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# **NHS WALES PERFORMANCE FRAMEWORK & GUIDANCE DOCUMENT 2023-2024**

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## **Introduction**

The performance measures in the NHS Wales Performance Framework for 2023-2024 reflect the Ministerial priority areas of focus and core support functions as outlined in the NHS Wales Planning Framework 2023-2026. These are:

### **Ministerial Priorities**

1. Access to Primary Care Services
2. Cancer Recovery
3. Delayed Transfers of Care
4. Mental Health & CAMHS
5. Planned Care Recovery, Diagnostics and Pathways of Care
6. Urgent and Emergency Care

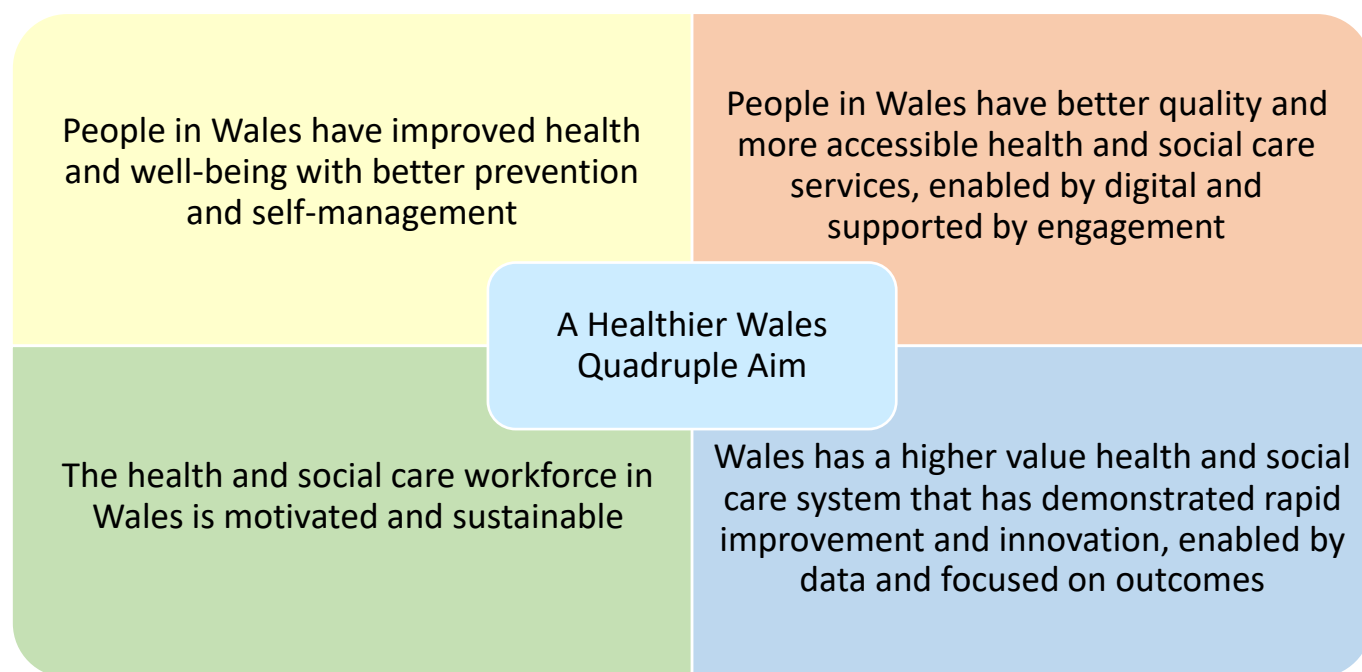
### **Core Support Functions**

1. Digital, innovation, technology and transformation
2. Workforce and well-being
3. Financial sustainability
4. Anchor institutions

In addition, a small set of measures focusing on key areas of health prevention and the delivery of quality and safe services has been included.

To support the performance measures, NHS organisations will also be required to complete Policy Assurance Assessments. These assessments provide further assurance on some of the Ministerial priorities and key Welsh Government strategies and pathways that cannot be monitored via traditional quantitative measurement.

All of the performance measures and policy assurance assessments in the NHS Performance Framework have been mapped to 'A Healthier Wales' quadruple aim:



### Links with the NHS Wales Assurance and Oversight Framework

Welsh Government is in the process of developing the NHS Wales Assurance and Oversight Framework. This will set out the mechanism and approach for gaining assurance from NHS Wales organisations, as well as setting out the parameters of how the Health and Social Services Group in the Welsh Government will work with NHS Wales.

The following principles will underpin the Assurance and Oversight Framework:

- **Creating an improvement culture:** The arrangements are intended to support the ongoing development of a culture of quality assurance, delivered for the benefit of patients. This will be supported by clear objectives which will drive a culture of high performance and accountability.
- **Transparency:** The measures and deliverables set in NHS Wales frameworks are clearly articulated to NHS Wales organisations so that they know what is required; understand

how they will be assessed and; the process that will happen if deliverables fall below expected levels.

- **Delivery focus:** The quality control approach will be integrated, action-oriented and focussed on delivering improvements agreed bilaterally (between Welsh Government and NHS organisations).
- **Proportionality and balance:** The Assurance and Oversight arrangements will seek to ensure that interventions and actions are proportional to the scale of the risk and that a balance between challenge and support is maintained.
- **Clear lines of accountability:** Quality assurance arrangements will ensure that Chairs and Accountable Officers nominate lead officers who are accountable for delivery and the main interface with the oversight approach.
- **Earned autonomy:** Delivery against plans and agreed trajectories will result in greater levels of autonomy. As organisations deliver against target expectations, frequency and intensity of oversight arrangements will be reviewed. Conversely, greater levels of support and quality assurance interventions will be in place where required and could be assessed as part of organisational escalation.

