

Date: 6 October 2004
Venue: Committee Room, National Assembly for Wales
Title: Balanced Scorecard and Performance Management in NHS Wales

Purpose

1. The committee is asked to:

- Note progress in relation to the implementation of the Balanced Scorecard approach across NHS Wales.
- Note the sample balanced scorecard provided by Gwent Healthcare NHS Trust at Appendix 3.

Summary / Recommendations

2. A presentation on the Performance Improvement Framework being implemented across NHS Wales was delivered to the Committee on 19th May 2004. This paper provides an update on the implementation of the balanced scorecard approach and the improved performance management regime for NHS Wales. It provides a glossary of terms (Appendix 1) and illustrates how the initiative is being put into practice across NHS Wales

Background

3. The Performance Improvement Framework for NHS Wales has been developed as part of a longer-term, wider and strategically focused approach to improving the provision of healthcare services in Wales. The Review of Health and Social Care in Wales recommended that a more robust performance framework was necessary but that it should be set within the context of the innovation programme and, where appropriate, strategic service reconfiguration.

4. Alongside the introduction of a Balanced Scorecard, as outlined in Welsh Health Circular (2004) 047, there are a number of innovative schemes being introduced across NHS Wales, under the auspices of the Innovations in Care Programme to assist organisations in improving the service delivered to patients in areas such as emergency care, outpatient improvement programme and care pathway development.

The Issues

5. The balanced scorecard approach has been adopted by NHS Wales (and supported by the review of Health and Social Services in Wales, advised by Derek Wanless) because it:

- Provides a methodology for ensuring that the requirements of stakeholders are met i.e. it ensures a focus on what is required by the people of Wales from the NHS in Wales.

- Is a tool for clarifying the vision and strategy for NHS Wales, which is based on the needs of the people of Wales.
- Ensures that the planning, communication and operational processes within organisations are focused on delivering the strategy set. The measures set within the scorecard will look to meeting the needs of the Welsh population and the NHS will become stakeholder driven as Health, Social Care and Well Being Strategies are developed and implemented.
- Will equip organisations with the knowledge and data to identify the root causes of problems. For the first time we will have a holistic view of performance that demonstrates, from all perspectives, where our service excels and where we can learn from others and improve.

6. The NHS Wales balanced scorecard asks four basic questions:

- How well are we meeting the needs of patients, public, staff and politicians?
- What must we excel at?
- Can we continue to improve and create value?
- Are we using resources effectively?

Hence, a strong link between each of the quadrants is essential. Performance in one quadrant must directly relate to the others (see reference to Theory Z in earlier paper) and each measure is key to the delivery of better outcomes for the people of Wales. Examples are provided at Appendix 2.

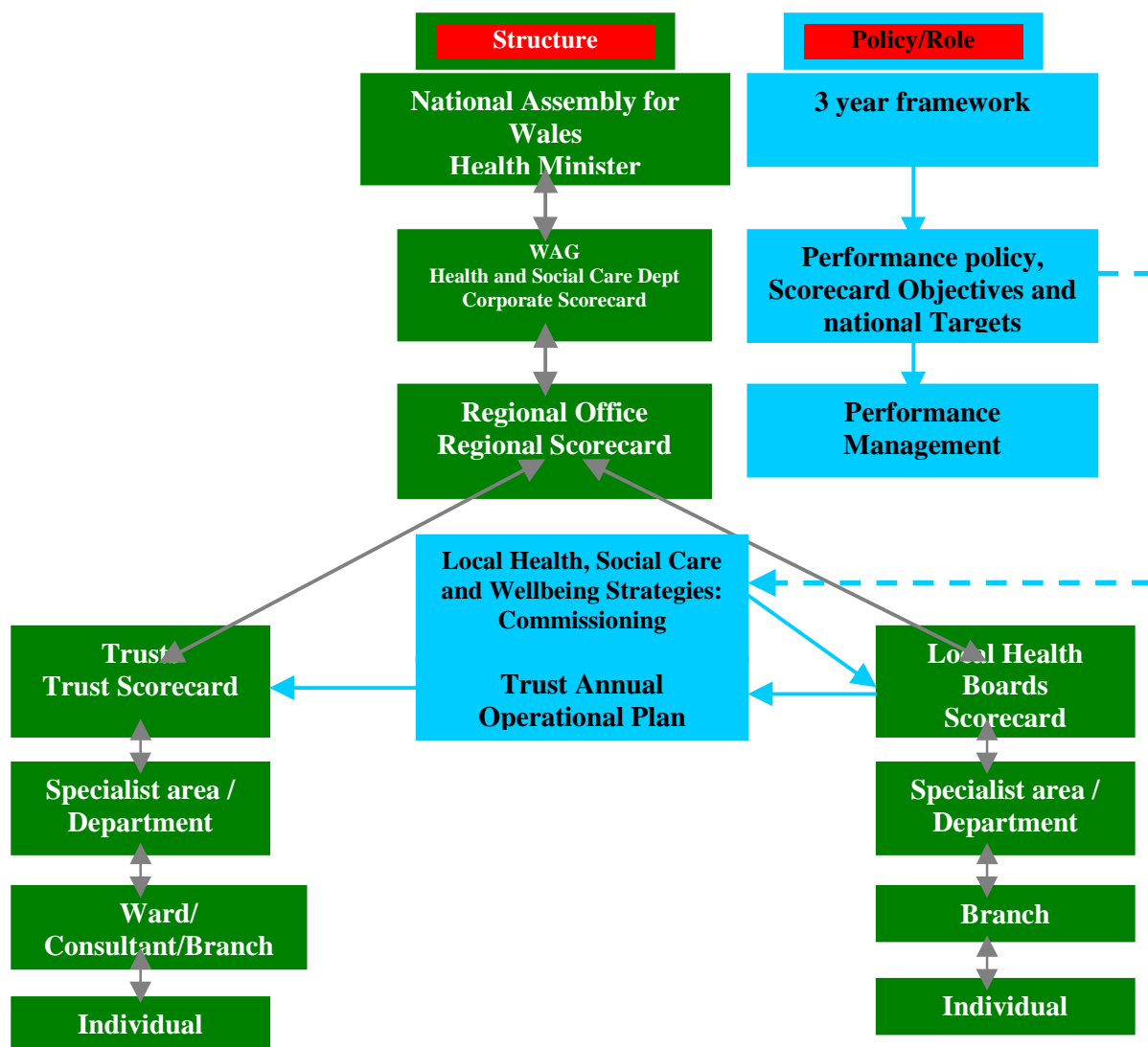
How is the initiative being put into practice?

