

WELSH HEALTH CIRCULAR



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

Parc Cathays
Caerdydd CF10 3NQ

Cathays Park
Cardiff CF10 3NQ

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Title: The Balanced Scorecard for NHS Wales and the Healthcare Standards Improvement Plan 2007/2008

For Action by: **Chief Executives NHS Trusts and Local Health Boards**

Action required: *See sections 4-7*

For Information to: **Performance and Information Managers, Clinical Governance Managers in Trusts & Local Health Boards & Directorate Managers, Health Solution Wales**

Sender: **John Hill-Tout, Director, Directorate of Performance and Operations & Wendy Chatham, Director, Directorate of Quality, Standards & Safety Improvement Directorate, Department of Health & Social Services, Welsh Assembly Government**

National Assembly contact(s) : *See Section 10*

Enclosures:

Annex A – National LHB Balanced Scorecard

Annex B – National Trust Balanced Scorecard

Annex C - National Welsh Ambulance Services Trust Balanced Scorecard

Annex D – Rationales and Self-Assessment Questionnaires

Annex E – Template for Healthcare Standards Improvement Plan

Please note that Annexes D and E are not included in hard copy. They are available on the websites:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=12254>

<http://howis.wales.nhs.uk/sites3/home.cfm?ORGID=419>

Tel: 029 20825111 GNT: 1208
Llinell Union/Direct Line: 029 2082 5630
Ffacs/Fax: 029 2082 5350
Minicom: 029 2082 3280

Dear Colleague

The Balanced Scorecard for NHS Wales and Healthcare Standards Improvement Plan 2007/2008

1. SUMMARY

- 1.1 The Balanced Scorecard and Healthcare Standards Improvement Plan (HCSIP) will be the main mechanisms used by the Welsh Assembly Government to monitor and manage the performance of Local Health Boards and NHS Trusts in Wales during 2007/2008.
- 1.2 This circular sets out the 2007/2008 national balanced scorecard(s) for Local Health Boards (LHBs), NHS Trusts and the Welsh Ambulance Services Trust (WAST) and updates the '*Performance Improvement Framework for NHS Wales*', as set out in circular WHC(2003)120. It also explains how the HCSIP, arising from the Healthcare Standards for Wales, will be used by Regional Offices as part of the national performance improvement process.
- 1.3 The circular supersedes previous requirements for clinical governance reporting set out in WHC(2003)069 and WHC(2005)040. However, it does not change the statutory duty of NHS organisations with regard to quality and related accountability obligations for clinical governance as described in WHC(2003)069.
- 1.4 A brief summary of the future direction of travel for 2008/2009 and beyond, in relation to the further integration of the NHS Performance Improvement Framework and the Healthcare Standards for Wales, is also provided.

2. BACKGROUND

- 2.1 The aspiration of *Designed for Life* is the delivery of world-class healthcare in Wales by 2015. It identifies three distinct strategic periods: *Redesigning Care* 2005 - 2008; *Higher Standards* 2008 – 2011; and *Ensuring Full Engagement* 2011 – 2015, each of which contain key objectives for delivery.
- 2.2 The aim of the first strategic framework, *Redesigning Care*, is to have created a solid foundation for the delivery of better services in Wales by 2008. The second strategic framework, *Higher Standards*, is focussed on the improvement of the quality of services delivered to the citizens of Wales. This will be achieved through an increased

emphasis on the setting of clinically focussed objectives and targets, and the measurement of outputs and outcomes across the whole healthcare system; driven by the Healthcare Standards for Wales and the Healthcare Quality Improvement Plan (QuIP).

- 2.3 The transition from the *Redesigning Care* to *Higher Standards* phase was signalled in WHC(2006)087 - *NHS Wales: Annual Operating Framework*. The Annual Operating Framework requires the implementation of a number of quality focussed targets taken from the Healthcare Standards for Wales and the QuIP which symbolises the intention to develop a Performance Improvement Framework that incorporates both quality and operational performance. This is critical as quality and performance are both vital components to the delivery of world-class services.
- 2.4 The desire to increase the quality of services in Wales must be supported by systems and processes that facilitate this direction of travel. Consequently, the performance improvement framework needs to evolve to ensure better alignment with the quality improvement agenda.

3. DEVELOPMENTS FOR 2007/2008

- 3.1 The starting point for this journey of integration is the alignment of the NHS Performance Improvement Framework and the Healthcare Standards for Wales in 2007/2008. One of the key components of the Performance Improvement Framework, the Balanced Scorecard, has been evolved to facilitate the shift from the *Redesigning Care* to the *Higher Standards* phase, as set out within *Designed for Life*.
- 3.2 The Healthcare Standards for Wales provide a common framework to promote care based on shared values and to establish continuous improvement. They are intended to provide a solid base on which healthcare organisations can build and achieve the new and more challenging expectations for patient care, set out in *Designed for Life*.
- 3.3 The Healthcare Standards for Wales are pivotal in enabling the evolution of the balanced scorecard as they provide the basis by which organisations will be able to determine their current baseline performance against the standards and develop robust systems that evidence the levels of performance improvement achieved.
- 3.4 The Healthcare Standards for Wales set the standard for each of the measures within the scorecard and this is demonstrated by the mapping across of each measure within the scorecard to the relevant standard.

