



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Health Service Executive

(Former) Health & Wellbeing Division

Key Performance
Indicator Metadata 2018

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of smokers who received intensive cessation support from a cessation counsellor
	1a	Smokers receiving cessation support
2	KPI Description	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/NCSCCT/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.
	3a Indicator Classification	National Scorecard Quadrant Access and Integration
4	KPI Target	2018 NSP Target: 13,000 Smokers
	4a Target Trajectory	See below
	4b Volume metrics	2018 Full Year Target 13,000 Jan - 1,532; Feb - 1,271; Mar - 1,084; Apr - 1,115; May - 1,115; Jun - 966; Jul - 1,061, Aug - 977; Sep - 1,052; Oct - 1,180; Nov - 993; Dec - 653.
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	Administrative 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.
	6a Data sign off	Data is collated by the national smoking cessation coordinator and signed off by the AND for H&WB
	6b Data Quality Issues	Client records are currently stored securely on individual databases by staff in a variety of locations. If there are periods of unplanned leave some clients may not get their follow up calls as per the standard treatment programme and/or a record of the service they have received may not be returned to the coordinating office. To this end these clients can be 'lost to follow up' which can impact data completeness in a reporting period. Where the leave is for a short period these clients may be added to the following months return but in instances where leave is extended the service may be unable to continue with the planned support programme and data is not subsequently returned. The HSE are implementing a new national IT system in 2019 which will facilitate referral and transfer of clients from one service to another during any planned or unplanned periods of leave.
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics)	Smoker seeking assistance to quit
9	Minimum Data Set (MDS)	No. of smokers who received support > 10 mins
10	International Comparison	NHS Stop Smoking Service reports similar data
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National, CHO & Hospital Group
15	KPI is reported in which reports ?	NSP & Operational Plan
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	

It is policy to include data in Open Data publication. Please indicate if there is an **exceptional** reason for this to be delayed

Contact details

KPI owner/lead for implementation

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PBI data support

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Governance/sign off

This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management

Operational National Director: Dr. Stephanie O'Keeffe

Signature:

Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)

Signature:

KPI's will be deemed 'active' until a formal request to change or remove is received

<i>For Office use only:</i>	
KPI Number: HWB27	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of smokers on cessation programme who were quit at one month
	1a	% smokers quit at one month
2	KPI Description	<p>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)</p> <p>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</p>
3	KPI Rationale	<p>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.</p> <p>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.</p>
	3a Indicator Classification	National Scorecard Quadrant Quality & Safety
4	KPI Target	2017 NSP Target: 45%
	4a Target Trajectory	Performance target constant over the full year e.g. 45%
	4b Volume metrics	None
5	KPI Calculation	<p>Denominator: No. of smokers who set a quit date and agree to participate in the HSE standard tobacco cessation support programme.</p> <p>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.)</p>
6	Data Source	Administrative databases. Data provided by tobacco cessation specialists to Health Promotion. Manual system.
	6a Data sign off	Data is collated by the national smoking cessation coordinator and signed off by the AND for H&WB
	6b Data Quality Issues	Client records are currently stored securely on individual databases by staff in a variety of locations. If there are periods of unplanned leave some clients may not get their follow up calls as per the standard treatment programme and/or a record of the service they have received may not be returned to the coordinating office. To this end these clients can be 'lost to follow up' which can impact data completeness in a reporting period. Where the leave is for a short period these clients may be added to the following months return but in instances where leave is extended the service may be unable to continue with the planned support programme and data is not subsequently returned. The HSE are implementing a new national IT system in 2019 which will facilitate referral and transfer of clients from one service to another during any planned or unplanned periods of leave.
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	Quit definition - Russell Standard UK
9	Minimum Data Set (MDS)	<p>No. of smokers who participated in a HSE standardised tobacco cessation support programme.</p> <p>No. of smokers who set a quit date.</p> <p>No. of smokers who either self report being quit/are validated as quit at 4 weeks.</p>
10	International Comparison	NHS Stop Smoking Service reports similar data
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report

It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed

Contact details	KPI owner/lead for implementation
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	Telephone Number:
	PBI data support
Name: Siobhán O'Brien	

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	Telephone Number: 046-9251334
Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
	Operational National Director: Dr. Stephanie O'Keeffe
	Signature:
	Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
	Signature:
	<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>
For Office use only: HWB26	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of people who have completed a Structured Patient Education Programme for diabetes
	1a	Completed diabetes education programme
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 NSP Target: Nationally 4,500 participants; CHO 1= 650 (D) , CHO 2= 647 (D) , CHO 3= 537 (D), CHO 4= 523 (X), CHO 5= 345 (X), CHO 6= 382 (X), CHO 7= 423 (X), CHO 8= 605 (X), CHO 9 = 388 (X)
	4a Target Trajectory	Jan 153; Feb 421; March 421; Apr 421; May 420; June 420; July 418; Aug 153; Sep 418; Nov 419; Dec 418
	4b Volume metrics	See above
5	KPI Calculation	Total number of structured patient education programmes for diabetes delivered per CHO
6	Data Source	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.
	6a Data sign off	Margaret Humphreys, Clinical Specialist, Nutrition
	6b Data Quality Issues	None
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics)	Attended a programme
9	Minimum Data Set (MDS)	Number of programmes delivered
10	International Comparison?	NICE guidance (CG87)- Management of Type 2 diabetes
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National & CHO
15	KPI is reported in which reports ?	Performance Report (NSP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation Name: Dr Orlaith O'Reilly, NCAGL Email address: orlaith.oreilly@hse.ie Telephone Number: 056-7784104
		PBI data support Name: Siobhán O'Brien Email Address: siobhan.obrien2@hse.ie Telephone Number: 046-9251334
Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
<i>For Office use only:</i>		
KPI Number: HWB64		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of PHN's trained by Dietitians in the Nutrition reference pack for infants 0-12 months
	1a	PHNs trained in Nutrition reference packs for infants
2	KPI Description	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 consistent 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.
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 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.
	4a Target Trajectory	Performance targets constant over the full year i.e., 50% per quarter
	4b Volume metrics	None
5	KPI Calculation	The total number of PHN's who have attended training (new training or update training) in each CHO
6	Data Source	Number of PHN's trained will be reported through Dietitian manager in CHO and nationally to the
	6a Data sign off	Margaret O'Neill, National Dietetic Lead
	6b Data Quality Issues	Dependent on PHN's being released for training locally
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	Training delivered
9	Minimum Data Set (MDS)	Number of PHN's who have attended training
10	International Comparison	NICE guidance Maternal and child nutrition 2008
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National & CHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>

