



Health & Wellbeing and Public Health
Key Performance Indicator
Metadata 2025

Tobacco

1	KPI Title	HWB101 - No. of smokers who are receiving online cessation support services
1a	KPI Short Title	Smokers receiving online cessation support
2	KPI Description	This metric quantifies the number of smokers/tobacco users who are motivated to sign up to the online quitplan (an online quitting tracker) plus or minus a series of email/text or telephone supports to support tobacco cessation. The metric measures those who sign up to the quitplan and activate their account in the reporting period. The quitplan consists of an online personal quitting tracker which measures the users' level of nicotine dependence, their smoking triggers, reasons for quitting and financial savings during their quit attempt. As part of the quitplan sign up the user is encouraged to also avail of a series of other supports including motivational email and/or text based supports as well as the standard telephone support service offered through the national QUITline. The preparatory and motivational emails and texts are sent daily for two weeks before the 'set quit date', on the 'quit date' and for up to one month post the 'set quit date' followed by further less frequent emails for up to 12 months. It is possible that a tobacco user who signs up to the quitplan plus or minus the email or text supports could also be accessing either the face to face support through a HSE stop smoking clinic or group and/or could be in receipt of the standardised schedule of telephone supports. The evidence suggests that those who access a combination of behavioural supports (online/telephone/face to face) and use evidenced based medication have an increased likelihood of a successful quit. The target will not be consistent for each quarter. Activity in cessation services is generally higher in Q1 and Q2, lower in Q3 and rises again in the first half of Q4. A full profile breakdown will be provided. This metric reflects key actions for the HSE as outlined in the governments Tobacco Free Ireland Strategy and Healthy Ireland Strategy.
3	KPI Rationale	Tobacco users in our target population group (all tobacco users/smokers but particularly C2DE aged 24-35) are increasingly choosing our online cessation and text based messaging support services, including our personalised quit plan profile to aid them in their quit attempt. The introduction of this KPI will help measure the effectiveness of a wider range of cessation support services (in addition to the current metric HWB 27 measuring phone and face to face counselling services) and provide a more accurate picture of service activity across all channels and of the effectiveness of our award winning QUIT campaign. Quitplan sign up data is available and robust and has been monitored internally as part of campaign evaluation for some years.
3a	Indicator Classification	National Scorecard Quadrant: Access and Integration
4	National Target	2025 NSP Target: 7,000 Smokers. This is a cumulative calculation
4a	Target	Q1 (2,800), Q2 (1,260), Q3 (1,400), Q4 (1,540)
4b	Volume Metrics	
5	KPI Calculation	"Count. This metric will be drawn from the administrative part of the quitplan within the quit.ie website through the P Tools/Wagtail programme. It will count all tobacco users who log on to the quitplan and activate their account." The metric measures those who sign up to the quitplan and activate their account.
6	Data Source	Communications Department - Ptools (administrative part of quit.ie website). The data is national data reported by national communications using the P tools/Wagtail programme. This metric quantifies the number of tobacco users who are motivated to sign up to the online quitplan (an online quitting tracker) plus or minus a series of email/text or telephone supports to support tobacco cessation.
6a	Data Sign Off	Ben Cloney, Digital Manager, Communications Department
6b	Data Quality Issues	
7	Data Collection Frequency	Quarterly
8	Tracer Conditions	Smoker seeking assistance to quit
9	Minimum Data Set MDS	
10	International Comparison	NHS Stop Smoking Service reports similar data
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?	Management Data Report(MDR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	
	KPI owner/lead for implementation	Elaine Buckley, National Tobacco Cessation Co-Ordinator
	PBI data support	Laura Kangley, Lead Data Analyst Environmental Health, National Business Information Unit laura.kangley@hse.ie Tel: 087 4515998
	Integrated Co-ordination Lead/Planning Lead/AND	Helen Deely, Assistant National Director Health & Wellbeing, Access & Integration

