

## Performance Reporting - Qtr 1 (April - June 2021)



see KPI also

Portfolio Directorate	Strategic Objective	Performance Measure (Indicator)	Target 2021/22	Reporting Frequency	1st Quarter Progress	Rag Status
SOCIAL CARE	4.1 Develop a safe environment	% of referrals actioned within 1 working day (Children)	Q1-89% Q2-90% Q3-91% Q4-92%	Quarterly	100%. 8 referrals received involving neglect and all actioned within 24 hrs	
	4.2.1 Care for vulnerable and disadvantaged groups in society such as people with disabilities, children, elderly people and low income earners	% of assessments completed to timescale (35 working days)	Q1-45% Q2-50% Q3-60% Q4-65%	Quarterly	82% completed to timescale. 9 out of 11 completed within 35 working days.	
	4.2.1 Care for vulnerable and disadvantaged groups in society such as people with disabilities, children, elderly people and low income earners	% of children open to Children's Services who have an up to date care plan (CP,CIN, LAC)	Q1-87% Q2-88% Q3-89% Q4 90%	Quarterly	97%. 33 out of the 34 cases have up to date care plans (6/6 CP, 3/3 LAC, 24/25 CIN)	
	4.1 Develop a safe environment	% of referrals actioned within 1 working day (Adults)	Q1-93% Q2-94% Q3-94% Q4 94%	Quarterly	100%. 30 referrals received during the quarter and actioned within 24 hrs	
	4.2.1 Care for vulnerable and disadvantaged groups in society such as people with disabilities, children, elderly people and low income earners	% of assessments completed to timescale (20 working days)	Q1-83% Q2-86% Q3-88% Q4-90%	Quarterly	88%. Of the 26 completed assessments 23 were to timescale	
	4.2.1 Care for vulnerable and disadvantaged groups in society such as people with disabilities, children, elderly people and low income earners	% of Support Plans for adults living in the community completed to timescale (initial, complex, standard)	Q1-93% Q2-94% Q3-94% Q4 94%	Quarterly	97%. 73 of 75 support plans completed to timescale	
	5.1 Improve the health of the community	% of service users with care plans	Q1-100% Q2-100% Q3-100% Q4 100%	Quarterly	100%. All 78 service users in residential, sheltered and supported living have care plans	
	5.1 Improve the health of the community	% of reviews completed to timescale	Q1-100% Q2-100% Q3-100% Q4 100%	Quarterly	100%. All 78 service users in residential, sheltered and supported living have up to date care plans	
	4.2.1 Care for vulnerable and disadvantaged groups in society such as people with disabilities, children, elderly people and low income earners	% of children open to Children's Services who have a (LAC) plan	Q1-100% Q2-100% Q3-100% Q4 100%	Quarterly	100%.	

4.2.1 Care for vulnerable and disadvantaged groups in society such as people with disabilities, children, elderly people and low income earners	% of children with up to date (LAC) reviews	Q1-100% Q2-100% Q3-100% Q4 100%	Quarterly	100%. All four children (LAC) have up to date reviews	Green
6.1 Ensure effective governance through efficient and effective systems and processes	Annual spending to be within approved budget	Q1<£831000 Q2<£1887250 Q3<£2785000 Q4<£3660000	Quarterly	£833501 outturn which is 0.3% off target (-£2501)	Yellow
6.1 Ensure effective governance through efficient and effective systems and processes	% of completed actions from the SHSB action tracker	Q1-55% Q2-60% Q3<65% Q4-70%	Quarterly	60% achieved	Green
6.1 Ensure effective governance through efficient and effective systems and processes	% review of multi-agency meetings	Q1-Q4-100%	Quarterly	100% achieved. There were 3 MAPPA meetings.	Green
6.1 Ensure effective governance through efficient and effective systems and processes	Number of directorate policies reviewed and updated	Q1-4 Q2- 8 Q3-12 Q4-15	Quarterly	9 Policies were updated during the first quarter	Green
6.1 Ensure effective governance through efficient and effective systems and processes	% of multi-agencies receiving training	Q1-72% Q2- 77% Q3-81% Q4-85%	Quarterly	17% received training.	Red
6.1 Ensure effective governance through efficient and effective systems and processes	Social Care staff have an up to date training plan	Q1-60% Q2-63% Q3-67% Q4-70%	Quarterly	73% achieved in first quarter. However KPI has been slightly amended to reflect actual training based on TNAs. KPI now reads: % of Social Care staff with up to date training (TNA led). Targets remain the same.	Yellow
4.1 Develop a safe environment	Pre-sentence reports to meet the required timescales in the court arena	Q1-75% Q2-78% Q3-85% Q4-90%	Quarterly	100% achieved. Target met due to improvement in staffing level in Probation.	Green
4.1 Develop a safe environment	Community sentence order compliance	Q1- 75% Q2-76% Q3-77% Q4-80%	Quarterly	100% achieved. Target met due to significant number of additional hours put in by Probation Officer	Green
2.1 Improve the health of the community	Percentage of Doctor-led country clinics open against published opening times.	90%	Quarterly	98% (39 out of a possible 40 clinics open against published opening times during Q1).	Green
2.1 Improve the health of the community	Waiting time for the construction of new dentures to be maintained at less than 6 months for 80% of patients	80% of persons on denture waiting list wait less than 6 months for treatment	Quarterly	73%	Yellow
2.1 Improve the health of the community	Percentage of persons with a registered disability that access a health care professional at least once per year	90%	Annually	In progress. Update to follow in Q2	Yellow
2.1 Improve the health of the community	Waiting times for elective surgery maintained at less than 18 weeks for patients who are fit for surgery.	Waitlist less than 18 weeks	Quarterly/Annually	50% (41 patients out of a possible 81 received surgery within the 18 week waiting period - result of shortage of staff).	Red
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	91%	Green