The Assurance and Oversight Framework is being designed to promote a 'no surprises' culture, ensuring early identification of emerging issues and concerns, so that they can be addressed before they have a material impact or performance deteriorates further.

Organisations will be expected to maintain relationships with the NHS Executive and Welsh Government so that actual or prospective changes in performance are shared in a timely manner. Where quality risks are material to the delivery of safe and sustainable services, these should be managed and escalated to Welsh Government.

The new accountability arrangements, supported by a revised escalation framework, will be introduced later this year.

## NHS Wales Performance Measures 2023-2024

### **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.

Quadruple Aim Theme	Performance Measure
Prevention	<ol style="list-style-type: none"><li>1. Percentage of adult smokers who make a quit attempt via smoking cessation services</li><li>2. Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)</li><li>3. Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)</li><li>4. Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15</li><li>5. Percentage uptake of the influenza vaccination amongst adults aged 65 years and over</li><li>6. Percentage uptake of the COVID-19 vaccination for those eligible</li><li>7. Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment</li><li>8. Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks</li><li>9. Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life</li></ol>

## **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.

Quadruple Aim Theme	Performance Measure
<b>Services Delivered Close to Home</b>	<ul style="list-style-type: none"> <li>10. Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours</li> <li>11. Percentage of primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)</li> <li>12. Number of patients referred from primary care (Optometry and General Medical Practitioners) into secondary care Ophthalmology services</li> <li>13. Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)</li> <li>14. Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years</li> <li>15. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years</li> <li>16. Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over</li> <li>17. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over</li> </ul>



Quadruple Aim Theme	Performance Measure
<b>Access Hospital Services Quickly</b>	<ul style="list-style-type: none"> <li>18. Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes</li> <li>19. Median emergency response time to amber calls</li> <li>20. Median time from arrival at an emergency department to triage by a clinician</li> <li>21. Median time from arrival at an emergency department to assessment by a senior clinical decision maker</li> <li>22. Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&amp;E) facilities from arrival until admission, transfer or discharge</li> <li>23. Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge</li> <li>24. Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</li> <li>25. Number of patients waiting more than 8 weeks for a specified diagnostic</li> <li>26. Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional</li> <li>27. Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)</li> <li>28. Number of patients waiting more than 52 weeks for a new outpatient appointment</li> <li>29. Number of patients waiting more than 36 weeks for a new outpatient appointment</li> <li>30. Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%</li> <li>31. Number of patients waiting more than 104 weeks for referral to treatment</li> <li>32. Number of patients waiting more than 52 weeks for referral to treatment</li> <li>33. Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)</li> <li>34. Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment</li> <li>35. Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</li> </ul>

### **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.

<b>Quadruple Aim Theme</b>	<b>Performance Measure</b>
<b>Motivated &amp; Sustainable Workforce</b>	36. Percentage of sickness absence rate of staff 37. Turnover rate for nurse and midwifery registered staff leaving NHS Wales 38. Agency spend as a percentage of the total pay bill
<b>Training and Development</b>	39. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)

## **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.

<b>Quadruple Aim Theme</b>	<b>Performance Measure</b>
<b>Effective Services</b>	40. Percentage of episodes clinically coded within one reporting month post episode discharge end date 41. Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification
<b>Efficient Services</b>	42. Percentage of calls ended following WAST telephone assessment (Hear and Treat) 43. Number of Pathways of Care delayed discharges
<b>People Centred Care</b>	44. Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years 45. Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over 46. Number of patient experience surveys completed and recorded on CIVICA

Quadruple Aim Theme	Performance Measure
<b>Safe Services</b>	<p>47. Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa</p> <p>48. Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)</p> <p>49. Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population</p> <p>50. Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (&gt;14 days after admission)</p> <p>51. Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</p> <p>52. Number of ambulance handovers over one hour</p> <p>53. Number of National Reportable incidents that remain open 90 days or more</p>

## NHS Wales Policy Assurance Assessments 2023-2024

### **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.

Quadruple Aim Theme	Policy Assurance Assessment
Prevention	<ul style="list-style-type: none"><li>a. Qualitative report detailing implementation of Help Me Quit in Hospital smoking cessation services</li><li>b. Qualitative report detailing progress to reduce smoking during pregnancy</li><li>c. Qualitative report detailing the Health Boards' plan to deliver the NHS Wales Weight Management Pathway</li></ul>

## **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.

<b>Quadruple Aim Theme</b>	<b>Policy Assurance Assessment</b>
<b>Services Delivered Close to Home</b>	<ul style="list-style-type: none"><li>d. Qualitative report providing assurance on GP access improvement</li><li>e. Allied Health Professionals accessible and available to clusters by Health Board/Regional Partnership Board footprint</li><li>f. Qualitative report detailing progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway</li><li>g. Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services</li></ul>

### **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.

<b>Quadruple Aim Theme</b>	<b>Policy Assurance Assessment</b>
<b>Motivated &amp; Sustainable Workforce</b>	<ul style="list-style-type: none"><li>h. Qualitative report detailing the progress made in preparation to embed and report against the Workforce Race Equality Standards (WRES) indicators</li><li>i. Qualitative report detailing the progress made against the organisation's prioritised Strategic Equality Plan's equality objectives</li></ul>
<b>Training and Development</b>	<ul style="list-style-type: none"><li>j. Qualitative report detailing progress to improve dementia care (providing evidence of training and development in line with the Good Work – Dementia and Learning Development Framework) and increasing access to timely diagnosis</li></ul>

## **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.

<b>Quadruple Aim Theme</b>	<b>Policy Assurance Assessment</b>
<b>Effective Services</b>	<ul style="list-style-type: none"> <li>k. Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme</li> <li>l. Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes</li> </ul>
<b>Efficient Services</b>	<ul style="list-style-type: none"> <li>m. Qualitative report detailing progress against the health boards' plans to reduce pathways of care delays</li> <li>n. Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan</li> </ul>
<b>People Centred Care</b>	<ul style="list-style-type: none"> <li>o. Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities</li> </ul>



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# **NHS WALES PERFORMANCE FRAMEWORK 2023-2024**

## **GUIDANCE DOCUMENT**

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## **Introduction**

This guidance provides details of the measures in the NHS Wales Performance Framework 2023-2024 and how they are to be reported. For each measure, it outlines the:

- Rationale
- Target
- Frequency of reporting
- Data source
- Ministerial priority
- Status

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

## **Performance Measures**

Where possible, all performance measures in the 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 Digital Health and Care Wales website.