- 3.5 The Healthcare Standards Improvement Plan (HCSIP) will be used as one of the main sources by which the Regional Office monitor and manage organisational performance improvement in 2007/2008. This approach will offer a number of benefits as it will:
- (i) facilitate the further integration of the quality and performance agendas;
 - (ii) enable further development of organisational scorecards in line with strategic direction;
 - (iii) use existing information within the system to monitor and manage performance;
 - (iv) avoid duplication of effort as the information within the system is shared between stakeholders, and not requested by different agencies for different purposes; and
 - (v) improve the consistency of information by which organisational performance improvement is assessed.
- 3.6 The approach for 2007/2008 will lay the foundation for the planned development work for 2008/2009. By 2008/2009 the performance measurement system will be more closely aligned to the measurement of quality and clinical outputs and outcomes, through its integration with the work being undertaken within the System Level Measures (SLIM) project.

4. HEALTHCARE STANDARDS ASSESSMENT AND IMPROVEMENT PROCESS

- 4.1 The requirement for NHS organisations to undertake a self-assessment against the Healthcare Standards for Wales is detailed in WHC(2006)041. Organisations are required to complete a self-assessment using an electronic tool developed by Healthcare Inspectorate Wales (HIW) and to submit this to HIW by 30 June 2007. HIW will take the lead in coordinating, testing and validating self-assessment returns. Information and tools relating to the self-assessment process are available on the HIW website at:

[Http://www.hiw.org.uk/page.cfm?orgid=477&pid=15775](http://www.hiw.org.uk/page.cfm?orgid=477&pid=15775)

- 4.2 The self-assessment process will enable organisations to identify the range of improvement actions required. The electronic assessment tool developed by HIW has been designed to enable improvement actions to be captured and used to automatically populate a draft HCSIP. HIW will evaluate the proposed improvement actions as part of their validation and external review process.

- 4.3 The Healthcare Standards Improvement Plan (HCSIP) provides the standard format required for organisations to record these actions and demonstrate improvement progress. This will be an annual plan and replaces the 3-year rolling clinical governance development plan. As this is a transitional year, organisations should ensure that any outstanding actions from current clinical governance development plans are included in the HCSIP. A standalone template and further guidance on completion of the HCSIP are available at:

<http://howis.wales.nhs.uk/sites3/home.cfm?ORGID=419>

- 4.4 WHC(2006)041 sets out the intention to develop a single process of assurance within NHS Wales, incorporating key elements from the Welsh Risk Management Standards (WRMS) assessment process. In 2007/2008, organisations should ensure that any actions arising from the WRMS assessment are also included within the HCSIP and cross-referenced accordingly. Organisations are no longer required to submit a self-assessment report against all WRMS to the Welsh Assembly Government.
- 4.5 During 2007/2008 the final Board approved HCSIP should incorporate improvement actions identified from the standards self-assessment process, those brought forward from existing clinical governance development plans, and actions arising from this year's WRMS assessment process. In-year progress will be monitored through quarterly reporting to Regional Offices.

5. THE BALANCED SCORECARD(S) FOR 2007/2008

- 5.1 The principles underpinning the 2007/2008 balanced scorecard(s) are consistent with those of previous years. The scorecards for 2007/2008 for Local Health Board, NHS Trust and the Welsh Ambulance Services Trust are attached as Annexes A, B and C respectively.
- 5.2 Electronic versions along with the related rationales are available on the performance management page on HOWIS at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=12254>

- 5.3 Hard copies of the rationales are not included as part of this circular as the Welsh Assembly Government is committed to sustainable development. A significant number of the rationales relevant to the measures in the balanced scorecard have been issued previously as part of WHC (2006) 087 - NHS Wales: Annual Operating Framework 2007/2008 and WHC (2006) 079 - Efficiency and Productivity Measures. These can be found at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=12238>

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=14852>

5.4 Each measure has been cross-referenced to the healthcare standard(s) that most directly relates to the measure. The integration of the performance and quality agendas has resulted in a reduction of the number of measures within the scorecards as follows:

- The LHB scorecard has reduced from 89 measures to 61
- The Trust scorecard has reduced from 81 measures to 42
- The Ambulance Trust scorecard has reduced from 38 measures to 23

5.5 It is important for organisations to note that the reduction in the number of measures reported to the Welsh Assembly Government does not mean that monitoring performance against omitted measures is no longer required.

