

Performance Reporting - Qtr 2 (July - September 2022)

see KPI also

Portfolio Directorate	Strategic Objective	Performance Measure (Indicator)	Target 2022-23	Reporting Frequency	2nd Quarter Progress	Rag Status
HEALTH	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	% children receiving the standard immunisation offering	98%	Half Yearly	2% of school children received the covid vaccine in Q2	Yellow
	SO.19 Ensure all people have access to safe and reliable health services	% Registered diabetics with good management/control	60%	Quarterly	49% achieved. Performance unchanged from the previous quarter	Yellow
	SO.21 Implement resilient and robust approaches to prevent and manage communicable diseases	% registered diabetics that receive annual retinopathy screening	80%	Annually	Performance improved to 47% with a further 209 receiving screening in Q2	Yellow
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	% registered diabetics that receive an annual HbA1c checking	80%	Annually	66% at the end of Q2 which is an 8% decrease compared to the previous quarter	Yellow
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	% people with hypertension that receive at least 1 blood pressure assessment annually	>90%	Annually	Data not available	Red
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	% smokers who have stopped smoking at 4 weeks, after a set quit rate	20% of individuals that have set a quit date have validated quit success rate at 4 weeks	Monthly	0% achieved. One person set a quit date	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	Yellow
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	% of patients who have attended clinic and received a nutritional screen (BMI) documented on EMIS	25% reduction and improved healthy lifestyles	Annually	KPI amended and now owned by the Dietitian. Data collection and reporting to start in Q3	Yellow
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	% mental health patients with access to a remote consultation within 6 weeks of initial assessment.	90% annually	Half Yearly	100% achieved	Green
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	Proportion of people who depart for treatment on their agreed date	90%	Quarterly	Out of the 20 patients approved to travelled in Q2, all travelled within the agreed timeframe.	Green
SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	Waiting times for elective surgery maintained at 18 weeks	90%	Quarterly/Annually	Waiting for Data	Red	

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	More than 5 GP appointments available within 10 days 83% of the time
	% waiting time for the construction of new dentures to be maintained at less than 6 months	80% of persons on denture waiting list wait less than 6 months for treatment	Quarterly	94% achieved
	% extravasation and port infections acquired	0% extravasation and CVAD infections	Quarterly	No acquired extravasations or port infections(CVAD) in Q2.
	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	93% of the complaints were responded to within the agreed timeframe
	% 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

