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Review of Performance Management Information – **Welsh Ambulance Services NHS Trust**

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The person who delivered the work was David Poland.

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Summary report

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 The Welsh Ambulance Services NHS Trust (the Trust) approved its Performance Management Framework in 2016. The Trust routinely reports both against its service and organisational performance, and performance against the stated objectives of its Integrated Medium Term Plan (IMTP) to its Board and committees.
- 3 During our [Structured Assessment 2018](#) we noted some concerns about the performance management information the Board and its committees receive. These concerns related to:
 - the volume of performance measures;
 - the size of the Monthly Integrated Quality and Performance Report (MIQPR);
 - the ability to identify key trends over time;
 - the lack of exception reporting for IMTP actions; and
 - the difficulty in distinguishing the performance ambitions set out in the IMTP within the MIQPR.
- 4 We also noted in past observations of committee and Board meetings that members sometimes had limited time to discuss performance reports (both MIQPR and IMTP). In response to concerns highlighted during our Structured Assessment we determined to carry out further work in this area.
- 5 Since the time of our Structured Assessment 2018 fieldwork, the Trust has introduced some changes to the content and format of its MIQPR. Arrangements for performance reporting have also changed since autumn 2018. Board meetings are now longer and more frequent, and the Trust's Finance and Resources Committee has been disbanded with two new committees in its place.
- 6 We carried out a previous review of the effectiveness of NHS Boards' performance reporting following our Structured Assessment 2015. We published a high-level [comparative analysis of all Health Boards and Trusts](#) in Wales including the Trust in June 2016. This review reflects on the progress made since 2016 and offers an insight into ways the Trust could further strengthen the quality and clarity of the performance management information reported to its Board and committees.
- 7 Our work focussed on performance management information, specifically the MIQPR and IMTP reports that the Trust Board and its key committees receive. We reviewed both the IMTP and Performance papers (MIQPR) presented to the Board between July 2018 and March 2019. The scope of our work was restricted to these areas and did not include a review of operational information reported to the Executive Management Team, IMTP Delivery Assurance Group (IDAG), the

Strategic Transformation Board or directly to the Welsh Government. Our review was carried out between March and May 2019.

- 8 Our review sought to answer the following question: **Does the Trust's performance management information support scrutiny by the Board and its committees?** To answer this question, we considered whether the Trust's performance management information is:
- clearly reported to the Board and its committees; and
 - effectively scrutinised by the Board and its committees.

Key findings

- 9 Our overall conclusion is that: **The Trust's performance management information supports scrutiny by the Board and its committees, though there is scope for further improvement.**
- 10 **Exhibit 1** sets out our key findings in more detail.

Exhibit 1: our main findings

Our main findings
<p>Performance reporting continues to develop with some improvements since autumn 2018, however there is scope for further improvement</p> <ul style="list-style-type: none">• The Trust's revised Monthly Integrated Performance Report has enhanced its performance reporting.• The Trust's key performance reports have become better integrated, though there remains scope to strengthen the links between them.• The Trust's new performance report now includes detailed dashboards and scorecards containing timely data.• Trend analysis could be improved, and reports could provide greater insight into what has influenced performance.• Action plans for recovery do not identify a responsible senior manager and a clear timescale for improvement.• Due to a lack of comparable data, the Trust does not routinely benchmark its performance.
<p>New reporting and meeting arrangements provide the Board and its committees with appropriate information and more time to scrutinise performance</p> <ul style="list-style-type: none">• Recent changes to the frequency of Board meetings and to the committee structure have provided more time to scrutinise and challenge performance information.• There is evidence of robust scrutiny at Board and committee level, however, there is scope to increase the impact scrutiny has on performance.• Improvements to the format of performance reporting are likely to further strengthen board member scrutiny, although the Trust should seek to evaluate the impact of recent changes.

Recommendations

- 11 Recommendations arising from this audit are detailed in [Exhibit 2](#). The Trust's management response to these recommendations will be summarised in [Appendix 1](#) once considered by the relevant committee.

