Health Service Executive

Health and Wellbeing

Key Performance Indicator Metadata 2017

Office Use Only KPI No. (source: target doc)	KPI Title	Reported against NSP / DOP	Healthy Ireland / Corporate Plan / HI & CP	Report Frequency	KPIs 2016		KPIs 2017	
	Key Performance Indicators Service Planning 2017				2016 National Target / Expected Activity	2016 Actual outturn	2017 National Target / Expected Actvity	Reported at National / CHO / HG Level
HWB - BreastCheck								
HWB77	No. of women in the eligible population who have had a complete mammogram	NSP	HI	M	149,500	141,882	155,000	National
HWB20	No. of women aged 50-64 who have had a complete mammogram	DOP	HI	M	144,000	131,812	144,000	National
HWB76	No. of women aged 65+ who have had a complete mammogram	DOP	HI	M	5,500	9,999	11,000	National
HWB33	No. of initial women who have had a complete mammogram	DOP		M		24,882		National
HWB34	No. of subequent women who have had mammogram screening	DOP		M		117,000		National
HWB35	% BreastCheck screening uptake rate	NSP	HI & CP	Q 1 qtr in arrears	>70%	73.4%	>70%	National
HWB36	% women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result	DOP		Q 1 qtr in arrears	>90%	93.8%	>90%	National
HWB37	% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	NSP		Bi 1 qtr in arrears	>90%	93.6%	>90%	National
HWB38	% of initial women recalled for assessment following mammogram screening	DOP		M	<7%	9.8%	<7%	National
HWB39	% of subsequent women recalled for assessment following mammogram screening	DOP		M	<5%	3.0%	<5%	National
HWB90	% elibigle women invited for screening within 24 months	DOP		M 1 mth in arrears	New KPI 2017	New KPI 2017	>90%	National
HWB - CervicalCheck								
HWB21	No. of unique women who have had one or more smear tests in a primary care setting	NSP	HI	M	255,000	253,091	242,000	National
HWB40	% eligible women with at least one satisfactory CervicalCheck screening in a 5 year period	NSP	HI & CP	Q 1 qtr in arrears	>80%	79.6%	>80%	National
HWB42	% of clients who are issued CervicalCheck results within 4 weeks	DOP		Q 1 qtr in arrears	>90%	68.2%	>90%	National
HWB 43	% urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	NSP		M	>90%		>95%	National
HWB 44	Average high grade times from referral to first offered colposcopy appointment within 4 weeks	DOP		M 1 mth in arrears	>90%	98.4%	>90%	National
HWB45	Average low grade times from referral to first offered colposcopy appointment within 8 weeks	DOP		M 1 mth in arrears	>90%	99.6%	>90%	National
HWB - BowelScreen								
HWB22	No. of clients who have completed a satisfactory BowelScreen FIT test	NSP	HI	M	106,875	108,285	106,875	National
HWB46	% of client uptake rate in the BowelScreen programme	NSP	HI & CP	Q 1 qtr in arrears	New	38.10%	>45%	National
HWB - Diabetic RetinaScreen								
HWB23	No. of Diabetic RetinaScreen clients screened with final grading result	NSP	HI	M	87,000	88,807	87,000	National
HWB47	% Diabetic RetinaScreen uptake rate	NSP	HI & CP	Q 1 qtr in arrears	>56%	61%	>56%	National
HWB48	% of clients who are issued a Diabetic RetinaScreen result within 3 weeks	DOP		Q	>95%	100%	>95%	National
HWB - Environmental Health								
HWB29	No. of initial tobacco sales to minors test purchase inspections carried out	NSP	HI	Q	384	465	384	National
HWB49	% of initial tobacco test purchases carried out which had compliant inspection outcome	DOP	HI	Q	87.5%	114.3%	82%	National
HWB80	No. of test purchase inspections completed (Sunbeds) Act 2014	DOP		Q	32	25	32	National
HWB81	No. of mystery shopper inspections completed (Sunbeds) Act 2014	DOP		Q	32	42	32	National
HWB31	No. of official food control planned, and planned surveillance inspections of food businesses	NSP	HI	Q	33,000	35,651	33,000	National
HWB51	% of official food control planned inspections and planned surveillance inspection outcomes which were unsatisfactory	DOP	HI	Q	<25%	21.3%	<25%	National
HWB57	% of environmental health complaints from the public risk assessed within one working day	DOP	CP	Q	95%	88.9%	95%	National
HWB86	No. of drinking water samples taken to access fluoride parameter compliance	DOP		Q	New KPI 2017	New KPI 2017	2,628	National

	HWB87	% consultation requests by planning authorities for developments accompanied by an Environmental Impact Statement receiving a response	DOP		Q	New KPI 2017	New KPI 2017	100%	National
	HWB88	% of electronic cigarette and/or refill container safety conformance and/or quality notifications actioned as required	DOP		Q	New KPI 2017	New KPI 2017	100%	National
HPI - Tobacco	HWB27	No. of smokers who received intensive cessation support from a cessation counsellor	NSP	HI & CP	M	11,500	14,475	13,000	CHO/Nat Quitline
	HWB30	No. of frontline staff trained in brief intervention smoking cessation	DOP	HI	M	1,350	1,306	1,350	CHO
	HWB26	% of smokers on cessation programmes who were quit at one month	NSP	HI & CP	Q 1 qtr in arrears	45%	50.7%	45%	National

HPI - Healthy Eating Active Living	HWB25	No. of 5k Parkruns completed by the general public in community settings	DOP	HI & CP	M	150,000	229,726	240,000	CHO
	HWB84	No of unique runners completing a 5k parkrun	DOP	HI & CP	M	New KPI 2017		138,000	CHO
	HWB83	No of unique new first time runners completing a 5k parkrun	DOP	HI & CP	M	New KPI 2017		47,000	CHO
	HWB64	No. of people who have completed a structured patient education programme for diabetes	NSP	HI & CP	M	2,200	2,017	2,440	CHO
	HWB65	% of PHNs trained by dietitians in the Nutrition Reference Pack for Infants 0-12 months	DOP	HI & CP	Q	50%	39.1%	50%	CHO
	HWB66	No. of people attending a structured community based healthy cooking programme	DOP	HI & CP	M	4,400	5,297	4,400	CHO
	HWB67	% of preschools participating in Smart Start	DOP	HI & CP	Q	15%	18.2%	20%	CHO
	HWB68	% of primary schools trained to participate in the after schools activity programme - Be Active	DOP	HI & CP	Q	20%	22.6%	25%	CHO
HWB - Immunisations and Vaccines	HWB1	% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	DOP	HI & CP	Q 1 qtr in arrears	95%	91.4%	95%	CHO
	HWB2	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	HI & CP	Q 1 qtr in arrears	95%	91.0%	95%	CHO
	HWB3	% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1) (Previously reported 2 doses (MenC2) up to Q3 2016)	DOP	HI & CP	Q 1 qtr in arrears	95%	90.6%	95%	CHO
	HWB4	% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	NSP	HI & CP	Q 1 qtr in arrears	95%	95.2%	95%	CHO
	HWB5	% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine (2 doses from Q3 2017)	DOP	HI & CP	Q 1 qtr in arrears	95%	88.0%	95%	CHO
	HWB6	% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	DOP	HI & CP	Q 1 qtr in arrears	95%	91.0%	95%	CHO
	HWB7	% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	DOP	HI & CP	Q 1 qtr in arrears	95%	91.8%	95%	CHO
	HWB8	% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	NSP	HI & CP	Q 1 qtr in arrears	95%	92.9%	95%	CHO
	HWB 9	% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	DOP	HI & CP	A	95%	81.3%	95%	CHO
	HWB10	% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	DOP	HI & CP	A	95%	81.3%	95%	CHO
	HWB11	% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	DOP	HI & CP	A	95%	88.4%	95%	CHO
	HWB78	% of first year girls who have received two doses of HPV Vaccine	NSP	HI & CP	A	80%	85.0%	85%	CHO
	|HWB75	% of first year students who have received one dose meningococcal C (MenC) vaccine	DOP	HI & CP	A	95%	86.8%	95%	CHO
	HWB79	% of health care workers who have received seasonal Flu vaccine in the current influenza season (acute hospitals) i	NSP	HI & CP	A	40%	23.4%	40%	National
	HWB13	% of health care workers who have received seasonal Flu vaccine in the current influenza season (long term care facilities in the community) i	NSP	HI & CP	A	40%	25.7%	40%	National
	HWB14	% uptake in Flu vaccine for those aged 65 and older with a medical card or doctor only card	NSP	HI & CP	A	75%	60.2%	75%	National
HWB - Public Health	HWB24	No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	NSP	HI & CP	Q	660	544	500	National
	HWB74	No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	DOP	HI & CP	Q	7500	6,505	5,090	National
	HWB85	% of identified TB contacts, for whom screening was indicated, who were screened	DOP	CP		New KPI 2017	>/=80%	>/=80%	National

i: current influenza season is from Sept 2016 to Apr 2017

	BreastCheck	
1	**KPI title**	No. of women in the eligible population who have had a complete mammogram
2	**KPI Description** **HWB77**	Activity measurement; count of number of women who have had a complete mammogram in the reporting period i.e two radiologists have read it and it has been given a result. This metric includes initial women (women who have had their first BreastCheck screening examination) and subsequent women (women who have had their second or higher BreastCheck screening examination).
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: 155,000 women
5	**KPI Calculation**	Count of number of initial women and subsequent women who have had a complete mammogram in the reporting period.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 50 and 69 who are eligible for sceening.
9	**Minimum Data Set**	Client name, address, DOB
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Assurance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney; Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	BreastCheck	
1	**KPI title**	No. of women aged 50-64 who have had a complete mamogram
2	**KPI Description** **HWB20**	Activity measurement; count of number of women aged 50-64bwho have had a complete mammogram in the reporting period i.e two radiologists have read it and it has been given a result. This metric includes initial women (women who have had their first BreastCheck screening examination) and subsequent women (women who have had their second or higher BreastCheck screening examination).
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: 144,000 women
5	**KPI Calculation**	Count of number of women aged 50-64 who have had a complete mammogram in the reporting period.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 50 and 64 who are eligible for sceening.
9	**Minimum Data Set**	Client name, address, DOB
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
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National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