		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
<i>For Office use only:</i>		
KPI Number: HWB65		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of people attending a structured community based healthy cooking programme
	1a	Attending structured community based healthy cooking programme
2	KPI Description	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 participants 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) and 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 persistently 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.
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 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.
	4a Target Trajectory	See below
	4b Volume metrics	National Full Year Target: 4,400 Jan= 364; Feb= 729; Mar= 365; Apr= 366; May= 366; Jun= 368; Jul= 368; Aug= 368; Sep=369; Oct= 369; Nov=368; Dec=368
5	KPI Calculation	Count - total number of participants attending HSE funded community cooking programmes nationally.
6	Data Source	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.
	6a Data sign off	Margaret O'Neill, National Dietetic Lead
	6b Data Quality Issues	Dependent on PHN's being released for training locally
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	Participants attending programmes
9	Minimum Data Set (MDS)	Number of participants
10	International Comparison	Not known
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National & CHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
	Operational National Director: Dr. Stephanie O'Keeffe
	Signature:
	Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
	Signature:
	<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>
<i>For Office use only:</i>	
KPI Number: HWB66	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI title	No of frontline Staff to complete the online Making Every Contact Count Training in brief intervention
	1b	MECC online training module
2	KPI Description	A national Making Every Contact Count training programme is being rolled out to deliver brief intervention 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 and other patient & client care such as Health Care Assistants and Therapy Assistants with direct patient contact. Making Every Contact Count involves Health Professionals providing opportunistic advice, and support through a brief intervention, to make a lifestyle behaviour change in relation to the main lifestyle risk factors for chronic disease. It typically takes between 3 and 10 minutes. The blended learning training course is designed to develop skills in brief interventions for lifestyle behaviour change. The training programme will consist of 6 elearning modules 1) behaviour change module 2) tobacco 3) alcohol and substance use 4) healthy eating 5) physical activity 6) skills into practice and an additional Enhancing your Skills Masterclass delivered face to face in classroom style. This KPI is concerned with measuring the level of activity of the online elements of the training programme.
3	KPI Rationale	One of the key areas of focus of the Healthy Ireland Framework is chronic disease prevention. The Making Every Contact Count Implementation plan commits to training of frontline staff in brief interventions for lifestyle behaviour change in the four key lifestyle behaviours of tobacco use, alcohol and substance use, healthy eating and physical activity. Actions 13, 14, 15 of this framework are concerned with the training of health professionals. All healthcare staff have a role in promoting lifestyle behaviour change with their patients. Staff have previously been offered training in brief intervention for smoking cessation but minimal unco-ordinated training has been offered to staff in the areas of behavior change for the other lifestyle areas. It is essential that HSE staff are upskilled with the knowledge and skills necessary to support lifestyle behaviour change with their patients. This training aims to maximise the millions of contacts that frontline staff have with patients to support lifestyle changes as part of their routine care. The Making Every Contact Count Framework sets out in detail the actions that need to happen to integrate this into our health service. Specific training of frontline staff is essential to support chronic disease prevention and management and the successful implementation of the Making Every Contact Count Framework.
	3a Indicator Classification	National Scorecard Quadrant Access and Integration
4	KPI Target	NSP 2018 Full Year Target - 7,523 which represent 10% of the eligible cohort of frontline staff to complete the online modules of this training
	4a Target Trajectory	See below
	4b Volume metrics	Target trajectory is 7,523 to year end and will be broken down into CHO 1-9 targets and each hospital group will also have a target as detailed below: - CHO1= 436; CHO2= 334; CHO3= 203; CHO4= 449; CHO5= 299; CHO6= 135; CHO7= 292; CHO8= 400; CHO9= 301 Childrens Hospital Group = 267; Dublin Midlands Hospital Group = 872; Ireland East Hospital Group = 926; Saolta Hospital Group = 742; South/SouthWest Hospital Group = 825; Midwest Hospital Group = 335; RSCI Hospital Group = 707
5	KPI Calculation	Count the number of frontline staff completing all of the 6 modules for the elearning programme. Profile the number per month expected in each area targeted Performance will be scored on the outcome expected activity
6	Data Sources	Data will be reported monthly from an external Learning Management System (Learnuon) which will host the elearning training programme. Data will be collected from all frontline staff when they register and complete the online training System will be reconciled with information from attendees attending the masterclass.
	6a Data sign off	Aileen Scott, Snr Health Promotion Officer, MECC Programme
	6b Data Quality Issues	None known
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics only)	Frontline healthcare staff (coded as Medical/Dental/Nursing/Health and Social Care/Other patient and client care) providing frontline services to patients/serviceusers in hospitals and community settings who haven't previously undertaken the course.
9	Minimum Data Set (MDS)	No of staff who have accessed the course & no of staff who have completed the course Number of frontline staff who have completed the elearning modules by CHO and Hospital group. Professional breakdown of staff by CHO/Hospital group completing the elearning programme.
10	International Comparison	No
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly Q
14	KPI Reporting Aggregation	National; Hospital Group; CHO
15	KPI is reported in which reports?	NSP & Operational Plan
16	Web link to published data	
17	Additional Information	None known
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation Name: Dr Cate Hartigan Email address: cate.hartigan1@hse.ie Telephone Number 0766959130
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: Dr Stephanie O Keefe Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit) Signature: KPI's will be deemed 'active' until a formal request to change or remove is received
<i>For Office use only:</i>		
KPI Number: HWB94		

Health & Wellbeing		
No	Steps	Detail supporting KPI
1	KPI title	No of frontline Staff to complete the Face to Face Module of the Making Every Contact Count Training in brief intervention
	1b	MECC Face to Face masterclass
2	KPI Description	A national Making Every Contact Count training programme is being rolled out to deliver brief intervention 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 and other patient & client care such as Health Care Assistants and Therapy Assistants with direct patient contact. Making Every Contact Count involves Health Professionals providing opportunistic advice, and support through a brief intervention, to make a lifestyle behaviour change in relation to the main lifestyle risk factors for chronic disease. It typically takes between 3 and 10 minutes. The blended learning training course is designed to develop skills in brief interventions for lifestyle behaviour change. The training programme will consist of 6 elearning modules 1) behaviour change module 2) tobacco 3) alcohol and substance use 4) healthy eating 5) physical activity 6) skills into practice and an additional Enhancing your Skills Masterclass delivered face to face in classroom style. This KPI is concerned with measuring the level of activity of the online elements of the training programme.
3	KPI Rationale	One of the key areas of focus of the Healthy Ireland Framework is chronic disease prevention. The Making Every Contact Count Implementation plan commits to training of frontline staff in brief interventions for lifestyle behaviour change in the four key lifestyle behaviours of tobacco use, alcohol and substance use, healthy eating and physical activity. Actions 13, 14, 15 of this framework are concerned with the training of health professionals. All healthcare staff have a role in promoting lifestyle behaviour change with their patients. Staff have previously been offered training in brief intervention for smoking cessation but minimal unco-ordinated training has been offered to staff in the areas of behavior change for the other lifestyle areas. It is essential that HSE staff are upskilled with the knowledge and skills necessary to support lifestyle behaviour change with their patients. This training aims to maximise the millions of contacts that frontline staff have with patients to support lifestyle changes as part of their routine care. The Making Every Contact Count Framework sets out in detail the actions that need to happen to integrate this into our health service. Specific training of frontline staff is essential to support chronic disease prevention and management and the successful implementation of the Making Every Contact Count Framework.
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	NSP 2018 Full Year Target 1,505 20% of those completing the online modules will attend the face to face element of the training programme (target for online modules is 7,523 N=1,505) CHO1= 87, CHO2= 67, CHO3= 41, CHO4= 90, CHO5= 60, CHO6= 27, CHO7= 58, CHO8= 80, CHO9= 60; Childrens Hospital Group = 53; Dublin Midlands Hospital Group = 174; Ireland East Hospital Group = 185, Saolta Hospital Group = 148; South/SouthWest Hospital Group = 165; Midwest Hospital Group = 67; RSCI Hospital Group = 141
	4a Target Trajectory	Target trajectory is 1,505 to year end and will be broken down into CHO 1-9 targets and each hospital group will also have a target as detailed above
	4b Volume metrics	See above
5	KPI Calculation	Count the number of frontline staff completing all of the 6 modules for the elearning programme. Profile the number per month expected in each area targeted Performance will be scored on the outcome/expected activity
6	Data Sources	Data will be reported monthly from an external Learning Management System (Learnupon) which will host the elearning training programme. Data will be collected from all frontline staff when they register and complete the online training System will be reconciled with information from attendees attending the masterclass.
	6a Data sign off	Aileen Scott, Snr Health Promotion Officer for MECC programme
	6b Data Quality Issues	None known
7	Data Collection Frequency	Quarterly;
8	Tracer Conditions (clinical metrics only)	Frontline healthcare staff (coded as Medical/Dental/Nursing/Health and Social Care/Other patient and client care) providing frontline services to patients/serviceusers in hospitals and community settings who haven't previously undertaken the course.
9	Minimum Data Set (MDS)	No of staff who have accessed the course & no of staff who have completed the course Number of frontline staff who have completed the elearning modules by CHO and Hospital group. Professional breakdown of staff by CHO/Hospital group completing the elearning programme.
10	International Comparison	No
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National; Hospital Group; CHO
15	KPI is reported in which reports?	National Service Plan, Operational Plan
16	Web link to published data	
17	Additional Information	None known
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		KPI owner/lead for implementation Name: Dr Cate Hartigan Email address: cate.hartigan1@hse.ie Telephone Number 0766959130
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management Operational National Director: Dr Stephanie O Keeffe Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit) Signature: KPI's will be deemed 'active' until a formal request to change or remove is received
For Office use only:		
KPI Number: HWB95		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of 5k Parkruns completed by the general public in community settings.
	1a	5k Parkruns completed
2	KPI Description	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.
	3a Indicator Classification	Access & Integration
4	KPI Target	2018 Operational Plan Target: Nationally - 377,001; CHO 1 - 22,361; CHO 2 -37,037 ; CHO 3 - 17,058; CHO 4 - 40,764; CHO 5 - 34,499; CHO 6 - 50,537; CHO 7 - 41,338; CHO 8 - 33,780; CHO 9 - 99,627.
	4a Target Trajectory	See below
	4b Volume metrics	National: 377,001; Jan: 48,913; Feb: 36,156; Mar: 30,721; Apr: 38,473; May: 26,637; Jun: 25,214; Jul: 30,758; Aug: 26,788; Sep: 32,928; Oct: 25,387; Nov: 27,557; Dec: 27,469
5	KPI Calculation	The total number of runs completed by participants in all Irish parkrun events during the year.
6	Data Source	Parkrun will report to the HSE parkrun lead. There are no quality issues.
	6a Data sign off	Dr Cate Hartigan, AND HP&I
	6b Data Quality Issues	None
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics)	Completed Run
9	Minimum Data Set (MDS)	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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
KPI's will be deemed 'active' until a formal request to change or remove is received		