Exhibit 2: recommendations

Recommendations	
R1	<p>Further strengthen the clarity and value of the Trust's Monthly Integrated Quality and Performance Report (MIQPR). The Trust should consider:</p> <ul style="list-style-type: none">• where possible, providing a description of the issues that are impacting on the Trust's performance;• including forecasting in performance reports to predict future performance and outcomes; and• including a named senior/lead manager with responsibility for the 'top 10' targets, and possibly across each performance indicator.
R2	<p>Develop a short summary report of the Finance and Performance committee proceedings for the Board highlighting, by exception, key performance and delivery issues/risks.</p>
R3	<p>Develop an approach to clearly highlight variations in performance such as Statistical Process Control charts, or similar.</p>
R4	<p>Review the availability of appropriate benchmarking information to incorporate relevant performance benchmarking as feasible.</p>

Detailed report

The Trust's performance management information supports scrutiny by the Board and its committees, though there is some scope for further improvement

Performance reporting continues to develop with some improvements since autumn 2018, however, there is scope for further improvement

- 12 The Trust reports on a large range of performance measures including indicators for the Welsh Government and the Emergency Ambulance Services Committee (EASC) as well as indicators aligned to its internal strategic plans. The Trust regularly reports against its service performance through its Monthly Integrated Quality and Performance Report (MIQPR) to the Trust Board, the Quality and Patient Safety Committee and the newly configured Finance and Resources Committee.¹
- 13 The Trust also reports its performance against its Integrated Medium Term Plan (IMTP) through a quarterly IMTP report to the Trust Board and the newly configured Finance and Resources Committee.
- 14 The Planning and Performance Directorate sought internal feedback on its performance reporting during late 2018 and early 2019. It then held a facilitated session with Non-Executive Directors in January 2019 to consider improvements to reporting. The feedback received included points such as:
 - the need for a smaller list of critical indicators;
 - for each of these critical indicators, an analysis of the data was required, together with a clear description of actions being taken to continue to improve performance; and
 - for all other indicators for which the Trust Board is accountable, data should continue to be included in appendices, with possible reference by exception.
- 15 The contents and format of the Trust's MIQPR were revised in January 2019 and again in March 2019 following this feedback. The report format and content have continued to change since our fieldwork was completed in May 2019.

The Trust's new Monthly Integrated Quality and Performance Report (MIQPR) has enhanced its performance reporting

- 16 In 2015 we looked at how effectively NHS bodies report their performance at Board level. We reviewed the performance reports of each health body against an

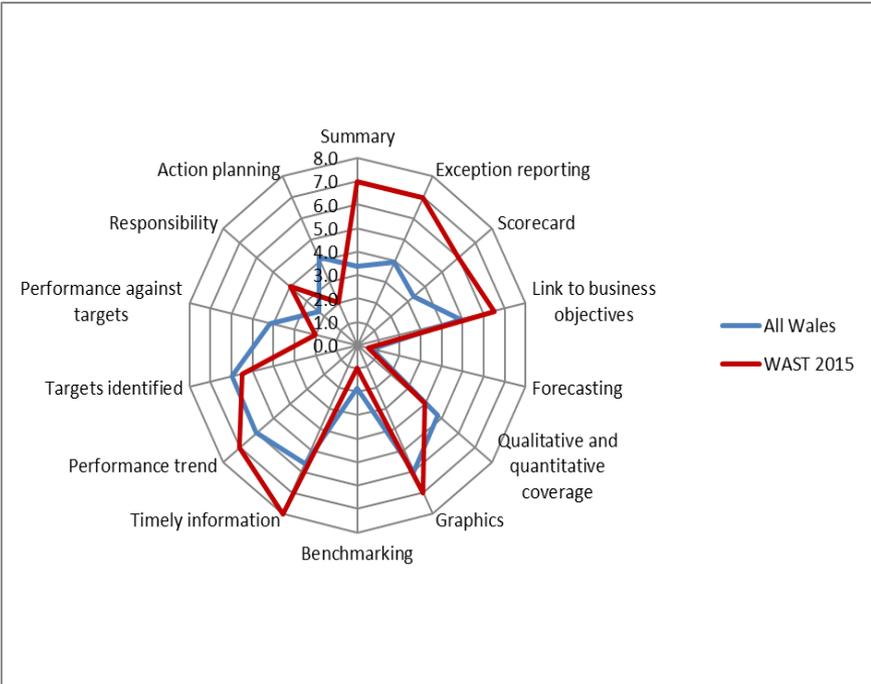
¹ See paragraphs 38 and 39.