7. The balanced scorecard is far more than a measurement tool. Its full and proper implementation requires:

- A clear vision for NHS Wales - as set out in Improving Health in Wales;
- A clear long-term strategy - a 3 year framework for NHS Wales is currently being developed and will pick up on the issues and recommendations of the Review of Health and Social Service in Wales;
- A focus on key priorities and objectives, hence fewer national annual targets;
- Processes and systems that highlight problem areas and ensure the loop is closed on action - both at the national and local organisational levels.

New Structures and the Balanced Scorecard

8. The diagram below sets out the structures in place across NHS Wales. The intention is to develop a balanced scorecard culture across NHS Wales that will allow for a system of performance measurement that facilitates only the collection of a small number of key measures at the centre but the ability to drill-down through the various levels to get to the root of any issue. NHS organisations, including the NHS Wales Department and Regional Offices, will be expected to develop a balanced scorecard culture within their organisations which identifies and measures their contribution and performance in delivering NHS Wales' strategic objectives.



9. Workshops have been held across NHS Wales to help NHS organisations understand the scorecard approach and to develop their own scorecard. In particular, profiling, the setting of tolerance levels, information and its timeliness and the purpose and format of action plans has been addressed.

10. An NHS Wales Corporate Scorecard together with generic Trust and Local Health Board scorecards have been developed. These set out the main measures against which the service is required to assess performance. The measures have been identified as being necessary to ensure that the key drivers of change are being developed and implemented. They will be used to inform performance reviews undertaken by Regional Offices.

The Longer Term Approach

11. For 2004-05 onwards a Project Board has been set up to fully implement the balanced scorecard approach across NHS Wales and ensure that the balanced scorecard becomes the main driver of performance assessment and improvement. Initially the balanced

scorecard will be used at a strategic level to measure performance and drive change. As development continues and the benefits to organisations become clearer it is hoped that the scorecard will be devolved throughout the organisation, eventually to individual staff giving them a clear picture of how their performance impacts on NHS Wales outcomes.

12. The expectation is that from 2005-06 onwards while NHSWD will set the strategic direction and agree national annual targets the decisions on how best to achieve these targets at an operational basis will be at the discretion of the Local Health Boards as commissioner and Trust as provider. The Regional Office concerned will ensure that the actions of the local organisations are in line with strategic aims but also suited to local needs. The aim is to keep authority, accountability and responsibility at individual organisation level. Organisations will be empowered to innovate to meet the needs of the population and will need to decide which objectives need to be closely measured to meet their contracted commitments (*this is in-line with the 4 principles that the Government has established for public services*).

Assisting Development and Change

13. Resources have been made available to assist the implementation of the scorecard and to improve and develop the Service as a result of the outcomes of using the scorecard. These resources and professional support will be available from Innovations in Care through Local Innovations in Care Boards. Additional support will also be available from the two Service Improvement Managers in each Regional Office. A full-time Project Manager has been appointed to take forward the roll-out of the balanced scorecard and a formal project management approach adopted.

14. To ensure consistency in approach across Wales, the Performance Quality and Regulation Division of the Health and Social Care Department will be responsible for developing policy and the approach to performance improvement in consultation with the service, Regional Offices and partner organisations.

Financial Implications

15. There are no financial issues.

Compliance

16. There are no compliance issues.

Cross Cutting Themes

17. The development of an integrated performance management process across Health and Social Care is being considered under the auspices of the Review of Health and Social Care in Wales implementation programme. A sub-group has been established to look specifically at the areas of performance and universalising best practice.

18. In addition versions of this paper outlining the approach adopted in relation to NHS Wales have been submitted to the Cabinet Sub Committee on Local Government and Public Services.

Action for Health and Social Care Committee

19. The committee is asked to note:

- The progress being made in relation to the roll-out of the balanced scorecard approach as part of the Performance Improvement Framework for NHS Wales.
- The example of a Trust scorecard kindly provided by Gwent Healthcare NHS Trust at Appendix 3.

