Performance Reporting - Qtr 1 (April - June 2022)

see KPI also

Portfolio Directorate	Strategic Objective	Performance Measure (Indicator)	Target 2022-23	Reporting Frequency	1st Quarter Progress	Rag Status
HEALTH	SO.19 Ensure all people have access to safe and reliable health services	% Patients attending Emergency Department that are seen within 4 hours	98%	Quarterly	No information supplied for the quarter. To address with the new Chief nurse recently recruited. KPI ownership to be reviewed.	Red
	SO.21 Implement resilient and robust approaches to prevent and manage communicable diseases	Reported number of avoidable cases of MRSA bloodstream infections and Cdiff	Zero healthcare acquired MRSA bacteraemia	Quarterly	No information supplied for the quarter. To address with the new Chief nurse recently recruited.	Red
	SO.19 Ensure all people have access to safe and reliable health services	Maintain UKAS accreditation of the food and water laboratory.	Pass	Annually	Food and water laboratory currently accredited. Maintenance of accreditation to be reported in Q4	Green
	SO.21 Implement resilient and robust approaches to prevent and manage communicable diseases	Percentage of children receiving the standard immunisation offering	98%	6 monthly	97% HPV uptake with 38 out of 39 of the year 7 cohort receiving the vaccine in Q1	Green
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	Percentage of Registered diabetics with good management/control	60%	Quarterly	48% of diabetics had good diabetes management of the 1105 people on the diabetics register. This is 4% short of the desired 52% for the quarter.	Amber
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	Percentage of registered diabetics that receive annual retinopathy screening	80%	Annually	301 have received retinopathy screening as at Q1 translating to 27% of registered diabetics	Amber
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	Percentage of registered diabetics that receive an annual HbA1c checkng	80%	Annually	At the end of Q1-74% of registered diabetics received an HbA1c check	Amber
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	Percentage of people with hypertension that receive at least 1 blood pressure assessment annually	>90%	Annually	Database to be established	Red
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	Percentage of people on a cancer pathway	less than 2.5%	quarterly	The percentage of patients on a cancer pathway per population averaged 1.57% falling within the forecasted range of less than 2.0% in the quarter.	Green
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	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	There were no individuals that set a quit date in Q1	Red
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	Reduce the level of clinically obese children, registering >95th percentile	25% reduction and improved healthy lifestyles	Annually	For reporting in Q4 after the annual screening process. 67 clinically obese at the beginning of Q1	Amber
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	Reduce the level of clinically obese adults, with BMI >40	25% reduction and improved healthy lifestyles	Annually	For reporting in Q4	Amber

SO.19 Ensure all people have access to safe and reliable health services	Telehealth – Percentage of mental health patients with access to a remote consultation within 6 weeks of initial assessment.	90% annually	6 monthly	Mental Health Team Lead currently of Island to give progress update. To be updated in September Q2	🟧
SO.19 Ensure all people have access to safe and reliable health services	Proportion of people who depart for treatment on their agreed date	90%	Quarterly	Out of the 20 patients approved to travel in Q1, 19 travelled within the agreed timeframe and one patient declined medical treatment. 95% achieved.	🟩
SO.19 Ensure all people have access to safe and reliable health services	Waiting times for elective surgery maintained at less than 18 weeks for patients who are fit for surgery.	90%	Quarterly/Annually	No information supplied for the quarter. To address with the new Chief nurse recently recruited.	🟥
SO.19 Ensure all people have access to safe and reliable health services	Waiting time for specialist appointments maintained at less than 10 working days	90%	Quarterly	At the end of Q1 the waiting time for GP appointments was more than 10 working days 90% of the time	🟧
SO.19 Ensure all people have access to safe and reliable health services	Waiting time for GP appointments maintained at less than 10 working days	90%	Monthly	At the end of Q1 the waiting time for GP appointments was more than 10 working days 90% of the time	🟧
SO.19 Ensure all people have access to safe and reliable health services	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	88% achieved	🟩
SO. 28 Improve internal and external communications and engagement to build a more informed 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	Total percentage of complaint responded to within 5 days in Q1 2022 was 70%. Should be noted that low complaint numbers affect percentage ratings. Complaints remain on target to meet the 90% response rate by end of year.	🟧
SO. 29 Strengthen public service governance and organisational structures	% completed planned audits in health and social care	75%	Annually	Q1 to Q3 will see the formulation of the audit framework and guidelines. First reporting will be in Q4	🟧