

Performance Assurance Report

Measure changes planned for December 2021



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Overview

The performance assurance report dashboard includes a wide range of measures both from the NHS Delivery Framework and other measures that have been previously identified within Hywel Dda as areas we would like to track and/or improve.

Over the last 6 months, the Performance Team have undertaken a number of workshops and 1-1 sessions to develop outcome measures, along with supporting measures aligned to each of the strategic objectives. The principles utilised to select the measures include:

- Measures that are important in driving towards our strategic objectives and outcomes and have a clear line of sight to the strategic objectives.
- Measures need to be relatively simple to understand, measure, and obtain in a timely way.
- Measures need to be useful to drive improved performance.
- Measures can be applicable across multiple services and settings of care.
- A balance of personal measures, which capture outcomes desired for our staff and patients, health board measures and system measures.
- A focus on the key domains of quality: Safe, Timely, Equitable, Patient-centeredness, Efficiency, Equity.
- Measures consider the risks identified.

In October 2021 the Welsh Government released the 2021/22 NHS Delivery Framework which includes the introduction of some new measures as well as revision of existing measures and discontinuation of other measures. This update provided an ideal time to review the measures included in the performance assurance report dashboard to address the changing requirements of the NHS Delivery Framework, incorporate the new measures identified internally and align all measures to our six strategic objectives. This review is now complete and the findings are summarised in this briefing paper.

Measures stood down from the NHS Delivery Framework

The measures below have been stood down in the 2021/22 NHS Delivery Framework and will no longer be included in our performance assurance report dashboard from December 2021 onwards.

Retired NHS Delivery Framework measures

- Number of potentially preventable hospital acquired thrombosis
- Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme
- % of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment
- Dental re-attendance: % of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months
- DTOC - Mental Health patients
- DTOC - NON Mental Health patients
- % assessed by Stroke Consultant <24 hours of the patient's clock start time - HDUHB
- Percentage of deaths scrutinised by a medical examiner

Other measures we are standing down

The local measures below will no longer be included in our performance assurance report dashboard from December 2021 onwards.

Local measures we are removing from the performance assurance report dashboard	Reason
<ul style="list-style-type: none">• Pressure sores - Hospital: The number of healthcare acquired pressure sores in a hospital setting	This is reported to the Quality Safety Experience Committee (QSEC)
<ul style="list-style-type: none">• Hand Hygiene: % compliance with Hand hygiene (World Health Organisation (WHO) 5 moments)	This is reported to the Quality Safety Experience Committee (QSEC)
<ul style="list-style-type: none">• IPFR: Individual Patient Funding Request (IPFR) - Total number received	Monitors activity rather than performance
<ul style="list-style-type: none">• CHC packages: Number of CHC package delivered	Monitors activity rather than performance
<ul style="list-style-type: none">• CHC spend: Total Health board CHC spend	Monitors activity rather than performance
<ul style="list-style-type: none">• % compliance of the completed level 1 Information Governance (Wales) training	Part of the overall core skills training compliance measure
<ul style="list-style-type: none">• The number of healthcare acquired pressure sores in a community setting	This is reported to the Quality Safety Experience Committee (QSEC)
<ul style="list-style-type: none">• % of Server infrastructure patched with the latest updates	Monitored and addressed internally
<ul style="list-style-type: none">• % of Desktop infrastructure patch with the latest updates	Monitored and addressed internally

Suggested measures not being used

Below are some measures that were discussed and considered when compiling our BAF outcome measures. These measures have not made the final list.

Measures that are not included on the Improving Together shortlist	
• IG breaches relating to personal information	• Levels of nitrogen dioxide (NO2) pollution in the air (national well-being indicator)
• Complaints relating to personal information	• Concentration of carbon and organic matter in soil (national well-being indicator)
• What would make the biggest impact to health and wellbeing for people in Hywel Dda	• Emissions of greenhouse gases attributed to the consumption of global goods and services in Wales (national well-being indicator)
• Use of green space and wellbeing hubs (bespoke survey)	• Capacity (in MW) of renewable energy equipment installed (national well-being indicator)
• How people in Hywel Dda think health and wellbeing information & facilities could be improved	• Does Health Board has an approved IMTP for current financial year?
• How people in Hywel Dda believe inequalities in the region could be reduced	• Identified & planned savings in year (£)
• Number of apprentices recruited	• Delivery against planned savings in year (%)
• Gross Disposable Household Income per Head (national well-being measure)	• Savings by national categories (%)
• Income poverty relative to the UK median (national well-being measure)	• Budget allocated outside secondary / tertiary hospitals (%)
• Percentage of people in employment (national well-being measure)	• Benefits realised as a result of investment or disinvestment (%)
• Percentage of people in employment, who are on permanent contracts and who earn more than 2/3 of the UK median wage (national well-being indicator)	• In year delivery of plan
• The social return on investment of Welsh partnerships within Wales and outside of the UK that are working towards the United Nations Sustainable Development Goals (national Well-being indicator)	• Number of directorates achieving their budgeted spend
• Number of green space improvement projects across the different sites	
• Ecological Footprint of Wales (national well-being indicator)	
• Emissions of Greenhouse gases within Wales (national well-being indicator)	
• Status of biological diversity in Wales (national well-being indicator)	