For Office use only:	
KPI Number: HWB25	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No of unique runners completing a 5k parkrun in the month.
	1a	Unique runners completing 5k parkrun
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 Operational Plan Target: Nationally - 197,172; CHO 1- 12,023; CHO 2 - 20,431; CHO 3 - 9,603; CHO 4 - 22,236; CHO 5 - 19,537; CHO 6 - 27,113, CHO 7- 23,523; CHO 8 - 18,199; CHO 9 - 44,507
	4a Target Trajectory	As above
	4b Volume metrics	National: 197,172; Jan: 21,546; Feb: 18,950; Mar: 16,500; Apr: 19,712; May: 14,731; Jun: 14,215; Jul: 16,598; Aug: 15,148; Sep: 16,276; Oct: 13,857; Nov: 14,861; Dec: 14,778
5	KPI Calculation	The total number of unique runners completing a 5k parkrun
6	Data Source	Parkrun will report to the HSE parkrun lead. There are no quality issues.
	6a Data sign off	Dr Cate Hartigan, AND HP&I
	6b Data Quality Issues	None
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics)	Completed Run
9	Minimum Data Set (MDS)	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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
<i>For Office use only:</i>		

KPI Number: HWB84

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	The number of unique new first time runners completing a 5k parkrun in the month
	1a	New runners completing 5k parkrun
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 Operational Plan Target :54,314 Nationally - 54,314; CHO1: 3,173; CHO2: 5,569; CHO3: 3,026, CHO4: 6,305; CHO5: 5,998; CHO6: 5,852; CHO7: 7,696; CHO8 4,340; CHO9 12,355
	4a Target Trajectory	See below
	4b Volume metrics	Nationally: 54,314; Jan: 8,490; Feb: 4,894; Mar: 4,210; Apr: 5,830; May: 3,546; Jun: 3,229; Jul: 5,197; Aug: 4,129; Sep: 4,712; Oct: 3,321; Nov: 3,400; Dec: 3,358
5	KPI Calculation	The number of unique new first time runners completing a 5k parkrun in the month
6	Data Source	Parkrun will report to the HSE parkrun lead. There are no quality issues.
	6a Data sign off	Dr Cate Hartigan, AND HP&I
	6b Data Quality Issues	None
7	Data Collection	Monthly
	Frequency	
8	Tracer Conditions	Completed Run
	(clinical metrics)	
9	Minimum Data Set (MDS)	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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National, CHO, LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:

		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
<i>For Office use only:</i>		
KPI Number: HWB83		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of Pre-Schools participating in Smart Start
	1a	Pre-Schools in Smart Start
2	KPI Description	<p>This KPI will report on the percentage of pre-schools achieving a Healthy Ireland Award status on assessment, from the number of pre-schools who participated in the smart start programme. The HSE training programme aimed at pre-school management and staff. This is year two of the programme. 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 information 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.</p> <p>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.</p>
3	KPI Rationale	<p>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".</p>
	3a Indicator	National Scorecard Quadrant
	Classification	
4	KPI Target	2018 Operational Plan Target: 25% Nationally and by CHO.
	4a Target Trajectory	Performance targets constant over the full year i.e. 25%
	4b Volume metrics	
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	Attendance Database for each training scheduled detailing Named Pre-School Staff, Pre-School Address enabling reporting per CHO Area.
	6a Data sign off	Dr Cate Hartigan, AND HP&I
	6b Data Quality Issues	None
7	Data Collection Frequency	Other: In line with Training Schedule
8	Tracer Conditions (clinical metrics)	Preschool, participation and achievement of HI Preschool status.
9	Minimum Data Set (MDS)	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 Number of participants
10	International Comparison	Similar in other countries
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National, CHO, County
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
<p>It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed</p>		
Contact details		KPI owner/lead for implementation Name: Orla McGowan Email address: orla.mcgowan@hse.ie Telephone Number: 076-6959135 PBI data support Name: Siobhán O'Brien Email Address: siobhan.obrien2@hse.ie Telephone Number: 046-9251334

Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
	Operational National Director: Dr. Stephanie O'Keeffe
	Signature:
	Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
	Signature:
	<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>
For Office use only:	
KPI Number: HWB67	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of Primary Schools participating in the after schools activity programme - Be Active
	1a	Primary Schools trained in Be-Active
2	KPI Description	The Be Active After Schools Activity Programme is led by the Health Promotion and Improvement, HSE and rolled out in conjunction 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
3	KPI Rationale	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.
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 Operational Plan Target: 30% of all registered primary schools by end 2017, 25% in each CHO.
	4a Target Trajectory	Performance targets constant over the full year i.e. 30%
	4b Volume metrics	None
5	KPI Calculation	Count of the number of primary schools participating the the programme / number of registered primary schools nationally
6	Data Source	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
	6a Data sign off	Dr Cate Hartigan, AND HP&I
	6b Data Quality Issues	None known
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics)	Primary School participating in the programme
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National, CHO, County
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
Contact details		
KPI owner/lead for implementation		
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This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management		
Operational National Director: Dr. Stephanie O'Keeffe		
Signature:		
Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)		
Signature:		
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<i>For Office use only:</i>		
KPI Number: HWB68		

Health & Wellbeing		
No	Steps	Detail supporting KPI
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).
	1a	12 month 6-in-1 vaccine
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e. 95%
	4b Volume metrics	None
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), $290/368 \times 100$) Calculation: $\frac{\text{No. of children aged 12 months who rec 3 doses of Polio Vaccine (290)}}{\text{Number of children aged 12 months of age (368)} \times 100 = 79\%$
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC)
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	Children 12mths of age
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
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		Signature:
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KPI Number: HWB1	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate Vaccine (PCV ₂).
	1a	12 month PCV ₂ vaccine
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e. 95%
	4b Volume metrics	None
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), $290/368 \times 100$) Calculation: $\frac{\text{No. of children aged 12 months who rec 2 doses of Pneumococcal Conjugate vaccine (PCV2)}}{\text{Number of children aged 12 months of age}} \times 100 = 79\%$ "
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	Children 12mths of age
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
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		PBI data support Name: Siobhán O'Brien Email Address: siobhan.obrien2@hse.ie Telephone Number: 046-9251334
Governance/sign off		This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
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KPI Number: HWB2		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children at 12 months of age who have received 1 dose of the Meningococcal group C vaccine (MenC1).
	1a	12 month MenC1 vaccine
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant 12 month MenC1 vaccine
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e, 95%
	4b Volume metrics	None
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), $290/368 \times 100$) Calculation: $\frac{\text{No. of children aged 12 months who received 1 dose of Meningococcal group C vaccine (MenC1)}}{\text{Number of children aged 12 months of age}} \times 100 = 79\%$ "
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	Children 12mths of age
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	Health Protection Surveillance Centre
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
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KPI Number: HWB3		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children at 12 months of age who have received 2 doses of the Meningococcal group B vaccine (MenB2)
	1a	MenB2 at 12 months
2	KPI Description	Total number and percentage of children on the HSE Area databases at 12 months of age who have received two doses of the Meningococcal group B vaccine (MenB2).
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.
	3a Indicator Classification	National Scorecard Quadrant Quality & Safety
4	KPI Target	2018 Operational Plan Target: Achievement of 95% childhood immunisation
	4a Target Trajectory	Performance targets constant over the full year i.e. 95% immunisation
	4b Volume metrics	The birth co-hort is estimated at 62,257 births (2016 data). All children should be offered vaccines. To achieve 95% uptake of the vaccines means successfully vaccinating at least 59,144 (based on CSO 2016 data)
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 Meningococcal group B disease (MenB2) (numerator) by the total number of children at 12 months of age on the HSE Area database (denominator). (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 Meningococcal group B disease (MenB2), $290/368 \times 100$) Calculation: $\frac{\text{No. of children aged 12 months who received 2 doses of Meningococcal group B vaccine (MenB2)}}{\text{Number of children aged 12 months of age (368)}} \times 100 = 79\%$ "
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	
17	Additional Information	New vaccine introduced for birth cohort born since 1 October 2016. KPI will be measured for all children born since this date. Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
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		Signature:
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KPI Number: HWB96		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children at 12 months of age who have received 2 doses of Rotavirus vaccine (Rota2)
	1a	Rota2 at 12 months
2	KPI Description	Total number and percentage of children on the HSE Area databases at 12 months of age who have received two doses of the Rotavirus vaccine by 12 months of age (Rota2).
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.
	3a Indicator Classification	National Scorecard Quadrant Quality & Safety
4	KPI Target	2018 Operational Plan Target: Achievement of 95% childhood immunisation
	4a Target Trajectory	Performance targets constant over the full year i.e. 95% immunisation
	4b Volume metrics	The birth co-hort is estimated at 62,257 births (2016 data). All children should be offered vaccines. To achieve 95% uptake of the vaccines means successfully vaccinating at least 59,144 (based on CSO 2016 data)
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 Rotavirus (Rota2) (numerator) by the total number of children at 12 months of age on the HSE Area database (denominator). (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 Rotavirus (Rota2), 290/368x100) Calculation: $\frac{\text{No. of children aged 12 months who received 2 doses of Rotavirus vaccine (Rota2), (290)}}{\text{Number of children aged 12 months of age (368)} \times 100 = 79\%$ "
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	
17	Additional Information	New vaccine introduced for birth cohort born since 1 October 2016. KPI will be measured for all children born since this date. Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
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		Signature:
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KPI Number: HWB97		

