

Integrated Performance Assurance Report

Measure review August 2022

Introduction

Since the Integrated Performance Assurance Report (IPAR) measures were last reviewed in December 2021, there have been a number of developments:

- A review of the Board Assurance Framework outcome measures
- Development of a new set of 8 key improvement measures, aligned to our key planning objectives for 2022/23, inline with our 3-year plan
- The NHS Performance Framework for 2022/23 (available [here](#)) was published in July 2022.

In light of the above changes, the list of performance measures to be included in the IPAR have been reviewed. This paper documents the resulting decisions and the reasons why those decisions were made.

For further details, please contact the Performance Team: genericaccount.performancemanagement@wales.nhs.uk

Measures to be
stood down
from the IPAR from
September 2022



Measures stood down from the NHS Performance Framework

The measures below have been stood down by Welsh Government in the 2022/23 NHS Performance Framework and will no longer be included in our IPAR from September 2022 onwards.

Retired NHS Performance Framework measures	Notes
Sepsis 6 in-patients: % +sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle	Reported to the Quality Safety Experience Committee (QSEC)
Sepsis 6 ED patients: % +sepsis screening received all elements of the 'Sepsis Six' first hour care bundle	Reported to QSEC
New Meds: All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	
Percentage of people in Wales at a GP practice (age 65 years or over) who are estimated to have dementia that are diagnosed	
Public Satisfaction: The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	
Evidence of how NHS organisations are responding to service user experience to improve services	
Public satisfaction - GP: Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor	
Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	
Qualitative report detailing progress against the 5 standards that enable the health and wellbeing of homeless and vulnerable groups to be identified and targeted	
Qualitative report detailing the achievements made towards implementation of the all Wales standard for accessible communication and information for people with sensory loss	
Qualitative report providing evidence of implementation of the Welsh language guidance as defined in More Than Just Words	
Dental - children: Percentage of children regularly accessing NHS primary dental care within 24 months	Replaced with new dental measure
Dental - Adults: Percentage of adults regularly accessing NHS primary dental care within 24 months	Replaced with new dental measure
Stage 4 RTT - Priority PAS: Percentage of stage 4 referral to treatment pathways with a priority code recorded on Patient Administration System	RTT measures now refocused on recovery

Other measures we are standing down

The local measures below will no longer be included in our IPAR from September 2022 onwards.

Local measures we are removing from the performance assurance report dashboard	Notes
Dementia Training: % of NHS employed staff who come into contact with the public trained in an appropriate level of dementia care	Reported to People, Organisational Development and Culture committee (PODCC)
Nutrition Score: % of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission	Reported to Quality, Safety and Experience Committee (QSEC)
Finance - Capital Resource: Stay Within Capital Resource Limit (cumulative year to date position)	Reported to the Sustainable Resources Committee (SRC)
Finance - Cash Expenditure: is less than the Cash Limit	Reported to SRC
Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	Reported to SRC
A Job Plan: Consultants/SAS Doctors with a job plan	Keeping the measure for % with up-to-date job plan
NIIAS Own Records: Number of National Intelligent Integrated Audit Solution (NIIAS) notifications - own records	Closely monitored by Information Governance
NIIAS Family Records: Number of National Intelligent Integrated Audit Solution (NIIAS) notifications - family records	Closely monitored by Information Governance
Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients	Older Delivery Framework measure no longer reported
Utility consumption (water, gas, oil, biomass) Measures of water usage	
Bed day occupancy for those aged 75+	
% population who feel able to influence decisions affecting their local area	Discontinued BAF outcome measure
% action plans completed at VBHC service review meeting	Discontinued BAF outcome measure
The number of staff per 1,000 that have undertaken improvement training	Discontinued BAF outcome measure
Mental well-being score	Discontinued BAF outcome measure
% adults who have fewer than two healthy lifestyle behaviours	Discontinued BAF outcome measure
Healthy life expectancy at birth including the gap between the least and most deprived	Discontinued BAF outcome measure
% high risk planned care patients that are seen within a clinically appropriate timescale	Discontinued BAF outcome measure
Total carbon emissions per staff member	Discontinued BAF outcome measure

Other measures we are standing down continued:

Local measures we are removing from the performance assurance report dashboard	Notes
COVID related risks	
COVID related staff absence	
Deaths within 28 days of a positive COVID test	
COVID related incidents	
COVID related complaints	
COVID Self-isolation	
Electronic Care Records: % of electronic care records capturing the needs of unpaid carers	Discontinued Improving Together measure
Informal interventions	Discontinued Improving Together measure
Requests for resolution	Discontinued Improving Together measure
Miles travelled in traditional combustion engines	Discontinued Improving Together measure
Landfill usage including food waste	Discontinued Improving Together measure
Usage of carbon friendly inhalers	Discontinued Improving Together measure

Measures we will
report in the IPAR from
September 2022



NHS Performance Framework 2022/23 measures

The measures below are included in the 2022/23 NHS Performance Framework and therefore, we have a duty to monitor and report.

Topic	Measure
Weight Management	Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway
	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway
	Percentage of babies who are exclusively breastfed at 10 days old
Smoking	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally
	Percentage of adult smokers who make a quit attempt via smoking cessation services
	Implementing Help Me Quit in Hospital smoking cessation service and to reduce smoking during pregnancy
Diabetes	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes
	Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: blood pressure reading is 140/80 mmHg or less, cholesterol values is less than 5 mmol/l (<5) and HbA1c equal or less than 58 mmol/mol or less
Substance Misuse	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales
	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse
Vaccinations	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1
	Percentage of children who received 2 doses of the MMR vaccine by age 5
	Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccinations in all eligible Wales residents by health board
	Percentage uptake of 2022-23 influenza vaccination in all eligible Wales residents by health board
Screening	Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years
	Percentage of women resident and eligible for breast screening at a particular point in time will have been screened in the previous three years
	Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years

NHS Performance Framework 2022/23 measures continued:

Topic	Measure
Primary & Community Care	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours
	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e., both UPPC models)
	Number of new patients (children aged under 18 years) accessing NHS dental services
	Number of new patients (adults aged 18 years and over) accessing NHS dental services
	Number of existing patients accessing NHS dental services
Urgent & Emergency Care	Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed
	Percentage of total conveyances taken to a service other than a Type One Emergency Department
	Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites
	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time
	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge
	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge
	Median time from arrival at an emergency department to triage by a clinician
	Median time from arrival at an emergency department to assessment by a senior clinical decision maker
	Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours
	Percentage of stroke patients who receive mechanical thrombectomy
	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes
	Number of ambulance patient handovers over 1 hour
Patient Flow & Discharge	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission
	Percentage of total emergency bed days accrued by people with a length of stay over 21 days
	Percentage of people assigned a D2RA pathway within 48 hours of admission
	Percentage of people leaving hospital on a D2RA pathway
	Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days

NHS Performance Framework 2022/23 measures continued:

Topic	Measure
Elective Planned Care	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
	Number of patients waiting over 8 weeks for a diagnostic endoscopy
	Number of patients waiting more than 8 weeks for a specified diagnostic
	Number of patients waiting more than 14 weeks for a specified therapy
	Number of patients waiting over 52 weeks for a new outpatient appointment
	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%
	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date
	Number of patients waiting more than 104 weeks for referral to treatment
	Number of patients waiting more than 36 weeks for referral to treatment
	Percentage of patients waiting less than 26 weeks for referral to treatment
Hospital Infection Control	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp
	Cumulative number of laboratory confirmed bacteraemia cases: Aeruginosa
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: S. aureus bacteraemias (MRSA and MSSA)
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: C. difficile
	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19
	Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19
Clinical Effective Prescribing	Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PU)
	Percentage of secondary care antibiotic usage within the WHO Access category
	Number of patients age 65 years or over prescribed an antipsychotic
	Opioid average daily quantities per 1,000 patients

NHS Performance Framework 2022/23 measures continued:

Topic	Measure
Mental Health	Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population
	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)
	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years
	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years
	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years
	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment
	% aged 18+ admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate keeping assessment by the CRHT service prior to admission
	% aged 18+ admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission
	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over
	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over
	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health
	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults aged 18 years and over
	Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis
Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	
Learning Disabilities	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services
Staff Resources	Agency spend as a percentage of the total pay bill
	Percentage of sickness absence rate of staff
Training & Development	Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above
	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation
Staff Engagement	% who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)
	Overall staff engagement score
	Percentage of staff who report that their line manager takes a positive interest in their health and well-being

NHS Performance Framework 2022/23 measures continued:

Topic	Measure
Decarbonisation	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach
	Qualitative report detailing the progress of NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan
Foundational Economy	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme
New ways of working	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes
	Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust
	Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust
	Percentage of episodes clinically coded within one reporting month post episode discharge end date
Operational	Crude hospital mortality rate (74 years of age or less)
	Percentage of survival within 30 days of emergency admission for a hip fracture
	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age
	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)
	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to time and target
	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to time and target
	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation
Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	

Board Assurance Framework outcome measures

* Also included in the 2022/23 NHS Performance Framework

In June 2022, our Executive Team reviewed the Board Assurance Framework (BAF) outcome measures and made some changes. The revised list of outcome measures is included below:

Strategic objective	Outcome	Measure	New measure for 22/23 BAF
1. Putting people at the heart of everything we do	Patient: our patients report a positive experience following their treatment and care	Overall patient experience score	
	Staff: our staff feel valued and involved in decisions	Overall staff engagement score*	
	Population: we are actively engaging our population and seek their feedback about current experiences and future needs	Scoping work to be undertaken to develop a population survey	Y
2. Working together to be the best we can be	Staff: our staff feel that they are part of an effective team	Staff response to: team members trust each other's contributions	
	Patient: we are listening to the voices of our patients to ensure that our services deliver the outcomes that are important to them	% of pathway covered by PROMS % of PROMS returned against total cohort	Y
	Organisation: as a health board, our strategic vision is clear and our objectives are aligned	Staff: PADR in last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals	
	Organisation: as a health board, our strategic vision is clear and our objectives are aligned	Staff response to: I am proud to tell people I work for Hywel Dda	Y
3. Striving to deliver and develop excellent services	Discover: we are actively involved in research development and innovation	New R&D studies commenced in a year (hosted and sponsored)	
	Design: our staff actively bring improvement and innovation into our thinking	Staff feel able to make improvements in their area of work	
	Deliver: our staff are empowered and supported to enact change and continuously learn and improve	Staff feel empowered and supported to enact change and continuously learn and improve	Y
4. The best health and wellbeing for our communities	Population: our communities feel happy, safe and are able to live life to the full	Options for new measure being investigated	Y
	Health and wellbeing: our communities have opportunity from birth to old age to be healthy, happy and well informed	Options for new measure being investigated	Y
	Equity: our communities have a voice and are able to fulfil their potential no matter what their background or circumstances	Options for new measure being investigated	Y
5. Safe, sustainable, accessible and kind care	Safe: we minimise harm for the patients in our care	Patient safety incidents causing moderate, severe or catastrophic harm	
	Sustainable: we have a stable and sustainable workforce	% change to nursing and midwifery staffing levels (target 3% improvement)	Y
	Accessible: our patients can access services in a clinically appropriate timescale	Options for new measure being investigated	Y
	Kind: maximise the number of days that people stay well and healthy in their own home	Patient response: I am treated with dignity, respect and kindness	Y
6. Sustainable use of resources	Social: our positive impact on society is maximised	% third party spend with Hywel Dda and Welsh suppliers	
	Environmental: we are making a positive difference to addressing the climate emergency	% change of total emissions over time	Y
	Economic: making progress against the delivery of our Roadmap to financial recovery	Compliance on breakeven duty	

Key improvement measures for 2022/23

* Also included in the 2022/23 NHS Performance Framework

Our Executive Team have identified 8 key improvement measures to be prioritised for 2022/23, which are aligned to our 3-year plan. Further work will be undertaken to ensure that the measures enable us to assess whether the action we are taking in relation to our six planning priorities are having the desired impact on our performance.

We are also working to identify additional key improvement measures for planned care recovery.

Key improvement measures

Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents by health board*

In 2022/23 we will reduce the number of patients waiting more than 104 weeks for referral to treatment in line with our improvement trajectory*

Work is underway to identify a suitable improvement measure for community nursing

In 2022/23 we will increase the proportion of children and young people (aged under 18) receiving a mental health assessment within 28 days*

In 2022/23 we will reduce the number of people admitted as an emergency who remain in an acute or community hospital more than 21 days*

We will increase the number of nurses and midwives we have in post by 3%

Throughout 2022/23 we aim to increase the number of staff reporting through our surveys that they feel engaged and satisfied in their role*

We will reduce our in-year and underlying financial deficit from our plan resubmission*

Other local measures

The additional locally agreed measures below will also be included in the IPAR from September 2022 onwards:

Local measure
Delayed follow-ups: (booked and not booked) who are delayed past their agreed target date
RTT other providers: Hywel Dda residents waiting over 36 weeks for treatment by other providers
Number of patients waiting 14 weeks+ for a specific therapy - art therapy, audiology, dietetics, occupational therapy, physiotherapy, podiatry and speech & language therapy
Number of patients waiting 6 weeks+ for Clinical Musculoskeletal Assessment and Treatment
Number of patients waiting 8 weeks+ for a specific diagnostic – cardiology, imaging, neurophysiology, physiological measurement and radiology
Number of ambulance handovers over one hour by acute site – Bronglais, Glangwili, Prince Philip and Withybush
% of patients who spend less than 4 hours in all major and minor emergency care by acute site – Bronglais, Glangwili, Prince Philip and Withybush
Number of patients who spend 12 hours or more in all hospital major and minor care facilities by acute site – Bronglais, Glangwili, Prince Philip and Withybush
Lost ambulance handover hours (notification of arrival to handover) – HDUHB, Bronglais, Glangwili, Prince Philip and Withybush
Number of procedures postponed either on the day or the day before for specified non-clinical reasons
Number of patients waiting over 104 weeks for a new outpatient appointment
Patient Experience: I am treated with dignity, respect and kindness
Patient Experience: I am listened to
Patient Experience - I am involved in decisions about my health and care services
Patient Experience - I feel supported to take more personal responsibility for my own health
Patient Experience - I am supported and encouraged to share my experience of care, both good and bad to help improve things
Patient Experience - Setting: My care is provided in the most appropriate setting to meet my health needs
Patient Experience - Information: I was given all the information I needed in a format that met my individual communication needs
Patient Experience - Welsh: I was able to communicate in Welsh to staff
Patient Experience - Safe: I feel safe and well cared for
% patients reporting a positive experience attending emergency departments

Additional local measures continued:

Measure
Number of new Never Events
Staff Experience - Empowered to enact change: We are empowered and supported to enact change and continuously learn and improve
Staff Experience - I am able to reflect and offer suggestions
Staff Experience - I look forward to going to work
Staff Experience - I am enthusiastic about my job
Staff Experience - Involved: I am involved in deciding on the changes that affect my work/team/area/dept
Staff Experience - I am able to make a difference to patient's experiences
Staff Experience - Listened to: I feel genuinely listened to
Staff Experience - Valued: I feel valued and appreciated at work
Staff Experience - Safe: I am safe to be me
Staff Experience - Extra mile: I am happy to go the extra mile at work when required
Staff Experience - Proud: I am proud to tell people I work for Hywel Dda
Staff Experience - Recommend: I would recommend my organisation as a place to work
Staff Experience - Right info: I have the right information and knowledge to do my job effectively
Staff - I behave responsibly with regard to environmental issues'
Staff - I use the resources available to me in the best possible way
Staff - I have had a PADR in the last 12 months that has supported my development and provided me with clear objectives aligned to team and organisational goals
Staff turnover rate
Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)
Savings Plan: The Savings Plan is on target (cumulative year to date position)
Variable pay: (Agency, Locum, Bank & Overtime; monthly position)
Number of deaths of Hywel Dda residents

Potential measures for 2023/24



Potential NHS Performance Framework measures for 2023/24

Following a request from the Health Minister, Welsh Government are currently working on scoping potential measures for the areas below, for inclusion in the 2023/24 NHS Performance Framework

Ministerial measures – phases 3 and 4

Percentage of children aged 4 to 5 years that are overweight or obese

Children and families level 2 weight management service

Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: blood pressure, cholesterol, HbA1c

Chronic disease assessments

Population reporting satisfaction with access to GMS

Number of nosocomial COVID outbreaks by health board

Number of patients accessing UPCCs

Number of patients with urgent care needs who receive diagnosis and treatment locally within 8 hours (tbc – phase 4)

RPB funding to ease flow issues

Target high volume pathways with stand-alone facilities

Number of out of area (Wales) placements for children and young people

Number of admissions to children's mental health facilities

Progress monitoring of CAMHS In-reach roll out data

Tier zero – silver cloud

Workforce Race Equality Strategy & Action Plan

Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates

Number of referrals to local primary mental health support services (LPMHSS) for people aged under 18 years

Number of calls to the mental health helpline CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population

Percentage of daily compliance with 2.375 (WTE) band 6 and 7 nurses per 10 stroke beds