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.

## **Policy Assurance Assessments**

Policy Assurance Assessments focus on key priority areas that cannot be monitored through traditional quantitative measures. Policy Assurance Assessments enable NHS organisations to provide an update on the activity that has been undertaken during the operational year. Templates have been designed to enable NHS organisations to evidence the activity that they have delivered and to enable Welsh Government to assess the progress that has been made. The templates outlined in this guidance must be used to record progress for 2023-24. Organisations are required to complete and submit their updates to Welsh Government by the date outlined on the reporting template. Organisations that do not submit their reporting template(s) by the required date, will be escalated as a concern via the mechanism outlined in the NHS Wales Assurance and Oversight Framework.

All submissions will be reviewed by the appropriate policy lead and will be used to monitor progress and provide briefings to the Minister for Health and Social Services (as required). Policy leads may contact individual organisations if they require further assurance on progress and will escalate any concerns via the mechanism outlined in the NHS Wales Assurance and Oversight Framework.

The Policy Assurance Assessments in the Framework for 2023-24 are as follows:

- Implementation of Help Me Quit in Hospital smoking cessation services
- Progress to reduce smoking during pregnancy
- The Health Boards' plan to deliver the NHS Wales Weight Management Pathway
- Assurance on GP access improvement
- Allied Health Professionals accessible and available to clusters by Health Board/Regional Partnership Board footprint
- Progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway
- Progress to develop a whole school approach to CAMHS in reach services

- Progress made in preparation to embed and report against the Workforce Race Equality Standards (WRES) indicators
- Progress made against the organisation's prioritised Strategic Equality Plan's equality objectives
- Progress to improve dementia care (providing evidence of training and development in line with Good Work – Dementia and Learning Development Framework) and increasing access to timely diagnosis
- Evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme
- Evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes
- Progress against the health boards' plans to reduce pathways of care delays
- Progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan
- Progress against the priority areas to improve the lives of people with learning disabilities

The reporting templates for the Policy Assurance Assessments are available on pages 62 to 98. The following templates will be made available to NHS organisations as follows:

<b>Policy Assurance Assessment</b>	<b>Issue Date</b>
Allied Health Professionals accessible and available to clusters by Health Board/Regional Partnership Board footprint	July 2023
Progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	July 2023
Progress made in preparation to embed and report against the Workforce Race Equality Standards (WRES) indicators	September 2023

Apart from the template for Allied Health Professionals, electronic versions of the reporting templates will be available on the NHS Wales Performance Sharepoint site. The reporting template for 'Allied Health Professionals accessible and available to clusters by Health Board/Regional Partnership Board footprint' will be forwarded to NHS organisations via the Strategic Programme for Primary Care.

### **Monitoring and Reporting Performance**

All performance measures 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 groups listed below for their consideration and, where appropriate, corrective action. These groups form part of the NHS Wales Assurance and Oversight Framework.

#### **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

In addition, the performance measures listed as a Ministerial Priority (as identified in the guidance document) may also be reported to the Minister for Health and Social Services to inform the Minister's discussions with Board Chairs.

Policy Assurance Assessments will not be routinely reported to the groups outlined above. Instead, they will be tracked by Welsh Government policy leads and will be

escalated to the Quality Delivery Board and Integrated Quality, Planning and Delivery meetings as required.

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# **PERFORMANCE MEASURES**

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## 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.

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Quarterly	Smoking Cessation Services Data Collection (Welsh Government)		
		<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.				



Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 quarter improvement trend	Quarterly	Welsh National Database for Substance Misuse		New
		<p><b>Rationale:</b> Substance 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 substance misuse 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 and drug related harm, improve the individual's health and social functioning and reduce the burden on the NHS (and other public sector services).</p> <p>Although specialist alcohol and drug 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>				
3	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	Quarterly	Public Health Wales		New
		<p><b>Rationale:</b> Immunisation against childhood diseases by the age of 5 ensures that all new-born babies, infants and pre-school children have better health, ensuring a healthy start in life. The childhood immunisation programme is achieved through integrated primary health care services and includes a broad network of family planning services, perinatal health care (based on essential technologies), promotion of child health, prevention of childhood diseases and the appropriate treatment of sick children</p>				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
4	Percentage of girls receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	Quarterly Applicable during: 01.04.2023 - 30.06.2023 01.01.2024 - 31.03.2024	Public Health Wales		New
		Rationale: The primary aim of the HPV vaccination programme is to reach the highest level of population protection and vaccine coverage among girls before they reach the age of 15 years by providing at least one dose of the HPV vaccine, irrespective of the schedule. The WHO 2030 target of 90% coverage is needed for the elimination of HPV.				
5	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	Monthly (data reflects the last week of each month) Applicable during: 01.09.2023 - 31.03.2024	Public Health Wales		New
		Rationale: Vaccines prevent many infectious diseases. Vaccinating the population with safe and effective COVID-19 and influenza vaccines as part of the Winter Respiratory Vaccination Programme will protect individuals, communities and wider health and social care service.				
6	Percentage uptake of the COVID-19 vaccination for those eligible Spring Booster 2023: Aged 75 years & over; residents in care home for older adults and; immunosuppressed aged 5 years & over	75%	Monthly (data reflects the last week of each month) Applicable during: Spring Booster 01.04.2023 - 30.06.2023 Autumn Booster 01.09.2023 - 31.03.2024	Public Health Wales		New
	Autumn Booster 2023: Age range to be confirmed	Rationale: As above.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
7	<b>Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment</b>	90%	Monthly	Public Health Wales	Cancer Recovery	New
		<b>Rationale:</b> The population screening programme for bowel cancer is 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.				
8	<b>Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks</b>	90%	Monthly	Public Health Wales		New
		<b>Rationale:</b> One or two babies in every 1,000 are born with a hearing loss that may affect their speech or language development. The new-born hearing screening programme helps to identify these babies as early as possible so that a support programme can be introduced as early as possible. Evidence shows that support before six months of age leads to better outcome for speech and language development.				
9	<b>Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life</b>	95%	Monthly	Public Health Wales		New
		<b>Rationale:</b> The aim of the new-born bloodspot screening programme is to detect rare but serious conditions in all eligible new-born babies so that mortality and/or morbidity can be reduced through early interventions. The new-born bloodspot screening detects the following conditions: inherited metabolic disorders; congenital hypothyroidism, cystic fibrosis and; sickle cell disorders.				

