

Performance Reporting - Qtr 3 (October - December 2022)

see KPI also

Portfolio Directorate	Strategic Objective	Performance Measure (Indicator)	Target 2022-23	Reporting Frequency	3rd Quarter Progress	Rag Status
	SO.19 Ensure all people have access to safe and reliable health services	Maintain UKAS accreditation of the food and water laboratory.	Pass	Annually	Accreditation maintained. Next assessment commences in September 2023	Green
	SO.21 Implement resilient and robust approaches to prevent and manage communicable diseases	% children receiving the standard immunisation offering	98%	Half Yearly	For reporting in Q4	Yellow
	SO.19 Ensure all people have access to safe and reliable health services	% Registered diabetics with good management/control	60%	Quarterly	51% achieved. 2% improvement from the previous quarter. Total of 1106 on the diabetics register as at end of Q3	Yellow
	SO.21 Implement resilient and robust approaches to prevent and manage communicable diseases	% registered diabetics that receive annual retinopathy screening	80%	Annually	To be reported in Q4 following the visit by the optician	Yellow
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	% registered diabetics that receive an annual HbA1c checking	80%	Annually	59% achieved. No notable change from previous quarter. Total of 1106 on the register as at end of Q3	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

HEALTH

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	33% achieved. 6 individuals set a quit in Q3
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
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	23% received a nutritional screen (BMI) from 100 appointments
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. 3 patients required specialist consultancy
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	93% of patients approved to depart in Q1-Q3 departed as at end of Q3. 49 patients were approved to depart by Q3.
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	76% achieved. 66 had surgery within 18 weeks. 87 were on the surgical list during the quarter
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 98% 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	80% of persons on denture waiting list wait less than 6 months for treatment	Quarterly	90% achieved for the quarter. 18 of the 20 patients had dentures ready in Q3
	% extravasation and port infections acquired	0% extravasation and CVAD infections	Quarterly	No acquired extravasations or port infections(CVAD) in Q3. Notable increase in active patients in Q3 to 52 compared to 35 in the previous quarter
	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 complaints responded to within 5 working days in Q3 was 100%. A total of 9 complaints were received from October to December
	% 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