Jane Hutt AM
Minister for Health and Social Services

Contact Point: Mandy Collins, Performance and Operations Directorate, tel: 5630

GLOSSARY OF BALANCED SCORECARD TERMS

Balanced Scorecard

The Balanced Scorecard was developed by Kaplan and Norton in the early 1990's and arose from research into performance measurement approaches in a number of leading international companies and over the last 10 years has been developed for use in the public sector. The overall purpose of the scorecard approach is to enable managers to develop a robust set of performance measures that provide a comprehensive view of the overall performance of the organisation but that are also visibly linked to the key strategies and priorities of the organisation.

Goals

These are the same as targets and indicate the level of performance or rate of improvement required for a particular measure. Goals / targets are stated in specific units, e.g. £, %, rating, number, and should include time-based frequency (annually, quarterly etc) as appropriate.

Healthcare Inspectorate Wales (HIW)

Under the Health and Social Care (Community Health and Standards) Act 2003, provision is made for the Assembly to conduct reviews of, and investigations into, the provision of healthcare by and for Welsh NHS bodies, powers of right of entry; powers to require documents and information, and powers to require explanation.

Healthcare Standards Board

This body will provide professional advice and support to the Minister about affirming standards to be included in a published *Statement of Standards*. In turn, the statement will inform the reporting methodologies of the new regulatory bodies, namely HIW and CHAI.

Health, Social Care and Wellbeing Strategies

These are strategies which aim to have an integrated and multi-disciplinary approach to local authority, NHS and voluntary sector planning to meet the health, social care and wellbeing needs of a community. Strategies should build on and integrate existing plans to encourage partnership working to make sure that all services are more joined up and as seamless as possible from the client / patient's perspective.

Improving Health in Wales

This is a report published by the Welsh Assembly Government in January 2001 and is a plan for the renewal of the NHS in Wales. It sets the policy agenda for the next decade and outlines the Government's commitment to re-build, renew and improve the NHS in Wales.

Innovation and Learning Perspective

The people within it undertake the operations of the organisation. The competencies, flexibility and motivation of staff underpin all the Resource Utilisation, Stakeholders, and Management Processes activities measured in the other Scorecard quadrants. Stakeholder expectations are constantly changing and organisations are, as a consequence, required to make continuous improvement. This relies heavily on an organisation's ability to innovate, learn and improve at an individual level, which collectively delivers the desired results for the whole organisation.

Management Processes / Internal Perspective

Delivering stakeholder satisfaction is achieved through the operational activities of the organisation. Stakeholder objectives and measures should be supported by management process measures that are most critical in meeting the stakeholder expectations and answer the question, "What must we excel at?"

Measures

A statement of how success in achieving an objective will be measured and tracked over time, not the actual targets such as percentage reduction. A measure should include a statement of the unit to be measured, e.g. patient satisfaction rating.

Outcome Measures

These monitor the achievement of service objectives and should consist of a mix of lagging measures or results of past performance efforts and lead measures that will drive future performance.

Performance Framework for NHS Wales

This is a framework, which will enable NHS Wales to respond to the challenges set out in 'Improving Health in Wales'. It is a generic framework providing an innovative approach to promoting continuous improvement in health and health services.

Regional Offices

Staff in the Regional Offices are responsible for the operational performance management of the NHS in Wales.

Resource Utilisation Perspective

This perspective contains measures to assess whether the organisations' money, equipment, staff and buildings are being used effectively.

Review of Health and Social Services in Wales

The Review of Health and Social Care in Wales, published in July 2003, was written by an Assembly Government team lead by Derek Wanless. The review's main aim was to examine how extra resources for health and social care in Wales, announced by the Finance Minister of the Assembly Government in October 2002, could be translated into improved performance.

Service and Financial Frameworks

SaFFs set out the delivery plans between commissioning bodies and hospital Trusts which set out agreed activity levels and funding for the forthcoming financial year, to achieve the Government's priorities and requirements to be met alongside local priorities.

Stakeholder Perspective

How an organisation performs from its stakeholders' point of view is clearly a top priority for management. The Stakeholder Perspective asks the question "How well do we meet the needs of the public, patients, government and industry?"

Targets

The level of performance or rate of improvement required for a particular measure. Targets are stated in specific units, e.g. £, %, rating, number, and should include time-based frequency (annually, quarterly etc) as appropriate.