Health & Wellbeing

No	Steps	Detail supporting KPI
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)
	1a	24 month 6-in-1 vaccine
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Quality & Safety
4	KPI Target	2018 NSP Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e. 95%
	4b Volume metrics	None
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 (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3) and hepatitis B (HepB3), 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: $\frac{\text{No. of children aged 24 months who rec 3 doses of Polio Vaccine (290)}}{\text{Number of children aged 24 months of age (368)} \times 100 = 79\%$
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	National Service Plan 2018
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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KPI Number: HWB4		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children aged 24 months of age who have received 2 doses Meningococcal C (MenC2) vaccine
	1a	24 month MenC2 vaccine
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received two doses of the Meningococcal C vaccine (MenC2).
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.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e. 95%
	4b Volume metrics	None
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 two doses of vaccine against Meningococcal group C disease (MenC2) 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 (MenC2), 290/368x100) Calculation: $\frac{\text{No. of children aged 24 months who rec 2 doses of Meningococcal group C vaccine (MenC2), (290)}}{\text{Number of children aged 24 months of age (368)}} \times 100 = 79\%$
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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KPI Number: HWB5

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine
	1a	24 month Hib vaccine
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e. 95%
	4b Volume metrics	None
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), $290/368 \times 100$) Calculation: $\frac{\text{No. of children aged 24 months who rec 1 dose of Haemophilus influenzae type B (Hib), (290)}}{\text{Number of children aged 24 months of age (368)} \times 100 = 79\%$
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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		Signature:
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Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children aged 24 months who have received 3 doses of the Pneumococcal Conjugate (PCV ₃) vaccine
	1a	24 month PCV3 vaccine
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e. 95%
	4b Volume metrics	None
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 (PCV ₃), $290/368 \times 100$). Calculation: $\frac{\text{No. of children aged 24 months who rec 3 doses of Pneumococcal Conjugate vaccine (PCV3)} (290)}{\text{Number of children aged 24 months of age } (368) \times 100 = 79\%$
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
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KPI Number: HWB7		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine
	1a	24 month MMR vaccine
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 NSP Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e. 95%
	4b Volume metrics	None
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%) Calculation: $\frac{\text{No. of children aged 24 months who received the MMR Vaccine (290)}}{\text{Number of children aged 24 months of age (368)}} \times 100\% = 79\%$
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	National Service Plan 2018
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
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KPI Number: HWB8		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children at 24 months of age who have received 3 doses of the Meningococcal group B vaccine (MenB3)
	1a	MenB3 at 24 months
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received three doses of the Meningococcal group B vaccine (MenB3).
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.
	3a Indicator Classification	National Scorecard Quadrant Quality & Safety
4	KPI Target	2018 Operational Plan Target: Achievement of 95% childhood immunisation
	4a Target Trajectory	Performance targets constant over the full year i.e. 95% immunisation
	4b Volume metrics	The birth cohort is estimated at 62,257 births (2016 data). All children should be offered vaccines. To achieve 95% uptake of the vaccines means successfully vaccinating at least 59,144 (based on CSO 2016 data)
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 B disease (MenB3) (numerator) by the total number of children at 24 months of age on the HSE Area database (denominator). (e.g. LHO area had 368 children at 12 months of age, 290 children aged 24 months of age received three doses of vaccine against Meningococcal group B disease (MenB3), $290/368 \times 100$) Calculation: $\frac{\text{No. of children aged 24 months who received 3 doses of Meningococcal group B vaccine (MenB3)}}{\text{Number of children aged 12 months of age (368)}} \times 100 = 79\%$ "
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	
17	Additional Information	New vaccine introduced for birth cohort born since 1 October 2016. KPI will be measured for all children born since this date. Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed		
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For Office use only:		
KPI Number: HWB98		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children at 24 months of age who have received 2 doses of Rotavirus vaccine (Rota2)
	1a	Rota2 at 24 months
2	KPI Description	Total number and percentage of children on the HSE Area databases at 24 months of age who have received two doses of the Rotavirus vaccine by 24 months of age (Rota2).
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.
	3a Indicator Classification	National Scorecard Quadrant Quality & Safety
4	KPI Target	2018 Operational Plan Target: Achievement of 95% childhood immunisation
	4a Target Trajectory	Performance targets constant over the full year i.e. 95% immunisation
	4b Volume metrics	The birth co-hort is estimated at 62,257 births (2016 data). All children should be offered vaccines. To achieve 95% uptake of the vaccines means successfully vaccinating at least 59,144 (based on CSO 2016 data)
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 two doses of vaccine against Rotavirus (Rota2) (numerator) by the total number of children at 24 months of age on the HSE Area database (denominator). (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 Rotavirus (Rota2), $290/368 \times 100$) Calculation: $\frac{\text{No. of children aged 24 months who received 2 doses of Rotavirus vaccine (Rota2)}}{\text{Number of children aged 24 months of age}} \times 100 = 79\%$ "
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	
17	Additional Information	New vaccine introduced for birth cohort born since 1 October 2016. KPI will be measured for all children born since this date. Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
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KPI Number: HWB99		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria; Tetanus; Polio; Pertussis)
	1a	Junior infants 4-in-1 vaccine
2	KPI Description	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 academic year 2017/2018.
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.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e. 95%
	4b Volume metrics	None
5	KPI Calculation	$\frac{\text{No. of junior infant pupils to have received 4-in-1 vaccine}}{\text{Total no. of junior infants}} \times 100\% =$
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually in Q4
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Annually
12	KPI Reporting Frequency	Annually
13	KPI report period	Annually - Rolling 12 months (Previous 12 months period)
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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KPI Number: HWB9		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine
	1a	Junior Infants MMR vaccine
2	KPI Description	Total number and percentage of children in junior infants who have received one dose Measles, Mumps, Rubella (MMR) vaccine in the academic year 2017/2018.
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
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the Full year i.e, 95%
	4b Volume metrics	None
5	KPI Calculation	$\frac{\text{No. of junior infant pupils to have received MMR Vaccine}}{\text{Total no. of junior infant pupils}} \times 100\% =$
6	Data Source	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually in Q4
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Annually
12	KPI Reporting Frequency	Annually
13	KPI report period	Annually - Rolling 12 months (Previous 12 months period)
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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KPI Number: HWB10		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% first year students who have received one dose Tetanus; low dose Diphtheria; Acellular Pertussis (Tdap) vaccine
	1a	First year students Tdap vaccine
2	KPI Description	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 2017/2018.
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.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the Full year i.e. 95%
	4b Volume metrics	None
5	KPI Calculation	$\frac{\text{No. of first year students to have received Tdap vaccine}}{\text{Total no. of first year students}} \times 100\% =$
6	Data Source	Sourced from HSE areas via National Immunisation Office and reported by HPSC
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually in Q4
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Annually
12	KPI Reporting Frequency	Annually
13	KPI report period	Annually - Rolling 12 months (Previous 12 months period)
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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KPI Number: HWB11		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of first year girls to have received 2 doses of HPV vaccine
	1a	First year students HPV vaccine
2	KPI Description	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 2017/2018.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 National Service Plan Target: 85%
	4a Target Trajectory	Performance targets constant over the Full year i.e. 85%
	4b Volume metrics	
5	KPI Calculation	$\frac{\text{No. of first year girls to have received second dose of HPV vaccine}}{\text{Total number of first year girls}} \times 100 =$
6	Data Source	Sourced from HSE Areas via National Immunisation Office
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually in Q4
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Annually
12	KPI Reporting Frequency	Annually
13	KPI report period	Annually - Rolling 12 months (Previous 12 months period)
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Performance Report 2017 (NSP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number: HWB78		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of first year students who have received one dose meningococcal C (MenC) vaccine
	1a	First year students MenC vaccine
2	KPI Description	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 2017/2018.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	3a Indicator Classification	National Scorecard Quadrant Quality & Access
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the Full year i.e. 95%
	4b Volume metrics	None
5	KPI Calculation	$\frac{\text{No. of first year girls to have received one dose MenC vaccine}}{\text{Total number of first year students}} \times 100 =$
6	Data Source	Sourced from HSE Areas via National Immunisation Office
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually in Q4
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Annually
12	KPI Reporting Frequency	Annually
13	KPI report period	Annually - Rolling 12 months (Previous 12 months period)
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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KPI Number: HWB75		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of health care workers who have received seasonal influenza vaccine in the 2017-2018 influenza season (acute hospitals)
	1a	Health Care Workers in acute hospitals receiving seasonal flu vaccine
2	KPI Description	Total number and percentage of health care workers in acute hospitals who have received seasonal influenza vaccine in the 2017-2018 influenza season.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	3a Indicator Classification	National Scorecard Quadrant Quality and Safety
4	KPI Target	2018 NSP Target: 65%
	4a Target Trajectory	Performance targets constant over the Full year i.e, 65%
	4b Volume metrics	
5	KPI Calculation	$\frac{\text{No. of health care workers in acute hospitals who have received seasonal influenza vaccine}}{\text{Total number of healthcare workers in acute hospitals}} \times 100 =$
6	Data Source	Sourced from acute hospitals and reported on by the Health Protection Surveillance Centre (HPSC)
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually in Q4
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	The number of health care workers in cohort and the number receiving the vaccine
10	International Comparison	National Policy recommends an uptake rate of at least 40% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	Annually
12	KPI Reporting Frequency	Annually
13	KPI report period	Annually - Rolling 12 months (Previous 12 months period)
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Performance Report 2018 (NSP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
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KPI Number: HWB79		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of health care workers who have received seasonal influenza vaccine in the 2017-2018 influenza season (Long term care facilities in the community)
	1a	LTC Healthcare Workers receiving seasonal flu vaccine
2	KPI Description	Total number and percentage of health care workers in long term care facilities in the community who have received seasonal influenza vaccine in the 2017-2018 influenza season.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	3a Indicator Classification	National Scorecard Quadrant Quality & Access
4	KPI Target	2018 NSP Target: 65%
	4a Target Trajectory	Performance targets constant over the Full year i.e, 65%
	4b Volume metrics	None
5	KPI Calculation	$\frac{\text{No. of health care workers in acute hospitals who have received seasonal influenza vaccine}}{\text{Total number of healthcare workers in long term care facilities in the community}} \times 100 =$
6	Data Source	Sourced from long term care facilities and reported on by the Health Protection Surveillance Centre (HPSC)
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually in Q4
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	The number of health care workers in cohort and the number receiving the vaccine
10	International Comparison	National Policy recommends an uptake rate of at least 40% to ensure that community and population immunity is achieved and to provide individual protection.
11	KPI Monitoring	Annually
12	KPI Reporting Frequency	Annually
13	KPI report period	Annually - Rolling 12 months (Previous 12 months period)
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Performance Report 2018 (NSP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
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<i>For Office use only:</i>		
KPI Number: HWB13		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of uptake in influenza vaccine for those aged 65 and older with a medical card or GP visit card
	1a	Uptake seasonal flu vaccine among people aged 65 plus with Medical Card or GPVC
2	KPI Description	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 2017-2018 influenza season.
3	KPI Rationale	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	3a Indicator Classification	National Scorecard Quadrant Quality & Access
4	KPI Target	2018 NSP Target: 75%
	4a Target Trajectory	Performance targets constant over the Full year i.e. 75%
	4b Volume metrics	None
5	KPI Calculation	$\frac{\text{No. of 65 and older with a MC or GP visit card who have received seasonal influenza vaccine}}{\text{Total number of those aged 65 and older with a medical card or GP visit card}} \times 100 =$
6	Data Source	Sourced from PCRS and reported on by the Health Protection Surveillance Centre (HPSC)
	6a Data sign off	Dr. Suzanne Cotter
	6b Data Quality Issues	Assumes that all GPs submitted returns in a timely manner in order to reflect accurate measurement of vaccination uptake
7	Data Collection Frequency	Annually in Q3
8	Tracer Conditions (clinical metrics)	
9	Minimum Data Set (MDS)	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	Annually
12	KPI Reporting Frequency	Annually
13	KPI report period	Annually - Rolling 12 months (Previous 12 months period)
14	KPI Reporting Aggregation	National, CHO & LHO
15	KPI is reported in which reports ?	Performance Report 2018 (NSP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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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<i>For Office use only:</i>		
KPI Number: HWB14		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	Number of infectious disease (ID) outbreaks notified under the national ID reporting schedule
	1a	No. infectious disease outbreaks
2	KPI Description	Total number of outbreaks of infection (symptomatic 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.
	3a Indicator Classification	National Scorecard Quadrant Quality & Safety
4	KPI Target	2018 NSP Target: 500
	4a Target Trajectory	See below
	4b Volume metrics	Full Year Target 500 Quarterly Target: March: 125; Jun: 125; Sep: 25; Dec: 125
5	KPI Calculation	Count
6	Data Source	Outbreak Surveillance System
	6a Data sign off	Sarah Jackson
	6b Data Quality Issues	None known
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	Outbreak case of infection (symptomatic and asymptomatic for each disease and or pathogen) notified
9	Minimum Data Set (MDS)	Meets criteria for outbreak
10	International Comparison	WHO and Similar in other EU countries
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
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	Signature:
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<i>For Office use only:</i>	
KPI Number: HWB24	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	Number of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule
	1a	No. individual infectious disease cases
2	KPI Description	Total number of outbreak cases of infection (systomatic 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.
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target (DOP): 5,090
	4a Target Trajectory	See below
	4b Volume metrics	Full Year Target: 5,090 Quarterly Target: Mar: 1,272, ; Jun: 1,272; Sep: 1,272, Dec: 1,272
5	KPI Calculation	Count
6	Data Source	Outbreak Surveillance System
	6a Data sign off	Sarah Jackson
	6b Data Quality Issues	None
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	Outbreak case of infection (systomatic and asymptomatic for each disease and or pathogen) notified
9	Minimum Data Set (MDS)	Meets criteria for outbreak
10	International Comparison	WHO and Similar in other EU countries
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	Additional Information	As reported in the HSE Performance Report