1	KPI title	No. of women aged 65+ who have had a complete mamogram
2	KPI Description HWB76	Activity measurement; count of number of women aged ≥65 who have had a complete mammogram in the reporting period i.e two radiologists have read it and it has been given a result. This metric includes initial women (women who have had their first BreastCheck screening examination) and subsequent women (women who have had their second or higher BreastCheck screening examination). This figure represents expected uptake of approx. half of 65 year-olds eligible for screening in line with the age-range extension roll out model.
3	KPI Rationale Indicator Classification (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	KPI Target	2017 Operational Plan Target: 11,000 women
5	KPI Calculation	Count of number of women aged ≥65 who have had a complete mammogram in the reporting period.
6	Data Source Data Completeness Data Quality Issues	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	Tracer Conditions	Women aged between 50 and 64 who are eligible for sceening.
9	Minimum Data Set	Client name, address, DOB
10	International Comparison	Similar in other countries
11	KPI Monitoring	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	KPI report period	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
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National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	BreastCheck	
1	**KPI title**	% BreastCheck screening uptake rate
2	**KPI Description HWB35**	A cohort measurement of the uptake of screening by women whose date of first offered invitation in the current screening round was within the reporting period. These women are followed over time to allow adequate time for taking up their appoint (or second appointment in the round). Includes all women in the eligible population ie including age extension. Includes all women in the eligible population 50-64 and those >65.
3	**KPI Rationale**	To maximise the uptake of breast screening among the eligible population. Based on evidence from Randomised Controlled Trials and International best evidence. This level of uptake is required to have an effective reduction in mortality from breast cancer.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: >70%
5	**KPI Calculation**	Numerator= No. of those women who attended screening. Subject to change due to uptake on second invitation, rescheduling etc. Denimonator=women whose date of first offered invitation in the current screening round was within the reporting period.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged 50-69 whose date of first offered appointment in the round falls within the reporting period.
9	**Minimum Data Set**	No. women first offered invitation in the period, no. of those women screened (at reporting date), age
10	**International Comparison**	>70% Agreed International Standard
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NCSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
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National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	BreastCheck	

No	Field	Content
1	**KPI title**	% women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result
2	**KPI Description HWB36**	Measures whether detected abnormalities are assessed in a BreastCheck assessment clinic within two weeks.
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Measures quality of service to women with abnormality detected at screening. Aims to minimise anxiety by having assessment clinics in a timely manner. Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ☐ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: > 90%
5	**KPI Calculation**	Numerator= no. of those women offered an appointment for assessment Clinic within 35 days of screening, this allows for 3 weeks for mammogram to be read and two weeks for assessment apoointment. Denominator= women screened with "abnormal outcome" in the reporting period.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Women with an abnormal mammogram result.
9	**Minimum Data Set**	No. women first invited in the period, no. of those women screened (at reporting date) No. women with abnormal outcome, no. women affered assessment appointment
10	**International Comparison**	None
11	**KPI Monitoring**	KPI will be monitored : ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NCSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Quarterly current
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ☐ Regional ☐Hospital Group ☐ Hospital ☐ CHO ☐ ISA ☐ LHO ☐ County ☐ Other – give details:
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	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

BreastCheck

1	**KPI title**	% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer
2	**KPI Description HWB37**	Measures whether women diagnosed with cancer are offered treatment in BreastCheck host hospital (St Vincents, Mater, Cork University Hospital, Galway University hospital) within 3 weeks of being informed of their diagnosis of breast cancer. Detailed analysis of client records may be necessary to report this metric.
3	**KPI Rationale**	Measures quality of service to women with cancer detected at screening. Aims to improve outcomes and minimise anxiety by having surgery in a timely manner. This data relates to women who opt to have treatment at BreastCheck host hospitals. Clients who opt to have treatment at other hospitals are excluded from this metric.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ☐ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: > 90%
5	**KPI Calculation**	Numerator = No. women offered hospital admission for treatment within 21 days of diagnosis of breast cancer. Denominator = No. women diagnosed with Breast Cancer in the reporting period.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% May be delays in retrieving and inputting the data
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☐Daily ☒Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Women diagnosed with breast cancer and offered an appointment for treatment at one of the BreastCheck host hospitals.
9	**Minimum Data Set**	No. women first invited in the period, no. of those women screened (at reporting date) No. women diagnosed with breast cancer, No. women offered hospital admission for treatment within 21 days of diagnosis of breast cancer.
10	**International Comparison**	None
11	**KPI Monitoring**	KPI will be monitored : ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☒Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NCSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐Daily ☐Weekly ☐Monthly ☐Quarterly ☒Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☒ Other – give details: Rolling 6 months one quarter in arrears i.e. March 2017 report will report on Data for period June-Dec 2016; Sep 2017 report will report on Data for period Jan-Jun 2017
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ☐ Regional ☐Hospital Group ☐ Hospital ☐ CHO ☐ ISA ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Assurance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

1	**KPI title**	% of initial women recalled for assessment following mammogram screening
2	**KPI Description** **HWB38**	Proportion of women who had their first ever BreastCheck mammogram who were recalled to assessment at a BreastCheck unit.
3	**KPI Rationale**	Contributes to measuring sensitivity and specificity of BreastCheck. Higher among unscreened women (Initial). Monitor to minimize "false positives"
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: <7%
5	**KPI Calculation**	Denominator= No. women who had their first ever screening mammogram in the reporting period. Numerator= No. women who had their first ever screening mammogram in the reporting period who were recalled for assessment.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women who have had their first screening examination who had an outcome of "recall to assessment".
9	**Minimum Data Set**	No. women invited in the period, no. of women screened. Initial, Subsequent screen, No. women recalled for assessment within the reporting period.
10	**International Comparison**	<7% European Guidelines for quality assurance in breast cancer screening and diagnosis.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NCSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details: Rolling 6 months one quarter in arrears i.e. March 2017 report will report on Data for period June-Dec 2016; Sep 2017 report will report on Data for period Jan-Jun 2017
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	BreastCheck	
1	**KPI title**	% subsequent women recalled for assessment following mammogram screening
2	**KPI Description** **HWB39**	Proportion of women who had their second or higher BreastCheck mammogram who were recalled to assessment.
3	**KPI Rationale** **Indicator Classification** *(National Standards for Safer Better HealthCare)*	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: <5%
5	**KPI Calculation**	Denominator= No. women who had their second or higher screening mammogram in the reporting period. Numerator= No. women who had their second or higher screening mammogram in the reporting period who were recalled for assessment.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women who have had their second or higher screening examination who had an outcome of "recall to assessment".
9	**Minimum Data Set**	No. women invited in the period, no. of women screened. Initial, Subsequent screen, No. women recalled for assessment within the reporting period.
10	**International Comparison**	<5% European Guidelines for quality assurance in breast cancer screening and diagnosis.
11	**KPI Monitoring**	KPI will be <u>monitored</u> : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NCSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details: Rolling 6 months one quarter in arrears i.e. March 2017 report will report on Data for period June-Dec 2016; Sep 2017 report will report on Data for period Jan-Jun 2017
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	**Contact details for Data Manager** **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
	**National Lead and Division**	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	BreastCheck	

1	**KPI title**	% eligible women invited for BreastCheck screening within 24 months
2	**KPI Description** **HWB90**	Activity measurement; Proportion of women who have been invited for screening within 24 months of becoming eligible or since their last screening appointment as a proportion of the No. of women who should have been invited for screening within 24 months of becoming eleigible or since their last screening appointment (on the last day of the reporting period)
3	**KPI Rationale** **Indicator Classification** *(National Standards for Safer Better HealthCare)*	Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: >90%
5	**KPI Calculation**	Numerator = No. of women who have been invited for screening within 24 months of becoming eligible or since their last screening appointment. Denominator = No. of women (invited and not invited) for screening within 24 months of becoming eligible or since their last screening appointment.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ☒Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women who are eligible for sceening.
9	**Minimum Data Set**	Date offered invitation for screening
10	**International Comparison**	None
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NCSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☒ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details: Rolling 6 months one quarter in arrears i.e. March 2017 report will report on Data for period June-Dec 2016; Sep 2017 report will report on Data for period Jan-Jun 2017
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	CervicalCheck	

1	**KPI title**	No. of unique women who have had one or more smear tests in a primary care setting.
2	**KPI Description** **HWB21**	Activity measurement; count of number of women who have had a satisfactory smear test in the reporting period i.e one that could be analysed and reported on.
3	**KPI Rationale**	Activity measurement
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: 242,000
5	**KPI Calculation**	Count of number of women who have had a satisfactory smear test in the reporting period i.e one that could be analysed and reported on.
6	**Data Source** **Data Completeness** **Data Quality Issues**	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for sceening and who have had a satisfactory smear test carried out in a primary care setting
9	**Minimum Data Set**	Client name, address, DOB
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Assurance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	CervicalCheck	
1	**KPI title**	% eligible women with at least one satisfactory CervicalCheck screening in a 5-year period
2	**KPI Description** **HWB40**	Measures the proportion of the known eligible population who have had at least one satisfactory smear test in the five year period defined. Period is based on a five-year screening round. This is a rolling metric updated to the end of the previous quarter. Numerator=no. unique women aged 25-60 who have had a satisfactory smear test in the previous 5 years, Denominator= no. of unique women aged 25-60 in the population (based on most recent census estimates) adjusted for women who have had a hysterectomy (therefore not eligible for the CervicalCheckprogramme).
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Measures the coverage of the CervicalCheck programme among the eligible population. Monitors if the programme is reaching the population it serves. Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: >80%
5	**KPI Calculation**	Numerator=no. unique women aged 25-60 who have had a satisfactory smear test in the previous 5 years, Denominator= no. of unique women aged 25-60 in the population (based on most recent census estimates) adjusted for women who have had a hysterectomy (therefore not eligible for the CervicalCheckprogramme)
6	**Data Source** **Data Completeness** **Data Quality Issues**	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for sceening and who have had a satisfactory smear test carried out in the previous five years. Excludes women who have had a hysterectomy and are therefore ineligible for cervical screening.
9	**Minimum Data Set**	Client name, address, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Assurance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