Theory Z

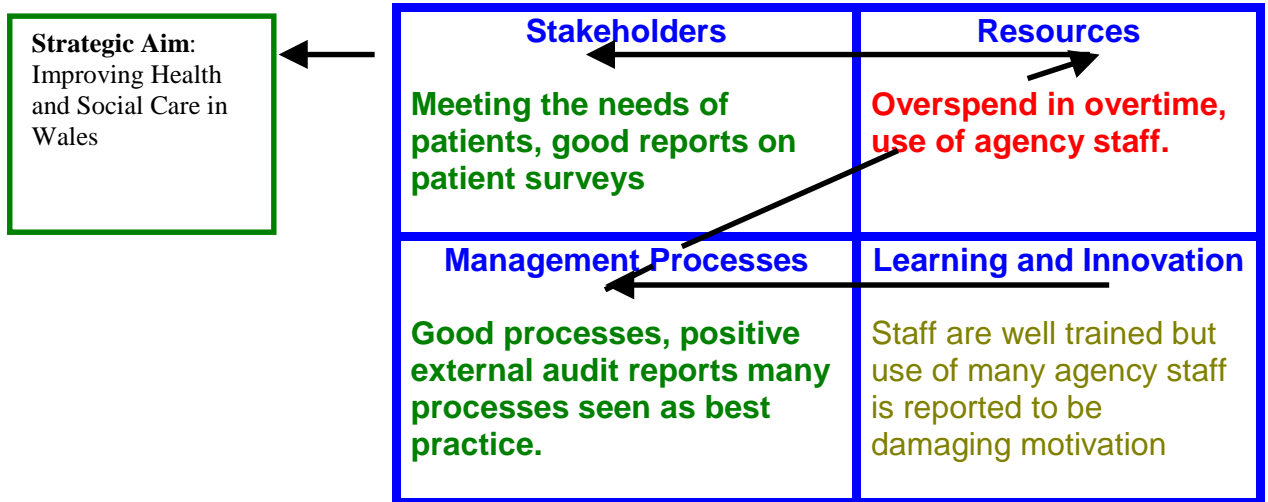
Each of the four Scorecard quadrants are not mutually exclusive and they are assessed by *Theory Z* which was developed by the Halifax Building Society; the theory being that performance achieved in one quadrant must directly relate to the others to make the whole performance framework successful.

Traffic Light System

Performance against each measure will be indicated by a traffic light system; green if a target is being met, amber if performance is within a tolerance level and red if performance is below that expected. Where performance is red, detailed action plans will need to be agreed with the relevant Regional Office.

Examples of how the Balanced Scorecard works

Capacity



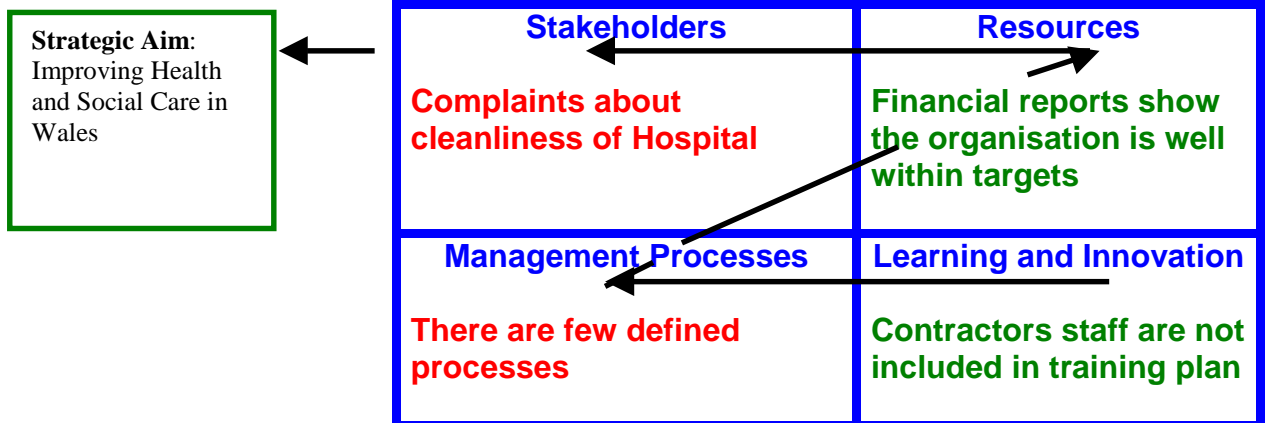
If we focused on outcome targets:

From the above, it would seem that we are meeting the operational targets but overspending to do so. The system would not measure how we are using staff to achieve this or how our stakeholders view our performance.

Using the Balanced Scorecard:

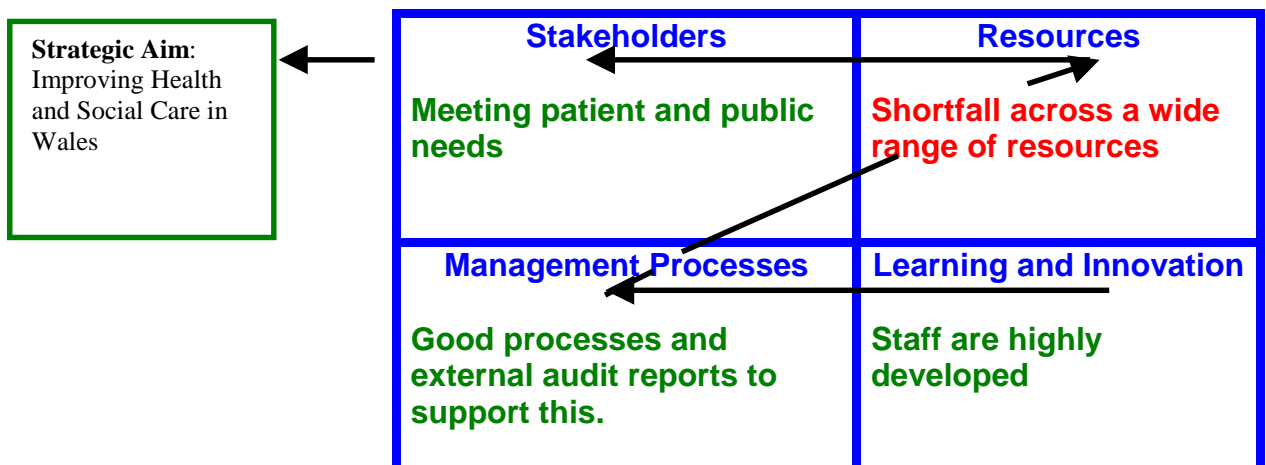
The balanced scorecard will allow the management team to look at performance from all angles. Stakeholder needs are being met and good processes are in place, however, the organisation is overspending to do this and there seems to be a negative effect on staff. If the management team were able to look further at the supporting data they might find that the organisation is actually exceeding performance targets but overspending to do so, incurring additional staff and resource costs. Another alternative is that the additional staff the organisation are bringing in through agency and bank arrangements are not as well trained and developed as their own staff, therefore not using the processes as well and incurring additional waste. Whatever the reasons the scorecard would have helped the managers identify the effect quickly.