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<i>For Office use only:</i>	
KPI Number: HWB74	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of identified TB contacts, for whom screening was indicated, who were screened.
	1a	% TB contacts screened
2	KPI Description	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 immunosuppressed 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	
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Target:: >80%
	4a Target Trajectory	Performance targets constant over the full year i.e. >=80%
	4b Volume metrics	None
5	KPI Calculation	Number of TB contacts screened / number of identified TB contacts, for whom screening was indicated x 100 = %
6	Data Source	HSE Public Health Departments TB databases to Public Health Medicine Communicable Disease Group .
	6a Data sign off	Suzanne Cotter
	6b Data Quality Issues	None known
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	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 (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP) / HSE Public Health Annual Report on Health Protection
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
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<i>For Office use only:</i>	
KPI Number: HW85	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of initial tobacco sales to minors test purchase inspections carried out
	1a	Tobacco test purchase inspections
2	KPI Description	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 offence 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.
	3a Indicator Classification	Access & Integration
4	KPI Target	2018 NSP Target: 384
	4a Target Trajectory	n/a
	4b Volume metrics	2018 Full Year Target 384 Q1 = 96; Q2 = 96, Q3 = 96 Q4 = 96
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) 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.
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	As per description
9	Minimum Data Set (MDS)	Number of test purchase inspections.
10	International Comparison	No
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National & Hospital Group
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
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<i>For Office use only:</i>	
KPI Number: HWB29	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of test purchases carried out under the Public Health (Sunbeds) Act, 2014
	1b	Sunbed test purchase inspections
2	KPI Description	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.
	3a Indicator Classification	Access & Integration
4	KPI Target	2018 NSP Target: 32
	4a Target Trajectory	
	4b Volume metrics	2018 Full Year Target 32 June = 16; December = 16
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) 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.
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	As per description
9	Minimum Data Set (MDS)	No. of establishments where a test purchase inspection has been carried out.
10	International Comparison	No
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Biannual
13	KPI report period	Biannual
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report

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<i>For Office use only:</i>	
KPI Number: HWB80	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of mystery shopper inspections carried out under the Public Health (Sunbeds) Act, 2014
	1b	Sunbed mystery shopper inspections
2	KPI Description	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 adult (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.
	3a Indicator Classification	Access & Integration
4	KPI Target	2018 NSP Target: 32
	4a Target Trajectory	
	4b Volume metrics	Full Year Target 32 June = 16; December = 16
5	KPI Calculation	It is a count of the number of mystery shopper inspections.
6	Data Source	Environmental Health Information System (EHIS) 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.
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	As per description
9	Minimum Data Set (MDS)	No. of establishments where a test purchase inspection has been carried out.
10	International Comparison	No
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Biannual
13	KPI report period	Biannual
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
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	Signature:
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<i>For Office use only:</i>	
KPI Number: HWB81	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI title	No. of establishments receiving a planned inspection under the Public Health (Sunbeds) Act, 2014
	1a	Sunbed planned inspection
2	KPI Description	Sunbed inspections are carried out to assess compliance of sunbed establishments with the legislation. 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. The legislation applicable is the Public Health (Sunbeds) Act 2014 and all Regulations.
3	KPI Rationale	The HSE is obliged to enforce this legislation. It protects the public from the risks associated with UV exposure due to sunbed usage.
	3a Indicator Classification	Access & Integration
4	KPI Target	2018 NSP Target: 225 The count is cumulative and based on an unique count of each establishment inspected.
	4a Target Trajectory	Target trajectory is 56 by end of Quarter 1, 112 by the end of Quarter 2, 168 by the end of Quarter 3, 225 by the end of Quarter 4.
	4b Volume metrics	Q1 = 56, Q2 = 56, Q3 = 56, Q4 =56
5	KPI Calculation	Sum of the number of establishments which received a planned inspection. Single inspection count per premises.
6	Data Sources	EHIS
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	Number of establishments inspected. Planned inspection type only. One count only per establishment.
10	International Comparison	
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National;
15	KPI is reported in which reports?	2018 Service Plan, Annual Report
16	Web link to published data	
17	Additional Information	