		CervicalCheck

1	**KPI title**	% of clients who are issued CervicalCheck results within 4 weeks
2	**KPI Description HWB42**	Proportion of women who are sent their results letter (managemet recommendation) within four weeks from the date of screening. Depends on the timely dispatch of samples from GP to lab (sample submission time) and turn-around time of samples at the laboratory (time taken to analyse sample and report on results).
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	A quality measurement to reduce anxiety regarding waiting for results among clients screened for cervical cancer Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: >90%
5	**KPI Calculation**	Numerator = no. of women whose results (management recommendation) were issued within 4 weeks of the date of screening, Denominator = no. women who had a cervical smear within the reporting period
6	**Data Source Data Completeness Data Quality Issues**	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for screening and who have had a smear test carried out in the reporting period.
9	**Minimum Data Set**	Client name, address, DOB, date of screening, management recommendation.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Is the data for this KPI available through Corporate Information Facility (CIF)? Yes in development
Contact details for Data Manager **/Specialist Lead**		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	CervicalCheck	
1	**KPI title**	% of urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic
2	**KPI Description HWB43**	Average urgent case times from referral to first offered colposcopy appointment within 2 weeks.
3	**KPI Rationale**	A quality measurement to reduce anxiety regarding waiting among clients screened for cervical cancer
	Indicator Classification _(National Standards for Safer Better HealthCare)_	Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ☐ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: >95%
5	**KPI Calculation**	Numerator = no. of referrals classed as urgent received during the reporting period for women, Denominator = no. of these women offered appointment within 2 weeks of date of receipt of referral
6	**Data Source** **Data Completeness** **Data Quality Issues**	COLP1 Monthly Statistics Reports from colposcopy clinics 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for screening and who have had a smear test carried out in the reporting period.
9	**Minimum Data Set**	Client name, address, DOB, date of screening, management recommendation.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ☐Daily ☐Weekly ☒Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐Daily ☐Weekly ☐☒Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ☐ Regional ☐Hospital Group ☐ Hospital ☐ CHO ☐ ISA ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	CervicalCheck	
1	**KPI title**	Average high grade times from referral to first offered colposcopy appointment within 4 weeks
2	**KPI Description HWB44**	% of high grade cases offered a Colposcopy appointment within 4 weeks of receipt of letter in the clinic
3	**KPI Rationale**	A quality measurement to reduce anxiety regarding waiting among clients screened for cervical cancer
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ☐ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: ≥90%
5	**KPI Calculation**	Numerator = no. of referrals received during the reporting period for women whose smear test result was high grade abnormality, Denominator = no. of these women offered appointment within 4 weeks of date of receipt of referral
6	**Data Source Data Completeness Data Quality Issues**	COLP1 Monthly Statistics Reports from colposcopy clinics 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for screening and who have had a smear test carried out in the reporting period.
9	**Minimum Data Set**	Client name, address, DOB, date of screening, management recommendation.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ☐Daily ☐Weekly ☒Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐Daily ☐Weekly ☒Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ☐ Regional ☐Hospital Group ☐ Hospital ☐ CHO ☐ ISA ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	CervicalCheck	
1	**KPI title**	Average low grade times from referral to first offered colposcopy appointment within 8 weeks.
2	**KPI Description HWB45**	% of low grade cases offered a Colposcopy appointment within 8 weeks of receipt of letter in the clinic
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	A quality measurement to reduce anxiety regarding waiting among clients screened for cervical cancer Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ☐ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: >90%
5	**KPI Calculation**	Numerator = no. of referrals received during the reporting period for women whose smear test result was low grade abnormality, Denominator = no. of these women offered appointment within 8 weeks of date of receipt of referral
6	**Data Source** **Data Completeness** **Data Quality Issues**	COLP1 Monthly Statistics Reports from colposcopy clinics 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for screening and who have had a smear test carried out in the reporting period.
9	**Minimum Data Set**	Client name, address, DOB, date of screening, management recommendation.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ☐Daily ☐Weekly ☒Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐Daily ☐Weekly ☒Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ☐ Regional ☐Hospital Group ☐ Hospital ☐ CHO ☐ ISA ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	BowelScreen	
1	**KPI title**	No. of clients who have completed a satisfactory BowelScreen FIT test
2	**KPI Description** **HWB22**	No. of clients screened by the BowelScreen programme who have completed a satisfactory FIT test in the reporting period. (FIT= faecal immunochemical test, which is a self-administered test carried out at home, satisfactory means that the kit was suitable for analysis)
3	**KPI Rationale** **Indicator Classification** *(National Standards for Safer Better HealthCare)*	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: 106,895
5	**KPI Calculation**	Count of no. of clients screened by the BowelScreen programme who have completed a satisfactory FIT test in the reporting period. (FIT= faecal immunochemical test, which is a self-administered test carried out at home, satisfactory means that the kit was suitable for analysis)
6	**Data Source** **Data Completeness** **Data Quality Issues**	BowelScreen Database (COR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Men and women aged between 60 and 69 who have been invited to take part in the BowelScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be <u>monitored</u> : ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	BowelScreen	
1	**KPI title**	% of client uptake rate in the BowelScreen programme
2	**KPI Description HWB46**	A cohort measurement of the uptake of bowel cancer screening by eligible men and women whose date of first offered invitation in the current screening round was within the reporting period. These clients are followed over time to allow adequate time for taking up their reminder invitation in the round. Subject to change due to uptake on reminder invitation etc. Based on data from the first round of screening.
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	To maximise the uptake of bowel screening among the eligible population Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: >45%
5	**KPI Calculation**	Denominator=clients whose date of first offered invitation to take part in BowelScreen in the current screening round was within the reporting period. Numerator= No. of those clients who completed a satisfactory FIT test. Subject to change due to uptake on reminder invitation etc.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BowelScreen Database (COR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Men and women aged between 60 and 69 who have been invited to take part in the BowelScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Is the data for this KPI available through Corporate Information Facility (CIF)? Yes in development
Contact details for Data Manager **/Specialist Lead**		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

DiabeticRetinaScreen

#	Field	Content
1	**KPI title**	No. of Diabetic RetinaScreen clients screened with final grading result
2	**KPI Description HWB23**	An activity measurement of the number of eligible men, women and children over 12 years who were screened for diabetic retinopathy within the reporting period. Clients are considerd to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required).
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: 87,000
5	**KPI Calculation**	Count of the number of eligible men, women and children aged over 12 years who were screened for diabhetic retinopathy within the reporting period. Clients are considerd to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required).
6	**Data Source** **Data Completeness** **Data Quality Issues**	DiabeticRetinaScreen Database (DRS) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Men and women and children aged over 12 years who have been diagnosed with diabetes and who have been screened as part of the DiabeticRetinaScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300

| National Lead and Division | Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive |

DiabeticRetinaScreen

1	**KPI title**	% Diabetic Retina Screen uptake rate
2	**KPI Description HWB47**	A cohort measurement of the uptake of diabetic retinopathy screening by eligible men and women whose date of first offered invitation in the current screening round was within the reporting period. Clients are considerd to be screened when a final grading result is received by the programme. Clients are followed over time to allow adequate time for having a slit-lamp test (if required) or taking up their reminder invitation in the round. Subject to change due to delays with slit-lamp testing and uptake of screening on reminder invitation etc.
3	**KPI Rationale** **Indicator Classification** **(National Standards for Safer Better HealthCare)**	To maximise the uptake of diabetic retinopathy screening among the eligible population. Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: >56%
5	**KPI Calculation**	Denominator= eligible clients whose date of first offered invitation to take part in DiabeticRetinaScreen in the current screening round was within the reporting period. Numerator= No. of those clients who completed a screeing test and had a final grading result. Subject to change due to requirement for slit-lamp screening in some cases which causes delays and also due to uptake on reminder invitation etc.
6	**Data Source** **Data Completeness** **Data Quality Issues**	DiabeticRetinaScreen Database (DRS) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Men and women and children aged over 12 years who have been diagnosed with diabetes and who have been screened as part of the DiabeticRetinaScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

DiabeticRetinaScreen

1	**KPI title**	% of clients who are issued a Diabetic RetinaScreen result within 3 weeks
2	**KPI Description HWB48**	A measurement of the proportion of eligible men, women and children over 12 years who were screened for diabetic retinopathy within the reporting period and who were issued their results within 3 weeks of the date of attending a complete screening examination . Clients are considered to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required).
3	**KPI Rationale** **Indicator Classification** **(National Standards for Safer Better HealthCare)**	A quality measurement to reduce anxiety regarding waiting for results among clients screened for diabetic retinopathy Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ☐ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: >95%
5	**KPI Calculation**	Numerator = the number of eligible men, women and children aged over 12 years who were screened for diabetic retinopathy within the reporting period who were issued their results lletter withn 3 weeks of the date of complete screening. Clients are considerd to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required). Denominator = the number of eligible men, women and children aged over 12 years who were screened for diabhtic retinopathy within the reporting period. Clients are considerd to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required)
6	**Data Source** **Data Completeness** **Data Quality Issues**	DiabeticRetinaScreen Database (DRS) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Men and women and children aged over 12 years who have been diagnosed with diabetes and who have been screened as part of the DiabeticRetinaScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐ Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period) ☐Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ☐Regional ☐Hospital Group ☐Hospital ☐ CHO ☐ ISA ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Is the data for this KPI available through Corporate Information Facility (CIF)? Yes in development
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300

| National Lead and Division | Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive |

Health and Wellbeing - Environmental Health

1	**KPI Title**	No. of initial tobacco sales to minors test purchase inspections carried out
2	**KPI Description** **HWB29**	Test purchases of cigarettes with volunteer minors are carried out in retail premises to assess compliance with tobacco control legislation. A minor is a person who has not attained the age of 18 years. They are volunteers who have freely offered to take part in the activity. A test purchase involves a supervised volunteer minor attempting to purchase tobacco from a retail outlet. Retail outlets are premises from where tobacco products are sold. The Public Health (Tobacco) Acts state that it shall be an offence for a person to sell a tobacco product by retail, or supply a tobacco product, to, or invite an offer to purchase a tobacco product by, a person who has not attained the age of 18 years.
3	**KPI Rationale**	It is an offense for retailers to sell tobacco products to persons under 18. The HSE Environmental Health Service enforces this provision of the Public Health (Tobacco) Acts 2002 – 2012. This metric reports on the activity associated with this provision.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 NSP Target: 384
5	**KPI Calculation**	It is a count of the number of establishments where a test purchase inspection has been carried out.
6	**Data Source**	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	Number of test purchase inspections.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Maurice Mulcahy
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑National Regional LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Environmental Health

1	**KPI Title**	% of initial tobacco test purchases carried out which had compliant inspection outcome
2	**KPI Description** **HWB49**	Test purchases of cigarettes with volunteer minors are carried out in retail premises to assess compliance with tobacco control legislation. A minor is a person who has not attained the age of 18 years. They are volunteers who have freely offered to take part in the activity. A test purchase involves a supervised volunteer minor attempting to purchase tobacco from a retail outlet. Retail outlets are premises from where tobacco products are sold. The Public Health (Tobacco) Acts state that it shall be an offence for a person to sell a tobacco product by retail, or supply a tobacco product, to, or invite an offer to purchase a tobacco product by, a person who has not attained the age of 18 years.This KPI identifies the level of compliance with legal requirements. A compliant inspection outcome is an inspection outcome where tobacco products were not sold to the volunteer minor. A non compliant inspection outcome is an inspection outcome where tobacco products were sold to the volunteer minor.
3	**KPI Rationale**	It is an offense for retailers to sell tobacco products to persons under 18. The HSE Environmental Health Service enforces this provision of the Public Health (Tobacco) Acts 2002 – 2012. This metric reports on the activity associated with this provision.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 82%
5	**KPI Calculation**	It is the number of compliant test purchase inspection outcomes divided by the number of text purchase inspections x 100.
6	**Data Source**	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	Number of test purchase inspections. Number of compliant inspection outcomes.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Maurice Mulcahy
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	**KPI is reported in which reports ?**	Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Environmental Health

1	**KPI Title**	No. of test purchase inspections completed under the Public Health (Sunbeds) Act, 2014
2	**KPI Description** **HWB80**	Test purchases of sunbed establishments with volunteer minors are carried out in premises to assess compliance with sunbed control legislation. (Public Health (Sunbeds) Act 2014. Establishments includes any business where one or more than one sunbed is made available for use or a business which sells or hires sunbeds or advertises or promotes the use, sale or hire of sunbeds; e.g beauty salon, hairdressers, barbers, hotel, leisure centre, gym, stand alone dedicated sunbed salon, etc. Test Purchase Inspection is conducted to test the compliance of a sunbed business with the sale to minors part of the legislation. A minor is a person who has not attained the age of 18 years. They are volunteers who have freely offered to take part in the activity. A test purchase involves a supervised volunteer minor attempting to use/hire a sunbed. The legislation applicable is the Public Health (Sunbeds) Act 2014 and all Regulations made thereunder.
3	**KPI Rationale**	It is an offence for minors to be offered sunbed services. NSP action under Corporate Goal 2.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 NSP Target: 32
5	**KPI Calculation**	It is a count of the number of establishments where a test purchase inspection has been carried out.
6	**Data Source**	Environmental Health Information System (EHIS) (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	No. of establishments where a test purchase inspection has been carried out.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Mary Keane
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	**KPI is reported in which reports ?**	☑Performance Report (NSP) ☐ Other - give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Environmental Health

