

Date: 5 July 2000

Venue: Committee Room 2, National Assembly for Wales

Title: **NHS Wales Performance Management Framework: National Performance Indicators Rationale Report and Baseline Data**

Purpose

1. To inform the Committee of the publication of the Performance Management Framework Rationale Report and Baseline Data (Doc 1).

Summary

2. This paper sets out the background to rationale report and baseline data.

Timing

3. It is intended that the PMF Rationale report be published in the first week of July.

Background

The Performance Management Framework

4. The Performance Management Framework (PMF) for NHS Wales was published at the end of March for implementation from 1st April 2000. The PMF is intended to establish the mechanisms for measuring progress against the aims and priorities of improving health and reducing health inequalities as set out in 'Putting Patients First' and 'Better Health – Better Wales', and introduces a set of key objectives:

- reducing health variations and tackling health inequalities;
- improving health and the quality of health care services;
- improving efficiency;
- developing new ways of working collaboratively; and
- addressing variations in performance across NHS organisations.

5. The approach taken on developing and implementing a PMF for the NHS in Wales has mirrored that taken in England in order to ensure the wider comparability of performance across the UK. The PMF sets the agenda for the development of a more effective performance management system which will highlight strengths and weaknesses in performance outcomes and facilitate the promulgation of 'best practice'.

National Performance Indicators

6. National Performance Indicators (NPIs) which reflect the patient's experience from prevention through to diagnosis, treatment and continuing care are a key element of the PMF. The NPI set is not intended to cover all aspects of NHS activity but is intended to highlight areas for further investigation.

7. It is recognised that a number of indicators in the current NPI set are far from ideal, using, in some instances, process measures as a proxy for information which is not yet available on outcomes, effectiveness and quality. The intention is to extend and improve the range and quality of indicators over time in order to provide more sophisticated measures of performance. Priority areas for development include indicators at Trust level and to reflect primary care, community and mental health services.

8. Further, it is expected that the PMF and NPI set will encourage the development of measures locally to assess and improve performance, driven by Health Improvement Programmes and Long Term Agreements.

Baseline Data

9. Baseline data is provided at all Wales, Health Authority and, where possible, Local Health Group/ Unitary Authority level on a residential population basis. Where it has not been possible to provide information for certain of the indicators and sub indicators, for example delayed discharges, explanations have been included in the text.

10. While it has not been possible to provide confidence intervals and graphical interpretation of the data for this publication, this is being explored for future publications.

11. The baseline data indicates that:

- at Health Authority level, there is minimal variation in mortality rates (indicators 1 - 4 and 21);
- there is still much to achieve if the Health Gain targets (indicators 5 – 9) are to be met by 2002. Specifically, at Unitary Authority level, there are significant challenges in respect of smoking and alcohol consumption targets;
- for indicator 13 (Deaths from Accidents) there is wide variation between Health Authority areas which represents a challenging opportunity for cross sector partnership working;

- there has been a significant decrease in MMR vaccination rates with a reduction of 5% (Welsh average) between 1997/98 and 1998/99. A contributory factor could be parental concern over the possible link with autism; and
- there are differences between cancer survival rates (indicator 25). This could attract media interest given the data shows that Gwent Health Authority has the lowest survival rate in all but one of the cancer areas cited.

12. This baseline data provides a starting point for the ongoing monitoring of NHS Wales performance.

Consultation

13. Draft NPI results have been shared with the Health Authorities in Wales and, where possible, comments received have been included in the revised draft attached.

International Aspects

14. England published baseline data for its set of High Level Performance Indicators in June 1999 as a follow up to the publication of its Performance Assessment Framework in March 1999.

15. Twenty nine of the forty one NPIs in the PMF for NHS Wales compare to the High Level Performance Indicator set in England. It is imperative that further development of the NPI set allows for comparability across UK countries and ultimately European countries if progress is to be accurately benchmarked.

Compliance

16. The National Health Service Act 1977 provides for wide ranging powers for the Secretary of State to provide services; to devolve responsibility for performing certain functions to Health Authorities. The National Health Service and Community Care Act 1990 provides for the setting up of NHS Trusts. The Secretary of State functions have been transferred to the Assembly by virtue of the Transfer of Functions Order.

17. The Health Act 1999 introduces a new statutory underpinning for the Health Improvement Programme (HIP) in section 28. This was commenced in Wales on 1 November 1999 by the Health Act 1999 (Commencement No 1) (Wales) Order 1999. There are no issues of regularity or propriety. The functions in the Health Act have been delegated to the Assembly Secretary for Health and Social Services.

Financial Implications

18. The publication costs for the PMF Rationale Report are approximately £11k and will be accommodated within the Performance Management Division's 2000- 2001 budget (BEL Health Service Publicity). Financial Planning and NHS Finance Management Division has been consulted about this submission and are content with the financial aspects (approval code JU002).

Cross cutting themes

19. Included in the NPI set are three interface indicators with Social Services:

- Emergency Admissions to Hospital (indicator 20);
- Delayed Discharge from Hospital (indicator 33); and
- Emergency Psychiatric Re-admission Rate (indicator 34).

These indicators relate directly to performance at the Health Authority and Social Services interface. Improving performance in this area will require a co-ordinated response from both NHS Wales and Local Authority Social Services organisations.

20. Ongoing development of the NPI set will need to take account of work being undertaken by the Assembly to develop health inequality indicators.

Action for Subject Committee

21. The Committee is asked to note the PMF rationale report and baseline data. The Committee is also asked to note the continuing programme of development of additional and improved NPIs.

22. Comments on the PMF Rationale report from Committee members should be forwarded directly to me.

Jane Hutt
Assembly Secretary for Health and Social Services

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