Please indicate if there is an **exceptional** reason for this to be delayed

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	Operational National Director: Dr. Stephanie O'Keeffe
	Signature:
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<i>For Office use only:</i>	
KPI Number: HWB92	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of official food control planned and planned surveillance inspections of food businesses
	1a	Inspections of food businesses
2	KPI Description	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.
	3a Indicator Classification	Access
4	KPI Target	2018 NSP: 33,000
	4a Target Trajectory	
	4b Volume metrics	2018 Full Year Target = 33,000 Q1 = 8,250; Q2 = 8,250; Q3 = 8,250; Q4 = 8,250
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) 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.
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection Frequency	Monthly
8	Tracer Conditions (clinical metrics)	As per description
9	Minimum Data Set (MDS)	No. of planned inspections of food businesses. No. of planned surveillance inspections of food businesses.
10	International Comparison	No
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly

14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
For Office use only:		
KPI Number: HWB31		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of official food control planned and planned surveillance inspection of food businesses which were unsatisfactory
	1b	Food business inspections which were unsatisfactory
2	KPI Description	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.
	3a Indicator Classification	Access
4	KPI Target	2018 Operational Plan Target: <25%
	4a Target Trajectory	a) Performance targets constant over the full year i.e. 25% per quarter
	4b Volume metrics	
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) 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.
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	As per description
9	Minimum Data Set (MDS)	No. of planned and planned surveillance inspections. Number of unsatisfactory outcomes of planned and planned surveillance inspections.
10	International Comparison	No
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Divisional Operational Plan
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
Please indicate if there is an exceptional reason for this to be delayed		
Contact details		KPI owner/lead for implementation
		Name: Dave Molloy, Assistant National Director
		Email address: Ehnationaloffice@hse.ie
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		PBI data support
		Name: Siobhán O'Brien

	Email Address: siobhan.obrien2@hse.ie
	Telephone Number: 046-9251334
Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
	Operational National Director: Dr. Stephanie O'Keeffe
	Signature:
	Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
	Signature:
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>	
<i>For Office use only:</i>	
KPI Number: HWB54	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of environmental health complaints from the public risk assessed within 1 working day
	1b	EH complaints assessed within one day
2	KPI Description	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 received 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 complainant 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 public 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.
	3a Indicator Classification	National Scorecard Quadrant Access
4	KPI Target	2018 Operational Plan Target: 95%
	4a Target Trajectory	Performance targets constant over the full year i.e. 95% per quarter
	4b Volume metrics	
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) 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.
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection	Quarterly
	Frequency	
8	Tracer Conditions (clinical metrics)	As per description
9	Minimum Data Set (MDS)	All complaints received by the EHS. The date of completion of the risk assessment.
10	International Comparison	No
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
Use indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
		Name: Dave Molloy, Assistant National Director

	Email address: Ehnationaloffice@hse.ie
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	Email Address: siobhan.obrien2@hse.ie
	Telephone Number: 046-9251334
Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
	Operational National Director: Dr. Stephanie O'Keeffe
	Signature:
	Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
	Signature:
	<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>
	<i>For Office use only:</i>
	KPI Number: HWB57

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of drinking water samples taken to assess fluoride parameter compliance
	1b	Drinking water samples taken
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant Access
4	KPI Target	2018 Operational Plan Target: 2,460 samples of drinking water
	4a Target Trajectory	
	4b Volume metrics	Full Year target: 2,460 Q1 = 615; Q2 = 615; Q3 = 615; Q4 = 615
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 * 205 supplies
6	Data Source	Environmental Health Information System (EHIS) 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.
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection	Quarterly
	Frequency	
8	Tracer Conditions	As per description
	(clinical metrics)	
9	Minimum Data Set	Number of drinking water samples taking from supplies which are fluoridated
	(MDS)	
10	International	No
	Comparison	
11	KPI Monitoring	Quarterly
12	KPI Reporting	Quarterly
	Frequency	
13	KPI report period	Quarterly
14	KPI Reporting	National
	Aggregation	
15	KPI is reported in	Operational Plan 2018 (DOP)
	which reports ?	
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
	Operational National Director: Dr. Stephanie O'Keeffe
	Signature:
	Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
	Signature:
	<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>
	<i>For Office use only:</i>
	KPI Number: HWB86

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of consultation requests by Planning Authorities for developments accompanied by an Environmental Impact Statement receiving a response.
	1b	Planning authority consultation request receiving a response
2	KPI Description	<p>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</p> <p>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</p> <p>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</p> <p>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</p>
3	KPI Rationale	<p>The HSE is a Statutory 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.</p> <p>The measurement of the rate of response by the HSE to these requests will therefore:</p> <ol style="list-style-type: none"> 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
	3a Indicator Classification	Access and Integration
4	KPI Target	NSP Full Year Target 2018: 95% response to consultation requests
	4a Target Trajectory	a) Performance targets constant over the full year i.e. 95% per quarter
	4b Volume metrics	
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	<p>Environmental Health Information System (EHIS)</p> <p>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.</p>
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection	Quarterly
	Frequency	
8	Tracer Conditions (clinical metrics)	As per description
9	Minimum Data Set (MDS)	Number of drinking water samples taking from supplies which are fluoridated
10	International Comparison	No
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly

13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
<i>For Office use only:</i>		
KPI Number: HWB87		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI title	Number of inspections of E-cigarette and Refill Container manufacturers, importers, distributors and retailers under the E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016.
	1a	E-Cigarette Manufacturer inspections
2	KPI Description	E-cigarette and Refill Container manufacturers, importers, distributors and retailers based in Ireland to be inspected to assess compliance with E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016. Specific regard to be had to safety, quality, labelling, commercial communications and product presentation requirements.
3	KPI Rationale	The HSE is the enforcement authority for the E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016. This provisions of this legislation have come into effect in 2016 and 2018. The HSE is responsible by law for enforcing this legislation. It is the first time that e -cigarettes and related refill containers have had statutory requirements.
	3a Indicator Classification	National Scorecard Quadrant Access and Integration
4	KPI Target	2018 NSP Full Year Target: 40
	4a Target Trajectory	Target trajectory is 10 by end of Quarter 1, 20 by the end of Quarter 2, 30 by the end of Quarter 3, 40 by the end of Quarter 4.
	4b Volume metrics	40 per annum. Q1: 10; Q2: 10; Q3: 10; Q4: 10
5	KPI Calculation	Sum of inspections carried out under the E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016.
6	Data Sources	EHIS
	6a Data sign off	Mary Keane, Regional Chief Environmental Health Officer, Dublin North East
	6b Data Quality Issues	None
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics only)	
9	Minimum Data Set (MDS)	Number of inspections of E-cigarette and Refill Container manufacturers, importers, distributors and retailers under the E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016.
10	International Comparison	
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National;
15	KPI is reported in which reports?	Annual Report; Performance Report/Profile; NSP 2018

16	Web link to published data	
17	Additional Information	

It is policy to include data in Open Data publication. Please indicate if there is an exceptional reason for this to be delayed

Contact details	KPI owner/lead for implementation
	Name: Dave Molloy, Assistant National Director
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Governance/sign off	<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
	Operational National Director: Dr. Stephanie O'Keeffe
	Signature:
	Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
	Signature:

KPI's will be deemed 'active' until a formal request to change or remove is received

