

# WELSH HEALTH CIRCULAR



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

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**Status: Action**

**Title:** Improving Efficiency and Productivity within NHS Wales

**For Action by:**  
NHS Trust, Local Health Board Chief Executives  
and Health Commission Wales

**Action required:**  
See Sections 6 - 7

**For Information to:** see attached list

**Sender:** Simon Dean, Director of Service Delivery and Performance Management, Health and Social Services Department, Welsh Assembly Government

**Welsh Assembly Government contact(s) :** See Section 9 of this circular

**Enclosure(s):**

- Appendix 1: Part A – Efficiency & Productivity Measures**
- Appendix 2: Part B – Areas for Development**
- Appendix 3: Part C – Organisational Capacity & Modernisation**
- Appendix 4: Host Commissioner / Provider Relationships**

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## 1. SUMMARY

- 1.1 The delivery of more effective, efficient and productive services is at the core of achieving world class healthcare by 2015; the vision of the Welsh Assembly Government.
- 1.2 The current levels of performance in NHS Wales across a range of efficiency and productivity indicators, set out in WHC (2006) 079, show significant variation between organisations in Wales.
- 1.3 This results in unacceptable levels of inefficiency and the delivery of services that do not achieve the best use of resources for the citizens of Wales.
- 1.4 This circular sets out the Efficiency and Productivity programme for 2008/2009 to be achieved by the NHS in Wales.

## 2. BACKGROUND AND CONTEXT

- 2.1 The Welsh Assembly Governments' vision is of world class health care services in Wales by 2015. *Designed for Life* and *One Wales* provide a strategic framework for the delivery of this vision, with significant progress being made since 2005. The effective and efficient utilisation of resources represents one of the most fundamental challenges facing the NHS in Wales and is one of the key enablers of success.
- 2.2 This is highlighted in a number of the key strategic documents in Wales, including *The Review of Health and Social Care in Wales* by Wanless (2003), *Making the Connections: Delivering Better Services in Wales* (2004) and *Making the Connections: Delivering Beyond Boundaries* (2006).
- 2.3 The Welsh Assembly Government has responded to these findings by introducing a number of levers through which levels of efficiency and productivity can be improved. These include the introduction of Regional Commissioning Units; the second round of modernisation assessments; and the ongoing reconfiguration of services.
- 2.4 In accordance with this approach, the Welsh Assembly Government launched a national Efficiency and Productivity programme in April 2007, under cover of *WHC (2006) 079 - Improving Efficiency and Productivity within NHS Wales*. The circular set out a structured approach to the delivery of improved levels of efficiency and productivity centred around the following themes:
  - Elective Care
  - Emergency Care
  - Accident and Emergency
  - Theatres
  - Demand Management

- Prescribing
- Workforce

- 2.5 Each of these themes were underpinned by a number of performance targets, which the NHS was required to deliver in order to improve the quality of services for the citizens of Wales.
- 2.6 The performance information available to date indicates that while improvement has been achieved during 2007/2008, there is still significant scope for further gains to be made. Of particular note is both the limited success of organisations in Wales in achieving significant improvement across the whole range of targets, and the wide variation in performance that still exists between organisations in a number of areas.
- 2.7 This was confirmed by early results from the second round of Modernisation Assessments carried out by National Leadership and Innovation Agency for Healthcare (NLIAH) which identified that there is still sufficient scope for further improvements.
- 2.8 The Efficiency and Productivity Programme for 2008/2009 is intended to assist organisations in achieving improvement across the range of targeted areas, and drive a reduction in variation between organisations in Wales. The programme has been developed following a period of productive engagement and consultation with the NHS. It is intended to balance the need to further develop the range of the efficiency and productivity programme with the need for continuity and consolidation in the delivery of the requirements identified in the 2007/2008 programme.

### **3. PURPOSE OF THE CIRCULAR**

- 3.1 This circular sets out the 2008/2009 Efficiency and Productivity Programme for delivery by NHS Wales.
- 3.2 It also provides indicative information with regard to baseline performance against the targets, which identifies the potential scale of the efficiency savings and productivity gains that could be realised if service transformation and improved levels of delivery were achieved (see section 8.4).

### **4. ISSUES OF NOTE IN THE 2008/2009 PROGRAMME**

#### **Core, Supporting and Development Measures**

- 4.1 The 2008/2009 programme is based upon the categorisation of the efficiency and productivity measures under the headings of:
- **Core** – high level measure;

- **Supporting** – measure that underpins the high level measures or main theme; and
- **Development** – measures that **could** be developed with a view to future introduction

4.2 The **core measures** are those which offer the most potential benefits in terms of efficiency and productivity and significantly improve the quality of service delivered to patients.

4.3 The **supporting measures** are those which will, when taken together, directly assist organisations to achieve the change required within each of the main themes. While the potential benefit of the individual supporting measure may appear small when considered in isolation, the totality of the supporting measures are significant and will directly influence the delivery of efficient and productive services. Organisations must ensure attention to detail with regard to process improvement to ensure that the best use of resources is achieved.

4.4 The **development measures** are those which the Welsh Assembly Government is interested in taking forward to support improvement in each of the themes. The 2008/2009 programme will seek to evaluate these measures, amongst others, with a view to their introduction in 2009/2010 to further support the delivery of improved levels of efficiency and productivity in Wales. Further information on development intentions can be found in Appendix 2.

### **Improving the Measures**

4.5 The consultation feedback provided by the NHS and other stakeholder agencies has been used to, wherever possible, improve the programme for 2008/2009. Generally, the improvements represent changes to the process and definitions that underpin the measures to provide a better level of consistency for reported data across organisations. This has resulted in the removal of 2 measures from the 2008/2009 programme:

- (i). Short Stay Admissions (2007/2008 core measure 7);
- (ii). Primary Target List (PTL) Management (2007/2008 core measure 9).

### **Improving Accountability and Ownership**

4.6 The achievement of efficient and productive health services is a shared responsibility between commissioners and providers in Wales. The 2007/2008 programme set a series of targets, which were the responsibility of secondary care providers to deliver. The 2008/2009 programme recognises the weakness of this initial approach and the need for Local Health Boards to be actively engaged in, and held accountable for, the achievement of efficiency and productivity gains.