5.6 Organisations should continue to collect and use data and information that is required to effectively deliver services and to provide evidence of this through the performance, inspection and assurance frameworks.

5.7 The Healthcare Standards Improvement Plan (HCSIP) will play a pivotal role in this process in the 2007/2008 scorecard. Previously, self-assessment questionnaires were used to assess the qualitative measures e.g. leadership and clinical governance. For 2007/2008, these have largely been replaced with the quarterly monitoring process required within the HSCIP, as outlined in section 4.

5.8 The exception to this is the measure for Delivery of General Medical Services for LHBs where the self-assessment questionnaire has been updated and revised to reflect the current issues facing those delivering Primary Care Services.

6. ASSESSMENT AGAINST THE BALANCED SCORECARD

6.1 All NHS organisations must use the traffic light system to provide an easy-to-read visual guide to their performance. However, for this to be meaningful it must be applied in a consistent way. This scoring is also consistent to the status reporting to be used in performance management of the HCSIP, as follows:

- **Green** = performance is on target.
- **Amber** = performance is below target but actions and resources are in place to ensure the target or measure will be achieved in the next period of performance review.
- **Red** = performance is below target and an action plan / additional effort or resources are required to achieve the target or measure in the future.

6.2 Where necessary the organisation and Regional Office may need to discuss and agree the scoring to be assigned.

6.3 The exception to the traffic light status will come at year-end where performance can only be reported as green (where the targets or expected level of performance has been achieved) or red (where the target or expected level of performance has not been achieved). Therefore, on the 31 March 2008 the target has either been achieved or not and the traffic lights should indicate accordingly.

6.4 For quantitative measures the actual data for the reporting period should be reported as well as the appropriate traffic light colour.

6.5 The HCSIP will be used to assess and monitor many of the measures set out in the 2007/2008 scorecard. The way in which organisations should apply the scoring criteria green, amber or red is set out within each rationale.

7. BALANCED SCORECARD REPORTING TIMETABLE FOR 2007/2008

7.1 Organisations must complete the appropriate national balanced scorecard template and submit it to the relevant Regional Offices on a quarterly basis. Data and information reported in any other format will not be accepted and will be returned to the organisation in question.

7.2 The timetable for scorecard production for 2007/2008 is set out in Table 1.

Table 1 Submission Timetable

Quarterly returns from LHBs and NHS Trusts	Reporting Deadline	Returned to:
Quarter 1	31 July 2007	Relevant Regional Offices
Quarter 2	31 October 2007	Relevant Regional Offices
Quarter 3	31 January 2008	Relevant Regional Offices
Quarter 4	30 April 2008	Relevant Regional Offices

7.3 Organisation must adhere to the submission deadlines for the HCSIP and provide the following to Regional Offices:

- (i) Quarter 1 deadline - provision of an update on progress with the HCSIP preparation, including draft actions included in the self-assessment submitted to HIW;
- (ii) Quarter 2 deadline – provision of a completed, Board approved, HCSIP. Including updated traffic light status against all actions;
- (iii) Quarter 3 deadline – an exception report against the HCSIP; and,
- (iv) Quarter 4 deadline – provision of a completed plan, highlighting the organisations achievements against the objectives.

8. PERFORMANCE MANAGEMENT ARRANGEMENTS 2007/2008

8.1 Regional Offices are responsible for monitoring and managing the performance of health organisations within their region. Assessment of performance will be based upon the content of the quarterly scorecards submitted.

8.2 In the absence of timely information the Regional Office will make the assumption that the organisation is non-compliant against the measure(s).

9. PERFORMANCE MANAGEMENT WEBSITE

- 9.1 The Performance Management website on Health of Wales Information Service (HOWIS) is a source of information for various aspects of performance management. All the balanced scorecards templates and rationales can be found on this site at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=12254>

10. ENQUIRIES AND CORRESPONDENCE

Enquiries about the contents of this guidance should be directed to:

Balanced Scorecard:

Carl James

Head of NHS Performance Management Policy Development

Welsh Assembly Government

Cathays Park

Cardiff CF10 3NQ

Carl.James@wales.gsi.gov.uk

029 2082 5630

Healthcare Standards Improvement Plan (HCSIP):

Janet Attwell-Thomas

Head of Clinical Governance Support and Development Unit

Welsh Assembly Government

Cathays Park

Cardiff CF10 3NQ

Janet.Attwell-Thomas@wales.gsi.gov.uk

029 2080 1127

Data and Information Enquiries:

