


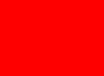






Performance Reporting - Qtr 2 (July - September 2021)

see KPI also

Portfolio Directorate	Strategic Objective	Performance Measure (Indicator)	Target 2021/22	Reporting Frequency	2nd Quarter Progress	Rag Status
	4.1 Develop a safe environment	% of referrals actioned within 1 working day (Children)	Q1-89% Q2-90% Q3-91% Q4-92%	Quarterly	100% achieved. Total of 52 referrals were received in the quarter all involving neglect and were all actioned in timescale. Target surpassed. Target to be reviewed in line with service improvements realised	Green
	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	100% achieved. 31 assessments were undertaken all within timescale. Target surpassed. Target to be reviewed in line with service improvements realised	Green
	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	6 child protection cases open to Children services, all with up to date care plans Target surpassed. Target to be reviewed in line with service improvements realised	Green
	4.1 Develop a safe environment	% of referrals actioned within 1 working day (Adults)	Q1-93% Q2-94% Q3-94% Q4 94%	Quarterly	93% achieved. 13 out of 14 referrals were actioned to timescale. Target is well within reach and associated risks well managed	Green
	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	73% achieved during the second quarter. 16 of the 22 assessments received were completed to timescale	Yellow
	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	100% achieved. All 18 support plans were completed to timescale in the month of July 2021. August and September figures to be updated	Green
	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 users have care plans in place	Green
	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	Green

SOCIAL CARE						
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	43% have a LAC plan as a result of new cases towards the end of the quarter.		
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	43% of the looked after children have up to date LAC reviews. (3 out of the 7 LAC)		
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	Spending reached £1689260 translating to a 2% or £71890 underspend.		
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	80% of actions completed.		
6.1 Ensure effective governance through efficient and effective systems and processes	% review of multi-agency meetings	Q1-Q4-100%	Quarterly	There were no review meetings for this quarter		
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	15 Policies updated to date surpassing the expected target. Targets to be reviewed		
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	There was no multi agency training offered during this quarter. Work in progress to review training material/content		
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	Work in progress to match training offered to the Training needs analysis. Training needs analysis information currently being compiled and to be complete by November 30, 2021		
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. 14 pre sentence reports were submitted, all within the agreed timelines		
4.1 Develop a safe environment	Community sentence order compliance	Q1- 75% Q2-76% Q3-77% Q4-80%	Quarterly	100% achieved.		
2.1 Improve the health of the community	Percentage of Doctor-led country clinics open against published opening times.	90%	Quarterly	91% (cumulative data for Q1 & 2 gives total of 91% for the first 6 months of the year)		

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	83%	
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	82% seen in Q2	
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% achieved during Q 2	
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	38% achieved during quarter 2 - result of shortage of doctors	
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	for update in Q4	
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 Q2 were successful in stopping smoking, therefore there were no validated quits in this quarter.	
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	for update in Q4	
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	99 % achieved. The annual Screening programme took place during June/July. 44/44 children in Reception had consent and were screened = 100% achieved 41/41 children in Yr 6 had consent and were screened = 100% achieved 33/34 children in Yr 9 had consent. = 97% achieved	

HEALTH	Objective	Key Performance Indicators	Current Status / Progress	Frequency	Notes / Updates	Status
	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	Weight management programmes for 2021/22 to take place in Q1 and Q4. In Q1 - 14 Children + parents were invited to attend the healthy habits programme. 11 were in the overweight and underweight categories needing intervention. 3 parents requested assistance regarding fussy eating habits which was also offered by the programme. Of the 11 needing intervention, 4 did not consent or attend the programme giving an attendance of those needing intervention of 64%.	
	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	for update in Q4	
	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	Year 1: 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 Year 2 and Year 3: Implementation of audit plan	Annually	for update in Q4	
	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 Q4	
	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	data not available for Q2	
	2.1 Improve the health of the community	Percentage of reported food and water-borne diseases outbreaks investigated.	Pass	Annually	for update in Q4	
	2.1 Improve the health of the community	Maintain UKAS accreditation of the food and water laboratory.	Pass	Annually	Assessment to be provided in Qtr 3	
	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	July 21 - 685 annual checks (registered 991) = 69%. Aug 21 - 698 annual checks (registered 994) = 70% Sept 21 - 748 annual checks (registered 999) = 75%	
	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	88 patient (9%) had retinal screening conducted. During this period visiting optometrist was on island.	

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	July 21 - 509 poorly control (registered 991) = 51%. Aug 21 - 502 poorly control (registered 994) = 51% Sept 21 - 535 poorly controlled (registered 999) = 54%	
2.1 Improve the health of the community	Establish a hypertension database.	Database established	Annually	for update in Q4	
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	45 patients were approved as Category 1 from 1 April to 30 September 2021. 40/45 (89%) departed for overseas treatment within 90 days. 4/45 (9%) are waiting to travel, are under the 90 day timeframe and could still meet the target. 1/45 (2%) has been waiting to travel for longer than 90 days.	
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	88% patients seen within six 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	80% completed in agreed timeframe	