1	**KPI Title**	No. of mystery shopper inspections completed under the Public Health (Sunbeds) Act, 2014
2	**KPI Description** **HWB81**	Mystery shopper inspections are carried out to assess marketing compliance of sunbed establishments. A mystery shopper inspection is conducted to test the compliance of a sunbed business with other parts of the legislation that may not be verified satisfactorily during a physical inspection. Establishments includes any business where one or more than one sunbed is made available for use or a business which sells or hires sunbeds or advertises or promotes the use, sale or hire of sunbeds; e.g beauty salon, hairdressers, barbers, hotel, leisure centre, gym, stand alone dedicated sunbed salon, etc. Mystery shopper inspection includes, for example test phone calls to a sunbed business to query special offers or a physical visit to a sunbed business by an adul (a person who has attained an age of 18 years) to 'purchase' a sunbed session. The legislation applicable is the Public Health (Sunbeds) Act 2014 and all Regulations.
3	**KPI Rationale**	Certain promotions and marketing practices are not permissible under the Public Health (Sunbeds) Act 2014. NSP action under Corporate Goal 2.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP target 2017: 32
5	**KPI Calculation**	It is a count of the number of mystery shopper inspections.
6	**Data Source**	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	No. of mystery shopper inspections.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Mary Keane
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	**KPI is reported in which reports ?**	☒Performance Report (NSP) ☐ Other - give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Environmental Health

1	**KPI Title**	No. of official food control planned and planned surveillance inspections of food businesses
2	**KPI Description** **HWB31**	Food business establishments are routinely inspected to assess compliance with official food control requirements. A planned inspection will focus on each aspect of the four elements of a food safety management system (structural and operational prerequisites, HACCP (Hazard Analysis and Critical Control Point) and management procedures) and relevant food law (other than general food hygiene) applicable to the food business . A planned surveillance inspection will focus on one aspect of the four elements of a food safety management system (structural and operational prerequisites, HACCP (Hazard Analysis and Critical Control Point) and management procedures) and relevant food law (other than general food hygiene) applicable to the food business. An inspection is the systematic examination of the activities and operations to assess the level of compliance with applicable food legislation. The operation is assessed for compliance against the requirements Regulation (EC) No 852/2004 on the hygiene of foodstuffs and if applicable Regulation (EC) No 853/2004 laying down specific hygiene rules for food of animal origin and/or any other applicable food legislation as per Schedule 1 of the HSE FSAI Service Contract. A wide range of food businesses are subject to inspection including importers/exporters, manufacturers, packers, transporters, wholesalers/distributors, retailers and those in the service sector including public houses, restaurants, hospitals.
3	**KPI Rationale**	The FSAI HSE Service Contract requires the inspection of food business establishments. NSP access indicator of performance.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2017 NSP: 33,000
5	**KPI Calculation**	It is a count of the number of planned, and planned surveillance inspections carried out of food businesses.
6	**Data Source**	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	No. of planned inspections of food businesses. No. of planned surveillance inspections of food businesses.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Ann Marie Part
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	**KPI is reported in which reports ?**	☒Performance Report (NSP) ☐Other
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
	National Lead / Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Environmental Health

1	**KPI Title**	% of official food control planned and planned surveillance inspection outcomes which were unsatisfactory
2	**KPI Description** **HWB31**	It is the percentage of the total number of planned and planned surveillance inspections carried out that have an unsatisfactory inspection outcome. There are 5 inspection outcomes: satisfactory, minor non-compliance, unsatisfactory, unsatisfactory significant and unsatisfactory serious. This data includes unsatisfactory, unsatisfactory significant and unsatisfactory serious inspection outcomes.
3	**KPI Rationale**	The KPI is a measure of the level of non compliance with food safety legislation.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: <25%
5	**KPI Calculation**	It is the total of unsatisfactory inspection outcomes for planned and planned surveillance inspections divided by the total number of planned and planned surveillance inspections x 100.
6	**Data Source**	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	No. of planned and planned surveilllance inspections. Number of unsatisfactory outcomes of planned and planned surveillance inspections.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Mary Keane, Ann Marie Part, Maurice Mulcahy
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	**KPI is reported in which reports ?**	☒Operational Plan 2017 (DOP) ☐ Other - give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Environmental Health

1	**KPI Title**	% of environmental health complaints from the public risk assessed within 1 working day
2	**KPI Description** **HWB31**	Complaints received by the EHS must be risk assessed to determine appropriate action (if any) within one working day of receipt of the complaint. Complaints are recieved from member of the public by phone, email, letter, referral from another agency, regarding something that a complainant considers to be risk to public health, in particular in relation to an area of environmental health which the complanant considers to be a breach of legislation, for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled, substandard cosmetic products. A risk assessment determines the risk to pubic health based on an assessment of the hazard, the impact on health and likelihood of occurrence of the hazard. The risk assessment is carried out within 1 working day to enable the rapid prioritisation of any follow action such as an inspection and allocate resources as appropriate to respond to the complaint.
3	**KPI Rationale**	The KPI is included as a quality assessment of the service provided.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	The number of complaints risk assessed in one day divided by the total number of complaints x 100.
6	**Data Source**	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	All complaints received by the EHS. The date of completion of the risk assessment.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Ann Marie Part, Mary Keane, Maurice Mulcahy, Catherine Cosgrove
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☒National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐ Other - give details
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
	National Lead / Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Environmental Health

1	**KPI Title**	No. of drinking water samples taken to assess fluoride parameter compliance
2	**KPI Description** **HWB29**	Water Fluoridation is part of public health policy in Ireland for the prevention and management of tooth decay. Fluoridation began in Ireland in 1964 as a result of the Health (Fluoridation of Water Supplies) Act 1960 and regulations made there under. Under this Act fluoridation of public drinking water supplies is carried out by the Water Services Authority (WSA) - Irish Water (IW) as an agency on behalf of the HSE.
3	**KPI Rationale**	The EHS carries out monthly sampling under Regulation 9 of the Fluoridation of Water Supplies regulations 2007 to ensure compliance with the statutory range of concentration of fluoride of 0.6 – 0.8 mg/l in fluoridated public drinking water supplies.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 2,628 samples of drinking water
5	**KPI Calculation**	It is a count of the number of drinking water samples taken for fluoride analysis from supplies that are actively fluoridated. The target is based on 1 sample per month per supply. 12 * 219 supplies
6	**Data Source**	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	Number of drinking water samples taking from supplies which are fluoridated
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Catherine Cosgrove
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☒Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑National Regional LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Directorate		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Environmental Health

	1	**KPI title**	% of consultation requests by Planning Authorities for developments accompanied by an Environmental Impact Statement receiving a response.
	2	**KPI Description HWB1**	The responses made by the HSE, as a % of the total requests received, to consultation requests from Planning Authorities under Planning and Development Acts and their associated Regulations for development applications accompanied by an Environmental Impact Statement
			A response is a written response from the HSE to the Planning Authority within the statutory time frame laid down in the Planning and Development Acts and their associated Regulations for a valid submission in the planning process
			A consultation request is a written request from the planning authority to the HSE made under the Planning and Development Acts and their associated Regulations requiring the Planning Authority to consult with the HSE where a proposed development is accompanied by an Environmental Impact Statement
			An Environmental Impact Statement is a Statement of the Significant Effects on the Environment from a proposed development as defined in the Planning and Development Acts and associated legislation
	3	**KPI Rationale**	The HSE is a Statutoree Consultee under the Planning and Development Acts and Planning Authorities must consult with the HSE for development accompanied by an Environmental Impact Statement. For these types of developments the HSE can make submissions that inform the planning process with regard to the protection of public health and the maximising of health gain from development.
			The measurement of the rate of response by the HSE to these requests will therefore:
			1) be a key indicator of how health is being considered in the planning and development process
			2) enable identification if quality improvements are required in this activity
			Please tick which Indicator Classification this indicator applies to, ideally choose <u>one</u> classification (in some cases you may need to choose two).
			❑ Person Centred Care ❑ Effective Care ❑ Safe Care
			☒Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		Indicator Classification*	❑ Use of Resources ❑ Governance, Leadership and Management
			(see notes attached)
		(National Standards for Better, Safer Healthcare)	
	4	**KPI Target**	100% response to consultation requests
	5	**KPI Calculation**	Number of responses (as defined in 2) made divided by number of requests received (as defined in 2) x 100
	6	**Data Source**	Environmental Health Information System (EHIS)
		Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
		Data Quality Issues	None.
	7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected
			❑Daily ❑Weekly ❑ Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – detail
	8	**Tracer Conditions**	As per description
	9	**Minimum Data Set**	All consultation submissions received
			Number of responses completed
	10	**International Comparison**	None
	11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis:
			❑Daily ❑Weekly ❑ Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
			Please indicate who is responsible for monitoring this KPI: Mary Keane
	12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported (at a National level this will align with the agreed reporting timeframe in the NSP).
	13	**KPI report period**	☒Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
			❑Monthly in arrears (June data reported in July)
			❑Quarterly in arrears (quarter 1 data reported in quarter 2)
			❑Rolling 12 months
	14	**KPI Reporting Aggregation**	☒National LHO Area ❑Hospital ❑ County ❑ Institution ❑Other

15	KPI is reported in which reports ?	☒Operational Plan 2017 (DOP) ☐ Other - give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334
		Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Directorate		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Environmental Health

1	**KPI Title**	% of Electronic Cigarette and/or Refill Container safety, conformance and/or quality notifications actioned as required
2	**KPI Description** **HWB31**	All notifications submitted electronically using the 'Notifications to the HSE of Electronic Cigarettes and/or Refill Containers which are Unsafe, Non-Conforming or Not of Good Quality' template assessed for validity. Notifier (manufacturer, importer or distributor) contacted where submissions are not properly completed. Notifications receipted and risk assessed within one working day in respect of risk to human health and safety. Further action taken as appropriate which may include the following: Referral to other agency; Follow-up inspection of manufacturer, importer or distributer; Notification to EHS of affected product for information or requiring further action; Notification to other Member States of affected product; publishing information relating to affected product on HSE website, national newspapers, etc.; Serving of a Prohibition Order under Regulation 42.
3	**KPI Rationale**	Manufacturers, importers and distributors are required to notify the HSE of Electronic Cigarettes and/or Refill Containers that are not safe, not of good quality or not in conformity with the E.U. (Manufacture, Presentation and Sale of Tobacco Products) Regulations 2016. The HSE as the Market Surveillance Authority is required to assess the notifications and take appropriate action.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 100%
5	**KPI Calculation**	It is the number of notifications actioned by the HSE divided by the number of notifications received x 100.
6	**Data Source**	National Tobacco Control Office Log
	Data Completeness	EHIS may be developed during 2017 to capture this information.
	Data Quality Issues	None.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	All notifications received by the NTCOU of the EHS. The date of completion of action.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Maurice Mulcahy
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☒Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☒National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐ Other - give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead:Mary Keane, RCEHO, Tel: 087 8177134, Email: mary.keane1@hse.ie
	National Lead / Directorate	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Tobacco

