

## Performance Reporting - Qtr 4 (Jan - Mar 2022)

	see KPI also				
2.1 Improve the health of the community	Percentage of Doctor-led country clinics open against published opening times.	90%	Quarterly	73% achieved for the year. Reduced numbers of GPs due to staff illness and delays in recruitment affected clinics. Set to improve following recent successful recruitment of doctors Q4 86%	
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		
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	Year end 94%	
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	At year end 86% of the cases (276 out of a possible 320 cases) were maintained within the 18 week time frame for elective surgery. 12.5 % (40 cases) were over 18 weeks on the waiting list as a result of staff shortage. 0.31 % represents 1 case that was referred off island and 0.94% represents 3 cases where patients decided against having surgery.	
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	78% attained at the end of the year due to improvement on number of available 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	Not achieved. Suitable EPR system not yet in place	
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	0% for the year.	
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	Unable to extract BMI data from current EPR systems	
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 2021. 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	57% engagement rate for the year. A weight management programme was held in Feb-March 2022 - 14 invited participants were previously screened in 2021 and indicated in Obese category. 7 out of 14 invited attended and completed the six week programme. Q4 engagement rate of 50%.	

HEALTH	Objective	Strategy	Performance	Frequency	Notes	Status
	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.	Green
	2.1 Improve the health of the community	MRSA healthcare acquired bacteremia infections maintained at zero	Zero healthcare acquired MRSA bacteraemia	Quarterly	Target achieved with lab reporting zero MRSA healthcare acquired bacteremia infections during all 4 quarters of this financial year.	Green
	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	Three clinical reviews held on orthopaedics, medical patient and a general surgical case	Green
	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	Green
	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	100% of all requests received during Q4 completed within 10 working days.	Green
	2.1 Improve the health of the community	Percentage of reported food and water-borne diseases outbreaks investigated.	100%	Annually	There were no food and water borne disease outbreaks reported during this fy. There were however two food recall procedures undertaken.	Green
	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	Green
	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	75% -1066 registered diabetics with 802 having HBA1c done (75%)	Green
	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	9.3% attained as at year end and consistent from Q2-Q4	Red
	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	53% with poor control	Red
	2.1 Improve the health of the community	Establish a hypertension database.	Database established	Annually	Hypertension database established in Q1.	Green
	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	92% achieved	Green
	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.	Red
	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	Q4 One referral seen within six weeks End of year 97% of referrals seen within six weeks	Green

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	Telemedicine policy yet to be reviewed
	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	Continued to be a challenge. 2-3 year posts essential for better attainment. Definition of core clinical positions essential
	Percentage of incumbent TC posts with planned transition arrangements in place	90%	Annually	data not available
	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	63% achieved for the year. Response within timescale fell significantly in Q3 and Q4.