Tobacco

1	KPI Title	HWB26 - % of smokers on cessation programmes who were quit at four weeks
1a	KPI Short Title	Tobacco - % smokers quit at four weeks
2	KPI Description	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 and a self report of quit status is provided (in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard). A CO- verified 4 week quitter is a treated smoker who reports not smoking for at least days 15–28 of a quit attempt and whose CO reading is assessed 28 days from their quit date (-3 or +14 days) and is less than 10 ppm. The -3 or +14 day rule allows for cases where it is impossible to carry out a face-to-face follow-up at the normal four-week point (although in most cases it is expected that follow-up will be carried out at four weeks from the quit date). This means that follow-up must occur 25 to 42 days from the quit date (Russell Standard). A treated smoker is a smoker who has received at least one session of a structured, multi-session intervention (delivered by a trained stop smoking advisor) on or prior to the quit date, who consents to treatment and sets a quit date with a HSE trained stop smoking advisor. Smokers who attend a first session but do not consent to treatment or set a quit date should not be counted. A 'smoker' is defined as a person who smokes a smoked product. In adulthood this is defined in terms of daily use, whereas in adolescence (i.e. for those aged 16 or under) it is defined in terms of weekly use).
3	KPI Rationale	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Behavioural support doubles a smoker's chance of quitting successfully. Smoking cessation is a highly cost effective intervention. The Tobacco Free Ireland 4 year plan identifies the need to set realistic performance targets for both the numbers using the service and the proportion who quit successfully.
3a	Indicator Classification	National Scorecard Quadrant: Quality & Safety
4	National Target	2025 NSP Target: 50%. This is a cumulative calculation
4a	Target	Performance target constant over the full year e.g. 50%
4b	Volume Metrics	
5	KPI Calculation	Denominator: No. of smokers who set a quit date and agree to participate in the HSE standard tobacco cessation support programme. Numerator: No. of treated smokers in the standardised HSE tobacco cessation support programme who either self report as quit or are CO validated as quit when followed up at 4 weeks. This is expressed as a count and as a percentage.
6	Data Source	Administrative databases. Data provided by HSE trained and accredited stop smoking advisors to the HSE Tobacco Free Ireland Programme. Manual system of service data input by advisors in to QUITmanager IT system and extract of data from same.
6a	Data Sign Off	Helen Deely, AND Health & Wellbeing, Access & Integration.
6b	Data Quality Issues	
7	Data Collection Frequency	Quarterly
8	Tracer Conditions	Quit definition - Russell Standard UK
9	Minimum Data Set MDS	No. of smokers who participated in a HSE standardised tobacco cessation support programme. No. of smokers who set a quit date. No. of smokers who either self report being quit/are validated as quit at 4 weeks.
10	International Comparison	NHS Stop Smoking Service reports similar data
11	KPI Monitoring	Quarterly
12	KPI Reporting Frequency	Quarterly
13	KPI Report Period	Q-1Q
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports?	Management Data Report(MDR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performance-reports/
17	Additional Information	
	KPI owner/lead for implementation	Elaine Buckley, National Tobacco Cessation Co-Ordinator (elaine.buckley1@hse.ie)
	PBI data support	Laura Kangley, Lead Data Analyst Environmental Health, National Business Information Unit laura.kangley@hse.ie Tel: 087 4515998
	Integrated Co-ordination Lead/Planning Lead/AND	Helen Deely, Assistant National Director, Health & Wellbeing, Access & Integration.