Our measures for strategic objective 1

From December 2021, the measures below will be included in the performance assurance report dashboard under strategic objective 1.

Putting people at the heart of everything we do

Outcome measures	Staff measures	Patient measures	Delivery framework measures	Other local measures
<ul style="list-style-type: none">• Overall patient experience score• Overall staff engagement score – scale score method• Percentage who feel able to influence decisions affecting their local area	<ul style="list-style-type: none">• I look forward to going to work• I am enthusiastic about my job• I am involved in deciding on the changes that affect my work/team/area/dept• I am able to make a difference to patient's experiences• I feel genuinely listened to• I feel valued and appreciated at work• I am safe to be me	<ul style="list-style-type: none">• I am treated with dignity, respect and kindness• I am listened to• I am involved in decisions about my health and care services• I feel supported to take responsibility for my own health• I am supported and confident to share my experience of care, both good and bad to help improve things• I am supported and confident to share my experience of care, both good and bad to help improve things	<ul style="list-style-type: none">• The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales• Complaints: % complaints closed within 30 days• % adults (16+) very satisfied or fairly satisfied about the care that is provided by their GP/family doctor• Sickness Absence: for rolling 12 month period• % staff who report that their line manager takes a positive interest in their health and well-being	<ul style="list-style-type: none">• National Intelligent Integrated Audit Solution (NIIAS) notifications - own records• National Intelligent Integrated Audit Solution (NIIAS) notifications - family records

Our measures for strategic objective 2

From December 2021, the measures below will be included in the performance assurance report dashboard under strategic objective 2.

Working together to be the best we can be

Outcome measures	Staff measures	Patient measures	Delivery framework measures	Other local measures
<ul style="list-style-type: none">• Staff response to: Team members trust each other's contributions• % of action plans completed at VBHC service review meeting• I have had a PADR in last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals	<ul style="list-style-type: none">• I am happy to go the extra mile at work when required• I would recommend my organisation as a place to work• I have had a PADR in last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals• Team members trust each other's contribution• I am proud to tell people I work for Hywel Dda• I have the right information and knowledge to do my job effectively	<ul style="list-style-type: none">• I feel safe and my care is provided in the most appropriate environment	<ul style="list-style-type: none">• PADR/medical appraisal• Core Skills: % compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	<ul style="list-style-type: none">• Informal interventions• # requests for resolution• % of electronic care records capturing the needs of unpaid carers• A Job Plan: Consultants/SAS Doctors with a job plan• Job Plan - Current: Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)

Our measures for strategic objective 3

From December 2021, the measures below will be included in the performance assurance report dashboard under strategic objective 3.

Striving to deliver and develop excellent services

Outcome measures	Staff measures	Patient measures	Delivery framework measures	Other local measures
<ul style="list-style-type: none">• New R&D studies commenced in a year (hosted and sponsored)• Staff response to: I am able to make improvements in my area at work• The number of staff per 1000 have undertaken improvement training	<ul style="list-style-type: none">• I am able to make improvements in my area at work• I am able to reflect and offer suggestions• We are empowered and supported to enact change and continuously learn and improve		<ul style="list-style-type: none">• Percentage of episodes clinically coded within one reporting month post episode discharge end date• Evidence of how NHS organisations are responding to service user experience to improve services• Percentage of practices that have achieved all standards set out in the National Access Standards for In-Hours GMS Services• % Open recruiting to time and target (portfolio).• % Open recruiting to time and target (commercial).• Percentage of stage 4 referral to treatment pathways with a priority code recorded on Patient Administration System	

Our measures for strategic objective 4

From December 2021, the measures below will be included in the performance assurance report dashboard under strategic objective 4.