#		
1	**KPI title**	No. of smokers who received intensive cessation support from a cessation counsellor
2	**KPI Description** **HWB27**	Intensive cessation support is a consultation of greater than 10 mins (more than a brief intervention) provided by a trained *tobacco cessation specialist to a smoker either in an acute or community setting. It can be delivered in a variety of ways - face to face (one-to-one), group or via telephone. Tobacco Cessation Specialists are trained to Level 2/NCSCT/HSE standardised training.
3	**KPI Rationale**	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Support doubles a smoker's chance of quitting successfully. Smoking cessation is a highly cost effective intervention. The Department of Health's Tobacco Free Ireland framework emphasises the need to monitor and evaluate cessation services.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: 13,000 Smokers : CHO 1 - 1,870; CHO 2 - 300; CHO 3 - 300; CHO 4 - 900; CHO 5 - 300; CHO 6 - 840; CHO7- 1,990; CHO 8 - 1,130; CHO 9 - 1,870; Quitline - 3,500.
5	**KPI Calculation**	Count (Please note that hospital based intensive tobacco cessation services are reported within the CHO in which they are located and not by Hospital group).
6	**Data Source** **Data Completeness** **Data Quality Issues**	Adminstrative databases. Data provided by tobacco cessation specialists to Health Promotion & Improvement tobacco coordinator and forwarded to the BIU. Data also provided to the National HP& I office and the Tobacco Control Programme office. Manual system.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Smoker seeking assistance to quit
9	**Minimum Data Set**	No. of smokers who received support > 10 mins
10	**International Comparison**	NHS Stop Smoking Service reports similar data
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Health Promotion & Improvement
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒National ☒ Hospital Group ❑ Hospital ☒ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Geraldine Cully Email: geraldine.cully@hse.ie Tel: 045 252274 / 086 8229197
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Tobacco Control

1	**KPI title**	No. of frontline staff trained in brief intervention smoking cessation.
2	**KPI Description HWB30**	A national training programme is being rolled out to deliver brief intervention (BI) smoking cessation training to frontline healthcare staff. Frontline staff refers to those staff delivering services to patients/service users. It includes all grades of staff in the medical/dental, nursing, health and social care professionals as well as other patient and client care staff. BI in smoking cessation involves providing opportunistic advice, discussion, negotiation or encouragement to quit smoking. It typically takes between 3 and 10 minutes. The training course is designed to develop skills in motivational interviewing for smoking cessation. Motivational Interviewing is an evidence based treatment approach for helping patients/service users to find internal motivation for lifestyle behaviour change. The programme is delivered by specialist trainers from health promotion/cessation.
3	**KPI Rationale**	The HSE's Tobacco Free Ireland action plan commits to training frontline healthcare staff in brief intervention in smoking cessation so that treating tobacco addiction becomes a core part of routine work for frontline staff. All healthcare staff have a responsibility to treat tobacco addiction as a care issue and to promote cessation by actively advising, encouraging and supporting smokers to quit. Evidence from a number of surveys show that approximately 6 in 10 service users who smoke were not offered support to quit when they visited a healthcare professional in the previous 12 month period. There is considerable evidence that interventions by health professionals assist smokers to quit. Specific training for frontline staff in treating tobacco use is essential to support the management of chronic disease and the successful implementation of the National Tobacco Free Campus Policy.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: 1,350 Staff : CHO 1 - 171; CHO 2 - 139; CHO 3 - 111; CHO 4 - 171; CHO 5 - 100; CHO 6 - 108; CHO 7 - 171, CHO 8 - 189; CHO 9 - 190
5	**KPI Calculation**	Count
6	**Data Source** **Data Quality Issues**	Administrative databases. Data provided by health promotion trainers/Trainers in Acute Services to the National Health Promotion & Improvement Coordinator and forwarded to the BIU. Data also provided to teh National HP&I Office and the National Tobacco Control Programme Office. Includes community and acute based trainers. Manual system.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Frontline healthcare staff (coded as Medical/Dental/Nursing/Health and Social Care/Other Patient and Client Care) providing frontline services to patients/service users in hospitals and community settings who haven't previously undertaken such a course.
9	**Minimum Data Set**	Number of frontline healthcare staff who have been trained by CHO Area and Hospital Group Professional breakdown of staff trained by CHO area/Hospital Group Number of courses delivered in each area.
10	**International Comparison**	Yes, WHO tobacco indicators
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Health Promotion
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Geraldine Cully Email: geraldine.cully@hse.ie Tel: 045 252274 / 086 8229197
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing - Tobacco

#		
1	**KPI title**	% of smokers on cessation programme who were quit at one month
2	**KPI Description HWB26**	Refers to smokers who have signed up to the standardised HSE tobacco cessation support programme, who have set a quit date and who are quit at 4 weeks. The support programme i.e. structured support provided to smokers prior to their quit date and each week for four weeks following this date. Quit date: The date a smoker plans to stop smoking completely with support from a stop smoking specialist as part of an assisted quit attempt. A self reported 4 - week quitter is a treated smoker who reports not smoking for at least days 15–28 of a quit attempt and is followed up 28 days from their quit date (-3 or +14 days). The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard).
		A CO- verified 4 week quitter is a treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm. The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard). A treated smoker is a smoker who has received at least one session of a structured, multi-session intervention (delivered by a trained smoking cessation specialist) on or prior to the quit date, who consents to treatment and sets a quit date with a smoking cessation specialist. Smokers who attend a first session but do not consent to treatment or set a quit date should not be counted. A 'smoker' is defined as a person who smokes a smoked product. In adulthood this is defined in terms of daily use, whereas in adolescence (i.e. for those aged 16 or under) it is defined in terms of weekly use).
3	**KPI Rationale**	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Behavioural support doubles a smoker's chance of quitting successfully. Smoking cessation is a highly cost effective intervention. The Tobacco Control Framework identified the need to set realistic performance targets for both the numbers using the service and the proportion who quit successfully. This KPI will provide baseline data for this action.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: 45%
5	**KPI Calculation**	Denominator: No. of smokers who set a quit date and agree to participate in the HSE standard tobacco cessation support programme. Numerator: No. of treated smokers in the standardised HSE tobacco cessation support programme who either self report as quit or are CO validated as quit when followed up at 4 weeks. This is expressed as a count and as a percentage. (Please note that hospital based intensive tobacco cessation services are reported within the CHO in which they are located and not by Hospital group.)
6	**Data Source** **Data Completeness** **Data Quality Issues**	Administrative databases. Data provided by tobacco cessation specialists to Health Promotion. Manual system.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Quit definition - Russell Standard UK
9	**Minimum Data Set**	No. of smokers who participated in a HSE standardised tobacco cessation support programme. No. of smokers who set a quit date. No. of smokers who either self report being quit/are validated as quit at 4 weeks.
10	**International Comparison**	NHS Stop Smoking Service reports similar data.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: Health Promotion
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ☒Other – give details: January data reported at the end of Quarter 1. (One month quit data is available 3 months in arrears)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	

Contact details for Data Manager /Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Geraldine Cully Email: geraldine.cully@hse.ie Tel: 045 252274 / 086 8229197
National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Physical Activity

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1	**KPI title**	No. of 5k Parkruns completed by the general public in community settings.
2	**KPI Description** **HWB62**	Parkrun events are free, weekly, 5km timed runs/walks currently held in 33 locations around Ireland. The total number of runs completed by registered participants in all parkrun events during the year will be reported on.
3	**KPI Rationale**	There is strong evidence to support the multiple benefits of physical activity to health and wellbeing. However, 75% of Irish adults and 80% of Irish children do not meet the current Physical Activity guidelines and it is estimated that physical inactivity in Ireland is costing approx €1.5billion per year. In response to this, Healthy Ireland has included the development of a National Physical Activity Plan as one of its actions. Parkrun is about getting more people active, through walking, jogging and running and encouraging people of every ability to take part. Parkrun provides free, weekly, 5km timed runs/walks around Ireland. They are open to everyone and are safe and easy to take part in.
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
	(National Standards for Safer Better HealthCare)	❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing Use of Information Workforce Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: Nationally - 240,000; CHO 1 - 14,477; CHO 2 - 20,405; CHO 3 - 11,670; CHO 4 - 30,296; CHO 5 - 22,120; CHO 6 - 54,885; CHO 7 - 15,146; CHO 8 - 20,103; CHO 9 - 50,898.
5	**KPI Calculation**	The total number of runs completed by participants in all Irish parkrun events during the year.
6	**Data Source** **Data Completeness** **Data Quality Issues**	Parkrun will report to the HSE parkrun lead.There are no quality issues. Complete
7	**Data Collection Frequency**	❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Completed Run
9	**Minimum Data Set**	No of runs completed
10	**International Comparison**	Parkrun is held in the UK, Australia, France, New Zealand, Spain, Poland and many other countries.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: Colm Casey
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ☒ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager **/Specialist Lead**	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Emer Smyth Email: Emermaria.smyth@hse.ie T: 087 2585080
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Physical Activity

1	**KPI title**	No of unique parkrunners completing a 5k parkrun in the month.
2	**KPI Description HWB62**	parkrun events are free, weekly, 5km timed runs/walks currently held in locations around Ireland. The total number of runs completed by registered participants in all parkrun events during the year will be reported on.
3	**KPI Rationale**	There is strong evidence to support the multiple benefits of physical activity to health and wellbeing. However, 75% of Irish adults and 80% of Irish children do not meet the current Physical Activity guidelines and it is estimated that physical inactivity in Ireland is costing approx €1.5billion per year. In response to this, Healthy Ireland has included the development of a National Physical Activity Plan as one of its actions. parkrun is about getting more people active, through walking, jogging and running and encouraging people of every ability to take part. parkrun provides free, weekly, 5km timed runs/walks around Ireland. They are open to everyone and are safe and easy to take part in.
	Indicator Classification **(National Standards for Safer Better HealthCare)**	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing Use of Information Workforce Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: Nationally - 138,000; CHO 1- 7,584; CHO 2 - 12,046; CHO 3 - 6,423; CHO 4 - 16,304; CHO 5 - 13,470; CHO 6 - 31,191, CHO 7- 8,783; CHO 9 - 11,689; CHO 9 - 30,510
5	**KPI Calculation**	The total number of unique runners compling a 5k parkrun
6	**Data Source** **Data Completeness** **Data Quality Issues**	parkrun will report to the HSE parkrun lead.There are no quality issues. Complete
7	**Data Collection Frequency**	❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Completed Run
9	**Minimum Data Set**	No of runs completed
10	**International Comparison**	parkrun is held in the UK, Australia, France, New Zealand, Spain, Poland and many other countries.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒Monthly Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: Colm Casey
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current ❑Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ☒ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Emer Smyth Email: Emermaria.smyth@hse.ie T: 087 2585080
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	Physical Activity	