Tobacco

1	KPI Title	HWB27- No. of smokers who received face to face or telephone intensive cessation support from a HSE trained and accredited stop smoking advisor.
1a	KPI Short Title	Smokers receiving intensive stop smoking behavioural support
2	KPI Description	Intensive stop smoking behavioural support is a consultation of greater than 10 mins (more than a brief intervention) provided by a trained * stop smoking advisor with a person who smokes either in an acute or community setting. It can be delivered in a variety of ways - face to face (one-to-one), group (online or face to face) or via telephone. HSE Stop Smoking advisors are trained to Level 2/NCSCT/HSE standardised training.
3	KPI Rationale	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Support doubles a smoker's chance of quitting successfully. Smoking cessation is a highly cost effective intervention. The Department of Health's Tobacco Free Ireland policy document and the HSE Tobacco Free Ireland 4 year plan emphasises the need to monitor and evaluate cessation services.
3a	Indicator Classification	National Scorecard Quadrant: Access and Integration
4	National Target	2025 NSP Target: 20,774 Smokers. This is a cumulative calculation
4a	Target Trajectory	HSE Dublin & North East Community 3,209, HSE West & North West Community 2,533, HSE Mid West Community 918, HSE South West Community 1,888, HSE Dublin & South East Community 3,156, HSE Dublin & Midlands Community 3,405. HSE Dublin & North East Acute 1,267, HSE West & North West Acute 526, HSE Mid West Acute 138, HSE South West Acute 275, HSE Dublin & South East Acute 482, HSE Dublin & Midlands Acute 496. National Quitline 2,481
4b	Volume Metrics	
5	KPI Calculation	Count
6	Data Source	Extracted from the national stop smoking service IT system 'QUITmanager' with a few manual submissions. Service Data provided by HSE trained and accredited stop smoking advisors to quitmanager and manual submissions to the HSE Tobacco Free Ireland Programme . Manual system of service data input by advisors in to QUITmanager IT system and extract of data from same.
6a	Data Sign Off	Helen Deely, AND Health & Wellbeing, Access & Integration
6b	Data Quality Issues	
7	Data Collection Frequency	Monthly
8	Tracer Conditions	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	Quarterly
13	KPI Report Period	Quarterly
14	KPI Reporting Aggregation	National / Region (Community) / Region (Acute) / National Quitline.
15	KPI is reported in which reports?	Management Data Report(MDR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	
	KPI owner/lead for implementation	Elaine Buckley, National Tobacco Cessation Co-ordinator
	PBI data support	Laura Kangley, Lead Data Analyst Environmental Health, National Business Information Unit laura.kangley@hse.ie Tel: 087 4515998
	Integrated Co-ordination Lead/Planning Lead/AND	Helen Deely, Assistant National Director Health & Wellbeing, Access & Integration

1	KPI Title	HWB110 - % of smokers engaging with HSE Stop Smoking Services and using recommended Stop Smoking Medicines
1a	KPI Short Title	% Smokers using stop smoking medicines in their quit attempt
2	KPI Description	The use of stop smoking medicines are a recommended part of good stop smoking care, as outlined in the National Stop Smoking Clinical Guideline (2022). This metric will measure the % of smokers engaging with the HSE Stop Smoking Services for intensive behavioural support and who are also using recommended stop smoking medicines.
3	KPI Rationale	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Behavioural Support doubles a smoker's chance of quitting successfully. By also using recommended stop smoking medicines, a smokers chances of quitting are 4-times greater, compared to quitting alone. Smoking cessation and stop smoking medicines are highly cost effective interventions, and are fundamental to good stop smoking care, as outlined in Ireland's first National Stop Smoking Clinical Guideline (2022). The Department of Health's Tobacco Free Ireland policy document and the HSE Tobacco Free Ireland 4 year plan emphasises the need to monitor and evaluate cessation services.
3a	Indicator Classification	National Scorecard Quadrant: Access and Integration
4	National Target	2025 NSP Target: 70%
4a	Target Trajectory	Performance target constant over the full year e.g. 70%
4b	Volume Metrics	
5	KPI Calculation	Denominator: No. of smokers who set a quit date and agree to participate in the HSE standard tobacco cessation support programme. Numerator: No. of treated smokers in the standardised HSE tobacco cessation support programme who use recommended stop smoking medicines. This is expressed as a percentage.
6	Data Source	Extracted from the national stop smoking service IT system 'QUITmanager'. Service Data provided by HSE trained and accredited stop smoking advisors to quitmanager. Manual system of service data input by advisors in to QUITmanager IT system and extract of data from same.
6a	Data Sign Off	Helen Deely, AND Health & Wellbeing, Access & Integration
6b	Data Quality Issues	
7	Data Collection Frequency	Monthly
8	Tracer Conditions	Smoker seeking assistance to quit
9	Minimum Data Set MDS	No. of smokers who set quit date and use recommended stop smoking medicines
10	International Comparison	NHS Stop Smoking Service reports similar data
11	KPI Monitoring	Monthly
12	KPI Reporting Frequency	Quarterly in arrears
13	KPI Report Period	Quarterly in arrears
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports?	Management Data Report(MDR), Annual Report
16	Web link to data	
17	Additional Information	
	KPI owner/lead for implementation	Elaine Buckley, National Tobacco Cessation Co-ordinator
	PBI data support	Laura Kangley, Lead Data Analyst Environmental Health, National Business Information Unit laura.kangley@hse.ie Tel: 087 4515998
	Integrated Co-ordination Lead/Planning Lead/AND	Helen Deely, Assistant National Director Health & Wellbeing, Access & Integration