- 4.7 The efficiency and productivity targets for 2008/2009 are therefore the joint responsibility of Local Health Boards, NHS Trusts and Health Commission Wales who will be held accountable for their delivery.
- 4.8 Where data is not available at a disaggregated Local Health Board level, the principle of host commissioner/ provider relationship, established in WHC (2007) 069 - *An Incentives and Sanctions Framework for NHS Wales*, will be used to judge Local Health Board performance. The host commissioner/provider relationships are set out in Appendix 4.

## **5. STRUCTURE AND CONTENT OF THE PROGRAMME**

- 5.1 The circular is structured in three distinct parts:

### **Part A – Efficiency & Productivity Measures**

- 5.2 This contains the following components:

- (i). core and supporting measures;
- (ii). indicative all-Wales performance against the measures; and
- (iii). targets for achievement against the measures.

- 5.3 Part A – Efficiency & Productivity Measures are set out in Appendix 1.

### **Part B – Areas for Development**

- 5.4 This contains a series of potential development areas that have a significant impact upon an organisation's ability to deliver efficient and productive services. The development areas listed are selected examples and by no means definitive.

- 5.5 The Welsh Assembly Government will seek to engage the NHS and its partners in identifying and developing such themes during 2008.

- 5.6 Part B – Areas for Development are set out in Appendix 2.

### **Part C – Organisational Capacity and Modernisation**

- 5.7 This contains examples of best practice and modernisation programmes that the NHS is expected to implement to increase organisational capacity and deliver better services. The examples listed are by no means definitive.

- 5.8 Part C – Organisational Capacity and Modernisation is set out in Appendix 3.

## **6. REQUIREMENTS**

6.1 All organisations are:

- (i). required to achieve the efficiency and productivity targets set out within Part A of this circular;
- (ii). encouraged to develop systems and processes that will assist in their delivery of the areas for development, set out within Part B; and are
- (iii). expected to actively implement the appropriate best practice initiatives and programmes available, set out within Part C.

6.2 This circular will come into effect from 1<sup>st</sup> April 2008 and organisations will be expected to deliver the requirements by 31<sup>st</sup> March 2009.

## **7. PERFORMANCE MANAGEMENT**

7.1 The Regional Office(s) are responsible for the performance management of organisations against the efficiency and productivity measures, in line with the established arrangements.

7.2 The Delivery and Support Unit (DSU) and NLIAH will provide support and intervention to organisations that fail to achieve the targeted levels of performance set out within Part A – Efficiency & Productivity.

## **8. SUPPORTING INFORMATION**

8.1 The information provided on indicative current (predominantly 2006/2007) levels of performance, in Appendix 1, is at an all-Wales aggregated basis. The performance distribution in each table is aligned from low (worst performance in Wales) to high (best performance in Wales) with quartile distribution (lower, median, upper) also shown in ascending performance sequence. Where appropriate the calculations to inform targets have excluded any low volume 'outlier' values.

8.2 A set of detailed definitions in support of the measures in Appendix 1 can be found on the NHS Performance Management website at :

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=18346>

8.3 Performance information to support the 2007/2008 programme can be found on the 'web indicators' application on HOWIS. This will be updated during 2008 to reflect 2008/2009 programme requirements; the website can be found at:

<http://eproducts.wales.nhs.uk/webindicators/>

8.4 A comprehensive set of baseline information to reflect organisational performance and potential efficiency and productivity gains against 2008/2009 targets will be made available to the service in January 2008 on the NHS Performance Management website.

