Health Service Executive

Health and Wellbeing

Key Performance Indicator Metadata 2016
Draft v.7

	Office Use Only KPI No. (source: target doc)	**Key Performance Indicators Service Planning 2016** / KPI Title	Reported against NSP / DOP	Healthy Ireland / Corporate Plan / HI & CP	Report Frequency	KPIs 2015		KPIs 2016	
						2015 National Target / Expected Activity	2015 Actual outturn	2016 National Target / Expected Actvity	Reported at National / CHO / HG Level
HWB - BreastCheck	HWB77	No. of women in the eligible population who have had a complete mammogram	NSP	HI	M	New PI 2016		149,500	National
	HWB20	No. of women aged 50-64 who have had a complete mammogram	DOP	HI	M	140,000	144,701	144,000	National
	HWB76	No. of women aged 65+ who have had a complete mammogram	DOP	HI	M	New PI 2016		5,500	National
	HWB35	% BreastCheck screening uptake rate	NSP	HI & CP	Q 1 qtr in arrears	New PI 2016		>70%	National
	HWB36	% women offered an appointment for Assessment Clinic within 2 weeks of notification of abnormal mammographic result	DOP		Q	New PI 2016		>90%	National
	HWB37	% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer	NSP		Bi 1 qtr in arrears	New PI 2016		>90%	National
HWB - CervicalCheck	HWB21	No. of unique women who have had one or more smear tests in a primary care setting	NSP	HI	M	271,000	249,982	255,000	National
	HWB40	% eligible women with at least one satisfactory CervicalCheck screening in a 5 year period	NSP	HI & CP	Q	New PI 2016		>80%	National
	HWB41	No. of women referred to colposcopy	DOP		Q	New PI 2016		19,500	National
	HWB42	% of clients who are issued CervicalCheck results within 4 weeks	DOP		Q 1 qtr in arrears	New PI 2016		>90%	National
	HWB 43	% urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic	NSP		M 1 mth in arrears	New PI 2016		>90%	National
	HWB 44	Average high grade times from referral to first offered colposcopy appointment within 4 weeks	DOP		M 1 mth in arrears	New		>90%	National
	HWB45	Average low grade times from referral to first offered colposcopy appointment within 8 weeks	DOP		M 1 mth in arrears	New PI 2016		>90%	National
HWB - BowelScreen	HWB22	No. of clients who have completed a satisfactory BowelScreen FIT test	NSP	HI	M	New PI 2016		106,875	National
	HWB46	% of client uptake rate in the BowelScreen programme	NSP	HI & CP	Q 1 qtr in arrears	New		>45%	National
HWB - Diabetic RetinaScreen	HWB23	No. of Diabetic RetinaScreen clients screened with final grading result	NSP	HI	M	78,300	76,248	87,000	National
	HWB47	% Diabetic RetinaScreen uptake rate	NSP	HI & CP	Q 1 qtr in arrears	New		>56%	National
	HWB48	% of clients who are issued a Diabetic RetinaScreen result within 3 weeks	DOP		Q 1 qtr in arrears	New PI 2016		>95%	National
HWB - Environmental Health	HWB29	No. of tobacco sales to minors test purchase inspections carried out	NSP	HI	Q	480	540	384	National
	HWB49	% of tobacco test purchases carried out which had compliant inspection outcome	DOP	HI	Q	New PI 2016		79%	National
	HWB32	No. of establishments inspected under the Public Health (Sunbeds) Act	NSP	HI	Q	400	492	200	National
	HWB80	No. of test purchase inspections completed (Sunbeds) Act	DOP		Q	New KPI 2016		32	National
	HWB81	No. of mystery shopper inspections completed (Sunbeds) Act	DOP		Q	New KPI 2016		32	National
	HWB31	No. of official food control planned, and planned surveillance inspections of food businesses	NSP	HI	Q	33,000	36,304	33,000	National
	HWB51	% of official food control planned inspections and planned surveillance inspection outcomes which were unsatisfactory	DOP	HI	Q	New PI 2016		<25%	National
	HWB57	% of environmental health complaints from the public risk assessed within one working day	DOP	CP	Q	New PI 2016		95%	National
HPI - Tobacco	HWB27	No. of smokers who received intensive cessation support from a cessation counsellor	NSP	HI & CP	M	9,000	11,949	11,500	CHO/Nat Quitline
	HWB30	No. of frontline staff trained in brief intervention smoking cessation	DOP	HI	M	1,350	1,279	1,350	CHO
	HWB26	% of smokers on cessation programmes who were quit at one month	NSP	HI & CP	Q 1 qtr in arrears	New PI 2016		45%	National

Category	Code	Description							
HPI - Healthy Eating Active Living	HWB62	No. of 5k Parkruns completed by the general public in community settings	DOP	HI & CP	M	New PI 2016	145,327	150,000	CHO
	HWB63	No. of frontline healthcare staff who have completed the physical activity e-learning module	DOP	HI & CP	M	New PI 2016		486	CHO
	HWB64	No. of people who have completed a structured patient education programme for diabetes	NSP	HI & CP	M	New PI 2016		2,200	CHO
	HWB65	% of PHNs trained by dietitians in the Nutrition Reference Pack for Infants 0-12 months	DOP	HI & CP	Q	New PI 2016		50%	CHO
	HWB66	No. of people attending a structured community based healthy cooking programme	DOP	HI & CP	M	New PI 2016		4,400	CHO
	HWB67	% of preschools participating in Smart Start	DOP	HI & CP	Q	New PI 2016		15%	CHO
	HWB68	% of primary schools trained to participate in the after schools activity programme - Be Active	DOP	HI & CP	Q	New PI 2016		20%	CHO
HPI - Child Health	HWB17	% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	NSP	HI & CP	M	95%	93.7%	95%	CHO
	HWB16	% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	NSP	HI & CP	Q	97%	97.5%	97%	CHO
	HWB18	% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	HI & CP	Q	56%	53.7%	56%	CHO
	HWB19	% of babies breastfed (exclusively and not exclusively) at 3 month PHN visit	NSP	HI & CP	Q	38%	35.4%	38%	CHO
	HWB71	% of total number of maternity hospitals with Baby Friendly Hospitals designation	DOP	HI & CP	Bi	New PI 2016		58%	National
HWB - Immunisations and Vaccines	HWB1	% children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenzae type b (Hib3) Polio (Polio3) hepatitis B (HepB3) (6 in 1)	DOP	HI & CP	Q 1 qtr in arrears	95%	91.4%	95%	CHO
	HWB2	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate vaccine (PCV2)	DOP	HI & CP	Q 1 qtr in arrears	95%	91.1%	95%	CHO
	HWB3	% children at 12 months of age who have received 2 doses of the Meningococcal group C vaccine (MenC2)	DOP	HI & CP	Q 1 qtr in arrears	95%	90.8%	95%	CHO
	HWB4	% children aged 24 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenzae type b (Hib3), Polio (Polio3), hepatitis B (HepB3) (6 in 1)	NSP	HI & CP	Q 1 qtr in arrears	95%	95.1%	95%	CHO
	HWB5	% children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine	DOP	HI & CP	Q 1 qtr in arrears	95%	87.2%	95%	CHO
	HWB6	% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine	DOP	HI & CP	Q 1 qtr in arrears	95%	90.9%	95%	CHO
	HWB7	% children aged 24 months who have received 3 doses Pneumococcal Conjugate (PCV3) vaccine	DOP	HI & CP	Q 1 qtr in arrears	95%	91.6%	95%	CHO
	HWB8	% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine	NSP	HI & CP	Q 1 qtr in arrears	95%	92.9%	95%	CHO
	HWB 9	% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria, Tetanus, Polio, Pertussis)	DOP	HI & CP	A	95%	81.3%	95%	CHO
	HWB10	% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine	DOP	HI & CP	A	95%	81.3%	95%	CHO
	HWB11	% first year students who have received 1 dose Tetanus, low dose Diphtheria, Acellular Pertussis (Tdap) vaccine	DOP	HI & CP	A	95%	88.4%	95%	CHO
	HWB78	% of first year girls who have received two doses of HPV Vaccine	NSP	HI & CP	A	80%	85.0%	85%	CHO
	HWB75	% of first year students who have received one dose meningococcal C (MenC) vaccine	DOP	HI & CP	A	95%	86.8%	95%	CHO
	HWB79	% of health care workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (acute hospitals)	NSP	HI & CP	A	40%	23.4%	40%	National
	HWB13	% of health care workers who have received seasonal Flu vaccine in the 2015-2016 influenza season (long term care facilities in the community)	NSP	HI & CP	A	40%	25.7%	40%	National
	HWB14	% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP	HI & CP	A	75%	60.2%	75%	National
HWB - Public Health	HWB24	No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	NSP	HI & CP	Q	614	508	660	National
	HWB74	No. of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule	DOP	HI & CP	Q	New		7,500	National

	Service Type name BreastCheck	
1	**KPI title**	No. of women in the eligible population who have had a complete mammogram
2	**KPI Description** **HWB77**	Activity measurement; count of number of women who have had a complete mammogram in the reporting period i.e two radiologists have read it and it has been given a result. This metric includes initial women (women who have had their first BreastCheck screening examination) and subsequent women (women who have had their second or higher BreastCheck screening examination).
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: 149,500 women
5	**KPI Calculation**	Count of number of initial women and subsequent women who have had a complete mammogram in the reporting period.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 50 and 69 who are eligible for sceening.
9	**Minimum Data Set**	Client name, address, DOB
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Assurance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	I
Contact details for Data Manager **/Specialist Lead**		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

		Service Type name BreastCheck

1	**KPI title**	No. of women aged 50-64 who have had a complete mamogram
2	**KPI Description** **HWB20**	Activity measurement; count of number of women aged 50-64bwho have had a complete mammogram in the reporting period i.e two radiologists have read it and it has been given a result. This metric includes initial women (women who have had their first BreastCheck screening examination) and subsequent women (women who have had their second or higher BreastCheck screening examination).
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: 144,000 women
5	**KPI Calculation**	Count of number of women aged 50-64 who have had a complete mammogram in the reporting period.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 50 and 64 who are eligible for sceening.
9	**Minimum Data Set**	Client name, address, DOB
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
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Contact details for Data Manager **/Specialist Lead**		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

1	**KPI title**	No. of women aged 65+ who have had a complete mamogram
2	**KPI Description** **HWB76**	Activity measurement; count of number of women aged ≥65 who have had a complete mammogram in the reporting period i.e two radiologists have read it and it has been given a result. This metric includes initial women (women who have had their first BreastCheck screening examination) and subsequent women (women who have had their second or higher BreastCheck screening examination). This figure represents expected uptake of approx. half of 65 year-olds eligible for screening in line with the age-range extension roll out model.
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: 5,500 women
5	**KPI Calculation**	Count of number of women aged ≥65 who have had a complete mammogram in the reporting period.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 50 and 64 who are eligible for sceening.
9	**Minimum Data Set**	Client name, address, DOB
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
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National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name BreastCheck	