MECC

1	KPI Title	HWB111 - No. of HSE Frontline staff, incl. S38 Voluntary Organisations to complete the Making Every Contact eLearning Training
1a	KPI Short Title	Making Every Contact Count eLearning Training programme
2	KPI Description	<p>The Making Every Contact Count Training Programme, is standardised training designed to educate Health Care Professionals (HCP) in the brief intervention skills required to support patients/service users in lifestyle behaviour change, to reduce chronic disease in the population. HCP refers to those staff delivering services to patients/service users including staff in the following categories;</p> <ul style="list-style-type: none"> • Medical & Dental • Nursing, Midwifery • Health & Social Care Professionals • Patient & Client Care <p>Learning obtained in the training programme supports the embedding of MECC messaging into the HSE culture, as well as supporting staff health and wellbeing.</p> <p>HCP provide support through evidence based BI to make behaviour change to the main risk factors for chronic disease. Brief interventions typically take between 3 and 10 minutes.</p> <p>The training programme consists of 8 eLearning modules, 2 of which are optional. Modules 1-6 below must be completed to obtain certification.</p> <p>1) Behaviour change module 2) Tobacco 3) Alcohol and substance use 4) Healthy eating 5) Physical activity 6) Behaviour change module - skills into practice 7) Overweight and obesity (optional) 8) Mental health and wellbeing (optional)</p> <p>Optional modules remain aligned with the MECC Programme and learners are encouraged to complete. An additional Enhancing your Skills Workshop Face to Face/Virtual is offered to learners following completion of the eLearning component. This KPI is concerned with measuring the level of activity of the eLearning component of the training programme.</p>
3	KPI Rationale	One of the key areas of the Healthy Ireland Framework is chronic disease prevention. The Making Every Contact Count Programme is aimed at reducing chronic disease, by offering training to HCP to deliver brief interventions addressing lifestyle behaviour change in four key areas; 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. Chronic disease accounts for 40% of all hospital admissions and 75% of hospital bed days. MECC training aims to maximise the millions of contacts that HCP 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 HCP 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	National Target	NSP 2025 Full Year eLearning Target 5,426. This is a cumulative calculation
4a	Target	5,426 which represents 5% of frontline staff, incl S38 voluntary organisations to complete the e-learning modules of this training
4b	Volume Metrics	
5	KPI Calculation	Count of the number of HSE frontline staff incl S38 Voluntary Organisations frontline staff completing all 6 of the 8 modules for the e-learning programme. Profile the number per month expected in each area targeted. Performance will be scored on the outcome and expected activity
6	Data Source	Data will be collected from all staff when they register and complete the online training which is hosted on a Learning Management System (HSeLand). Data will be reported quarterly from this Learning Management System.
6a	Data Sign Off	Donna Doyle, Project Manager, MECC Programme
6b	Data Quality Issues	None known
7	Data Collection Frequency	Quarterly
8	Tracer Conditions	HSE Frontline Healthcare staff incl S38 Voluntary Organisations frontline staff (coded Medical & Dental, Nursing, Midwifery, Health & Social Care Professionals, Patient & Client Care) providing services to patients/service users in healthcare regions. Completing at least 6 of the 8 MECC elearning modules on HseLand
9	Minimum Data Set MDS	No. of staff who have accessed the course & no. of staff who have completed the course. Number of staff who have completed the elearning modules by National, Total Community and Total Hospital
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?	Management Data Report(MDR), Annual Report
16	Web link to data	https://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	None known
	KPI owner/lead for implementation	Helen Deely, Assistant National Director Health & Wellbeing, Access & Integration
	PBI data support	Laura Kangley, Lead Data Analyst Environmental Health, National Business Information Unit laura.kangley@hse.ie Tel: 087 4515998
	Integrated Co-ordination Lead/Planning Lead/AND	Helen Deely, Assistant National Director Health & Wellbeing, Access & Integration

