

Cover Page : NHS Delivery Framework 2020-2021

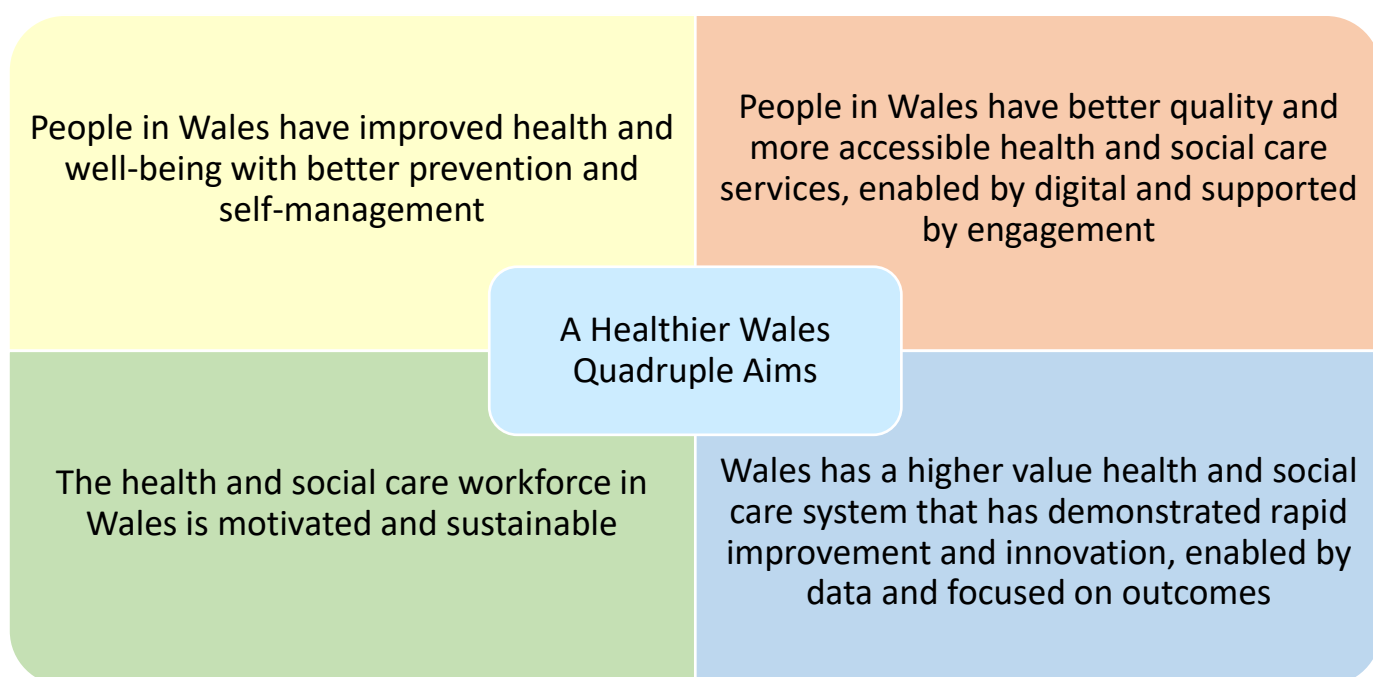
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NHS Delivery Framework 2020-2021

The NHS Delivery Framework for 2020-2021 is an interim document whilst further work is undertaken to identify outcome focused measures that deliver the priorities of the Single Integrated Outcomes Framework for Health and Social Care (SIOF). The SIOF is a recommendation of A Healthier Wales: Long Term Plan for Health and Social Care.

Although the new SIOF will not be ready for April 2020, initial agreement has been reached that it will be modelled on A Healthier Wales' quadruple aims. To reflect this new approach, all of the measures in the NHS Delivery Framework for 2020-2021 have been mapped to the following quadruple aims:



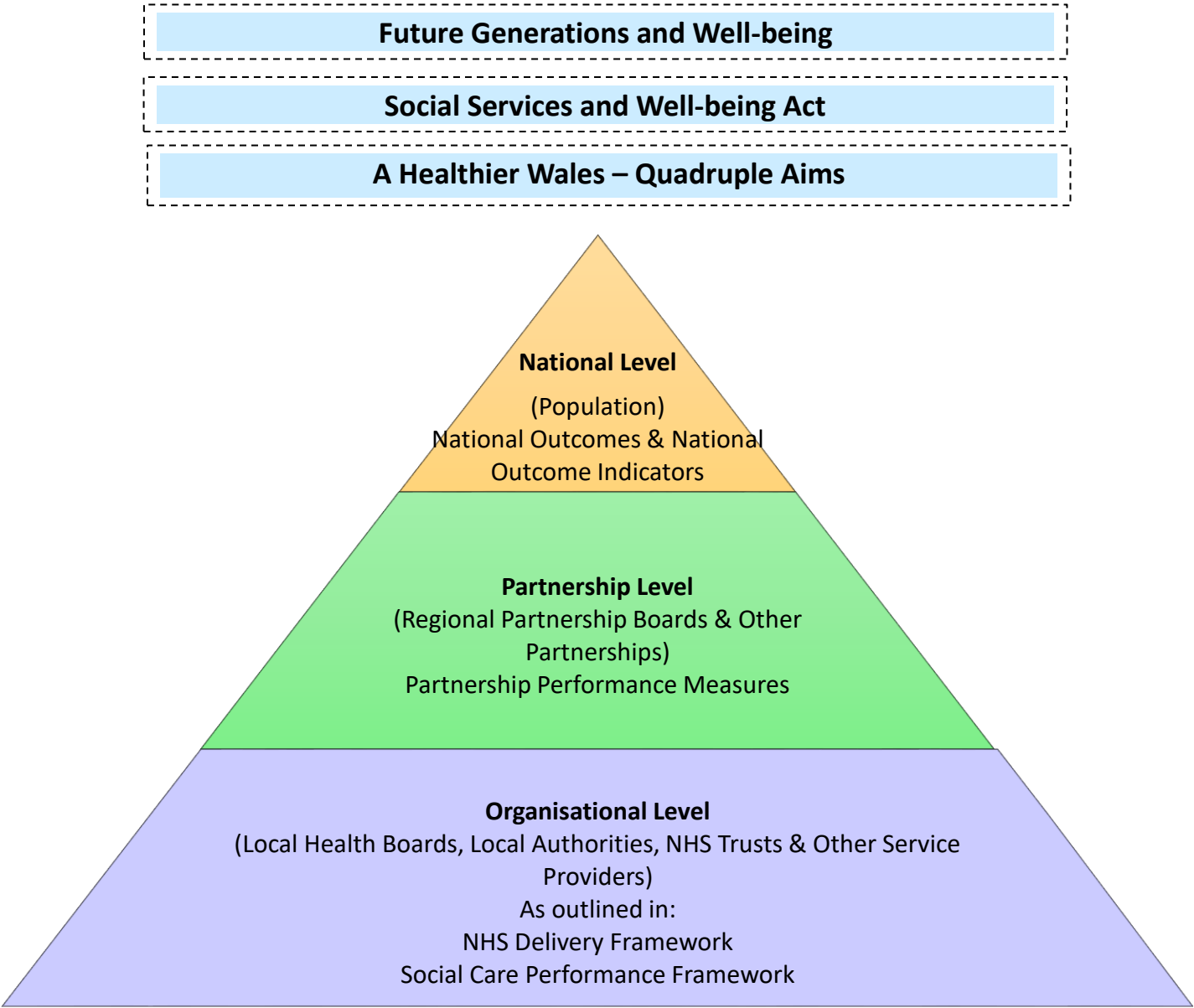
For 2020-2021 an emphasis has also been placed on including measures in the NHS Delivery Framework that are outcome focused rather than those that evaluate processes. Although a number of the new measures reflect this requirement, there is still a lot of work to be undertaken to fully achieve this. This approach will be strengthened in future renditions of the Framework.

NHS Delivery Framework and the Single Integrated Outcomes Framework for Health and Social Care (SIOF)

The Single Integrated Outcomes Framework for Health and Social Care will encourage greater alignment between NHS Wales and Social Services and will support changes to drive integration. The Framework will have a suite of outcomes, indicators and performance measures that will

evaluate the impact that health and social care services are having upon the health and well-being of people in Wales.

The SIOF will reflect performance at three different levels – national, partnership and organisational. The NHS Delivery Framework forms part of the organisational level, which will be used to measure NHS Wales’ participation in delivering the partnership and performance measures and ultimately the national outcome indicators.



NHS Delivery Measures:

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management.

People will take responsibility, not only for their own health and well-being, but also for their family and for people they care for, perhaps even for their friends and neighbours.

There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

- Percentage of babies who are exclusively breastfed at 10 days old
- Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1
- Percentage of children who received 2 doses of the MMR vaccine by age 5
- Percentage of adult smokers who make a quit attempt via smoking cessation services
- Percentage of those smokers who are CO-validated as quit at 4 weeks
- European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)
- Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse
- Uptake of influenza vaccination among: 65 year olds and over; under 65s in risk groups; pregnant women and; health care workers
- Uptake of screening for bowel, breast and cervical cancer
- Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age under 18 years and 18 years and over)
- Percentage of people in Wales at a GP practice (age 65 years and over) who are estimated to have dementia that are diagnosed

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end.

Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

- Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations
- Qualitative report detailing the achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss
- Qualitative report detailing the progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme
- Qualitative report detailing progress against the 5 standards that enable health and well-being of homeless and vulnerable groups to be identified and targeted
- Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year
- Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS
- Percentage of children regularly accessing NHS primary dental care within 24 months
- Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered
- Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes
- Number of ambulance patient handovers over 1 hour
- Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge
- Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge
- Percentage of survival within 30 days of emergency admission for a hip fracture
- Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time
- Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time
- Percentage compliance against the therapy target of an average of 16.1 minutes of speech and language therapist input per stroke patient
- Percentage of stroke patients who receive a 6 month follow-up assessment
- Percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of decision to treat

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end.

Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

- Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days of receipt of referral
- Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
- Number of patients waiting more than 8 weeks for a specified diagnostic
- Number of patients waiting more than 14 weeks for a specified therapy
- Percentage of patients waiting less than 26 weeks for treatment
- Number of patients waiting more than 36 weeks for treatment
- Number of patients waiting for a follow-up outpatient appointment
- Number of patients waiting for a follow-up outpatient appointment who are delayed over 100%
- Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments
- Rate of hospital admissions with any mention of intentional self-harm from children and young people (age 10-24 years) per 1,000 population
- Percentage of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)
- Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those age under 18 years and 18 years and over)
- Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those age under 18 years and 18 years and over)
- Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment
- Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health
- Number of health board delayed transfer of care for mental health and non-mental health
- Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile
- Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa
- Number of potentially preventable hospital acquired thromboses

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals.

Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnership will support this with education providers and learning academies focused on professional capability and leadership.

- Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales
- Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care provided by their GP/family doctor
- Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan
- Overall staff engagement score
- Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)
- Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job
- Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation
- Qualitative report providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework
- Percentage of sickness absence rate of staff
- Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment
- Evidence of how NHS organisations are responding to service user experience to improve services
- Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people-centred, timely, efficient and equitable. This will bring the individual to the fore and consider the relative value of different care and treatment options, in line with Prudent Health.

Research, innovation and improvement activity will be brought together across regions – working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

- Number of patients recruited in Health and Care Research Wales clinical research portfolio studies
- Number of patients recruited in Health and Care Research Wales commercially sponsored studies
- Crude hospital mortality rate (74 years of age or less)
- Percentage of deaths scrutinised by a medical examiner
- Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening
- Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening
- Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours
- All new medicines recommended by AWMSG and NICE, including interim recommendations from cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation
- Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)
- Number of patients age 65 years or over prescribed an antipsychotic
- Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age
- Opioid average daily quantities per 1,000 patients
- Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)
- Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months
- Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)
- Number of procedures postponed either on day or the day before for specified non-clinical reasons
- Agency spend as a percentage of the total pay bill
- Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme

NHS Wales Delivery Framework Guidance Document for 2020-2021

Introduction

This guidance outlines how the delivery measures in the NHS Delivery Framework 2020-2021 are to be reported. For each measure, it provides the:

- Data source
- Frequency of reporting
- The policy area in Welsh Government that is responsible for driving improvement
- Status (i.e. whether the measure is new or revised)
- A rationale, explaining why the measure is being monitored

The measures in this guidance supersede all measures that were issued in the NHS Delivery Framework, NHS Outcomes Framework and AOF for previous years.

Quantitative Measures

All quantitative measures in the Delivery Framework are to undergo an information standards assurance process to ensure that the analysis method is appropriate and formally defined. Analysis methods that have been approved will be available to NHS organisations on the Planning, Delivery and Performance section of HOWIS' intranet site.

To reduce the burden of measurement, measures that have an established data source have been used wherever possible. Where existing data is not available, data collection templates have been developed to enable organisations to submit data from their local systems.

Qualitative Measures

For some measures, a qualitative approach to measuring service delivery is required. These measures require NHS organisations to provide an update on the activity that has been undertaken during the operational year. Templates have been designed to enable health boards and trusts to evidence the activity that they have delivered and to enable Welsh Government to assess the progress that has been made. The qualitative measures in the Framework for 2020-2021 are as follows:

- Evidence of advancing equality and good relations in the day to day activities of the NHS organisations
- Achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss

- Progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme
- Progress against the 5 standards that enable health and well-being of homeless and vulnerable groups to be identified and targeted
- Evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan
- Evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework
- Evidence of how NHS organisations are responding to service user experience to improve services

The reporting templates for all the aforementioned measures are available on pages 49 to 67. Electronic versions of the qualitative reporting templates outlined in this document are available to NHS organisations on the Planning, Delivery and Performance section of HOWIS' intranet site.

The templates outlined in this document are to be used for 2020-2021, as revisions have been made to the reporting templates from the previous year.

New Measures

To reflect priority areas, 13 new measures have been included in the framework for 2020-2021. These measures are:

- Percentage of babies who are exclusively breastfed at 10 days old
- Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse
- Uptake of screening for bowel, breast and cervical cancer
- Qualitative report detailing progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme
- Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year
- Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS
- Percentage of children regularly accessing NHS primary dental care within 24 months
- Percentage of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)

- Qualitative report providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework
- Percentage of deaths scrutinised by a medical examiner
- Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours
- Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age
- Agency spend as a percentage of the total pay bill

Revised Measures

Since the publication of last year's NHS Delivery Framework, a number of the existing delivery measures have been revised for 2020-21. The main reasons for these revisions are: to reflect changes in delivery targets to promote and encourage continuous improvement and; to capture changes in the frequency of reporting and calculation methods.

The delivery measures that have been re-defined are highlighted in the status column of this guidance as 'revised'. In addition, a brief description of the revision to the delivery measure is outlined in a separate summary table entitled 'Summary of Revisions to Delivery Measures' (pages 44 to 48).

Removed Measures

Following a review of the 2019-2020 edition of the NHS Delivery Framework, a number of delivery measures have not been carried forward into this year's document. The decision to remove them from the Framework was made following advice from Welsh Government's policy leads and the NHS Measures Sub Group. The main reasons for removing these measures include: a heavy focus on evaluating a process rather than an outcome; the target has been routinely achieved and there is no scope for further improvement; the quality of the data is not robust enough; the measure duplicates an existing or new measure or; the measure is no longer applicable due to changes in service delivery.

Furthermore, a decision has been made to remove the amenable mortality measure from the NHS Delivery Framework. It was decided that this is a population outcome indicator that should be reported at the national level of the Single Integrated Outcomes Framework for Health and Social Care.

For ease of reference, all the outcome indicators and performance measures that have not been carried forward into the 2020-2021 edition of the framework are noted on pages 69 and 70.

Monitoring and Reporting Performance

All quantitative data will be monitored and reported in accordance with the reporting frequency outlined in the guidance tables. These measures will be reported via Welsh Government to the following groups for consideration and, where appropriate, corrective action:

NHS and Welsh Government Meetings:

- NHS National Executive Board
- Quality and Delivery*
- Joint Executive Team*

Welsh Government Meetings:

- Executive Directors Team
- Integrated Delivery Board*

All measures that have a more qualitative approach to measuring service delivery will also be reported to the aforementioned groups. To ensure a consistent approach to reporting these delivery measures, all submissions will be reviewed by the appropriate policy lead and given a RAG rating based on an agreed set of criteria. This RAG rating will be supplemented by a summary report that will outline any areas of focus to improve delivery.

*These groups form part of the NHS performance management framework.

NHS Wales Delivery Measures for 2020-2021

Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
1	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	National Community Child Health Database	Annually	Nursing	New
		Rationale: Evidence shows that breastfed babies will have better physical and mental health compared to those who are fed on formula milk. Breast milk provides all the nutrients that a baby will need in the first six months of life and contains antibodies that helps to protect a baby from infections and illnesses. In addition, a child who has been breastfed as a baby is less prone to obesity, high blood pressure and heart disease. Breastfeeding can also make a difference to a mother's health, as it can reduce the risk of breast cancer, ovarian cancer and osteoporosis.				
2	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	Public Health Wales	Quarterly	Public Health	
		Rationale: Vaccines are responsible for the control of many infectious diseases that were once common in this country and around the world. Diphtheria, Hepatitis B, Haemophilus Influenza Type B Tetanus and Whooping Cough can all be prevented by a highly safe and effective vaccine. A complete course of 3 doses will protect children from these diseases and prevent them from circulating in the community.				
3	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	Public Health Wales	Quarterly	Public Health	
		Rationale: Vaccines are responsible for the control of many infectious diseases that were once common in this country and around the world. Measles, Mumps and Rubella can be prevented by a highly safe and effective vaccine. A complete course of 2 doses will protect children from these diseases and prevent them from circulating in the community.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
4	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Smoking Cessation Services Data Collection (Welsh Government)	Quarterly	Public Health	
		Rationale: Smoking is the number one cause of avoidable premature death, linked to a range of serious and often fatal conditions, such as lung cancer, emphysema and a heart attack. To improve people's health and life expectancy and to reduce the pressures on the NHS, health boards are required to encourage their local smoking population to attend an NHS funded service to stop smoking. Evidence shows that smokers who make a quit attempt using cessation services (offering evidence based behavioural support combined with medication/nicotine replacement therapy) are more likely to quit than those who try unaided.				
5	Percentage of those smokers who are CO-validated as quit at 4 weeks	40% annual target	Smoking Cessation Services Data Collection (Welsh Government)	Quarterly	Public Health	
		Rationale: Smoking is the number one cause of avoidable premature death, linked to a range of serious and often fatal conditions, such as lung cancer, emphysema and a heart attack. To improve people's health and life expectancy and to reduce the pressures on the NHS, health boards need to ensure that 40% of individuals who make a quit attempt using NHS cessation services are validated as smoke free (when tested using a carbon monoxide monitor) 4 weeks after their designated quit date.				
6	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)	4 quarter reduction trend	Patient Episode Database for Wales (PEDW)	Quarterly	Substance Misuse	
		Rationale: Drinking above weekly guidelines and binge drinking is highly prevalent in Wales. Alcohol consumption is a significant public health concern. It may cause an immediate threat to life (e.g. violent crime, drink driving accident and acute alcohol poisoning) and has longer term health consequences, such as liver disease, heart disease and cancer. To reduce alcohol consumption, actions are taking place across Wales to reduce the availability and affordability of alcohol (such as the introduction of the Public Health (Minimum Price for Alcohol) (Wales) Act 2018, which comes into force on the 2 March 2020), to ensure people are aware of the impact of alcohol related harm and to support behavioural change. Work is also being undertaken across Wales to support people with substance misuse issues. An indication of whether these initiatives are having a positive impact is to monitor the standardised rate of hospital admissions that are attributed to alcohol.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
7	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	Welsh National Database for Substance Misuse	Quarterly	Substance Misuse	New
		<p>Rationale: Alcohol misuse in Wales is a major public health issue, impacting upon individual lives, communities, workplaces and public sector services (such as health, social care and the criminal justice system). Effective alcohol treatment - which is delivered in accordance with best practice and reflecting the client's choice in terms of intervention and treatment outcomes - can reduce alcohol related harm, improve the individual's health and social functioning and save the NHS (and other public sector services) money.</p> <p>Although specialist alcohol services in Wales are provided by the NHS, voluntary sector and local authority, this measure reports on the treatment services that are delivered by NHS teams.</p>				
8	Uptake of the influenza vaccination among: <ul style="list-style-type: none"> 65 year olds and over under 65s in risk groups pregnant women health care workers 	75% (65+) 55% (risk grp) 75% (pregnant) 60% (workers)	Public Health Wales	Annually	Public Health	
		<p>Rationale: Influenza is a respiratory illness that circulates in the UK during the winter months. Most people who are fit and well will recover from influenza, but complications may occur amongst the elderly, pregnant women and people with certain medical conditions. The best way to protect against catching and spreading influenza is to increase the uptake of immunisation amongst the vulnerable groups and health care workers.</p>				
9	Uptake of cancer screening for: <ul style="list-style-type: none"> bowel breast cervical 	Standards: 60% (bowel) 70% (breast) 80% (cervical)	Public Health Wales Informatics System Screening Division Informatics System	Annually	Public Health	New
		<p>Rationale: Population screening programmes for bowel, breast and cervical cancer are important in detecting cancer early and before symptoms appear. Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival. For screening programmes to reach their full potential, the uptake amongst the public needs to improve. A combination of awareness raising and more acceptable testing will help to achieve this.</p>				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
10	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan <ul style="list-style-type: none"> • Under 18 years • 18 years and over 	90%	Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	Revised
		Rationale: This indicator measures compliance with Part 2 of the Mental Health (Wales) Measure 2010 which places duties on health boards and local authorities to provide all patients in secondary mental health services with a valid care and treatment plan. A care plan, providing a range of support, is crucial to improving mental health and to assist recovery and re-ablement.				
11	Percentage of people in Wales at a GP practice (age 65 years or over) who are estimated to have dementia that are diagnosed	Annual improvement	GP Practice Quality & Outcomes (QOF) Disease Register NHS Digital CFAS11	Annually	Mental Health, Vulnerable Groups & Offenders	Revised
		Rationale: One of the key priorities of the Dementia Action Plan 2018-2022 is early diagnosis so that people can live well with dementia. Early identification allows individuals and their families to plan for the future, provides early contact with support services and to start treatment at an appropriate point. To ensure that people living with dementia get the support that they need, it is important that their condition is identified and recorded on the GP register.				