1	**KPI title**	The number of unique new first time runners completing a 5k parkrun in the month
2	**KPI Description** **HWB62**	Parkrun events are free, weekly, 5km timed runs/walks currently held in locations around Ireland. The total number of runs completed by registered participants in all parkrun events during the year will be reported on.
3	**KPI Rationale**	There is strong evidence to support the multiple benefits of physical activity to health and wellbeing. However, 75% of Irish adults and 80% of Irish children do not meet the current Physical Activity guidelines and it is estimated that physical inactivity in Ireland is costing approx €1.5billion per year. In response to this, Healthy Ireland has included the development of a National Physical Activity Plan as one of its actions. parkrun is about getting more people active, through walking, jogging and running and encouraging people of every ability to take part. parkrun provides free, weekly, 5km timed runs/walks around Ireland. They are open to everyone and are safe and easy to take part in.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing Use of Information Workforce Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: Nationally - 47,000; CHO 1 - 3,268; CHO 2 - 4,368; CHO 3 - 2,991, CHO 4 - 6,852, CHO 5 - 4,742; CHO 6 - 8,469; CHO 7- 3,255; CHO 8 - 4,520; CHO 9 - 8,535.
5	**KPI Calculation**	the number of unique new first time runners completeing a 5k parkrun in the month
6	**Data Source** **Data Completeness** **Data Quality Issues**	parkrun will report to the HSE parkrun lead. There are no quality issues. Complete
7	**Data Collection Frequency**	❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Completed Run
9	**Minimum Data Set**	No of runs completed
10	**International**	Parkrun is held in the UK, Australia, France, New Zealand, Spain, Poland and many other countries.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: Colm Casey
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☑ Current ❑Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ Regional ❑Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Operational Plan 2017 (DOP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Emer Smyth Email: Emermaria.smyth@hse.ie T: 087 2585080
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	Healthy Eating/Active Living	
1	**KPI title**	No. of people who have completed a Structured Patient Education Programme for diabetes
2	**KPI Description HWB64**	Structured patient education for diabetes is the recognised model for diabetes dietetic education as part of the National model of integrated care for Type 2 Diabetes and as part of the National Clinical care programme for diabetes/chronic disease. Two HSE programmes are delivered nationally (X-pert and Desmond). X-pert is a 17 hour (delivered over 6 weeks) group structured patient education programme delivered by a Dietitian. Desmond is a 6 hour structured programme jointly facilitated by a Dietitian and a Nurse. Completed for X-pert are number of participants who attended 4 or more sessions. Completed for Desmond is those who attended the 6 hour programme.
3	**KPI Rationale**	It is estimated that 160,000 people in Ireland have Type 2 diabetes and a further 20-30% are undiagnosed. The national model of integrated care for people with Type 2 Diabetes states that people should be referred to structured patient education as part of their dietetic management within 3 months of diagnosis. X-pert and Desmond are 2 programmes providing structured patient education and have been shown to achieve improved clinical and psychological outcomes as well as empowering patients to self manage their diabetes.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ☒ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 NSP Target: Nationally 2,440 particpants; CHO 1 = 418 (D) , CHO 2 = 382 (D) , CHO 3 = 272 (D), CHO 4= 323 (X), CHO 5= 145 (X), CHO 6= 182 (X), CHO 7 = 223 (X), CHO 8= 372 (X), CHO 9 = 123 (X)
5	**KPI Calculation**	Total number of structured patient education programmes for diabetes delivered per CHO
6	**Data Source** **Data Completeness** **Data Quality Issues**	Total number of structured patient education programmes for diabetes delivered per CHO. Data collected by CHO Dietitian managers and reported quarterly to the National dietetic advisor for health and wellbeing.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly ❑ Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Attended a programme
9	**Minimum Data Set**	Number of programmes delivered
10	**International Comparison**	NICE guidance (CG87)- Management of Type 2 diabetes
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑ Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: CHO Dietitian Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly Quarterly ❑Bi-annually ❑Annually ❑Other
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity) ☑ Monthly current ❑Quarterly - current
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ Regional ❑Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Margaret O' Neill, National dietetic advisor E: margaret.oneill1@hse.ie, T: 086-3801593
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	Healthy Eating/Active Living	

1	**KPI title**	% of PHN's trained by Dietitians in the Nutrition reference pack for infants 0-12 months
2	**KPI Description HWB65**	The nutrition reference pack was developed by Dietitians for PHN's and practice nurses to ensure that evidence based,clear, unambiguous information is delivered to all parents of new born children in the first 12 months of life. The pack provides current best practice and support for health professionals in the areas of breastfeeding, infant feeding, weaning, allergy management, Vitamin D and problem solving issues in infant feeding. All PHN's involved in developmental checks/reviewing nutritional intakes in infants require this training. The number of PHN's trained per CHO will be reported on. This KPI will be delivered over a two year period- aiming for 50% of PHN's year 1 (n=728) and 50% year 2 (n= 728). This figure is the total number of PHN's nationally and may include PHN's with only an adult case load. This will be clarified locally when the information is available from the CHO's.
3	**KPI Rationale**	Throughout the first year of life infants experience rapid growth and development. Evidence indicates that some chronic illnesses of adulthood, such as heart disease and diabetes, may have their origins in this period of development. Research has shown infant feeding practices in Ireland which are at variance to best practice. This support for health professionals will ensure evidence based consistant information is provided to parents in order for them to make informed choices for their child's health and also to ensure nutrition related problems are highlighted and managed in a timely manner- as part of the national child health model.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ☒ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 National Target: 50% (approx. 717 PHNs) CHO 1 = 70, CHO 2 = 82 , CHO 3 = 59; CHO 4= 104; CHO 5= 81; CHO 6= 52; CHO 7=87; CHO 8 = 97; CHO 9= 85.
5	**KPI Calculation**	The total number of PHN's who have attended training (new training or update training) in each CHO
6	**Data Source** **Data Completeness** **Data Quality Issues**	Number of PHN's trained will be reported through Dietitian manager in CHO and nationally to the National Dietetic lead in Health and wellbeing Dependent on PHN's being released for training locally
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly ☒ Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Training delivered
9	**Minimum Data Set**	Number of PHN's who have attended training
10	**International Comparison**	NICE guidance Maternal and child nutrition 2008
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: CHO Dietitian manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other
13	**KPI report period**	Indicate the period to which the data applies ❑Current ❑ Monthly current ☒Quarterly current
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ☒ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Is the data for this KPI available through Corporate Information Facility (CIF)? Yes in development
Contact details for Data Manager /Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Margaret O' Neill, National dietetic advisor Email: margaret.oneill1@hse.ie, Tel: 086-3801593
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

		Healthy Eating/Active Living

1	**KPI title**	No. of people attending a structured community based healthy cooking programme
2	**KPI Description HWB66**	Community cooking programmes aim to improve nutrition knowledge, dietary behaviours and cooking skills amongst disadvantaged groups. These programmes are funded by health and wellbeing.They are run by both HSE trained peer leaders in local communities and existing tutors working in community groups/family resource centres or HSE staff currently delivering cooking programmes to their clients. There are 2 HSE funded programmes delivered nationally: 1. Healthy food made easy- is a 6 week peer led programme run in partnership with Local partnership companies in disadvantaged areas. The HSE Dietitians train the peer leaders, manages the programme and visits on week 5 to quality assure the programme and answer nutrition questions. The number of particpants will include those attending HFME as well as the adapted programmes Cool Dudes programme (a 5 week programme for young people) and Heart Health (3 week session on nutrition/physical activity and stress), 2. Cook It is a 6 week programme delivered by existing leaders, who work with community groups and come from a range of backgrounds. Both programmes are delivered in disadvantaged communities focusing on local needs.
3	**KPI Rationale**	Goal 1 and Goal 2 of Healthy Ireland requires us to address risk factors (such as healthy eating and active living) an provide interventions to target particular health risks and create environments that foster healthy living . Research has shown nutritional knowledge and health status differs amongst social classes and individuals with lower levels of education perceive lack of cooking skills as a barrier to healthy eating. In Ireland 61% of all adults and 25% of all 3 year olds are overweight or obese. BMI, cholesterol and blood pressure are persistantly higher amongst lower socioeconomic groups. These programmes focus on changing family eating behaviour, developing cooking skills, food shopping skills, reading labels and peer learning which has been shown to be more effective at supporting these communities.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: 4,400 participants nationally, CHO 1 = 250, CHO 2 = 60; CHO 3= 150; CHO 4= 150; CHO 5 = 540; CHO 6= 800; CHO 7= 900; CHO 8= 900; CHO 9= 650.
5	**KPI Calculation**	Count - total number of participants attending HSE funded community cooking programmes nationally.
6	**Data Source** **Data Completeness** **Data Quality Issues**	Total number of participants attending HSE funded community cooking programmes per CHO Reported by CHO Dietitian Managers through grant aid agreement reporting mechanisms with Partnership organisations (healthy food made easy) and/or through reporting mechanisms by Cook It tutors through CHO Dietitian Managers to BIU through CIF.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☒ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Particpants attending programmes
9	**Minimum Data Set**	Number of participants
10	**Int.Comparison**	Not known
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: CHO Dietitian Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other
13	**KPI report period**	Indicate the period to which the data applies ☒Current (e.g. monthly data reported within the same month of activity) ❑Monthly in arrears (June data reported in July) ❑Quarterly - current
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ☒ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Data Manager /Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Margaret O' Neill, National dietetic advisor Email: margaret.oneill1@hse.ie, Tel: 086 3801593
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