MECC

1	KPI Title	HWB112 - No. of HSE Frontline staff, incl. S38 Voluntary Organisations to complete the Making Every Contact Count Enhancing Your Skills Workshop Training
1a	KPI Short Title	Making Every Contact Count Enhancing Your Skills Workshop Training
2	KPI Description	<p>The Making Every Contact Count Training Programme, is standardised training designed to educate Health Care Professionals (HCP) in the brief intervention skills required to support patients/service users in lifestyle behaviour change, to reduce chronic disease in the population. HCP refers to those staff delivering services to patients/service users including staff in the following categories;</p> <ul style="list-style-type: none"> • Medical & Dental • Nursing, Midwifery • Health & Social Care Professionals • Patient & Client Care <p>Learning obtained in the training programme supports the embedding of MECC messaging into the HSE culture, as well as supporting staff health and wellbeing.</p> <p>HCP provide support through evidence based BI to make behaviour change to the main risk factors for chronic disease Brief interventions typically take between 3 and 10 minutes.</p> <p>The training programme consists of 8 eLearning modules, 2 of which are optional. Modules 1-6 below must be completed to obtain certification. 1) Behaviour change module 2) Tobacco 3) Alcohol and substance use 4) Healthy eating 5) Physical activity 6) Behaviour change module - skills into practice 7) Overweight and obesity (optional) 8) Mental health and wellbeing (optional) Optional modules remain aligned with the MECC Programme and learners are encouraged to complete.</p> <p>The "Enhancing Your Skills" Workshop is an additional half-day training session offered to learners following completion of the MECC eLearning component. This workshop, available both face-to-face and virtually, is designed to deepen and reinforce the skills learned during the eLearning training. The workshop emphasises practical BI skills practice and development, providing participants with the opportunity to refine their abilities in delivering effective brief interventions. It also encourages the sharing of experiences, building confidence, and learning how to integrate these skills into their daily practice. Delivered by a pool of national trainers, the workshop aims to enhance participant's ability to support the implementation of the MECC programme in their respective work environments, ensuring that they are well-equipped to apply their skills effectively in healthcare settings</p>
3	KPI Rationale	One of the key areas of the Healthy Ireland Framework is chronic disease prevention. The Making Every Contact Count Programme is aimed at reducing chronic disease, by offering training to HCP to deliver brief interventions addressing lifestyle behaviour change in four key areas; 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. Chronic disease accounts for 40% of all hospital admissions and 75% of hospital bed days. MECC training aims to maximise the millions of contacts that HCP 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 HCP 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	National Target	NSP 2025 Full Year Workshop Target 1,826. This is a cumulative calculation
4a	Target	1,628 which represents 30% of eLearning target of frontline staff, incl S38 voluntary organisations frontline staff to complete the workshop module of this training
4b	Volume Metrics	
5	KPI Calculation	Count of the number of HSE frontline staff incl S38 Voluntary Organisations frontline staff completing the EYS Workshop. Profile the number per month expected in each area targeted. Performance will be scored on the outcome and expected activity
6	Data Source	Data is collected upon registration and completion of MECC Enhancing Your Skills (EYS) Workshop, which takes place over a half day. The MECC Enhancing Your Skills (EYS) Workshop is available for participant registration upon completion of the MECC eLearning Training Programme, hosted on the HSeLand Learning Management System. Data will be reported quarterly from reports received via the HseLand Learning Management System
6a	Data Sign Off	Donna Doyle, Project Manager, MECC Programme
6b	Data Quality Issues	None known
7	Data Collection Frequency	Quarterly
8	Tracer Conditions	HSE Frontline Healthcare staff incl S38 Voluntary Organisations frontline staff (coded Medical & Dental, Nursing, Midwifery, Health & Social Care Professionals, Patient & Client Care) providing services to patients/service users in healthcare regions Completing EYS Workshop Training
9	Minimum Data Set MDS	No. of staff who have accessed the course & no. of staff who have completed the course. Number of staff who have completed the workshop by National, Total Community and Total Hospital
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?	Management Data Report(MDR), Annual Report
16	Web link to data	https://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	None known
	KPI owner/lead for implementation	Helen Deely, Assistant National Director Health & Wellbeing, Access & Integration
	PBI data support	Laura Kangley, Lead Data Analyst Environmental Health, National Business Information Unit laura.kangley@hse.ie Tel: 087 4515998
	Integrated Co-ordination Lead/Planning Lead/AND	Helen Deely, Assistant National Director Health & Wellbeing, Access & Integration