Training & Development



This case, is the reverse of above where the traditional finance bias would reflect that matters are fine but when using the scorecard we see that all other areas are suffering as a result. The complaints would need to be dealt with and it might be easy to look at the contractor's staff as the problem. The balanced scorecard would show however that it is a combination of inefficient management processes and poor staff performance. Solutions could include implementing continuing professional development for all staff including contractors to assist them in looking for best practice and innovation. The work on best practice can be widened to look at other comparable organisations and find out how they have achieved good performance. Resources may have to be made available to make this system viable. Training staff and giving them a clear link to the stakeholders (public, patients and staff in this case) will improve perception and achieve a balance. Cases of improving performance of 'fringe' or contractor staff is a problem faced by many organisations as they attempt to outsource to save money, a system such as the balanced scorecard can help you judge if this is really the case.

Finance



In this final example we see that the only problem area is finance. The organisation has evidence to show that it has examined the needs of the local community and is meeting those needs effectively. The staff are well trained

and costs are being controlled in this area, both the processes and staff are efficient. The issue here could be the level, at which the performance has been commissioned, the organisation may be meeting greater demand than planned for. Given the good performance elsewhere the commissioner may decide to input extra resources, the organisation has the evidence to support their case for such action. This may also be a case where rewards would be made available for good performance.

Appendix3: GWENT HEALTHCARE TRUST CORPORATE SCORECARD

STRATEGIC OBJECTIVES / SPECIFIC GOALS	MEASURE / MONITORING	TYPE	UPDATE INFO	REVIEW PROGRESS	STATUS
STAKEHOLDERS					
Equitable and Timely Access to Services - to meet SaFF Access Targets					
No patients waiting more than 18-months for IP/DC treatment by November 2004 and then maintain at zero	Number of patients waiting over 18 months.	SAFF 2.1	Information Department	Monthly	
Extension of second offer scheme to patients waiting over 12 months	By the end of March 2005 no one will have been waiting over 12 months for treatment without having had a second offer of treatment	WAG	Information Department	Monthly	
Achieve waiting times of 15 months max for treatment by March 2005	Number of patients waiting over 15 months at end of March 2005.	LOCAL	Information Department	Monthly	
No one waiting more than 18-months for a first outpatient appointment throughout 2004/2005	Number of patients waiting over 18 months	SAFF 2.2	Information Department	Monthly	
Achieve waiting times of 15 months max for outpatients by March 2005	Number of patients waiting over 15 months at end of March 2005	LOCAL	Information Department	Monthly	
No one waiting more than 4 months for cataract extraction throughout 2004/2005	Number of patients waiting over 4 months	SAFF 2.3	Information Department	Monthly	
No one waiting more than 6 months for an angiogram throughout 2004/2005	Number of patients waiting over 6 months	SAFF 2.6	Information Department	Monthly	
Number of major operations cancelled due to the lack of a critical care facility reduced by 10% by 31st of March 2005	Number of major operations cancelled due to lack of critical care facility compared to plan	SAFF 2.18	Surgery	Monthly	
Written action plans with clear targets to reduce waiting times for diagnostic and therapies reported monthly by March 2005	Self reporting with review of plans by Health & Social Care Department	SAFF 2.5	Diagnostics & Therapies	Quarterly	
Costed plan for delivery of CAMHS by October 2004	Self reporting with review of plans by Health & Social Care Department	SAFF 2.9	Child and Family	Quarterly	
95% of patients spending less than 4 hours in A&E throughout 2004/2005	% of patients spending less than 4 hours in A&E	SAFF 2.13	Information Department	Monthly	
No A&E patients waiting more than 12 hours	Number of days on which the target has been breached	LOCAL	Information Department	Monthly	
Delivery of planned LTA activity	Overall Trust position against LTA	LOCAL	Information Department	Monthly	
	Number of specialties meeting their LTA targets	LOCAL	Information Department	Monthly	

