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# **NHS Wales Delivery Framework and Guidance 2021-2022**

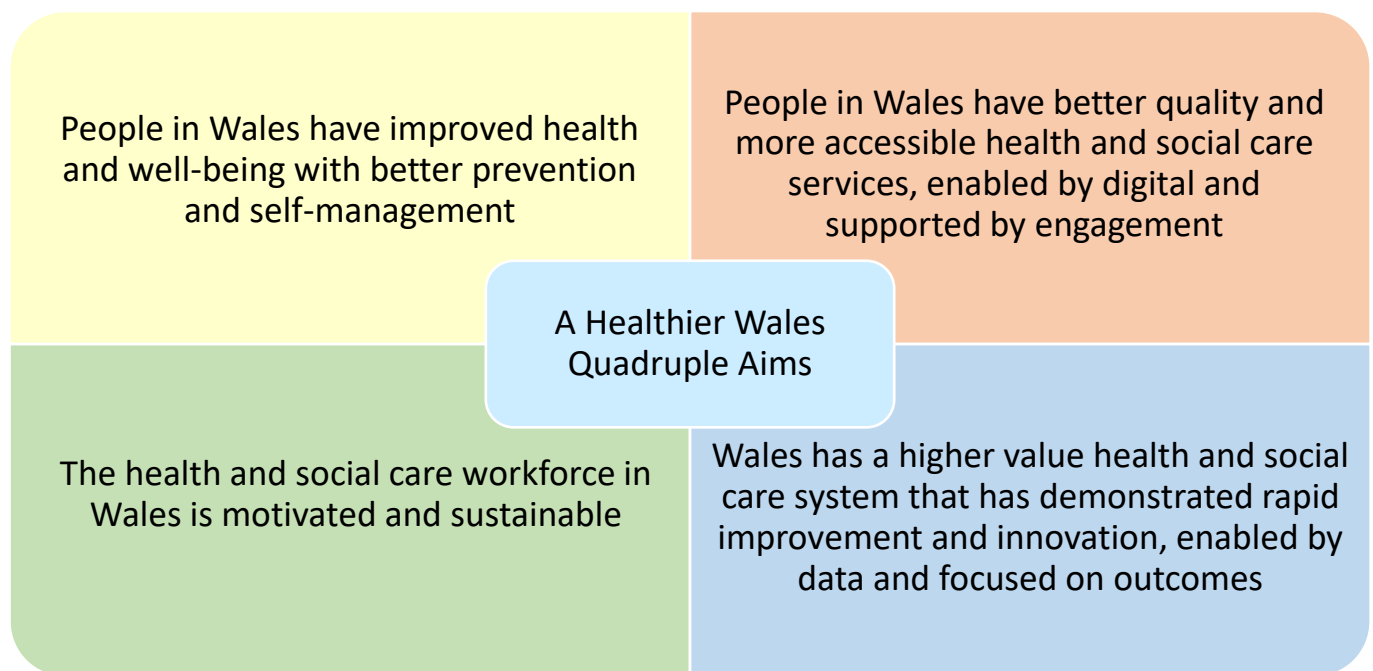
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## NHS Delivery Framework 2021-2022

The NHS Delivery Framework for 2021-2022 is an interim document whilst further work is undertaken to identify outcome focused measures that deliver the priorities of the Outcomes Framework for Health and Social Care. As the Outcomes Framework for Health and Social Care is a recommendation of A Healthier Wales: Long Term Plan for Health and Social Care, all of the measures in the NHS Delivery Framework for 2021-2022 have been mapped to A Healthier Wales' quadruple aims.



## 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
- 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
- Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years
- Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years
- Percentage of women resident and eligible for breast screening at a particular point in time will have been screened within the previous three years
- 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
- 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 adults 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 completed
- 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
- Median time from arrival at an emergency department to triage by a clinician
- Median time from arrival at an emergency department to assessment by a senior clinical decision maker
- Percentage of survival within 30 days of emergency admission for a hip fracture
- Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours
- 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 daily compliance with 2.375 (WTE) band 6 and 7 nurses per 10 stroke beds
- Percentage of stroke patients who receive mechanical thrombectomy

**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 stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days
- 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
- Percentage of stage 4 referral to treatment pathways with a priority code recorded on the Patient Administration System
- Percentage of patients on the P2 assigned pathway waiting over 4 weeks
- 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 appointments attended which were within their clinical target date or within 25% beyond their clinical target date
- Rate of hospital admissions with any mention of intentional self-harm for children and young people (age 10-24 years) per 1,000 population
- Percentage of patients waiting less than 28 days for a first 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 an ADHD or ASD neurodevelopment assessment
- Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health
- Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA); C.difficile
- Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp; Aeruginosa

### **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.

- 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 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 report that their line manager takes a positive interest in their health and well-being

**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.

- Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales
- 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
- Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target
- Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target
- Crude hospital mortality rate (74 years of age or less)
- 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 as an emergency with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening
- 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 specific therapeutic group age-sex related prescribing units (STAR-PUs)
- Percentage of secondary care antibiotic usage within the WHO Access category
- 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 critical care bed days lost to delayed transfer of care (ICNARC definition)
- Agency spend as a percentage of the total pay bill
- Percentage of episodes clinically coded within one reporting month post episode discharge end date



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# NHS Wales Delivery Framework Guidance Document for 2021-2022

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## **Introduction**

This guidance outlines how the delivery measures in the NHS Delivery Framework 2021-2022 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 2021-2022 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 46 to 65. 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 reporting activity for the period 1 October 2020 to 31 March 2022, as revisions have been made to the reporting templates from the previous year. The reporting period for 2021-2022 has been adapted to accommodate peaks in service pressures during the response to the COVID-19 pandemic.

### **New Measures**

To reflect priority areas, ten new measures have been included in the framework for 2021-2022. These measures are:

- Percentage of adults regularly accessing NHS primary dental care within 24 months
- Median time from arrival at an emergency department to triage by a clinician
- Median time from arrival at an emergency department to assessment by a senior clinical decision maker
- Percentage of daily compliance with 2.375 (WTE) band 6 and 7 nurses per 10 stroke beds
- Percentage of stroke patients who receive mechanical thrombectomy
- Percentage of stage 4 referral to treatment pathways with a priority code recorded on the Patient Administration System
- Percentage of patients on the P2 assigned pathway waiting over 4 weeks
- Percentage of staff who report that their line manager takes a positive interest in their health and well-being

- Percentage of secondary care antibiotic usage within the WHO Access category
- Percentage of episodes clinically coded within one reporting month post episode discharge end date

## **Revised Measures**

Since the publication of last year's NHS Delivery Framework, a number of the existing delivery measures have been revised for 2021-2022. The main reasons for these revisions are: to reflect changes in delivery targets to promote and encourage continuous improvement and; to capture changes in data information sources.

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 42 to 45).

## **Removed Measures**

Following a review of the 2020-2021 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. The main reasons for removing these measures include: the quality of the data is not robust enough; the measure is no longer applicable due to changes in service delivery; the measure is operationalised through an alternative reporting mechanism or; an alternative measure has been identified.

For ease of reference, all the outcome indicators and performance measures that have not been carried forward into the 2021-2022 edition of the framework are noted on pages 66 and 67.

## **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 Wales Leadership Board
- Integrated Quality, Planning and Delivery\*
- Joint Executive Team\*

#### Welsh Government Meetings:

- Executive Directors Team
- Quality 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.

#### **Reporting of COVID-19 Measures**

Delivery measures monitoring the response to the COVID-19 pandemic (e.g. hospital admissions, vaccination rates etc.) are to be reported via established mechanisms that fall outside of the NHS Delivery Framework. COVID-19 measures will continue to be monitored and discussed at the NHS and Welsh Government meetings as outlined above.

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# NHS Wales Delivery Measures for 2021-2022

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## 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       |        |
|                  |   | <b>Rationale:</b> 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 help 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 |        |
|                  |   | <b>Rationale:</b> 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 |        |
|                  |   | <b>Rationale:</b> 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    |        |
|                  |  | <b>Rationale:</b> 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                | 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 |        |
|                  |  | <b>Rationale:</b> 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 |
|------------------|--|---|--|-----------|------------------|--------|
| 6                | 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 |        |
|                  |  | <p><b>Rationale:</b> 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> |  |           |                  |        |
| 7                | Uptake of the influenza vaccination among: <ul style="list-style-type: none"><li>• 65 year olds and over</li><li>• under 65s in risk groups</li><li>• pregnant women</li><li>• health care workers</li></ul> | 75% (65+)<br>55% (risk group)<br>75% (pregnant)<br>60% (workers)  | Public Health Wales                          | Annually  | Public Health    |        |
|                  |  | <p><b>Rationale:</b> 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>   |  |           |                  |        |

| Delivery Measure |   | Target   | Information Source   | Reporting | Policy Area                                  | Status  |
|------------------|---|--|--|-----------|--|---------|
| 8                | <b>Cancer screening coverage for:</b> <ul style="list-style-type: none"> <li>Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years</li> <li>Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years</li> <li>Percentage of women resident and eligible for breast screening at a particular point in time will have been screened within the previous three years</li> </ul> | <b>Standards:</b><br>60% (bowel)<br>70% (breast)<br>80% (cervical)   | <b>Public Health Wales Informatics System</b><br><b>Screening Division Informatics System</b>  | Annually  | Public Health                                | Revised |
|                  |   | <b>Rationale:</b> 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, coverage rate (focusing on eligible people having a test within the specific time period) needs to improve. A combination of awareness raising and more acceptable testing will help to achieve this. |  |           |  |         |
| 9                | <b>Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan</b> <ul style="list-style-type: none"> <li>Under 18 years</li> <li>18 years and over</li> </ul>   | 90%  | <b>Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)</b> | Monthly   | Mental Health, Vulnerable Groups & Offenders |         |
|                  |   | <b>Rationale:</b> 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.   |  |           |  |         |

| Delivery Measure |   | Target  | Information Source   | Reporting | Policy Area                                  | Status |
|------------------|---|---|--|-----------|--|--------|
| 10               | 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<br>NHS Digital<br>CFAS11 | Annually  | Mental Health, Vulnerable Groups & Offenders |        |
|                  |   | <b>Rationale:</b> 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  |
|------------------|---|--|--|-------------|--|---------|
| 11               | 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 |
|                  |   | <b>Rationale:</b> 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.  |  |             |  |         |
| 12               | 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 |         |
|                  |   | <b>Rationale:</b> 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. |  |             |  |         |
| 13               | 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                                |         |
|                  |   | <b>Rationale:</b> 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 |
|------------------|---|--|---|-------------|--|--------|
| 14               | 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 |        |
|                  |   | <b>Rationale:</b> 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.  |   |             |  |        |
| 15               | 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                                 |        |
|                  |   | <b>Rationale:</b> 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. |   |             |  |        |
| 16               | 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                 |        |
|                  |   | <b>Rationale:</b> 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.  |   |             |  |        |

| Delivery Measure |  | Target   | Information Source                                  | Reporting | Policy Area                  | Status  |
|------------------|--|--|---|-----------|------------------------------|---------|
| 17               | Percentage of adults regularly accessing NHS primary dental care within 24 months  | 4 quarter improvement trend  | NHS Business Services Authority                     | Quarterly | Primary Care Dental Services | New     |
|                  |  | <b>Rationale:</b> Although access to an NHS dentist has improved across Wales, there are still some localised problems, and due to COVID-19, the number of patients accessing NHS dental services is below previous years. To address this, a focus is being placed on the recovery of dental services (following the pandemic), which will include increased access, particularly for those most at risk. This will involve encouraging NHS dental practices to take on new patients. |   |           |                              |         |
| 18               | 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 completed | 90%  | Out of Hours/111 Data Collection (Welsh Government) | Monthly   | Delivery & Performance       | Revised |
|                  |  | <b>Rationale:</b> 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.  |   |           |                              |         |
| 19               | 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       |         |
|                  |  | <b>Rationale:</b> 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 |
|------------------|--|---|--|-----------|------------------------|--------|
| 20               | Number of ambulance patient handovers over 1 hour  | 0   | Welsh Ambulance Service NHS Trust (WAST) | Monthly   | Delivery & Performance |        |
|                  |  | <p><b>Rationale:</b> 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> |  |           |                        |        |
| 21               | 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><b>Rationale:</b> Patients attending A&amp;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&amp;E, health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services.</p>  |  |           |                        |        |
| 22               | 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><b>Rationale:</b> 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&amp;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&amp;E whilst maintaining services that are effective and safe.</p>  |  |           |                        |        |
| 23               | Median time from arrival at an emergency department to triage by a clinician   | 12 month reduction trend  | Emergency Department Data Set (EDDS)     | Monthly   | Delivery & Performance | New    |
|                  |  | <p><b>Rationale:</b> This triage measure identifies the length of time people wait for triage once they arrive at an emergency department. It enables the public and health boards to better understand the level of clinical priority of patients attending emergency departments, and how quickly they are triaged (a wait of 15 minutes or less is considered to be good practice). The data is split by triage/acuity category to understand the timeliness of triage for the most acutely ill to those with non-urgent conditions. This measure will eventually be published as a 'median' value for each emergency department in Wales.</p>         |  |           |                        |        |

| Delivery Measure |  | Target  | Information Source                   | Reporting | Policy Area             | Status |
|------------------|--|---|--------------------------------------|-----------|-------------------------|--------|
| 24               | Median time from arrival at an emergency department to assessment by a senior clinical decision maker  | 12 month reduction trend  | Emergency Department Data Set (EDDS) | Monthly   | Delivery & Performance  | New    |
|                  |  | <b>Rationale:</b> This measure identifies the length of time people wait for a clinical decision maker assessment when arriving at an emergency department (as assessment within 60 minutes is considered to be good practice). This measure enables time-critical conditions to be identified and interventions to be delivered rapidly.   |                                      |           |                         |        |
| 25               | Percentage of survival within 30 days of emergency admission for a hip fracture  | 12 month improvement trend  | CHKS                                 | Monthly   | Major Health Conditions |        |
|                  |  | <b>Rationale:</b> 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. |                                      |           |                         |        |
| 26               | 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 |        |
|                  |  | <b>Rationale:</b> 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.  |                                      |           |                         |        |



| Delivery Measure |  | Target  | Information Source                     | Reporting | Policy Area                            | Status |
|------------------|--|---|--|-----------|--|--------|
| 27               | 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                 |        |
|                  |  | <b>Rationale:</b> 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).  |  |           |  |        |
| 28               | Percentage of daily compliance with 2.375 (WTE) band 6 and 7 nurses per 10 stroke beds   | 100%  | NHS Delivery Unit                      | Monthly   | Workforce & Organisational Development | New    |
|                  |  | <b>Rationale:</b> Minimum nursing staffing levels on stroke units have been defined in hyper-acute stroke service reconfigurations, and observational evidence is accumulating from national registries about acute care processes that are associated with substantial benefits, including outside office hours and at weekends (Rudd 2014, Ramsay et al, 2015, Turner et al, 2016). In view of this evidence, the minimum recommended staffing levels are expressed in the Sentinel Stroke Audit Programme (SSNAP) as 2.375 band 6 and 7 nursed per 10 beds. (SSNAP Criterion: Sum of band 6 and 7 (WTE) nurses per 10 stroke unit beds is equal/to above 2.375 per 10 beds for all stroke beds). |  |           |  |        |
| 29               | Percentage of stroke patients who receive mechanical thrombectomy  | 10%   | Sentinel Stroke National Audit (SSNAP) | Monthly   | Delivery & Performance                 | New    |
|                  |  | <b>Rationale:</b> Mechanical thrombectomy is a relatively new procedure to treat ischaemic stroke patients. When it is used in conjunction with other medical treatments, it can significantly reduce the severity of disability that a stroke can bring. Due to the need to perform the procedure as soon as stroke symptoms begin, approximately 10% of all stroke patients could be eligible for this treatment every year.  |  |           |  |        |

| Delivery Measure |   | Target  | Information Source                             | Reporting | Policy Area            | Status  |
|------------------|---|---|--|-----------|------------------------|---------|
| 30               | Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days                      | 50%   | Sentinel Stroke National Audit (SSNAP)         | Monthly   | Delivery & Performance | Revised |
|                  |   | <b>Rationale:</b> 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. |  |           |                        |         |
| 31               | Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) | 75%   | Suspected Cancer Pathway Data Set (NDR – DHCW) | Monthly   | Delivery & Performance | Revised |
|                  |   | <b>Rationale:</b> 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.<br><br>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).  |  |           |                        |         |
| 32               | Number of patients waiting more than 8 weeks for a specified diagnostic   | 0   | Diagnostic & Therapies Waiting Times Dataset   | Monthly   | Delivery & Performance |         |
|                  |   | <b>Rationale:</b> 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.  |  |           |                        |         |

| 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 |        |
|                  |   | <b>Rationale:</b> 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 |        |
|                  |   | <b>Rationale:</b> 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 |        |
|                  |   | <b>Rationale:</b> 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               | Percentage of stage 4 referral to treatment pathways with a priority code recorded on Patient Administration System | 12 month improvement trend   | DHCW (new data set to be developed)          | Monthly   | Delivery & Performance | New    |
|                  |   | <b>Rationale:</b> 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 encourages improvement in the timeliness of treatment by ensuring that surgical capacity (during peaks in demand) is targeted to clinical pathways with the highest priority. |  |           |                        |        |

| Delivery Measure |  | Target   | Information Source  | Reporting | Policy Area            | Status          |
|------------------|--|--|---|-----------|------------------------|-----------------|
| 37               | Percentage of patients on the P2 assigned pathway waiting over 4 weeks                         | 12 month improvement trend   | DHCW (new data set to be developed)                             | Monthly   | Delivery & Performance | New Development |
|                  |  | <b>Rationale:</b> 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 encourages improvement in the timeliness of treatment by ensuring that patients on the P2 pathway (due to being a high clinical priority and requiring essential care) are seen within 4 weeks of assessment. |   |           |                        |                 |
| 38               | Number of patients waiting for a follow-up outpatient appointment                              | Health Board specific target: a reduction of 55% against a baseline of March 2019  | Outpatient Follow-Up Delay Monitoring Return (Welsh Government) | Monthly   | Delivery & Performance | Revised         |
|                  |  | <b>Rationale:</b> 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.   |   |           |                        |                 |
| 39               | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | Health Board specific target: a reduction of 55% against a baseline of March 2019  | Outpatient Follow-Up Delay Monitoring Return (Welsh Government) | Monthly   | Delivery & Performance | Revised         |
|                  |  | <b>Rationale:</b> 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).                 |   |           |                        |                 |

| Delivery Measure |   | Target   | Information Source                                      | Reporting | Policy Area                                  | Status  |
|------------------|---|--|---|-----------|--|---------|
| 40               | Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date | 95%  | Eye Care Measures Monitoring Return (Welsh Government)  | Monthly   | Delivery & Performance                       | Revised |
|                  |   | <b>Rationale:</b> 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.   |   |           |  |         |
| 41               | Rate of hospital admissions with any mention of intentional self-harm for 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 |         |
|                  |   | <b>Rationale:</b> 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. |   |           |  |         |
| 42               | Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)                  | 80%  | SCAMHS Waiting Times Data Collection (Welsh Government) | Monthly   | Mental Health, Vulnerable Groups & Offenders | Revised |
|                  |   | <b>Rationale:</b> 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).  |   |           |  |         |

| Delivery Measure |   | Target  | Information Source   | Reporting | Policy Area   | Status |
|------------------|---|---|--|-----------|---|--------|
| 43               | <b>Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral</b> <ul style="list-style-type: none"> <li>Under 18 years</li> <li>18 years and over</li> </ul> | 80%   | <b>Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)</b> | Monthly   | <b>Mental Health, Vulnerable Groups &amp; Offenders</b> |        |
|                  |   | <b>Rationale:</b> 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.   |  |           |   |        |
| 44               | <b>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS</b> <ul style="list-style-type: none"> <li>Under 18 years</li> <li>18 years and over</li> </ul>       | 80%   | <b>Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)</b> | Monthly   | <b>Mental Health, Vulnerable Groups &amp; Offenders</b> |        |
|                  |   | <b>Rationale:</b> 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. |  |           |   |        |
| 45               | <b>Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment</b>   | 80%   | <b>Neurodevelopment Waiting Times Data Collection (Welsh Government)</b>                       | Monthly   | <b>Mental Health, Vulnerable Groups &amp; Offenders</b> |        |
|                  |   | <b>Rationale:</b> 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.                       |  |           |   |        |

| Delivery Measure |  | Target  | Information Source   | Reporting | Policy Area                                  | Status |
|------------------|--|---|--|-----------|--|--------|
| 46               | 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 |        |
|                  |  | <b>Rationale:</b> 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.   |  |           |  |        |
| 47               | Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <ul style="list-style-type: none"> <li>• E-coli</li> <li>• S.aureus bacteraemias (MRSA and MSSA)</li> <li>• C.difficile</li> </ul> | Health Board specific target  | Public Health Wales  | Monthly   | Healthcare Quality                           | TBC    |
|                  |  | <b>Rationale:</b> Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status. The scale of the AMR threat, and the need to contain and control it, is widely acknowledged and addressed in the <u>UK AMR Strategy</u> . The UK AMR National Action Plan (NAP) published alongside the strategy outlines the 5 year plan from 2019 – 2024 for tackling AMR in the UK. In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems. The impact of HCAs is felt by patients and by the health service. Within the UK AMR NAP there is a delivery target to reduce healthcare associated Gram negative bacteraemia by 50% by 2024. Monitoring the Gram negative bacteraemia cases/100,000 population in Wales will assist in monitoring progress against this 5 year plan. Surveillance of <i>S.aureus</i> bacteraemia (MRSA and MSSA) and; <i>C.difficile</i> continues and through better application of existing knowledge of IP&C measures and lessons learnt from the COVID pandemic, HCAs can be further reduced.<br><br><i>Note: The COVID-19 pandemic has impacted greatly on services during 2020, therefore comparisons for April 2021 to March 2022 will be made with 2019-20 rather than 2020-21. Targets and trajectories will need to be re-assessed to take into account the COVID-19 effect.</i><br><a href="https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024">https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024</a> |  |           |  |        |
| 48               | Cumulative number of laboratory confirmed bacteraemia cases: <ul style="list-style-type: none"> <li>• Klebsiella sp</li> <li>• Aeruginosa</li> </ul>   | Health Board specific target  | Public Health Wales  | Monthly   | Healthcare Quality                           | TBC    |
|                  |  | <b>Rationale:</b> As above.   |  |           |  |        |



### 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               | 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                   |         |
|                  |   | <b>Rationale:</b> 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.  |  |             |  |         |
| 50               | 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 |
|                  |   | <b>Rationale:</b> 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. |  |             |  |         |
| 51               | Overall staff engagement score  | Annual improvement   | Staff Survey   | Annually    | Workforce & Organisational Development | Revised |
|                  |   | <b>Rationale:</b> 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.  |  |             |  |         |



| Delivery Measure |  | Target  | Information Source   | Reporting   | Policy Area                            | Status |
|------------------|--|---|--|-------------|--|--------|
| 52               | 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)<br>Medical Appraisal & Revalidation System (MARS)              | Monthly     | Workforce & Organisational Development |        |
|                  |  | <b>Rationale:</b> 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. |  |             |  |        |
| 53               | 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 |        |
|                  |  | <b>Rationale:</b> 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.  |  |             |  |        |
| 54               | 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                                |        |
|                  |  | <b>Rationale:</b> 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.  |  |             |  |        |

| Delivery Measure |   | Target   | Information Source            | Reporting | Policy Area                            | Status |
|------------------|---|--|-------------------------------|-----------|--|--------|
| 55               | Percentage of sickness absence rate of staff  | 12 month reduction trend   | Electronic Staff Record (ESR) | Monthly   | Workforce & Organisational Development |        |
|                  |   | <b>Rationale:</b> Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales.   |                               |           |  |        |
| 56               | Percentage of staff who report that their line manager takes a positive interest in their health and well-being | Annual improvement   | Staff Survey                  | Annually  | Workforce & Organisational Development | New    |
|                  |   | <b>Rationale:</b> The workforce is the NHS' greatest asset and it is important that their health and well-being is prioritised and supported. This indicator measures staff's perception of the support provided by their line manager to maintain their health and well-being. Following the impact of COVID-19 and the many challenges that are likely to follow, it is important that NHS Wales continues to improve the working life and well-being of staff working in the NHS. |                               |           |  |        |

**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  |
|------------------|---|---|---|---------------|-------------|---------|
| 57               | 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     |         |
|                  |   | <b>Rationale:</b> 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. |   |               |             |         |
| 58               | 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     | Revised |
|                  |   | <b>Rationale:</b> 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.   |   |               |             |         |

| Delivery Measure |  | Target   | Information Source  | Reporting | Policy Area                   | Status  |
|------------------|--|--|---|-----------|-------------------------------|---------|
| 59               | 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) & NHS Welsh Risk Pool | Quarterly | Healthcare Quality            | Revised |
|                  |  | <b>Rationale:</b> 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. |   |           |                               |         |
| 60               | Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target   | 100% of studies  | Health & Care Research Wales  | Quarterly | Social Care & Health Research | Revised |
|                  |  | <b>Rationale:</b> 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 improve the efficient set up of studies which in turn increases the opportunity for NHS patients to participate in and benefit from research.   |   |           |                               |         |
| 61               | Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target   | 100% of studies  | Health & Care Research Wales  | Quarterly | Social Care & Health Research | Revised |
|                  |  | <b>Rationale:</b> 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 improve the efficient set up of studies which in turn increases the opportunity for NHS patients to participate in and benefit from research.   |   |           |                               |         |

| Delivery Measure |  | Target   | Information Source  | Reporting      | Policy Area               | Status |
|------------------|--|--|---|----------------|---------------------------|--------|
| 62               | <b>Crude hospital mortality rate (74 years of age or less)</b>   | <b>12 month reduction trend</b>  | <b>CHKS</b>   | <b>Monthly</b> | <b>Healthcare Quality</b> |        |
|                  |  | <b>Rationale:</b> 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.                   |   |                |                           |        |
| 63               | <b>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</b>                            | <b>12 month improvement trend</b>  | <b>Sepsis Six Bundle Monitoring Return (Welsh Government)</b> | <b>Monthly</b> | <b>Healthcare Quality</b> |        |
|                  |  | <b>Rationale:</b> 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.<br><br>This indicator measures compliance with the sepsis six first hour care bundle for in-patients.                                       |   |                |                           |        |
| 64               | <b>Percentage of patients who presented as an emergency with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening</b> | <b>12 month improvement trend</b>  | <b>Sepsis Six Bundle Monitoring Return (Welsh Government)</b> | <b>Monthly</b> | <b>Healthcare Quality</b> |        |
|                  |  | <b>Rationale:</b> 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.<br><br>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  |
|---|--|---|---|-----------|------------------------|---------|
| 65  | 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<br>DHCW Medusa System | Quarterly | Pharmacy & Prescribing | Revised |
| <b>Rationale:</b> 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.   |  |   |   |           |                        |         |
| 66  | Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PUs)  | Primary care health board target: a quarterly reduction of 5% against a baseline of 2019-20 | All Wales Therapeutic & Toxicology Centre                       | Quarterly | Healthcare Quality     | Revised |
| <b>Rationale:</b> Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status. The scale of the AMR threat, and the need to contain and control it, is widely acknowledged and addressed in the <a href="#">UK AMR Strategy</a> . Optimal use of antibiotics is key to reducing the overall burden of antimicrobial usage driving antimicrobial resistance. Across health and social care actions need to be taken to continue the improvements in antimicrobial prescribing practices previously documented in 2019-2020. |  |   |   |           |                        |         |
| 67  | Percentage of secondary care antibiotic usage within the WHO Access category   | 55%   | Public Health Wales   | Quarterly | Healthcare Quality     | New     |
| <b>Rationale:</b> Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status. The scale of the AMR threat, and the need to contain and control it, is widely acknowledged and addressed in the <a href="#">UK AMR Strategy</a> . Optimal use of antibiotics is key to reducing the overall burden of antimicrobial usage driving antimicrobial resistance. Across health and social care actions need to be taken to continue the improvements in antimicrobial prescribing practices previously documented in 2019-2020. |  |   |   |           |                        |         |

| Delivery Measure |   | Target  | Information Source                        | Reporting | Policy Area                                | Status |
|------------------|---|---|---|-----------|--|--------|
| 68               | Number of patients age 65 years or over prescribed an antipsychotic   | Quarter on quarter reduction  | All Wales Therapeutic & Toxicology Centre | Quarterly | Pharmacy & Prescribing                     |        |
|                  |   | <b>Rationale:</b> 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. 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.                           |   |           |  |        |
| 69               | 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                     |        |
|                  |   | <b>Rationale:</b> 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.  |   |           |  |        |
| 70               | Opioid average daily quantities per 1,000 patients  | 4 quarter reduction trend   | All Wales Therapeutic & Toxicology Centre | Quarterly | Pharmacy & Prescribing<br>Substance Misuse |        |
|                  |   | <b>Rationale:</b> 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. |   |           |  |        |

| Delivery Measure |   | Target   | Information Source                                   | Reporting | Policy Area            | Status |
|------------------|---|--|--|-----------|------------------------|--------|
| 71               | 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 |        |
|                  |   | <p><b>Rationale:</b> 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.</p> <p>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.</p>   |  |           |                        |        |
| 72               | 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 |        |
|                  |   | <p><b>Rationale:</b> 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.</p> <p>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.</p> |  |           |                        |        |



| Delivery Measure |  | Target  | Information Source                              | Reporting | Policy Area                            | Status  |
|------------------|--|---|---|-----------|--|---------|
| 73               | Agency spend as a percentage of the total pay bill   | 12 month reduction trend  | Financial Monitoring Returns (Welsh Government) | Monthly   | Workforce & Organisational Development | Revised |
|                  |  | <b>Rationale:</b> 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.                          |   |           |  |         |
| 74               | Percentage of episodes clinically coded within one reporting month post episode discharge end date | 12 month improvement trend towards achieving the 95% target   | Patient Episode Database Wales                  | Monthly   | Technology & Digital                   | New     |
|                  |  | <b>Rationale:</b> 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. |   |           |  |         |

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# Summary of Revisions to Delivery Measures

In comparison with the published 2020-2021 NHS Delivery Framework

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| Delivery Measure |  | Detail of Revision  |
|------------------|--|---|
| 8                | Cancer screening coverage for: bowel; breast and; cervical   | The wording and calculation of this measure has changed. The previous measure focused on the 'uptake' of the screening for bowel, breast and cervical cancer.   |
| 11               | Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations   | The list of relevant strategies and guidance (at the end of the template) has been updated.   |
| 18               | 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 completed | The wording of this measure has changed. The previous measure focused on the initial call being 'answered'.   |
| 30               | Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days   | The wording of this measure has changed. The previous measure focused on compliance against the therapy target of an average of 16.1 minutes of Speech and Language Therapist input per stroke patient. The target has been revised to 50% from a 12 month improvement trend. |
| 31               | Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)                              | The target has been revised to 75% from a 12 month improvement trend. The information source has been revised from Single Cancer Pathway Monitoring Return (Welsh Government) to Suspected Cancer Pathway Dataset (NDR - DHCW).   |
| 38               | Number of patients waiting for a follow-up outpatient appointment  | The target for 2021-22 has been revised to: Health Board specific target – a reduction of 55% against a baseline of March 2019. It was previously a 35% reduction.  |
| 39               | Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%   | The target for 2021-22 has been revised to: Health Board specific target – a reduction of 55% against a baseline of March 2019. It was previously a 35% reduction.  |
| 40               | Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date.                       | The wording of this measure has been revised. The measure for 2021-22 reports on ophthalmology R1 appointments attended. The previous measure focused on R1 patients who were waiting within their clinical target date for care and treatment.                               |
| 42               | Percentage of patients waiting less than 28 days for a first appointment for Child and Adolescent Mental Health Services (CAMHS)   | The wording of the measure has been revised. The measure for 2021-22 reports on the 'first appointment'. The previous measure focused on the 'first outpatient appointment'.  |

| Delivery Measure |  | Detail of Revision   |
|------------------|--|--|
|                  |  | The information source has been revised from CAMHS Management Information Data Collection (Welsh Government) to sCAMHS Waiting Times Data Collection (Welsh Government)  |
| 50               | Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan  | Revision to the reporting template. The following has been added to the evidence required for 'Planning, Commissioning and Contracting': Actions taken to improve Welsh language provision in mental health services.  |
| 51               | Overall staff engagement score   | Revision to the calculation. The results for 2020-21 onwards are calculated as a percentage rather than as a whole number.   |
| 58               | Evidence of how NHS organisations are responding to service user experience to improve services  | The following fields have been added to the reporting template: Mental Health and Learning Disability Services; Children's Services; Caring for People with COVID-19 and; Women and Maternity Services.  |
| 59               | 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   | The information source has changed from Complaints Data Collection (Welsh Government) to Complaints Data Collection (Welsh Government) and NHS Risk Pool.  |
| 60               | Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target   | The wording of the measure has been revised. The previous measure focused on the number of patients recruited in Health and Care Research Wales clinical research portfolio studies.<br>The target for 2021-22 has been revised to: 100% of studies. It was previously a 10% annual improvement. |
| 61               | Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target   | The wording of the measure has been revised. The previous measure focused on the number of patients recruited in Health and Care Research Wales commercially sponsored studies.<br>The target for 2021-22 has been revised to: 100% of studies. It was previously a 5% annual improvement.       |
| 65               | 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 | The information source has changed from NWIS to DHCW.  |

| Delivery Measure |  | Detail of Revision  |
|------------------|--|---|
| 66               | Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PU) | The target for 2021-22 has been revised to: a quarterly reduction of 5% against a baseline of 2019-20. It was previously a reduction against a baseline of 2018-19. |
| 73               | Agency spend as a percentage of the total pay bill   | The target for 2021-22 has been revised to: 12 month reduction trend. It was previously a NHS organisation specific target.   |

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# Reporting Templates for Qualitative Measures

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## Advancing Equality and Good Relations

|                           |  |
|---------------------------|--|
| <b>Organisation</b>       |  |
| <b>Date of Report</b>     |  |
| <b>Report Prepared By</b> |  |

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.

**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](mailto:hss.performance@gov.wales)

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<br>1 Oct 2020 – 31 Mar 2022 | Risks to Delivery<br>Corrective Actions &<br>By When | What was Achieved<br>during<br>1 Oct 2020 – 30 Sept 2021 | What was Achieved<br>during<br>1 Oct 2021 to 31 Mar 2022 |
|---|---|--|--|--|
| <b>Planning &amp; Performance Management</b>  |   |  |  |  |
| 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<br>1 Oct 2020 – 31 Mar 2022 | Risks to Delivery<br>Corrective Actions &<br>By When | What was Achieved<br>during<br>1 Oct 2020 – 30 Sept 2021 | What was Achieved<br>during<br>1 Oct 2021 to 31 Mar 2022 |
|---|---|--|--|--|
| <b>Governance</b>   |   |  |  |  |
| 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.  |   |  |  |  |
| <b>Quality &amp; Safety</b>   |   |  |  |  |
| Links are made between equality and the quality initiatives set out in the Quality Improvement Strategy and Annual Quality Statement.   |   |  |  |  |
| <b>Workforce</b>  |   |  |  |  |
| 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 <https://www.equalityhumanrights.com/en/publication-download/wales-fairer-2018>

Welsh Government Equality Objectives 2020-2024 <https://gov.wales/sites/default/files/publications/2020-04/strategic-equality-plan-equality-aims-objectives-actions-2020-2024.pdf>

Organisations Revised Strategic Equality Plans 2016-20 <https://gov.wales/sites/default/files/publications/2019-03/equality-plan-and-objectives-2016-2020.pdf>

EIA Practice Hub – Public Health Wales <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 'A Healthier Wales' <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

Chwarae Teg (2018). Rapid Review of Gender Equality Phase One and Phase two <https://chwaraeteg.com/projects/gender-equality-review/>

How coronavirus has affected equality and human rights <https://www.equalityhumanrights.com/en/publication-download/how-coronavirus-has-affected-equality-and-human-rights>

Welsh Government Race Equality Action Plan – Anti-racist Wales - <https://gov.wales/race-equality-action-plan-anti-racist-wales>

Covid-19 BAME socio economic sub group - <https://gov.wales/covid-19-bame-socio-economic-subgroup-report-welsh-government-response>



## Accessible Communication and Information for People with Sensory Loss

|                           |  |
|---------------------------|--|
| <b>NHS Organisation</b>   |  |
| <b>Date of Report</b>     |  |
| <b>Report Prepared By</b> |  |

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](mailto: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<br>1 Oct 2020 to 30 Sept 2021 | Key Actions Achieved<br>1 Oct 2021 to 31 Mar 2022 | Risks to Delivery | Corrective Actions &<br>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<br>1 Oct 2020 to 30 Sept 2021 | Key Actions Achieved<br>1 Oct 2021 to 31 Mar 2022 | Risks to Delivery | Corrective Actions &<br>By When |
|---|--|---|-------------------|---------------------------------|
| <b>Health Prevention</b> (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<br>1 Oct 2020 to 30 Sept 2021 | Key Actions Achieved<br>1 Oct 2021 to 31 Mar 2022 | Risks to Delivery | Corrective Actions &<br>By When |
|--|--|---|-------------------|---------------------------------|
| Communication models                                       |  |   |                   |                                 |
| <b>Primary and Community Care.</b> Priority areas include: |  |   |                   |                                 |
| Raising staff awareness                                    |  |   |                   |                                 |
| Accessible appointment systems                             |  |   |                   |                                 |
| Communication models                                       |  |   |                   |                                 |
| Implementation of the Accessible<br>Information Standard   |  |   |                   |                                 |
| <b>Secondary Care.</b> Priority areas include:             |  |   |                   |                                 |
| Raising staff awareness                                    |  |   |                   |                                 |
| Accessible appointment systems                             |  |   |                   |                                 |
| Communication models                                       |  |   |                   |                                 |
| Implementation of the Accessible<br>Information Standard   |  |   |                   |                                 |

| Standards of Service Delivery  | Key Actions Achieved<br>1 Oct 2020 to 30 Sept 2021 | Key Actions Achieved<br>1 Oct 2021 to 31 Mar 2022 | Risks to Delivery                       | Corrective Actions &<br>By When |
|--|--|---|---|---------------------------------|
| <b>Emergency &amp; Unscheduled Care.</b> Priority areas include:   |  |   |   |                                 |
| Raising staff awareness  |  |   |   |                                 |
| Communication models   |  |   |   |                                 |
|  |  |   |   |                                 |
| Concerns & Feedback (CF).<br>Areas include:  | Key Actions Achieved<br>1 Oct 2020 to 30 Sept 2021 | Key Actions Achieved<br>1 Oct 2021 to 31 Mar 2022 | Risks to Delivery                       | Corrective Actions &<br>By When |
| 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*  | Key Actions Achieved<br>1 Oct 2020 to 30 Sept 2021 | Key Actions Achieved<br>1 Oct 2021 to 31 Mar 2022 | Risks to Delivery                       | Corrective Actions &<br>By When |
| Mechanisms are in place to seek and understand the patient's experience of accessible communication and information  |  |   |   |                                 |
|  | <b>Key Themes</b>                                  |   | <b>Corrective Actions &amp; By When</b> |                                 |
| The key themes to emerge from patient experience feedback (both positive and negative)   |  |   |   |                                 |
| <p><b>* 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.</b> 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

|                           |  |
|---------------------------|--|
| <b>NHS Organisation</b>   |  |
| <b>Date of Report</b>     |  |
| <b>Report Prepared By</b> |  |

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](mailto: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 October 2020 to 30 September 2021 |                  |                    |
|   |                  |                    |
| Reporting Period: 1 October 2021 to 31 March 2022     |                  |                    |
|   |                  |                    |

**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 October 2020 to 30 September 2021 |                  |                    |
|   |                  |                    |
| Reporting Period: 1 October 2021 to 31 March 2022     |                  |                    |
|   |                  |                    |

**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 October 2020 to 30 September 2021 |                  |                    |
|   |                  |                    |
| Reporting Period: 1 October 2021 to 31 March 2022     |                  |                    |
|   |                  |                    |

**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 October 2020 to 30 September 2021 |                  |                    |
|   |                  |                    |
| Reporting Period: 1 October 2021 to 31 March 2022     |                  |                    |
|   |                  |                    |

**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 October 2020 to 30 September 2021 |                  |                    |
|   |                  |                    |
| Reporting Period: 1 October 2021 to 31 March 2022     |                  |                    |
|   |                  |                    |

**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 October 2020 to 30 September 2021 |                  |                    |
|   |                  |                    |
| Reporting Period: 1 October 2021 to 31 March 2022     |                  |                    |
|   |                  |                    |

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

|                           |  |
|---------------------------|--|
| <b>Health Board</b>       |  |
| <b>Date of Report</b>     |  |
| <b>Report Prepared By</b> |  |

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](mailto:hss.performance@gov.wales)

| Standards   | Key Actions Achieved<br>1 Oct 2020 to 30 Sept 2021 | Key Actions Achieved<br>1 Oct 2021 to 31 Mar 2022 | Risks to Delivery | Corrective Actions |
|---|--|---|-------------------|--------------------|
| <b>Please refer to the checklist on the evidence that is to be provided for each Standard</b>   |  |   |                   |                    |
| <b>1. Leadership</b><br>The Health Board demonstrates leadership driving improved health outcomes for homeless and vulnerable groups.   |  |   |                   |                    |
| <b>2. Joint Working</b><br>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                                       |  |   |                   |                    |
| <b>3. Health Intelligence</b><br>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. |  |   |                   |                    |



| <b>Standards</b>  | <b>Key Actions Achieved</b><br>1 Oct 2020 to 30 Sept 2021 | <b>Key Actions Achieved</b><br>1 Oct 2021 to 31 Mar 2022 | <b>Risks to Delivery</b> | <b>Corrective Actions</b> |
|---|---|--|--------------------------|---------------------------|
| <b>4. Access to Healthcare</b><br>Homeless and vulnerable groups have equitable access to a full range of health and specialist services.   |   |  |                          |                           |
| <b>5. Homeless &amp; Vulnerable Groups' Health Action Plan (HaVGHP)</b><br>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

|   |   |
|---|---|
| <b>General:</b> 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. |   |
|   | <b>Questions to consider when completing the reporting template</b>   |
| <b>Risks to Delivery</b>  | <ul style="list-style-type: none"> <li>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?</li> <li>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?</li> <li>Are there sufficiently skilled staff to deliver services and meet the needs of the homeless and vulnerable groups?</li> <li>Despite there being identified needs across the whole population, the Health Board is only currently providing a service within one region.</li> </ul>   |
| <b>Leadership</b>   | <ul style="list-style-type: none"> <li>Does the Health Board have a lead/named person who has responsibility for the strategic direction and service delivery for homelessness and vulnerable groups?</li> <li>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?</li> </ul>   |
| <b>Joint Working</b>  | <ul style="list-style-type: none"> <li>How do the Local Authority, Third Sector and people who use services inform the strategic plan and shape service delivery?</li> </ul>  |
| <b>Health Intelligence</b>  | <ul style="list-style-type: none"> <li>Does the Health Board identify the needs of homeless and vulnerable groups within their community through their population needs assessment?</li> <li>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).</li> </ul>   |
| <b>Access to Healthcare</b>   | <ul style="list-style-type: none"> <li>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?</li> <li>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?</li> <li>Has the Health Board got any specialist services/support for the different vulnerable groups?</li> </ul> <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

|                           |  |
|---------------------------|--|
| <b>NHS Organisation</b>   |  |
| <b>Date of Report</b>     |  |
| <b>Report Prepared By</b> |  |

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 |
| <b>Planning, Commissioning &amp; Contracting</b><br>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.<br><b>Evidence required includes:</b> <ul style="list-style-type: none"> <li>How Welsh language population profiles have influenced planning and commissioning;</li> <li>Actions taken to improve and support Welsh language services in primary care.</li> <li>Actions taken to improve Welsh language provision in mental health services.</li> </ul> | 1 October 2020 to 30 September 2021 |                  |                    |
|   |                                     |                  |                    |
|   | 1 October 2021 to 31 March 2022     |                  |                    |
|   |                                     |                  |                    |

| Objective  | Supporting Evidence                 |                  |                    |
|--|-------------------------------------|------------------|--------------------|
|  | Key Actions Achieved                | Risk to Delivery | Corrective Actions |
| <b>Active Offer</b><br>People are aware of the 'Active Offer' and there is a visible commitment and active engagement in providing care centred on their language preference.<br><b>Evidence required includes:</b> <ul style="list-style-type: none"> <li>Initiatives to communicate and increase awareness of the 'Active Offer';</li> <li>Sharing of best practice and involvement in the More Than Just Words regional forum;</li> <li>Engaging with schools and colleges on the importance of Welsh language skills in recruiting your future workforce.</li> </ul> | 1 October 2020 to 30 September 2021 |                  |                    |
|  |                                     |                  |                    |
|  | 1 October 2021 to 31 March 2022     |                  |                    |
|  |                                     |                  |                    |
| <b>Education</b><br>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.<br><b>Evidence required includes:</b> <ul style="list-style-type: none"> <li>Work with Coleg Cymraeg to enable Welsh speaking students to be paired/ mentored with Welsh speaking staff.</li> </ul>   | 1 October 2020 to 30 September 2021 |                  |                    |
|  |                                     |                  |                    |
|  | 1 October 2021 to 31 March 2022     |                  |                    |
|  |                                     |                  |                    |
| <b>Use of Welsh</b><br>To increase the use of Welsh across health and social care workplaces.<br><b>Evidence required includes:</b> <ul style="list-style-type: none"> <li>Support to increase confidence of staff to use Welsh in the workplace;</li> <li>Support for staff to learn and develop their Welsh language skills.</li> </ul>  | 1 October 2020 to 30 September 2021 |                  |                    |
|  |                                     |                  |                    |
|  | 1 October 2021 to 31 March 2022     |                  |                    |
|  |                                     |                  |                    |

| Objective   | Supporting Evidence                 |                  |                    |
|---|-------------------------------------|------------------|--------------------|
|   | Key Actions Achieved                | Risk to Delivery | Corrective Actions |
| <b>Leadership</b><br>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.<br><b>Evidence required includes:</b> <ul style="list-style-type: none"> <li>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.)</li> </ul> | 1 October 2020 to 30 September 2021 |                  |                    |
|   |                                     |                  |                    |
|   | 1 October 2021 to 31 March 2022     |                  |                    |
|   |                                     |                  |                    |
| <b>Technology/Terminology Systems</b><br>People are assured that the Welsh language is mainstreamed into health and social care technology/ terminology systems.<br><b>Evidence required includes:</b> <ul style="list-style-type: none"> <li>Developments in increasing the Welsh language capacity of current systems;</li> <li>Encouraging the use of bilingual digital systems you have in place.</li> </ul>  | 1 October 2020 to 30 September 2021 |                  |                    |
|   |                                     |                  |                    |
|   | 1 October 2021 to 31 March 2022     |                  |                    |
|   |                                     |                  |                    |

Completed form to be returned to: [hss.performance@gov.wales](mailto: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](mailto:hss.performance@gov.wales)**

|   | Achievements for October 2020 to March 2022 | Issues Impacting Delivery | Corrective Actions |
|---|---|---------------------------|--------------------|
| <b>Informed Level</b>   |   |                           |                    |
| <b>Training delivered at an informed level.</b><br><i>Focusing on Dementia Friends training programme and essential communication skills.</i>   | Update at 30 September 2021                 |                           |                    |
|   |   |                           |                    |
|   | Update at 31 March 2022                     |                           |                    |
|   |   |                           |                    |
| <b>Skilled Level</b>  |   |                           |                    |
| <b>Actions to identify staff groups that require training at a skilled level.</b>   | Update at 30 September 2021                 |                           |                    |
|   |   |                           |                    |
|   | Update at 31 March 2022                     |                           |                    |
|   |   |                           |                    |
| <b>Training delivered at a skilled level.</b><br><i>Covering the well-being themes of: rights &amp; entitlement; physical &amp; mental health; physical environment; social &amp; economic well-being; safeguarding; meaningful living; meaningful relationships; community inclusion &amp; contribution.</i> | Update at 30 September 2021                 |                           |                    |
|   |   |                           |                    |
|   | Update at 31 March 2022                     |                           |                    |
|   |   |                           |                    |

|  | Achievements for October 2020 to March 2022 | Issues Impacting Delivery | Corrective Actions |
|--|---|---------------------------|--------------------|
| <b>Mechanisms to record the completion of training at a skilled level.</b><br><i>Including details of how the organisation will measure the impact the learning is having on practice.</i>   | Update at 30 September 2021                 |                           |                    |
|  |   |                           |                    |
|  | Update at 31 March 2022                     |                           |                    |
|  |   |                           |                    |
| <b>Influencer Level</b>  |   |                           |                    |
| <b>Actions to identify staff groups that require training at an influencer level.</b>  | Update at 30 September 2021                 |                           |                    |
|  |   |                           |                    |
|  | Update at 31 March 2022                     |                           |                    |
|  |   |                           |                    |
| <b>Training delivered at an influencer level.</b><br><i>Focusing on: drivers, policy &amp; research; effective service mapping &amp; co-ordinated delivery; collaborative &amp; integrated working; shared values; creating &amp; owning a clear &amp; shared vision; culture &amp; language; delivering excellence; creative approaches; safeguarding and; quality assurance &amp; improvement.</i> | Update at 30 September 2021                 |                           |                    |
|  |   |                           |                    |
|  | Update at 31 March 2022                     |                           |                    |
|  |   |                           |                    |
| <b>Mechanisms to record the completion of training at an influencer level.</b><br><i>Including details of how the organisation will measure the impact the learning is having on practice.</i>   | Update at 30 September 2021                 |                           |                    |
|  |   |                           |                    |
|  | Update at 31 March 2022                     |                           |                    |
|  |   |                           |                    |

## Responding to Service User Experience to Improve Services

|                           |  |
|---------------------------|--|
| <b>NHS Organisation</b>   |  |
| <b>Date of Report</b>     |  |
| <b>Report Prepared By</b> |  |

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 2020 to March 2021. **Return form to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales)

|   | <b>What has your organisation done to encourage feedback from service users on their experience of your services?</b> | <b>What has your organisation done to respond to service user feedback to improve/redesign your services? Please provide examples of improvements.</b> | <b>How have you communicated improvements to your service users? e.g. 'you said, we did' notice boards, social media, posters</b> |
|---|---|--|---|
| <b>Mental Health and Learning Disability Services</b>                             |   |  |   |
| <b>Children's Services</b>  |   |  |   |
| <b>Caring for People with COVID-19</b>  |   |  |   |
| <b>Women and Maternity Services</b>   |   |  |   |
| <b>Prevention Services and Health Promotion.</b> This includes Screening Services |   |  |   |



|  | 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 |
|--|--|---|--|
| <b>Primary Care/Community Care Services</b> (not outlined above) |  |   |  |
| <b>Planned Care Services</b> (not outlined above)                |  |   |  |
| <b>Emergency &amp; Unscheduled Care</b>                          |  |   |  |
| <b>Patient Transport</b>   |  |   |  |

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# Retired NHS Delivery Measures

Delivery Measures in the NHS Delivery Framework 2020-2021 that will not be reported via the NHS Delivery Framework 2021-2022

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| NHS Delivery Measure (reference number & description taken from the 2020-2021 NHS Delivery Framework) |   |
|---|---|
| 5   | Percentage of smokers who are CO-validated as quit at 4 weeks   |
| 16  | Number of patients with Hepatitis C who have successfully completed their course of treatment in the reporting year   |
| 26  | Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time   |
| 28  | Percentage of stroke patients who receive a 6 month follow-up assessment  |
| 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         |
| 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 |
| 45  | Number of health board delayed transfer of care for: <ul style="list-style-type: none"> <li>• Mental health</li> <li>• Non-mental health</li> </ul>                               |
| 48  | Number of potentially preventable hospital acquired thromboses  |
| 54  | Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job  |
| 58  | Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment  |
| 64  | Percentage of deaths scrutinised by a medical examiner  |
| 74  | Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months  |
| 76  | Number of procedures postponed either on the day or the day before for specified non-clinical reasons   |
| 78  | Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme   |