

Performance Reporting - Qtr 4 (Jan - Mar 2021)

Directorate	Strategic Objective	Performance Measure (Indicator)	Target 2020/21	Reporting Frequency	4th Quarter Achievements	Rag Status
Health	2.1 Improve the health of the community	Percentage of Doctor-led country clinics open against published opening times.	90%	Quarterly	100% (16 out of a possible 16 clinics).	Green
	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	66% reduction.	Green
	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	95% at September 2020.	Green
	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	67% (78 patients out of a possible 115 received surgery within the 12 week waiting period).	Green
	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
	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	Yearly	Performance Indicator met. Psychiatric Intensive Care Unit complete and in use. Visual inspection confirms.	Green
	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	Very limited training conducted for the Financial Year, with no training conducted in this quarter due to covid preparations/preparedness, additional theatre days and staff shortages within the general Hospital.	Red
	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	18 out of 802 registered smokers (last Census) = 2% seriously wished to quit.	Yellow
	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	Data available up until November 2020. 0%	Red
	2.1 Improve the health of the community	Develop an electronic patient record that ensures accurate capture of BMI	BMI electronically captured	Annually	8 out of 18 smokers returned at week 4 but 0 reported that they had quit smoking Data not available.	Red
	2.1 Improve the health of the community	90% of all school children with consent have annual weight screening completed	90%	Annually	98%	Green
	2.1 Improve the health of the community	St Helena healthcare acquired MRSA bacteremia infections maintained at zero	No St Helena healthcare acquired MRSA bacteraemia	Quarterly	No acquired MRSA bacteraemia.	Green
	2.1 Improve the health of the community	Establish an audit plan	Completed Audit Database	Annually	No evidence of MRSA in standard lab tests throughout 2020-21. Audit Plan established but not implemented due to Covid-19 pressures.	Red

2.1 Improve the health of the community	Percentage of planned port health clearance conducted	100%	Annually	All aircraft and ship Health Declarations checked - 100%	
2.1 Improve the health of the community	Percentage of requested pest control services delivered within 10 working days	>70%	Quarterly	Total Number of Jobs = 60. Total completed within 10 working days = 60. 100%	
2.1 Improve the health of the community	Percentage of reported food and water-borne diseases outbreaks investigated	100%	Annually	100%.	
2.1 Improve the health of the community	Maintain food and water laboratory service and accreditation	Pass	Annually	All food issues raised through alert notification present on the Island checked. Service and accreditation maintained. Assessment undertaken in September 2020.	
2.1 Improve the health of the community	Percentage of registered diabetics receive annual HbA1c check	> 60%	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 receive annual retinopathy screening	> 60%	Quarterly	53%	
2.1 Improve the health of the community	Percentage of Registered diabetics with poor control	<50%	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 2 overseas referrals that departed for treatment within 3 months from approval	90%	Quarterly	As reported previously, the outbreak of Covid-19 has resulted in acceptance of Category 1 referrals to the UK only. Referrals to RSA have only been accepted in urgent/life threatening cases, requiring transfer via Air Ambulance. In light of this, no Category 2 patients were referred during the period January to March 2021 (Q1).	
2.1 Improve the health of the community	Maintain average cost of overseas treatment per patient	Maintain within budget	Quarterly	See above. Normal procedures not possible during the year under review. Special provision for medical referrals to the UK. A number of patients declined referral due to Covid-19. Work on this delayed due to Covid-19 pressures.	
2.1 Improve the health of the community	Explore opportunities for partnership	Achieve a Memorandum of Understanding	Annually		
2.1 Improve the health of the community	Percentage of defined core clinical positions filled all year round	90%	Annually	Data not available.	
2.1 Improve the health of the community	Percentage of incumbent TC posts with planned transition arrangements in place	90%	Annually	Data not available.	
2.1 Improve the health of the community	Percentage of contact points with Feedback forms for service users	75%	Monthly	80% of contact points with feedback forms (visual inspection undertaken by Clinical Governance Officer).	
2.1 Improve the health of the community	Percentage of patient complaints received are reviewed and responded to within the agreed timeline	90%	Quarterly	93% of patient complaints responded too within agreed timeframes	