


## Performance Reporting - Qtr 3 (Oct - Dec 2021)

see KPI also

Portfolio Directorate	Strategic Objective	Performance Measure (Indicator)	Target 2021/22	Reporting Frequency	3rd 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%. Neglect accounted for 81% of the referrals, with 18% being sexual abuse and 1% falling into other categories	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% of the assessments completed 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 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	100% achieved with all CP,CIN and LAC care plans being up to date	
	4.1 Develop a safe environment	% of referrals actioned within 1 working day (Adults)	Q1-93% Q2-94% Q3-94% Q4 94%	Quarterly	61% achieved. 11 out of 18 referrals actioned within 24 hrs in the 3rd quarter	Red
	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	94%. Of the 16 completed assessments 15 were to timescale	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 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 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 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 service users in residential, sheltered and supported living have up to date care plans	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 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%	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		
	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		65% achieved
	6.1 Ensure effective governance through efficient and effective systems and processes	% review of multi-agency meetings	Q1-Q4-100%	Quarterly		100%
	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		12 Policies have been updated
	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		Work in progress to offer increased multiagency training. None offered during this quarter
	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		50% achieved. Work in progress to achieve target in light of resources
	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
	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		69% for the period Oct-Dec 2021 Reduced numbers of GPs due to staff illness and delays in recruitment affected clinics. Q3-80%
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		Green	
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	For update in Q4	Green	
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	71% achieved for Q3	Yellow	

HEALTH	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	Oct - 0 Nov - 0 Dec - 100% Average for the Qtr. - 33%	
	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	Business Case being prepared. This is a significant risk.	
	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		
	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	The annual Screening programme took place during June/July. 99 % achieved. 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	
	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	Approved Strategy in place and reviewed as required. Review of airport processes undertaken in light of Omicron in Dec 21.	
	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	Three clinical reviews held on orthopaedics, medical patient and a general surgical case	
	2.1 Improve the health of the community	Percentage of planned port health clearance conducted	100% of all planned port health clearances completed	Annually	100% of all planned port health clearances completed	

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	Quarterly	86% achieved. 22 jobs requested and 19 completed within ten working days	
2.1 Improve the health of the community	Percentage of reported food and water-borne diseases outbreaks investigated.	100%	Annually	for update in Q4	
2.1 Improve the health of the community	Maintain UKAS accreditation of the food and water laboratory.	Pass	Annually	Food and Water Laboratory re-accredited in October 2021 (Accreditation certificate awaited)	
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	71% from April 2021. Apr to June had 62% and Jul to September had 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	Remained at 9%. Oct – early Dec the ophthalmologist 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	52% cumulative from April 2021. Of the average 1018 diabetics, an average of 521 had poor control in the 3rd quarter	
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 1 overseas referrals that departed for treatment within 3 months from approval	90%	Quarterly	63% achieved. 80 approved from April to Dec 2021 and 50 departed for overseas treatment. 27 waiting but still within the 90 day period. 3 have been waiting for longer than 3 days. Overseas referrals going to UK but with long waits. SHG is awaiting the outcome of the NHS Quota review.	
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	Mauritius has requested that no further action is taken at this time due to covid.	
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	1 referral and seen within six weeks so 100%	
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	Continues to be a challenge. Successfully recruited locum general surgeon and orthopaedics and cover for Obs and gynae and GP's. Until we get 2-3 year posts it is difficult to change things clinically here. Radiography and SALT continues to be difficult.	
2.1 Improve the health of the community	Percentage of incumbent TC posts with planned transition arrangements in place	90%	Annually	For update in Qtr. 4	
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	53% of complaints dealt with within agreed timeframe during the quarter resulting in a cumulative 75% from April to December 2021	