Immunisation & Vaccine

1	KPI Title	HWB8 - % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine
1a	KPI Short Title	Measles, Mumps, Rubella (MMR) vaccine - received 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 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	Quality and Safety
4	National Target	2025 NSP Target: 95%. This is a cumulative calculation
4a	Target	Performance targets constant over the full year i.e, 95%
4b	Volume Metrics	
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. IHA/LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received the MMR vaccine 290/368x100%)Calculation: No. of children aged 24 months who received the MMR Vaccine (290 Number of children aged 24 months of age (368) x100% = 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. Michael Carton, HPSC
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	
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 / Health Region(HR) / Integrated Health Area(IHA)/ Local Health Office (LHO) Area
15	KPI is reported in which reports?	Management Data Report(MDR), National Performance Report(NPR), Regional Performance Report(RPR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Laura Kangley, Lead Data Analyst, Health & Wellbeing, laura.kangley@hse.ie
20	National Clinical Director Health Protection	Dr. Éamonn O'Moore, National Clinical Director of Health Protection

Immunisation & Vaccine

1	KPI Title	HWB4 - % children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)
1a	KPI Short Title	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.
3a	Indicator Classification	Quality and Safety
4	National Target	2025 NSP Target: 95%. This is a cumulative calculation
4a	Target	Performance targets constant over the full year i.e, 95%
4b	Volume Metrics	N/A
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. IHA/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: No. of children aged 24 months who rec 3 doses of Polio Vaccine (290). Number of children aged 24 months of age (368) x100 = 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. Michael Carton, HPSC
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	
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 / Health Region(HR) / Integrated Health Area(IHA)/ Local Health Office (LHO) Area
15	KPI is reported in which reports?	Management Data Report(MDR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Laura Kangley, Lead Data Analyst, Health & Wellbeing, laura.kangley@hse.ie
20	National Clinical Director Health Protection	Dr. Éamonn O'Moore, National Clinical Director of Health Protection

Immunisation & Vaccine

1	KPI Title	HWB109 - % of first year students who have received one dose of HPV Vaccine
1a	KPI Short Title	First year students HPV vaccine
2	KPI Description	Measure performance of each HR school immunisation team at provision of HPV vaccine to those in first year of second level school (or age equivalent special school or home school)
3	KPI Rationale	Ministerial priority and goes towards target to eliminate cervical cancer. New NIAC advice means only one dose of vaccine is now required.
3a	Indicator Classification	Quality and Safety
4	National Target	2025 National Service Plan Target: 90%. This is a Point in Time calculation
4a	Target	90%
4b	Volume Metrics	
5	KPI Calculation	Numerator - Number of vaccines administered as recorded on SIS computer system. Denominator is data from DoE of number of students in first year of second level school (or age equivalent special school or home school) multiplied by 100
6	Data Source	Schools Immunisation System
6a	Data Sign Off	Dr. Michael Carton, HPSC
6b	Data Quality Issues	Late data entry in some areas
7	Data Collection Frequency	Annually - Academic year
8	Tracer Conditions	
9	Minimum Data Set MDS	Number of vaccines administered divided by number of pupils in second level school (or age equivalent special school or home school)
10	International Comparison	WHO target 90%
11	KPI Monitoring	Annually
12	KPI Reporting Frequency	Annually
13	KPI Report Period	Annually - Academic Year
14	KPI Reporting Aggregation	National / Health Region(HR) / Integrated Health Area(IHA)/ Local Health Office (LHO) Area
15	KPI is reported in which reports?	Management Data Report(MDR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Laura Kangley, Lead Data Analyst, Health & Wellbeing, laura.kangley@hse.ie
20	National Clinical Director Health Protection	Dr. Éamonn O'Moore, National Clinical Director of Health Protection

Immunisation & Vaccine

1	KPI Title	HWB79 - % of Healthcare workers who have received seasonal flu vaccine in the 2024-2025 influenza season (acute hospitals)
1a	KPI Short Title	Healthcare workers flu vaccine (actutes)
2	KPI Description	Total number and percentage of health care workers in acute hospitals who have received seasonal influenza vaccine in the 2024-2025 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	Quality and Safety
4	National Target	2025 NSP Target: 75%. This is a Point in Time calculation
4a	Target	75%
4b	Volume Metrics	
5	KPI Calculation	No. of health care workers in acute hospitals who have received seasonal influenza vaccine x 100 = Total number of healthcare workers in acute hospitals
6	Data Source	Sourced from acute hospitals and reported on by the Health Protection Surveillance Centre (HPSC)
6a	Data Sign Off	Dr. Michael Carton, HPSC
6b	Data Quality Issues	
7	Data Collection Frequency	Annually
8	Tracer Conditions	
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	Annual Influenza Season 2024-2025
14	KPI Reporting Aggregation	National / Health Region(HR) / Hospital
15	KPI is reported in which reports?	Management Data Report(MDR), National Performance Report(NPR), Regional Performance Report(RPR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics/hpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office.
19	NBIU data support	Laura Kangley, Lead Data Analyst, Health & Wellbeing, laura.kangley@hse.ie
20	National Clinical Director Health Protection	Dr. Éamonn O'Moore, National Clinical Director of Health Protection