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

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

	Service Type name BreastCheck	
1	**KPI title**	% women offered hospital admission for treatment within 3 weeks of diagnosis of breast cancer
2	**KPI Description HWB37**	Measures whether women diagnosed with cancer are offered treatment in BreastCheck host hospital (St Vincents, Mater, Cork University Hospital, Galway University hospital) within 3 weeks of being informed of their diagnosis of breast cancer. Detailed analysis of client records may be necessary to report this metric.
3	**KPI Rationale**	Measures quality of service to women with cancer detected at screening. Aims to improve outcomes and minimise anxiety by having surgery in a timely manner. This data relates to women who opt to have treatment at BreastCheck host hospitals. Clients who opt to have treatment at other hospitals are excluded from this metric.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	≥ 90%
5	**KPI Calculation**	Denominator= No. women diagnosed with Breast Cancer in the reporting period. Numerator= No. women offered hospital admission for treatment within 21 days of diagnosis of breast cancer
6	**Data Source Data Completeness Data Quality Issues**	BreastCheck database (NBSP) to the BIU business infomation unit via a cif template 100% Ma be delays in retrieving and inputting the data
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ☒Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women diagnosed with breast cancer and offered an appointment for treatment at one of the BreastCheck host hospitals.
9	**Minimum Data Set**	No. women first invited in the period, no. of those women screened (at reporting date) No. women diagnosed with breast cancer, No. women offered hospital admission for treatment within 21 days of diagnosis of breast cancer.
10	**International Comparison**	None
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ❑Quarterly ☒Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NCSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ❑Quarterly ☒Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ☒ Other – give details: Rolling 6 months one quarter in arrears i.e. March 2016 report will report on Data for period June-Dec 2015; Sep 2016 report will report on Data for period Jan-Jun 2016
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ❑ Performance Assurance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

1	KPI title	No. of unique women who have had one or more smear tests in a primary care setting.
2	KPI Description HWB21	Activity measurement; count of number of women who have had a satisfactory smear test in the reporting period i.e one that could be analysed and reported on.
3	KPI Rationale	Activity measurement
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	KPI Target	NSP 2016: 255,000
5	KPI Calculation	Count of number of women who have had a satisfactory smear test in the reporting period i.e one that could be analysed and reported on.
6	Data Source Data Completeness Data Quality Issues	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100% None
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	Tracer Conditions	Women aged between 25 and 60 who are eligible for sceening and who have had a satisfactory smear test carried out in a primary care setting
9	Minimum Data Set	Client name, address, DOB
10	International Comparison	Similar in other countries
11	KPI Monitoring	KPI will be monitored : ❑Daily ❑Weekly ☒ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	KPI report period	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2)
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☒ Performance Assurance Report (NSP) ❑Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name CervicalCheck	

1	**KPI title**	% eligible women with at least one satisfactory CervicalCheck screening in a 5-year period
2	**KPI Description HWB40**	Measures the proportion of the known eligible population who have had at least one satisfactory smear test in the five year period defined. Period is based on a five-year screening round. This is a rolling metric updated to the end of the previous quarter. Numerator=no. unique women aged 25-60 who have had a satisfactory smear test in the previous 5 years, Denominator= no. of unique women aged 25-60 in the population (based on most recent census estimates) adjusted for women who have had a hysterectomy (therefore not eligible for the CervicalCheckprogramme).
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Measures the coverage of the CervicalCheck programme among the eligible population. Monitors if the programme is reaching the population it serves. Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: ≥80%
5	**KPI Calculation**	Numerator=no. unique women aged 25-60 who have had a satisfactory smear test in the previous 5 years, Denominator= no. of unique women aged 25-60 in the population (based on most recent census estimates) adjusted for women who have had a hysterectomy (therefore not eligible for the CervicalCheckprogramme)
6	**Data Source** **Data Completeness** **Data Quality Issues**	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for sceening and who have had a satisfactory smear test carried out in the previous five years. Excludes women who have had a hysterectomy and are therefore ineligible for cervical screening.
9	**Minimum Data Set**	Client name, address, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager **/Specialist Lead**		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name CervicalCheck	

1	**KPI title**	No. of women referred to colposcopy
2	**KPI Description** **HWB41**	Count of the number of women whose management reccommendation from their smear test is "referral to colposcopy"
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ☐ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: 19,500
5	**KPI Calculation**	Count of the number of women whose management recommendation from their smear test is "referral to colposcopy" in the reporting period.
6	**Data Source** **Data Completeness** **Data Quality Issues**	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for screening and who have had a smear test carried out where the management recommendation = "refer to colposcopy"
9	**Minimum Data Set**	Client name, address, DOB, date of screening, management recommendation.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ☐ Regional ☐Hospital Group ☐ Hospital ☐ CHO ☐ ISA ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	Is the data for this KPI available through Corporate Information Facility (CIF)? Yes in development
Contact details for Data Manager **/Specialist Lead**		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name CervicalCheck	
1	**KPI title**	% of clients who are issued CervicalCheck results within 4 weeks
2	**KPI Description HWB42**	Proportion of women who are sent their results letter (managemet recommendation) within four weeks from the date of screening. Depends on the timely dispatch of samples from GP to lab (sample submission time) and turn-around time of samples at the laboratory (time taken to analyse sample and report on results).
3	**KPI Rationale** **Indicator Classification** *(National Standards for Safer Better HealthCare)*	A quality measurement to reduce anxiety regarding waiting for results among clients screened for cervical cancer Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care　　❑　 Effective Care　　❑ 　Safe Care ❑　Better Health and Wellbeing 　❑ 　Use of Information 　❑ 　Workforce ❑ 　Use of Resources　　 ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: ≥90%
5	**KPI Calculation**	numerator= no. of women whose results (mamagement recommendation) were issued within 4 weeks of the date of screening, denominator= no. women who had a cervical smear within the reporting period
6	**Data Source Data Completeness Data Quality Issues**	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100%　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily　 ❑Weekly 　❑ Monthly 　 ❑Quarterly 　 ❑Bi-annually 　 ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for screening and who have had a smear test carried out in the reporting period.
9	**Minimum Data Set**	Client name, address, DOB, date of screening, management recommendation.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly 　☒Quarterly 　❑Bi-annually 　❑Annually 　❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily 　❑Weekly ❑Monthly 　☒Quarterly 　 ❑Bi-annually 　 ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National　　❑ Regional 　❑Hospital Group 　❑ Hospital 　 ❑ CHO 　 ❑ ISA 　❑ LHO ❑ County　　 ❑ Institution 　 ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) 　❑CompStat 　❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	Is the data for this KPI available through Corporate Information Facility (CIF)? Yes in development
Contact details for Data Manager **/Specialist Lead**		Data analyst: Fiona O'Riordan,　　　 Email: fiona.oriordan@hse.ie　　　 Tel: 087 253 2845　　　　　　　　　　 Specialist Lead: Therese Mooney　　 Email: therese.mooney@screeningservice.ie 　 Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director,　 Division: Health and Wellbeing

	Service Type name	CervicalCheck
1	**KPI title**	% of urgent cases offered a Colposcopy appointment within 2 weeks of receipt of letter in the clinic
2	**KPI Description HWB43**	Average urgent case times from referral to first offered colposcopy appointment within 2 weeks.
3	**KPI Rationale**	A quality measurement to reduce anxiety regarding waiting among clients screened for cervical cancer
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: ≥90%
5	**KPI Calculation**	Average waiting times.
6	**Data Source Data Completeness Data Quality Issues**	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for screening and who have had a smear test carried out in the reporting period
9	**Minimum Data Set**	Client name, address, DOB, date of screening, management recommendation.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name CervicalCheck	

1	**KPI title**	Average high grade times from referral to first offered colposcopy appointment within 4 weeks
2	**KPI Description HWB44**	
3	**KPI Rationale**	A quality measurement to reduce anxiety regarding waiting among clients screened for cervical cancer
	Indicator Classification *(National Standards for Safer Better HealthCare)*	Please tick Indicator Classification this indicator applies to: ☒ Person Centred Care ☐ Effective Care ☐ Safe Care ☐ Better Health and Wellbeing ☐ Use of Information ☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: ≥90%
5	**KPI Calculation**	numerator= no. of women whose results (mamagement recommendation) were issued within 4 weeks of the date of screening, denominator= no. women who had a cervical smear within the reporting period
6	**Data Source Data Completeness Data Quality Issues**	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for screening and who have had a smear
9	**Minimum Data Set**	Client name, address, DOB, date of screening, management recommendation.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐Daily ☐Weekly ☐Monthly ☒Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ☐ Regional ☐Hospital Group ☐ Hospital ☐ CHO ☐ ISA ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

		Service Type name CervicalCheck
1	**KPI title**	Average low grade times from referral to first offered colposcopy appointment within 8 weeks.
2	**KPI Description HWB45**	
3	**KPI Rationale**	A quality measurement to reduce anxiety regarding waiting among clients screened for cervical cancer
	Indicator Classification	Please tick Indicator Classification this indicator applies to:
		☒ Person Centred Care ❑ Effective Care ❑ Safe Care
	(National Standards for Safer Better HealthCare)	❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce
		❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: ≥90%
5	**KPI Calculation**	numerator= no. of women whose results (mamagement recommendation) were issued within 4 weeks of the date of screening, denominator= no. women who had a cervical smear within the reporting period
6	**Data Source Data Completeness Data Quality Issues**	CervicalCheck database (CSR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Women aged between 25 and 60 who are eligible for screening and who have had a smear
9	**Minimum Data Set**	Client name, address, DOB, date of screening, management recommendation.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name BowelScreen

1	**KPI title**	No. of clients who have completed a satisfactory BowelScreen FIT test
2	**KPI Description** **HWB22**	No. of clients screened by the BowelScreen programme who have completed a satisfactory FIT test in the reporting period. (FIT= faecal immunochemical test, which is a self-administered test carried out at home, satisfactory means that the kit was suitable for analysis)
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: 106,895
5	**KPI Calculation**	Count of no. of clients screened by the BowelScreen programme who have completed a satisfactory FIT test in the reporting period. (FIT= faecal immunochemical test, which is a self-administered test carried out at home, satisfactory means that the kit was suitable for analysis)
6	**Data Source** **Data Completeness** **Data Quality Issues**	BowelScreen Database (COR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Men and women aged between 60 and 69 who have been invited to take part in the BowelScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name BowelScreen	