## 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.

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
10	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	Annually	Access Standards Reporting Template (Primary Care Portal)	Primary Care Access to Services	
		<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. Delivering better access to doctors, dentists and other health professionals is a key Programme for Government commitment. Phase 2 Standards, based on an access commitment agreed through the GMS Contract Agreement 2021-22, were introduced in April 2022 to continue to provide the clarity needed around what should be expected for patients and professionals alike.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
11	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2023 and 100% by 31 March 2024	Monthly	NHSBSA activity data	Primary Care Access to Services	New
		<b>Rationale:</b> Majority of oral and dental services are delivered within the primary care (GDS/CDS) setting. Management is based on phased whole courses of treatment, which can take many months to fully complete before the final activity data submitted to NHSBSA. As the optimum outcome measure is based on closure of each treatment course, which requires case review by the NHSBSA, this introduces a lag in accurate GDS data reporting. Approximately 30% of cases are closed by the mid-year activity review (September), which is a proxy for demonstrating and monitoring whether individual dental practices are on trajectory to deliver their full contract value. Focusing on new, urgent and historic patient status is a proxy for patient access. This will assist Health Boards in managing contract performance and support future service planning.				
12	Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by 31 March 2024	Monthly	Referrals Minimum Data Set (DHCW)	Primary Care Access to Services	New
		<b>Rationale:</b> The aim of the eye care pathways is to reduce the number of referrals into hospital departments by utilising optometrists in primary care (who have higher post graduate qualifications to manage, monitor and treat patients). This enables more patients to be safely treated in primary care (and closer to home) and improves access to Hospital Eye Service for patients who are at the greatest risk of irreversible sight loss and need to be treated by an ophthalmologist. This will reduce the risk of patients losing their sight whilst on the waiting list.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
13	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	An increase on the number in the equivalent month in the previous year	Monthly	NWSSP	Primary Care Access to Services	New
<p><b>Rationale:</b> Pharmacies play a vital role in our communities in every part of Wales. Community pharmacies have been able to offer an extended range of services in Wales since the launch of the reformed contract on 1st April 2022, reducing demand on GPs and supporting access to treatment without the need to wait for an appointment. From 1 April 2023 the following priority services have now been combined in a single national Clinical Community Pharmacy Service (CCPS):</p> <ul style="list-style-type: none"> <li>• common ailment service</li> <li>• emergency medicine supply</li> <li>• seasonal influenza vaccination</li> <li>• emergency, bridging and quick start contraception</li> </ul> <p>Pharmacies must provide all four services or not at all. In addition, since the launch of the reformed contract in April 2022, all pharmacies have been enabled to provide a new National Independent Prescribing Service where a suitably qualified and competent pharmacist independent prescriber is available. This is the UK's first nationally commissioned community pharmacy prescribing service, providing further increased access to services for the public and relieving pressures across the NHS.</p>						

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
14	<b>Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years</b>	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Mental Health & CAMHS	
		<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.				
15	<b>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years</b>	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Mental Health & CAMHS	
		<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.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
16	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Mental Health & CAMHS	
		Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient’s mental health needs within 28 days from the receipt of referral. A readily accessible assessment (that is provided when it is needed), is essential if interventions and treatments for mental health problems are to be delivered as early as possible.				
17	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Mental Health & CAMHS	
		Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment. All Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on either an individual or group basis) so that more people recover from mental illness and maximise their quality of life.				



Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
18	<b>Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes</b>	65%	Monthly	Welsh Ambulance Service NHS Trust (WAST)	Urgent & Emergency Care	
		<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.				
19	<b>Median emergency response time to amber calls</b>	12 month improvement trend	Monthly	Welsh Ambulance Service NHS Trust (WAST)	Urgent & Emergency Care	New
		<b>Rationale:</b> A 999 call categorised as amber is deemed to be serious but not immediately life threatening. Although there is no time-based target for amber calls, patients categorised as requiring an amber response time will have a response profile ensuring the most suitable clinical resource is despatched. Patients who wait too long for an emergency ambulance response, may increase the risk of deteriorating health, requiring longer-term treatment and support.				
20	<b>Median time from arrival at an emergency department to triage by a clinician</b>	12 month reduction trend	Monthly	Emergency Department Data Set (EDDS)	Urgent & Emergency Care	
		<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.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
21	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	12 month reduction trend	Monthly	Emergency Department Data Set (EDDS)	Urgent & Emergency Care	
		<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.				
22	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in 2022-23, towards the national target of 95%	Monthly	Emergency Department Data Set (EDDS)	Urgent & Emergency Care	Revised
		<b>Rationale:</b> Patients attending A&E expect to be seen and treated, transferred or discharged in a timely manner. To ensure that patients spend less than 4 hours in A&E, health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services.				
23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Improvement trajectory towards a national target of zero by 31 March 2024	Monthly	Emergency Department Data Set (EDDS)	Urgent & Emergency Care	Revised
		<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&E expect to be seen in a timely manner). To avoid patients waiting over 12 hours, health boards are required to implement actions to continuously improve the flow of patients through A&E whilst maintaining services that are effective and safe.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
24	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 80% by 31 March 2026	Monthly	Suspected Cancer Pathway Data Set (DHCW)	Cancer Recovery	
		<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. This measure includes all suspected cancers and starts from the point a patient is suspected of having cancer.				
25	Number of patients waiting more than 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by 31 March 2024	Monthly	Diagnostic & Therapies Waiting Times Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	Revised
		<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.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
26	<b>Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional</b> (Includes: Art therapy; podiatry; dietetics; occupational therapy, physiotherapy and; speech and language therapy)	12 month improvement trend	Monthly	Diagnostic & Therapies Waiting Times Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	New
		<b>Rationale:</b> Children, due to their developmental requirements, receiving timely access to a specified Allied Health Professional should experience improved outcomes. Reducing the time that a child (under 18 years) waits for a therapy service reduces the risk of the condition deteriorating and supports their developmental requirements. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS Allied Health Professionals.				
27	<b>Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)</b>	Improvement trajectory towards a national target of zero by 31 March 2024	Monthly	Diagnostic & Therapies Waiting Times Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	Revised
		<b>Rationale:</b> Patients receiving timely access to a specified therapy or audiology should experience improved outcomes. Reducing the time that a patient waits for a 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 or audiology services.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
28	Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	Revised
		<b>Rationale:</b> The number of patients waiting for a new 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.				
29	Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	New
		<b>Rationale:</b> As above.				
30	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards the national target of zero	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)	Planned Care Recovery, Diagnostics & Pathways of Care	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. Supported by the use of Patient Initiated Follow-Up (PIFU) and Seen On Symptom (SOS) pathways.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
31	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	Revised
		<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.				
32	Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	New
		<b>Rationale:</b> As above.				
33	Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)	80%	Monthly	sCAMHS Waiting Times Data Collection (Welsh Government)	Mental Health & CAMHS	
		<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).				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
34	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	Monthly	Neurodevelopment Waiting Times Data Collection (Welsh Government)	Mental Health & CAMHS	
		<b>Rationale:</b> There has been an increase in the number of children and young people waiting for a neurodevelopmental assessment, these waits have been exacerbated by the COVID-19 pandemic. A demand and capacity review of neurodevelopmental services has been commissioned to better understand the increased waiting times and pressures on the neurodevelopmental services and to identify options for improvement. Building on these results and the work of the Together for Children and Young People Programme (which closes in September 2022), a wider neurodevelopment approach is being developed looking at building sustainable neurodevelopmental services across Wales.				
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Monthly	Psychological Therapy Waiting Times Data Collection (Welsh Government)	Mental Health & CAMHS	
		<b>Rationale:</b> Providing timely access to specialist psychological therapies in 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.				

### 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.

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
36	Percentage of sickness absence rate of staff	12 month reduction trend	Monthly	Electronic Staff Record (ESR) via HEIW Workforce Dashboard	Supporting	
		<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.				
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2019-20	Monthly	HEIW	Supporting	New
		<b>Rationale:</b> A high staff turnover rate is costly and has a negative effect on services. To ensure safe and sustainable NHS services, there is a need to reduce the number of staff leaving employment by identifying and tackling the key causes. This measure reports on individuals in a nursing or midwifery role who leave a permanent or fixed term contract and are not employed by the same organisation or a different NHS Wales organisation in a 12 month period. This also excludes employees who retire and return to NHS Wales.				



Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
38	Agency spend as a percentage of the total pay bill	12 month reduction trend	Monthly	Financial Monitoring Returns (Welsh Government) via HEIW Workforce Dashboard	Supporting	
		<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.				
39	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	85%	Monthly	Electronic Staff Record (ESR) & Medical Appraisal & Revalidation System (MARS) via HEIW Workforce Dashboard	Supporting	
		<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.				