Immunisation & Vaccine

1	KPI Title	HWB13 - % of Healthcare workers who have received seasonal flu vaccine in the 2024-2025 influenza season (long term care facilities in the community)
1a	KPI Short Title	Healthcare workers flu vaccine (community)
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 2024-2025 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	Quality and Safety
4	National Target	2025 NSP Target: 75%. This is a Point in Time calculation
4a	Target	75%
4b	Volume Metrics	
5	KPI Calculation	No. of health care workers in acute hospitals who have received seasonal influenza vaccine / Total number of healthcare workers in long term care facilities in the community x 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. Michael Carton, HPSC
6b	Data Quality Issues	
7	Data Collection Frequency	Annually in September reporting cycle - 2024/2025 flu season
8	Tracer Conditions	
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	Annual Influenza Season 2024-2025
14	KPI Reporting Aggregation	National / Health Region(HR) / Integrated Health Area(IHA)/ Local Health Office (LHO) Area
15	KPI is reported in which reports?	Management Data Report(MDR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office
19	NBIU data support	Laura Kangley, Lead Data Analyst, Health & Wellbeing, laura.kangley@hse.ie
20	National Clinical Director Health Protection	Dr. Éamonn O'Moore, National Clinical Director of Health Protection

Immunisation & Vaccine

1	KPI Title	HWB105 - % uptake in Flu vaccine for those aged 65 and older
1a	KPI Short Title	>65 flu vaccine
2	KPI Description	Total number and percentage of those aged 65 and older who have received seasonal influenza vaccine in the 2024-2025 influenza season. This KPI changed from reporting at LHO level to National only in 2022/2023
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	Quality and Safety
4	National Target	2025 NSP Target: 75%. This is a Point in Time calculation
4a	Target	75%
4b	Volume Metrics	
5	KPI Calculation	Numerator is number of doses of vaccine given as recorded on COVAX vaccination system. Denominator is data from ONS population in Ireland aged 65+ years
6	Data Source	Data re sourced from COVAX system via data extract which is shared with HPSC and reported on by the Health Protection Surveillance Centre (HPSC)
6a	Data Sign Off	Dr. Michael Carton, HPSC
6b	Data Quality Issues	Data on COVAX subject to internal data quality processes, the data are not available at small area level and there are some missing data issues for variables such as location, however represents all those who have had flu vaccine in a complete manner not requiring manual flu returns from GPs/Pharmacies as in the past
7	Data Collection Frequency	Annual
8	Tracer Conditions	
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	Annual Influenza Season
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports?	Management Data Report(MDR), National Performance Report(NPR), Regional Performance Report(RPR), Annual Report
16	Web link to data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office
19	NBIU data support	Laura Kangley, Lead Data Analyst, Health & Wellbeing, laura.kangley@hse.ie
20	National Clinical Director Health Protection	Dr. Éamonn O'Moore, National Clinical Director of Health Protection