1	**KPI title**	% of client uptake rate in the BowelScreen programme
2	**KPI Description HWB46**	A cohort measurement of the uptake of bowel cancer screening by eligible men and women whose date of first offered invitation in the current screening round was within the reporting period. These clients are followed over time to allow adequate time for taking up their reminder invitation in the round. Subject to change due to uptake on reminder invitation etc. Based on data from the first round of screening.
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	To maximise the uptake of bowel screening among the eligible population Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: >45%
5	**KPI Calculation**	Denominator=clients whose date of first offered invitation to take part in BowelScreen in the current screening round was within the reporting period. Numerator= No. of those clients who completed a satisfactory FIT test. Subject to change due to uptake on reminder invitation etc.
6	**Data Source** **Data Completeness** **Data Quality Issues**	BowelScreen Database (COR) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Men and women aged between 60 and 69 who have been invited to take part in the BowelScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	Is the data for this KPI available through Corporate Information Facility (CIF)? Yes in development
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan,Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name DiabeticRetinaScreen	
1	**KPI title**	No. of Diabetic RetinaScreen clients screened with final grading result
2	**KPI Description** **HWB23**	An activity measurement of the number of eligible men, women and children over 12 years who were screened for diabetic retinopathy within the reporting period. Clients are considerd to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required).
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	Activity measurement Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: 87,000
5	**KPI Calculation**	Count of the number of eligible men, women and children aged over 12 years who were screened for diabhetic retinopathy within the reporting period. Clients are considerd to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required).
6	**Data Source** **Data Completeness** **Data Quality Issues**	DiabeticRetinaScreen Database (DRS) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection** **Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Men and women and children aged over 12 years who have been diagnosed with diabetes and who have been screened as part of the DiabeticRetinaScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☒Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☒ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name	DiabeticRetinaScreen

1	**KPI title**	% Diabetic Retina Screen uptake rate
2	**KPI Description HWB47**	A cohort measurement of the uptake of diabetic retinopathy screening by eligible men and women whose date of first offered invitation in the current screening round was within the reporting period. Clients are considerd to be screened when a final grading result is received by the programme. Clients are followed over time to allow adequate time for having a slit-lamp test (if required) or taking up their reminder invitation in the round. Subject to change due to delays with slit-lamp testing and uptake of screening on reminder invitation etc.
3	**KPI Rationale** **Indicator Classification** (National Standards for Safer Better HealthCare)	To maximise the uptake of diabetic retinopathy screening among the eligible population. Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☒ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: >56%
5	**KPI Calculation**	Denominator= eligible clients whose date of first offered invitation to take part in DiabeticRetinaScreen in the current screening round was within the reporting period. Numerator= No. of those clients who completed a screeing test and had a final grading result. Subject to change due to requirement for slit-lamp screening in some cases which causes delays and also due to uptake on reminder invitation etc.
6	**Data Source** **Data Completeness** **Data Quality Issues**	DiabeticRetinaScreen Database (DRS) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ☒Daily ❑Weekly ❑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Men and women and children aged over 12 years who have been diagnosed with diabetes and who have been screened as part of the DiabeticRetinaScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☒Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☒ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☒ National ❑ Regional ❑Hospital Group ❑ Hospital ❑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☒ Performance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

	Service Type name DiabeticRetinaScreen	

1	**KPI title**	% of clients who are issued a Diabetic RetinaScreen result within 3 weeks
2	**KPI Description HWB48**	A measurement of the proportion of eligible men, women and children over 12 years who were screened for diabetic retinopathy within the reporting period and who were issued their results within 3 weeks of the date of attending a complete screening examination . Clients are considered to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required).
3	**KPI Rationale** **Indicator Classification** *(National Standards for Safer Better HealthCare)*	A quality measurement to reduce anxiety regarding waiting for results among clients screened for diabetic retinopathy Please tick Indicator Classification this indicator applies to: ☑ Person Centred Care □ Effective Care □ Safe Care □ Better Health and Wellbeing □ Use of Information □ Workforce □ Use of Resources □ Governance, Leadership and Management
4	**KPI Target**	NSP 2016: ≥95%
5	**KPI Calculation**	Numerator = the number of eligible men, women and children aged over 12 years who were screened for diabetic retinopathy within the reporting period who were issued their results lletter withn 3 weeks of the date of complete screening. Clients are considerd to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required). Denominator = the number of eligible men, women and children aged over 12 years who were screened for diabhtic retinopathy within the reporting period. Clients are considerd to be screened when a final grading result is received by the programme. This number includes clients who had a slit-lamp test (if required)
6	**Data Source Data Completeness Data Quality Issues**	DiabeticRetinaScreen Database (DRS) to the BIU business infomation unit via a cif template 100% None
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: xDaily qWeekly q Monthly qQuarterly qBi-annually qAnnually qOther – give details:
8	**Tracer Conditions**	Men and women and children aged over 12 years who have been diagnosed with diabetes and who have been screened as part of the DiabeticRetinaScreen programme.
9	**Minimum Data Set**	Client name, address, sex, DOB, date of screening.
10	**International Comparison**	Similar in other countries
11	**KPI Monitoring**	KPI will be monitored : qDaily qWeekly qMonthly xQuarterly qBi-annually qAnnually qOther – give details: Please indicate who is responsible at a local level for monitoring this KPI: NSS; Programme Evaluation Unit
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: qDaily qWeekly qMonthly xQuarterly qBi-annually qAnnually qOther – give details:
13	**KPI report period**	Indicate the period to which the data applies q Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) q Monthly in arrears (June data reported in July) x Quarterly in arrears (quarter 1 data reported in quarter 2) q Rolling 12 months (previous 12 month period) q Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: x National q Regional qHospital Group £ Hospital £ CHO £ ISA £ LHO q County q Institution q Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: x Performance Report (NSP) qCompStat qOther – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	Is the data for this KPI available through Corporate Information Facility (CIF)? Yes in development

Contact details for Data Manager /Specialist Lead	Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Therese Mooney Email: therese.mooney@screeningservice.ie Tel: 01 8659300
National Lead and Division	National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

Health and Wellbeing - Environmental Health

1	**KPI Title**	No. of tobacco sales to minors test purchase inspections carried out
2	**KPI Description** **HWB29**	Test purchases of cigarettes with volunteer minors are carried out in retail premises to assess compliance with tobacco control legislation. A minor is a person who has not attained the age of 18 years. They are volunteers who have freely offered to take part in the activity. A test purchase involves a supervised volunteer minor attempting to purchase tobacco from a retail outlet. Retail outlets are premises from where tobacco products are sold. The Public Health (Tobacco) Acts state that it shall be an offence for a person to sell a tobacco product by retail, or supply a tobacco product, to, or invite an offer to purchase a tobacco product by, a person who has not attained the age of 18 years.
3	**KPI Rationale**	It is an offense for retailers to sell tobacco products to persons under 18. The HSE Environmental Health Service enforces this provision of the Public Health (Tobacco) Acts 2002 – 2012. This metric reports on the activity associated with this provision.
	Indicator Classification (National Standards for	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP target 2016: 384
5	**KPI Calculation**	It is a count of the number of establishments where a test purchase inspection has been carried out.
6	**Data Source**	Environmental Health Information System (EHIS) (EHIS) (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	Number of test purchase inspections.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Mary Keane
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑National Regional LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐CompStat ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

1	KPI Title	% of tobacco test purchases carried out which had a compliant inspection outcome
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.This KPI identifies the level of compliance with legal requirements. A compliant inspection outcome is an inspection outcome where tobacco products were not sold to the volunteer minor. A non compliant inspection outcome is an inspection outcome where tobacco products were sold to the volunteer minor.
	HWB49	
3	KPI Rationale	It is an offense for retailers to sell tobacco products to persons under 18. The HSE Environmental Health Service enforces this provision of the Public Health (Tobacco) Acts 2002 – 2012. This metric reports on the activity associated with this provision.
	Indicator	☐Person Centred Care ☐Effective Care
	Classification	Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐
	(National Standards for	Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2016: 79%
5	KPI Calculation	It is the number of compliant test purchase inspection outcomes divided by the number of text purchase inspections x 100.
6	Data Source	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	As per description
9	Minimum Data Set	Number of test purchase inspections. Number of compliant inspection outcomes.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Mary Keane
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	KPI Reporting Aggregation	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

1	KPI Title	No. of establishments inspected under the Public Health (Sunbeds) Act
2	KPI Description HWB32	Inspection of sunbed establishments are carried out to assess compliance with the 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. A planned inspection is conducted having regard to each of the aspects of the legislation applicable to the business (including age restriction, protective eyewear, health claims, provision of health information, hygiene, marketing practices, notification, record keeping and warning signs. The legislation applicable is the Public Health (Sunbeds) Act 2014 and all Regulations made thereunder.
3	KPI Rationale	Inspection of sunbed establishments are carried out to assess compliance with the Public Health (Sunbeds) Act 2014. NSP action under Corporate Goal 2.
	Indicator Classification (National Standards for	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2016: 200
5	KPI Calculation	It is a count of the number of establishments where an inspection has been carried out.
6	Data Source	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	As per description
9	Minimum Data Set	No. of inspections of sunbed establishments.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Maurice Mulcahy
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	KPI Reporting Aggregation	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

1	**KPI Title**	No. of test purchase inspections completed under the Public Health (Sunbeds) Act
2	**KPI Description** **HWB80**	Test purchases of sunbed establishments with volunteer minors are carried out in premises to assess compliance with sunbed control legislation. (Public Health (Sunbeds) Act 2014. Establishments includes any business where one or more than one sunbed is made available for use or a business which sells or hires sunbeds or advertises or promotes the use, sale or hire of sunbeds; e.g beauty salon, hairdressers, barbers, hotel, leisure centre, gym, stand alone dedicated sunbed salon, etc. Test Purchase Inspection is conducted to test the compliance of a sunbed business with the sale to minors part of the legislation. A minor is a person who has not attained the age of 18 years. They are volunteers who have freely offered to take part in the activity. A test purchase involves a supervised volunteer minor attempting to use/hire a sunbed. The legislation applicable is the Public Health (Sunbeds) Act 2014 and all Regulations made thereunder.
3	**KPI Rationale**	It is an offence for minors to be offered sunbed services. NSP action under Corporate Goal 2.
	Indicator Classification (National Standards for	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2016: 32
5	**KPI Calculation**	It is a count of the number of establishments where a test purchase inspection has been carried out.
6	**Data Source**	Environmental Health Information System (EHIS) (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	As per description
9	**Minimum Data Set**	No. of establishments where a test purchase inspection has been carried out.
10	**International Comparison**	No
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Maurice Mulcahy
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (pr
14	**KPI Reporting Aggregation**	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

1	KPI Title	No. of mystery shopper inspections completed under the Public Health (Sunbeds) Act
2	KPI Description HWB81	Mystery shopper inspections are carried out to assess marketing compliance of sunbed establishments. A mystery shopper inspection is conducted to test the compliance of a sunbed business with other parts of the legislation that may not be verified satisfactorily during a physical inspection. Establishments includes any business where one or more than one sunbed is made available for use or a business which sells or hires sunbeds or advertises or promotes the use, sale or hire of sunbeds; e.g beauty salon, hairdressers, barbers, hotel, leisure centre, gym, stand alone dedicated sunbed salon, etc. Mystery shopper inspection includes, for example test phone calls to a sunbed business to query special offers or a physical visit to a sunbed business by an adul (a person who has attained an age of 18 years) to 'purchase' a sunbed session. The legislation applicable is the Public Health (Sunbeds) Act 2014 and all Regulations.
3	KPI Rationale	Certain promotions and marketing practices are not permissible under the Public Health (Sunbeds) Act 2014. NSP action under Corporate Goal 2.
	Indicator Classification (National Standards for better safter healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce ☐ Use of Resources ☐ Governance, Leadership and Management ☐
4	KPI Target	NSP target 2016: 32
5	KPI Calculation	It is a count of the number of mystery shopper inspections.
6	Data Source	Environmental Health Information System (EHIS) (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	As per description
9	Minimum Data Set	No. of mystery shopper inspections.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Maurice Mulcahy
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	KPI Reporting Aggregation	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

1	KPI Title	No. of official food control planned and planned surveillance 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
	HWB31	
3	KPI Rationale	The FSAI HSE Service Contract requires the inspection of food business establishments. NSP access indicator of performance.
	Indicator Classification	☐Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐
	(National Standards for better safter healthcare)	Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	KPI Target	NSP target 2016: 33,000
5	KPI Calculation	It is a count of the number of planned, and planned surveillance inspections carried out of food businesses.
6	Data Source	Environmental Health Information System (EHIS) (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	Data Collection Frequency	☐Daily ☐Weekly ☑Monthly oQuarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	As per description
9	Minimum Data Set	No. of planned inspections of food businesses. No. of planned surveillance inspections of food businesses.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Mary Keane, Ann Marie Part, Maurice Mulcahy.
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	KPI Reporting Aggregation	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie

National Lead / Division	National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

1	KPI Title	No. of official food control planned and planned surveillance inspections of food businesses which had unsatisfactory inspection outcomes
2	KPI Description HWB31	It is the percentage of the total number of planned and planned surveillance inspections carried out that have an unsatisfactory inspection outcome. There are 5 inspection outcomes: satisfactory, minor non-compliance, unsatisfactory, unsatisfactory significant and unsatisfactory serious. This data includes includes unsatisfactory, unsatisfactory significant and unsatisfactory serious inspection outcomes.
3	KPI Rationale	The KPI is a measure of the level of non compliance with food safety legislation.
	Indicator Classification (National Standards for	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2016: <25%
5	KPI Calculation	It is the total of unsatisfactory inspection outcomes for planned and planned surveillance inspections divided by the total number of planned and planned surveillance x 100.
6	Data Source	Environmental Health Information System (EHIS) (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	As per description
9	Minimum Data Set	No. of planned and planned surveillance inspections. Number of unsatisfactory outcomes of planned and planned surveillance inspections.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Mary Keane, Ann Marie Part, Maurice Mulcahy
12	KPI Reporting Frequency	❏Daily ❏Weekly ❏Monthly ☑Quarterly ☐Bi-annually ☐Annually ❏Other – give details:
13	KPI report period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ❏Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	KPI Reporting Aggregation	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

1	KPI Title	% of environmental health complaints from the public risk assessed within 1 working 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 recieved from member of the public by phone, email, letter, referral from another agency, regarding something that a complainant considers to be risk to public health, in particular in relation to an area of environmental health which the complanant considers to be a breach of legislation, for example an unsafe foodstuff, an unhygienic food premises, tobacco being sold to minors, pests not being controlled, substandard cosmetic products. A risk assessment determines the risk to pubic health based on an assessment of the hazard, the impact on health and likelihood of occurrence of the hazard. The risk assessment is carried out within 1 working day to enable the rapid prioritisation of any follow action such as an inspection and allocate resources as appropriate to respond to the complaint.
	HWB31	
3	KPI Rationale	The KPI is included as a quality assessment of the service provided.
	Indicator Classification (National Standards for	☐Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	KPI Target	NSP 2016: 95%
5	KPI Calculation	The number of complaints risk assessed in one day divided by the total number of complaints x 100.
6	Data Source	Environmental Health Information System (EHIS)
	Data Completeness	The data is complete for all areas of the country. The only issue is ensuring that all relevant data for the quarter is entered in the EHIS by the 12th of the month following the end of the quarter which is monitored by local and regional management.
	Data Quality Issues	None.
7	Data Collection Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	Tracer Conditions	As per description
9	Minimum Data Set	All complaints received by the EHS. The date of completion of the risk assessment.
10	International Comparison	No
11	KPI Monitoring	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Ann Marie Part, Mary Keane, Maurice Mulcahy
12	KPI Reporting Frequency	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	KPI report period	☑Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	KPI Reporting Aggregation	☑National LHO Area ☐Hospital ☐ County ☐ Institution ☐Other
15	KPI is reported in which reports ?	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other
16	Web link to data	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	Additional Information	
Contact details for Data Manager / Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Mary Keane, RCEHO South, Tel: 087 8177134, Email: mary.keane1@hse.ie
National Lead / Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

Health and Wellbeing - Tobacco

1	**KPI title**	No. of smokers who received intensive cessation support from a cessation counsellor
2	**KPI Description HWB27**	Intensive cessation support is a consultation of greater than 10 mins (more than a brief intervention) provided by a trained *tobacco cessation specialist to a smoker either in an acute or community setting. It can be delivered in a variety of ways - face to face (one-to-one), group or via telephone. Tobacco Cessation Specialists are trained to Level 2/NCSCT/HSE standardised training.
3	**KPI Rationale**	Seven out of 10 smokers want to quit and four out of ten make a quit attempt every year. Support doubles a smoker's chance of quitting successfully. Smoking cessation is a highly cost effective intervention. The Department of Health's Tobacco Free Ireland framework emphasises the need to monitor and evaluate cessation services.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016 target:11,500 smokers
5	**KPI Calculation**	Count (Please note that hospital based intensive tobacco cessation services are reported within the CHO in which they are located and not by Hospital group).
6	**Data Source** **Data Completeness** **Data Quality Issues**	Adminstrative databases. Data provided by tobacco cessation specialists to Health Promotion & Improvement tobacco coordinator and forwarded to the BIU. Data also provided to the National HP& I office and the Tobacco Control Programme office. Manual system.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Smoker seeking assistance to quit
9	**Minimum Data Set**	No. of smokers who received support > 10 mins
10	**International Comparison**	NHS Stop Smoking Service reports similar data
11	**KPI Monitoring**	KPI will be <u>monitored</u> : ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give Please indicate who is responsible at a local level for monitoring this KPI: Health Promotion & Improvement
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑National ☑ Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/

17	Additional Information	
Contact details for Data **Manager /Specialist Lead**		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Geraldine Cully Email: geraldine.cully@hse.ie Tel: 045 252274 / 086 8229197
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

Health and Wellbeing - Tobacco Control

1	**KPI title**	No. of frontline staff trained in brief intervention smoking cessation.
2	**KPI Description** **HWB30**	A national training programme is being rolled out to deliver brief intervention (BI) smoking cessation training to frontline healthcare staff. Frontline staff refers to those staff delivering services to patients/service users. It includes all grades of staff in the medical/dental, nursing, health and social care professionals as well as other patient and client care staff. BI in smoking cessation involves providing opportunistic advice, discussion, negotiation or encouragement to quit smoking. It typically takes between 3 and 10 minutes. The training course is designed to develop skills in motivational interviewing for smoking cessation. Motivational Interviewing is an evidence based treatment approach for helping patients/service users to find internal motivation for lifestyle behaviour change. The programme is delivered by specialist trainers from health promotion/cessation.
3	**KPI Rationale**	The HSE's Tobacco Free Ireland action plan commits to training frontline healthcare staff in brief intervention in smoking cessation so that treating tobacco addiction becomes a core part of routine work for frontline staff. All healthcare staff have a responsibility to treat tobacco addiction as a care issue and to promote cessation by actively advising, encouraging and supporting smokers to quit. Evidence from a number of surveys show that approximately 6 in 10 service users who smoke were not offered support to quit when they visited a healthcare professional in the previous 12 month period. There is considerable evidence that interventions by health professionals assist smokers to quit. Specific training for frontline staff in treating tobacco use is essential to support the management of chronic disease and the successful implementation of the National Tobacco Free Campus Policy.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP 2016 target: 1,350 staff
5	**KPI Calculation**	Count
6	**Data Source** **Data Quality Issues**	Administrative databases. Data provided by health promotion trainers/Trainers in Acute Services to the National Health Promotion & Improvement Coordinator and forwarded to the BIU. Data also provided to teh National HP&I Office and the National Tobacco Control Programme Office. Includes community and acute based trainers. Manual system.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Frontline healthcare staff (coded as Medical/Dental/Nursing/Health and Social Care/Other Patient and Client Care) providing frontline services to patients/service users in hospitals and community settings who haven't previously undertaken such a course.
9	**Minimum Data Set**	Number of frontline healthcare staff who have been trained by CHO Area and Hospital Group Professional breakdown of staff trained by CHO area/Hospital Group Number of courses delivered in each area.
10	**International Comparison**	Yes, WHO tobacco indicators
11	**KPI Monitoring**	KPI will be monitored :

		☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
		Please indicate who is responsible at a local level for monitoring this KPI: Health Promotion
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ☐Daily ☐Weekly ☑ Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other
13	**KPI report period**	Indicate the period to which the data applies ☐ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ☐ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐ Rolling 12 months (previous 12 month period) ☐ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ☑ Hospital Group ☐ Hospital ☑ CHO ☐ ISA ☐ LHO ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Geraldine Cully Email: geraldine.cully@hse.ie Tel: 045 252274 / 086 8229197
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

Physical Activity

1	**KPI title**	No. of 5k Parkruns completed by the general public in community settings.
2	**KPI Description HWB62**	Parkrun events are free, weekly, 5km timed runs/walks currently held in 33 locations around Ireland. The total number of runs completed by registered participants in all parkrun events during the year will be reported on.
3	**KPI Rationale**	There is strong evidence to support the multiple benefits of physical activity to health and wellbeing. However, 75% of Irish adults and 80% of Irish children do not meet the current Physical Activity guidelines and it is estimated that physical inactivity in Ireland is costing approx €1.5billion per year. In response to this, Healthy Ireland has included the development of a National Physical Activity Plan as one of its actions. Parkrun is about getting more people active, through walking, jogging and running and encouraging people of every ability to take part. Parkrun provides free, weekly, 5km timed runs/walks around Ireland. They are open to everyone and are safe and easy to take part in.
	Indicator Classification *(National Standards for Safer Better HealthCare)*	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing Use of Information Workforce Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2016 target: 150,000 runs. CHO1=6,569, CHO2=12,844, CHO3=5,005, CHO4=12,937, CHO5=13,060, CHO6=43,531, CHO7=4,935, CHO8=8,014, CHO9=43,105
5	**KPI Calculation**	The total number of runs completed by participants in all Irish parkrun events during the year.
6	**Data Source Data Completeness Data Quality Issues**	Parkrun will report to the HSE parkrun lead.There are no quality issues. Complete
7	**Data Collection Frequency**	❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Completed Run
9	**Minimum Data Set**	No of runs completed
10	**International**	Parkrun is held in the UK, Australia, France, New Zealand, Spain, Poland and many other countries.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: Colm Casey
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☑ Current Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ Regional ❑Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data Analyst: Fiona O'Riordan, PBI, E: fiona.oriordan@hse.ie, T: 061 483721 Specialist Lead: Emer Smyth Email: Emermaria.smyth@hse.ie T: 087 2585080
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health & Wellbeing

Physical Activity

1	**KPI title**	No. of frontline healthcare staff who have completed the Physical Activity e-learning module
2	**KPI Description HWB63**	The PA elearning module is available to HSE staff to access and complete on HSE land. The aim of the course is to build capacity among frontline healthcare workers to promote physical activity among service users. The training is accredited by the ICGP, NMBI and INDI. The module takes a minimum of 1hr 45minutes to complete. There are additional supplementary video clips and additional reading materials available to support each lesson. Frontline healthcare staff includes those with direct contact with patients and clients for example, doctors, PHNs, Occupational Therapists, Physiotherapists, Social Care workers and Dieticians. This programme is multiyear and began in May 2014.
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. It is essential that HSE staff are upskilled with the knowledge and skills necessary to promote physical activity. This training aims to maximise the opportunities presented by the estimated 24million health care contacts per year in our health service and 'make every contact count'.
	Indicator Classification *(National Standards for Safer Better HealthCare)*	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ☑ Workforce ☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2016 Target: 486 Nationally (2014 - 2016), CHO1 = 49, CHO2 = 47, CHO3 = 56, CHO4 = 57, CHO5 = 54, CHO6 = 42, CHO7 = 45, CHO8 = 54, CHO9 = 82.
5	**KPI Calculation**	Count of number of frontline healthcare workers who have completed the physical activity e-learning module.
6	**Data Source** **Data Completeness** **Data Quality Issues**	HSELAND reports data monthly to elearning module lead. There are no quality issues. There can be challenges with access to ICT and software within ICT network and release of staff.
7	**Data Collection Frequency**	❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Frontline heathcare staff who haven't previoulsy undertaken the course
9	**Minimum Data Set**	No of staff who have accessed the course & no of staff who have completed the course
10	**International Comparison**	There are similar online physical activitiy elearning options internationally
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Yvonne Gilsenan
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ☑ Monthly Current ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ Regional ❑Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data Analyst: Fiona O'Riordan, PBI, E: fiona.oriordan@hse.ie, T: 061 483721 Specialist Lead: Emer Smyth Email: Emermaria.smyth@hse.ie T: 087 2585080
National Lead and Division		National Lead: Dr. Stephanie O'Keefe , National Director Division: Health & Wellbeing

	Healthy Eating/Active Living	
1	**KPI title**	No. of people who have completed a Structured Patient Education Programme for diabetes
2	**KPI Description HWB64**	Structured patient education for diabetes is the recognised model for diabetes dietetic education as part of the National model of integrated care for Type 2 Diabetes and as part of the National Clinical care programme for diabetes/chronic disease. Two HSE programmes are delivered nationally (X-pert and Desmond). X-pert is a 17 hour (delivered over 6 weeks) group structured patient education programme delivered by a Dietitian. Desmond is a 6 hour structured programme jointly facilitated by a Dietitian and a Nurse. Completed for X-pert are number of participants who attended 4 or more sessions. Completed for Desmond is those who attended the 6 hour programme.
3	**KPI Rationale**	It is estimated that 160,000 people in Ireland have Type 2 diabetes and a further 20-30% are undiagnosed. The national model of integrated care for people with Type 2 Diabetes states that people should be referred to structured patient education as part of their dietetic management within 3 months of diagnosis. X-pert and Desmond are 2 programmes providing structured patient education and have been shown to achieve improved clinical and psychological outcomes as well as empowering patients to self manage their diabetes.
	Indicator Classification (National Standards for Safer Better HealthCare)	Please tick Indicator Classification this indicator applies to: ☑ Person Centred Care ❑ Effective Care ❑ Safe Care ❑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2016 Target: Nationally 2,200 particpants, CHO 1 = 395 (D) , CHO 2 = 360 (D) , CHO 3 = 250 (X), CHO 4= 300 (X), CHO 5= 105 (X), CHO 6= 160 (X), CHO 7 = 200 (X), CHO 8= 350 (X), CHO 9 = 80 (X)
5	**KPI Calculation**	Total number of structured patient education programmes for diabetes delivered per CHO
6	**Data Source Data Completeness Data Quality Issues**	Total number of structured patient education programmes for diabetes delivered per CHO. Data collected by CHO Dietitian managers and reported quarterly to the National dietetic advisor for health and wellbeing.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly ☑ Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Attended a programme
9	**Minimum Data Set**	Number of programmes delivered
10	**International Comparison**	NICE guidance (CG87)- Management of Type 2 diabetes
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ☑ Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: CHO Dietitian Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity) ☑ Monthly current Quarterly - current
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ Regional ❑Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data Analyst: Fiona O' Riordan, PBI Email: fiona.oriordan@hse.ie, Tel: 061 483721 Specialist Lead: Margaret O' Neill, National dietetic advisor E: margaret.oneill1@hse.ie, T: 086-3801593
National Lead and Division		National Lead: Dr Stephanie O' Keeffe, National Director Division: Health & Wellbeing
Data Manager /Specialist Lead		Data Analyst: Fiona O' Riordan, PBI Email: fiona.oriordan@hse.ie, Tel: 061 483721 Specialist Lead: Margaret O' Neill, National dietetic advisor Email: margaret.oneill1@hse.ie, Tel: 086-3801593
National Lead and Division		National Lead: Dr Stephanie O' Keeffe, National Director Division: Health & Wellbeing

	Healthy Eating/Active Living	

1	**KPI title**	% of PHN's trained by Dietitians in the Nutrition reference pack for infants 0-12 months
2	**KPI Description** **HWB65**	The nutrition reference pack was developed by Dietitians for PHN's and practice nurses to ensure that evidence based,clear, unambiguous information is delivered to all parents of new born children in the first 12 months of life. The pack provides current best practice and support for health professionals in the areas of breastfeeding, infant feeding, weaning, allergy management, Vitamin D and problem solving issues in infant feeding. All PHN's involved in developmental checks/reviewing nutritional intakes in infants require this training. The number of PHN's trained per CHO will be reported on. This KPI will be delivered over a two year period- aiming for 50% of PHN's year 1 (n=728) and 50% year 2 (n= 728). This figure is the total number of PHN's nationally and may include PHN's with only an adult case load. This will be clarified locally when the information is available from the CHO's.
3	**KPI Rationale**	Throughout the first year of life infants experience rapid growth and development. Evidence indicates that some chronic illnesses of adulthood, such as heart disease and diabetes, may have their origins in this period of development. Research has shown infant feeding practices in Ireland which are at variance to best practice. This support for health professionals will ensure evidence based consistant information is provided to parents in order for them to make informed choices for their child's health and also to ensure nutrition related problems are highlighted and managed in a timely manner- as part of the national child health model.
	Indicator Classification **(National Standards for Safer Better HealthCare)**	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ☑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2016 National Target: 50% (approx. 717 PHNs) CHO 1 = 70, CHO 2 = 82 , CHO 3 = 59; CHO 4= 104; CHO 5= 81; CHO 6= 52; CHO 7=87; CHO 8 = 97; CHO 9= 85.
5	**KPI Calculation**	The total number of PHN's who have attended training (new training or update training) in each CHO
6	**Data Source** **Data Completeness** **Data Quality Issues**	Number of PHN's trained will be reported through Dietitian manager in CHO and nationally to the National Dietetic lead in Health and wellbeing Dependent on PHN's being released for training locally
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ❑ Monthly ☑ Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Training delivered
9	**Minimum Data Set**	Number of PHN's who have attended training
10	**International Comparison**	NICE guidance Maternal and child nutrition 2008
11	**KPI Monitoring**	KPI will be monitored : Quarterly ❑Daily ❑Weekly ☑ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: CHO Dietitian manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other
13	**KPI report period**	Indicate the period to which the data applies ❑ Current ☑ Monthly current Quarterly current
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ Regional ❑Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	Is the data for this KPI available through Corporate Information Facility (CIF)? Yes in development

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National Lead and Division	National Lead: Dr Stephanie O' Keeffe, National Director Division: Health & Wellbeing

Healthy Eating/Active Living		

1	**KPI title**	No. of people attending a structured community based healthy cooking programme
2	**KPI Description HWB66**	Community cooking programmes aim to improve nutrition knowledge, dietary behaviours and cooking skills amongst disadvantaged groups. These programmes are funded by health and wellbeing.They are run by both HSE trained peer leaders in local communities and existing tutors working in community groups/family resource centres or HSE staff currently delivering cooking programmes to their clients. There are 2 HSE funded programmes delivered nationally: 1. Healthy food made easy- is a 6 week peer led programme run in partnership with Local partnership companies in disadvantaged areas. The HSE Dietitians train the peer leaders, manages the programme and visits on week 5 to quality assure the programme and answer nutrition questions. The number of particpants will include those attending HFME as well as the adapted programmes Cool Dudes programme (a 5 week programme for young people) and Heart Health (3 week session on nutrition/physical activity and stress), 2. Cook It is a 6 week programme delivered by existing leaders, who work with community groups and come from a range of backgrounds. Both programmes are delivered in disadvantaged communities focusing on local needs.
3	**KPI Rationale**	Goal 1 and Goal 2 of Healthy Ireland requires us to address risk factors (such as healthy eating and active living) an provide interventions to target particular health risks and create environments that foster healthy living . Research has shown nutritional knowledge and health status differs amongst social classes and individuals with lower levels of education perceive lack of cooking skills as a barrier to healthy eating. In Ireland 61% of all adults and 25% of all 3 year olds are overweight or obese. BMI, cholesterol and blood pressure are persistantly higher amongst lower socioeconomic groups. These programmes focus on changing family eating behaviour, developing cooking skills, food shopping skills, reading labels and peer learning which has been shown to be more effective at supporting these communities.
	Indicator Classification **(National Standards for Safer Better HealthCare)**	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	Target 2016: 4,400 participants nationally, CHO 1 = 250, CHO 2 = 60; CHO 3= 150; CHO 4= 150; CHO 5= 540; CHO 6= 800; CHO 7= 900; CHO 8= 900; CHO 9= 650.
5	**KPI Calculation**	Count - total number of participants attending HSE funded community cooking programmes nationally.
6	**Data Source** **Data Completeness** **Data Quality Issues**	Total number of participants attending HSE funded community cooking programmes per CHO Reported by CHO Dietitian Managers through grant aid agreement reporting mechanisms with Partnership organisations (healthy food made easy) and/or through reporting mechanisms by Cook It tutors through CHO Dietitian Managers to BIU through CIF.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other
8	**Tracer Conditions**	Particpants attending programmes
9	**Minimum Data Set**	Number of participants
10	**Int.Comparison**	Not known
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: CHO Dietitian Manager
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☑ Monthly Quarterly ❑Bi-annually ❑Annually ❑Other
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. monthly data reported within the same month of activity) ▢ Monthly in arrears (June data reported in July) ☑ Quarterly - current
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ Regional ❑Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Data Manager /Specialist Lead		Data Analyst: Fiona O' Riordan, PBI Email: fiona.oriordan@hse.ie, Tel: 061 483721 Specialist Lead: Margaret O' Neill, National dietetic advisor Email: margaret.oneill1@hse.ie, Tel: 086 3801593
National Lead and Division		National Lead: Dr Stephanie O' Keeffe, National Director Division: Health & Wellbeing

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

	Frequency	❑Daily ❑Weekly ❑Monthly ☑ Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☑ Quarterly current ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑Hospital Group ❑ Hospital ☑ CHO ❑ ISA ❑ LHO ☑ County ❑ Institution ❑ Other
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Asssurance Report (NSP) ❑CompStat ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	**Additional Information**	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Emer Maria Smyth Email: emermaria.smyth@hse.ie Tel: :087 2585080
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

1	**KPI title**	% of Primary Schools participating in the after schools activity programme - Be Active
2	**KPI Description HWB68**	The Be Active After Schools Activity Programme is led by the Health Promotion and Improvement, HSE and rolled out in conjuntion with the Irish Sports Council and St. Patricks Teaching College Drumcondra. The programme involves training of Teacher Leaders to rollout the programme in their school setting. It is a 30 week programme with 6 x 5 week modules aligned to the PE Curriculum. It aims to increase levels of participation in physical activity by all children particularly those not involved in organised competitive sport. Each Teacher leader recruits volunteer parents to run the programme afterschool one evening per week. This KPI will record the number of Primary Schools who have participated in the Training Programme and the percentage this represents of total primary schools nationally. This programme is aimed at Children in Second Class. This programme has been running since 2014. This programme specifically involves parents volunteering to participate in the programme and encouraging them to become involved in fund physical activity with their children. Primary Schools: Department of Education Registered Primary Schools.
3	**KPI Rationale** **Indicator Classification** *(National Standards for Safer Better HealthCare)*	The Be Active ASAP aims to improve the physical activity patterns of school children by introducing them to a wide variety of activities in a fun, supportive, positive environment, fostering positive attitudes toward physical activity during children's crucial formative years. ❑ Person Centred Care ❑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	2016: 20% of all registered primary schools by end 2016, 20% in each CHO.
5	**KPI Calculation**	Count of the number of primary schools participating the the programme / number of registered primary schools nationally
6	**Data Source** **Data Completeness** **Data Quality Issues**	Teacher Leaders Training database to national manager to BIU through CIF reporting template. Data Template returns from active schools Site visit documented by Programme Co-ordinator
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: Daily Weekly ☑ Monthly ❑Quarterly Bi-annually Annually
8	**Tracer Conditions**	Primary School participating in the programme
9	**Minimum Data Set**	Teacher Leader name School Name and Address Principal Name and Address Details of Modules activated in each school Volunteer Parents Database (if possible) Number of Children participating from each school Details of Sessions run in each school
10	**International Comparison**	None known
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ❑ Monthly ☑ Quarterly ❑Bi-annually ❑Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI: Emer Maria Smyth, National Lead for the Programme.
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑Monthly ☑ Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ❑ Monthly in arrears (June data reported in July) ☑ Quarterly current ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ✓ National ❑Hospital Group ❑ Hospital ✓ CHO ❑ ISA ❑ LHO ✓ County ❑ Institution ❑ Other – give details:

15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑CompStat ❑Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	Additional Information	
Contact details for Data Manager /Specialist Lead		Data analyst: Fiona O'Riordan, Email: fiona.oriordan@hse.ie Tel: 087 253 2845 Specialist Lead: Emer Maria Smyth Email: emermaria.smyth@hse.ie Tel: 087 2585080
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, , Dr. Steevens Hospital Division: Health and Wellbeing.

Health and Wellbeing: Child Health/Developmental Screening

1	**KPI Title**	% of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age
2	**KPI Description HWB17**	The percentage uptake of 7-9 months developmental screening by 10 months. Completed by Public Health Nurses or Area Medical Officers. A baby born between 1st and 31st December 2014 will turn 10 months of age between 1st and 31st October 2015, babies born between 1st and 30th June 2014 will turn 10 months of age between 1st and 30th April 2015, etc. Of those babies how many received their Child Development Health Screening (7 to 9 month check) on time before reaching 10 months of age. (e.g. LHO has 108 babies reaching 10 months of age in the reporting period, 89 of which have received screening then the percentage is calculated as follows 89/108x100%).
3	**KPI Rationale**	Developmental screening is a procedure designed to identify children who should receive more intensive assessment or diagnosis, for potential developmental delays or physical defects (e.g. Strabismus; undescended testes). It can allow for earlier detection of delays and improve child health and well-being outcomes for identified children. This metric is designed to measure the % of children reaching 10 months within the reporting period who have had their Child Development Health Screening (7 to 9 month developmental check) on time before reaching 10 months of age.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2016: 95%
5	**KPI Calculation**	e.g. LHO has 108 babies reaching 10 months of age in the reporting period, 89 of which have received screening then the percentage is calculated as follows 89/108x100%. Calculation: Number of babies receiving developmental screening by 10mths (89) No. of babies reaching 10 months in reporting period (108)x100% = 82%
6	**Data Source** **Data Completeness** **Data Quality Issues**	LHO (PHNs) returned via HSE Area business Managers to Business Intelligence Unit, PBI.
7	**Data Collection Frequency**	☐Daily ☐Weekly ☑Monthly ☑Quarterly ☐Bi-annually ☐Annually ☑Other – give details: Currently only reported CompStat Framework monthly
8	**Tracer Conditions**	
9	**Minimum Data Set**	1. The total number of babies reaching 10 months of age during the reporting period
10	**International Comparison**	PHN's conduct development health screening as recommended by the Child Health Screening & Surveillance Programme (CHSS)
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☑Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Local Business Unit
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☑Monthly ☐Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑CompStat ☐Other – give details:
16	**Web link to data**	CompStat Community Services Dashboards http://www.hse.ie/eng/staff/CompStat http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Health Protection Tel: 061 483347
	National Lead and Division	National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

Health and Wellbeing: Child Health/Developmental Screening

1	**KPI Title**	% of newborn babies visited by a PHN within 72 hours of discharge from Maternity services.
2	**KPI Description HWB16**	This measure is designed to measure the total number and percentage of new born babies visited by a Public Health Nurse (PHN) within 72 hours of hospital discharge for the first time. Defination of new born baby: "baby who has never been discharged before, except those babies remaining in the care of Midwifery Services following early hospital discharge (e.g. Domino and Early Transfer Home Schemes) and some home births."
3	**KPI Rationale**	This underpins the PHN role in supporting mother and baby and health promotion. In particular a timely PHN visit supports breastfeeding and screens for, and responds to, post natal depression. Both of these are core elements of post-natal support.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐
		Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2016: 97%
5	**KPI Calculation**	The figure is produced by dividing the number of new born babies visited by a PHN within 72hrs of their first discharge from hospital by the total number of newborn babies discharged from hospital following their birth during the reporting period (i.e. LHO area has 369 babies discharged, 367 received a PHN Visit within 72hrs therefore 367/369x100%) Calculation: Number of newborn babies visited by a PHN within 72hrs (367) Number of Newborn babies discharged (369)x100% = 99.5%
6	**Data Source**	LHO (PHNs) returned via HSE area Business Managers
	Data Completeness	
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	
9	**Minimum Data Set**	1. The total number of newborn babies discharged for the first time from hospital following their birth during the reporting period 2. Number of newborn babies visited by a PHN within 72 hours of hosp discharge
10	**International Comparison**	Community health services to mothers and babies are not standard or comparable across countries. Most other countries have a separate dedicated service that provides maternal and child health services alone and are thus able to achieve much more intensive visits and medical check for babies, young children and their mothers/families. WHO/UNICEF advocate timely, appropriate and accessible community health service support for new mothers and babies.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Local Business Unit
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐ Current (e.g. daily data reported on that same day of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly current ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☐Regional ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other – give details:
16	**Web link to data**	CompStat Community Services Dashboards http://www.hse.ie/eng/staff/CompStat http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	
Contact details for Data Manager / Specialist Lead		Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Health Protection Tel: 061 483347
National Lead and Division		National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

		Health and Wellbeing: Child Health
1	**KPI title**	% of babies breastfed (exclusively and not exclusively) at first PHN Visit
2	**KPI Description HWB18**	The percentage of babies seen at the first postnatal PHN visit that are breastfed (exclusively and not exclusively). The following definitions, adapted from the WHO definitions apply: Breastfeeding: The child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: The infant has received only breast milk from his/her mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. Partial (not exclusive) breastfeeding: The infant receives some breastfeeds, and some artificial feeds, either milk or cereal or other foods (WHO 2003 & WHO/EURO 2001).
3	**KPI Rationale**	Increasing breastfeeding rates and duration is a DoH and HSE target. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence show that increasing breeastfeeding rates results in improved health and cost savings to the health service.
	Indicator Classification (National standards for Better Safer Healthcare)	❏ Person Centred Care ☑ Effective Care ❏ Safe Care ☑ Better Health and Wellbeing ❏ Use of Information ❏ Workforce ❏ Use of Resources ❏ Governance, Leadership and Management
4	**KPI Target**	Target NSP 2016: 56%
5	**KPI Calculation**	Denominator is the number of babies seen at the First PHN visit in the time period. The numerator is the number of babies breastfed (exclusively and not exclusively) at the First PHN visit.
6	**Data Source Data Completeness**	The data source is PHN records. Data is provided by PHNs to the LHOs and then to the Business Units and onto the BIU. There is 100% coverage of this data across all LHOs.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❏Daily ❏Weekly ☑ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
8	**Tracer Conditions**	Terms to be used - number of babies seen at PHN visit, number of babies breastfeed exclusively and not exclusively.
9	**Minimum Data Set**	All babies seen at the first postnatal PHN visit
10	**International Comparison**	Exclusive breastfeeding for 6 months for all infants is recommended by WHO and Department of Health, thereafter, once complementary foods are introduced it is recommended that breastfeeding continues for up to 2 years or beyond. Prevalance of breastfeeding at up to 6 months is reported in Northern Ireland, including initiation and discharge data and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	**KPI Monitoring**	KPI will be monitored : ❏Daily ❏Weekly ☑ Monthly ❏Quarterly ❏Bi-annually ❏Annually ❏Other Please indicate who is responsible at a local level for monitoring this KPI: PHN
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❏Daily ❏Weekly ▫ Monthly ☑ Quarterly ❏Bi-annually ❏Annually ❏Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❏ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ❏ Quarterly in arrears (quarter 1 data reported in quarter 2) ❏ Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ❏ National ❏ Regional ☑ LHO Area ❏ Hospital ❏ County ❏ Institution ❏ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❏Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Siobhan Hourigan Division: Health & Wellbeing
	National Lead and Division	National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

Health and Wellbeing: Child Health

1	**KPI title**	% of babies breastfed (exclusively and not exclusively) at 3 month PHN Visit
2	**KPI Description HWB19**	The percentage of babies seen at 3 month PHN visit that are breastfed (exclusively and not exclusively). The following definitions, adapted from the WHO definitions apply: Breastfeeding: The child has received breast milk (direct from the breast or expressed). Exclusive breastfeeding: The infant has received only breast milk from his/her mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines. Partial (not exclusive) breastfeeding: The infant receives some breastfeeds, and some artificial feeds, either milk or cereal or other foods (WHO 2003 & WHO/EURO 2001).
3	**KPI Rationale**	Increasing breastfeeding rates and duration is a DoH and HSE target. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence show that increasing breeastfeeding rates results in improved health and cost savings to the health service.
	Indicator Classification (National standards for Better Safer Healthcare)	❑ Person Centred Care ☑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	**KPI Target**	NSP Target 2016: 38%
5	**KPI Calculation**	Denominator is the number of babies seen at 3 month PHN visit in the time period. The numerator is the number of babies breastfed (exclusively and not exclusively) at 3 month PHN visit.
6	**Data Source** **Data Completeness** **Data Quality Issues**	The data source is PHN records. Data is provided by PHNs to the LHO to the Business Unit to the BIU. There is 100% coverage of this data across all LHOs.
7	**Data Collection Frequency**	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
8	**Tracer Conditions**	Terms to be used - number of babies seen at PHN visit, number of babies breastfeed exclusively and not exclusively.
9	**Minimum Data Set**	All babies seen at 3 month PHN visit
10	**International Comparison**	Exclusive breastfeeding for 6 months for all infants is recommended by WHO and Department of Health, thereafter, once complementary foods are introduced it is recommended that breastfeeding continues for up to 2 years or beyond. Prevalance of breastfeeding at up to 6 months is reported in Northern Ireland, including initiation and discharge data and data collected by health visitors at 10 days; 6 weeks; 3 months and 6 months.
11	**KPI Monitoring**	KPI will be monitored : ❑Daily ❑Weekly ☑ Monthly ❑Quarterly ❑Bi-annually ❑Annually ❑Other Please indicate who is responsible at a local level for monitoring this KPI: PHN
12	**KPI Reporting Frequency**	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ❑ Monthly ☑ Quarterly ❑Bi-annually ❑Annually ❑Other – give details:
13	**KPI report period**	Indicate the period to which the data applies ❑ Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☑ Monthly in arrears (June data reported in July) ❑ Quarterly in arrears (quarter 1 data reported in quarter 2) ❑ Rolling 12 months (previous 12 month period) ❑ Other – give details:
14	**KPI Reporting Aggregation**	Indicate the level of aggregation – for example over a geographical location: ❑ National ❑ Regional ☑ LHO Area ❑ Hospital ❑ County ❑ Institution ❑ Other – give details:
15	**KPI is reported in which reports?**	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	
	Contact details for Data Manager /Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Siobhan Hourigan Division: Health & Wellbeing
	National Lead and Division	National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

Child Health - Breastfeeding Baby Friendly Hospital Designation

1	KPI title	% of total number of Maternity Hospitals with Baby friendly designation
2	KPI Description HWB71	The number of maternity hospitals/units that are designated as Baby Friendly. The data source is Maternity Hospital records. Data is provided by the Maternity Hospitals to the Business Unit to the BIU. All 19 Maternity hospitals and units in Ireland participate in the Baby Friendly Hospital Initiative and strive to implement the WHO/UNICEF 10 Steps to Successful Breastfeeding. 9/19 maternity hospitals/units have received external assessments and have been designated as Baby Friendly Hospitals. [Hospitals must complete the assessment process and be redesignated every 5 years].
3	KPI Rationale	International evidence confirms the effectiveness of the Baby Friendly Hospital Initiative in contributing to increases in breastfeeding rates. Increasing breastfeeding rates and duration is a DoH and HSE key objectivet. Not breastfeeding increases the risk of acute childhood illnesses and chronic diseases, with significant costs to the health service. International evidence shows that increasing breastfeeding rates results in improved health and cost savings to the health service.
	Indicator Classification	Please tick Indicator Classification this indicator applies to: ❑ Person Centred Care ☑ Effective Care ❑ Safe Care ☑ Better Health and Wellbeing ❑ Use of Information ❑ Workforce ❑ Use of Resources ❑ Governance, Leadership and Management
4	KPI Target	NSP 2016: 58% of all maternity hospitals will have baby friendly designation by end 2016.
5	KPI Calculation	Count of the number of maternity hospitals designated as a Baby Friendly Hospital.
6	Data Source Data Completeness Data Quality Issues	The data source is Maternity Hospital records. Data is provided by the 19 Maternity Hospitals/units to the Business Unit to the BIU. There is 100% coverage of this data across all Hospital Groups.
7	Data Collection Frequency	Indicate how often the data to support the KPI will be collected: ❑Daily ❑Weekly ☐Monthly ❑Quarterly ☑ Bi-annually Annually ❑Other – give details:
8	Tracer Conditions	Terms to be used - number of hospitals designated as Baby Friendly. A Hospital is designated as a Baby Friendly Hospital when it has received an external assessment and has met the WHO/UNICEF BFHI Global Criteria.
9	Minimum Data Set	All 19 Maternity units.
10	International Comparison	The Baby Friendly Hospital Initiative is evidence based best practice. International studies confirm the effectiveness of BFHI. The BFHI has been implemented in 156 countries globally with over 20,000 hospitals designated as Baby Friendly. In 2010 61% of all births in Northern Ireland were in Baby Friendly designated hospitals.
11	KPI Monitoring	KPI will be monitored : ❑Daily ❑Weekly ☐Monthly ❑Quarterly ☑ Bi-annually Annually ❑Other – give details: Please indicate who is responsible at a local level for monitoring this KPI:
12	KPI Reporting Frequency	Indicate how often the KPI will be reported: ❑Daily ❑Weekly ☐Monthly ❑Quarterly ❑Bi-annually ❑√Annually ❑Other – give details:
13	KPI report period	Indicate the period to which the data applies ❑ Current ☐Monthly in arrears (June data reported in July) ☑ Biannually current ❑ Other – give details:
14	KPI Reporting Aggregation	Indicate the level of aggregation – for example over a geographical location: ☑ National ❑ Regional ☐LHO Area ❑ ☑ Hospital ❑ County ❑ Institution ❑ Other – give details: Maternity hospital / unit
15	KPI is reported in which reports?	Indicate where the KPI will be reported: ☑ Performance Assurance Report (NSP) ❑Other – give details:
16	Web link to data	http://www.hse.ie/eng/services/publications/corporate/performancereports/
17	Additional Information	
	Contact details for Data Manager /Specialist Lead	Data Analyst: Fiona O'Riordan, Tel: 061 483721 Email: fiona.oriordan@hse.ie Specialist Lead: Siobhan Hourigan, National Breastfeeding Co-ordinator, Health Promotion & Improvement
	National Lead and Division	National Lead: Dr Stephanie O'Keeffe, National Director, Division: Health and Wellbeing

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% of children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine Haemophilus influenza type b (Hib3), Polio (Polio3), Hepatitis B (HepB3) (6 in 1 vaccine).
2	**KPI Description HWB1**	Total number and percentage of children on the HSE Area databases at 12 months of age who have received three doses of vaccine against Diphtheria (D3), Pertussis (P3), Tetanus (T3) Haemophilus influenza type b (Hib3), Polio (Polio3), Hepatitis B (HepB3) (6 in 1 vaccine).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2016: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received three doses of vaccine for each vaccine type diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3) and hepatitis B (HepB3), by the total number of children at 12 months of age on the HSE Area database. (e.g. LHO had 368 children at 12 months of age, 290 children aged 12 months of age received three doses of vaccine against polio (Polio3), 290/368x100) Calculation: <u>No. of children aged 12 months who rec 3 doses of Polio Vaccine (290)</u>/ Number of children aged 12 months of age (368)x100 = 79%
6	**Data Source**	
	Data Completeness	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC)
	Data Quality Issues	
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: <u>This data is reported quarterly in arrears</u>
8	**Tracer Conditions**	Children 12mths of age
9	**Minimum Data Set**	The number of children in cohort and aggregate number of children at 12 months of age in quarter who have received the full vaccine series appropriate for that age; data from each LHO and HSE Area
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Corporate Plan Report ☑Performance Report (NSP/CBP) t ☑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/performanceassurancereports/
17	**Additional Information**	**Health Prot**ection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300

Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health Tel: 061 483347
National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health Tel: 061 483347
National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children at 12 months of age who have received two doses of the Pneumococcal Conjugate Vaccine (PCV$_2$).
2	**KPI Description HWB2**	Total number and percentage of children on the HSE Area databases at 12 months of age who have received two doses of the Pneumococcal Conjugate Vaccine (PCV$_2$).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2016: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received two doses of vaccine against Pneumococcal Disease (PCV2) by the total number of children at 12 months of age on the HSE Area database (e.g. LHO area had 368 children at 12 months of age, 290 children aged 12 months of age received two doses of vaccine against Pneumococcal Disease (PCV2), 290/368x100) Calculation: <u>No. of children aged 12 months who rec 2 doses of Pneumococcal Conjugate vaccine (PCV2) (290)</u> Number of children aged 12 months of age (368)x100 = 79%
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: <u>This data is reported quarterly in arrears</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children at 12 months of age who have received 2 doses of the Meningococcal group C vaccine (MenC$_2$).
2	**KPI Description HWB3**	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 C vaccine (MenC$_2$).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2016: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 12 months of age who are recorded on the HSE Area database as having received two doses of vaccine against Meningococcal group C disease (MenC2) 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 Meningococcal group C disease (MenC2), 290/368x100) Calculation: <u>No. of children aged 12 months who received 2 doses of Meningococcal group C vaccine (MenC2), (290)</u> Number of children aged 12 months of age (368)x100 = 79%
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: <u>This data is reported quarterly in arrears</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI: Local Business Units
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

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1	**KPI Title**	% children aged 24 months of age who have received three doses Diphtheria (D3), Pertussis (P3), Tetanus (T3) vaccine, Haemophilus influenza type b (Hib3), Polio (Polio3), Hepatitis B (HepB3) (6 in 1)
2	**KPI Description HWB4**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received three doses of vaccine against diphtheria (D3), pertussis (P3), tetanus (T3) Haemophilus influenza type b (Hib3), polio (Polio3), hepatitis B (HepB3) (6 in 1 vaccine).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	Please tick which Indicator Classification this indicator applies to, ideally choose one classification ☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2015: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received three doses of vaccine for each vaccine type diphtheria (D_3), pertussis (P_3), tetanus (T_3) *Haemophilus influenza* type b (Hib_3), polio ($Polio_3$) and hepatitis B ($HepB_3$), by the total number of children at 24 months of age on the HSE Area database. (e.g. LHO has 368 children at 24 months of age, 290 children aged 24 months of age received three doses of vaccine against polio (Polio3), Calculation: <u>No. of children aged 24 months who rec 3 doses of Polio Vaccine (290)</u> x100 = 79% Number of children aged 24 months of age (368)
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: <u>This data is reported quarterly in arrears</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☐Regional ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Corporate Plan Report ☑Performance Report (NSP/CBP)
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347

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

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children aged 24 months of age who have received 3 doses Meningococcal C (MenC3) vaccine
2	**KPI Description HWB5**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received three doses of the Meningococcal C vaccine (MenC3).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2016: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received three doses of vaccine against Meningococcal group C disease (MenC$_3$) by the total number of children at 24 months of age on the HSE Area database. (e.g. in Qtr 2, 2009. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received three doses of vaccine against Meningococcal group C disease (MenC3), 290/368x100) Calculation: No. of children aged 24 months who rec 3 doses of Meningococcal group C vaccine (MenC3), (290) Number of children aged 24 months of age (368) x100 = 79%
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: This data is reported quarterly in arrears
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children aged 24 months who have received 1 dose Haemophilus influenzae type B (Hib) vaccine
2	**KPI Description HWB6**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received one dose of Haemophilus influenzae type B (Hib) vaccine on or after 12 months of age.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2016: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having one dose of Haemophilus influenzae type B (Hib) vaccine by the total number of children at 24 months of age on the HSE Area database. (e.g. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received one dose of vaccine against Haemophilus influenzae type B (Hib), 290/368x100) Calculation: <u>No. of children aged 24 months who rec 1 dose of Haemophilus influenzae type B (Hib), (290)</u> Number of children aged 24 months of age (368)x100 = 79%
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: <u>This data is reported quarterly in arrears</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	 ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347.
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children aged 24 months who have received 3 doses of the Pneumococcal Conjugate (PCV$_3$) vaccine
2	**KPI Description HWB7**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received two doses of the Pneumococcal Conjugate Vaccine (PCV$_3$).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ overnance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2015: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received three doses of vaccine against Pneumococcal disease (PCV$_2$) by the total number of children at 24 months of age on the HSE Area database (e.g. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received two doses of vaccine against Pneumococcal disease (PCV3), 290/368x100). Calculation: <u>No. of children aged 24 months who rec 3 doses of Pneumococcal Conjugate vaccine (PCV3) (290)</u> Number of children aged 24 months of age (368)x100 = 79%
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: <u>This data is reported quarterly in arrears</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organization and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	 ☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine
2	**KPI Description HWB8**	Total number and percentage of children on the HSE Area databases at 24 months of age who have received the Measles, Mumps and Rubella Vaccine (MMR).
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☑Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☐
		Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2016: 95%
5	**KPI Calculation**	The figure is produced by dividing the number children at 24 months of age who are recorded on the HSE Area database as having received the vaccine against Measles, Mumps and Rubella Vaccine (MMR) by the total number of children at 24 months of age on the HSE Area database. (e.g. LHO area had 368 children at 24 months of age, 290 children aged 24 months of age received the MMR vaccine 290/368x100%) <u>No. of children aged 24 months who received the MMR Vaccine (290</u> x100% = 79% Number of children aged 24 months of age (368)
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details: <u>This data is reported quarterly in arrears</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organization and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☑Quarterly ☐Bi-annually ☐Annually Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☑Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) - reported in compstat monthly ☐Monthly in arrears (June data reported in July) ☑Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☐Regional ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☑ Corporate Plan Report ☑Performance Report (NSP/CBP) ☑Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Public Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children in junior infants who have received 1 dose 4-in-1 vaccine (Diphtheria; Tetanus; Polio; Pertussis)
2	**KPI Description HWB9**	Total number and percentage of children in junior infants who have received one dose of 4-in-1 vaccine (Diphtheria; Tetanus; Polio; Pertussis) in the acedemic year 2015/2016.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National Standards for Safer Better Healthcare)	☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2016: 95%
5	**KPI Calculation**	<u>No. of junior infant pupils to have received 4-in-1 vaccine (290)</u> x100% = Total no. of junior infants
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details: Note: <u>This data is reported annually Q4</u>
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organisation and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☑Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☐Regional ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Pubic Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% children in junior infants who have received 1 dose Measles, Mumps, Rubella (MMR) vaccine
2	**KPI Description HWB10**	Total number and percentage of children in junior infants who have received one dose Measles, Mumps, Rubella (MMR) vaccine in the academic year 2015/2016.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target
	Indicator Classification (National Standards for Safer Better Healthcare)	Please tick which Indicator Classification this indicator applies to, ideally choose one classification (in some cases you may need to choose two). ☑Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐Use of Information☐ Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2016: 95%
5	**KPI Calculation**	<u>No. of junior infant pupils to have received MMR Vaccine</u> x100% = Total no. of junior infant pupils
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via Regional Vaccination System/ Public Health Departments and reported on by Health Protection Surveillance Centre (HPSC).
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details: This data is reported annually Q4.
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organization and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☑Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☐Regional ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other – give details:
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National Lead and Division		Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

#	Field	Content
1	**KPI Title**	% first year students who have received one dose Tetanus; low dose Diphtheria; Acellular Pertussis (Tdap) vaccine
2	**KPI Description HWB11**	Total number and percentage of students in first year of second level schools (and those aged 12 or 13 years that are in special schools or home schooled) who have received one dose Tetanus; low dose Diphtheria; Acellular Pertussis (Tdap) vaccine in the academic year 2015/2016.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure to protect against serious diseases such as measles, diphtheria and polio. The WHO recommends that immunisation uptake rates should reach at least 95% to prevent outbreaks of these diseases. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care Safe Care☐ Better Health and Wellbeing ☐ Use of Information☑ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	NSP Target 2015: 95%
5	**KPI Calculation**	No. of first year students to have received Tdap vaccine x100% = Total no. of first year students
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE areas via National Immunisation Office and reported by HPSC
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details: This data is reported annually in Q4
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	The World Health Organization and National Policy recommend an uptake rate of at least 95% to ensure that community and population immunity is achieved and to provide individual protection.
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☑Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☐Regional ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other – give details:
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	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Immunisations and Vaccines

1	**KPI Title**	% of first year girls to have received 2 doses of HPV vaccine
2	**KPI Description HWB78**	HPV – estimated number and percentage of girls in first year of second level schools (and those aged 12 or 13 years that are in special schools or home schooled) to have completed a second dose HPV vaccine course in the academic year 2015/2016.
3	**KPI Rationale**	Immunisation is a proven, safe and effective public health measure. Designed to monitor immunisation uptake rate against the target.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care ☐Effective Care
		Safe Care☐ Better Health and Wellbeing ☐Use of Information☑
		Workforce☐Use of Resources☐Governance, Leadership and Management ☐
4	**KPI Target**	NSP 2016: 85%
5	**KPI Calculation**	$\underline{\text{No. of first year girls to have received second dose of HPV vaccine}}$ x 100 = Total number of first year girls
6	**Data Source** **Data Completeness** **Data Quality Issues**	Sourced from HSE Areas via National Immunisation Office
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details: Note: This data is reported annually in Q4
8	**Tracer Conditions**	
9	**Minimum Data Set**	The number of children in cohort and the number of children receiving the age appropriate number of vaccine doses
10	**International Comparison**	WHO target of 80% and this target was also given in the HIQA Health Technology Assessment
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly ☐ Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI:
12	**KPI Reporting Frequency**	☐Daily ☐Weekly ☐Monthly ☐Quarterly ☐Bi-annually ☑Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☐Quarterly in arrears (quarter 1 data reported in quarter 2) ☑Rolling 12 months (previous 12 month period)
14	**KPI Reporting Aggregation**	☐National ☑ LHO Area ☐Hospital ☐ County ☐ Institution ☐Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑Performance Report (NSP/CBP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	Health Protection Surveillance Centre http://www.hpsc.ie/hpsc/AZ/VaccinePreventable/Vaccination/ImmunisationUptakeStatistics hpsc@hse.ie (01) 87635300
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Kevin Kelleher, AND, Pubilc Health and Child Health, Tel: 061 483347
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

Health and Wellbeing: Public Health

1	**KPI Title**	Number of infectious disease (ID) outbreaks notified under the national ID reporting schedule
2	**KPI Description HWB24**	Total number of outbreaks of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified each quarter compared, on an HSE-Area basis, with the equivalent quarter and year to date period in the previous year.
3	**KPI Rationale**	Outbreaks of infectious diseases are an important cause of illness in the Irish population. While some of the pathogens responsible produce relatively mild illness, others, such as VTEC, Tuberculosis, Meningococcal disease, Measles and Legionellosis, can result in severe illness, disability and death. In addition, such outbreaks place a significant financial burden on patients, their families, the health system and the State.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care Effective Care ☑ Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2015 Expected activity not stated - 2014 expected activity was 614
5	**KPI Calculation**	Count
6	**Data Source** **Data Completeness** **Data Quality Issues**	Outbreak Surveillance System 100% coverage None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Outbreak case of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified
9	**Minimum Data Set**	Meets criteria for outbreak
10	**International Comparison**	WHO and Similar in other EU countries
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Public Health Specialists and HSPC
12	**KPI Reporting Frequency**	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Paul McKeown, Specialist in Public Health Medicine, Health Surveillance Protection Centre
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive

1	**KPI Title**	Number of individual outbreak associated cases of infectious disease (ID) notified under the national ID reporting schedule
2	**KPI Description HWB74**	Total number of outbreak cases of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified each quarter compared, on an HSE-Area basis, with the equivalent quarter and year to date period in the previous year.
3	**KPI Rationale**	Outbreaks of infectious diseases are an important cause of illness in the Irish population. While some of the pathogens responsible produce relatively mild illness, others, such as VTEC, Tuberculosis, Meningococcal disease, Measles and Legionellosis, can result in severe illness, disability and death. In addition, such outbreaks place a significant financial burden on patients, their families, the health system and the State.
	Indicator Classification (National standards for Better Safer Healthcare)	☐Person Centred Care Effective Care ☑ Safe Care☐ Better Health and Wellbeing ☑ Use of Information☐ Workforce☐ Use of Resources☐ Governance, Leadership and Management ☐
4	**KPI Target**	2016 Expected activity: 7,500 cases nationally
5	**KPI Calculation**	Count
6	**Data Source** **Data Completeness** **Data Quality Issues**	Outbreak Surveillance System 100% coverage None
7	**Data Collection Frequency**	☐Daily ☐Weekly ☐Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
8	**Tracer Conditions**	Outbreak case of infection (sysptomatic and asymptomatic for each disease and or pathogen) notified
9	**Minimum Data Set**	Meets criteria for outbreak
10	**International Comparison**	WHO and Similar in other EU countries
11	**KPI Monitoring**	KPI will be monitored on a (please indicate below) basis: ☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details: Please indicate who is responsible for monitoring this KPI: Public Health Specialists and HSPC
12	**KPI Reporting Frequency**	☐Daily ☐Weekly Monthly ☑ Quarterly ☐Bi-annually ☐Annually ☐Other – give details:
13	**KPI report period**	☐Current (e.g. daily data reported on that same day of activity, monthly data reported within the same month of activity) ☐Monthly in arrears (June data reported in July) ☑ Quarterly in arrears (quarter 1 data reported in quarter 2) ☐Rolling 12 months
14	**KPI Reporting Aggregation**	☑ National ☐Regional ☐ LHO Area ☐Hospital ☐ County ☐ Institution ☐ Other – give details:
15	**KPI is reported in which reports ?**	☐ Corporate Plan Report ☑ Performance Report (NSP/CBP) ☐Other – give details:
16	**Web link to data**	http://www.hse.ie/eng/services/Publications/corporate/Performance_Reports_Monthly.html
17	**Additional Information**	
	Contact details for Data Manager / Specialist Lead	Information Analyst: Fiona O'Riordan Tel: 061483721 E: fiona.oriordan@hse.ie Specialist Lead: Dr. Paul McKeown, Specialist in Public Health Medicine, Health Surveillance Protection Centre
	National Lead and Division	Dr. Stephanie O'Keeffe, National Director, Health and Wellbeing Division, Health Service Executive