## 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.

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Maintain the 95% target or demonstrate an improvement trend over 12 months	Monthly	Admitted Patient Care (APC) Data Set (DHCW)	Supporting	
		<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.				
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	90%	Monthly	Admitted Patient Care (APC) Data Set (DHCW)	Supporting	New
		<b>Rationale:</b> This measure supports the improvement of data quality which informs significant clinical management decisions. It supports the identification of issues of inaccuracy in clinically coded data and ensure that Health Boards and Trusts improve the quality of this data by correcting issues as soon as possible. The aim is for 100% accuracy, but 10% discretion allows for outlier cases and aligns with data quality methodology.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
42	<b>Percentage of calls ended following WAST telephone assessment (Hear and Treat)</b>	<b>17% or more</b>	<b>Monthly</b>	<b>Welsh Ambulance Service NHS Trust (WAST)</b>	<b>Urgent &amp; Emergency Care</b>	<b>New</b>
		<b>Rationale:</b> Hear and Treat enables 999 callers who are deemed to have a non-life-threatening condition to receive advice over the phone or to be triaged to a non-emergency service. This helps ambulance vehicles to be despatched quickly to patients who need to be admitted to an emergency department. Hear and Treat helps to reduce ambulance transportation, hospital admission and patient flow. It also makes it easier and quicker for patients to the right advice or treatment closer to home.				
43	<b>Number of Pathways of Care delayed discharges</b>	<b>12 month reduction trend</b>	<b>Monthly</b>	<b>Pathways of Care Reporting</b>	<b>Delayed Transfers of Care</b>	<b>New</b>
		<b>Rationale:</b> A pathways of care delay is experienced by an inpatient occupying a bed in an NHS hospital, who is ready to move on to the next stage of care but is prevented from doing so by one or more reasons. The revised definition for recording a delay is: “any patient post 48 hours clinically optimised”. The “next stage of care” covers all appropriate destinations / transfers out of the NHS hospitals.  Although the arrangement to transfer patients to an appropriate care setting can sometimes be complex and may lead to delays, these can be minimised through effective discharge planning and joint working between health and care services. Due to the negative impact that a pathway of care delay has on patient outcomes and the wider unscheduled and scheduled care systems, there is a need for a sustained reduction in the number of pathways of care delays across Wales.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
44	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	90%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)	Mental Health & CAMHS	
		<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.				
45	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	90%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)	Mental Health & CAMHS	
		<b>Rationale:</b> As above.				
46	Number of patient experience surveys completed and recorded on CIVICA	Month on month improvement	Monthly	CIVICA (NWSSP)		New
		<b>Rationale:</b> Every person in Wales who uses health services has the right to receive excellent care as well as advice and support to maintain their health. Gathering patient feedback and assessing it for themes and trends is a valuable opportunity for NHS organisations to make improvements. It is important that patients feel that their views are welcomed, that notice is being taken of their feedback and improvements are being made where necessary. This indicator measures compliance with the completion of patient experience surveys on CIVICA ensuring that satisfaction rates can be monitored.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
47	<b>Cumulative number of laboratory confirmed bacteraemia cases: <i>Klebsiella</i> sp and; <i>Pseudomonas aeruginosa</i></b>	<b>Health Board specific target</b>	<b>Monthly</b>	<b>Public Health Wales</b>		
		<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 (IP&C) 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 bacteraemia cases continues and through better application of existing knowledge of IP&C measures and lessons learnt from the COVID pandemic, HCAs can be further reduced.				
48	<b>Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: <i>E.coli</i> and; <i>S.aureus</i> (MRSA and MSSA)</b>	<b>Health Board specific target</b>	<b>Monthly</b>	<b>Public Health Wales</b>		
		<b>Rationale:</b> As above.				
49	<b>Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population</b>	<b>Health Board specific target</b>	<b>Monthly</b>	<b>Public Health Wales</b>		
		<b>Rationale:</b> To protect people being cared for in hospitals, rigorous infection control procedures need to be in place. Despite efforts to keep <i>C.difficile</i> out of hospitals, there were more recorded cases between April 22 and March 23 compared to the equivalent period in 2021-22.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
50	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Reduction against the same month in 2022-23	Monthly	Public Health Wales		Revised
		<b>Rationale:</b> To protect people being cared for in hospitals, rigorous infection control procedures need to be in place. Despite efforts to keep the COVID-19 virus out of hospitals, approximately 1% of all COVID-19 infections have been contracted in hospitals. To address this, NHS Wales is required to investigate all hospital acquired COVID-19 infections so that learning can prevent further infections.				
51	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	95%	Monthly	Eye Care Measures Monitoring Return (Welsh Government)	Planned Care Recovery, Diagnostics & Pathways of Care	
		<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.				

Performance Measure		Target	Reporting Frequency	Source	Ministerial Priority	Status
52	<b>Number of ambulance patient handovers over one hour</b>	<b>Improvement trajectory towards achievement of zero ambulance patient handover delays &gt;1 hour by March 2024</b>	<b>Monthly</b>	<b>Welsh Ambulance Service NHS Trust (WAST)</b>	<b>Urgent &amp; Emergency Care</b>	<b>Revised</b>
		<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>				
53	<b>Number of National Reportable incidents that remain open 90 days or more</b>	<b>12 month reduction trend</b>	<b>Monthly</b>	<b>National SI Reports (NHS Executive)</b>		<b>New</b>
		<p><b>Rationale:</b> Although NHS Wales aims to provide the very best care and treatment, sometimes things can go wrong. NHS organisations are required to report and investigate patient safety incidents in accordance with national policy requirements, ensuring that learning is embedded. This measure will monitor NHS Wales' compliance with the standard, ensuring the timely resolution of incidents and identification of lessons learnt.</p>				

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# **SUMMARY OF REVISIONS TO PERFORMANCE MEASURES**

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Performance Measure		Detail of Revision
22	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Previous Target: 95%.
23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Previous Target: 0.
25	Number of patients waiting more than 8 weeks for a specified diagnostic	Previous Target: 12 month reduction trend towards zero by Spring 2024.
27	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (including audiology)	Previous Target: 12 month reduction trend towards zero by Spring 2024.
28	Number of patients waiting more than 52 weeks for a new outpatient appointment	Previous Target: Improvement trajectory towards eliminating 52 week waits by 31 December 2022.
30	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Previous Target: Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021. Previous Reporting Frequency: Monthly.
31	Number of patients waiting more than 104 weeks for referral to treatment	Previous Target: Improvement trajectory towards a national target of zero by 2024.
50	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Previous Target: Reduction against the same month in 2021-22.
52	Number of ambulance patient handovers over one hour	Previous Target: 0.

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# **POLICY ASSURANCE ASSESSMENTS**

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## 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.

Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
a	Qualitative report detailing implementation of Help Me Quit in Hospital smoking cessation services	Evidence of improvement	Bi-annual	Welsh Government policy review of organisation's qualitative submission		
		<b>Rationale:</b> To capture as many groups as possible, there is a need to optimise smoking cessation services. This includes building on the success of existing services, by introducing the Help Me Quit in Hospital smoking cessation service. Evidence shows that hospital smoking cessation service can increase long-term quit rates.				
b	Qualitative report detailing progress to reduce smoking during pregnancy	Evidence of improvement	Bi-annual	Welsh Government policy review of organisation's qualitative submission		
		<b>Rationale:</b> There are groups in Wales who have a higher smoking prevalence or experience increased health impacts from smoking. One of these priority groups is pregnant women, who increase the risk of complications such as low birth weight, premature birth and still birth if they continue to smoke during pregnancy. To address this, national guidance is in place to optimise smoking cessation provision for all pregnant women across Wales.				

Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
c	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Bi-annual	Welsh Government policy review of organisation's qualitative submission		Revised
		<b>Rationale:</b> Being a healthy weight is one of the main ways to reduce the risk of long-term health conditions such as diabetes, heart disease and cancers. A healthy weight can also have a positive impact on an individual's mental health. Factors that contribute to excessive weight gain are complex, but health boards can support children, families and adults to lose weight by ensuring they have a fair and equitable access to a clinical pathway for weight management services in their local communities.				

## 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.

Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
d	Qualitative report providing assurance on GP access improvement	Evidence of improvement	Annual	Welsh Government policy review of organisation's qualitative submission	Primary Care Access to Services	New
		<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. Delivering better access to doctors, dentists and other health professionals is a key Programme for Government commitment. Phase 2 Standards, based on an access commitment agreed through the GMS Contract Agreement 2021-22, were introduced in April 2022 to continue to provide the clarity needed around what should be expected for patients and professionals alike.				

Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
e	Allied Health Professionals accessible and available to clusters by Health Board and Regional Partnership Board footprint	Annual increase compared to baseline assessment	Quarterly	Strategic Programme for Primary Care review of organisation's data submission (re: £5m AHP investment)	Primary Care Access to Services	New
		<b>Rationale:</b> From April 2023, additional funding has been made available to increase the number of community based Allied Health Professionals and support workers in the NHS. By improving community access to a group of 13 professions (including physiotherapists, speech and language therapists, occupational therapists, dieticians and psychologists) enables patients to maximise their health, improve recovery and stay independent and well at home. Furthermore, it will help to prevent hospital-based admissions and the reliance on long term social care.				
f	Qualitative report detailing progress to embed the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway	Evidence of improvement	Bi-annual	Welsh Government policy review of organisation's qualitative submission		New
		<b>Rationale:</b> Bereavement can severely affect a person's overall health and behaviour, including serious mental health difficulties and an increased risk of suicide. Everyone at any age can suffer from the negative impacts of bereavement and will require good bereavement care and support when they need it. Through the implementation of the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway, everyone in Wales will have equitable access to high quality bereavement care and support. This indicator measures the progress that health boards have made towards planning, design and delivery of bereavement services that address the gaps in bereavement support across Wales and provides a service that is accessible, equitable and person centred.				

Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
g	Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services	Evidence of improvement	Bi-annual	Welsh Government policy review of organisation's qualitative submission	Mental Health & CAMHS	
		<b>Rationale:</b> The CAMHS in-reach service is a response to concerns that pupil mental health and well-being is deteriorating (exacerbated by the COVID-19 pandemic), whilst specialist CAMHS is struggling to meet rising demand. The CAMHS in-reach service provides mental health and wellbeing guidance and advice for school staff, ensuring appropriate support to children in primary and secondary schools. It ensures that pupils experiencing difficulties such as feeling low or anxiety receive early help in school or are directed to more appropriate alternative provision in a timely manner. This reduces referrals to sCAMHS and providing opportunities for children and young people to learn resilience strategies preventing more serious problems occurring later in life. This indicator measures the progress that health boards have made towards building capacity in schools to deliver this service and to improve access of schools to specialist liaison, consultancy and advice when needed.				

### 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.

Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
h	Qualitative report detailing progress made in preparation to embed and report against the Workforce Race Equality Standard (WRES) indicators	Evidence of activity undertaken to prepare to embed reporting against the Workforce Race Equality Standard (WRES) (as described in the reporting template to be released September 2023)	Annual (December 2023)	Welsh Government policy review of organisation's qualitative submission	Supporting	New
		<p><b>Rationale:</b> The Anti-racist Wales Action Plan (ArWAP) commits to improve the collation, sharing and use of data in relation to race, ethnicity and intersectional disadvantage to level inequalities in the health workforce. To identify areas to improve and provide assurances that NHS Wales is an anti-racist and safe environment for staff and patients.</p> <p>The introduction of the Workforce Race Equality Standard (WRES) is a priority action in the ArWAP and will provide an evidence base to make and measure targeted structural change within NHS Wales organisations. This indicator measures the progress health boards have made towards being able to report against the WRES indicators as described in the reporting template.</p>				



Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
i	Qualitative report detailing the progress made against the organisation's prioritised Strategic Equality Plan's equality objectives	Evidence of progress and improvement, along with key risks to delivery, of the identified equality objectives	Bi-annual	Welsh Government policy review of organisation's qualitative submission	Supporting	New
		<b>Rationale:</b> As a listed body in Wales under the Public Sector Equality Duty (Equality Act 2010), NHS organisations are required to draw up a Strategic Equality Plan (SEP) which describe and document the steps being taken to tackle inequality and barriers to access and to improve the health outcomes and experience of patients, their families, and carers.				
j	Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis	Evidence of improvement	Bi-annual	Welsh Government policy review of organisation's qualitative submission	Supporting	Revised
		<b>Rationale:</b> To ensure that people live well with dementia, it is important that: NHS staff have a good awareness of dementia and the issues that surround it and; individuals are diagnosed early so that the individual and their families can plan for the future, access support services and start treatment at an appropriate point. Both of these requirements are key priorities in the Dementia Action Plan for Wales.				