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
12	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	NA	Advancing Equality & Good Relations Monitoring Return (Welsh Government)	Bi-annually	Workforce & Organisational Development	Revised
		Rationale: The Public Sector Equality Duty requires public organisations to consider how its decisions and activities will impact on different people. By advancing equality and good relations in day to day activities and ensuring equality considerations are built into the design of policies and service delivery, NHS Wales can positively contribute to a fairer society and better outcomes for all.				
13	Qualitative report detailing the achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss	NA	Accessible Communication & Information Monitoring Return (Welsh Government)	Bi-annually	Workforce & Organisational Development	Revised
		Rationale: Effective and appropriate communication ensures that services are delivered in a way that promotes dignity and respect and minimises the risk of poorer health outcomes. The All Wales Standards for Accessible Communication and Information for People with Sensory Loss ensures that the communication and information needs of people who are deaf, deafened, hard of hearing, blind, partially sighted or deafblind are met when accessing healthcare services.				
14	Qualitative report detailing progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme	NA	Learning Disabilities – Improving Lives Programme Monitoring Return (Welsh Government)	Bi-annually	Nursing	New
		Rationale: People with a learning disability suffer a disproportionately higher level of health inequalities and mortality at a younger age in comparison with the general population. To address this, the Learning Disability – Improving Lives Programme outlines a series of recommendations that will strengthen NHS services and subsequently improve the lives of people with a learning disability.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
15	Qualitative report detailing progress against the 5 standards that enable health and well-being of homeless and vulnerable groups to be identified and targeted	NA	Improving the Health & Well-being of Homeless & Specific Vulnerable Groups Monitoring Return (Welsh Government)	Bi-annually	Mental Health, Vulnerable Groups & Offenders	Revised
		Rationale: Homeless people and specific vulnerable groups (i.e. asylum seekers, refugees, gypsies and travellers, substance misusers and EU migrants who are homeless or living in circumstances of insecurity) have a poorer physical and mental health than the general population and often have problems obtaining suitable health care. Health boards are expected to have assessments and plans in place that improve the health of homeless and vulnerable groups and ensure that they have equitable access to a full range of health and specialist services.				
16	Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year	Health Board specific target	National Blood Borne Virus Testing Database	Monthly	Public Health	New
		Rationale: Wales has signed up to the World Health Organisation's global health sector strategy to eliminate hepatitis B and hepatitis C as a significant public health threat. This requires a 90% reduction in the incidence of chronic infection and a 65% reduction in mortality by 2030 at the latest. In Wales, there are an estimated 12,000 people living with hepatitis C and people who inject drugs are disproportionately affected. Health Boards need to significantly increase testing in traditional substance misuse services and community pharmacies that deliver needle exchange and deliver effective and sustained outreach services to engage with individuals not currently in contact with traditional services. Successful completion of treatment for those diagnosed with chronic hepatitis C is required to reduce the pool of infected individuals and consequently the risk of transmission.				
17	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	100%	Access Standards Reporting Template (Primary Care Portal)	Annually	Primary Care	New
		Rationale: GPs are usually the first point of contact for the majority of citizens accessing health services. During 2018-19, the National Survey for Wales (2018-19) reported that 40% of respondents found it difficult to make a convenient GP appointment. Evidence shows that difficulties in accessing a GP appointment adds pressure to other health services, in particular accident and emergency and out of hours. Improving access to GP surgeries is a key commitment of Taking Wales Forward. To drive this improvement forward GP services are expected to meet the National Access Standards for In-Hours GMS by the end of March 2021.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
18	Percentage of children regularly accessing NHS primary dental care within 24 months	4 quarter improvement trend	NHS Business Services Authority	Quarterly	Primary Care Dental Services	New
		Rationale: Looking after a child's oral health from an early age is important. It minimises the risk of the child developing conditions such as tooth decay and erosion and encourages the healthy development of permanent adult teeth. By the age of one, children should be taken to an NHS dentist and be routinely seen thereafter. Although access to an NHS dentist has improved, there are still some localised problems. To address this, health boards have been encouraged to establish long term support for practices in areas of low access and high need.				
19	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being answered	90%	Out of Hours/111 Data Collection (Welsh Government)	Monthly	Delivery & Performance	
		Rationale: NHS Wales is committed to providing services 24 hours a day seven days a week. Outside of normal GP surgery hours, patients with an urgent medical problem may need to contact an out-of-hours service or 111 for advice and guidance. To ensure that the most urgent callers get timely advice and/or the medicine required, a nurse, emergency dentist, pharmacist or GP should provide a clinical assessment within one hour of the initial call being answered.				
20	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Welsh Ambulance Service NHS Trust (WAST)	Monthly	Delivery & Performance	
		Rationale: The speed of response is an important characteristic of a responsive ambulance service. A faster response time by emergency medical services and supporting partners to a patient who is suffering an immediate life threatening condition can reduce the risk of death and increase the potential for a positive health outcome.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
21	Number of ambulance patient handovers over 1 hour	0	Welsh Ambulance Service NHS Trust (WAST)	Monthly	Delivery & Performance	
		<p>Rationale: When ambulances take patients to hospital, it is essential that patients are released promptly from the vehicles so that they can receive the best care in the correct environment. A swift patient handover also ensures that the ambulance crew can continue to provide a safe and efficient service to the local community.</p> <p>Delays in ambulance patient handover are frequently associated with blockages in patient flow across the whole of the health and social care pathway. To address this, health boards need to ensure that staffing arrangements and patient flow systems are safe, efficient and effective.</p>				
22	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	Emergency Department Data Set (EDDS)	Monthly	Delivery & Performance	
		<p>Rationale: Patients attending A&E expect to be seen and treated, transferred or discharged in a timely manner. To ensure that patients spend less than 4 hours in A&E, health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services.</p>				
23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	0	Emergency Department Data Set (EDDS)	Monthly	Delivery & Performance	
		<p>Rationale: Waiting over 12 hours is an indication of the resilience of the wider unscheduled care system and a key measure of patient experience (patients attending A&E expect to be seen in a timely manner). To avoid patients waiting over 12 hours, health boards are required to implement actions to continuously improve the flow of patients through A&E whilst maintaining services that are effective and safe.</p>				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
24	Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	CHKS	Monthly	Major Health Conditions	
		Rationale: A hip fracture is the most common serious injury in older people. Combined with the trauma of the fall and surgery and the age and frailty of the patient (due to existing health conditions), a hip fracture is associated with an increased risk of death. To improve a patient's outcome, a co-ordinated multidisciplinary care team should deliver a full programme of care, prompt surgery and rehabilitation. As mortality occurring after 30 days is usually associated with the patient's frailty rather than directly attributed to the injury, hospitalisation or surgery, this measure focuses on survival within 30 days of an emergency admission.				
25	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	The most recent SSNAP UK national quarterly average	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	
		Rationale: To ensure treatment begins as quickly as possible and to prevent complications, all patients who have had a stroke should be directly admitted to a stroke unit within 4 hours of arrival at A&E. Due to having specialist equipment and a multidisciplinary team that provides specialist treatment, a stroke unit is associated with improved patient safety and better outcomes (such as reduced disability and mortality).				
26	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	The most recent SSNAP UK national quarterly average	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	
		Rationale: A fast response to stroke reduces the risk of mortality and disability. To ensure good clinical outcomes, stroke patients should receive an early assessment (within 24 hours of presentation to a healthcare professional) by a stroke specialist consultant physician who has expertise in all three principal areas of stroke management (prevention, acute stroke and rehabilitation). This measure monitors health boards' compliance with this requirement.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
27	Percentage compliance against the therapy target of an average of 16.1 minutes of Speech and Language Therapist input per stroke patient	12 month improvement trend	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	Revised
		Rationale: Communication and swallowing problems are common after a stroke. To minimise the impact of these difficulties and to improve the patient's well-being, speech and language therapy is a key part of the patient's recovery programme. The aim is to help the patient to recover as much of their speech as possible and/or find alternative ways of communication and to provide advice on safe ways to eat and drink. Due to the affect a stroke has on the patient's concentration and energy, speech and language therapy is delivered in frequent short sessions. To measure compliance with the NICE quality standard for stroke rehabilitation, all health boards are expected to deliver an average of 16.1 minutes of speech and language for all patients.				
28	Percentage of stroke patients who receive a 6 month follow-up assessment	Quarter on quarter improvement	Sentinel Stroke National Audit (SSNAP)	Quarterly	Delivery & Performance	
		Rationale: Patients who have had a stroke are to have a follow-up assessment at six months. This review enables the person who has had a stroke and their family/carer to get the care and support they need to address any health and social problems they are experiencing. It will help to address many of the conditions that occur after a stroke and reduce the risk of a secondary stroke.				
29	Percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of decision to treat	98%	Aggregate Cancer Target Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	Revised
		Rationale: An early diagnosis and treatment of cancer will increase an individual's chance of survival and reduce the likely harm to the individual's health and quality of life. Therefore, there is a need to treat patients who are diagnosed with cancer as promptly as possible. In line with the Cancer Standards, this measure reports upon patients with cancer who are not included in the urgent suspected cancer referral (i.e. their referral route was via Accident and Emergency or through an investigation for a different condition). The pathway starts at the decision to treat stage.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
30	Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment (up to and including) 62 days of receipt of referral	95%	Aggregate Cancer Target Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	
		<p>Rationale: An early diagnosis and treatment of cancer will increase an individual's chance of survival and reduce the likely harm to the individual's health and quality of life. Therefore, there is a need to treat patients who are diagnosed with cancer as promptly as possible.</p> <p>In line with the Cancer Standards, this measure reports upon patients referred from primary care (e.g. by a GP) to hospital as urgent with suspected cancer, which is then confirmed as urgent by the consultant or a designated member of the multi-disciplinary team.</p>				
31	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	12 month improvement trend	Single Cancer Pathway Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	
		<p>Rationale: An early diagnosis and treatment of cancer will increase an individual's chance of survival and reduce the likely harm to the individual's health and quality of life. Therefore, there is a need to diagnose and treat patients with cancer as promptly as possible.</p> <p>This measure includes all suspected cancers and starts from the point a patient is suspected of having cancer, rather than when the cancer is diagnosed (as currently happens on the 31 day pathway).</p>				
32	Number of patients waiting more than 8 weeks for a specified diagnostic	0	Diagnostic & Therapies Waiting Times Dataset	Monthly	Delivery & Performance	
		<p>Rationale: Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Diagnostic testing provides essential information to enable clinicians and patients to make the right clinical decisions. Early detection and diagnosis can prevent the patient suffering unnecessary pain and it can reduce the scale and cost of treatment.</p>				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
33	Number of patients waiting more than 14 weeks for a specified therapy	0	Diagnostic & Therapies Waiting Times Dataset	Monthly	Delivery & Performance	
		Rationale: Patients receiving timely access to a specified therapy should experience improved outcomes. Reducing the time that a patient waits for a therapy service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS therapy services.				
34	Percentage of patients waiting less than 26 weeks for treatment	95%	Referral to Treatment (combined) Dataset	Monthly	Delivery & Performance	
		Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services.				
35	Number of patients waiting more than 36 weeks for treatment	0	Referral to Treatment (combined) Dataset	Monthly	Delivery & Performance	
		Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services.				
36	Number of patients waiting for a follow-up outpatient appointment	Health Board specific target: a reduction of 20% against a baseline of March 2020	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	Revised
		Rationale: The number of patients waiting for a follow-up outpatient appointment has increased year on year whilst capacity has been unable to meet demand. NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
37	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Health Board specific target: a reduction of 20% against a baseline of March 2020	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	Revised
		Rationale: Delaying a follow-up outpatient appointment not only gives the service user a negative impression of NHS services, but it can be a clinical risk if the patient's condition deteriorates whilst waiting for the appointment. Through service re-design, health boards are required to reduce the number of patients waiting long delays for a follow-up outpatient appointment, with a particular focus on ENT, Trauma and Orthopaedic, Urology and Ophthalmology services (Planned Care Programme).				
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	95%	Eye Care Measures Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	Revised
		Rationale: For particular eye conditions, patients need regular reviews and ongoing treatment to ensure that their sight is improved and the risk of avoidable blindness is minimised. A patient 'target date' for both new and existing appointments was introduced in 2018 to reduce the number of ophthalmology patients with a high clinical risk (R1) waiting 25% over their agreed date for their clinical appointment.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
39	Rate of hospital admissions with any mention of intentional self-harm from children and young people (age 10-24 years) per 1,000 population	Annual reduction	Patient Episode Database for Wales	Annually	Mental Health, Vulnerable Groups & Offenders	
		Rationale: The highest rates of self-harm (intentional non-fatal self-poisoning or self-injury) is amongst children and young people age 11-19. Apart from the economic burden of treating the injury or overdose, there is also the psychological and social impact on the individual, family and friends and the risk that those who repeatedly self-harm will complete suicide. As part of the Suicide and Self Harm Prevention Strategy for Wales various approaches are being taken to reduce the incidence of self-harm, including: tackling stigma; improving public and professional awareness; improving community resilience; encouraging help seeking behaviours; the identification and management of mental health conditions and; the prevention and treatment of substance misuse. By monitoring the rate of hospital admissions for intentional self-harm, we can understand if these interventions are successfully reducing the incidence of self-harm amongst children & young people.				
40	Percentage of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)	80%	CAMHS Management Information Data Collection (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	New
		Rationale: Improving the mental health and the well-being of children and young people is a priority of Welsh Government's 10 year strategy Together for Mental Health. To ensure that children and young people experiencing mental ill health get better sooner, it is important that they have early access to intervention and treatment services (CAMHS).				
41	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral <ul style="list-style-type: none"> • Under 18 years • 18 years and over 	80%	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	Revised
		Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral. A readily accessible assessment (that is provided when it is needed), is essential if interventions and treatments for mental health problems are to be delivered as early as possible.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
42	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS <ul style="list-style-type: none"> Under 18 years 18 years and over 	80%	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	Revised
		Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment. All Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on either an individual or group basis) so that more people recover from mental illness and maximise their quality of life.				
43	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	Neurodevelopment Waiting Times Data Collection (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	
		Rationale: The Together for Children and Young People service improvement programme was launched in 2015 to improve the emotional and mental health of children and young people in Wales. One of the aims of this programme is to enable children and young people experiencing neurodevelopment conditions (such as autistic spectrum disorder and attention deficit disorder) to have timely access to assessment and treatment to support their continued social and personal development.				
44	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Psychological Therapy Waiting Times Data Collection (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	
		Rationale: Providing timely access to psychological therapies in Specialist Adult Mental Health is a key priority within the Together for Mental Health Delivery Plan. The aim is to bring the waiting time for referral to assessment and assessment to treatment for psychological therapy in line with the recommended times for treatment for physical health domains.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
45	Number of health board delayed transfer of care for: <ul style="list-style-type: none"> • Mental health • Non-mental health 	12 month reduction trend	DToC Database	Monthly	Social Services & Integration	
		Rationale: A delayed transfer of care is when an adult is safe to be discharged but is still occupying a hospital bed. Although the arrangement to transfer patients to an appropriate care setting can sometimes be complex and may lead to delays, these can be minimised through effective discharge planning and joint working between health and care services. Due to the negative impact that a delayed discharge can have upon scheduled and unscheduled care services, Welsh Government is committed to delivering a sustained reduction in the number of delayed transfer of care across Wales.				
46	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <ul style="list-style-type: none"> • E-coli • S.aureus bacteraemias (MRSA and MSSA) • C.difficile 	Health Board specific target	Public Health Wales	Monthly	Healthcare Quality	
		Rationale: The impact of Healthcare Associated Infections is felt by patients and by the health service. Patients who acquire an infection may endure severe and/or chronic illness and in some cases death, whilst the health service has the financial cost of diagnosing and treating the infection and implementing actions to control the infection (e.g. ward closures and cancelled operations). Although it is impossible to eradicate healthcare associated infections completely, a proportion can be prevented. Through better application of existing knowledge and improved practices, the number of cases of E-Coli; S.aureus bacteraemia (MRSA and MSSA) and; C.difficile can be reduced.				
47	Cumulative number of laboratory confirmed bacteraemia cases: <ul style="list-style-type: none"> • Klebsiella sp • Aeruginosa 	Health Board specific target	Public Health Wales	Monthly	Healthcare Quality	Revised
		Rationale: The impact of Healthcare Associated Infections is felt by patients and by the health service. Patients who acquire an infection may endure severe and/or chronic illness and in some cases death, whilst the health service has the financial cost of diagnosing and treating the infection and implementing actions to control the infection (e.g. ward closures and cancelled operations). Although it is impossible to eradicate healthcare associated infections completely, a proportion can be prevented. Through better application of existing knowledge and improved practices, the number of cases Klebsiella sp and Aeruginosa can be reduced.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
48	Number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Hospital Acquired Thrombosis Monitoring Return (Welsh Government)	Quarterly	Healthcare Quality	
		Rationale: Around 1,250 people in Wales each year are at risk of dying from Hospital Acquired Thrombosis following admission to a hospital for surgery or an acute medical illness. Thrombosis can also have long term physical and psychological effects on survivors. Many of these cases are potentially avoidable if preventative measures are put in place. Since 2012, reducing avoidable harm and mortality from Hospital Acquired Thrombosis has been a top priority for NHS Wales.				