Adrian Davies

Senior Analyst – Corporate Analysis Team

Welsh Assembly Government

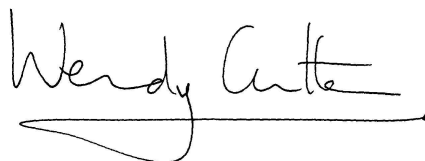
Cathays Park

Cardiff CF10 3NQ

Adrian2.Davies@wales.gsi.gov.uk

029 2082 1650

Yours sincerely



John Hill-Tout

Director

Performance and Operations

Health and Social Services Department

Wendy Chatham

Director

Quality, Standards & Safety
Improvement Directorate

Health and Social Services Department

NATIONAL LHB BALANCED SCORECARD 2007/2008

Annex A

Domain	Goals	Measure number	Measurement
Stakeholders: What services do we want to deliver?	To reduce the maximum waiting time for inpatient or day case treatment to 22 weeks [Target date: 31 March 2008] (SaFF 1) (Healthcare Standard 2)	1	Number of patients waiting over 22 weeks
	To reduce the maximum waiting time for the first outpatient appointment to 22 weeks [Target date: 31 March 2008] (SaFF 2) (Healthcare Standard 2)	2	Number of patients waiting over 22 weeks
	To reduce the maximum waiting time for access to specified diagnostic services to 14 weeks. [Target date: 31 March 2008] (SaFF 3) (Healthcare Standard 2)	3	Number of patients waiting over 14 weeks for specified diagnostic services
	To reduce the maximum waiting time for specified therapy services to 24 weeks [Target date: 31 March 2008] (SaFF 4) (Healthcare Standard 2)	4	Number of patients waiting over 24 weeks for specified therapy services
	95% of patients (including paediatrics) to spend less than 4 hours in a major A&E department from arrival until admission, transfer or discharge. No one should wait longer than 8 hours for admission, transfer or discharge. [Target date: to be sustained throughout 2007/2008] (SaFF 5) (Healthcare Standard 3)	5	% of patients spending less than 4 hours in A&E
		6	% of patients spending less than 8 hours in A&E
	To attain and maintain a monthly all-Wales average performance of ambulance services with at least: 60% of first responses to category A (immediately life threatening calls) arriving within 8 minutes; 70% of first responses to category A (immediately life threatening calls) within 9 minutes; 75% of first responses to category A (immediately life threatening calls) within 10 minutes. Performance in all geographical areas needs to reflect continuous improvement in achieving the overall target [Target date: to be sustained throughout 2007/2008] (SaFF 6) (Healthcare Standard 3)	7	% of first responses attending category A calls (immediately life threatening) within 8 minutes
		8	% of first responses attending category A calls (immediately life threatening) within 9 minutes
		9	% of first responses attending category A calls (immediately life threatening) within 10 minutes
	All patients referred by a GP or other medical practitioner to secondary or tertiary cardiology will receive definitive treatment within 52 weeks of receipt of the original referral by the receiving trust. [Target date: 31 March 2008] (SaFF 7) (Healthcare Standard 2)	10	Number of patients waiting more than 52 weeks
	In accordance with policy in Everybody's Business and the NSF for Children, Young People and Maternity Services: 1. The CAMHS Commissioning Networks will commission Specialist CAMHS so that: a) Primary Mental Health Workers offer consultation and advice to professionals in Tier 1 within 2 weeks [Target date: 31 March 2008] 2. Commissioners of Tier 4 services will ensure that children and young people who are referred for admission are assessed and admitted according to the following criteria: a) Young people who are thought by staff from a Specialist CAMHS to require admission to a psychiatric unit for adolescents on account of their clinical needs are assessed within 2 weeks. If admission is considered necessary by that assessment, it occurs within 3 weeks. [Target date: 31 March 2008] (SaFF 8) (Healthcare Standards 2,3 & 12)	11	% of professionals in Tier 1 who are offered consultation and advice from Primary Mental Health Workers within 2 weeks
		12	% of children and young people thought by staff from a specialist CAMHS to require admission to a psychiatric unit for adolescents on account of their clinical needs who are assessed within 2 weeks
		13	% of children and young people thought by staff from a specialist CAMHS to require admission to a psychiatric unit for adolescents on account of their clinical needs who are admitted within 3 weeks of that assessment
	b) Young people who are thought by staff from a Specialist CAMHS to require immediate admission to a psychiatric unit for adolescents on account of their clinical needs are assessed within 24 hours. If immediate admission is considered necessary by that assessment, it occurs within 24 hours of that assessment. If non-immediate admission is agreed, admission takes place within 3 weeks. [Target date: 31 March 2008] (SaFF 8) (Healthcare Standards 2,3 & 12)	14	% of young people who are thought by staff from a Specialist CAMHS to require immediate admission to a psychiatric unit for adolescents on account of their clinical needs who are assessed within 24 hours
		15	% of young people who are thought by staff from a Specialist CAMHS to require immediate admission to a psychiatric unit for adolescents on account of their clinical needs who are admitted within 24 hours of that assessment
		16	% of young people who are thought by staff from a Specialist CAMHS to require non-immediate admission to a psychiatric unit for adolescents on account of their clinical needs who are admitted within 3 weeks of that assessment
	Patients referred by their GP with urgent suspected cancer and subsequently diagnosed as such by a Cancer Specialist will start definitive treatment within 62 days of receipt of referral at the hospital. Patients not referred as urgent suspected cancer but subsequently diagnosed with cancer will start definitive treatment within 31 days of diagnosis, regardless of the referral route. [Target date to be sustained throughout 2007/2008] (SaFF 9) (Healthcare Standard 2)	17	% of patients that started treatment within 62 days
		18	% of patients that started treatment within 31 days