<i>For Office use only:</i>	
KPI Number: HWB93	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of women in the eligible population who have had a complete mammogram
	1b	Eligible women who have had a mammogram
2	KPI Description	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	Activity measurement Better Health & Wellbeing
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 NSP Target: 170,000 women
	4a Target Trajectory	See below 4b
	4b Volume metrics	Full Year Target: 170,000 Monthly Targets: Jan: 13,000 ; Feb: 13,500; Mar: 15,100; Apr: 12,000; May: 15,500; Jun: 14,700; Jul: 14,000; Aug: 13,500; Sep: 15,700; Oct: 16,000; Nov: 15,500; Dec: 11,500
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	BreastCheck database (NBSP) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Women who are eligible for screening.
9	Minimum Data Set (MDS)	Client Name, Address, DOB
10	International Comparison	Similar in other countries
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
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)
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
<i>For Office use only:</i>		
KPI Number: HWB77		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of women aged 65+ who have had a complete mammogram
	1b	Women aged 65+ who have had a complete mammogram
2	KPI Description	Activity measurement; count of number of women aged ≥65 who have had a complete mammogram in the reporting period
3	KPI Rationale	Activity measurement
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 Operational Plan Target: 13,000 women This figure represents inviting all remaining 66 year-olds plus half of 67 year olds eligible for screening in line with the age-range extension roll out model.
	4a Target Trajectory	See 4b
	4b Volume metrics	Full Year Target: 13,000 Monthly Targets: Jan: 1,000; Feb: 1,000; Mar: 1,300; Apr: 1,000; May: 1,500; Jun: 1,200; Jul: 1,000; Aug: 500; Sep: 1,500; Oct: 1,500; Nov: 1,000; Dec: 500
5	KPI Calculation	Count of number of women aged ≥65 who have had a complete mammogram in the reporting period.
6	Data Source	BreastCheck database (NBSP) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Women aged 65+ who have had a complete mammogram
9	Minimum Data Set (MDS)	Client Name, Address, DOB
10	International Comparison	Similar in other countries
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
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)
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
KPI's will be deemed 'active' until a formal request to change or remove is received		
<i>For Office use only:</i>		
KPI Number: HWB76		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% BreastCheck screening uptake rate
	1b	BreastCheck uptake rate
2	KPI Description	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 aged 50-67
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.
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 NSP Target: >70%
	4a Target Trajectory	a) Performance targets constant over the full year i.e. >70%
	4b Volume metrics	
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	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Women aged 50-67 whose date of first offered appointment in the round falls within the reporting period
9	Minimum Data Set (MDS)	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	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation Name: Simon Murtagh Email address: simon.murtagh@screeningservice.ie Telephone Number 01 8659344 PBI data support Name: Siobhán O'Brien Email Address: siobhan.obrien2@hse.ie Telephone Number: 046-9251334
Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i> Operational National Director: Dr. Stephanie O'Keeffe Signature: Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit) Signature:
KPI's will be deemed 'active' until a formal request to change or remove is received		

<i>For Office use only:</i>	
KPI Number: HWB35	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result
	1b	Abnormal mammogram clinic appointment within 2 weeks
2	KPI Description	Measures whether detected abnormalities are assessed in a BreastCheck assessment clinic within two weeks.
3	KPI Rationale	Measures quality of service to women with abnormality detected at screening. Aims to minimise anxiety by having assessment clinics in a timely manner.
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target: > 90%
	4a Target Trajectory	Performance targets constant over the full year, i.e. 90%
	4b Volume metrics	
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 appointment. Denominator= women screened with "abnormal outcome" in the reporting period.
6	Data Source	BreastCheck database (NBSP) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Women with an abnormal mammogram result.
9	Minimum Data Set (MDS)	No. women first invited in the period, no. of those women screened (at reporting date) No. women with abnormal outcome, no. women offered assessment appointment
10	International Comparison	None
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
KPI's will be deemed 'active' until a formal request to change or remove is received		
<i>For Office use only:</i>		
KPI Number: HWB36		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% women offered hospital admission for treatment within three weeks of diagnosis of breast cancer
	1b	Hospital admission offer within 3 weeks diagnosis
2	KPI Description	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.
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 NSP Target: >90%
	4a Target Trajectory	a) Performance targets constant over the full year i.e. >90%
	4b Volume metrics	N/A
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	BreastCheck database (NBSP) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Weekly
8	Tracer Conditions (clinical metrics)	Women diagnosed with breast cancer and offered an appointment for treatment at one of the BreastCheck host hospitals.
9	Minimum Data Set (MDS)	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	Bi-annual
12	KPI Reporting Frequency	Bi-annual
13	KPI report period	BA-1Q (rolling 6 months one quarter in arrears, i.e. March 2018 report will report on data for period Jun-Dec 2017; Sep 2018 report will report on data for period Jan-Jun 2018)
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
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<i>For Office use only:</i>		
KPI Number: HWB37 _____		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of initial women recalled for assessment following mammogram screening
	1b	Initial women recalled for assessment
2	KPI Description	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"
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target: < 7%
	4a Target Trajectory	Performance targets constant over the full year, i.e. <7%
	4b Volume metrics	
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	BreastCheck database (NBSP) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Women who have had their first screening examination who had an outcome of "recall to assessment"
9	Minimum Data Set (MDS)	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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
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KPI Number: HWB38 _____		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% subsequent women recalled for assessment following mammogram screening
	1b	Subsequent women recalled for assessment
2	KPI Description	Proportion of women who had their second or higher BreastCheck mammogram who were recalled to assessment.
3	KPI Rationale	
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target: < 5%
	4a Target Trajectory	Performance targets constant over the full year, i.e. 5%
	4b Volume metrics	
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	BreastCheck database (NBSP) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Women who have had their second or higher screening examination who had an outcome of "recall to assessment".
9	Minimum Data Set (MDS)	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	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	Monthly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
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KPI Number: HWB39		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% eligible women aged 50-67 invited for BreastCheck screening within 24 months
	1b	% 50-67 year-olds invited within 24 months
2	KPI Description	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 aged 50-67 who should have been invited for screening within 24 months of becoming eligible or since their last screening appointment (on the last day of the reporting period)
3	KPI Rationale	This KPI gives a measure of "round-slippage" due to a backlog of eligible women awaiting a screening appointment for more than 2 years. Addressing the issue of the BreastCheck backlog would drive this metric towards the 90% standard.
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target: >90%
	4a Target Trajectory	a) Performance targets constant over the full year i.e. >90%
	4b Volume metrics	
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 aged 50-67 (invited and not invited) for screening within 24 months of becoming eligible or since their last screening appointment.
6	Data Source	BreastCheck database (NBSP) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	
7	Data Collection Frequency	Weekly
8	Tracer Conditions (clinical metrics)	Women who are aged 50-67 and are eligible for screening.
9	Minimum Data Set (MDS)	Date offered invitation for screening, date previous invitation/screening, date uploaded onto register.
10	International Comparison	None
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
13	KPI report period	M-1M
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
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<i>For Office use only:</i>	
KPI Number: HWB91	