existing suite of principles drawn from **A Guide to Best Practice in Performance Reporting to NHS Boards** by the Healthcare Financial Management Association (HFMA) and the Chartered Institute of Management Accountants (CIMA). The guide sets out the principles of good performance reporting, stating that a good performance report should be:

- Relevant
- Timely
- Reliable
- Comprehensive
- Integrated
- Comparable (over time and to targets)
- Clear and understandable
- Concise

17 In 2015 the Trust compared favourably to the all-Wales position in terms of displaying these principles within its performance reporting (**Exhibit 3**). Our report highlighted several strengths as well as improvement opportunities for the Trust to consider.

Exhibit 3: comparative performance of board performance reporting; the Trust and all-Wales 2015



Source: Wales Audit Office report, Structured Assessment 2015: Comparison of performance reporting to Boards: All Health Boards and NHS Trusts, published June 2016.

(Note: The 'scores' indicated in [Exhibit 3](#) range from '0' to '8' where 8 indicates the highest performance).

18 This review assessed the Trust's revised Monthly Integrated Quality and Performance Report (MIQPR) against the same principles as applied in 2015 and sought to understand whether the Trust has acted on the improvement opportunities identified in our previous report. We reviewed the MIQPR presented to the Trust Board in March 2019. [Exhibit 4](#) sets out our findings from our previous report together with our assessment of the current position.

Exhibit 4: Performance Report comparison between 2015 and 2019

2015		2019
What is good or appears to have improved?	What could be better?	Current Position
The performance report is partially integrated – it covers the main areas of the Trust's business including finance.	Some sections of the main performance report would benefit from a better balance between quantitative information and supporting explanatory narrative.	The performance report remains partially integrated with a separate report for performance, IMTP and Finance. There remains scope to include more explanatory narrative.
The performance report has a concise summary focussing the reader's attention. This includes a scorecard to give a high-level overview. The summary narrative is based around exception reporting.	The main performance report would benefit from section summaries or scorecards.	The newly formatted performance report includes section summaries and scorecards.
The performance report mostly links to the Trust's business objectives.	The performance report contains limited benchmarking and forecasting.	The performance report does not contain benchmarking. Forecasting remains limited.
Charts and graphics are used to convey current and trend performance.	For some charts and graphics, performance is reported without reference to a target, making standalone interpretation difficult.	Charts and graphics are included as a separate data pack which complements the main performance report. Targets are now included where appropriate.
The performance report uses some colour coding/RAG ratings.		The MIQPR contains colour coding/RAG ratings where appropriate.

2015		2019
What is good or appears to have improved?	What could be better?	Current Position
The main performance report uses a range of data and is based on information that is timely.	The finance section does not link explicitly to the Trust's objectives.	The main performance report continues to use a range of data based on information that is timely.
The performance report identifies executive responsibility for key performance areas.	Within the report, identified actions would benefit from unambiguous assigned responsibilities.	Identification of executive responsibilities could be extended to all performance areas.

Source: Wales Audit Office report, Structured Assessment 2015, Comparison of performance reporting to Boards, All Health Boards and NHS Trusts, June 2016.