Immunisation & Vaccine

1	KPI Title	HWB108 - % uptake of flu vaccine for those aged 2-17 years old
1a	KPI Short Title	Flu Vaccine 2-17 year old
2	KPI Description	Measured uptake of influenza vaccine in all 2-17 year olds across Ireland in the 2024-2025 influenza season (Oct-Mar). This is a change to the flu immunisation programme eligible cohorts from 2-17 years (in 2021/22 and 2022/23 flu seasons) to 2-12 years (2020/21 and 2023/24 flu seasons) so is important to measure its uptake in this new revised cohort. KPI was retired in 2022 and reactivated for 2024 so there is no data available for those 2 years.
3	KPI Rationale	To measure the uptake of the flu vaccine to protect children
3a	Indicator Classification	Quality and Safety
4	National Target	2025 NSP Target: 50%. This is a Point in Time calculation
4a	Target	50%
4b	Volume Metrics	N/A
5	KPI Calculation	Numerator – number of vaccines received by 2-17 years olds from IIS dashboard data. Denominator Pop Proj 2021 M2F2 estimate.
6	Data Source	Pop Proj 2021 M2F2 for population data and IIS dashboard data for number of vaccines given
6a	Data Sign Off	Dr. Michael Carton, HPSC
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
8	Tracer Conditions	
9	Minimum Data Set MDS	The number of vaccines given.
10	International Comparison	
11	KPI Monitoring	Annual
12	KPI Reporting Frequency	Annual
13	KPI Report Period	Annual Influenza Season 2024-2025
14	KPI Reporting Aggregation	National
15	KPI is reported in which reports?	Management Data Report(MDR), Annual Report/ HPSC flu vaccine report
16	Web link to data	http://www.hse.ie/eng/services/publications/performance-reports/
17	Additional Information	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
18	KPI owner/lead for implementation	Dr. Lucy Jessop, Director, National Immunisation Office
19	NBIU data support	Laura Kangley, Lead Data Analyst, Health & Wellbeing, laura.kangley@hse.ie
20	National Clinical Director Health Protection	Dr. Éamonn O'Moore, National Clinical Director of Health Protection

Public Health

1	KPI Title	% of IHR alerts received by Health Projection Surveillance Centre (HPSC) that are risk assessed and actioned as appropriate within 24 hours of the alert.
1a	KPI Short Title	Public Health - International Health Regulation alerts from WHO Event Information Site received, risk assessed and actioned as appropriate within 24 hours
2	KPI Description	Percentage of International Health Regulation alerts from WHO EIS received, risk assessed and actioned as appropriate within 24 hours
3	KPI Rationale	Under the International Health Regulations (2005) (IHR(2005)) all member states are required to designate a National IHR Focal Point which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations. HPSC is the national IHR focal point and is required to be accessible 24/7/365 to WHO alerts and requests for information, to disseminate and collate information as requested by WHO. HPSC as national IHR contact point is required to notify WHO of all events which may constitute a public health emergency of international concern; to share information during unexpected or unusual public health events. Through this platform HPSC may seek advice from WHO on events occurring within ireland which do not require notification, and to respond to requests from WHO on consultations and attempts to obtain verification for reports from sources other than notifications. HPSC maintains a roster of clinical staff in - and out of hours (24/7/365), who are responsible for reviewing all IHR alerts received to the HPSC.
3a	Indicator Classification	Quality & Safety
4	National Target	100%
4a	Target	100%
4b	Volume Metrics	
5	KPI Calculation	International Health Regulation alerts are received through a specified email address to HPSC on call staff and are read and assessed with requirements to either provide information to WHO, or to disseminate information that may require specific prevention or control actions. Denominator is the number of IHR alerts received in the quarter, the Numerator is the number that are assessed within the 24 hour period after receipt.
6	Data Source	International Health Regulation EIS alerts received by HPSC
6a	Data Sign Off	Dr Victor Aiyedun, National Clinical Lead for Surveillance, HPSC
6b	Data Quality Issues	As the International Health Regulation alerts come into the IHR oncall email inbox, out of hours on call clinicians must read on mobile devices, it may be difficult to monitor whether a risk assessment completed out of hours was within the 24 hour period - not all alerts require onward forwarding or responses being made to WHO - may just require a review of information and risk assessment with decision whether to cascade on or not, or take any further action or not. There is no database currently used to collect information on this.
7	Data Collection Frequency	Quarterly
8	Tracer Conditions	N/A
9	Minimum Data Set MDS	The proportion of IHR alerts received by HPSC, number reviewed and risk assessed, and actioned (if appropriate)
10	International Comparison	None WHO does not routinely report on number of IHR alerts sent to Member States
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?	Management Data Report(MDR), Annual Report
16	Web link to data	N/A
17	Additional Information	https://cdn.who.int/media/docs/default-source/searo/whe/tp-ihp.pdf?sfvrsn=daad455b_0
18	KPI owner/lead for implementation	Dr Victor Aiyedun, National Clinical Lead for Surveillance, HPSC
19	NBIU data support	Laura Kangley, Health & Wellbeing Lead Data Analyst, NBIU laura.kangley@hse.ie
20	National Clinical Director Health Protection	Dr Éamonn O'Moore, Director of National Health Protection