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of clients who have completed a satisfactory BowelScreen FIT test
	1b	Satisfactory BowelScreen FIT test
2	KPI Description	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	Activity measurement Better Health & Wellbeing
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 NSP Target: 125,000
	4a Target Trajectory	See 4b
	4b Volume metrics	Full Year Target: 125,000 Monthly Targets: Jan: 10,000; Feb: 12,300; Mar: 11,000; Apr: 10,000; May: 11,500; Jun: 11,500; Jul: 10,200; Aug: 10,500; Sep: 11,000; Oct: 11,000; Nov: 9,000; Dec: 7,000
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	BowelScreen Database (COR) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Men and women aged between 60 and 69 who have been invited to take part in the BowelScreen programme
9	Minimum Data Set (MDS)	Client Name, Address, Sex, DOB, date of screening
10	International Comparison	Similar in other countries
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
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)
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
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<i>For Office use only:</i>		
KPI Number: HWB82		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of client uptake rate in the BowelScreen programme
	1b	BowelScreen Uptake
2	KPI Description	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	To maximise the uptake of bowel screening among the eligible population
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 NSP Target: >45%
	4a Target Trajectory	b) Trajectory set out to achieve an end of year target, ie. Q1: >42%; Q2: >43%; Q3: >44%; Q4: >45%
	4b Volume metrics	
5	KPI Calculation	Numerator= No. of those clients who completed a satisfactory FIT test. Subject to change due to uptake on reminder invitation etc. Denominator=clients whose date of first offered invitation to take part in BowelScreen in the current screening round was within the reporting period.
6	Data Source	BowelScreen Database (COR) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Men and women aged between 60 and 69 who have been invited to take part in the BowelScreen programme.
9	Minimum Data Set (MDS)	Client name, address, sex, DOB, date of screening.
10	International Comparison	Similar in other countries
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
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<i>For Office use only:</i>		
KPI Number: HWB46		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of unique women who have had one or more screening test in a primary care setting.
	1b	Unique women one or more smear test
2	KPI Description	Activity measurement; count of number of women who have had a satisfactory screening test in the reporting period i.e one that could be analysed and reported on.
3	KPI Rationale	Activity measurement Better Health & Wellbeing
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 NSP Target: 255,000
	4a Target Trajectory	see 4b
	4b Volume metrics	Full Year Target: 255,000 Monthly Targets: Jan: 24,000; Feb: 25,500; Mar: 23,500; Apr: 22,000; May: 23,500; Jun: 20,000; Jul: 20,000; Aug: 19,500; Sep: 22,000; Oct: 21,000; Nov: 21,000; Dec: 13,000
5	KPI Calculation	Count of number of women who have had a satisfactory screening test in the reporting period i.e. one that could be analysed and reported on.
6	Data Source	CervicalCheck database (CSR) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Women aged between 25 and 60 who are eligible for screening and who have had a satisfactory screening test carried out in a primary care setting
9	Minimum Data Set (MDS)	Client Name, Address, DOB
10	International Comparison	Similar in other countries
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
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)
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
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KPI Number: HWB21		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% eligible women with at least one satisfactory CervicalCheck screening in a 5-year period
	1b	one satisfactory CervicalCheck in 5yr period
2	KPI Description	Measures the proportion of the known eligible population who have had at least one satisfactory screening 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 screening 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 CervicalCheck programme).
3	KPI Rationale	Measures the coverage of the CervicalCheck programme among the eligible population. Monitors if the programme is reaching the population it serves.
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 NSP Target: >80%
	4a Target Trajectory	a) Performance targets constant over the full year i.e. >80%
	4b Volume metrics	N/A
5	KPI Calculation	Numerator=no. unique women aged 25-60 who have had a satisfactory screening 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 CervicalCheck programme)
6	Data Source	CervicalCheck database (CSR) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Quarterly
8	Tracer Conditions (clinical metrics)	Women aged between 25 and 60 who are eligible for screening and who have had a satisfactory screening 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 (MDS)	Client name, address, DOB, date of screening.
10	International Comparison	Similar in other countries
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
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KPI Number: HWB40		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of clients who are issued CervicalCheck results within 4 weeks
	1b	Cervical Check result in 4 weeks
2	KPI Description	Proportion of women who are sent their results letter (management 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	A quality measurement to reduce anxiety regarding waiting for results among clients screened for cervical cancer
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target: >90%
	4a Target Trajectory	a) Performance targets constant over the full year i.e. >90%
	4b Volume metrics	
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 screening test within the reporting period
6	Data Source	CervicalCheck database (CSR) to the BIU business information unit via a cif template
	6a Data sign off	Therese Mooney
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Women aged between 25 and 60 who are eligible for screening and who have had a screening test carried out in the reporting period.
9	Minimum Data Set (MDS)	Client Name, Address, DOB, date of screening, management recommendation
10	International Comparison	Similar in other countries
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
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).
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
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KPI Number: HWB42		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic
	1b	Urgent Cases colposcopy appointment in 2 weeks
2	KPI Description	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
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target: >95%
	4a Target Trajectory	a) Performance targets constant over the full year i.e. >95%
	4b Volume metrics	n/a
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	COLP1 Monthly Statistics Reports from colposcopy clinics
	6a Data sign off	Colposcopy Co-Ordinator
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	Women aged between 25 and 60 who are eligible for screening and who have had a screening test carried out in the reporting period.
9	Minimum Data Set (MDS)	Client name, address, DOB, date of screening, management recommendation.
10	International Comparison	Similar in other countries
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
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)
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
		Signature:
		Sponsoring Director, where this is not the person implementing the KPI (e.g. Quality, CSP, audit)
		Signature:
KPI's will be deemed 'active' until a formal request to change or remove is received		
<i>For Office use only:</i>		
KPI Number: HWB43 _____		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of high grade cases offered a colposcopy appointment within 4 weeks of receipt of letter in the clinic
	1b	High grade colposcopy appointment in 4 weeks
2	KPI Description	Average high grade case times from referral to first offered colposcopy appointment within 4 weeks.
3	KPI Rationale	A quality measurement to reduce anxiety regarding waiting among clients screened for cervical cancer
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target: >90%
	4a Target Trajectory	a) Performance targets constant over the full year i.e. >90%
	4b Volume metrics	
5	KPI Calculation	Numerator = no. of referrals received during the reporting period for women whose screening 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	COLP1 Monthly Statistics Reports from colposcopy clinics
	6a Data sign off	Colposcopy Co-Ordinator
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	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 (MDS)	Client name, address, DOB, date of screening, management recommendation.
10	International Comparison	Similar in other countries
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
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)
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
		Name: Simon Murtagh
		Email address: simon.murtagh@screeningservice.ie
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		Name: Siobhán O'Brien
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		Telephone Number: 046-9251334
Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
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		Signature:
KPI's will be deemed 'active' until a formal request to change or remove is received		
<i>For Office use only:</i>		
KPI Number: HWB44		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of low grade cases offered a colposcopy appointment within 8 weeks of receipt of letter in the clinic.
	1b	Low grade colposcopy appointment within 8 weeks
2	KPI Description	Average low grade case times from referral to first offered colposcopy appointment within 8 weeks.
3	KPI Rationale	A quality measurement to reduce anxiety regarding waiting among clients screened for cervical cancer
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target: >90%
	4a Target Trajectory	a) Performance targets constant over the full year i.e. >90%
	4b Volume metrics	
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	COLP1 Monthly Statistics Reports from colposcopy clinics
	6a Data sign off	Colposcopy Co-Ordinator
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	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 (MDS)	Client name, address, DOB, date of screening, management recommendation.
10	International Comparison	Similar in other countries
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
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)
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Operational Plan 2018 (DOP)
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
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		Name: Siobhán O'Brien
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		Operational National Director: Dr. Stephanie O'Keeffe
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KPI's will be deemed 'active' until a formal request to change or remove is received		
For Office use only:		
KPI Number: HWB45		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	No. of Diabetic RetinaScreen clients screened with final grading result
	1b	Diabetic RetinaScreen clients screened
2	KPI Description	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 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	Activity measurement Better Health & Wellbeing
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 NSP Target: 93,000
	4a Target Trajectory	See 4b
	4b Volume metrics	Full Year Target: 93,000 Monthly Targets: Jan: 7,147; Feb: 7,338; Mar: 7,392; Apr: 7,857; May: 8,037; Jun: 7,707; Jul: 7,596; Aug: 7,688; Sep: 8,478; Oct: 8,480; Nov: 8,480; Dec: 6,800
5	KPI Calculation	Count of the number of eligible men, women and children aged over 12 years who were screened for diabetic retinopathy within the reporting period. 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).
6	Data Source	DiabeticRetinaScreen Database (DRS) to the BIU business information unit via a cif template
	6a Data sign off	Colette Murphy
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	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 (MDS)	
10	International Comparison	Similar in other countries
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Monthly
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)
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
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KPI's will be deemed 'active' until a formal request to change or remove is received		
<i>For Office use only:</i>		
KPI Number: HWB23		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% Diabetic Retina Screen uptake rate
	1b	Diabetic RetinaScreen uptake
2	KPI Description	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 considered 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	To maximise the uptake of diabetic retinopathy screening among the eligible population.
	3a Indicator Classification	National Scorecard Quadrant Access & Integration
4	KPI Target	2018 NSP Target: >65%
	4a Target Trajectory	a) Performance targets constant over the full year i.e., >65%
	4b Volume metrics	
5	KPI Calculation	Numerator= No. of those clients who completed a screening 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. Denominator = eligible clients whose date of first offered invitation in the current screening round was within the reporting period.
6	Data Source	DiabeticRetinaScreen Database (DRS) to the BIU business information unit via a cif template
	6a Data sign off	Colette Murphy
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	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 (MDS)	Client name, address, sex, DOB, date of screening.
10	International Comparison	Similar in other countries
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Q-1Q
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
		Operational National Director: Dr. Stephanie O'Keeffe
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<i>KPI's will be deemed 'active' until a formal request to change or remove is received</i>		
<i>For Office use only:</i>		
KPI Number: HWB47		

Health & Wellbeing

No	Steps	Detail supporting KPI
1	KPI Title	% of clients who are issued a Diabetic RetinaScreen result within 3 weeks
	1b	Diabetic RetinaScreen result in 3 weeks
2	KPI Description	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	A quality measurement to reduce anxiety regarding waiting for results among clients screened for diabetic retinopathy
	3a Indicator Classification	National Scorecard Quadrant
4	KPI Target	2018 Operational Plan Target: >95%
	4a Target Trajectory	Performance targets constant over the full year i.e., >95%
	4b Volume metrics	
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 within 3 weeks of the date of complete screening. 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). Denominator = the number of eligible men, women and children aged over 12 years who were screened for diabetic retinopathy within the reporting period. 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)
6	Data Source	DiabeticRetinaScreen Database (DRS) to the BIU business information unit via a cif template
	6a Data sign off	Colette Murphy
	6b Data Quality Issues	None
7	Data Collection Frequency	Daily
8	Tracer Conditions (clinical metrics)	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 (MDS)	Client name, address, sex, DOB, date of screening.
10	International Comparison	Similar in other countries
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI report period	Quarterly
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports ?	Performance Report/Profile
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	As reported in the HSE Performance Report
It is policy to include data in Open Data publication. Please indicate if there is an <u>exceptional</u> reason for this to be delayed		
Contact details		KPI owner/lead for implementation
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Governance/sign off		<i>This sign off is the governance at Divisional level in respect of management of the KPI including data provision, validation, and use in performance management</i>
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		Signature:
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<i>For Office use only:</i>		
KPI Number: HWB48		