Performance Reporting - Qtr 4 (January to March 2023)

see KPI also

Portfolio Directorate	Strategic Objective	Performance Measure (Indicator)	Target 2022-23	Reporting Frequency	4th 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	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	standard immunisation offering-97% achieved	(green)
	SO.19 Ensure all people have access to safe and reliable health services	% Registered diabetics with good management/control	60%	Quarterly	51% achieved	(amber)
	SO.21 Implement resilient and robust approaches to prevent and manage communicable diseases	% registered diabetics that receive annual retinopathy screening	80%	Annually	57% achieved	(amber)
	SO.20 Reduce the prevalence of non-communicable chronic diseases /long term conditions	% registered diabetics that receive an annual HbA1c checking	80%	Annually	60% achieved at the end of the year	(amber)
	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	29% achieved for the year. 7 quit out of a total of 24 who had set a date	(green)
	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	9% reduction in the level of clinically obese children registering above the 95th percentile	(amber)
	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	16% achieved for the year	(red)
	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	86% of patients departed on the agreed date. 67 of the 128 referred patients were set to depart in FY 2022/23. *58 actually travelled*	(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	79% achieved. 112 had surgery within 18 weeks. 142 were on the surgical list	(amber)

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 91% of the time for the year achieved
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	89% achieved
SO.19 Ensure all people have access to safe and reliable health services	% extravasation and port infections acquired	0% extravasation and CVAD infections	Quarterly	2.3% extravasation and 0% acquired port infections
SO.19 Ensure all people have access to safe and reliable health services	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	90% achieved. A total of 50 complaints were received during the year with 45 being reviewed and responded to within 5 working days
SO.19 Ensure all people have access to safe and reliable health services	% completed planned audits in health and social care	75%	Annually	Formulation of the audit framework and guidelines still an ongoing exercise due to be finalised