The best health and wellbeing for our communities

Outcome measures	Staff measures	Patient measures	Delivery framework measures	Other local measures
<ul style="list-style-type: none">• Mean mental well-being score• Percentage of adults who have fewer than two healthy lifestyle behaviours• Healthy Life Expectancy at birth including the gap between the least and most deprived			<ul style="list-style-type: none">• 2 x childhood vaccinations - MMR and 6 in 1• 4 x flu vaccinations• Smokers cessation: % of adult smokers who make a quit attempt via smoking cessation services• Hospital admissions for self-harm in children and young people• 5 x medicines management• 5 x infections - E.Coli, C.diff, S.aureus, Pseudomonas aeruginosa, Klebsiella• 2 x alcohol misuse / admission• Opioid average daily quantities per 1,000 patients• Percentage of babies who are exclusively breastfed at 10 days old• 3 x cancer screening• Percentage of secondary care antibiotic usage within the WHO Access category	<ul style="list-style-type: none">• Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients

Our measures for strategic objective 5

From December 2021, the measures below will be included in the performance assurance report dashboard under strategic objective 5.

Safe, sustainable, accessible and kind care

Outcome measures	Staff measures	Patient measures	Delivery framework measures	Other local measures
<ul style="list-style-type: none"> Number of incidents resulting in harm to our patients across the whole system Turnover rate in 1st year of service % high risk planned care patients are seen within a clinically appropriate timescale Bed day occupancy for those aged 75+ 			<ul style="list-style-type: none"> 2 x Sepsis- inpatients and ED % people registered at a GP practice (age 65+) who are diagnosed with dementia 2 x RTT - 26 and 36 weeks Diagnostics: % patients waiting more than 8 weeks for a specified diagnostic % of emergency responses to red calls arriving within 8 minutes Handovers: Number of ambulance handovers over one hour 4 x ED waits - 4 hrs, 12hrs, arrival to triage, arrival to clinician assessment 2 x hip fracture - survival and seeing a orthogeriatrician Therapies: Number of patients waiting 14 weeks+ for specific therapy OOH/111: % of OoH/111 P1CH patients that started their clinical assessment within 1 hour of initial call % of ophthalmology R1 appointments attended within their clinical target date or 25% beyond clinical target date Adult Psychological: % Psychological Therapy waits (Adult MH&LD) <26weeks % neurodevelopment assessment waits (children/young people MH&LD) <26weeks % of patients starting first definitive cancer treatment within 62 days from point of suspicion 4 x stroke - SALT, admission within 4hrs, stroke nurses, mechanical thrombectomy Delayed Follow-ups - by over 100% % of critical care bed days lost to delayed transfer of care (ICNARC definition) Follow-ups OPD: The number of patients waiting for a follow-up outpatient appointment 2x dental care - adults & children % of patients waiting less than 28 days for a first CAHMS OP appointment 2x MH C&T Plan - children and adults 2x MH assessment within 28 days - children and adults 2x MH therapeutic intervention within 28 days - children and adults Crude hospital mortality rate (<75s) Excludes Daycases. Percentage of patients on the P2 assigned pathway waiting over 4 weeks 	<ul style="list-style-type: none"> Ambulance conveyance rates Reduction in conversion rates from emergency department attendance to admission Number of new never events Staff dementia training Nutrition score and actions Delayed follow-ups: (booked and not booked) Hywel Dda residents waiting over 36 weeks for treatment by other providers 7 x therapy waits - art therapy, audiology, dietetics, OT, physio, podiatry, SALT 6 x diagnostic waits - cardiology, endoscopy, imaging, neurophysiology, physiological measurement, radiology Number of CMAT patients waiting 6 weeks+ Ambulance handovers by acute site 4hr ED waits by acute site 12hr ED waits by acute site Number of new COVID cases 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

Our measures for strategic objective 6

From December 2021, the measures below will be included in the performance assurance report dashboard under strategic objective 6.

Sustainable use of resources

Outcome measures	Staff measures	Patient measures	Delivery framework measures	Other local measures
<ul style="list-style-type: none">• % of third party spend with Hywel Dda and Welsh suppliers• Total carbon emissions• Compliance on break-even duty	<ul style="list-style-type: none">• I behave responsibly with regard to environmental issues• I use the resources available to me in the best possible way		<ul style="list-style-type: none">• Agency spend as a percentage of total pay bill	<ul style="list-style-type: none">• Number of people recruited from our 10 most deprived communities• Miles travelled in traditional combustion engines• Landfill usage including food waste• Utility consumption (water, gas, oil, biomass) Measures of water usage• Usage of carbon friendly inhalers• Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years• Finance - Capital Resource: Stay Within Capital Resource Limit (cumulative year to date position)• Finance - Cash Expenditure: is less than the Cash Limit• Savings Plan: The Savings Plan is on target (cumulative year to date position)• Variable pay: (Agency, Locum, Bank & Overtime; monthly position)• Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)