The Trust's key performance reports have become better integrated, although there remains scope to strengthen the links between them

- 19 Our Structured Assessment 2018 work found that the Trust has a thorough process for monitoring the delivery of its IMTP. Our Structured Assessment board member survey also found that all 12 board members (100%) surveyed strongly agreed or agreed that the information they receive gives them a good understanding about how well the organisation performs in relation to its IMTP. This compares to an all-Wales score of 90%. However, some of the concerns expressed to us during Structured Assessment 2018 related to the difficulty in distinguishing the performance ambitions set out in the IMTP within the MIQPR.
- 20 In January 2019 the Trust's Non-Executive Directors reviewed the outcome measures within the Trust's IMTP. The outcome measures the Trust felt should be reported monthly were prioritised in a list of 'top 10' measures. The associated dashboard outlining these top 10 measures, including current performance for 2018-19, is included in the MIQPR report. The dashboard was structured in line with the Trust's Long Term Strategic Framework² and is intended to make the links between performance and the IMTP clearer. Each of the 'top 10' monthly indicators has a dedicated page within the MIQPR.
- 21 However, there remains scope to further improve the way in which both the MIQPR and IMTP reports work together to provide assurance to the Board. We found that, currently, the Trust does not consistently identify whether any performance issues are likely to impact on IMTP delivery or, conversely, whether any IMTP decisions are likely to impact on performance or service delivery. For example, decisions

² The Trust Board approved its **Long-Term Strategic Framework: A Vision for 2030**, in March 2019, the framework sets out the Trust's long-term vision and ambitions.

taken to improve performance could have a financial impact which would affect the Trust's financial position and, therefore, the achievement of its IMTP.

The Trust's new performance report now includes detailed dashboards and scorecards containing timely data

- 22 Earlier versions of the MIQPR (28 March 2019 Board Meeting) contained a one-page summary which included an analysis and graphical representation of the position together with improvement actions. While some board members we spoke to considered these summaries to be useful, others have suggested that the summary is too descriptive, therefore, there may be scope to make future summaries more concise.
- 23 The MIQPR report is also supported by a detailed dashboard which provides a high-level overview of the NHS Wales Performance Delivery Framework. There are also separate dashboards for emergency and non-emergency performance and activity. The Delivery Framework dashboard provides several helpful features, including:
- a description of the objective;
 - a target;
 - historical performance;
 - whether performance has changed since the previous period; and
 - an RAG (Red-Amber-Green) rating which denotes whether the performance level expected is being achieved, or not.
- 24 Annexed to the MIQPR report are three scorecards (Welsh Government, Emergency Medical Services (EMS) and Non-Emergency Patient Transport Services (NEPTS)). The scorecards outline performance against key metrics which the Welsh Government uses to hold the Trust to account. At the time of our review, the Trust was revising the scorecards to include 2019-20 Welsh Government targets, Commissioning Intentions and IMTP outcome measures. This is intended to provide a more rounded report on the Trust's performance against its key targets and provide assurance to the Board.
- 25 Performance information included in reports is timely. For instance, the MIQPR report presented to the March 2019 Board contained data to January 2019. Data used in reports is checked prior to publication and 'signed off' internally at the Trust's Executive Management Team. Some data, such as the AQIs is subject to embargo by the Welsh Government and this can lead to delays although the Trust does get pre-released information.

Trend analysis could be improved, and reports could provide greater insight into what has influenced performance

- 26 A weakness of the MIQPR is that it does not detail the factors that have impacted on performance. While 'deep dive' reports are periodically provided to give a more detailed explanation of performance in a specific area, these are by exception only. Including this information more consistently across measures, where possible, would enhance the report and provide a better understanding of the key drivers affecting performance.
- 27 Historical performance is included in the MIQPR. A further annex of the MIQPR sets out charts showing two years of previous performance to aid Board discussion of trends and seasonal comparisons. However, some board members have queried whether the data for some indicators is statistically significant as there is inadequate historical data. In addition, the MIQPR does not currently include forecasts to predict future performance, although the Trust has indicated that this may change in future iterations of the report.
- 28 We understand that the Trust is considering introducing Statistical Process Control (SPC) charts to highlight variation, particularly (but not exclusively) for the 'top 10' indicators. The use of SPC as a way of measuring and monitoring performance first became popular in the NHS over 15 years ago and its use is still promoted by NHS Improvement and other health bodies in England and in Wales today.
- 29 There is a desire amongst Board members to move away from narrative reporting to using graphs and charts to 'tell the story'. SPC, or similar techniques, would help to achieve this. When used to visualise data, SPC techniques can be used to understand variation in a process and highlight areas that would benefit from further investigation.
- 30 However, SPC charts do not indicate whether a process is right or wrong. They can be a useful 'signpost' to further action, if they are interpreted correctly. The possible introduction and use of SPC charts in Trust performance reports would need to be carefully assessed to ascertain whether the necessary expertise is available within the Trust to construct the reports and that board members have the training required to understand and interpret the charts to maximise their value.

Action plans for recovery do not identify a responsible senior manager and a clear timescale for improvement

- 31 The Trust's Director of Planning and Performance has lead responsibility for reporting performance to the Trust Board, although several other Executives are also responsible for providing a range of other performance information.
- 32 The Trust's revised MIQPR clearly identifies targets and a RAG rating of performance against those targets, particularly those categorised as the 'top 10' targets. It also provides an indication of the improvement actions required. Executive owners are identified for the headline/outcome measures of the Trust Strategy Map (ie, the plan for delivering the Trust's Long Term Strategic

Framework)³ and for the eight priority themes included in the IMTP. However, the MIQPR does not identify which senior manager is responsible for taking action for performance issues, for example the 'top 10' targets, and when it expects improvement to be achieved.

- 33 While some board members may know who is responsible for taking remedial action for performance issues, some, especially new Non-Executive Directors may not. The Trust should include a named senior manager on the one-page reports for the 'top 10' indicators and consider applying this to all key indicators. Furthermore, the Trust should include a trajectory of improvement in its MIQPR so that the Board can monitor and obtain assurance that progress is being made.

Due to a lack of comparable data, the Trust does not routinely benchmark its performance

- 34 We found that the Trust does not routinely benchmark its performance against other similar organisations. There is benchmarking information available through the Trust's commissioners: the Emergency Ambulance Service Committee (EASC), which compares the Trust's own performance by Health Board area. This includes a comparison of activity/resources and performance such as hospital handover times.
- 35 The Trust has also engaged in some external benchmarking on issues such as vehicle purchasing and staff sickness with other ambulance services, but the Trust felt this had limited value. External benchmarking data has been obtained from the Association of the Ambulance Chief Executive Forum which is seen as a useful opportunity to share good practice. The Trust has also recently commissioned external consultants to undertake a review of EMS demand and capacity. The review will look at efficiency and performance of EMS using available benchmarking data.
- 36 The Trust accepts that it could do more to benchmark, particularly around efficiency and productivity but it is important that benchmarking data is comparable. Members feel there is scope to use greater benchmarking data in performance reporting but also emphasise that data must be appropriate, clearly understood and used to drive performance improvement and efficiency.

New reporting and meeting arrangements provide the Board and its committees with appropriate information and more time to scrutinise performance

- 37 Our Structured Assessment 2018 found that 'while the conduct of the Board is generally effective, the management of the agenda, the volume of information for board and committee meetings and the frequency of meetings means members

³ See footnote 2.

feel pushed for time'. Members also felt that some of the discussions on performance held at Board level were too detailed and should be dealt with elsewhere such as in committee meetings or the Executive Management Team (EMT) meetings.

- 38 Since our Structured Assessment 2018 fieldwork, the Trust has introduced changes to the arrangements of performance reporting, including the structure of its committees and the timing and frequency of its Board meetings.

Recent changes to the frequency of Board meetings and to the committee structure have provided more time to scrutinise and challenge performance information

- 39 Our Structured Assessment 2018 board member survey found that four of the 12 (33%) members responding felt that there is always or mostly enough time to consider all agenda items. This compares to an all-Wales score of 71%. These findings suggested that there was not always enough time to discuss and scrutinise performance information. Comments provided by board members further emphasised this need with comments such as the need for 'smaller agendas'; more frequent board meetings; and adequate time for key agenda items.
- 40 During 2017-18, the Trust continued to develop a governance mapping exercise, which looked at the relationship between various group and committee meetings, reporting arrangements and flows of information between the groups, committees and the Board. Previously, the Board had three main committees:
- the Audit Committee;
 - the Finance and Resources Committee; and
 - the Quality, Patient Experience and Safety Committee (also known as QuEst).
- 41 The main committees have been reconfigured with the Finance and Resources Committee replaced with a People and Culture Committee and a Finance and Performance Committee.
- 42 In addition, the Trust Board now meets bi-monthly rather than quarterly with meetings lasting for a full day rather than a half-day as was previously the case. These changes are expected to provide members with more time to scrutinise key issues, including the performance of the Trust.

There is evidence of robust scrutiny at Board and committee level, however, there is scope to increase the impact scrutiny has on performance

- 43 Our Structured Assessment 2018 board member survey found that:
- when asked to what extent members feel confident in their ability to effectively scrutinise and ask questions, 12 of the 12 respondents (100%) always or mostly felt confident. This compares to an all-Wales score of 92%.
 - when asked how often board members feel that at board meetings there is a constructive relationship between executive officers and independent

members, again 12 of the 12 respondents (100%) felt this was always or mostly the case. This compares to an all-Wales score of 97%.

- 44 During our review we found adequate challenge by Non-Executive Directors both at the Board meetings and particularly at committee meetings. Neither are regarded as a soft environment for Executive officers who are aware that a high level of preparation is required for meetings. Non-Executive Directors report a willingness to challenge and executives feel that the level of challenge is positive and healthy.
- 45 The Trust can point to examples where scrutiny at Board meetings and committees has led to improvements in performance and service delivery. One example is a discussion of a case where a patient with a guide dog was refused access to an ambulance. Discussion at the Quality, Patient Experience and Safety Committee in November 2018 led to the introduction of policy and procedures for visually impaired patients through the All Wales Standard for Accessible Communication and Information for People with Sensory Loss.
- 46 There could, however, be more challenge on some performance issues. An example is the Trust performance against the 'amber' response target where performance has been poor for so long it is now almost accepted as the norm. This was expressed to us in interviews as there was a view that challenge may not always lead to action. The Trust should review the process of challenge and how issues are escalated to the Board. The role of committee chairs is key and short written reports from committees (rather than just the minutes) could support improvements in this area. The provision of a short report detailing the actions agreed at committee would provide assurance that remedial actions were underway. The reports would also help the Trust to monitor progress.

Improvements to the format of performance reporting are likely to further strengthen board member scrutiny, although the Trust should seek to evaluate the impact of recent changes

- 47 Our Structured Assessment 2018 board member survey found that:
- when asked to what extent board members are confident that the information received by Board is sufficient for the Board to gain assurance on organisational risk and performance, 10 of the 12 respondents (83%) were really confident or confident that this was the case and the remaining two were 'not sure'. This compares to an all-Wales score of 80% being confident; and
 - when asked how often board members feel that the Board is able to make decisions based on the information it receives. 100% of respondents said this was the case. This compares to an all-Wales score of 95%.
- 48 However, members also told us that they feel that the reported position and the actions that are being taken to manage issues need to be more in balance.

- 49 Despite concerns cited earlier about the size of reports, members felt that, generally, they were able to get assurance on key issues. The size of previous MIQPR report meant that Non-Executive Directors didn't always know where to look in the various reports to get this assurance. The MIQPR which includes an executive summary and score cards should help board members focus on where performance is 'off track' and where actions are needed to improve performance. Board members report that they get a range of data prior to the Board meetings so that they can digest the information and prepare any challenge.
- 50 The Trust is considering visiting other ambulance services to seek out best practice in reporting. Following the recent improvements to reporting, and any subsequent actions taken in response to our review, the Trust should evaluate whether the revised reporting format and revised reporting arrangements are meeting information requirements and providing the necessary assurances. In January 2019 following the facilitated session of the Trust's Non-Executive Directors, the Trust decided to formally review the Planning and Performance Framework to take account of recent changes to performance reports and frequency of meetings. The revised framework will consider factors such as the timeliness of reporting; the amount of data reported and how it is presented. The Trust expects to complete this work during 2019-20.

Appendix 1

Management response to audit recommendations: Welsh Ambulance Services NHS Trust: Review of Performance Management Information

Exhibit 5: management response

Recommendation	Intended outcome/benefit	Accepted (Yes/No)	High Priority? (Yes/No)	Management response	Completion date	Responsible officer
<p>R1 Further strengthen the clarity and value of the Trust Monthly Integrated Quality and Performance Report (MIQPR). The Trust should consider:</p> <ul style="list-style-type: none"> where possible, providing a ensure the Board receives a description of the issues that are impacting on the Trust's performance; 	Greater understanding of the reasons for performance position.	Yes	Yes	The monthly quality and performance report top 10 indicators all have an analysis section now. The main body of the report will be amended to include an 'overall analysis'.	September 2019 report onwards	Assistant Director – Commissioning and Performance

Recommendation	Intended outcome/benefit	Accepted (Yes/No)	High Priority? (Yes/No)	Management response	Completion date	Responsible officer
<ul style="list-style-type: none"> <li data-bbox="264 419 510 639">• including forecasting in performance reports to predict future performance and outcomes; and <li data-bbox="264 991 521 1270">• including a named senior/lead manager with responsibility for the 'top 10' targets, and possibly across each performance indicator. 				<p data-bbox="1162 419 1458 671">Strong support for this recommendation. WAST is currently working with Cardiff University Business School, the Welsh Modelling Collaborative, ORH and Optima.</p> <p data-bbox="1162 719 1473 943">WAST will need five-year forecasts through to a forecast for next week. Programme of forecasts (performance modelling to be agreed and delivered as per programme).</p> <p data-bbox="1162 991 1240 1015">Agree.</p>	<p data-bbox="1503 419 1659 576">Programme to be agreed by 31 October 2019</p> <p data-bbox="1503 999 1648 1086">September 2019 report onwards.</p>	

Recommendation	Intended outcome/benefit	Accepted (Yes/No)	High Priority? (Yes/No)	Management response	Completion date	Responsible officer
R2 Develop a short summary report of the Finance and Performance committee proceedings for the Board highlighting, by exception, key performance and delivery issues/risks.	Improved monitoring and assurance against predicted performance during the year.	Yes	Yes	Agree. Rather than a separate report we intend to build in information from the committees (should be all three and not just Finance and Performance) into the Board Quality and Performance Report. This is dependent on the committee/Board timetable enabling this.	September 2019 committees onwards.	Assistant Director – Commissioning and Performance

Recommendation	Intended outcome/benefit	Accepted (Yes/No)	High Priority? (Yes/No)	Management response	Completion date	Responsible officer
R3 Develop an approach to clearly highlight the causes of variations in performance such as Statistical Process Control charts, or similar.	Identification of the causes of variation in performance made easier.	Yes	Yes	The Commissioning and Performance Team has recently acquired statistical process control software and one member of the team will be undergoing training in October. A period of time will be required to learn this approach before reporting to committee and Board, but strong support for this recommendation.	From start of calendar year 2020.	Assistant Director – Commissioning and Performance
R4 Review the availability of appropriate benchmarking information to incorporate relevant performance benchmarking as feasible.	Appropriate comparative information can be used to drive performance improvements and efficiencies.	Yes	Yes	The current EMS Demand and Capacity Review is providing a lot of benchmarks for the EMS ambulance care pathway five steps. There are other opportunities for benchmarking as well; however, a lot of effort can be spent on trying to make comparisons so a balance needs to be struck between the amount of time spent on this versus the value of doing so.	31 March 2020	Assistant Director – Commissioning and Performance

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