; MDR
16	Web link to published data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	
	Contact details	Mr Colum Maddox
	PBI data support	Ms Martina Curran
	Governance/sign off	Chief Financial Officer

Finance		
1	KPI title	Gross Expenditure
1b		Gross Expenditure
2	KPI Description	Gross Expenditure Variance from Plan (Pay and Non Pay)
3	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant: Finance, Governance and Compliance.
4	KPI Target	YTD Actual vrs YTD Target by €000s and % Target (≤0.1%)
		Cumulative(YTD)
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 %
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	Monthly
8	Tracer Conditions (clinical	n/a
9	Minimum Data Set (MDS)	All data supplied per templates
10	International Comparison	
11	KPI Monitoring	Monthly;
12	KPI Reporting Frequency	Monthly
13	KPI report period	Annual
14	KPI Reporting Aggregation	National; Hospital Group; Hospital; CHO; sub-CHO level (please give details);
15	KPI is reported in which	Annual Report; Performance Report/Profile; MDR
16	Web link to published data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	
	Contact details	Mr Colum Maddox
	PBI data support	Ms Martina Curran
	Governance/sign off	Chief Financial Officer

Quality and Safety		
1	KPI title	% of Serious Incidents being notified within 24 hours of occurrence to the Senior Accountable Officer
1b		
2	KPI Description	% of Serious Incidents being notified within 24 hours of occurrence to the Senior Accountable Officer
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
3a	Indicator Classification	National Scorecard Quadrant: Quality and Safety
4	KPI Target	80%
		Point In Time and cumulative (in month and YTD reportng)
4a	Target Trajectory	
4b	Volume metrics	
5	KPI Calculation	The numerator is the number of *Service User* 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 *Service User* 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 Sources	Data Source: NIMS (National incident Management System)
6a	Data sign off	
6b	Data Quality Issues	
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical	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 (MDS)	NIMS Reference Number (autogenerated), Date of Incident, Date notified to Senior Accountable officer
10	International Comparison	
11	KPI Monitoring	Daily
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly in Arrears
14	KPI Reporting Aggregation	National, Acute, Community and NAS
15	KPI is reported in which	Performance Report
16	Web link to published data	National Incident Management System (NIMS)
17	Additional Information	N/A
	Contact details	Carol Hickey Email address: carol.hickey3@hse.ie Contact Number: 01-6352230
	PBI data support	
	Governance/sign off	Patrick Lynch, National Director, Quality Assurance and Verification Division

Quality and Safety		
1	KPI title	% of Serious Incidents requiring review completed within 125 calendar days of occurrence of the incident
1b		
2	KPI Description	% of Serious Incidents requiring review completed within 125 calendar days of occurrence of the incident
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
3a	Indicator Classification	National Scorecard Quadrant: Quality and Safety
4	KPI Target	80%
		Cumulative
4a	Target Trajectory	
4b	Volume metrics	
5	KPI Calculation	The numerator is the number of Category 1 *Service User* SIs that occurred, by Division and entered on NIMS identifying review has been completed within 125 days. *(Exclusion: incidents where it has been determined that no further review is required following assessment, incidents where 125 days have not yet transpired and any incidents entered by the State Claims Agency directly)* . The denominator is the total number of *Service User* SIs that occurred by Division requiring review on NIMS. The numerator is a subset of the denominator and is expressed as a percentage of it.
6	Data Sources	Data Source: NIMS (National incident Management System)
6a	Data sign off	
6b	Data Quality Issues	
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical	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 (MDS)	NIMS Reference Number (autogenerated), Date of Incident, Date notified to Senior Accountable officer
10	International Comparison	
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Other – give details: January 2019 compliance will be reported in May 2019 (allowing 125 days) - see exclusions above, YTD February 2019 will be reported in June 2019 etc.
14	KPI Reporting Aggregation	National, Acute, Community and NAS
15	KPI is reported in which	Performance Report
16	Web link to published data	National Incident Management System (NIMS)
17	Additional Information	N/A
	Contact details	Carol Hickey Email address: carol.hickey3@hse.ie Contact Number: 01-6352230
	PBI data support	
	Governance/sign off	Patrick Lynch, National Director, Quality Assurance and Verification Division

Quality and Safety		
1	KPI title	% of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS
1b		
2	KPI Description	% of reported incidents entered onto NIMS within 30 days of occurrence by CHO / Hospital Group / NAS
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
3a	Indicator Classification	National Scorecard Quadrant: Quality and Safety
4	KPI Target	90%
		Point In Time and cumulative (in month and YTD reportng)
4a	Target Trajectory	
4b	Volume metrics	
5	KPI Calculation	The numerator is the number of incidents that were created on NIMS during the reporting period within 30 days of occurrence. The denominator is the total number of incidents that were created on NIMS during the reporting period i.e. quarterly *(Exclusions: dangerous occurrences)*. The numerator is a subset of the denominator and is expressed as a percentage of it. This calculation includes all remaining incident hazard categories and all categories of who was involved.
6	Data Sources	Data Source: NIMS (National incident Management System)
6a	Data sign off	
6b	Data Quality Issues	
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics only)	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 (MDS)	The following fields must be populated: date of incident, location fields, severity rating, incident hazard category.
10	International Comparison	
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly in Arrears
14	KPI Reporting Aggregation	National, Acute, Community and NAS
15	KPI is reported in which	Performance Report
16	Web link to published data	National Incident Management System (NIMS)
17	Additional Information	N/A
	Contact details	Carol Hickey Email address: carol.hickey3@hse.ie Contact Number: 01-6352230
	PBI data support	
	Governance/sign off	Patrick Lynch, National Director, Quality Assurance and Verification Division

Quality and Safety		
1	KPI title	Extreme and Major Incidents as a % of all incidents Reported as Occurring
1b		
2	KPI Description	Extreme and Major Incidents as a % of all incidents Reported as Occurring
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
3a	Indicator Classification	National Scorecard Quadrant: Quality and Safety
4	KPI Target	<1%
4a	Target Trajectory	
4b	Volume metrics	
5	KPI Calculation	The numerator is the number of Major and Extreme [Category 1] incidents that were reported as occuring during the reporting period i.e. quarterly. The denominator is the total number of incidents that were reported as occurring during the reporting period [all severity ratings] *(Exclusions: Claims reported during the period, dangerous occurrences).* The numerator is a subset of the denominator and is expressed as a percentage of it. This calculation includes all remaining incident hazard categories and all categories of who was involved.
6	Data Sources	*Data Source:* NIMS (National incident Management System)
6a	Data sign off	
6b	Data Quality Issues	
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics only)	An incident which 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 (MDS)	The following fields must be populated: date of incident, location fields, severity rating, incident hazard category.
10	International Comparison	
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly in arrears
14	KPI Reporting Aggregation	National, Acute, Community and NAS
15	KPI is reported in which	Performance Report
16	Web link to published data	National Incident Management System (NIMS)
17	Additional Information	N/A
	Contact details	Carol Hickey Email address: carol.hickey3@hse.ie Contact Number: 01-6352230
	PBI data support	
	Governance/sign off	Patrick Lynch, National Director, Quality Assurance and Verification Division

Quality and Safety		
1	KPI title	% of Complaints investigated within 30 working days of being acknowledged by the Complaints Officer
1b		
2	KPI Description	% of complaints investigated and responded to within the timeframe
3	KPI Rationale	
3a	Indicator Classification	National Scorecard Quadrant: Quality and Safety
4	KPI Target	75%
4a	Target Trajectory	
4b	Volume metrics	
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 Sources	Data Source: NIMS (National incident Management System) :Complaints Module
6a	Data sign off	
6b	Data Quality Issues	
7	Data Collection Frequency	Data collected automatically as the Complaints Management System is updated
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	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	Quartelry
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly in Arrears
14	KPI Reporting Aggregation	
15	KPI is reported in which	
16	Web link to published data	
17	Additional Information	N/A
	Contact details	Aoife Hilton Email address: Aoife.Hilton@hse.ie
	PBI data support	
	Governance/sign off	Patrick Lynch, National Director, Quality Assurance and Verification Division

	Governance and Compliance	
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: Finance, Governance and Compliance.
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.
		Cumulative YTD
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
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	
10	International Comparison	
11	KPI Monitoring	Weekly
12	KPI Reporting Frequency	Quarterly in Arrears
13	KPI report period	
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports?	Performance Report
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.
	Contact details	Brendan White
	PBI data support	Martina Curran
	Governance/sign off	National Director

Capital		
1	KPI title	Capital Expenditure V Capital Profile
1b		2019 Allocation / Expenditure Analysis - Capital
2	KPI Description	Cash Expenditure - Projected Profile for 2019
3	KPI Rationale	Efficient Use of Resources
3a	Indicator Classification	National Scorecard Quadrant: Finance, Governance and Compliance.
4	KPI Target	100% YTD cumulative for 2019
4a	Target Trajectory	End of year target 100%
4b	Volume metrics	Expected activity in 2019 is targeted at 100%
5	KPI Calculation	Value of Actual Cash Expended Compared with Agreed Profile Expenditure
6	Data Sources	Sap System / Capital Database
6a	Data sign off	Head of Treasury and Capital / Capital Accountant
6b	Data Quality Issues	N/A
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics only)	N/A
9	Minimum Data Set (MDS)	N/A
10	International Comparison	N/A
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports?	Performance Profile
16	Web link to published data	
17	Additional Information	N/A
	Contact details	Tim Cummins
	PBI data support	Martina Curran
	Governance/sign off	National Director