# HEALTH

2.1 Improve the health of the community	Suitable, reliable and functioning electronic patient record management system for Health Care Services in place	Year 1: Suitable system identified and agreement reached in respect of procurement Years 2 and 3: System fully operational	Annually	
2.1 Improve the health of the community	Percentage of Carbon Monoxide (CO) validated quit success rates at 4 weeks among Smoking Cessation Service Clients who set a quit date.	20% of individuals that have set a quit date have validated quit success rate at 4 weeks	Monthly	No individuals who set a quit date in Q1 were successful in stopping smoking, therefore there were no validated quits in this quarter. Not due for update in Q1
2.1 Improve the health of the community	Develop a system for recording BMI for all outpatients seen	BMI electronically recorded for all outpatients at least once per annum	Annually	
2.1 Improve the health of the community	The % of school children in reception, years 6 and 9, who have parental consent to have an annual weight screening completed	>90% participation rate in screening programme	Annually	Annual BMI Screening in progress and will be completed over the next month. Data will be available and reported on during Q2.
2.1 Improve the health of the community	% of parent/guardian engagement with weight management programme for children identified as requiring weight management intervention	Year 1: 50% engagement rate Year 2: 60% engagement rate Year 3: 70% engagement rate	Annually	63% engagement rate achieved for Q1. 7/11 parents of children identified as needing weight management intervention engaged in the weight management programme for children during Q1.
2.1 Improve the health of the community	Health Strategy for Covid-19 approved by Incident Executive Group and in place.	Approved Strategy in place and reviewed as required.	Annually	
2.1 Improve the health of the community	MRSA healthcare acquired bacteremia infections maintained at zero	Zero healthcare acquired MRSA bacteraemia	Quarterly	Zero MRSA infections
2.1 Improve the health of the community	A clinical audit plan in place and % of planned audits completed	<b>Year 1:</b> SMO to prepare 3 year rolling audit plan for agreement by Health Services Director and Portfolio Director (Health and Social Care) and complete one audit in 2021/22 <b>Year 2 and Year 3:</b> Implementation of audit plan	Annually	
2.1 Improve the health of the community	Percentage of planned port health clearance conducted	100% of all planned port health clearances completed	Annually	For update in Quarter 4
2.1 Improve the health of the community	Percentage of requested pest control services delivered within 10 working days.	>70% of requests for treatment of pests of public health significance responded to within 10 days 100%	Quarterly	Total Number of Jobs = 60. Total completed within 10 working days = 60. 100% For update in Quarter 4
2.1 Improve the health of the community	Percentage of reported food and water-borne diseases outbreaks investigated.	Pass	Annually	For update in Quarter 4
2.1 Improve the health of the community	Maintain UKAS accreditation of the food and water laboratory.	Pass	Annually	For update in Quarter 4
2.1 Improve the health of the community	Percentage of registered diabetics that receive an annual HbA1c check	Year 1 > 70%, year 2 and 3 >80%	Monthly	62% (600 out of 961 registered diabetics received an annual HbA1c check).
2.1 Improve the health of the community	Percentage of registered diabetics that receive annual retinopathy screening	Year 1 >70%, year 2 and 3 >80%	Quarterly	53%
2.1 Improve the health of the community	Percentage of Registered diabetics with poor control	Year 1 <40%, Year 2 <30% Year 3 <20%	Monthly	52% (495 out of 961 registered diabetics).
2.1 Improve the health of the community	Establish a hypertension database.	Database established	Annually	Hypertension database established.

2.1 Improve the health of the community	Percentage of Category 1 overseas referrals that departed for treatment within 3 months from approval	90%		Quarterly	update to follow in Q 2	
2.1 Improve the health of the community	Seek to engage with Mauritius Government to establish MOU to agree knowledge sharing	Achieve a Memorandum of Understanding		Annually	For update in Q4	
2.1 Improve the health of the community	Telehealth – Percentage of patients on the Mental Health caseload assessed as requiring specialised psychological interventions that have access to a remote consultation within 6 weeks of initial assessment	80% annually		Quarterly	7 out of 7 patients(100%) assessed as requiring tele psychiatric support had access to a remote consultation in less than 6 weeks.	
2.1 Improve the health of the community	Telemedicine Policy reviewed and identified SOPs in place	Review and revision of policy as required and identified SOPs in place		Annually	For update in Q4	
2.1 Improve the health of the community	Percentage of defined core clinical positions filled all year round	Yr 1 Establish Baseline, Yr 2 and 3 90% of all core positions to be filled at all times		Annually	For update in Q4	
2.1 Improve the health of the community	Percentage of incumbent TC posts with planned transition arrangements in place	90%		Annually	For update in Q4	
2.1 Improve the health of the community	Percentage of patient complaints received that are reviewed and responded to within the agreed timeline	90% of all complaints received to be responded to within the defined timeline		Quarterly	93% of patient complaints responded to within agreed timeframes	