High Quality and Safe Services					
No inappropriate transfers of patients requiring critical care by 31 st March 2005	Number of inappropriate transfers of patients requiring critical care	SAFF 2.19	Surgery	Monthly	
Health care interventions recommended by NICE or AWMSG should be available to patients within 3 months from the date of publication	Self reporting with review of plans by Health & Social Care Department	SAFF 2.20		Quarterly	
Reduce health related delayed discharges and transfers of care	A 15% reduction in health related delayed discharges and transfers of care against the baseline of the 10 month average from November 2002 - August 2003 = 35 by March 2005	SAFF 2.24	Information Department	Monthly	
Improve patient satisfaction	Quarterly trends in numbers of complaints	WAG		Quarterly	
	Audit of follow up and actions resulting from complaints	LOCAL		Quarterly	
Increase proportion of surgery undertaken on a daycase basis	Number of surgical daycases as % of all elective surgical inpatient/daycase procedures	WAG	Information Department	Quarterly	
	Daycases as a % of all admissions for the basket of 25 procedures recommended by the Audit Commission	WAG	Information Department	Quarterly	
Reduction in the number of procedures with limited effectiveness	Number of procedures undertaken against procedures identified in rationale document benchmarked with other trusts	WAG	Information Department	Quarterly	
Improving standards of environmental cleanliness	% score for cleanliness achieved during an external audit against the National Standards of Cleanliness - July 2003	WAG	Support Services	Quarterly	
Reduction in healthcare associated infection rates	Compliance with the standards identified in Healthcare Associated Infections – A Strategy For Hospitals In Wales	WAG		Annually	
A plan for local implementation of the national reporting and learning systems (NRLS) by December 2004	Self reporting with review of plan by NRLS in December	SAFF 1.9		Annually	
Participation in the National Public Health Service (NPHS) orthopaedic surgical site infection (SSI) scheme or compatible scheme by March 2005	Self reporting with review of plans by Health & Social Care Department	SAFF 1.10		Annually	
Constructive service user and carer participation in planning, design, delivery, monitoring and evaluation of mental health services	Self reporting with review of plans by Health & Social Care Department	SAFF 3.1	Mental Health and Learning Disabilities	Quarterly	
Full implementation of the Care Programme Approach (CPA) by December 2004	Self reporting with review of report by Health & Social Care Department	SAFF 3.2	Mental Health and Learning Disabilities	Quarterly	

Positive reviews by external agencies such as CHI/Audit commission/HIW/HSE/Royal Colleges	Assessment of final reports	WAG		Quarterly	
	100% compliance with any associated agreed action lists	WAG		Quarterly	
Effective public relations throughout 2004/2005	>20 positive news stories per month	LOCAL		Quarterly	
	no more than 5 negative news stories per month	LOCAL		Quarterly	
Compliance with Welsh Risk Management Standards for 2004/2005	Self reporting with annual Risk Management Audit Report	WAG		Quarterly	
	Achieve average of 85% compliance with Welsh Risk Pool Standards, including 100% compliance with 4 core standards and none lower than 65%.	LOCAL		Annually	
Establish a baseline, recording of training and improve compliance with health and safety training uptake	A 20% increase in uptake of Health and Safety training	LOCAL		Quarterly	
Engaged Workforce					
Low staff turnover rates	Staff turnover rate compared to Welsh average	WAG	Personnel	Monthly	
Low sickness rates	Performance against local targets	WAG	Personnel	Monthly	
Low vacancy rates	Performance against local targets	LOCAL	Personnel	Monthly	
Positive staff satisfaction surveys	Results of staff surveys	WAG	Personnel	Quarterly	
Compliance with EWTD	Self reporting with annual review by Health & Social Care Department	SAFF 2.22	Personnel	Quarterly	
Review frameworks for engaging staff and staff organisations to ensure effective communication and involvement	Review undertaken and action plan being developed	LOCAL	Personnel	Annually	
Preventive Health Initiatives and Health Gain					
Appropriate screening of pregnant women and babies	Self reporting on pregnant women screened for Down's syndrome	SAFF 1.6 AND 1.7	Obstetrics & Gynae	Quarterly	
	Self reporting at risk women offered antenatal screening	SAFF 1.6 AND 1.7	Obstetrics & Gynae	Quarterly	
	Velindre Trust report on new born screening implementation	SAFF 1.6 AND 1.7	Child and Family	Quarterly	

RESOURCE UTILISATION					
Adherence to Core Financial Duties					
Remain within Resource limit (forecast out-turn)	Absolute target	WAG	Finance Department	Monthly	
Remain within Cash limit (forecast out-turn)	Absolute target	WAG	Finance Department	Monthly	
Remain within external financing limits (forecast out-turn)	Absolute target	WAG	Finance Department	Monthly	
Accurate forecasting	% difference between forecasts	WAG	Finance Department	Monthly	
Efficient Use of Resources					
Reduced use of Agency Staff by March 2005	% change in expenditure on Agency staff	WAG	Finance Department	Monthly	
	10% reduction in total agency hours used	LOCAL	Personnel Department	Monthly	
Implementation of Consultant Contract by December 2004	Self reporting of % of consultants with agreed work plan and annual audit by Health & Social Care Department	SAFF 2.22	Personnel Department	Annually	
Efficient Performance of Estates and Facilities throughout 2004/2005	% achievement against the five National Performance Indicators for Estates	WAG	Works & Estates	Quarterly	
	% cancelled outpatient clinic appointments by organisation	WAG	Information Department	Monthly	
	outpatient follow up rates better than welsh average	LOCAL	Information Department	Monthly	
	% planned operating theatre time actually used	WAG	Theatre Directorate	Monthly	
	Length of stay, occupancy, turnover and bed utilisation factor better than welsh average	LOCAL	Information Department	Monthly	
Meet the six high level All Wales Medicines Strategy Group prescribing indicator targets by April 2005	Self reporting with review of plans by Health & Social Care Department	SAFF 2.21		Quarterly	