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
49	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	National Survey for Wales	Every 2 years	Nursing	
		Rationale: Every person in Wales who uses health services or supports others to do so, has the right to receive excellent care as well as advice and support to maintain their health. Key determinants of good service user experience may include people: having a positive first and lasting impression of health services; receiving care in a safe and supportive environment and; having an understanding and involvement in their care. To determine whether these contributory factors are being met and to identify areas for local improvement, the National Survey for Wales monitors public's perception on the overall health service in Wales (GPs, pharmacies, NHS dentists, NHS opticians, community health services and hospitals) irrespective of whether they have used these health services or not.				
50	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor	Annual improvement	National Survey for Wales	Annually	Nursing Primary Care	
		Rationale: Every person in Wales who uses GP services has the right to receive excellent care as well as advice and support to maintain their health. To determine whether this is being achieved and to identify areas for local improvement, the National Survey for Wales monitors the perception of those who have seen a GP/family doctor about their own health about the overall care that they received.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
51	Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan	NA	Delivering the Welsh Language Objectives as defined in the More Than Just Words Action Plan Monitoring Return (Welsh Government)	Bi-annually	Welsh Language Unit	Revised
		Rationale: Ensuring the safety, dignity and respect of Welsh speakers is at the heart of providing health and care in Welsh. Many people can only communicate and participate in their care through the medium of Welsh, especially young children who only speak Welsh and those who have lost their second language due to dementia or stroke. To ensure the care needs of Welsh speakers, their families and carers are being met, leadership must be demonstrated across every level of NHS organisations in implementing actions that will deliver the objectives outlined in Welsh Government's strategic framework for Welsh language services in health and social care - More Than Just Words.				
52	Overall staff engagement score	Annual improvement	Staff Survey	Annually	Workforce & Organisational Development	Revised
		Rationale: The people who work for the NHS are integral to delivering a high quality, person centred and safe service. To maximise this resource, all NHS services should have key employment practices and actions in place to support and engage staff so that they are fully aligned and committed to delivering excellent care and support. The success of these mechanisms is monitored via the NHS Wales Staff Survey.				
53	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Electronic Staff Record (ESR) Medical Appraisal & Revalidation System (MARS)	Monthly	Workforce & Organisational Development	
		Rationale: The people who work for the NHS are integral to delivering high quality, person centred and safe services. A key employment practice that supports and engages staff in delivering the vision of NHS Wales is the provision of an annual personal appraisal and development review. This allows staff at all levels to have clear performance objectives, with an agreed development plan, that supports them to deliver their roles.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
54	Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual improvement	Staff Survey	Annually	Workforce & Organisational Development	Revised
		Rationale: The people who work for the NHS are integral to delivering high quality, person centred and safe services. A key employment practice that can support and engage staff in delivering the vision of NHS Wales is the provision of a performance appraisal. This indicator measures how successful the performance appraisal is in helping staff improve how they do their job.				
55	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Electronic Staff Record (ESR)	Monthly	Workforce & Organisational Development	
		Rationale: To ensure that NHS Wales has a skilled workforce, there is a need to educate and train new staff and help others to learn and develop. The Core Skills Training Framework is the recognised minimum standard for statutory and mandatory training for all staff working for NHS Wales.				
56	Qualitative report providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework	NA	Good Work - Dementia Learning and Development Framework Monitoring Return (Welsh Government)	Bi-annually	Nursing	New
		Rationale: NHS staff who have a solid awareness of dementia and the issues that surround it are best equipped to support people with dementia to live well. The provision of learning and development to all NHS staff is a priority of the Dementia Action Plan for Wales 2019-22.				
57	Percentage of sickness absence rate of staff	12 month reduction trend	Electronic Staff Record (ESR)	Monthly	Workforce & Organisational Development	Revised
		Rationale: Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
58	Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Annual improvement	Staff Survey	Annually	Workforce & Organisational Development	Revised
		Rationale: Every person in Wales who uses NHS services has the right to receive excellent care. To determine whether this is being achieved and to identify areas for local improvement, NHS Wales monitors staff's perception on the standard of care that is delivered by the organisation that they work for.				
59	Evidence of how NHS organisations are responding to service user experience to improve services	N/A	Responding to Service User Experience Feedback to Improve Services Monitoring Return (Welsh Government)	Annually	Nursing	
		Rationale: As outlined in the NHS Framework for Assuring Service User Experience gathering service user feedback and assessing it for themes and trends is a valuable opportunity for NHS organisations to make improvements. It is important that organisations have a variety of feedback methods in place and that service users feel that their views are welcomed, that notice is being taken of their feedback and improvements are being made where necessary. All NHS organisations are required to evidence that service user feedback is gathered and acted upon in all care settings.				
60	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Complaints Data Collection (Welsh Government)	Quarterly	Healthcare Quality	
		Rationale: Although NHS Wales aims to provide the very best care and treatment, sometimes things can go wrong. In this instance, the patient, relative, friend or carer needs to raise their concern so that the organisation can look at what may have gone wrong and try to make it better. NHS Wales will try to resolve concerns immediately and aims to respond within 30 working days of receiving the concern. For concerns that are more complex, NHS Wales will provide an interim reply explaining why they cannot reply in 30 days and when a response should be expected. This measure will monitor NHS Wales' compliance with standard, ensuring the timely resolution of concerns and identification of lessons learnt.				

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
61	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	10% annual improvement	Health & Care Research Wales	Quarterly	Social Care & Health Research	
		Rationale: Welsh Government is committed to funding a research infrastructure and capacity that will facilitate improvements to the health and well-being of people of Wales. This measure looks to increase the opportunity for NHS patients to participate in and benefit from clinical research studies.				
62	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	5% annual improvement	Health & Care Research Wales	Quarterly	Social Care & Health Research	
		Rationale: Welsh Government is committed to funding a research infrastructure and capacity that will facilitate improvements to the health and well-being of people of Wales. This measure ensures that patients are continually offered the opportunity to participate in global drug discovery programmes through commercially sponsored clinical research providing essential evidence for the future.				
63	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	CHKS	Monthly	Healthcare Quality	Revised
		Rationale: Although there will always be deaths in hospital, in general, people aged under 75 years should be less likely to die than people aged 75 and over. With the implementation of the Medical Examiner Service, all non-coronial deaths will be reviewed so that identified themes can inform learning and improvements. To understand whether improvements are being made, this measure quantifies hospital mortality by comparing the number of inpatient deaths with the number of hospital inpatient spells to produce crude mortality expressed as a percentage.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
64	Percentage of deaths scrutinised by a medical examiner	Quarter on quarter improvement	Medical Examiner Digital System Office for National Statistics	Monthly	Healthcare Quality	New
		Rationale: In accordance with Section 21 of the Coroners and Justice Act 2009, all deaths not referred directly to the coroner are to be independently scrutinised by medical examiners. Implementation will be incremental, and this measure will capture this incremental roll-out as we move towards full compliance (which will never be 100% as some deaths will always be referred directly to the coroner). Processes will be in place to ensure that learning from this medical examiner scrutiny will be fed back into NHS processes to improve the overall quality of services across all care settings.				
65	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 month improvement trend	Sepsis Six Bundle Monitoring Return (Welsh Government)	Monthly	Healthcare Quality	
		Rationale: Sepsis is a life threatening condition and is one of the most common, least recognised illnesses in the developed world. NHS Wales has introduced a number of initiatives to reduce hospital mortality, including patients being treated with the sepsis six care bundle within one hour of positive screening. This bundle consists of three diagnostic tests for the condition and three treatments that have proven to combat sepsis. This indicator measures compliance with the sepsis six first hour care bundle for in-patients.				
66	Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening	12 month improvement trend	Sepsis Six Bundle Monitoring Return (Welsh Government)	Monthly	Healthcare Quality	
		Rationale: Sepsis is a life threatening condition and is one of the most common, least recognised illnesses in the developed world. NHS Wales has introduced a number of initiatives to reduce hospital mortality, including patients being treated with the sepsis six care bundle within one hour of positive screening. This bundle consists of three diagnostic tests for the condition and three treatments that have proven to combat sepsis. This indicator measures compliance with the sepsis six first hour care bundle for patients who presented at an emergency department.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
67	Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	12 month improvement trend	National Hip Fracture Database	Monthly	Major Health Conditions	New
		Rationale: An orthogeriatrician assessment is central to NICE's clinical guideline and quality standard for the management of hip fracture care for adults who are 60 years of age or over. An orthogeriatrician assessment is part of a multi-disciplinary programme that aims to improve the care for those admitted to hospital with a hip fracture. This assessment, in conjunction with a continuous rehabilitation programme and support, has been found to help people recover faster, regain their mobility and reduce mortality.				
68	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	All Wales Therapeutic & Toxicology Centre NWIS Medusa System	Quarterly	Pharmacy & Prescribing	
		Rationale: To address one of the key commitments of Taking Wales Forward, the Programme for Government 2016-21, the New Treatment Fund was launched in January 2017 to help health boards and Velindre University NHS Trust to introduce new, recommended medicines faster and more consistently across Wales. This will enable patients across Wales to get faster access to a full range of new medicines that will improve and prolong their lives.				
69	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	Health Board specific target: a quarterly reduction of 5% against a baseline of 2018-19	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	Revised
		Rationale: The widespread and often excessive use of antimicrobials is one the main factors contributing to the emergence of antimicrobial resistance, resulting in many common and life threatening infections becoming difficult (or impossible) to treat. The aim of this measure is to encourage health professionals in primary care to prescribe antibiotics responsibly (adhering to the extensive range of available guidance) so that the development or transmission antimicrobial resistance is limited.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
70	Number of patients age 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	
		<p>Rationale: Evidence shows that antipsychotic medicines only have a limited benefit in treating the behavioural and psychological symptoms of dementia, whilst carrying a significant risk of harm. The Dementia Action Plan for Wales 2018-22 directs health boards to reduce the prescription of antipsychotic medication for people with a diagnosis of dementia, whilst the National Assembly for Wales' Health, Social Care and Sports Committee has provided recommendations on the prescription of antipsychotics to patients who are 65 years of age or over who reside in a care home.</p> <p>This measure will contribute to monitoring the effectiveness of actions to ensure the safe and appropriate use of antipsychotic medicines in those age 65 and over.</p>				
71	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	New
		<p>Rationale: There is a high risk a baby will develop malformations and developmental problems if medicines containing valproate are taken during pregnancy. The Medical and Healthcare Regulatory Agency (MHRA) published a Drug Safety Update (September 2018) stating that valproate should no longer be used in women or girls of child bearing age unless she has a Pregnancy Prevention Programme in place. This measure will contribute to monitoring the effectiveness of actions to ensure the safe and appropriate use of valproate containing medicines.</p>				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
72	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing Substance Misuse	
		Rationale: Attempts to reduce the pain of patients by using opioids have led to overuse and adverse outcomes, without a noticeable impact on lowering of the chronic pain burden at a population level. Opioids have well established side effects and their repeated administration can cause tolerance and dependence. Between 2007 and 2017 the number of prescriptions for opioid analgesic dispensed across Wales increased by 50% whilst the number of opioid related deaths increased by 59.4%. As opioids are not the most appropriate or effective treatment option for many patients with chronic pain, the aim of this measure is to encourage health professionals to adopt a prudent approach to prescribing opioid analgesics, taking into account the risks and the benefits.				
73	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Quarter on quarter improvement	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	
		Rationale: A biosimilar medicine is a biological medicine that is developed to be highly similar and clinically equivalent to an existing biological medicine (a 'reference' medicine). Biological medicines account for a significant expenditure within the NHS. The use of biosimilar medicines instead of a reference biological medicine could be associated with cost savings. The purpose of this measure is to ensure the prescribing of biological medicines supports cost efficient prescribing in primary and secondary care, by increasing the appropriate use of cost-efficient medicines, including biosimilar medicines.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
74	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 quarter reduction trend	NHS Business Services Authority	Quarterly	Primary Care Dental Services	
		Rationale: NICE guidance recommends that patients should be recalled for an oral health review that is appropriate to the patient's individual need. Recall intervals for patients who have repeatedly demonstrated that they can maintain oral health and who are not considered to be at risk of oral disease may be extended overtime up to an interval of 24 months. As a result, for patients that have a low disease activity, the customary six or nine monthly dental check-up is not a requirement. The aim of this measure is to encourage NHS dentists to recall patients for an oral health review based on the patient's need rather than on the accustomed six or nine month interval. This will improve access for patients who have a clinical need and reduces the financial cost to patients who do not need a frequent review. It also supports the contract reform programme which is collecting individual risk and need.				
75	Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	Quarter on quarter reduction towards the target of no more than 5%	Ward Watcher Critical Care Return (Welsh Government)	Monthly	Delivery & Performance	Revised
		Rationale: The number of delayed discharges from critical care across Wales is significant and can be associated with inefficient hospital flow. Delayed discharge from critical care can prevent patients who are critically ill from accessing the treatment they need and can have a detrimental effect on the rehabilitation of patients whose transfers are delayed. Furthermore, delays can be harmful to the patient's safety as they can result in out of hours discharge, cancelled operations and non-clinical transfers (which are all known to increase morbidity and mortality). A delayed transfer of care also has a financial implication, as a critical care bed is the most costly type of bed in a hospital. This measure looks to improve patient flow through the critical care unit by encouraging health boards to reduce the number of critical care bed days lost due to the delayed transfer of care.				

Delivery Measure		Target	Information Source	Reporting	Policy Area	Status
76	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Health Board specific target: A reduction no less than 5% of the total health board postponements for the previous financial year	Postponed Admitted Procedures Database	Monthly	Delivery & Performance	
		Rationale: Postponing operations for non-clinical reasons wastes resources as theatre slots are not utilised and re-scheduling appointments is an administrative burden. Furthermore, a postponement by the hospital can be both distressing and inconvenient to the patient. NHS Wales is required to understand the reasons for deferring procedures and to implement actions to minimise future incidents.				
77	Agency spend as a percentage of the total pay bill	NHS organisation specific target	Financial Monitoring Returns (Welsh Government)	Monthly	Workforce & Organisational Development	New
		Rationale: To ensure safe and sustainable NHS services across Wales, there is need to drive down agency and locum deployment and encourage people to return to the NHS labour market. This will provide a regular supply of staff who can provide a quality and consistent approach to patient care, whilst reducing overall spend.				
78	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	NWIS Clinical Coding Audit Reports	Annually	Technology & Digital	
		Rationale: It is essential that clinical coding is accurately recorded as it informs the analysis of key statistics. Information from clinical coding is used to monitor clinical outcomes, mortality rates, effectiveness of treatment and clinical governance; it informs patient and service level costings and; is used to examine public health trends.				

Summary of Revisions to Delivery Measures

In comparison with the published 2019-20 NHS Delivery Framework

Delivery Measure		Detail of Revision
10	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (age under 18 years and 18 years and over)	This measure is to be reported as two separate measures. One measure will report activity for those age under 18 years and the other measure will report activity for the age 18 years or over. Previously, this measure reported both age groups together.
11	Percentage of people in Wales at a GP practice (age 65 years or over) who are estimated to have dementia who are diagnosed	The wording of the measure has been revised since the NHS Delivery Framework 2019-2020 was published. This revision has not amended any data requirements.
12	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	There is a requirement to provide a copy of the organisation's Strategic Equality Plan as part of the return. Note: the provision of the Strategic Equality Plan does not replace the completion of the proforma.
13	Qualitative report detailing the achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss	There is a requirement to provide a copy of the organisation's plan for implementing the all Wales standards for accessible communication and information for people with sensory loss as part of the return. Note: the provision of the plan does not replace the completion of the proforma.
15	Qualitative report detailing progress against the 5 standards that enable the health and well-being of homeless and vulnerable groups to be identified and targeted	Although the reporting template remains unchanged, guidance has been included on the type of evidence that should be provided for each of the 5 standards.
27	Percentage compliance against the therapy target of an average 16.1 minutes of Speech and Language Therapist input per stroke patient	The wording of this measure was revised after the NHS Delivery Framework 2019-2020 was published. The revised wording was communicated to NHS organisations during 2019-2020 and remains unchanged since then.
29	Percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of decision to treat	The wording of this measure has been revised. The measure previously stipulated that treatment started from 31 days of diagnosis (regardless of referral route). This has been revised to 31 days of decision to treat.

Delivery Measure		Detail of Revision
36	Number of patients waiting for a follow-up outpatient appointment	The target for 2020-21 has been revised to: Health Board specific target - a reduction of 20% against a baseline of March 2020. The wording of this measure was revised after the NHS Delivery Framework 2019-2020 was published. The revised wording was communicated to NHS organisations during 2019-2020 and remains unchanged since then.
37	Number of patients waiting for a follow-up outpatient appointment who were delayed by over 100%	The target for 2020-21 has been revised to: Health Board specific target - a reduction of 20% against a baseline of March 2020. The wording of this measure was revised after the NHS Delivery Framework 2019-2020 was published. The revised wording was communicated to NHS organisations during 2019-2020 and remains unchanged since then.
38	Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments	The wording of this measure was revised after the NHS Delivery Framework 2019-2020 was published. The revised wording was communicated to NHS organisations during 2019-2020 and remains unchanged since then.
41	Percentage of mental health assessments undertaken within (up to and including 28 days) from the date of receipt of referral (age under 18 years and 18 years and over)	This measure is to be reported as two separate measures. One measure will report activity for those age under 18 years and the other measure will report activity for the age 18 years or over. Previously, this measure reported both age groups together.
42	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (age under 18 years and 18 years and over)	This measure is to be reported as two separate measures. One measure will report activity for those age under 18 years and the other measure will report activity for the age 18 years or over. Previously, this measure reported both age groups together.
47	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and Aeruginosa	The wording of the measure has been revised since the NHS Delivery Framework 2019-2020 was published. Data is reported as a cumulative number and not as cumulative rate per 100,000 population.

Delivery Measure		Detail of Revision
51	Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan	<p>The wording of this measure was revised after the NHS Delivery Framework 2019-2020 was published. The revised wording was communicated to NHS organisations during 2019-2020 and remains unchanged since then.</p> <p>Although the reporting template remains unchanged, guidance has been included on the type of evidence that should be provided for each of the objectives.</p>
52	Overall staff engagement score	<p>The reporting frequency for this measure has been confirmed as annual.</p> <p>The target has been revised from 'improvement' to an 'annual improvement'.</p> <p>The 'scale score method' for calculating this measure has been removed from the wording of the measure. The calculation method for 2020-2021 is to be agreed.</p>
54	Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	<p>The reporting frequency for this measure has been confirmed as annual.</p> <p>The target has been revised from 'improvement' to an 'annual improvement'.</p>
57	Percentage of sickness absence rate of staff	<p>The target for this measure was confirmed after the NHS Delivery Framework 2019-2020 was published. The confirmed target was communicated to NHS organisations during 2019-2020 and remains unchanged since then.</p>
58	Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	<p>The reporting frequency for this measure has been confirmed as annual.</p> <p>The target has been revised from 'improvement' to an 'annual improvement'.</p>
63	Crude hospital mortality rate (74 years of age or less)	<p>The calculation for this measure has changed. Day cases have been removed from both the numerator and denominator.</p>

Delivery Measure		Detail of Revision
69	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic age related prescribing unit)	The target for this measure has been revised to 'a quarterly reduction of 5% against a baseline of 2018-19'. Previously, the baseline was 2017-18.
75	Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	<p>Correction to the target. The target is a quarter on quarter reduction towards the target of no more than 5%.</p> <p>The information source has been revised from Ward Watcher to Ward Watcher Critical Care Return (Welsh Government).</p> <p>The reporting frequency for this measure has been changed to monthly. It was previously reported quarterly.</p>

Reporting Templates for Qualitative Measures

Advancing Equality and Good Relations

Organisation		<p>The Public Sector Equality Duty seeks to ensure that equality is properly considered within the organisation & influences decision making at all levels. To meet the requirements of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 Health Boards & NHS Trusts must consider how they can positively contribute to a fairer society through advancing equality & good relations in their day-to-day activities. The equality duty ensures that equality considerations are built into the design of policies & the delivery of services and that they are kept under review. This will achieve better outcomes for all.</p> <p>Reporting Schedule: Progress against the organisation's plan is to be reported bi-annually. This form is to be submitted on 31 October and 30 April. Completed form to be returned to: hss.performance@gov.wales</p>
Date of Report		
Report Prepared By		

Please attach a copy of the organisation's Strategic Equality Plan (SEP) which should set out how tackling inequality and barriers to access improves the health outcomes and experience of patients, their families and carers. Your SEP should also include equality objectives to meet the general duty covering the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race (including ethnic or national origin, colour or nationality), religion or belief (including lack of belief), marriage and civil partnership, sex, sexual orientation.

Update on the actions implemented during the current operational year to advance equality & good relations in the health board's day to day activities

	Key Actions Planned 2020-2021	Risks to Delivery Corrective Actions & By When	What was Achieved during April to Sept 2020	What was Achieved during Oct 2020 to Mar 2021
Planning & Performance Management				
IMTPs clearly demonstrate how the NHS organisation meets the duties associated with equality & human rights and the arrangements for equality impact assessment.				
Steps have been taken, where possible, to align equality impact & health needs assessments to ensure they take account of the 'protected characteristics' & utilise specific data sets & engagement activity.				
Equality impact assessment is embedded into service change/transformational programmes and service delivery plans and informed by the findings from the engagement and consultation and other evidence.				

	Key Actions Planned 2020-2021	Risks to Delivery Corrective Actions & By When	What was Achieved during April to Sept 2020	What was Achieved during Oct 2020 to Mar 2021
Governance				
The Health Board/NHS Trust receives assurance that processes are in place to identify Equality impact, undertake engagement and that mitigating actions are clearly set out. Committee or sub-committees confirm that equality impact assessments inform decision making.				
The Health Board/NHS Trust ensures that equality considerations are included in the procurement commissioning and contracting of services.				
Quality & Safety				
Links are made between equality and the quality initiatives set out in the Quality Improvement Strategy and Annual Quality Statement.				
Workforce				
There is evidence that employment information informs policy decision making and workforce planning.				
Numbers of staff who have completed mandatory equality and human rights training 'Treat Me Fairly' (TMF)				

Relevant Strategies and Guidance

- Equality and Human Rights Commission Wales (EHRC) <https://www.equalityhumanrights.com/en/commission-wales>
- Making Fair Financial Decisions: Guidance for Decision-makers - Equality and Human Rights Commission - <https://www.equalityhumanrights.com/en/advice-and-guidance/making-fair-financial-decisions>
- EHRC's "Is Wales Fairer?" 2018 • EHRC's "Is Wales Fairer?" 2018
- Welsh Government Equality Objectives 2016/17- <https://gov.wales/equality-annual-report-2016-2017>; <https://gov.wales/equality-plan-and-objectives-2016-2020>
- Organisations Revised Strategic Equality Plans 2016 - 20
- EIA Practice Hub – NHS CEHR/WLGA 2015 – <http://www.eiapractice.wales.nhs.uk/home>
- The Essential Guide to the Public Sector Equality Duty: An Overview for Public Authorities in Wales (EHRC)- <https://www.equalityhumanrights.com/en/publication-download/essential-guide-public-sector-equality-duty-overview-listed-public-authorities>
- Welsh Government (2018). Well-being of Wales Report 2017-18. URL <https://gov.wales/sites/default/files/statistics-and-research/2019-01/well-being-wales-2017-18.pdf>
- Chwarae Teg (2018). Rapid Review of Gender Equality Phase One. URL <https://www.cteg.org.uk/wp-content/uploads/2018/07/final-Rapid-Review-of-Gender-Equality-Phase-One.pdf>

Accessible Communication and Information for People with Sensory Loss

NHS Organisation	
Date of Report	
Report Prepared By	

The All Wales Standard for Accessible Communication and Information for People with Sensory Loss sets out the standards of service delivery that people with sensory loss should expect when they access healthcare. These standards apply to all adults, young people and children. The Accessible Information Standard requirements sit alongside the 'Standards' as an enabler to implementing them.

Reporting Schedule: Progress against the organisation's action plan for the current operational year is to be reported bi-annually. This form is to be submitted on 31 October and 30 April.

Completed form to be returned to: hss.performance@gov.wales

Please attach an updated action plan that you may have in place to implement the All Wales Standard for Accessible Communication & Information for People with Sensory Loss

Needs Assessments	Key Actions Achieved April to September 2020	Key Actions Achieved October 2020 to March 2021	Risks to Delivery	Corrective Actions & By When
All public & patient areas should be assessed to identify the needs of people with sensory loss				
All public information produced by organisation should be assessed for accessibility prior to publication.				

Standards of Service Delivery	Key Actions Achieved April to September 2020	Key Actions Achieved October 2020 to March 2021	Risks to Delivery	Corrective Actions & By When
Health Prevention (Promotion Screening, SSW, Flu Vaccination, Bump Baby & Beyond). Priority areas include:				
Raising staff awareness				
Ensuring all public information is accessible for people with sensory loss				
Accessible appointment systems				

Standards of Service Delivery	Key Actions Achieved April to September 2020	Key Actions Achieved October 2020 to March 2021	Risks to Delivery	Corrective Actions & By When
Communication models				
Primary and Community Care. Priority areas include:				
Raising staff awareness				
Accessible appointment systems				
Communication models				
Implementation of the Accessible Information Standard				
Secondary Care. Priority areas include:				
Raising staff awareness				
Accessible appointment systems				
Communication models				
Implementation of the Accessible Information Standard				

Standards of Service Delivery	Key Actions Achieved April to September 2020	Key Actions Achieved October 2020 to March 2021	Risks to Delivery	Corrective Actions & By When
Emergency & Unscheduled Care. Priority areas include:				
Raising staff awareness				
Communication models				
Concerns & Feedback (CF). Areas include:				
Highlighting current models of CF in place which would support individuals with sensory loss to raise a concern or provide feedback				
Highlight any CFs received in sensory loss and actions taken				
Patient Experience*				
Mechanisms are in place to seek and understand the patient's experience of accessible communication and information				
	Key Themes		Corrective Actions & By When	
The key themes to emerge from patient experience feedback (both positive and negative)				
<p>* Patient experience mechanism and themes to be documented in this return applies specifically to patients with sensory loss who have accessible communication and information needs. There is a requirement in the NHS Delivery Framework for NHS organisations to provide an update on patient experience for all patients (not just for those with accessible communication or information needs). This is to be reported on a separate proforma entitled 'Evidence of how organisations are responding to patient feedback to improve services' and links to the NHS Framework for Assuring Service User Feedback.</p>				

Learning Disabilities – Improving Lives Programme

NHS Organisation	
Date of Report	
Report Prepared By	

The learning disability transformation programme 'Improving Lives' <https://gov.wales/sites/default/files/publications/2019-03/learning-disability-improving-lives-programme-june-2018.pdf> outlines the priority areas that will strengthen services and subsequently improve the lives of people with learning disabilities. The delivery of these priority areas involves collaborative working across NHS Wales, Regional Partnership Boards, Public Service Boards, Local Authorities and the third and private sectors. NHS organisations are required to evidence how they are contributing towards the priority areas of the 'Improving Lives' programme and in particular, the recommendations/actions outlined in this reporting template.

Reporting Schedule: Progress for the current operational year is to be reported bi-annually. This form is to be submitted on 31 October and 30 April. **The completed form is to be returned to: hss.performance@gov.wales**

Recommendation: Implementation of evidence based interventions e.g. Positive Behavioural Support (PBS) and active support training programmes and awareness sessions across services and the lifespan. Starting with guidance for children and parents and carers and linking to the ACE awareness training and learning from the English STOMP (STop Over Medicating People) programme.

Key Action: Promote the use of PBS in all settings and raise awareness of the appropriate and safe use of restraint.

Achievements	Risk to Delivery	Corrective Actions
Reporting Period: 1 April 2020 to 30 September 2020		
Reporting Period: 1 October 2020 to 31 March 2021		

Recommendation: Develop integrated housing, health, social care models and guidance, learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilising part of the potentially expanded integrated capital and revenue care fund.

Key Action: As a member of the Regional Partnership Board drive integrated services across health, housing, social services and the third sector. People with a learning disability are one of the key priority groups for funding under the Integrated Care Fund.

Achievements	Risk to Delivery	Corrective Actions
Reporting Period: 1 April 2020 to 30 September 2020		
Reporting Period: 1 October 2020 to 31 March 2021		

Recommendation: To enable a person centred approach through developing models of funding to enable joint packages of care through social care funding and health care funding to prevent delayed transfers of care and inappropriate placements/ accommodation.

Key Action: As a member of the Regional Partnership Board jointly assess, plan and provide efficient and effective integrated and sustainable care and support services. Their purpose is to improve the outcomes and well-being of people with care and support needs.

Achievements	Risk to Delivery	Corrective Actions
Reporting Period: 1 April 2020 to 30 September 2020		
Reporting Period: 1 October 2020 to 31 March 2021		

Recommendation: Primary Health Care: Improve the take up and quality of annual health checks to monitor and identify health needs (target: 75% of all individuals registered with their GP practise who have a diagnosed learning disability are to have an annual health check).

Key Action: (1) Review the role of community learning disability teams to support delivery of the annual health checks (primary care cluster level), supporting step-down and children and young people's services. (2) Establish a community learning disability link nurse for every primary care cluster.

Achievements	Risk to Delivery	Corrective Actions
Reporting Period: 1 April 2020 to 30 September 2020		
Reporting Period: 1 October 2020 to 31 March 2021		

Recommendation: Secondary Health Care: To ensure reasonable adjustments are made for people with a learning disability through using care bundles, having learning disability champions, system flagging and increasing the number of learning disability liaison nurses across Wales. To ensure traffic light systems/health passports are put in place. Roll out of the health equalities framework.

Achievements	Risk to Delivery	Corrective Actions
Reporting Period: 1 April 2020 to 30 September 2020		
Reporting Period: 1 October 2020 to 31 March 2021		

Recommendation: To ensure that people with complex needs have timely and easy access to learning disability specialist services through mainstreaming multi-disciplinary teams, reviewing health's bed placed provision and developing appropriate care services e.g. trauma informed care, PBS, mental health and out of hours access.

Achievements	Risk to Delivery	Corrective Actions
Reporting Period: 1 April 2020 to 30 September 2020		
Reporting Period: 1 October 2020 to 31 March 2021		

Improving the Health and Well-being of Homeless & Specific Vulnerable Groups

Health Board	
Date of Report	
Report Prepared By	

Health Boards are expected to have in place assessments and plans to identify and target the health & well-being needs of homeless & vulnerable groups of all ages in the local area. Vulnerable groups are people identified as: homeless, asylum seekers & refugees, gypsies & travellers, substance misusers, EU migrants who are homeless or living in circumstances of insecurity.

Reporting Schedule: Progress against the Health Board's action plan is to be reported bi-annually. This form is to be submitted on 31 October and 30 April to cover the period April 2020 to March 2021.

Completed form to be returned to: hss.performance@gov.wales

Standards	Key Actions Achieved April to September 2020	Key Actions Achieved October 2020 to March 2021	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each Standard				
1. Leadership The Health Board demonstrates leadership driving improved health outcomes for homeless and vulnerable groups.				
2. Joint Working The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders to improve health of vulnerable groups and contribute to the prevention of homelessness				
3. Health Intelligence The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders and demonstrates an understanding of the profile and health needs of homeless people & vulnerable groups in their area.				

Standards	Key Actions Achieved April to September 2020	Key Actions Achieved October 2020 to March 2021	Risks to Delivery	Corrective Actions
4. Access to Healthcare Homeless and vulnerable groups have equitable access to a full range of health and specialist services.				
5. Homeless & Vulnerable Groups' Health Action Plan (HaVGHP) The Health Board leads the development, implementation & monitoring of the HaVGHP (as an element of the Single Integrated Plan & regional commissioning strategies) in partnership with the Local Authority, service users, third sector & other stakeholders.				

To prevent separate updates being commissioned for vulnerable groups, please ensure that the update you provide considers all vulnerable groups.

- For gypsy and travellers, when providing an update, please consider the outcome measures as detailed in 'Travelling for Better Health'. Travelling for Better Health is available at: <http://gov.wales/docs/dhss/publications/150730measuresen.pdf>
- For refugee and asylum seekers, when providing an update, please consider the key actions required within the guidance issued in December 2018, available at: <https://gov.wales/docs/dhss/publications/health-and-wellbeing-provision-for-refugees-and-asylum-seekers.pdf>

Evidence Checklist: Improving the Health and Well-being of Homeless & Specific Vulnerable Groups

General: The Health Board leads the development, implementation and monitoring of the HaVGHAP (as an element of the Single Integrated Plan & regional commissioning strategies) in partnership with the Local Authority, service users, third sector & other stakeholders.	
	Questions to consider when completing the reporting template
Risks to Delivery	<ul style="list-style-type: none"> • Has there been an increase in the numbers of people within specific vulnerable groups you are supporting or is there an element of increased complexity? • Has there been a change in funding allocated to the vulnerable groups from either a health, local authority or third sector perspective; which effects how the Health Board may support the group? • Are there sufficiently skilled staff to deliver services and meet the needs of the homeless and vulnerable groups? • Despite there being identified needs across the whole population, the Health Board is only currently providing a service within one region.
Leadership	<ul style="list-style-type: none"> • Does the Health Board have a lead/named person who has responsibility for the strategic direction and service delivery for homelessness and vulnerable groups? • Do the single integrated plan and regional commissioning strategies include information on homelessness and vulnerable groups or is there a separate strategic plan which specifically focuses on this area? If not what are the governance arrangements?
Joint Working	<ul style="list-style-type: none"> • How do the Local Authority, Third Sector and people who use services inform the strategic plan and shape service delivery?
Health Intelligence	<ul style="list-style-type: none"> • Does the Health Board identify the needs of homeless and vulnerable groups within their community through their population needs assessment? • Is any additional information collected to inform how services are developed and or delivered? (For example National Rough Sleeper count, Stats Wales, Home office data, information from GPs and Local Authorities).
Access to Healthcare	<ul style="list-style-type: none"> • How does the Health Board ensure that vulnerable groups with different language, culture and communication needs are supported to access health services? How widely is the language line used, are other translation services used within the Health Board, do people have access to a clinician or staff who speak their language and have staff attended cultural competency training? • How does the Health Board support all vulnerable groups to access generic health services? The response should consider GPs, dental care and whether information is available to signpost people about the services available? • Has the Health Board got any specialist services/support for the different vulnerable groups? <p>(e.g. homelessness in x region is a significant issue and research tells us that this group has poorer health and accesses health services far less than the general population. We have developed a specialist team which includes a lead GP, nurse specialist and mental health worker. We work closely with charities and undertake outreach work in the community).</p>

Delivering the Welsh Language Objectives as defined in the More Than Just Words Action Plan

NHS Organisation	
Date of Report	
Report Prepared By	

Each Health Board and Trust is expected to implement actions to deliver the objectives that are outlined in the More Than Just Words Action Plan. This plan has been developed to meet the care needs of Welsh speakers, their families or carers in health, social services and social care. Actions to deliver the objectives are to cover both primary and secondary care sectors.

Reporting Schedule: Progress against actions to deliver More Than Just Words is to be reported bi-annually. This form is to be submitted on 31 October and 30 April.

Update on the actions implemented to deliver the objectives in the More Than Just Words Action Plan

Objective	Supporting Evidence		
	Key Actions Achieved	Risk to Delivery	Corrective Actions
Planning, Commissioning & Contracting People to be assured that their Welsh language needs and choices influence and are rooted in the planning, commissioning and contracting of health and social care services and are regularly reviewed. Evidence required includes: <ul style="list-style-type: none"> How Welsh language population profiles have influenced planning and commissioning; Actions taken to improve and support Welsh language services in primary care. 	October 2020 Update		
	March 2021 Update		
Active Offer People are aware of the 'Active Offer' and there is a visible commitment and active engagement in providing care centred on their language preference. Evidence required includes: <ul style="list-style-type: none"> Initiatives to communicate and increase awareness of the 'Active Offer'; Sharing of best practice and involvement in the More Than Just Words regional forum; Engaging with schools and colleges on the importance of Welsh language skills in recruiting your future workforce. 	October 2020 Update		
	March 2021 Update		

Objective	Supporting Evidence		
	Key Actions Achieved	Risk to Delivery	Corrective Actions
Education People can be assured that education and professional bodies understand the importance of and have Welsh language needs embedded in curriculums, training programmes and policies. Evidence required includes: <ul style="list-style-type: none"> • <i>Work with Coleg Cymraeg to enable Welsh speaking students to be paired/ mentored with Welsh speaking staff.</i> 	October 2020 Update		
	March 2021 Update		
Use of Welsh To increase the use of Welsh across health and social care workplaces. Evidence required includes: <ul style="list-style-type: none"> • <i>Support to increase confidence of staff to use Welsh in the workplace;</i> • <i>Support for staff to learn and develop their Welsh language skills.</i> 	October 2020 Update		
	March 2021 Update		
Leadership People are assured of the commitment of those in leadership roles across health and social care on providing and developing Welsh language services according to choice and need. Evidence required includes: <ul style="list-style-type: none"> • <i>How the Board and senior leadership have demonstrated commitment and ensured resources are in place (e.g. Board papers, discussion items on committees, use of Welsh by senior leaders.)</i> 	October 2020 Update		
	March 2021 Update		

Objective	Supporting Evidence		
	Key Actions Achieved	Risk to Delivery	Corrective Actions
Technology/Terminology Systems People are assured that the Welsh language is mainstreamed into health and social care technology/ terminology systems. Evidence required includes: <ul style="list-style-type: none"> • <i>Developments in increasing the Welsh language capacity of current systems;</i> • <i>Encouraging the use of bilingual digital systems you have in place.</i> 	October 2020 Update		
	March 2021 Update		

Completed form to be returned to: hss.performance@gov.wales

Learning and Development in line with The Good Work - Dementia Learning and Development Framework

Health Board/Trust	
Date of Report	
Completed By	
E-mail	

As outlined in the '[Good Work – Dementia Learning and Development Framework](#)' all staff who work for NHS Wales need to have a solid awareness of dementia and the issues that surround it so that they can support people with dementia to live well. NHS organisations are required to evidence the actions that have been implemented to deliver and record training at an informed, skilled and influencer level.

Reporting Schedule: Progress for the current operational year is to be reported bi-annually. This form is to be submitted on 31 October and 30 April. **The completed form is to be returned to: hss.performance@gov.wales**

	Achievements for 2020-2021	Issues Impacting Delivery	Corrective Actions
Informed Level			
Training delivered at an informed level. <i>Focusing on Dementia Friends training programme and essential communication skills.</i>	Update at 30 September 2020		
	Update at 31 March 2021		
Skilled Level			
Actions to identify staff groups that require training at a skilled level.	Update at 30 September 2020		
	Update at 31 March 2021		
Training delivered at a skilled level. <i>Covering the well-being themes of: rights & entitlement; physical & mental health; physical environment; social & economic well-being; safeguarding; meaningful living; meaningful relationships; community inclusion & contribution.</i>	Update at 30 September 2020		
	Update at 31 March 2021		

	Achievements for 2020-2021	Issues Impacting Delivery	Corrective Actions
Mechanisms to record the completion of training at a skilled level. <i>Including details of how the organisation will measure the impact the learning is having on practice.</i>	Update at 30 September 2020		
	Update at 31 March 2021		
Influencer Level			
Actions to identify staff groups that require training at an influencer level.	Update at 30 September 2020		
	Update at 31 March 2021		
Training delivered at an influencer level. <i>Focusing on: drivers, policy & research; effective service mapping & co-ordinated delivery; collaborative & integrated working; shared values; creating & owning a clear & shared vision; culture & language; delivering excellence; creative approaches; safeguarding and; quality assurance & improvement.</i>	Update at 30 September 2020		
	Update at 31 March 2021		
Mechanisms to record the completion of training at an influencer level. <i>Including details of how the organisation will measure the impact the learning is having on practice.</i>	Update at 30 September 2020		
	Update at 31 March 2021		

Responding to Service User Experience to Improve Services

NHS Organisation	
Date of Report	
Report Prepared By	

The NHS Framework for Assuring Service User Experience explains the importance of gaining service user experience feedback in a variety of ways using the four quadrant model (real time, retrospective, proactive/reactive and balancing). It outlines three domains to support the use and design of feedback methods and is intended to guide and complement service user (patient) feedback strategies in all NHS Wales organisations. NHS organisations are required to evidence that service user experience feedback is gathered and acted upon in all care settings (as applicable).

Reporting Schedule: Evidence of how NHS organisations are responding to service user experience feedback to improve/redesign their services is to be reported annually. This form is to be submitted on 30 September to cover the period April 2019 to March 2020. **Return form to:** hss.performance@gov.wales

	What has your organisation done to encourage feedback from service users on their experience of your services?	What has your organisation done to respond to service user feedback to improve/redesign your services? Please provide examples of improvements.	How have you communicated improvements to your service users? e.g. 'you said, we did' notice boards, social media, posters
Prevention Services and Health Promotion. This includes Screening Services			
Primary Care/Community Care			
Planned Care			
Emergency & Unscheduled Care			
Patient Transport			

Retired NHS Delivery Measures

Delivery Measures in the NHS Delivery Framework 2019-2020 that will not be reported via the NHS Delivery Framework 2020-2021

NHS Delivery Measure (reference number & description taken from the 2019-20 NHS Delivery Framework)	
1	Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)
4	Percentage of children who are 10 days old within the reporting period who are eligible for a contact and received 10-14 days health visitor component of the Healthy Child Wales Programme
9	Percentage of people with learning disabilities who have an annual health check
10	Percentage of compliance for staff appointed to new roles where a child barred list check is required
11	Percentage of compliance for staff appointed to new roles where an adult barred list check is required
13	Amenable mortality per 100,000 of the European standardised population
20	Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients
22	Number of Patient Safety Solution Wales Alerts and Notices that were not assured within the agreed timescales
23	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales
24	Number of new never events
27	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of death
29	Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework
30	Percentage of episodes clinically coded within 1 reporting month post episode discharge end date
33	Number of Health and Care Research Wales clinical research portfolio studies
34	Number of Health and Care Research Wales commercially sponsored studies
42	Percentage of adults (age 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect
44	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital
45	Percentage of employed NHS staff completing dementia training at an informed level
46	Percentage of GP practice teams that have completed training in dementia or other training as outlined under the Directed Enhanced Services (DES) for mental illness

NHS Delivery Measure (reference number & description taken from the 2019-20 NHS Delivery Framework)	
47	Percentage of people (age 16+) who found it difficult to make a convenient GP appointment
48	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours
49	Percentage of Out of Hours (OoH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment
51	Percentage of the health board population regularly accessing NHS primary dental care
62	Percentage of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA
79	Number of calls to the mental health helpline CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population
80	Number of calls to the Wales Dementia Helpline by Welsh residents per 100,000 of the population (age 40+)
81	Number of calls to the DAN 24/7 Helpline (drugs and alcohol) by Welsh residents per 100,000 of the population
83	All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place