NATIONAL LHB BALANCED SCORECARD 2007/2008

Annex A

Domain	Goals	Measure number	Measurement
	Stakeholders: continued	To improve the management of chronic conditions for patients, the health community will achieve: an average length of stay of 5.2 days for emergency medical admissions and a multiple admission rate of 10.7% [Target date: 31 March 2008] (SaFF 10) (Healthcare Standard 3 & 7)	19
20			Multiple admission rate for emergency medical admissions
All LHBs will increase the number of Expert Patient Programme (EPP) courses held and the number of participants completing EPP courses [Target date: 31 March 2008] (SaFF 11) (Healthcare Standard 7)		21	Number of EPP courses held
		22	Number of participants completing EPP courses
All LHBs will implement their planned integrated process for the provision of aids and equipment and achieve completion of Section 31 Agreements on pooled funding to include: aids for daily living; nursing equipment and disabled children [Target date: 31 March 2008] (SaFF 12) (Healthcare Standard 7)		23	Quarterly local partnership progress reports
Each local health community, in conjunction with local authority partners, will complete Stage 1 (2006/2008) of the Implementation Plan for the NSF for Older People [Target date: 31 March 2008] (SaFF 13) (Healthcare Standard 12 & cross cutting)		24	Self-Assessment Audit Tool (SAAT)
To reduce the number of delayed transfers of care and the number of bed days (excluding mental health) per 10,000 population. All health communities will either: (i) achieve continuous improvement within the upper quartile (based on all-Wales Performance) or (ii) achieve sufficient improvement to move into the quartile above (based on all-Wales Performance) [Target date: 31 March 2008] (SaFF 14) (Healthcare Standard 2)		25	Number of delayed transfers of care per 10,000 population (excluding those in mental health facilities)
		26	Number of days delayed per 10,000 population for patients recorded as a delayed transfer of care (excluding those in mental health facilities)
To reduce the number of delayed transfers of care and number of bed days in mental health facilities per 10,000 population. All health communities will either: (i) achieve continuous improvement within the upper quartile (based on all-Wales Performance) or (ii) achieve sufficient improvement to move into the quartile above (based on all-Wales Performance) [Target date: 31 March 2008] (SaFF 15) (Healthcare Standard 2)		27	Number of delayed transfer of care in mental health facilities per 10,000 population
		28	Number of days delayed per 10,000 population for patients recorded as a delayed transfer of care in mental health facilities
All LHBs will achieve and maintain uptake rates of 95% for all routine childhood vaccinations during 2007/2008 [Target date: 31 March 2008] (SaFF 16) (Healthcare Standard 30 & 31)		29	% coverage level of MMR at age 2
		30	% coverage level of MMR at age 5 (1 dose)
		31	% coverage level of MMR at age 5 (2 doses)
		32	% coverage level of 5 in 1 vaccine at age 1
		33	% coverage level of 4 in 1 vaccine at age 5
		34	% coverage of pneumococcal vaccine at age 1
		35	% coverage level of Men C vaccine at age 1
70% of patients with myocardial infarction suitable for thrombolysis will have a call to needle (CTN) time of less than 60 minutes [Target date: 31 March 2008] (SaFF 17) (Healthcare Standard 3)		36	% of eligible patients receiving thrombolysis treatment within 60 minutes of initial call for assistance.
The health community, working with the All-Wales Smoking Cessation Service, will establish a specialist service for smokers undergoing elective surgery [Target date: 31 March 2008] (SaFF 18) (Healthcare Standard 30)		37	Quarterly reporting from AWSCS
In order to achieve the National Cancer Standards by March 2009, the LHBs, HCW and Trusts will implement each of the 2007/2008 milestones in the Cancer Network Action Plans [Target date: 31 March 2008] (SaFF 19) (Healthcare Standard 12)		38	Quarterly performance reports
The health community will implement all milestones for 2007/2008 contained within the approved Local Mental Health Action Plans [Target date: 31 March 2008] (SaFF 20) (Healthcare Standard 12)		39	Quarterly exception reports and annual review

NATIONAL LHB BALANCED SCORECARD 2007/2008

Annex A

Domain	Goals	Measure number	Measurement	
Stakeholders: continued	All health communities will establish a baseline for people on enhanced Care Programme Approach who have or are at risk of disengaging with services [Target date: 31 March 2008] (SaFF 21) (Healthcare Standard 12, 17)	40	% of people on enhanced Care Programme Approach who are 'at risk' of disengaging	
		41	% of people on enhanced Care Programme Approach who have disengaged	
	All Trusts will achieve local infection reduction targets(s), agreed in collaboration with the Welsh Healthcare Associated Infection Programme Team [Target date: 31 March 2008] (SaFF 22) (Healthcare Standard 5) Implementation of the Healthcare Standards for Wales	42	Quarterly reporting using local statistical process control charts	
		43	Quarterly reporting	
	Higher uptake of Immunisation Services (Healthcare Standards 30, 31)	44	Flu vaccine - % coverage level of 65s and over	
		45	Flu vaccine - % coverage level of 'at risk' groups aged under 65	
		46	Pneumococcal vaccine - % coverage level of 65s and over	
		47	Pneumococcal vaccine - % coverage level of 'at risk' groups aged under 65	
	Resource utilisation: How do we resource it?	Remain within Financial Target (forecast out-turn) (Healthcare Standards 27)	48	Absolute target
		Remain within Cash Limit (forecast out-turn) (Healthcare Standards 27)	49	Absolute target
Achieve Payment Performance Target (Healthcare Standards 27)		50	% of bills paid within 30 days	
Achievement of Accurate Forecasting (Healthcare Standard 27)		51	% difference between forecasts	
Delivery of Strategic Change and Efficiency Plans (Healthcare Standard 27)		52	Quarterly reporting	
Achievement of Efficiency and Productivity Measures WHC(2006)079 (Healthcare Standards 27)		53	Quarterly reporting	
Management Processes: What processes do we need to excel at?	Ensure effective Risk Management (Healthcare Standards 27)	54	Quarterly reporting	
	To ensure effective delivery of General Medical Services (Healthcare Standards 12 & cross cutting)	55	Quarterly reporting	
	Implementation of the Equality Plan (Healthcare Standards 10)	56	Quarterly reporting	
	Implementation of the Welsh Language Scheme (Healthcare Standards 6)	57	Bi-annual reporting	
	Full implementation of Agenda for Change (Healthcare Standard 22)	58	Quarterly reporting	
	Ensure effective Clinical Governance Arrangements (Healthcare Standards 27, 28)	59	Quarterly reporting	
	Ensure effective Corporate Governance Arrangements (Healthcare Standards 27, 28)	60	Quarterly reporting	
Innovation and Learning: What skills/innovation do we need?	Implementation of <i>Designed to Work</i> (Healthcare Standards 20-24)	61	Quarterly reporting	

NATIONAL TRUST BALANCED SCORECARD 2007/2008

Annex B

Domain	Goals	Measure number	Measurement
Stakeholders: What services do we want to deliver?	To reduce the maximum waiting time for inpatient or day case treatment to 22 weeks [Target date: 31 March 2008] (SaFF 1) (Healthcare Standard 2)	1	Number of patients waiting over 22 weeks
	To reduce the maximum waiting time for the first outpatient appointment to 22 weeks [Target date: 31 March 2008] (SaFF 2) (Healthcare Standard 2)	2	Number of patients waiting over 22 weeks
	To reduce the maximum waiting time for access to specified diagnostic services to 14 weeks. [Target date: 31 March 2008] (SaFF 3) (Healthcare Standard 2)	3	Number of patients waiting over 14 weeks for specified diagnostic services
	To reduce the maximum waiting time for specified therapy services to 24 weeks [Target date: 31 March 2008] (SaFF 4) (Healthcare Standard 2)	4	Number of patients waiting over 24 weeks for specified therapy services
	95% of patients (including paediatrics) to spend less than 4 hours in a major A&E department from arrival until admission, transfer or discharge. No one should wait longer than 8 hours for admission, transfer or discharge. [Target date: to be sustained throughout 2007/2008] (SaFF 5) (Healthcare Standard 3)	5	% of patients spending less than 4 hours in A&E
		6	% of patients spending less than 8 hours in A&E
	All patients referred by a GP or other medical practitioner to secondary or tertiary cardiology will receive definitive treatment within 52 weeks of receipt of the original referral by the receiving trust. [Target date: 31 March 2008] (SaFF 7) (Healthcare Standard 2)	7	Number of patients waiting more than 52 weeks
	Patients referred by their GP with urgent suspected cancer and subsequently diagnosed as such by a Cancer Specialist will start definitive treatment within 62 days of receipt of referral at the hospital. Patients not referred as urgent suspected cancer but subsequently diagnosed with cancer will start definitive treatment within 31 days of diagnosis, regardless of the referral route. [Target date to be sustained throughout 2007/2008] (SaFF 9) (Healthcare Standard 2)	8	% of patients that started treatment within 62 days
		9	% of patients that started treatment within 31 days
	To improve the management of chronic conditions for patients, the health community will achieve: an average length of stay of 5.2 days for emergency medical admissions and a multiple admission rate of 10.7% [Target date: 31 March 2008] (SaFF 10) (Healthcare Standard 3 and 7)	10	Average length of stay for medical admissions
		11	Multiple admission rate for emergency medical admissions
	Each local health community, in conjunction with local authority partners, will complete Stage 1 (2006/2008) of the Implementation Plan for the NSF for Older People [Target date: 31 March 2008] (SaFF 13) (Healthcare Standard 12 & cross cutting)	12	Self-Assessment Audit Tool (SAAT)
	To reduce the number of delayed transfers of care and the number of bed days (excluding mental health) per 10,000 population. All health communities will either: (i) achieve continuous improvement within the upper quartile (based on all-Wales Performance) or (ii) achieve sufficient improvement to move into the quartile above (based on all-Wales Performance) [Target date: 31 March 2008] (SaFF 14) (Healthcare Standard 2)	13	Number of delayed transfers of care per 10,000 population (excluding those in mental health facilities)
		14	Number of days delayed per 10,000 population for patients recorded as a delayed transfer of care (excluding those in mental health facilities)
	To reduce the number of delayed transfers of care and number of bed days in mental health facilities per 10,000 population. All health communities will either: (i) achieve continuous improvement within the upper quartile (based on all-Wales Performance) or (ii) achieve sufficient improvement to move into the quartile above (based on all-Wales Performance) [Target date: 31 March 2008] (SaFF 15) (Healthcare Standard 2)	15	Number of delayed transfer of care in mental health facilities per 10,000 population
		16	Number of days delayed per 10,000 population for patients recorded as a delayed transfer of care in mental health facilities
	70% of patients with myocardial infarction suitable for thrombolysis will have a call to needle (CTN) time of less than 60 minutes [Target date: 31 March 2008] (SaFF 17) (Healthcare Standard 3)	17	% of eligible patients receiving thrombolysis treatment within 60 minutes of initial call for assistance.
	The health community, working with the All-Wales Smoking Cessation Service, will establish a specialist service for smokers undergoing elective surgery [Target date: 31 March 2008] (SaFF 18) (Healthcare Standard 30)	18	Quarterly reporting from AWSCS
	In order to achieve the National Cancer Standards by March 2009, the LHBs, HCW and Trusts will implement each of the 2007/08 milestones in the Cancer Network Action Plans [Target date: 31 March 2008] (SaFF 19) (Healthcare Standard 12)	19	Quarterly performance reports
	The health community will implement all milestones for 2007/08 contained within the approved Local Mental Health Action Plans [Target date: 31 March 2008] (SaFF 20) (Healthcare Standard 12)	20	Quarterly exception reports and annual review

NATIONAL TRUST BALANCED SCORECARD 2007/2008

Annex B

Domain	Goals	Measure number	Measurement
Stakeholders: Continued	All health communities will establish a baseline for people on enhanced Care Programme Approach who have or are at risk of disengaging with services [Target date: 31 March 2008] (SaFF 21) (Healthcare Standard 12 and 17)	21	% of people on Care Programme Approach who are 'at risk' of disengaging
		22	% of people on Care Programme Approach who have disengaged
	All Trusts will achieve local infection reduction targets(s), agreed in collaboration with the Welsh Healthcare Associated Infection Programme Team [Target date: 31 March 2008] (SaFF 22) (Healthcare Standard 5)	23	Quarterly reporting using local statistical process control charts
	Achievement of a workforce modernisation strategy capable of supporting delivery of service targets (Healthcare Standards 20-24)	24	Quarterly reporting
	Implementation of the Healthcare Standards for Wales	25	Quarterly reporting
Resource utilisation: How do we resource it?	Remain within Financial Target (forecast out-turn) (Healthcare Standard 27)	26	Absolute target
	Remain within External Financial Limits (forecast out-turn) (Healthcare Standard 27)	27	Absolute target
	Remain within Cash Limit (Healthcare Standard 27)	28	Absolute target
	Achievement of Accurate Forecasting (Healthcare Standard 27)	29	% difference between forecasts
	Delivery of Strategic Change and Efficiency Plans (Healthcare Standard 27)	30	Quarterly reporting
	Reduce Sickness and Absence (Healthcare Standard 20)	31	% of sickness and absence rates
	Achieve Payment Performance Target (Healthcare Standard 27)	32	% of bills paid within 30 days
	Achievement of Workforce Savings and Efficiency Plan to deliver financial balance (Healthcare Standards 20-24)	33	Quarterly reporting
	Achievement of Efficiency and Productivity Measures WHC(2006)079 (Healthcare Standard 27)	34	Quarterly reporting
Management Processes: What processes do we want to excel at?	Ensure effective Risk Management (Healthcare Standard 27)	35	Quarterly reporting
	Implementation of the Equality Plan (Healthcare Standard 10)	36	Quarterly reporting
	Implementation of the Welsh Language Scheme (Healthcare Standards 6)	37	Bi-annual reporting
	Full implementation of Agenda for Change (Healthcare Standard 22)	38	Quarterly reporting
	Ensure effective Clinical Governance Arrangements (Healthcare Standards 27, 28)	39	Quarterly reporting
	Ensure effective Corporate Governance Arrangements (Healthcare Standards 27, 28)	40	Quarterly reporting
	No greater than a 20 minute wait in handover of patients from Ambulance to Trust staff (Healthcare Standard 3)	41	% of handovers achieved within 20 minutes
Innovation and Learning: What skills/innovation do we need?	Implementation of <i>Designed to Work</i> (Healthcare Standards 20-24)	42	Quarterly reporting

NATIONAL WELSH AMBULANCE SERVICES TRUST BALANCED SCORECARD 2007/2008			Annex C
Domain	Goals	Measure number	Measurement
Stakeholders: What services do we want to deliver?	To attain and maintain a monthly all-Wales average performance of ambulance services with at least: 60% of first responses to category A (immediately life threatening calls) arriving within 8 minutes; 70% of first responses to category A (immediately life threatening calls) within 9 minutes; 75% of first responses to category A (immediately life threatening calls) within 10 minutes. Performance in all geographical areas needs to reflect continuous improvement in achieving the overall target [Target date: to be sustained throughout 2007/2008] (SaFF 6) (Healthcare Standard 3)	1	% of first responses attending category A calls (immediately life threatening) within 8 minutes
		2	% of first responses attending category A calls (immediately life threatening) within 9 minutes
		3	% of first responses attending category A calls (immediately life threatening) within 10 minutes
	70% of patients with myocardial infarction suitable for thrombolysis will have a call to needle (CTN) time of less than 60 minutes [Target date: 31 March 2008] (SaFF 17) (Healthcare Standard 3)	4	% of eligible patients receiving thrombolysis treatment within 60 minutes of initial call for assistance.
	95% achievement of agreed response times by an ambulance capable of transporting a patient for all emergency calls (urban, rural and sparsely populated areas as appropriate) (Healthcare Standard 3)	5	% achievement of appropriate response times
	Achievement of Workforce Modernisation Strategy capable of supporting delivery of service targets (Healthcare Standards 20-24)	6	Quarterly reporting
	Implementation of the Healthcare Standards for Wales	7	Quarterly reporting
Resource utilisation: How do we resource it?	Remain within Financial Target (forecast out-turn) (Healthcare Standard 27)	8	Absolute target
	Remain within External Financing Limits (forecast out-turn) (Healthcare Standard 27)	9	Absolute target
	Remain within Cash Limit (Healthcare Standard 27)	10	Absolute target
	Achievement of Accurate Forecasting (Healthcare Standard 27)	11	% difference between forecasts
	Delivery of Strategic Change and Efficiency Plans (Healthcare Standard 27)	12	Quarterly reporting
	Reduce Sickness and Absence rates (Healthcare Standard 20)	13	% of sickness and absence rates
	Achieve Payment Performance Target (Healthcare Standard 27)	14	% of bills paid within 30 days
	Achievement of Workforce Savings and Efficiency Plan to deliver financial balance (Healthcare Standards 20-24)	15	Quarterly reporting
Management processes: What processes do we want to excel at?	Ensure effective Risk Management (Healthcare Standard 27)	16	Quarterly reporting
	Implementation of the Equality Plan (Healthcare Standard 10)	17	Quarterly reporting
	Implementation of the Welsh Language Scheme (Healthcare Standard 6)	18	Bi-annual reporting
	Full implementation of Agenda for Change (Healthcare Standard 22)	19	Quarterly reporting
	Ensure effective Clinical Governance Arrangements (Healthcare Standards 27,28)	20	Quarterly reporting
	Ensure effective Corporate Governance Arrangements (Healthcare Standards 27,28)	21	Quarterly reporting
	No greater than a 20 minute wait in handover of patients from Ambulance to Trust staff (Healthcare Standard 3)	22	% of handovers achieved within 20 minutes
Innovation and Learning: What skills/Innovation do we need?	Implementation of <i>Designed to Work</i> (Healthcare Standards 20-24)	23	Quarterly reporting