	Schools	
1	**KPI title**	% of Pre-Schools participating in Smart Start
2	**KPI Description** **HWB67**	This KPI will report on the percentage of pre-schools achieving a Healthy Ireland Award status on assessment. from the number of preschools who participated in the smart start programme. The HSE training programme aimed at pre-school management and staff. This is year two of the progamme. Training is provided by a panel of tutors commissioned through the national childhood network. Preschools: refer to all preschools registered with the HSE, approximately 4,500 nationally. Smart Start: The programme rolls out across the country 26 times each year with each "rollout" targeting 20 participants from at least 10 Pre-School Services (approx. 260 pre-schools per annum) in 2015 and 2016, 230 programmes in 2013. The programme is provided over 21hrs across 7 weeks. Smart Start encompasses modules on Physical Activity, Nutrition, Oral health, health and Safety, Health Promotion and Emotional Health. It seeks through infomation and training to build the capacity of management and staff working in the pre-school setting to ensure children are encouraged and supported to adopt healthy behaviours in early years. Healthy Ireland Status: The Pre-School will be deemed to have achieved Healthy Ireland Status achieving 80% or more on assessment of learning in practice by a Tutor and validation by the National Executive Committee.
3	**KPI Rationale**	Healthy Ireland (2013) stresses "Child health, wellbeing, learning and development are inextricably linked, and the most effective time to intervene in terms of reducing inequalities and improving health and wellbeing outcomes is before birth and in early childhood. The World Health Organisation (2006) describe how "Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential' . Public health strategies (Department of Health, 2013, Healthy Ireland 2015 – 2025) have identified the potential of interventions targeted at pre-school children and increasingly, within the pre-school setting, to contributing to improvements in population health. The effectiveness of early intervention and prevention programmes in enhancing child health and development has been established through a multitude of large-scale international studies. Better Outcomes, Brighter Futures (2014-2020) includes a key target "to lift over 70,000 children out of consistent poverty by 2020. It also focuses on issues such as access to affordable early years education, childhood obesity and youth mental health. It seeks to shift the emphasis from crisis intervention to prevention and early intervention".
	Indicator Classification **(National Standards for Safer Better HealthCare)**	Please tick Indicator Classification this indicator applies to: ❏ Person Centred Care ❏ Effective Care ❏ Safe Care ☒ Better Health and Wellbeing ❏ Use of Information ❏ Workforce ❏ Use of Resources ❏ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: 20% Nationally and by CHO.
5	**KPI Calculation**	Number of preschools who participated in the programme who have achieved HI preschool status through smart start to National Manager and to BIU analyst through CIF reporting template.
6	**Data Source** **Data Completeness** **Data Quality Issues**	Attendance Database for each training scheduled detailing Named Pre-School Staff, Pre-School Address enabling reporting per CHO Area. None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❏ Daily ❏Weekly ❏ Monthly ❏Quarterly ❏ Bi-annually ❏ Annually ☒ Other – In line with Training Schedule
8	**Tracer Conditions**	Preschool, participation and achievement of HI Preschool status.
9	**Minimum Data Set**	Participant Name Pre-School Service Name Pre-School Service Address CHO Area Training Sessions completed Training Venue and Dates Portfolio of learning detailed Assessment Observations Records Validation Record from National Executive
10	**International Comparison**	Similiar in other countries.
11	**KPI Monitoring**	KPI will be monitored : ❏Daily ❏Weekly ❏ Monthly ☒Quarterly ❏Bi-annually ❏Annually ❏Other Please indicate who is responsible at a local level for monitoring this KPI: Emer Maria Smyth, Interim Head of HP&I DNE and National Lead for the Programme
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❏Daily ❏Weekly ❏Monthly ☒ Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❏ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❏ Monthly in arrears (June data reported in July) ☒ Quarterly current ❏ Rolling 12 months (previous 12 month period) ❏ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❏Hospital Group ❏ Hospital ☒ CHO ❏ ISA ❏ LHO ☒ County ❏ Institution ❏ Other
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❏Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Emer Maria Smyth Email: emermaria.smyth@hse.ie Tel: :087 2585080

| National Lead and Division | Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive |

	Schools	
1	**KPI title**	% of Primary Schools participating in the after schools activity programme - Be Active
2	**KPI Description HWB68**	The Be Active After Schools Activity Programme is led by the Health Promotion and Improvement, HSE and rolled out in conjuntion with the Irish Sports Council and St. Patricks Teaching College Drumcondra. The programme involves training of Teacher Leaders to rollout the programme in their school setting. It is a 30 week programme with 6 x 5 week modules aligned to the PE Curriculum. It aims to increase levels of participation in physical activity by all children particularly those not involved in organised competitive sport. Each Teacher leader recruits volunteer parents to run the programme afterschool one evening per week. This KPI will record the number of Primary Schools who have participated in the Training Programme and the percentage this represents of total primary schools nationally. This programme is aimed at Children in Second Class. This programme has been running since 2014. This programme specifically involves parents volunteering to participate in the programme and encouraging them to become involved in fund physical activity with their children. Primary Schools: Department of Education Registered Primary Schools.
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	The Be Active ASAP aims to improve the physical activity patterns of school children by introducing them to a wide variety of activities in a fun, supportive, positive environment, fostering positive attitudes toward physical activity during children's crucial formative years. ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Plan Target: 25% of all registered primary schools by end 2017, 25% in each CHO.
5	**KPI Calculation**	Count of the number of primary schools participating the the programme / number of registered primary schools nationally
6	**Data Source** **Data Completeness** **Data Quality Issues**	Teacher Leaders Training database to national manager to BIU through CIF reporting template. Data Template returns from active schools Site visit documented by Programme Co-ordinator
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually
8	**Tracer Conditions**	Primary School participating in the programme
9	**Minimum Data Set**	Teacher Leader name School Name and Address Principal Name and Address Details of Modules activated in each school Volunteer Parents Database (if possible) Number of Children participating from each school Details of Sessions run in each school
10	**International Comparison**	None known
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ☒ Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Emer Maria Smyth, National Lead for the Programme.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒ Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒ Quarterly current ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑Hospital Group ❑ Hospital ☒ CHO ❑ ISA ❑ LHO ☒ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Operational Plan 2017 (DOP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Emer Maria Smyth Email: emermaria.smyth@hse.ie Tel: 087 2585080
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% of children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenza type b (Hib3), Polio (Polio3), Hepatitis B (HepB3) (6 in 1 vaccine).
2	**KPI Description HWB1**	Total number and percentage of children on the HSE Area databases at 12 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3) Haemophilus influenza type b (Hib3), Polio (Polio3), Hepatitis B (HepB3) (6 in 1 vaccine).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☒Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received three doses of vaccine for each vaccine type diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3) and hepatitis B (HepB3), by the total number of children at 12 months of age on the HSE Area database. (e.g. LHO had 368 children at 12 months of age, 290 children aged 12 months of age received three doses of vaccine against polio (Polio3), 290/368x100) Calculation: No. of children aged 12 months who rec 3 doses of Polio Vaccine (290)/ Number of children aged 12 months of age (368)x100 = 79%
6	**Data Source**	
	Data Completeness	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC)
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported quarterly in arrears
8	**Tracer Conditions**	Children 12mths of age
9	**Minimum Data Set**	The number of children in cohort and aggregate number of children at 12 months of age in quarter who have received the full vaccine series appropriate for that age; data from each LHO and HSE Area
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☒Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	**Health Prot**ection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health Tel: 061 483347

National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	KPI Title	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate Vaccine (PCV$_2$).
2	KPI Description HWB2	Total number and percentage of children on the HSE Area databases at 12 months of age who have received two doses of the Pneumococcal Conjugate Vaccine (PCV$_2$).
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☒Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	KPI Target	2017 Operational Plan Target: 95%
5	KPI Calculation	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received two doses of vaccine against Pneumococcal Disease (PCV2) by the total number of children at 12 months of age on the HSE Area database (e.g. LHO area had 368 children at 12 months of age, 290 children aged 12 months of age received two doses of vaccine against Pneumococcal Disease (PCV2), 290/368x100) Calculation: <u>No. of children aged 12 months who rec 2 doses of Pneumococcal Conjugate vaccine (PCV2) (290)</u> Number of children aged 12 months of age (368)x100 = 79%
6	Data Source Data Completeness Data Quality Issues	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported quarterly in arrears
8	Tracer Conditions	
9	Minimum Data Set	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	International Comparison	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☒Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	KPI Reporting Aggregation	☒National ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	KPI is reported in which reports ?	☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/performancereports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health Tel: 061 483347
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1).
2	**KPI Description** **HWB3**	Total number and percentage of children on the HSE Area databases at 12 months of age who have received one dose of the Meningococcal group C vaccine (MenC1).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☒Person Centred Care ☐Effective Care Safe Care☐　　Better Health and Wellbeing ☐　　Use of Information☐ Workforce☐　Use of Resources☐　Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received one dose of vaccine against Meningococcal group C disease (MenC1) by the total number of children at 12 months of age on the HSE Area database. (e.g. LHO area had 368 children at 12 months of age, 290 children aged 12 months of age received one dose of vaccine against Meningococcal group C disease (MenC1), 290/368x100) Calculation: <u>No. of children aged 12 months who received 1 dose of Meningococcal group C vaccine (MenC1), (290)</u> Number of children aged 12 months of age (368)x100 = 79%
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily　☐Weekly　☐Monthly　☒Quarterly　☐Bi-annually　☐Annually ☐Other – give details: This data is reported quarterly in arrears
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI: Local Business Units
12	**KPI Reporting Frequency**	☐Daily　☐Weekly ☐Monthly　☒Quarterly　☐Bi-annually　☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☒Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒ LHO Area　☐Hospital ☐ County　☐ Institution　☐Other – give details:
15	**KPI is reported in which reports ?**	☒　Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children aged 24 months of age who have received three doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenza type b (Hib3), Polio (Polio3), Hepatitis B (HepB3) (6 in 1)
2	**KPI Description HWB4**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received three doses of vaccine against diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	Please tick which Indicator Classification this indicator applies to, ideally choose one classification ☒Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	Operational Plan Target 2017 (DOP): 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received three doses of vaccine for each vaccine type diphtheria (D_3), pertussis (P_3), tetanus (T_3) *Haemophilus influenza* type b (Hib_3), polio ($Polio_3$) and hepatitis B ($HepB_3$), by the total number of children at 24 months of age on the HSE Area database. (e.g. LHO has 368 children at 24 months of age, 290 children aged 24 months of age received three doses of vaccine against polio (Polio3), Calculation: <u>No. of children aged 24 months who rec 3 doses of Polio Vaccine (290)</u> x100 = 79% Number of children aged 24 months of age (368)
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: <u>This data is reported quarterly in arrears</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☒Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☐Regional ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐ Other - give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347