MANAGEMENT PROCESSES					
Partnership Working					
Closer working with LHBs	Joint goals and planning frameworks agreed with each LHB by end of year	LOCAL		Quarterly	
Establish a joint assessment with commissioners regarding the efficiency and effectiveness of Trust clinical services – priorities to include: ENT, Pathology, Orthopaedics, Ophthalmology, Dermatology, A&E, Children's Community Nursing and Rehabilitation	Delivery of assessments and associated action plans	LOCAL		Quarterly	
Undertake a review of stroke services as the first step in the review of current stroke service provision across Wales	Self reporting with review of plans by Health & Social Care Department	SAFF 1.4		Annually	
Securing political understanding and support for Trust services and developments	Quarterly meetings with AMs and MPs	LOCAL		Quarterly	
Unified Assessment summary records and integrated Personal Care Plan (where appropriate) resulting from joint health and social care assessments	SSIW reports submitted in April and September	SAFF 1.1		Quarterly	
A plan to deliver the health service contribution to increased awareness and participation in substance misuse treatment programmes by March 2005	Self reporting with review of plans by Health & Social Care Department	SAFF 1.8		Quarterly	
Appropriate primary and intermediate care services, in conjunction with effective primary and secondary care facilities	% of admissions avoided due to alternatives such as the Rapid Response Service and Medical Assessment Unit (MAU)	LOCAL	Information Department	Monthly	
	% decrease in emergency admissions compared to same period in 2003-04	SAFF 2.14	Information Department	Quarterly	
Ensure effective implementation of the changes to Out of Hours Primary Care services to minimise additional emergency workload on Trust.	Completion of Phase 1 by September 2004	LOCAL		Quarterly	
.	Establish and monitor achievement of project plans	LOCAL		Quarterly	
Implement Monnow Court Health and Social Care Unit	Establish and monitor achievement of project plans	LOCAL		Quarterly	
Costed plan for delivery of Coronary Heart Disease NSF by October 2004	Self reporting with review of plans by Health & Social Care Department	SAFF 2.15		Quarterly	

Costed plan for delivery of revised Cancer standards & NICE Improving Outcomes Service Guidance	Self reporting with review of plans by Health & Social Care Department	SAFF 2.16	Surgery	Quarterly	
Implementation of 2004-05 objectives of Diabetes NSF (Standards 1-12) by March 2005	Self reporting with review of plans by Health & Social Care Department	SAFF 2.17	Medicine	Quarterly	
Hand-held record for parents of every disabled child (as defined - Childrens Act 1989) with complex health needs	Self reporting with review of plans by Health & Social Care Department	SAFF 3.3	Child and Family	Quarterly	
Management Processes that support the delivery of timely, quality services					
Effective Planning Mechanisms	Self assessment questionnaire	WAG		Annually	
Achievement of deadlines for completion of the Annual SaFF process	Number of deadlines missed	WAG		Annually	
Achievement of key financial process deadlines	Number of deadlines missed	WAG		Annually	
Delivery of Change, Efficiency and Recovery Plans (where appropriate)	Self reporting with review of plans by Health & Social Care Department	WAG		Quarterly	
Agree Clinical Futures Strategy with LHBs	Formal agreement and support from LHBs	LOCAL		Quarterly	
Develop a Strategic Outline Context for redesign of clinical services required by Clinical Futures.	SOC submitted to Region by January 2005.	LOCAL		Quarterly	
Implement effective communications plan and formal project management structure for Clinical Futures.	Formal project monitoring arrangements	LOCAL		Quarterly	
Agree plan for sustainability of clinical services in the short to medium term including "interim" costed plan to maintain safe facilities at NHH and Royal Gwent Hospital	Presentation of plan	LOCAL		Quarterly	
Identify opportunities to rationalise the estate. For example, as a result of the Clinical Futures project	Reduction in backlog maintenance requirements	LOCAL		Quarterly	
Progress business cases for					
Blaenau Gwent	Blaenau Gwent – FBC to be complete by March 05.	LOCAL		Quarterly	
Caerphilly	Caerphilly – OBC to be approved by March 05	LOCAL		Quarterly	
Learning Disabilities	LD - FBC completed by December 04	LOCAL	Mental Health and Learning Disabilities	Quarterly	
Mental Health	MH - OBC submitted to WAG by Dec 04	LOCAL	Mental Health and Learning Disabilities	Quarterly	
Elective Orthopaedics (Implement)	Formal project monitoring and reporting	LOCAL	Surgery	Quarterly	
Diagnostic Cardiology (Implement)	Formal project monitoring and reporting	LOCAL	Medicine	Quarterly	
Pathology	Formal project monitoring and reporting	LOCAL	Diagnostics & Therapies	Quarterly	
Radiology	Formal project monitoring and reporting	LOCAL	Diagnostics & Therapies	Quarterly	