## 9. QUERIES AND CORRESPONDENCE

9.1 All queries about the contents of this guidance should be sent to:

### Policy

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Yours sincerely



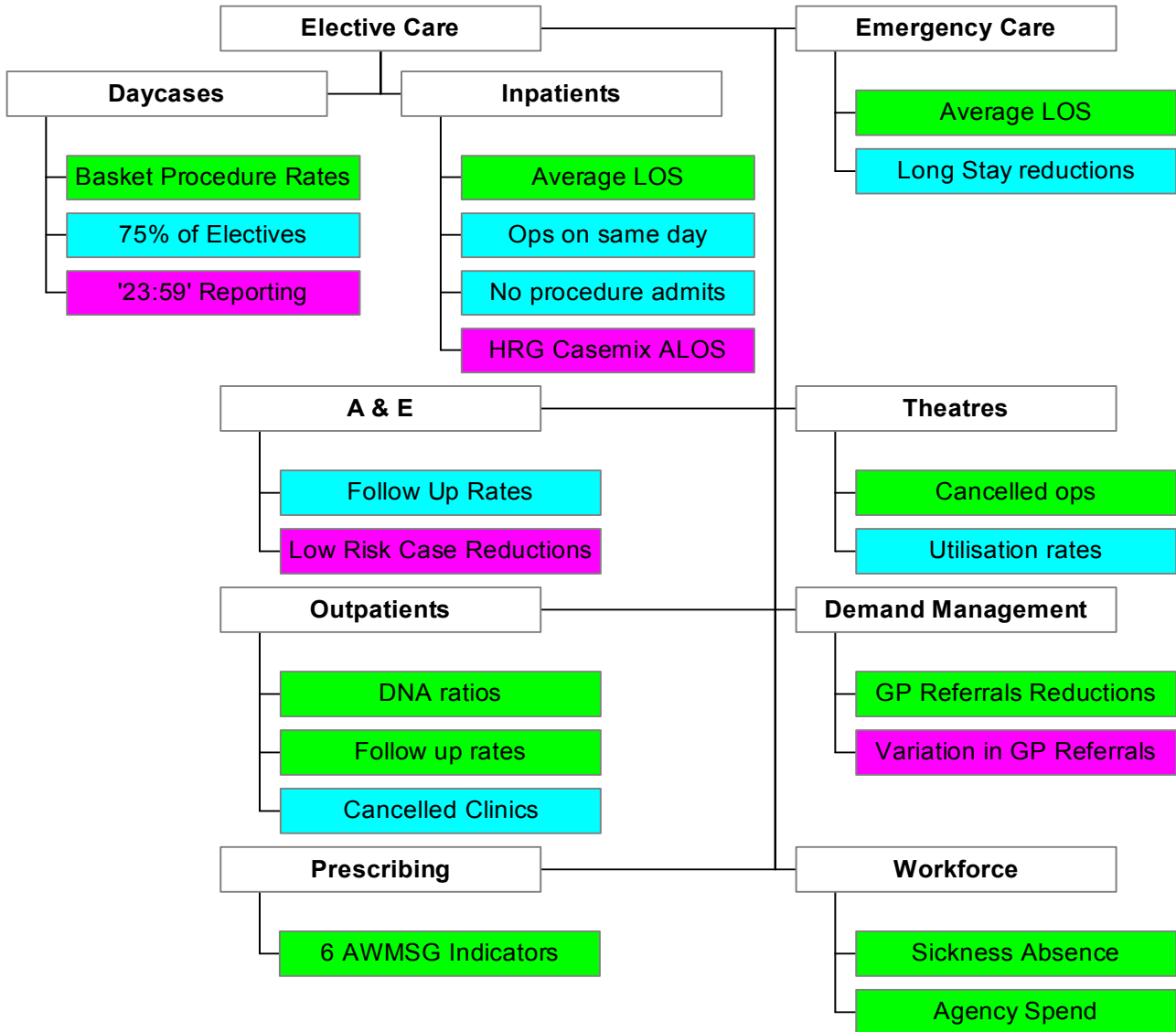
#### Simon Dean

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# Efficiency & Productivity Measures

## Content Structure



### Key

Core Measure
Supporting Measure
Development Measure

## Appendix 1. Part A – Efficiency & Productivity Measures

### 1. Average Length of Stay – Elective Care

Specialty	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
General Surgery	5.0	4.6	3.9	3.8	3.4	3.8	3.8
Urology	4.0	3.8	3.3	2.7	1.9	2.8	2.7
Trauma & Orthopaedics	5.9	5.4	4.7	4.5	3.5	5.0	4.5
ENT	2.2	1.6	1.3	1.2	1.0	1.2	1.2
Ophthalmology	1.9	1.8	1.6	1.4	1.0	1.0	1.4
Oral Surgery	2.9	2.6	2.5	2.0	1.1	1.7	2.0
Neurosurgery						5.3	5.3
Plastic Surgery						3.2	3.2
Gynaecology	4.2	3.3	3.2	2.8	1.6	2.7	2.8

07/08 ALOS targets based on FCE

Baseline Data	2006/2007 as at 12 <sup>th</sup> December 2007
2007/2008 Reference	Core Measure 1
Definition & Scope	Indicator applies to selected specialties above
2008/2009 Measure Type	Core
Data Source	Web Indicators via PEDW
Targets based on	Upper quartile performance of Welsh Trusts from baseline data adjusted for low volume outliers. Exceptions apply to Neurosurgery and Plastic Surgery which are based on 2007/2008 targets
Reporting Frequency	Reported to web indicators monthly
Rationale	Reduces bottlenecks in care delivery such as improved admission and discharge processes and reduced infection
Changes to 2007/2008	<ol style="list-style-type: none"> <li>1. ALOS based on completed provider spells</li> <li>2. Trim exception records from reported data where LOS is greater than 50 days</li> <li>2. General Medicine specialty removed (see measure 2)</li> <li>3. Excludes transfers from other trust providers</li> <li>4. Efficiency target responsibility will extend to Local Health Boards based on resident data from PEDW</li> </ol>
Target Responsibility	Local Health Boards and NHS Trusts

## 2. Average Length of Stay – Emergency Care

Specialty	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
General Surgery	8.0	6.9	6.6	6.1	5.3	4.4	6.1
Urology	8.6	5.4	5.2	4.3	3.8	3.6	4.3
Trauma & Orthopaedics	12.8	11.6	10.8	9.4	8.2	6.5	9.4
ENT	3.1	3.0	2.9	2.8	2.1	2.5	2.8
Ophthalmology	6.3	4.3	4.0	3.6	1.7	2.2	3.6
Oral Surgery	3.0	2.8	1.9	1.6	1.6	1.8	1.6
Neurosurgery						9.0	9.0
Plastic Surgery						2.3	2.3
Gynaecology	2.1	2.0	1.4	1.2	0.7	1.5	1.2
Combined Medicine	12.0	11.0	10.4	9.3	8.5	5.0	9.3

07/08 ALOS targets based on FCE

Baseline Data	2006/2007 as at 12 <sup>th</sup> December 2007
2007/2008 Reference	Core Measures 2
Definition & Scope	Indicator applies to selected specialties above
2008/2009 Measure Type	Core
Data Source	Web Indicators via PEDW
Targets based on	Upper quartile performance of Welsh Trusts from baseline data adjusted for low volume outliers. Exceptions apply to Neurosurgery and Plastic Surgery which are based on 2007/2008 targets
Reporting Frequency	Reported to web indicators monthly
Rationale	Reduces bottlenecks in care delivery such as improved admission and discharge processes and reduced infection
Changes to 2007/2008	<ol style="list-style-type: none"> <li>1. ALOS based on completed provider spells</li> <li>2. Trim exception records from reported data where LOS is greater than 100 days</li> <li>3. General Medicine specialty replaced with Combined Medicine category incorporating multiple specialties and elective and emergency spells; for further details see <a href="#">detailed definitions</a></li> <li>4. Trim 0 day stays for General Surgery, Trauma &amp; Orthopaedics and Combined Medicine</li> <li>5. Exclude transfers from other trust providers</li> <li>6. Efficiency target responsibility will extend to Local Health Boards based on resident data from PEDW</li> </ol>
Target Responsibility	Local Health Boards and NHS Trusts

### 3. Day Case 'Basket' Procedure Rates

Procedure	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
Circumcision	18%	65%	78%	80%	85%	93%	93%
Inguinal Hernia	28%	36%	47%	52%	69%	67%	67%
Excision of Breast Lump	16%	60%	68%	76%	89%	88%	88%
Haemorrhoidectomy	0%	16%	22%	27%	59%	57%	57%
Varicose Veins	15%	34%	54%	66%	74%	80%	80%
TURBTs	2%	9%	24%	33%	40%	43%	43%
Dupuytren's Contracture	20%	45%	58%	61%	89%	83%	83%
Arthroscopy	44%	53%	61%	70%	75%	82%	82%
Bunions	2%	11%	18%	35%	50%	67%	67%
Removal of Metalware	40%	43%	49%	57%	71%	71%	71%
Removal of Cataract	90%	96%	98%	99%	100%	100%	99%
Myringotomy	0%	63%	82%	84%	96%	100%	99%
Sub Mucous Resection	0%	2%	7%	13%	28%	36%	36%
D&C/Hysteroscopy	46%	58%	65%	81%	88%	92%	92%
Laparoscopy	52%	56%	69%	76%	78%	86%	86%

Baseline Data	2006/2007 as at 5 <sup>th</sup> December 2007
2007/2008 Reference	Core Measure 3
Definition & Scope	The above 15 procedures have been selected from the Audit Commission basket of 25
2008/2009 Measure Type	Core
Data Source	Web Indicators via PEDW
Targets based on	2007/2008 targets except for adjustment of Cataracts and Myringotomy (see below)
Reporting Frequency	Reported to web indicators monthly
Rationale	The 15 procedures have been selected on the basis that relatively high volumes can reasonably be expected to be carried out on a day case basis. Also promotes the use of dedicated day surgery facilities
Changes to 2007/2008	<ol style="list-style-type: none"> <li>1. Cataracts and Myringotomy targets change from 100% to 99% to reflect appropriate exceptions to daycase delivery; e.g. elderly care</li> <li>2. Efficiency target responsibility will extend to Local Health Boards based on resident data from PEDW</li> </ol>
Target Responsibility	Local Health Boards and NHS Trusts

#### Note:

*The Minister for Health and Social Services has commissioned a review of the basket of daycase procedures, which will report back in March 2008. In the interim, the current daycase procedures and targets will be used. This will be supported by performance management arrangements which will enable organisations to demonstrate that they have achieved optimum levels of daycase performance whilst not achieving the national target e.g. where a high proportion of activity is undertaken in an outpatient setting.*

#### 4. Elective Cases Treated as a Day Case

Specialty	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
General Surgery	16%	31%	40%	42%	85%		
Urology	59%	68%	73%	75%	79%		
Trauma & Orthopaedics	29%	33%	40%	42%	48%		
ENT	1%	22%	24%	29%	34%		
Ophthalmology	75%	93%	96%	98%	100%		
Oral Surgery	29%	52%	89%	98%	100%		
Plastic Surgery					41%		
Gynaecology	38%	49%	51%	62%	69%		
<b>TOTAL</b>	<b>46%</b>	<b>49%</b>	<b>53%</b>	<b>57%</b>	<b>63%</b>	<b>75%</b>	<b>75%</b>

Baseline Data	2006/2007 as at 5 <sup>th</sup> December 2007
2007/2008 Reference	Core Measure 4
Definition & Scope	Indicator applies to the above main surgical specialties, which have been selected based on highest volume. Target to be achieved as an aggregated total across all specialties (as opposed to individual specialties)
2008/2009 Measure Type	Supporting
Data Source	Web Indicators via PEDW
Target based on	2007/2008 target
Reporting Frequency	Reported to web indicators monthly
Rationale	This measure underpins the improvement of daycase 'basket procedure' performance and is supported by the Wales Audit Office report ' <i>Making better use of day surgery in Wales</i> ' (2006) which advocates the use of short stay surgery across a wider range of procedures
Changes to 2007/2008	<ol style="list-style-type: none"> <li>1. Exclude transfers from other trust providers</li> <li>2. Efficiency target responsibility will extend to Local Health Boards based on resident data from PEDW</li> </ol>
Target Responsibility	Local Health Boards and NHS Trusts

## 5. Elective Operations carried out on Day of Admission

Specialty	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
General Surgery	17%	25%	35%	44%	62%	44%	44%
Urology	14%	22%	37%	50%	74%	48%	50%
Trauma & Orthopaedics	7%	29%	36%	45%	90%	41%	45%
ENT	6%	50%	82%	93%	97%	93%	93%
Ophthalmology	47%	70%	82%	86%	96%	88%	86%
Oral Surgery	18%	22%	27%	49%	61%	49%	49%
Gynaecology	15%	29%	41%	56%	84%	56%	56%

Baseline Data	2006/2007 as at 5 <sup>th</sup> December 2007
2007/2008 Reference	Core Measure 5
Definition & Scope	Indicator applies to main surgical specialties (excluding daycases) for elective services
2008/2009 Measure Type	Supporting
Data Source	Web Indicators via PEDW
Target based on	Upper quartile performance of Welsh Trusts from baseline data adjusted for low volume outliers
Reporting Frequency	Reported to web indicators monthly
Rationale	Admitting a patient to a bed a day(s) in advance of their operation for non-clinical or social reasons wastes valuable hospital bed capacity and increases costs. This measure promotes the use of more effective pre-operative assessment, bed management and admission initiatives and processes
Changes to 2007/2008	<ol style="list-style-type: none"> <li>1. Exclude transfers from other trust providers</li> <li>2. Efficiency target responsibility will extend to Local Health Boards based on resident data from PEDW</li> </ol>
Target Responsibility	Local Health Boards and NHS Trusts

## 6. Elective Admissions with No Procedure

Admission Type	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
Inpatients	7.0%	3.9%	3.5%	3.0%	2.5%	2.7%	3.0%
Daycases	7.6%	5.3%	4.6%	4.2%	2.3%	3.7%	4.2%

Baseline Data	2006/2007 as at 12 <sup>th</sup> December 2007
2007/2008 Reference	Core Measure 6
Definition & Scope	Indicator applies to all elective inpatients and day cases (individual targets) and specifically applies to HRG S22 codes
2008/2009 Measure Type	Supporting
Data Source	Web Indicators via PEDW
Target based on	Upper quartile performance of Welsh Trusts from baseline data adjusted for low volume outliers
Reporting Frequency	Reported to web indicators monthly
Rationale	A number of patients are admitted as an elective inpatient or day case but do not undergo an operative procedure; e.g. patients who are unfit for surgery or who are admitted for diagnosis only. There is a need for improved commitment to pre-operative assessment and better access to diagnostics
Changes to 2007/2008	<ol style="list-style-type: none"> <li>1. Exclude transfers from other trust providers</li> <li>2. Efficiency target responsibility will extend to Local Health Boards based on resident data from PEDW</li> </ol>
Target Responsibility	Local Health Boards and NHS Trusts

## 7. Long Stay Bed Day Reductions

Specialty	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
Total	37.7%	31.8%	30.5%	26.5%	18.5%	9.5%	26.5%

07/08 target based on acute hospital spell

Baseline Data	2006/2007 as at 12 <sup>th</sup> December 2007
2007/2008 Reference	Core Measure 8
Definition & Scope	Indicator applies to all emergency hospital spells where the length of stay $\geq$ 60 days. Paediatric, Mental Health and Maternity specialties are excluded; for further details see <a href="#">detailed definitions</a>
2008/2009 Measure Type	Supporting
Data Source	Web Indicators via PEDW
Target based on	Upper quartile performance of Welsh Trusts from baseline data adjusted for low volume outliers
Reporting Frequency	Reported to web indicators monthly
Rationale	The implications of this 'bottleneck' are significant for the effective delivery of both elective care services and acute emergency intake. This promotes whole system working to avoid inappropriate delays
Changes to 2007/2008	<ol style="list-style-type: none"> <li>1. Calculation based on completed provider spells, therefore incorporates all hospital sites</li> <li>2. Palliative Medicine included in specialty grouping</li> <li>3. Exclude transfers from other trust providers</li> <li>4. Efficiency target responsibility will extend to Local Health Boards based on resident data from PEDW</li> </ol>
Target Responsibility	Local Health Boards and NHS Trusts

## 8. Outpatient Follow Up Ratios

Specialty	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
General Surgery	2.1	1.8	1.6	1.4	1.1	1.2	1.2
Urology	4.3	2.8	2.6	2.1	2.0	2.1	2.1
Trauma & Orthopaedics	2.8	2.5	2.2	2.0	1.8	1.9	1.9
ENT	2.1	1.9	1.5	1.4	1.2	1.3	1.3
Ophthalmology	3.9	3.0	2.4	2.2	2.1	2.3	2.2
Oral Surgery	2.1	1.8	1.3	1.1	1.0	0.9	1.3
Neurosurgery						1.3	1.8
Plastic Surgery						3.0	3.0
General Medicine	7.1	4.0	3.3	2.2	1.9	2.6	2.2
Dermatology	2.9	2.0	1.9	1.3	0.9	1.4	1.3
Other Neurology						0.9	1.4
Rheumatology	6.6	6.1	3.2	2.3	2.1	3.1	2.3
Paediatrics	4.4	3.7	3.2	2.8	1.7	2.1	2.1
Gynaecology	2.4	1.7	1.5	1.4	1.0	1.3	1.3

Baseline Data	July 2006 to June 2007 as at 29 <sup>th</sup> October 2007
2007/2008 Reference	Core Measure 10
Definition & Scope	Measure expressed as a ratio of follow up to new attendances for selected specialties as shown in table. Consultant led clinics only
2008/2009 Measure Type	Core
Data Source	Web Indicators via QS1
Targets based on	Upper quartile performance of Welsh Trusts from baseline data (adjusted for low volume outliers) unless current 2007/2008 target requires a greater level of performance. The following exceptions apply: <ol style="list-style-type: none"> <li>1. Plastic Surgery target remain based on English peer trusts 2004/05 upper quartile performance</li> <li>2. Neurosciences and Oral Surgery targets adjusted on best evidence to better reflect tertiary service delivery</li> </ol>
Reporting Frequency	Reported to web indicators quarterly
Rationale	A measure of an organisations efficiency in managing outpatient resources effectively. Specialties selected based on highest volume
Changes to 2007/2008	<ol style="list-style-type: none"> <li>1. Removal of Clinical Haematology and Orthodontics.</li> <li>2. Target responsibility will extend to Local Health Boards based on host commissioner/provider relationship in Appendix 4.</li> </ol>
Target Responsibility	Local Health Boards and NHS Trusts

## 9. Outpatient Did Not Attend (DNA) Rates

Category	Type	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
All specs excluding Mental Health	New	9.5%	8.7%	7.3%	6.4%	5.0%	5%	5%
All specs excluding Mental Health	Follow Up	13.8%	12.2%	10.5%	9.2%	5.1%	7%	7%
Mental Health	New	33.2%	19.0%	17.6%	13.5%	5.4%	10%	10%
Mental Health	Follow Up	29.3%	22.9%	20.1%	15.7%	11.2%	12%	12%

Baseline Data	July 2006 to June 2007 as at 29 <sup>th</sup> October 2007
2007/2008 Reference	Core Measure 11
Definition & Scope	Indicator applies to new and follow up appointments across all outpatient specialties
2008/2009 Measure Type	Core
Data Source	Web Indicators via QS1
Targets based on	2007/2008 targets
Reporting Frequency	Reported to web indicators quarterly
Rationale	A measure of an organisation's efficiency in managing the patient appointment process. This is a good indicator of commitment to patient focussed booking systems
Changes to 2007/2008	1. Target responsibility will extend to Local Health Boards based on host commissioner/provider relationship in Appendix 4.
Target Responsibility	Local Health Boards and NHS Trusts

## 10. Outpatient Clinic Cancellation Rates

Specialty	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
All	16.1%	8.5%	5.9%	5.0%	0.9%	4.7%	4.7%

Baseline Data	July 2006 to June 2007 as at 29 <sup>th</sup> October 2007
2007/2008 Reference	Core measure 12
Definition & Scope	Indicator applies to the short notice cancellation of new and follow-up clinic sessions across all outpatient specialties
2008/2009 Measure Type	Supporting
Data Source	Web Indicators via QS1
Target based on	Upper quartile performance of Welsh Trusts from baseline data unless current 2007/2008 target requires a greater level of performance
Reporting Frequency	Reported to web indicators quarterly
Rationale	A measure of an organisations ability to manage and schedule outpatient appointment department services. Indicator promotes commitment towards clinician 'pooling' of resources and improved waiting times
Changes to 2007/2008	1. Target responsibility will extend to Local Health Boards based on host commissioner/provider relationship in Appendix 4.
Target Responsibility	Local Health Boards and NHS Trusts

## 11. Outpatients: GP Referral Management

Specialty	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
General Surgery	30.9	27.0	23.6	21.6	15.8	22.1	21.6
Trauma & Orthopaedics	32.4	21.7	17.9	14.7	3.0	15.6	14.7
Ear, Nose & Throat	22.4	19.1	16.7	15.0	11.6	14.7	14.7
Ophthalmology	28.1	21.3	17.0	13.0	8.9	14.0	13.0
General Medicine	25.0	20.3	16.7	8.8	4.0	10.6	8.8
Dermatology	19.3	15.0	13.5	11.6	6.0	11.8	11.6
Gynaecology	22.9	16.6	14.8	12.9	9.3	12.9	12.9

Baseline Data	July 2006 to June 2007 as at 3 <sup>rd</sup> October 2007
2007/2008 Reference	Core Measure 13
Definition & Scope	Indicator applies to GP and GDP referral rates per 10,000 of population by LHB area based on high volume specialties
2008/2009 Measure Type	Core
Data Source	Web Indicators via trust aggregate returns to WAG
Target based on	Upper quartile performance of Welsh Trusts from baseline data unless current 2007/2008 target requires a greater level of performance
Reporting Frequency	Reported to web indicators monthly
Rationale	Measures the impact of demand management initiatives and appropriateness of referrals to secondary care
Changes to 2007/2008	None (see note below)
Target Responsibility	Local Health Boards

### Note:

*There are a number of limitations recognised with regard to GP referral data, including the incompleteness and quality of returns, the difficulty in accessing Welsh resident data from English Trusts and the understanding of GP referral patterns.*

*Performance management arrangements will take account of these factors when assessing performance of Local Health Boards against the targets e.g. The target levels may be used as a reference point to help establish locally agreed targets in discussion with Regional Offices.*

## 12. Theatres: Operations Cancelled at Short Notice

Specialty	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
All	10.3%	9.5%	6.1%	3.8%	0.4%	4.7%	3.8%

Baseline Data	August 2006 to July 2007 as at 13 <sup>th</sup> November 2007
2007/08 Reference	Core Measure 14
Definition & Scope	Indicator applies to elective inpatients and daycases for cancellations on the day or the day before the operation, for all defined cancellation reasons
2008/2009 Measure Type	Core
Data Source	Web Indicators via Cancelled Operations Toolkit
Target based on	Upper quartile performance of Welsh Trusts from baseline data unless current 2007/2008 target requires a greater level of performance
Reporting Frequency	Reported to web indicators monthly
Rationale	Indicator is a measure of organisational efficiency in the management and delivery of patient care
Changes to 2007/2008	1. Target responsibility will extend to Local Health Boards based on host commissioner/provider relationship in Appendix 4.
Target Responsibility	Local Health Boards and NHS Trusts

### 13. Theatre Utilisation: Late Starts/Early Finishes

Measure	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
Late Start	51.2%	28.9%	28.4%	22.8%	22.1%	10%	10%
Early Finish	47.0%	33.1%	30.8%	29.2%	22.0%	10%	10%

Baseline Data	2006/2007 as at 13 <sup>th</sup> November 2007
2007/2008 Reference	Core Measure 15
Definition & Scope	Late starts defined as a theatre session starting at least 15 minutes after scheduled start time. Early finish equates to a session ending at least 30 minutes before scheduled end time
2008/2009 Measure Type	Supporting
Data Source	Web Indicators via Theatre KPI Toolkit
Targets based on	2007/2008 targets
Reporting Frequency	Reported to web indicators monthly
Rationale	This is a measure of organisational efficiency in the management and delivery of theatre services
Changes to 2007/2008	1. Target responsibility will extend to Local Health Boards based on host commissioner/provider relationship in Appendix 4.
Target Responsibility	Local Health Boards and NHS Trusts

## 14. Accident & Emergency Follow Up Rates

Units	Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
Major A&E	18.1%	9.2%	6.1%	5.1%	2.9%	5.8%	5.1%
Minor Casualty & Injury	46.4%	24.7%	15.7%	5.9%	2.4%	7.4%	5.9%

Baseline Data	July 2006 to June 2007 as at 7 <sup>th</sup> December 2007
2007/2008 Reference	Core Measure 16
Definition & Scope	Indicator applies to Accident & Emergency attendances for Major A&E and Minor Casualty / Injury units (SITREPs definitions apply)
2008/2009 Measure Type	Supporting
Data Source	Web Indicators via QS1
Target based on	Upper quartile performance of Welsh Trusts from baseline data (adjusted for low volume outliers) unless current 2007/2008 target requires a greater level of performance
Reporting Frequency	Reported to web indicators quarterly
Rationale	A measure of an organisation's efficiency in managing A&E resources appropriately. A reduction in follow up rates will release A&E capacity and clinical resource time
Changes to 2007/2008	1. Target responsibility will extend to Local Health Boards based on host commissioner/provider relationship in Appendix 4.
Target Responsibility	Local Health Boards and NHS Trusts

## 15. Workforce: Sickness Absence Rates

**2008/2009 Target: 4.2%**

Baseline Data	Not Applicable
2007/2008 Reference	Core Measure 17
Definition & Scope	Includes all NHS Trusts (including WAST). Expressed as the total number of contracted days lost to sickness as a % of total contracted days
2008/2009 Measure Type	Core
Data Source	Electronic Staff Record (ESR) via Designed to Work (D2W) HR Metric returns to WAG
Target based on	2007/2008 target
Reporting Frequency	Reported to web indicators quarterly
Rationale	Proactive management of sickness absence through effective management processes is a key factor in improved performance across an organisation. Reducing sickness absence rates will create significant savings across NHS Wales and improve the quality of services provided
Changes to 2007/2008	None
Target Responsibility	NHS Trusts including WAST

## 16. Workforce: Agency/Locum Expenditure

Low	Lower Quartile	Median	Upper Quartile	High	07/08 Target	08/09 Target
2.6%	1.3%	1.2%	0.9%	0.3%	0.8%	0.8%

Baseline Data	July 2006 to June 2007 as at 13th November 2007
2007/2008 Reference	Core Measure 18
Definition & Scope	All NHS Trusts (excluding WAST). The amount spent on agency/locum staff expressed as a % of total staffing costs
2008/2009 Measure Type	Core
Data Source	Web Indicators via Designed to Work (d2W) HR Metric returns to WAG
Target based on	Upper quartile performance of Welsh Trusts from baseline data unless current 2007/2008 target requires a greater level of performance
Reporting Frequency	Reported to web indicators quarterly
Rationale	To ensure that increased efficiency and quality of care is gained from staffing arrangements within organisations through effective resource management
Changes to 2007/2008	None
Target Responsibility	NHS Trusts

## 17. Prescribing: National Indicators

Indicator	Unit	Target	Change to 2007/2008
Generic prescribing	As percentage of specified drug basket	Maintain performance levels in upper quartile or show an increase towards the quartile above	78% target replaced by upper top quartile approach
Statins	Low cost statins as a percentage of all statin prescribing	Maintain performance levels in upper quartile or show an increase towards the quartile above	Change in unit of measurement from simvastatins to all low cost statins
Angiotensin Receptor Blockers	As percentage of drugs affecting the renin angiotensin system	Reduction towards 20%	New for 2008/2009
Inappropriate generic prescribing	Percentage	Maintain performance levels within the lower quartile or show a reduction towards the quartile below	No change
Hypnotics and Anxiolytics	1. DDD* per 1,000 patients	Maintain performance levels within the lower quartile or show a reduction towards the quartile below	Change in unit to include not only 'DDD per 1,000 patients' but also 'DDD per 1000 patients for zolpidem, zopiclone and zaleplon'
	2. DDD* per 1000 patients for Zolpidem, zopiclone and zaleplon		
NSAIDs	DDD* per 1,000PU <sup>†</sup> s	Maintain performance levels within the lower quartile or show a reduction towards the quartile below	No change

## 17. Prescribing: National Indicators

Baseline Data	For percentile based targets (NSAID, Statins, Hypnotics & Anxiolytics, inappropriate generic prescribing and generic prescribing) quartile start position will be agreed by AWMSG and WAG
2007/2008 Reference	Core Measure 19
Definition & Scope	Indicator covers 6 prescribing areas in primary care.  Definitions for continued measures available on the <a href="#">Prescribing Services Website</a> . Definitions for new and updated measures will be made available in due course
2008/2009 Measure Type	Core
Data Source	HSW Prescribing Services Unit (PSU) returns
Targets based on	Developed through All Wales Medicine Strategy Group (AWMSG)
Reporting Frequency	Reported to web indicators quarterly
Rationale	To improve the quality and cost effectiveness of prescribing in primary care
Changes to 2007/2008	See table
Target Responsibility	Local Health Boards

## **Appendix 2. Part B – Areas for Development**

The Efficiency and Productivity Programme is a dynamic one which will continue to evolve in line with strategic development and service change. Engagement with the NHS is critical in this evolution process and feedback from the 2007/2008 programme resulted in the formulation of proposed 'development measures' for 2008/2009.

Additional feedback from the consultation exercise in October 2007 has further enhanced the potential to develop measures and targets for future years that are both clinically credible and realistic.

For 2008/2009, the development work will concentrate on 2 distinct areas:

- (i). Introduction of development measures in 2008/2009 programme; and
- (ii). Further review, development and enhancement of existing measures.

### **(i). Development Measures for 2008/2009**

The development measures included in 2008/2009 will be subject to a 'watch and wait' monitoring approach with a view to refining in-year and possible introduction as a core or supporting measure in 2009/2010.

The development measures for 2008/2009 are included in the content structure chart on page 9 to illustrate the current relationship to a main theme. The measures are as follows:

#### **(a) '23 hour 59 minute' Day Surgery**

The aim is to introduce a standard to report '23:59' activity in order to incentivise and encourage organisations to develop and maximise the potential of short stay surgery facilities in accordance with Wales Audit Office and NLIAH recommendations. The Welsh Assembly Government, in conjunction with the Corporate Health Information Project and Health Solutions Wales (HSW), has commenced work on this and the culmination of this will provide clarity of scope and definition for the introduction of a measure to be shared with the NHS during the early part of 2008.

#### **(b) Top 10 HRG ALOS.**

The development of a HRG average length of stay measure, focussing on bed day variation, is seen as a potential supporting measure to underpin the current high level specialty ALOS measures, thus introducing a level of clinical and casemix sensitivity to the main theme. Formative analysis has been based around the principles of measuring high volume HRGs across key specialties that are, as far as possible, common across all organisations.

### **(c) A&E reporting**

The effective triaging and subsequent signposting of accident and emergency patients is critical in providing the required care in the appropriate setting. This is fundamental in ensuring that resources are used in an efficient and effective manner.

The capture and reporting of 'low risk' A&E patients who could/should be seen in an alternative and more appropriate setting (i.e. primary care) is viewed as a key enabler of improving unscheduled care services. The Welsh Assembly Government is currently working with the Emergency Department Data Set (EDDS) project group to establish a suitable measure with supporting data and definitions to assess its 'fitness for purpose' during 2008/2009.

### **(d) Variation in GP referral rates.**

Feedback suggests that the current measure (core measure 13), aimed at reducing GP referral rates to the upper quartile performance in Wales, is limited when used in isolation from other demand influencing factors. The lack of robust and available data, coupled with the lack of evidence as to whether a high or low referral rate can be considered to be effective or ineffective practice, requires a different way of reviewing performance. The measurement of variation in referral rates across time and practices offers the potential to understand what is happening within the referral pattern, which forms the basis for challenge, benchmarking and shared learning. These are key levers to reducing the variation in referral rates across Wales and providing increased consistency in approach.

### **(ii). Review of 2008/2009 Measures**

The feedback from the consultation exercise and ongoing dialogue with various parts of the NHS during 2007/2008 has provided a range of suggestions around how the current suite of measures could be improved. The following areas are of particular interest:

- Development of measures to monitor delivery of short stay (elective) surgery to incorporate:
  - Planned review of 'basket of 25' procedures;
  - Impact of OPD procedures; and
  - Expanding the scope of day surgery monitoring (including '23:59').
- Examine potential emanating from 'new' patient level data flows expected to come on stream from April 2008 to enhance or re-develop current measures. These are:
  - Hospital outpatient activity;
  - Referrals to hospital outpatient services; and

➤ Emergency Department Dataset (EDDS).

- Although the 2008/2009 programme has introduced 'trim points' around the ALOS measures, it is recognised that more can be done to incorporate greater sensitivity in data handling to inform on future measures and targets. For example, where appropriate, WAG will look at measures that can be enhanced by the use of population, age, social or service adjusted data.
- To work with the Data Quality Improvement programme co-ordinated by CHIP to improve the overall data quality of supporting data and where necessary address issues around definitions and data standards.

### **APPENDIX 3. PART C: Organisational Capacity and Modernisation**

The following programmes have been signed off to the Welsh Assembly Government by NLIAH as ready for implementation:

1. Patient Focussed Booking
2. Reducing Delayed Transfers of Care
3. Care bundles in ITU
4. Demand Management
5. Referral Management Systems
6. Pre-operative Assessment
7. Integrated Care Pathways
8. Modernisation Assessment reports/Design for Improvement modernisation plans

#### **Further NLIAH guidance and best practice can be found in:**

- *Modernisation Assessment Summary Report 2005/2006: Designed for Life: Focussing on effective, efficient and sustainable improvement*, NLIAH (2006). Follow up report to be published in early 2008.
- *Six Steps from Delayed Transfers of Care to Effective Transfers of Care*, NLIAH (2007)
- *Lost in Translation?, Reviewing the Role of the Discharge Liaison Nurse in Wales*, NLIAH (2007)
- *Welsh Critical Care Programme Year 1 Report*, NLIAH (2007)
- *Welsh Emergency Care Access Collaborative Final Report*, NLIAH (2006)
- *Action in Mental Health, National Programme for Innovations in Adult Mental Health*, NLIAH (2006)
- *A Guide to Improved Medicines Management in Wales*, NLIAH (2006)
- *National Endoscopy Programme*, NLIAH (2005)
- *A Guide to Good Practice - Integrated Care Pathways*, NLIAH (2005)
- *A Guide to Good Practice - Emergency Care*, Innovations in Care (2004)
- *Outpatient Improvement Programme*, Innovations in Care (2004)
- *A Guide to Good Practice: A Workbook (Outpatients, Diagnostics, Therapies, Elective Surgery)*, Innovations in Care (2003, 2004)
- *A Guide to Good Practice: Elective Services 2nd Edition*, NLIAH (2005)
- *A Guide to Good Practice: Day Surgery in Wales*, Innovations in Care (2004)
- *A Guide to Good Practice: Emergency Care*, Innovations in Care (2004)
- *Outpatient Improvement Programme*, Innovations in Care (2004)
- *Medicines Management Collaborative: Wales, Innovations in Care (2003)*

**The following documents and references also provide examples of best practice:**

- *Delivering Quality & Value*, Institute of Innovation (2006)
- *Key Measures of Productivity*, Dr. Foster Intelligence (2006)
- *Making better use of day surgery in Wales*, Wales Audit Office (2006)
- *Acute Hospital Portfolio Review*, Healthcare Commission (2005)
- *Ten High Impact Changes for Improvement & Service Delivery*, Modernisation Agency (2004)
- *A Step Guide to Improving Operating Theatre Performance*, Modernisation Agency (2004)
- *The Management of Sickness Absence by NHS Trusts in Wales*, National Audit Office Wales (2004)
- *Cancelled Operation Toolkit*, distributed by the National Assembly (2002)
- *Basket of 25 Day case procedures*, Audit Commission (1999)

**Other Key Documents:**

- *Making the Connections: Delivering Beyond Boundaries*, Welsh Assembly Government (2006)
- *Making the Connections: From Vision to Action*, Welsh Assembly Government (2006)
- *Commissioning A World Class Service in Wales: Ensuring the Delivery of Designed for Life*, (Draft) (2006)
- *Designed for Life: Creating world class Health and Social Care for Wales in the 21<sup>st</sup> Century*, Welsh Assembly Government (2005).
- *Making the Connections: Delivering Better Services in Wales*, Welsh Assembly Government (2004)
- *The Review of Health and Social Care in Wales: A Report Commissioned by the Welsh Assembly Government*, Wanless (2003)
- *WHC (2006) 069 Improving Efficiency and Productivity within NHS Wales*, Welsh Assembly Government (2006)

## Appendix 4. Host Commissioner / Provider Relationships

<b>LHB</b>	<b>Main Provider</b>
<b>South East Wales</b>	<b>Trust</b>
Blaenau Gwent Local Health Board	Gwent Healthcare
Caerphilly Local Health Board	Gwent Healthcare
Cardiff Local Health Board	Cardiff and Vale
Merthyr Tydfil Local Health Board	North Glamorgan
Monmouthshire Local Health Board	Gwent Healthcare
Newport Local Health Board	Gwent Healthcare
Rhondda Cynon Taff Local Health Board	Pontypridd & Rhondda
Torfaen Local Health Board	Gwent Healthcare
Vale of Glamorgan Local Health Board	Cardiff & Vale
<b>Mid &amp; West Wales</b>	
Bridgend Local Health Board	Bro Morgannwg
Carmarthenshire Local Health Board	Carmarthen
Ceredigion Local Health Board	Ceredigion
Neath Port Talbot Local Health Board	Bro Morgannwg
Pembrokeshire Local Health Board	Pembs & Derwen
Powys Local Health Board	Ceredigion and Mid Wales
Swansea Local Health Board	Swansea
<b>North Wales</b>	
Conwy Local Health Board	Conwy & Denbigh
Denbigh Local Health Board	Conwy & Denbigh
Flintshire Local Health Board	North East Wales
Gwynedd Local Health Board	North West Wales
Wrexham Local Health Board	North East Wales
Ynys Mon Local Health Board	North West Wales