National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children aged 24 months of age who have received 3 doses Meningococcal C (MenC3) vaccine (2 doses from Q3 2017 MenC2)
2	**KPI Description** **HWB5**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received three doses of the Meningococcal C vaccine (MenC3).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☒Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received three doses of vaccine against Meningococcal group C disease (MenC$_3$) by the total number of children at 24 months of age on the HSE Area database. (e.g. in Qtr 2, 2009. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received three doses of vaccine against Meningococcal group C disease (MenC3), 290/368x100) Calculation: No. of children aged 24 months who rec 3 doses of Meningococcal group C vaccine (MenC3), (290) Number of children aged 24 months of age (368) x100 = 79%
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported quarterly in arrears
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine
2	**KPI Description** **HWB6**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received one dose of Haemophilus influenzae type B (Hib) vaccine on or after 12 months of age.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☒Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐
		Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having one dose of Haemophilus influenzae type B (Hib) vaccine by the total number of children at 24 months of age on the HSE Area database. (e.g. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received one dose of vaccine against Haemophilus influenzae type B (Hib), 290/368x100) Calculation: <u>No. of children aged 24 months who rec 1 dose of Haemophilus influenzae type B (Hib), (290)</u> Number of children aged 24 months of age (368)x100 = 79%
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported quarterly in arrears
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☒Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347.
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children aged 24 months who have received 3 doses of the Pneumococcal Conjugate (PCV$_3$) vaccine
2	**KPI Description HWB7**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received three doses of the Pneumococcal Conjugate Vaccine (PCV$_3$)**.**
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☒Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ overnance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received three doses of vaccine against Pneumococcal disease (PCV$_2$) by the total number of children at 24 months of age on the HSE Area database (e.g. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received two doses of vaccine against Pneumococcal disease (PCV3), 290/368x100). Calculation: <u>No. of children aged 24 months who rec 3 doses of Pneumococcal Conjugate vaccine (PCV3) (290)</u> Number of children aged 24 months of age (368)x100 = 79%
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: <u>This data is reported quarterly in arrears</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organization and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☒Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine
2	**KPI Description** **HWB8**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received the Measles, Mumps and Rubella Vaccine (MMR).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☒Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2017 NSP Target: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received the vaccine against Measles, Mumps and Rubella Vaccine (MMR) by the total number of children at 24 months of age on the HSE Area database. (e.g. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received the MMR vaccine 290/368x100%) <u>No. of children aged 24 months who received the MMR Vaccine (290</u> x100% = 79% Number of children aged 24 months of age (368)
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported quarterly in arrears
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organization and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☒Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	 ☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☒Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☐Regional ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria; Tetanus; Polio; Pertussis)
2	**KPI Description** **HWB9**	Total number and percentage of children in junior infants who have received one dose of 4-in-1 vaccine (Diphtheria; Tetanus; Polio; Pertussis) in the acedemic year 2016/2017.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☒Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐
		Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	<u>No. of junior infant pupils to have received 4-in-1 vaccine (290)</u> x100% = Total no. of junior infants
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Note: This data is reported annually Q4
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☒Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☐Regional ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Pubic Health and Child Health, Tel: 061 483347
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine
2	**KPI Description** **HWB10**	Total number and percentage of children in junior infants who have received one dose Measles, Mumps, Rubella (MMR) vaccine in the academic year 2016/2017.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target
	Indicator Classification (National Standards for Safer Better Healthcare)	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☒Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	<u>No. of junior infant pupils to have received MMR Vaccine</u> x100% = Total no. of junior infant pupils
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: This data is reported annually Q4.
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organization and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☒Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☐Regional ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% first year students who have received one dose Tetanus; low dose Diphtheria; Acellular Pertussis (Tdap) vaccine
2	**KPI Description HWB11**	Total number and percentage of students in first year of second level schools (and those aged 12 or 13 years that are in special schools or home schooled) who have received one dose Tetanus; low dose Diphtheria; Acellular Pertussis (Tdap) vaccine in the academic year 2016/2017.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☒ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	<u>No. of first year students to have received Tdap vaccine</u> x100% = Total no. of first year students
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE areas via National Immunisation Office and reported by HPSC
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: This data is reported annually in Q4
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organization and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☒Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☐Regional ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% of first year girls to have received 2 doses of HPV vaccine
2	**KPI Description HWB78**	HPV – estimated number and percentage of girls in first year of second level schools (and those aged 12 or 13 years that are in special schools or home schooled) to have completed a second dose HPV vaccine course in the academic year 2016/2017.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☑ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 NSP Target: 85%
5	**KPI Calculation**	<u>No. of first year girls to have received second dose of HPV vaccine</u> x 100 = Total number of first year girls
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via National Immunisation Office
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Note: <u>This data is reported annually in Q4</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	WHO target of 80% and this target was also given in the HIQA Health Technology Assessment
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☒Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Pubilc Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% of first year students who have received one dose meningococcal C (MenC) vaccine
2	**KPI Description HWB75**	Total number and percentage of students in first year of second level schools (and those aged 12 or 13yrs that are in special schools or home schooled) who have received one dose meningococcal (MenC) vaccine in the academic year 2016/2017.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☒ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target: 95%
5	**KPI Calculation**	No. of first year girls to have received one dose MenC vaccine x 100 = Total number of first year students
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via National Immunisation Office
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Note: This data is reported annually in Q4
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☒Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
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	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% of health care workers who have received seasonal influenza vaccine in the 2016-2017 influenza season (acute hospitals)
2	**KPI Description HWB79**	Total number and percentage of health care workers in acute hospitals who have received seasonal influenza vaccine in the 2016-2017 influenza season.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☒ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 NSP Target: 40%
5	**KPI Calculation**	<u>No. of health care workers in acute hospitals who have received seasonal influenza vaccine</u> x 100 = Total number of healthcare workers in acute hospitals
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from acute hospitals and reported on by the Health Protection Surveillance Centre (HPSC)
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Note: This data is reported annually in Q3
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of health care workers in cohort and the number receiving the vaccine
10	**International Comparison**	National Policy receoommends an uptake rate of at least 40% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☒Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% of health care workers who have received seasonal influenza vaccine in the 2016-2017 influenza season (Long term care facilities in the community)
2	**KPI Description HWB13**	Total number and percentage of health care workers in long term care facilities in the community who have received seasonal influenza vaccine in the 2016-2017 influenza season.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☒
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 NSP Target: 40%
5	**KPI Calculation**	No. of health care workers in acute hospitals who have received seasonal influenza vaccine x 100 =
		Total number of healthcare workers in long term care facilities in the community
6	**Data Source**	
	Data Completeness	Sourced from long term care facilities and reported on by the Health Protection Surveillance Centre (HPSC)
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
		Note: This data is reported annually in Q3
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of health care workers in cohort and the number receiving the vaccine.
10	**International Comparison**	National policy receoommends an upake rate of at least 40% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis:
		☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
		Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity)
		☐Monthly in arrears (June data reported in July)
		☐Quarterly in arrears (quarter 1 data reported in quarter 2)
		☒Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
Contact details for Data Manager / Specialist Lead		Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334
		Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347
National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% of uptake in influenza vaccine for those aged 65 and older with a medical card or GP visit card
2	**KPI Description HWB78**	Total number and percentage of those aged 65 and older with a medical card or GP visit card who have received seasonal influenza vaccine in the 2016-2017 influenza season.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☑ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	2017 NSP Target: 75%
5	**KPI Calculation**	$\underline{\text{No. of 65 and older with a MC or GP visit card who have received seasonal influenza vaccine}}$ x 100 = Total number of those aged 65 and older with a medical card or GP visit card
6	**Data Source**	
	Data Completeness	Sourced from PCRS and reported on by the Health Protection Surveillance Centre (HPSC)
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Note: This data is reported annually in Q3
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of those in cohort and the number receiving the vaccine.
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake of at least 75% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☒Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☒Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☒National ☒ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☒ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Public Health

1	**KPI Title**	Number of infectious disease (ID) outbreaks notified under the national ID reporting schedule
2	**KPI Description** **HWB24**	Total number of outbreaks of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified each quarter compared, on an HSE-Area basis, with the equivalent quarter and year to date period in the previous year.
3	**KPI Rationale**	Outbreaks of infectious diseases are an important cause of illness in the Irish population. While some of the pathogens responsible produce relatively mild illness, others, such as VTEC, Tuberculosis, Meningococcal disease, Measles and Legionellosis, can result in severe illness, disability and death. In addition, such outbreaks place a significant financial burden on patients, their families, the health system and the State.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care Effective Care ☒ Safe Care☐ Better Health and Wellbeing ☒ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2017 NSP Target: 500
5	**KPI Calculation**	Count
6	**Data Source** **Data Completeness** **Data Quality Issues**	Outbreak Surveillance System 100% coverage None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Outbreak case of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified
9	**Minimum Data Set**	Meets criteria for outbreak
10	**International Comparison**	WHO and Similar in other EU countries
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly Monthly ☒ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Public Health Specialists and HSPC
12	**KPI Reporting Frequency**	☐Daily ☐Weekly Monthly ☒ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☒Quarterly Current ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☒ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports ?**	☒ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Information Analyst: To be confirmed Tel: To be confirmed E: To be confirmed Specialist Lead: Dr. Paul McKeown, Specialist in Public Health Medicine, Health Surveillance Protection Centre
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Public Health

1	**KPI Title**	Number of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule
2	**KPI Description HWB74**	Total number of outbreak cases of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified each quarter compared, on an HSE-Area basis, with the equivalent quarter and year to date period in the previous year.
3	**KPI Rationale**	Outbreaks of infectious diseases are an important cause of illness in the Irish population. While some of the pathogens responsible produce relatively mild illness, others, such as VTEC, Tuberculosis, Meningococcal disease, Measles and Legionellosis, can result in severe illness, disability and death. In addition, such outbreaks place a significant financial burden on patients, their families, the health system and the State.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care Effective Care ☒ Safe Care☐ Better Health and Wellbeing ☒ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2017 Operational Plan Target (DOP): 5,090 cases nationally
5	**KPI Calculation**	Count
6	**Data Source** **Data Completeness** **Data Quality Issues**	Outbreak Surveillance System 100% coverage None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Outbreak case of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified
9	**Minimum Data Set**	Meets criteria for outbreak
10	**International Comparison**	WHO and Similar in other EU countries
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Public Health Specialists and HSPC
12	**KPI Reporting Frequency**	☐Daily ☐Weekly Monthly ☒ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☒Quarterly Current ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☒ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports ?**	☒ Operational Plan 2017 (DOP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/performancereports/
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Public Health

1	**KPI title**	% of identified TB contacts, for whom screening was indicated, who were screened.
2	**KPI Description** **HWB1**	Guidelines on the Prevention and Control of Tuberculosis in Ireland 2010. HPSC, available online at http://www.hpsc.ie/hpsc/A-Z/VaccinePreventable/TuberculosisTB/Guidance/ A contact is a person identified as having come in contact with an active case of TB disease. Contacts who need screening are those who have had 8 hours or more of cumulative contact with the case (or 4 hours in the case of immunosupressed contacts and those contacts who are under 5 years old). First screening of priority contacts should be conducted no later than 7 working days for close contacts of an infectious / presumed infectious case and no later than 14 working days for all other contacts.
3	**KPI Rationale** **Indicator Classification** **(National Standards for Safer Better HealthCare)**	Please tick Indicator Classification this indicator applies to: ❑ √ Person Centred Care ❑ √ Effective Care ❑ √ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2017 Operational Target: >/= 80%
5	**KPI Calculation**	Number of TB contacts screened / number of identified TB contacts, for whom screening was indicated x 100 = %
6	**Data Source** **Data Completeness** **Data Quality Issues**	HSE Public Health Departments TB databases to Public Health Medicine Communicable Disease Group .
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly ❑ ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	TB contact: A person identified as having come in contact with an active case of TB disease. TB screening: the administration of a medical test to identify whether someone has been infected with TB.
9	**Minimum Data Set**	Number of TB contacts for whom screening was indicated. Number of TB contacts for whom screening was indicated, who were screened.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ❑ ☒Quarterly ❑Bi-annually ❑Annually ❑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: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑ Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑Hospital Group ❑ Hospital ❑ CHO ❑ LHO ❑ County ❑ Institution ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Performance Assurance Report (NSP) ☒Other – give details: HSE Public Health Annual Report on Health Protection.
16	**Web link to data**	No
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Data analyst: Siobhán O'Brien, Covering for Lead Analyst Health and Wellbeing, Email: Siobhan.OBrien2@hse.ie Tel: 046-9251334 Specialist Lead: Dr. John Cuddihy, Director of Public Health, Email: john.cuddihy2@hse.ie Tel: 056 67784105
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive