



Structured Assessment 2015: Comparison of performance reporting to boards

All health boards and NHS trusts

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The team who delivered the work comprised Tom Haslam, Andrew Doughton and Carol Moseley, under the direction of David Thomas.

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Summary of analysis

Introduction and background

1. Effective performance management is important if health bodies are to deliver better health outcomes, services and value for money. The boards of NHS bodies need to focus their efforts and make good decisions. To do this they need robust information and insightful interpretation about the organisation's performance.
2. Structured Assessment is the Auditor General's annual examination of NHS bodies' arrangements to support good governance and the efficient, effective and economical use of resources. As part of our 2015 Structured Assessment, we compared how effectively each NHS body reports on performance to their boards. This was a pilot exercise to test the feasibility and value of undertaking this kind of comparative analysis as part of future structured assessments and to share learning and good practice across health boards and NHS trusts.
3. This document summarises our analysis and high-level comparison of performance reports to NHS boards.

Scope

4. This work compared how each NHS body reports its performance to its own board. The work did not seek to comment on the actual performance of each NHS body.
5. The review covered the following NHS bodies:
 - Abertawe Bro Morgannwg University Health Board
 - Aneurin Bevan University Health Board
 - Betsi Cadwaladr University Health Board
 - Cardiff and Vale University Health Board
 - Cwm Taf University Health Board
 - Hywel Dda University Health Board
 - Powys Teaching Health Board
 - Public Health Wales NHS Trust
 - Velindre NHS Trust
 - Welsh Ambulance Services NHS Trust
6. The performance reports reviewed were from the period June to November 2015, as listed in [Appendix 1](#).

Methodology

7. For each NHS body we selected a set of performance-related reports from a single board meeting. Where appropriate, these included performance, finance, workforce and patient experience reports. These reports provide a snapshot of the state of performance reporting for each health board or NHS trust.

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8. We assessed the performance reports using a suite of criteria developed by the Wales Audit Office. The Wales Audit Office criteria draw on related research¹ by the Healthcare Financial Management Association (HFMA) and Chartered Institute of Management Accountants (CIMA).
 9. The analysis used criteria that considered attributes and functional coverage:
 - Attributes – do performance reports adhere to good practice criteria including, for example, exception-reporting, use of charts and benchmarking?
 - Coverage – do performance reports provide sufficient functional coverage, including areas such as finance, patient outcomes and patient experience?
 10. [Appendix 2](#) summarises our methodology and the scoring mechanism.

Results interpretation

11. Some care needs to be taken in interpreting the results of our analysis:
 - As the review was undertaken at a point in time, this may not be totally representative of a full year's performance reporting at an individual NHS body. It should also be recognised that some reports may have evolved since we did our analysis. This is especially relevant for those organisations that have amended or further developed their board reporting. In addition, some NHS bodies may supplement their performance reporting with additional quarterly or specific reports during the year.
 - In some charts, we have used an all-Wales average but because of the small sample size this can be influenced by one or two organisations. Therefore, any improvement in the average may not represent consistent improvements in all organisations.
 - Some caution is needed when comparing radar charts between NHS bodies. We have adjusted each NHS body's chart axis to improve clarity of presentation. This means that the scales may not be consistent between all charts.

Comparative analysis

12. The findings from our analysis are organised at an all-Wales level and by individual NHS body.
13. Commentary and comparisons about how performance reporting has evolved over time is provided where appropriate, based on similar analyses carried out in 2012 and 2013.

¹ [Raising the Standard of Performance Reporting in the NHS, HFMA/CIMA 2004](#)

All-Wales level findings

14. The findings of the all-Wales analysis are set out below and provide an overall commentary on NHS body performance reporting ([Exhibit 1](#)) and graphical presentation of performance report attributes ([Exhibit 2](#)) and functional coverage ([Exhibit 3](#)).

Exhibit 1: All-Wales overall summary of NHS body performance reporting

General observations of performance reporting

What's good or appears to have improved?

From our sample of reports and compared to previous years, there were signs of improvement in the following areas:

- timeliness of information (defined as no older than two months), although some specific activity is constrained to other measurement cycles, for example, quarterly or annual;
- more use of graphics and charts, often showing trend information;
- display of targets for many indicators (mostly national);
- more use of scorecard approaches, often using some form of colour coding and/or red, amber, green (RAG)² rating to direct the reader's attention;
- more use of explanatory narratives alongside quantitative data, mostly linked to exception reporting; and
- wider functional coverage including some specific indicators (mostly national) on data quality, outcomes (for example, mortality), primary care, and quality and safety.

What could be better?

- Complete integration of performance reporting has not yet been achieved. The most common approach is separate performance and finance reports. Some health bodies have several reports. Typically, finance reports set out performance against statutory financial targets rather than linking performance to business objectives. These issues may make it more difficult for boards to get a rounded view of performance. Some health bodies recognise this lack of true integration and are changing the way they report performance.
- Performance reports could provide more insight about what factors drive performance. This would strengthen the board's understanding and help them judge the appropriateness of any improvement actions.
- It is possible to make reports easier to read with:
 - more use of summaries to highlight performance issues;
 - a more appropriate balance between narrative and indicators;
 - better signposting; and
 - avoiding long lists of short bullets.
- Although there are signs of improvement, performance reports typically remain biased towards acute activity and sometimes lack clear linkages to the health body's Integrated Medium Term Plan (IMTP) /strategy. More reporting of performance in other areas is needed, for example, primary, community and tertiary care, external provider performance where applicable, and large projects and programmes. This imbalance may make it difficult for the board to oversee the totality of the organisation's activity.

² RAG rating refers to a traffic light system of red, amber and green colour coding of performance.

General observations of performance reporting

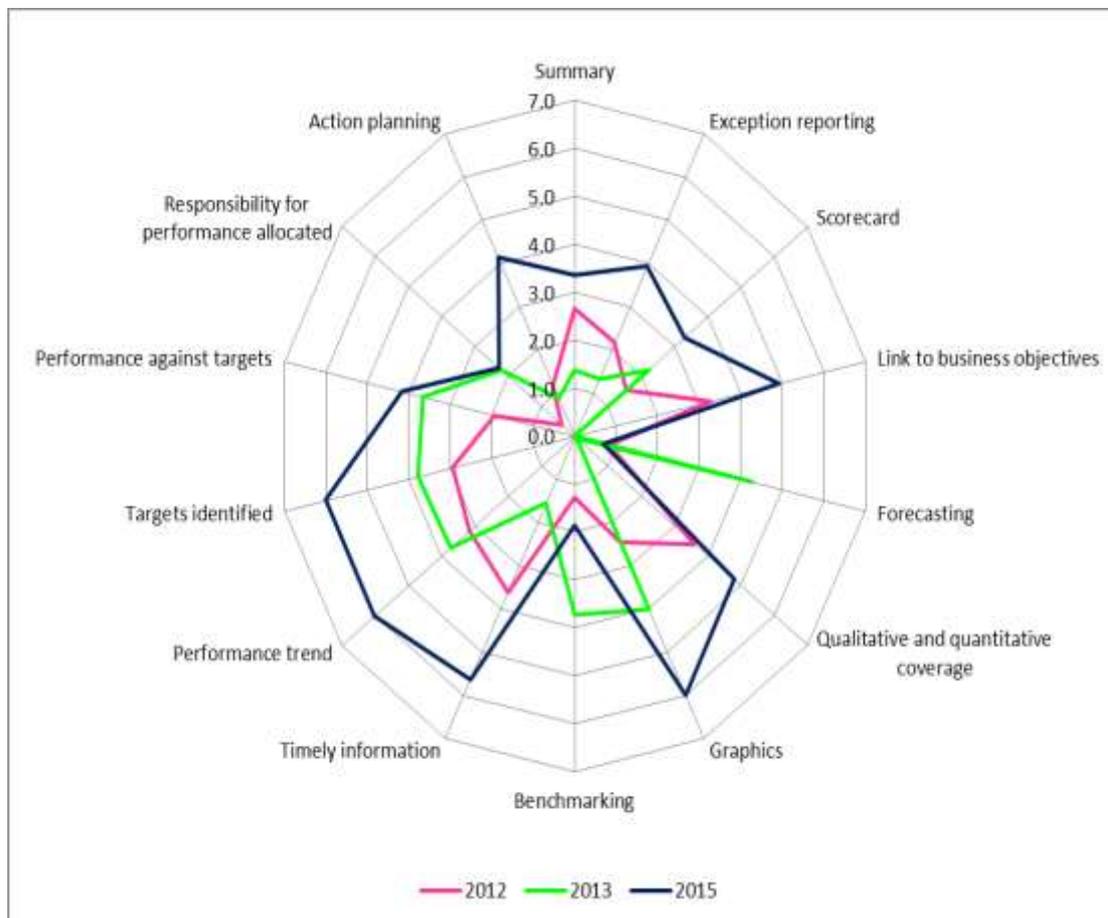
What could be better? (Continued)

- There needs to be greater integration of patient experience into performance reports (complaints, user experience and other service user generated information).
- Few health bodies' performance reports routinely consider value for money measures or improvements.
- Wider use of forecasting as a technique. If used, it is typically for financial year-end performance.
- Assigned responsibilities for improvement actions need to be unambiguous if board follow-up is to be as robust as it can be. Most health bodies name the executive lead responsible for each performance area, but this person might not be directly responsible for the improvement actions identified. In addition, most actions are contained within narrative rather than highlighted separately, making it difficult to identify and track back on previous actions.

Source: Wales Audit Office analysis of a sample of board performance reports 2015, compared to similar analysis in 2012 and 2013.

15. **Exhibit 2** (on the next page) reflects whether performance reports contain specific attributes and how this has changed over time. It does not measure each attribute's relative share of the performance report, that is, the amount of content.

Exhibit 2: Performance reports' attributes – all-Wales average 2012, 2013 and 2015



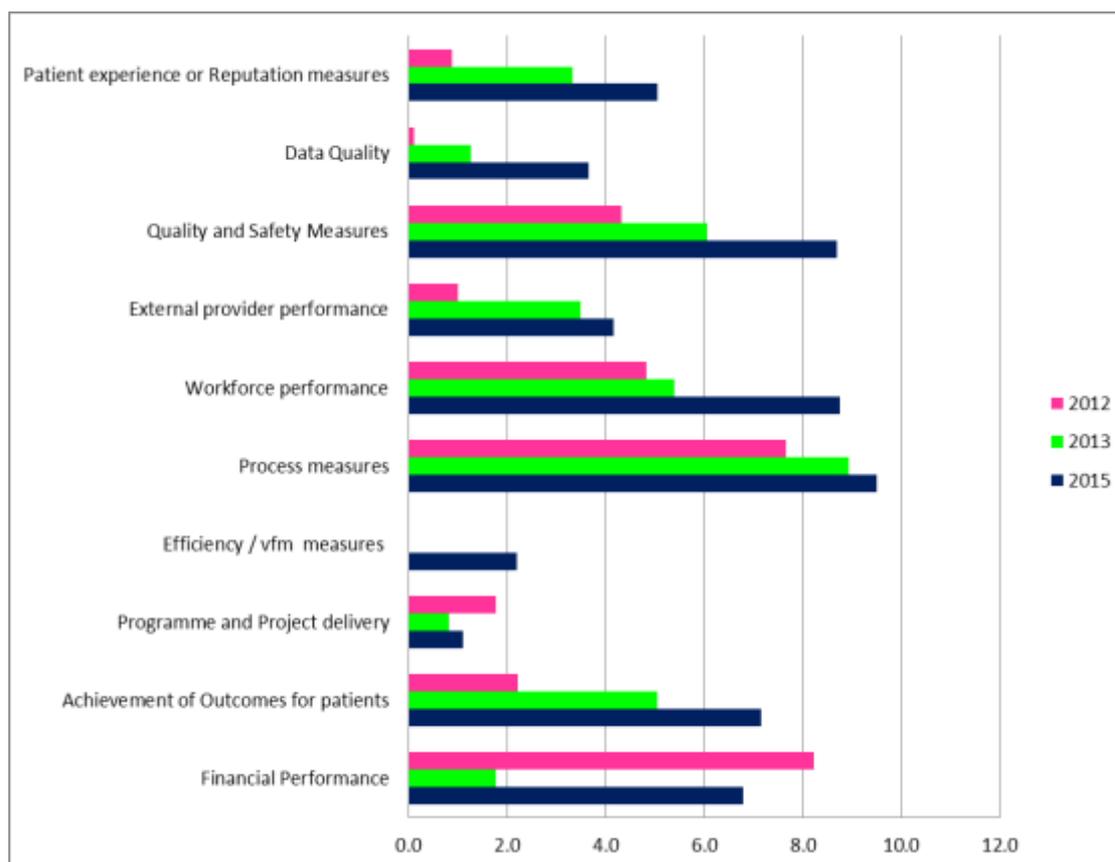
Source: Wales Audit Office analysis of a sample of board performance reports 2015, compared to similar analysis in 2012 and 2013.

Note – the maximum possible score for each attribute was 10 and the minimum score zero.

16. There has been an improvement in performance reporting across several attributes. This reflects the increasing use of techniques such as graphics, trends and targets. Action planning has improved, with many NHS bodies identifying actions in response to performance issues, but assigned responsibilities could be clearer.
17. Quantitative information should be supported, wherever possible, with a narrative that helps the reader understand what has happened. At present, reports tend to do this only for exceptions, that is, areas where performance has deteriorated, are noteworthy or in identifying an area of specific interest. [Appendix 3](#) compares each NHS body's performance for each reporting attribute, using the criteria and scoring scheme set out in [Appendix 2](#).

18. **Exhibit 3** highlights the functional coverage we found in our sample of performance reports and how this has changed over time.

Exhibit 3: Performance reports' functional coverage – all-Wales average 2012, 2013 and 2015



Source: Wales Audit Office analysis of a sample of board performance reports 2015, compared to similar analysis in 2012 and 2013.

Note – the maximum possible score for each area of coverage was 14 and the minimum score zero.

19. Overall, there has been an improvement in functional coverage. The increased coverage includes some previously little reported areas such as data quality, patient outcomes and patient experience. This is a positive development in providing boards with wider oversight of the organisation's activity. However, the metrics used in these areas are limited in scope and number compared to some other functional areas.
20. Process measures³ are the most frequently covered function in performance reports (and account for the largest share of their content). Quality and workforce measures are the next most frequent, but take up proportionally less content and are more

³ Process measures – measures the performance of a process or the activities carried out to deliver services.

limited in coverage. For example, although workforce measures are frequent, they typically only include sickness absence and sometimes appraisal completeness.

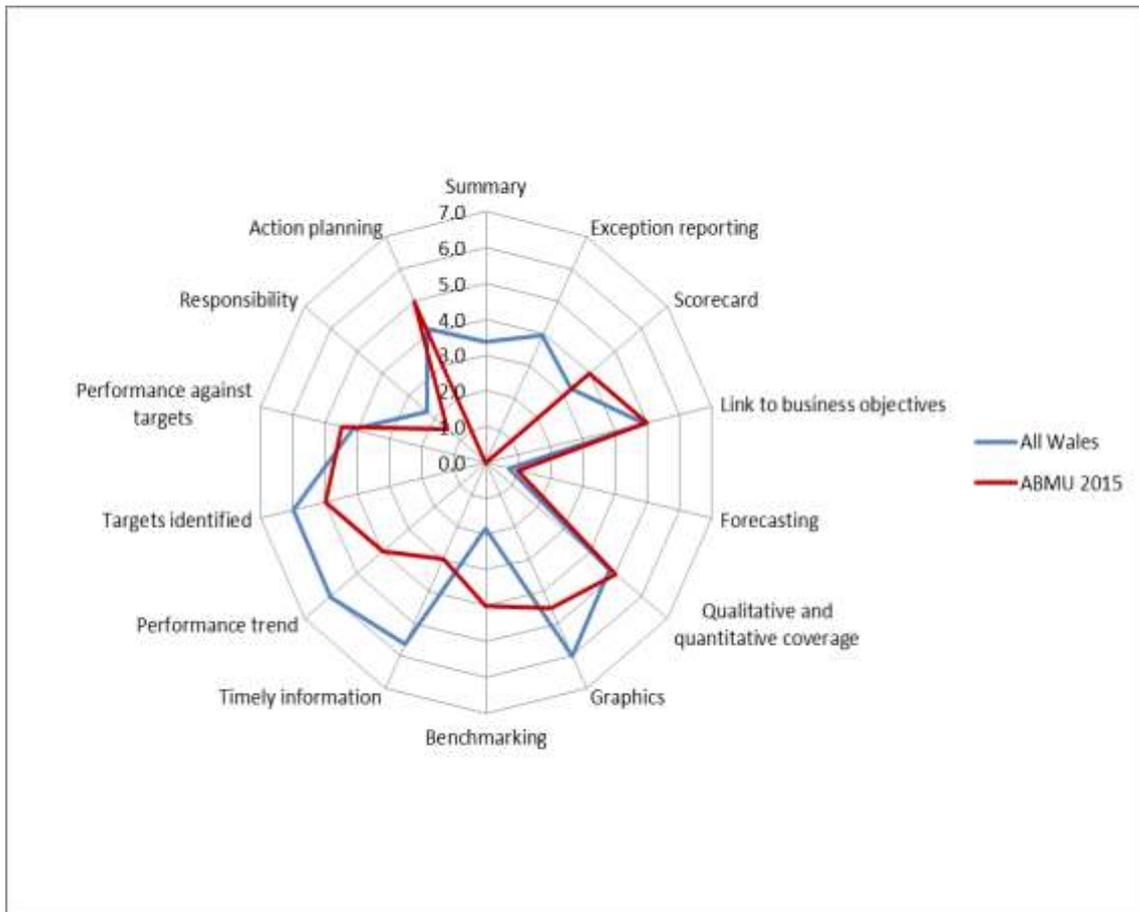
21. Coverage of efficiency, value for money and programme/project delivery remain infrequent.

Health body level findings

22. This section presents the analysis for each NHS body, providing a comparison of reporting attributes to the all-Wales position and an overall commentary on the organisations' performance reporting format and coverage. A comparison between NHS bodies on each reporting attribute is set out in [Appendix 3](#).
23. There are two exhibits presented for each NHS body as follows:
- Abertawe Bro Morgannwg University Health Board – [exhibits 4 and 5](#);
 - Aneurin Bevan University Health Board – [exhibits 6 and 7](#);
 - Betsi Cadwaladr University Health Board – [exhibits 8 and 9](#);
 - Cardiff and Vale University Health Board – [exhibits 10 and 11](#);
 - Cwm Taf University Health Board – [exhibits 12 and 13](#);
 - Hywel Dda University Health Board – [exhibits 14 and 15](#);
 - Powys Teaching Health Board – [exhibits 16 and 17](#);
 - Public Health Wales NHS Trust – [exhibits 18 and 19](#);
 - Velindre NHS Trust – [exhibits 20 and 21](#); and
 - Welsh Ambulance Services Trust – [exhibits 22 and 23](#).
24. We have adjusted the scales for the health body related charts included in this section, to improve clarity of presentation. The scales are therefore not consistent between all charts.

Abertawe Bro Morgannwg University Health Board

Exhibit 4: Abertawe Bro Morgannwg University Health Board – performance reporting attributes



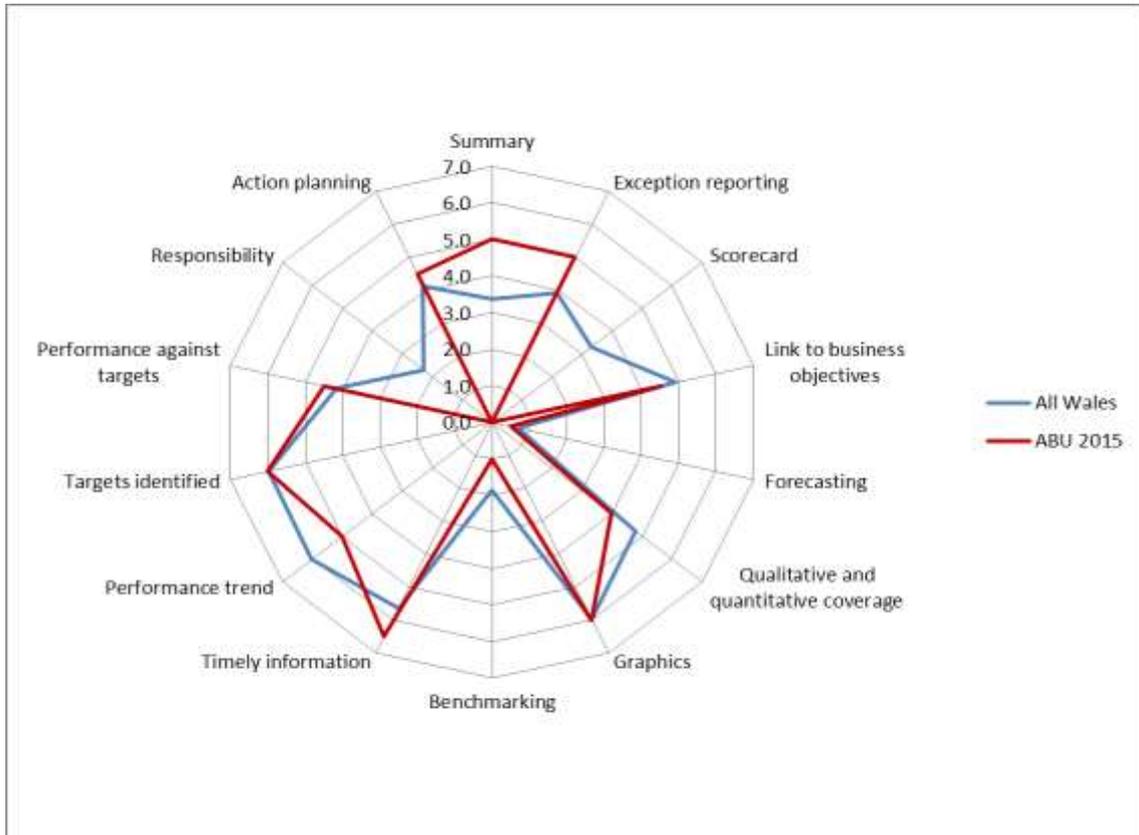
Source: Wales Audit Office analysis of performance reports. Note – the maximum possible score was 10 and the minimum score zero.

Exhibit 5: Abertawe Bro Morgannwg University Health Board – overall summary

What is good or appears to have improved?	What could be better?
<ul style="list-style-type: none"> The suite of performance reports all follow the same structure and links to the IMTP/health board objectives are clearly signposted. 	<ul style="list-style-type: none"> The performance report is not yet integrated and there are several reports.
<ul style="list-style-type: none"> The use of a high-level scorecard in each report provides a quick overview. 	<ul style="list-style-type: none"> Reports contain scorecards but lack a robust summary to provide an insightful narrative.
<ul style="list-style-type: none"> Most of the main performance report's pages include some form of comparative data – mostly with other health boards. 	<ul style="list-style-type: none"> The finance report is heavily narrative and could be improved through more use of charts and colour coding. It does not link to the IMTP/health board objectives.
<ul style="list-style-type: none"> Forecasting is being used to predict sickness absence target achievement. 	<ul style="list-style-type: none"> There is potential to widen the performance report's coverage because it does not cover the totality of the health board's activity.
<ul style="list-style-type: none"> There is a reasonable mix of narrative, information and data within the boundaries of what is reported. 	<ul style="list-style-type: none"> Identified actions would benefit from unambiguous assigned responsibilities.
<ul style="list-style-type: none"> The report contains narratives that generally identify corrective action. 	
<ul style="list-style-type: none"> Exception reporting is used to minimise the volume of reporting. These often use graphics to show current and trend performance. 	
<ul style="list-style-type: none"> Generally, most indicators have targets attached – most of these are national measures. 	

Aneurin Bevan University Health Board

Exhibit 6: Aneurin Bevan University Health Board – performance reporting attributes



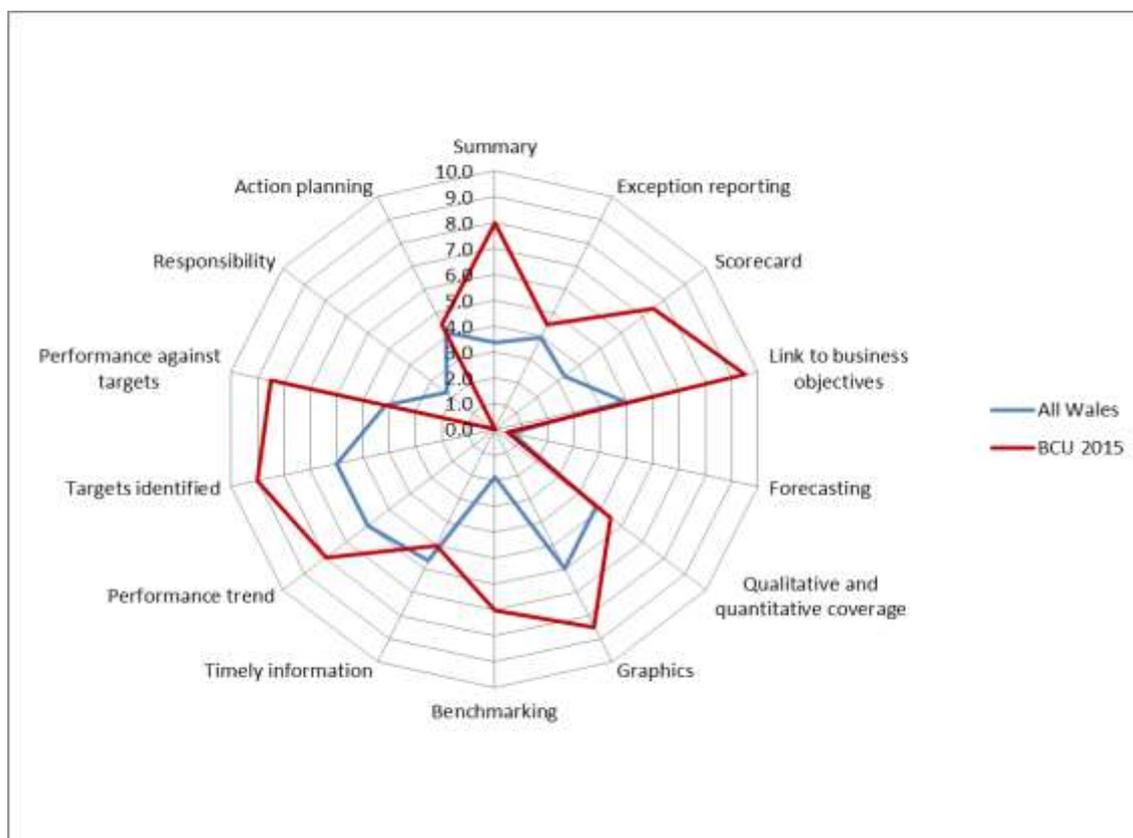
Source: Wales Audit Office analysis of performance reports. Note – the maximum possible score was 10 and the minimum score zero.

Exhibit 7: Aneurin Bevan University Health Board – overall summary

What is good or appears to have improved?	What could be better?
<ul style="list-style-type: none"> The finance report uses RAG ratings, some charts, forecasts the year-end position and includes some insight into performance drivers. 	<ul style="list-style-type: none"> The performance report is not yet integrated. The finance report does not link explicitly to health board objectives.
<ul style="list-style-type: none"> The narrative sections are based around exception reporting. These generally link to IMTP priorities and contain suggested actions for IMTP priority areas. 	<ul style="list-style-type: none"> The performance report would benefit from a clearer structure and more signposting.
<ul style="list-style-type: none"> There is some target reporting, generally against national targets. 	<ul style="list-style-type: none"> There is a summary, but it is a lengthy narrative, with no use of a scorecard or similar.
<ul style="list-style-type: none"> The main performance narratives generally identify corrective action. 	<ul style="list-style-type: none"> The performance report uses charts and tables but could be better linked to the narrative.
<ul style="list-style-type: none"> The performance report is based on information that is timely. 	<ul style="list-style-type: none"> There is little or no use of benchmarking or forecasting.
	<ul style="list-style-type: none"> Identified actions in the performance report would benefit from unambiguous assigned responsibilities.
	<ul style="list-style-type: none"> There is potential to widen the performance report's coverage because it does not cover the totality of the health board's activity.
	<ul style="list-style-type: none"> The report would benefit from more insightful narrative.

Betsi Cadwaladr University Health Board

Exhibit 8: Betsi Cadwaladr University Health Board – performance reporting attributes



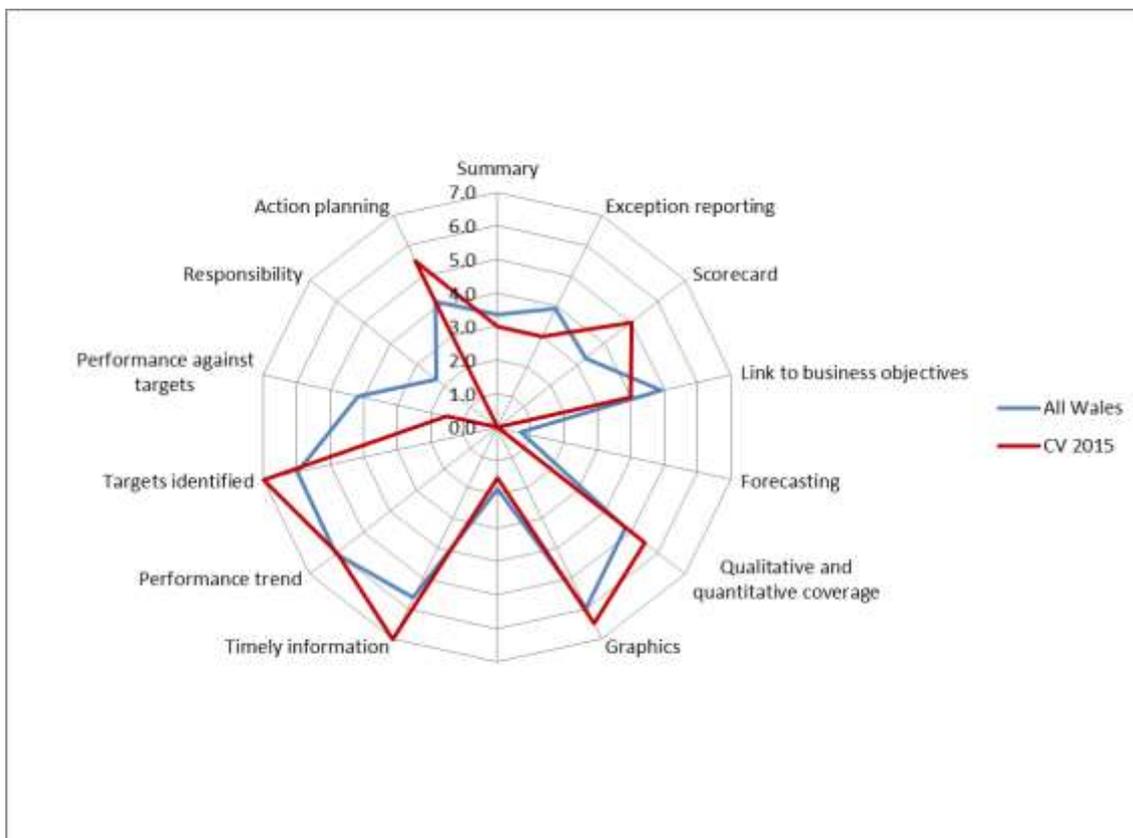
Source: Wales Audit Office analysis of performance reports. Note – The maximum possible score was 10 and the minimum score zero.

Exhibit 9: Betsi Cadwaladr University Health Board – overall summary

What is good or appears to have improved?	What could be better?
<ul style="list-style-type: none"> The performance report includes a good summary including reference to health board objectives (same as national domains). 	<ul style="list-style-type: none"> The performance report is not yet integrated and comprises several reports.
<ul style="list-style-type: none"> The finance report uses charts and RAG ratings. It forecasts the year-end position and includes budget, cash and balance sheet positions. 	<ul style="list-style-type: none"> The performance report's summary is within the board cover paper, but could be integrated into the report proper.
<ul style="list-style-type: none"> The performance report uses exception reporting to minimise the volume of reporting. These use graphics to convey current and trend performance. 	<ul style="list-style-type: none"> The finance report does not link explicitly to health board objectives.
<ul style="list-style-type: none"> The performance report contains a wide use of colour coding to communicate performance. 	<ul style="list-style-type: none"> The performance report would benefit from a more insightful narrative.
<ul style="list-style-type: none"> Exception reports identify corrective action, and sometimes state who is responsible. 	<ul style="list-style-type: none"> There is little or no forecasting in use.
<ul style="list-style-type: none"> The performance report is clearly structured, making it easy to navigate. It links to health board objectives. Scorecards provide an overall picture of performance. Most indicators include targets and local targets are evident. 	<ul style="list-style-type: none"> The performance report coverage could be wider, for example external provider performance.
<ul style="list-style-type: none"> Monthly reports are supplemented with quarterly reports that include some programme performance. 	
<ul style="list-style-type: none"> The performance report includes progress with efficiency programmes. 	
<ul style="list-style-type: none"> There is some benchmarking of performance with Wales and English NHS bodies (via CHKS). 	

Cardiff and Vale University Health Board

Exhibit 10: Cardiff and Vale University Health Board – performance reporting attributes



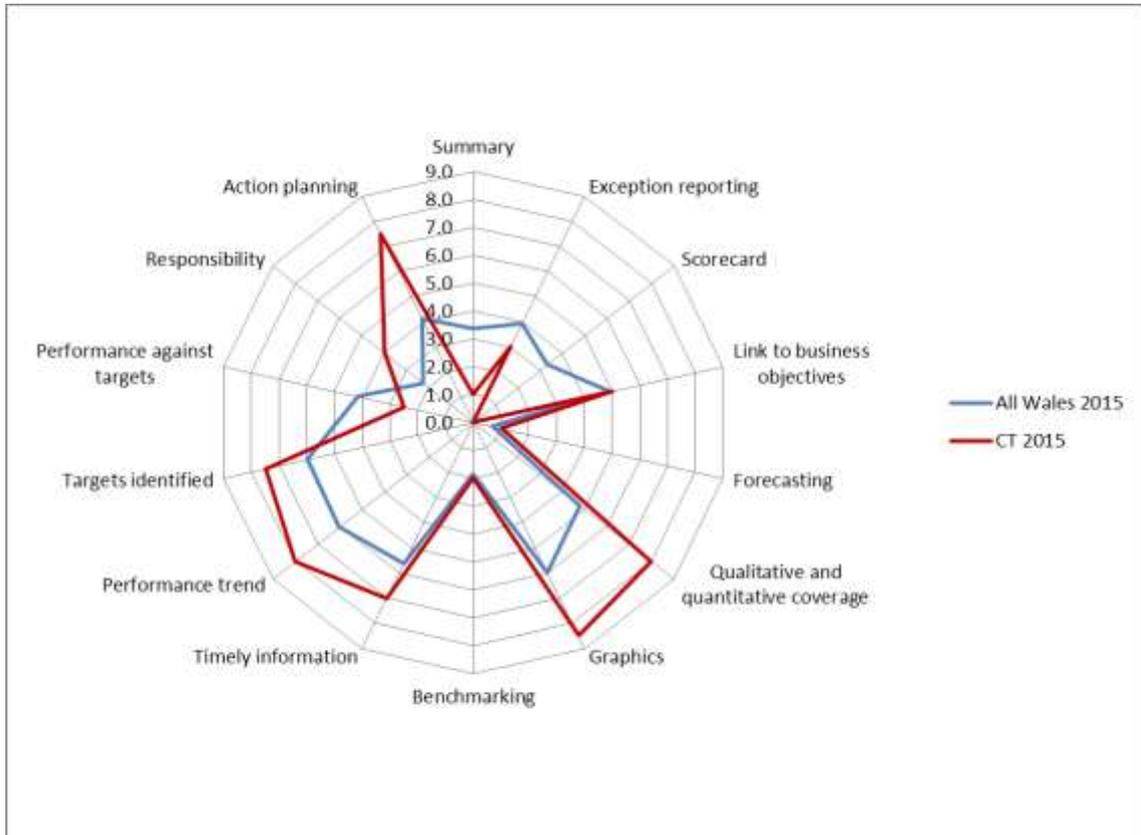
Source: Source: Wales Audit Office analysis of performance reports.
Note – The maximum possible score was 10 and the minimum score zero.

Exhibit 11: Cardiff and Vale University Health Board – overall summary

What is good or appears to have improved?	What could be better?
<ul style="list-style-type: none"> The performance report's summary highlights those indicators where performance has improved or deteriorated. The scorecard presents an overview of performance. 	<ul style="list-style-type: none"> The performance report is not yet integrated. Its structure and signposting could be improved.
<ul style="list-style-type: none"> The performance report has a good mix of qualitative and quantitative information with appropriate use of charts and graphics to show current and trend performance. 	<ul style="list-style-type: none"> The performance report would benefit from a more insightful narrative and colour coding to help the reader quickly gauge performance against target.
<ul style="list-style-type: none"> Some comparative information is presented in specific areas; this tends to offer comparisons with Welsh peers. 	<ul style="list-style-type: none"> There is a separate finance report, which does not link explicitly to health board objectives. It has little or no use of charts or colour coding.
<ul style="list-style-type: none"> Generally, most indicators have targets attached. Those local performance measures that have been defined do include targets. 	<ul style="list-style-type: none"> Performance reports contain little or no forecasting.
<ul style="list-style-type: none"> The information within the performance report is timely. 	<ul style="list-style-type: none"> There is potential to widen the performance report's coverage because it does not cover the totality of the health board's activity.
<ul style="list-style-type: none"> Performance report narratives generally identify corrective action. 	<ul style="list-style-type: none"> Identified actions within the performance report would benefit from unambiguously assigned responsibilities.
<ul style="list-style-type: none"> The Board receives patient experience performance based on patient feedback gained both proactively and reactively. 	

Cwm Taf University Health Board

Exhibit 12: Cwm Taf University Health Board – performance reporting attributes



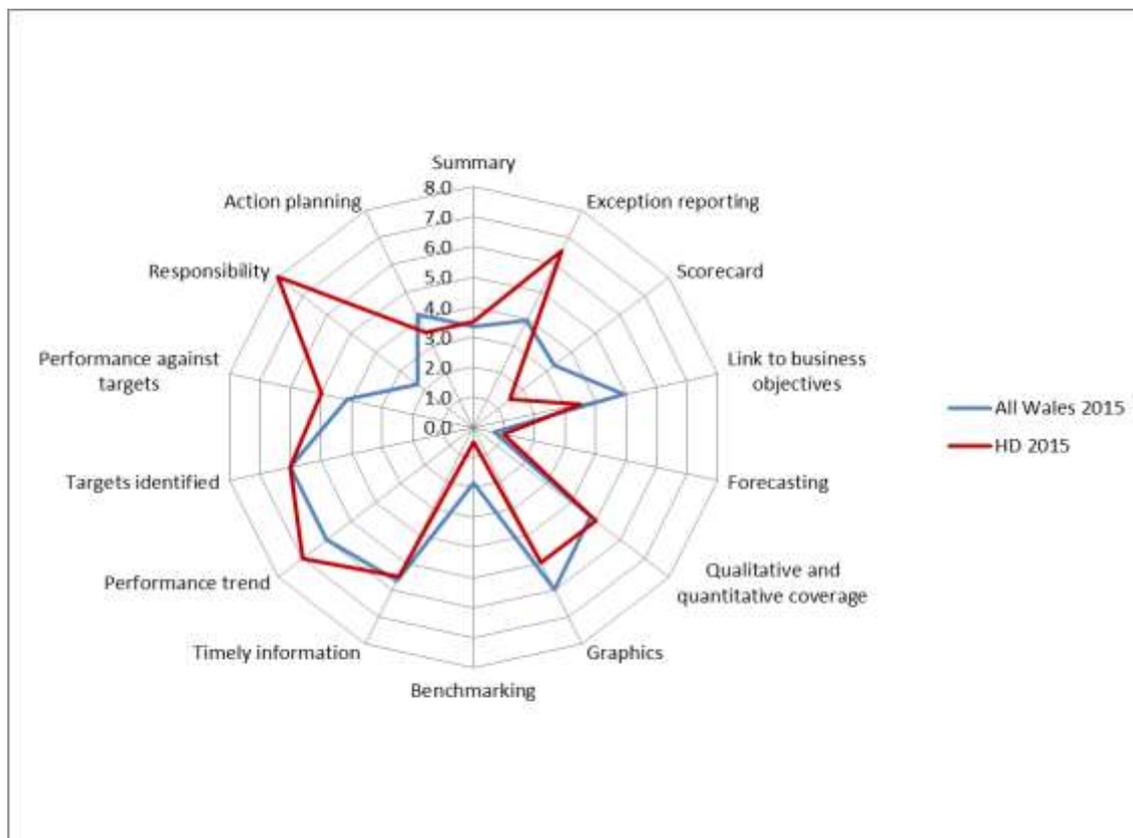
Source: Source: Wales Audit Office analysis of performance reports.
Note – The maximum possible score was 10 and the minimum score zero.

Exhibit 13: Cwm Taf University Health Board – overall summary

What is good or appears to have improved?	What could be better?
<ul style="list-style-type: none"> The report's summary focuses on a number of key areas where the organisation has made significant improvements or has particular challenges. 	<ul style="list-style-type: none"> There is a summary, but a scorecard and/or exception report would further help direct readers' attention.
<ul style="list-style-type: none"> There is a reasonable mix of narrative and data within the boundaries of what is reported. 	<ul style="list-style-type: none"> There is potential to widen the summary's coverage because it focuses heavily on access and pathway indicators.
<ul style="list-style-type: none"> The performance report has a mix of qualitative and quantitative information, with charts and graphics showing current and trend performance. 	<ul style="list-style-type: none"> There is potential to widen the performance report's coverage because it does not cover the totality of the health board's activity.
<ul style="list-style-type: none"> Generally, most indicators have targets attached. Those local performance measures that have been defined include targets. 	<ul style="list-style-type: none"> There is potential to make clearer linkages between performance and IMTP priorities.
<ul style="list-style-type: none"> The performance report narrative identifies corrective action across most functions. 	<ul style="list-style-type: none"> The main performance report would benefit from more use of RAG rating/ colour coding to help the reader quickly gauge performance against target.
<ul style="list-style-type: none"> The performance report uses comparative information in specific areas, but there is no widespread benchmarking. 	<ul style="list-style-type: none"> Identified actions within the performance report would benefit from unambiguous assigned responsibilities.
<ul style="list-style-type: none"> There are some local indicators reported, based around improving efficiency, for example, theatre efficiency, DNA rates, length of stay. 	<ul style="list-style-type: none"> The performance report would benefit from a more insightful narrative.

Hywel Dda University Health Board

Exhibit 14: Hywel Dda University Health Board – performance reporting attributes



Source: Source: Wales Audit Office analysis of performance reports.

Note – The maximum possible score was 10 and the minimum score zero.

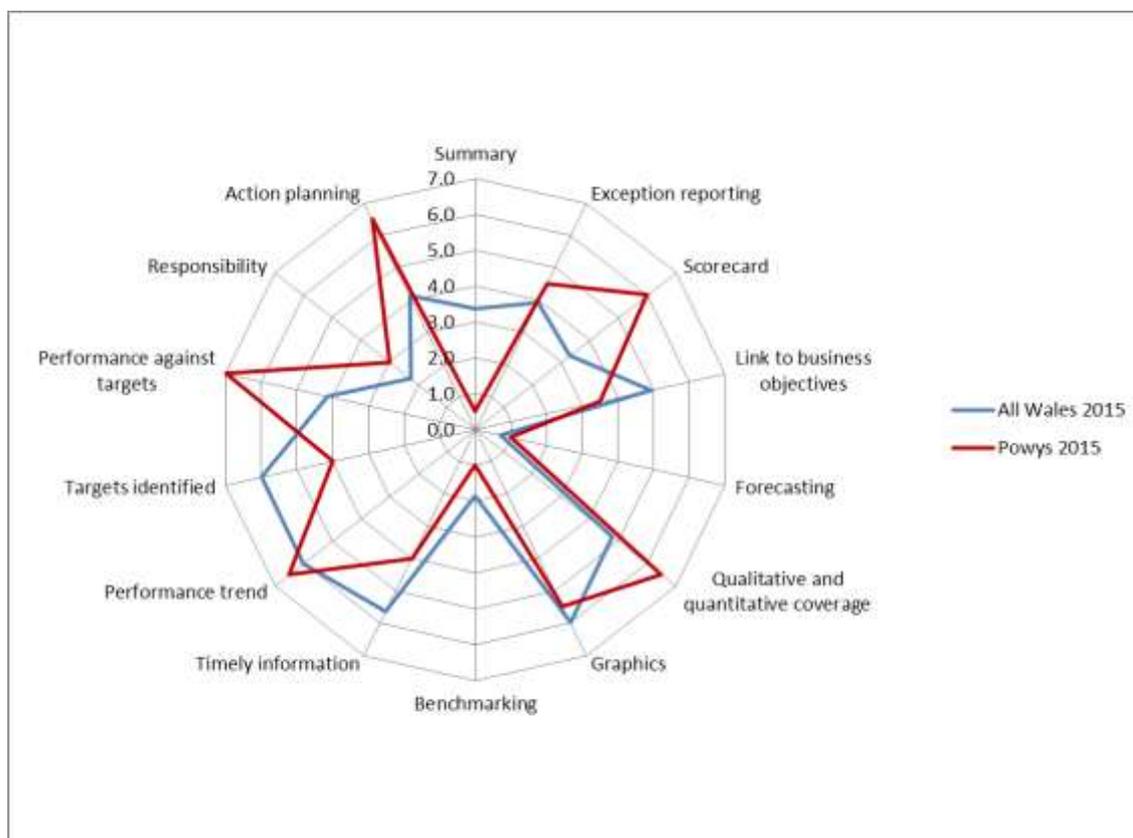
We are aware that the health board was in the process of changing its performance reporting when we undertook our analysis.

Exhibit 15: Hywel Dda University Health Board – overall summary

What is good or appears to have improved?	What could be better?
The use of a high-level scorecard in the finance and performance reports provide a quick overview.	The performance report summary is a scorecard, but would benefit from an insightful narrative that presents an overall picture of performance and the drivers of performance.
The performance report is clearly structured, making it easy to navigate. Section scorecards provide an overall picture of performance for each area and include basic trend information.	The performance report is not yet integrated and information is spread over multiple reports.
The finance report uses some charts, forecasts year-end positions and includes insight into performance drivers.	The finance report would benefit from more explicit links to wider IMTP/health board objectives.
The Board receives patient experience performance.	The finance report would benefit from more use of RAG rating/colour coding to help the reader quickly gauge performance against target.
The performance report uses exception reporting to minimise the volume of reporting. These sections often use graphics to show current and trend performance and generally identify corrective action.	The choice of exception report topics is not made clear – there are fewer exception reports than areas with underperformance.
There is a good mix of narrative, information and data within the boundaries of what is reported.	The qualitative material generally relates to the exception sections, leaving many sections over-reliant on scorecards with no narrative.
Generally, most indicators have targets attached – most of these are national measures.	There is potential to widen the performance report's coverage because it does not cover the totality of the health board's activity.
Executive responsibility for each area is clearly stated in the performance report.	The report would be stronger if identified actions had unambiguous assigned responsibilities.
The reports use comparative information in specific areas, but there is no widespread benchmarking.	Some performance measures could be stronger, for example, less use of 'reduction'.
Performance trajectories are used to determine what future performance is required to correct underperformance or meet the target.	Scope to broaden application of forecasting beyond current use of performance trajectories and financial forecasting.

Powys Teaching Health Board

Exhibit 16: Powys Teaching Health Board – performance reporting attributes



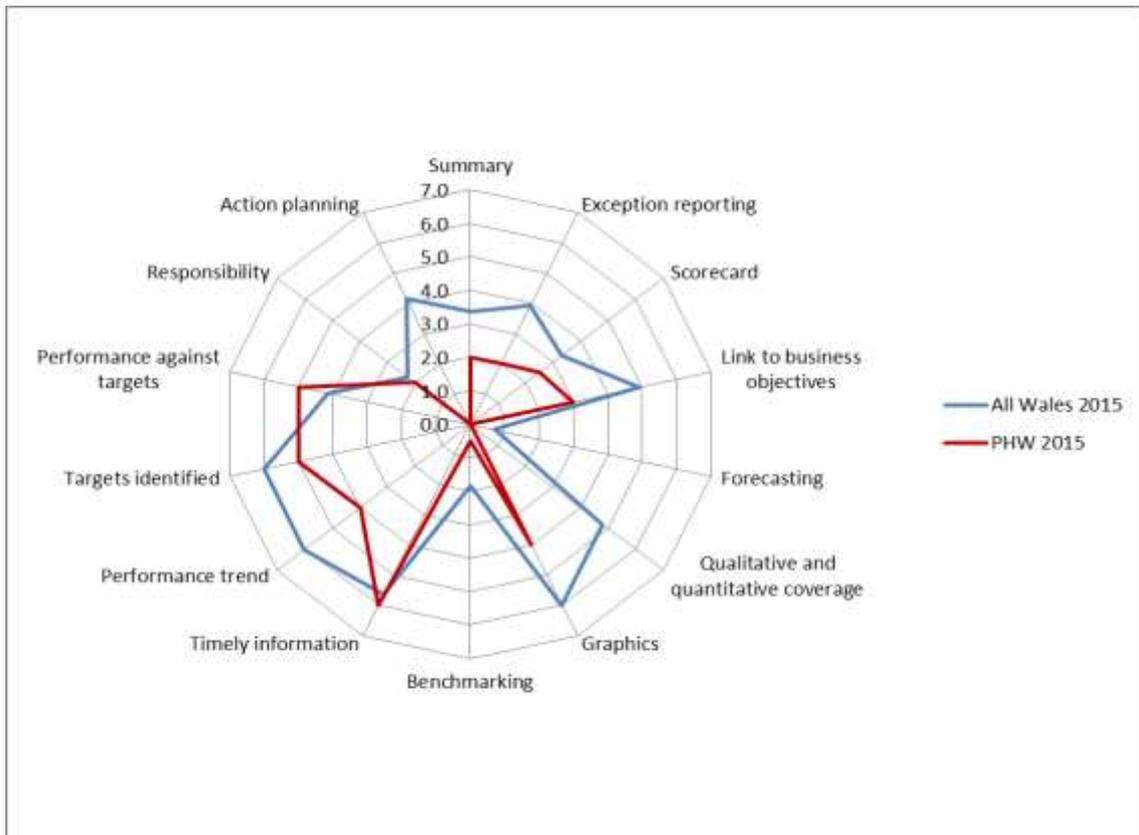
Source: Wales Audit Office analysis of performance reports. Note – The maximum possible score was 10 and the minimum score zero.

Exhibit 17: Powys Teaching Health Board – overall summary

What is good or appears to have improved?	What could be better?
<ul style="list-style-type: none"> The performance report provides a mix of narrative, information and data. There is wide use of graphics, colour coding and trend information. 	<ul style="list-style-type: none"> The performance report is not yet integrated. There are separate finance and mid-year performance update reports.
<ul style="list-style-type: none"> The performance report provides a simple summary. 	<ul style="list-style-type: none"> The performance report's summary could be more insightful; it relies on listing areas where performance has improved and deteriorated.
<ul style="list-style-type: none"> The performance report includes targets. 	<ul style="list-style-type: none"> Performance against target is sometimes stated in compliance terms rather than actual performance.
<ul style="list-style-type: none"> Report narratives often explain variation, contain corrective actions and sometimes identify who is responsible. 	<ul style="list-style-type: none"> The finance report would benefit from more colour coding and links to the IMTP/health board objectives.
<ul style="list-style-type: none"> Performance information is generally timely. 	<ul style="list-style-type: none"> The performance report is organised under national domains that do not mirror the health board's objectives/ IMTP.
	<ul style="list-style-type: none"> There are some constraints on timeliness because much care is provided by external providers.
	<ul style="list-style-type: none"> Some performance measures could be stronger, for example, less use of 'reduction'.
	<ul style="list-style-type: none"> Within the performance reports, identified actions generally lack assigned responsibilities.
	<ul style="list-style-type: none"> There is little or no use of benchmarking and forecasting.

Public Health Wales NHS Trust

Exhibit 18: Public Health Wales NHS Trust – performance reporting attributes



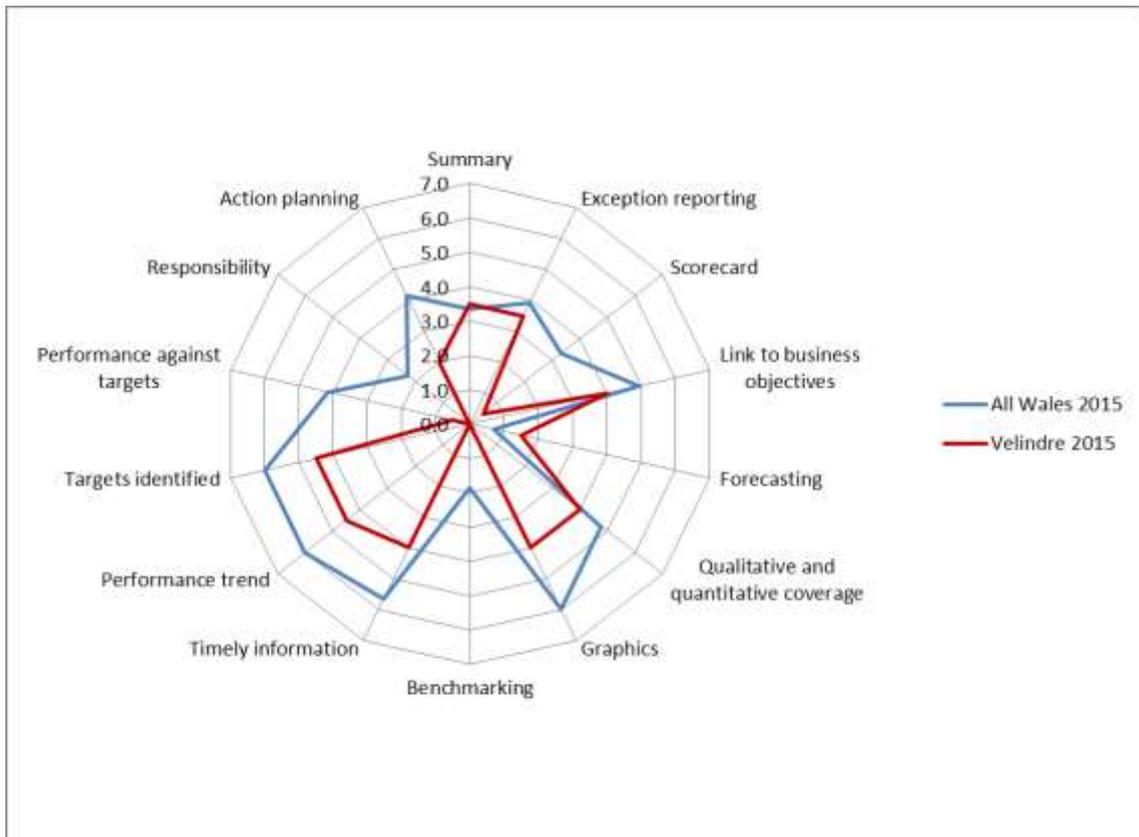
Source: Wales Audit Office analysis of performance reports. Note – The maximum possible score was 10 and the minimum score zero.

Exhibit 19: Public Health Wales NHS Trust – overall summary

What is good or appears to have improved?	What could be better?
<ul style="list-style-type: none"> The summary uses a narrative to draw attention to performance highlights. Both monthly and quarterly reports use a simple scorecard. 	<ul style="list-style-type: none"> The performance report's summary section could be longer. The finance report does not have a summary. The particular notation used to highlight underspends and overspends does not make it easy to read.
<ul style="list-style-type: none"> There is some linkage with the trust's strategic objectives, but this is not explicit. 	<ul style="list-style-type: none"> The performance report is not yet integrated. There are separate finance reports and quarterly performance reports.
<ul style="list-style-type: none"> The report uses some graphics to show current and trend performance. 	<ul style="list-style-type: none"> The linkages between reporting and IMTP/business objectives could be more explicit.
<ul style="list-style-type: none"> The narrative summary indicates executive responsibility for key performance areas. 	<ul style="list-style-type: none"> The performance report's main body contains little narrative.
<ul style="list-style-type: none"> Most indicators have targets attached and there is clear use of colour coding to show relative performance. 	<ul style="list-style-type: none"> The performance report contains little or no benchmarking and forecasting.
	<ul style="list-style-type: none"> The performance report would benefit from more insightful narrative to inform and guide readers.

Velindre NHS Trust

Exhibit 20: Velindre NHS Trust – performance reporting attributes



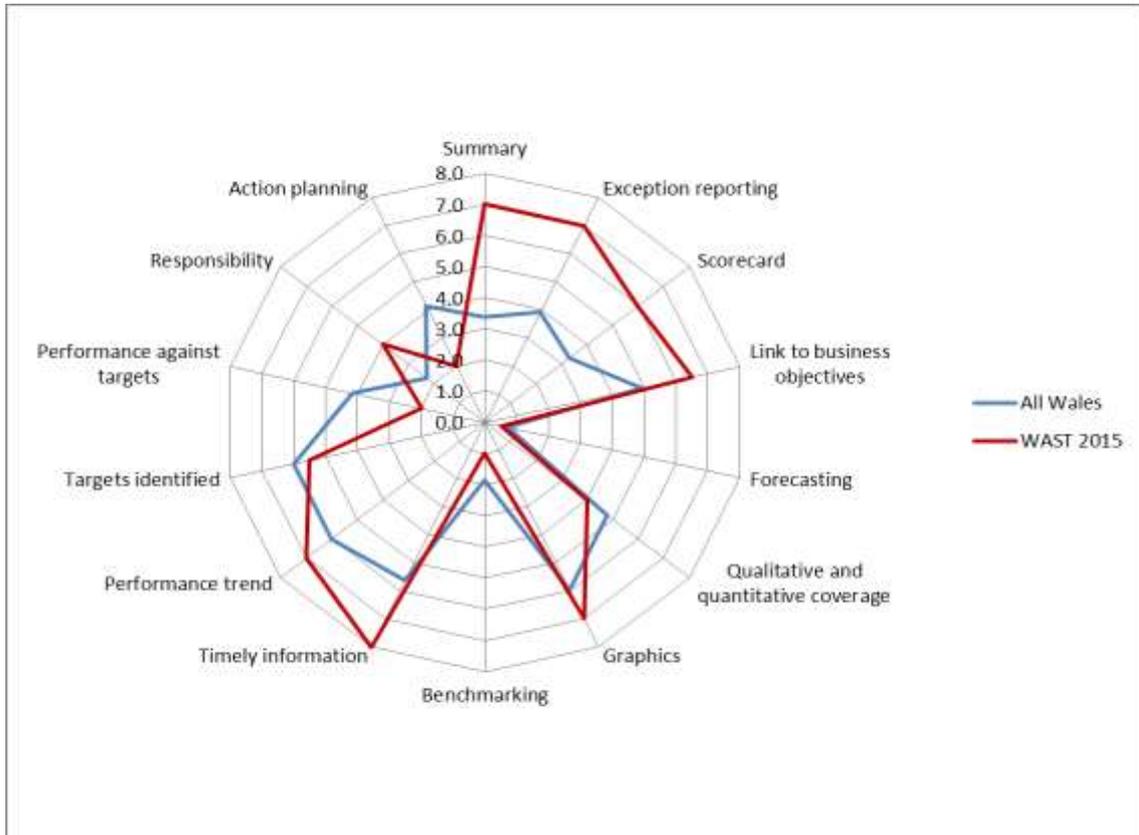
Source: Wales Audit Office analysis of performance reports. Note – The maximum possible score was 10 and the minimum score zero.

Exhibit 21: Velindre NHS Trust – overall summary

What is good or appears to have improved?	What could be better?
<ul style="list-style-type: none"> There is an executive summary that provides highlights of performance. 	<ul style="list-style-type: none"> The performance report's summary could be shorter and more focused.
<ul style="list-style-type: none"> The performance report contains clear links between report section headings and objectives. 	<ul style="list-style-type: none"> The performance report would benefit from a better structure and format. For example, charts and their accompanying commentary are often on different pages.
<ul style="list-style-type: none"> There is a mix of quantitative and qualitative information. Basic section scorecards are used. There is some use of charts and visuals. Some performance areas have clearly assigned targets. 	<ul style="list-style-type: none"> There is no widespread use of colour coding and/or RAG rating.
<ul style="list-style-type: none"> The performance information in the report is generally timely. 	<ul style="list-style-type: none"> The performance report contains some specific information that is aged. For example, ESR data is often a minimum of eight weeks old.
<ul style="list-style-type: none"> The performance report's narrative identifies some actions. 	<ul style="list-style-type: none"> The performance report often does not state who is responsible for identified actions.
<ul style="list-style-type: none"> The trust has agreed to undertake some future benchmarking with the Clatterbridge Cancer Centre NHSFT. 	<ul style="list-style-type: none"> The performance report does not contain any benchmarking.
<ul style="list-style-type: none"> The performance report includes some reference to the patient experience. 	
<ul style="list-style-type: none"> There is some forecasting of demand for services. 	

Wales Ambulance Services NHS Trust

Exhibit 22: Wales Ambulance Services NHS Trust – performance reporting attributes



Source: Wales Audit Office analysis of performance reports. Note – The maximum possible score was 10 and the minimum score zero.

Exhibit 23: Wales Ambulance Services NHS Trust – overall summary

What is good or appears to have improved?	What could be better?
<ul style="list-style-type: none"> The performance report is partially integrated – it covers the main areas of the trust’s business including finance. 	<ul style="list-style-type: none"> Some sections of the main performance report would benefit from a better balance between quantitative information and supporting explanatory narrative.
<ul style="list-style-type: none"> The performance report has a concise summary focusing the reader’s attention. This includes a scorecard to give a high-level overview. The summary narrative is based around exception reporting. 	<ul style="list-style-type: none"> The main performance report would benefit from section summaries or scorecards.
<ul style="list-style-type: none"> The performance report mostly links to the trust’s business objectives. 	<ul style="list-style-type: none"> The performance report contains limited benchmarking and forecasting.
<ul style="list-style-type: none"> Charts and graphics are used to convey current and trend performance. 	<ul style="list-style-type: none"> For some charts and graphics, performance is reported without reference to a target, making standalone interpretation difficult.
<ul style="list-style-type: none"> The performance report uses some colour coding/RAG ratings. 	<ul style="list-style-type: none"> Within the report, identified actions would benefit from unambiguous assigned responsibilities.
<ul style="list-style-type: none"> The main performance report uses a range of data and is based on information that is timely. 	<ul style="list-style-type: none"> The finance section does not link explicitly to the trust’s objectives.
<ul style="list-style-type: none"> The performance report identifies executive responsibility for key performance areas. 	

Appendix 1

Performance reports included in the 2015 analysis

The table below sets out the month in which the performance reports⁴ included in our comparative analysis were received at board meetings.

Board meeting at which the performance reports included in our analysis were presented

NHS body	Board meeting
Abertawe Bro Morgannwg University Health Board	September 2015
Aneurin Bevan University Health Board	September 2015
Betsi Cadwaladr University Health Board	October 2015
Cardiff and Vale University Health Board	July 2015
Cwm Taf University Health Board	September 2015
Hywel Dda University Health Board	September 2015
Powys Teaching Health Board	October 2015
Public Health Wales NHS Trust	June 2015
Velindre NHS Trust	July 2015
Welsh Ambulance Services NHS Trust	November 2015

⁴ The performance reports included in our analysis form part of the board papers for the respective board meetings. The papers are available on the website of the individual health boards and NHS trusts.

Appendix 2

Summary of how we did our analysis

Every NHS board member needs sufficient information at a high enough level to be confident that the organisation is well run, but not so much that it becomes difficult to tell what is important.

Attributes

Reports that meet the good practice standard display specific features, which we have called attributes. We reviewed each set of board reports to see whether they displayed these attributes.

Criteria used to test the attributes of board reports.

Attribute descriptor	Attribute
Summary	Is there a summary of performance that presents a concise and fair representation?
Exception reporting	Does the summary include exception reporting/key pointers for readers to take note of?
Scorecard	Does the organisation use a scorecard or similar to give a high-level overview?
Link to business objectives	Does reported performance information clearly link to business objectives?
Forecasting	Are forecasts used to predict future positions?
Qualitative and quantitative coverage	Is there a mix of quantitative indicators/data supported by concise qualitative contextual information? Do reports provide insight into what has influenced performance as well as describing performance achieved?
Graphics	Does the report include graphs, charts and visuals to present data in different ways?
Benchmarking	Does the report include benchmarking?
Timely information	Is performance information timely (that is, no more than two months old)?
Performance trend	Does the performance report include trend information?
Targets identified	Does the performance report identify targets?
Performance against targets	Does the report identify performance against targets, for example, RAG rating?
Responsibility for performance allocated	Does the report identify which senior managers are responsible for each performance domain/area?

Attribute descriptor	Attribute
Action planning	Does the report indicate what additional actions are required (and by whom) to improve where targets have slipped?

Coverage

Good practice reports should include performance information on all aspects of what each NHS organisation does, which we have called functional coverage. We reviewed each set of board performance reports to see whether they covered all the main aspects of the NHS organisation's activity.

Criteria used to test the functional coverage of board reports

Coverage
Financial performance
Achievement of patient outcomes
Programme and project delivery
Efficiency/Value for money measures
Process measures
Workforce performance
External provider performance
Quality and safety measures
Data quality measures
Patient experience or reputation measures

Scoring

For each report, we considered whether the report displayed our criteria in full, in part or not at all. Based on these three broad groupings we gave a score, as set out in the table below. Doing this allowed us to quantify how well the performance report displayed the good practice we were looking for.

How we scored each report

Did the report display our criteria?	Score
Yes	1.0
In part	0.5
No	0.0

The maximum and minimum scores possible for report attributes and areas of functional coverage are based on the number of assessment criteria for each:

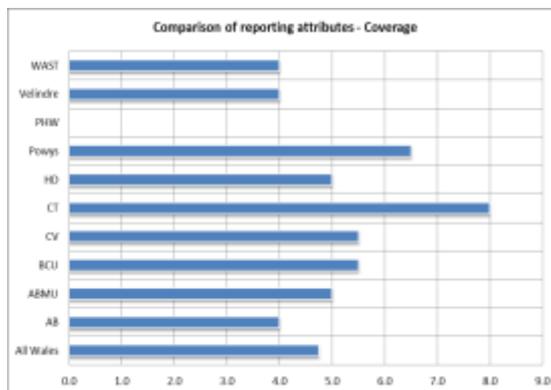
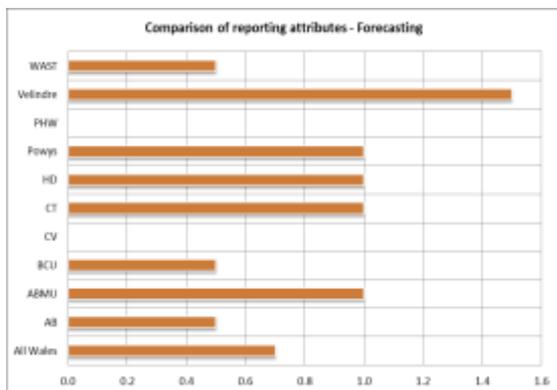
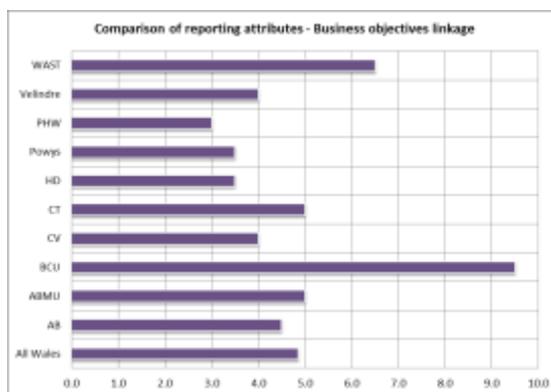
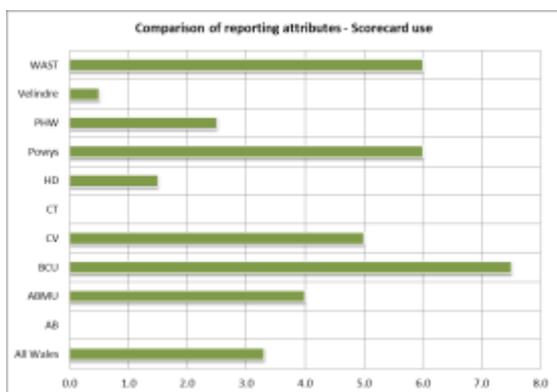
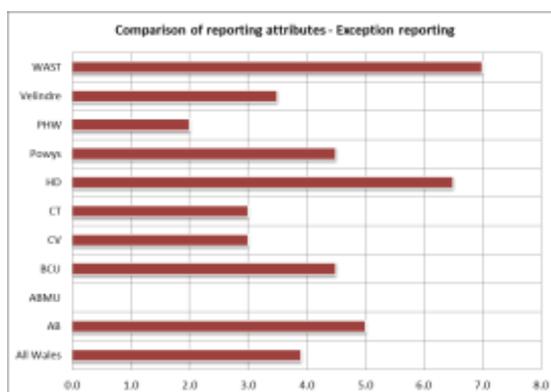
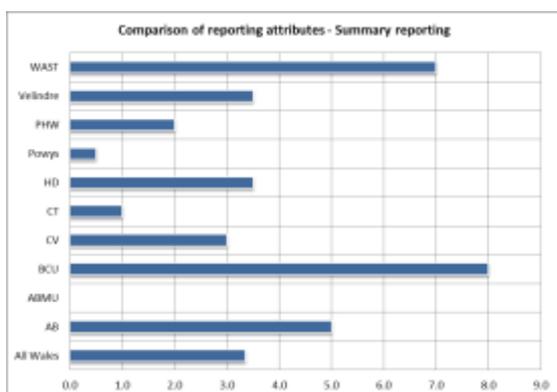
- attributes – a set of 10 criteria were applied to assess each of the 14 reporting attributes, providing a maximum score of 10 and a minimum score of zero; and
- functional coverage – a set of 14 criteria were applied to assess each of the 10 areas of functional coverage, providing a maximum score of 14 and a minimum of score of zero.

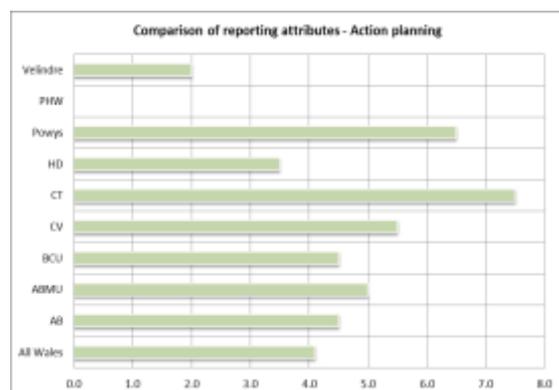
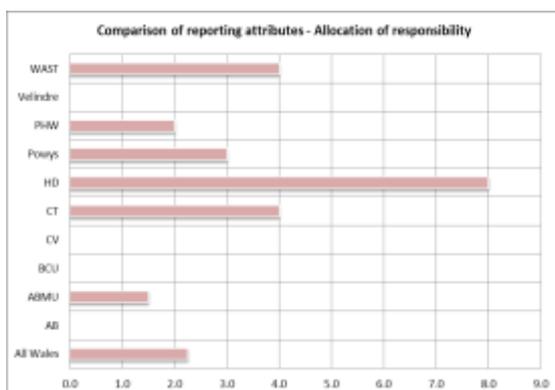
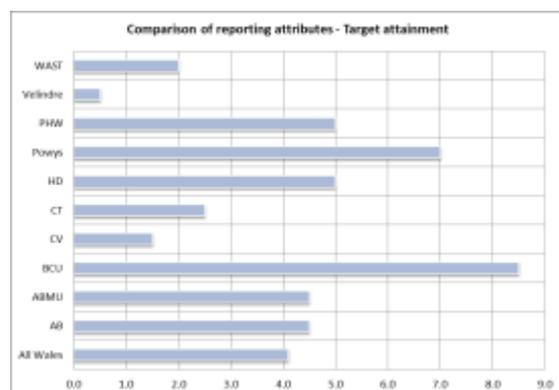
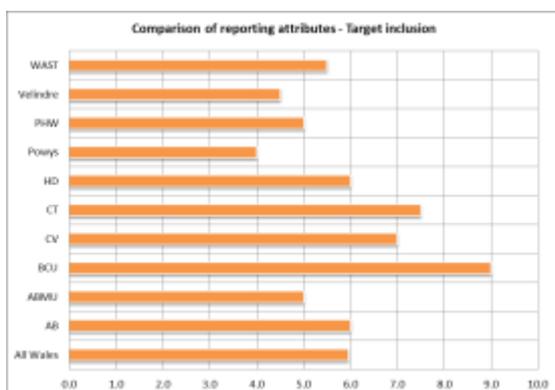
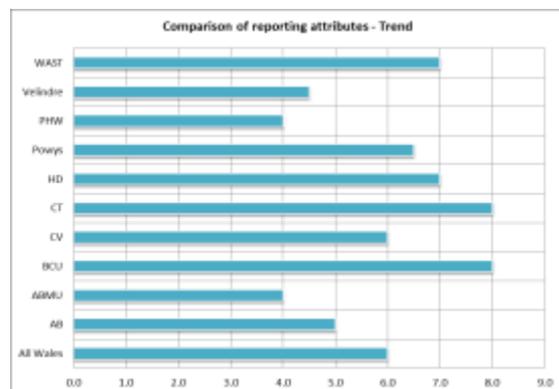
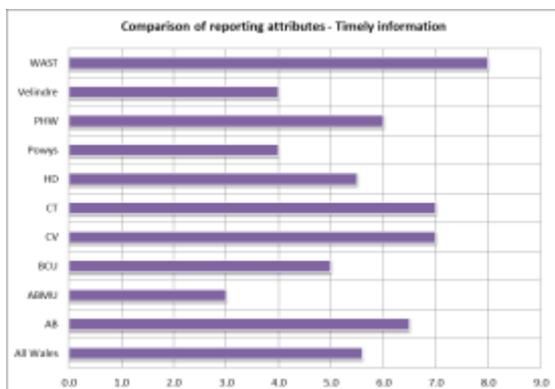
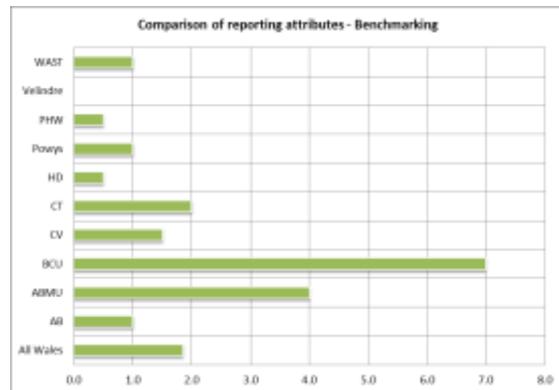
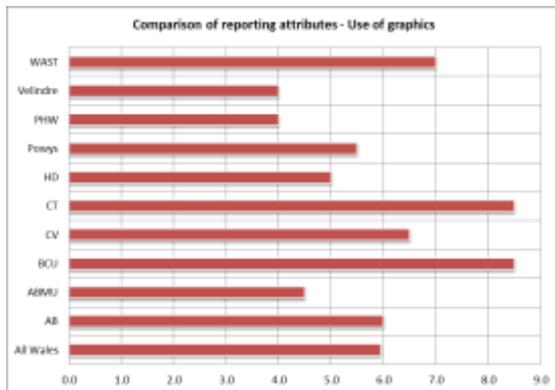
Appendix 3

Reporting attributes – a comparison of each health body by attribute

Some caution is needed when comparing the charts for the following reasons:

- The scales are not consistent between all charts due to adjustment of the axis for each chart to improve clarity of presentation.
- For this part of the analysis, the maximum score was 10 and the minimum score zero.





Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru

24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn Testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru