

## Performance Reporting - Qtr 1 (April - June 2020)

Directorate	Strategic Objective	Performance Measure (Indicator)	Target 2020/21	Reporting Frequency	1st Quarter Achievements	Rag Status
	2.1 Improve the health of the community	Percentage of Doctor-led country clinics open against published opening times.	90%	Quarterly	100%	
	2.1 Improve the health of the community	Percentage reduction in the number of patients on the dental clinic denture waiting list	25% reduction 2019-20 50% reduction 2020-21	Quarterly	50% reduction	
	2.1 Improve the health of the community	Establish baseline percentage for those with a registered disability who access annual health check	Establish baseline	Annually	Baseline established at 95%.	
	2.1 Improve the health of the community	Waiting times for elective surgery maintained at less than 12 weeks for patients who are fit for surgery	Wait list less than 12 weeks	Quarterly & Yearly	70.31% (45 patients out of a possible 64 received surgery within the 12 week waiting period).	
	2.1 Improve the health of the community	Waiting time for routine doctor-led outpatient appointments maintained at less than 10 working days 90% of the time.	90%	Monthly	100%	
	2.1 Improve the health of the community	Establish funding and planning for a secure acute mental health facility to care for acute mental health clients	Business case and funding approval	Annually		
	2.1 Improve the health of the community	Train 90% of staff who have patient contact in brief intervention	90% by end of year	Quarterly	63%	
	2.1 Improve the health of the community	Percentage of the Proportion of Smokers who 'Seriously wished to quit' attend Community Nurse Smoking Cessation Service	50%	Annually		
	2.1 Improve the health of the community	Achieve a 25% quit rate at 4 weeks among clients attending the smoking cessation service	25%	Quarterly	11%	

Health	Objective	Target	Frequency	Actual Performance	Status
	2.1 Improve the health of the community	Develop an electronic patient record that ensures accurate capture of BMI	BMI electronically captured	Annually	
	2.1 Improve the health of the community	90% of all school children with consent have annual weight screening completed	90%	Annually	
	2.1 Improve the health of the community	St Helena healthcare acquired MRSA bacteremia infections maintained at zero	No St Helena healthcare acquired MRSA bacteremia	Quarterly	No acquired MRSA bacteraemia
	2.1 Improve the health of the community	Establish an audit plan	Completed Audit Database	Annually	
	2.1 Improve the health of the community	Percentage of planned port health clearance conducted	100%	Annually	
	2.1 Improve the health of the community	Percentage of requested pest control services delivered within 10 working days	>70%	Quarterly	95%
	2.1 Improve the health of the community	Percentage of reported food and water-borne diseases outbreaks investigated	100%	Annually	
	2.1 Improve the health of the community	Maintain food and water laboratory service and accreditation	Pass	Annually	
	2.1 Improve the health of the community	Percentage of registered diabetics receive annual HbA1c check	> 60%	Monthly	67%
	2.1 Improve the health of the community	Percentage of registered diabetics receive annual retinopathy screening	> 60%	Quarterly	19%
	2.1 Improve the health of the community	Percentage of Registered diabetics with poor control	<50%	Monthly	42%
	2.1 Improve the health of the community	Establish a hypertension database	Database established	Annually	
	2.1 Improve the health of the community	Percentage of category 2 overseas referrals that departed for treatment within 3 months from approval	90%	Quarterly	80% . The remaining 20% were unable to depart within the timeframe due to Airport lockdown in RSA on 26 March 2020.

2.1 Improve the health of the community	Maintain average cost of overseas treatment per patient	Maintain within budget	Quarterly	Unable to be maintained due to a number of high-cost cases during the period in question. Medical Referrals budget-line overspent as a result of this	Red
	Explore opportunities for partnership	Achieve a Memorandum of Understanding	Annually	Grey hatched	
	Percentage of defined core clinical positions filled all year round	90%	Annually		
	Percentage of incumbent TC posts with planned transition arrangements in place	90%	Annually		
	Percentage of contact points with Feedback forms for service users	75%	Monthly	80%	Green
	Percentage of patient complaints received are reviewed and responded to within the agreed timeline	90%	Quarterly	100%	Green