Main Delivery Unit (Implement)	Formal project monitoring and reporting	LOCAL	Obstetrics & Gynae	Quarterly	
Effective Financial Processes					
Achievement of Public Sector Payment requirement	95 % of bills paid within 30 days	WAG	Finance Department	Quarterly	
Efficient cash Management	% variance between forecast and actual cash requirements	WAG	Finance Department	Quarterly	
Financial plans to address variance in line with operational plans	Variance against plan	WAG	Finance Department	Quarterly	
Establish arrangements to secure funding for over activity against LTAs that is due to demand. For example, direct requesting of pathology and radiology services	Establishment and agreement of arrangements by April 2005	LOCAL	Finance Department	Quarterly	
Ensure value for money is demonstrated in specific internal services: Catering, finance, Health and Safety, Inpatient Placement & Discharge, Procurement, Estates, Energy, Hospital Cleanliness and Booking	Delivery of assessments and associated action plans	LOCAL		Annually	
Effective Outpatient Management Processes:					
All new outpatient appointments made using partial booking	% of total new outpatient attendances arranged using partial booking	WAG	Information Department	Quarterly	
Low DNA rates	Number of DNAs as % of patients booked for new and follow-up	WAG	Information Department	Monthly	
Patients booked in chronological order	Primary Targeting List rate	WAG		Quarterly	
Effective Waiting times management processes:					
System to report on cancer waiting times by October 2004	Self assessment questionnaire	WAG		Annually	
	Self reporting with review of system by Health & Social Care Department	SAFF 4.2		Quarterly	
Effective IP/DC admission, bed management and discharge processes:					
Referral / admission protocols in place	Self reporting with review of plans by Health & Social Department	WAG		Annually	
	% of operations cancelled by Trust on scheduled day or day before reduced from 2002/2003	WAG	Information Department	Monthly	
	% of operations cancelled reduced from 2002/2003	WAG	Information Department	Monthly	
	Average length of stay for surgical, medical, EMI, and acute mental health beds reduced from 2002/2003	WAG	Information Department	Monthly	
	Average number of outlying patients	WAG	Information Department	Monthly	
Implement Inpatient Placement Policy	Audit of adherence to policy	LOCAL		Annually	
To ensure appropriate HR systems are in place					

Implement Agenda for Change - the Pay Modernisation and Changing Workforce agendas	Self reporting with review of plans by Health & Social Department	SAFF 2.22	Personnel Department	Quarterly	
Deliver and implement the workforce modernisation strategy to support the long term strategic direction of the Trust	Formal project planning, monitoring and reporting	LOCAL	Personnel Department	Quarterly	
Implementation of equality plan	Self reporting with review of plans by Health & Social Department	SAFF 4.1	Personnel Department	Quarterly	
Approve and implement the revised Race Equality Scheme and the Trust's first Diversity Strategy	Achievement of project deadlines	LOCAL	Personnel Department	Quarterly	
To ensure that the quality of data is maintained and that patient information is maintained in a timely manner					
Efficient information management	Achievement of data accreditation Stage 3	WAG	Information Department	Annually	
	% improvement in completeness of clinical coding	WAG	Information Department	Annually	
Achievement of milestones in Informing Healthcare Readiness plans (SaFF 2.23)	Self reporting with review of plans by Health & Social Care Department	WAG		Annually	
To ensure effective Performance management systems	Self assessment questionnaire	WAG	Performance	Annually	
To ensure effective Clinical Governance Arrangements	Self assessment questionnaire	WAG		Annually	
Improve Trust performance against Fundamentals of Care standards	Completion of a baseline assessment and development of action plans	LOCAL		Annually	
To ensure effective Governance Arrangements	Self assessment questionnaire	WAG		Annually	

INNOVATION & LEARNING					
Investment in Management, Development and Training					
Workforce with relevant skills	Increase, compared to last year, in % of staff with personal objectives, Personal Development Plans (PDPs) and appraisals agreed with their manager within the last 12 months	WAG	Personnel Department	Quarterly	
Development of flexible workforce -development and implementation of plans for skills substitution	Self reporting with review of plans by Health & Social Care Department	SAFF 2.22	Personnel Department	Annually	
Deliver and Implement the Educational and Training Strategy for the Trust	Formal project planning, monitoring and reporting	LOCAL	Personnel Department	Annually	
Progress the OBC for the Health Sciences Institute – Cardiff Road	Delivery of OBC by established deadline	LOCAL		Quarterly	
Effective Leadership					
Well developed leadership skills throughout the organisation	Self assessment questionnaire	WAG		Annually	
Establish Regular Briefings between Executive Directors and 3 rd in line managers	Minimum of 2 briefings each year	LOCAL		Annually	
Identify potential coaches and establish a formal coaching network within the Trust	Establishment of network	LOCAL		Annually	
Introduce programme of development sessions/ timeouts for senior team	Number of sessions/timeouts arranged	LOCAL		Annually	
Creating and maintaining a learning organisation					
Developing learning organisation culture	Self assessment questionnaire	WAG		Annually	
Effective investment in R&D	Self assessment questionnaire	WAG		Annually	
Staff encouraged to contribute to system development	Self assessment questionnaire	WAG		Annually	
During 2004/2005, achieve wider understanding and recognition of "LEAN" internally and with commissioners and ensure that the LEAN Network is competent in Value Stream Mapping, Can do and Problem Solving	Implementation of at least one Lean project in medicine, surgery, pharmacy, HSDU and rehabilitation	LOCAL		Quarterly	
	Evaluation of success in achieving change	LOCAL		Quarterly	
Universalising best practice					
Sharing of best practice	Self assessment questionnaire	WAG		Annually	
Effective implementation of innovation	Self assessment questionnaire	WAG		Annually	