## **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.

Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
k	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Services Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Annual (October 2023)	Welsh Government policy review of organisation's qualitative submission	Supporting	Revised
		<b>Rationale:</b> NHS Wales has significant spending power and needs to ensure that the money it spends benefits both the citizens of Wales and the economy. This includes making spending decisions that support wider goals such as local economic growth, regeneration and community resilience. The Foundational Economy in Health and Social Services Programme encourages NHS Wales to advance its contribution towards achieving these wider goals, with a particular focus on establishing training and employment opportunities for local residents and ensuring new or service redesign benefits other local organisations and services.				

Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
l	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision-making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	Bi-annual	Welsh Government policy review of organisation's qualitative submission	Supporting	
		<b>Rationale:</b> Value Based Health Care is the equitable and sustainable use of available resources to achieve better outcomes and experience for every person. It focuses on: reducing unwarranted variation in care pathways; investing in secondary prevention approaches; reducing adverse clinical outcomes and; collecting and using clinical and patient reported outcomes to inform decision making and clinical care. To achieve this approach, NHS organisations are required to embed Value Based Health Care in their strategic decision making, planning and allocation of resources.				
m	Qualitative report detailing progress against the health boards' plans to reduce pathways of care delays	Evidence of improvement	Bi-annual	Welsh Government policy review of organisation's qualitative submission of Health Board and Local Authority joint action plans	Delayed Transfers of Care	New
		<b>Rationale:</b> A pathways of care delay is experienced by an inpatient occupying a bed in an NHS hospital, who is ready to move on to the next stage of care but is prevented from doing so by one or more reasons. The revised definition for recording a delay is: "any patient post 48 hours clinically optimised". The "next stage of care" covers all appropriate destinations / transfers out of the NHS hospitals.  Although the arrangement to transfer patients to an appropriate care setting can sometimes be complex and may lead to delays, these can be minimised through effective discharge planning and joint working between health and care services. Due to the negative impact that a pathway of care delay has on patient outcomes and the wider unscheduled and scheduled care systems, there is a need for a sustained reduction in the number of pathways of care delays across Wales.				

Policy Assurance Assessment		Target	Reporting Frequency	Source	Ministerial Priority	Status
n	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of improvement	Annual	Welsh Government policy review of organisation's qualitative submission	Supporting	Revised
		<b>Rationale:</b> Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. Action is needed not only because NHS Wales continues to be one of the biggest public sector emitters, but also because the health and social care system are at the forefront of responding to the impact of climate and nature emergency on health outcomes. NHS organisations are required to embed the climate agenda in their strategic decision making, planning and allocation of resources and provide robust reporting to demonstrate collective progress is being made.				
o	Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities	Evidence of improvement	Bi-annual	Welsh Government policy review of organisation's qualitative submission		
		<b>Rationale:</b> Evidence indicates that 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 – Strategic Action Plan (published 24 May 2022) outlines a series of health actions that will strengthen NHS services and subsequently improve the lives of people with a learning disability.				

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# **REPORTING TEMPLATES FOR POLICY ASSURANCE ASSESSMENTS**

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# Help Me Quit in Hospital Smoking Cessation Services and Reducing Smoking During Pregnancy

Organisation		Date of Report		Report Prepared By	
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Health Boards are expected to be working to develop/have in place plans to:

1. Implement Help Me Quit in Hospital smoking cessation services
2. Reduce smoking during pregnancy

The Tobacco Control Strategy, 'A Smoke-free Wales' and 'Towards a Smoke-free Wales Delivery Plan 2022 to 2024' set out the Welsh Government's commitment and actions to achieve a Smoke-free Wales by 2030.

## Implement Help Me Quit in Hospital smoking cessation services

The provision of effective smoking cessation services is essential in supporting our smoke-free ambitions for Wales and hospital smoking cessation services have been shown to increase long term quit rates. The delivery plan has an action to:

- *Implement a systematic Help Me Quit in Hospital smoking cessation service in Wales utilising learning from Canada's Ottawa Model for Smoking Cessation and adapting this for Wales with the additional inclusion of a prehospital stage in the programme.*

The details of the Help Me Quit in Hospital service are being developed and co-ordinated by Public Health Wales and supported by money from the Prevention and Early Years Fund.

## Reduce smoking during pregnancy

In 2021, 15% of women were recorded as smokers at their initial assessment, increasing the risk of complications with pregnancy and birth (such as low birth weight, premature birth and stillbirth). National guidance is in place to support pregnant smokers by recommending that all pregnant people are asked about their smoking status at antenatal appointments and referred to appropriate smoking cessation services for ongoing support. The delivery plan has an action to:

- *Increase the percentage of smoke-free pregnancies by looking at initiatives to reduce smoking in pregnancy and optimise smoking cessation provision for all pregnant people across Wales. Work with maternity services to ensure that all pregnant women have their smoking status recorded and appropriate referrals made to smoking cessation services. Promote a smoke-free preconception period.*

The action is supported by money from the Prevention and Early Years Fund.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales). Please provide a copy of necessary plans & documents with the report.

## Help Me Quit in Hospital Smoking Cessation Services

An update on the actions planned and implemented during the current operational year to advance the development of Help Me Quit in Hospital smoking cessation services

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
<b>Leadership and Co-ordination</b> The health board has established mechanisms for the overall project management of Help Me Quit in Hospital and leadership to support implementation in all relevant service areas and sites.			
<b>Service Development &amp; Planning</b> The health board has an agreed delivery infrastructure and plan to implement the Help Me Quit in Hospital pathway and model locally, with necessary staff and resources in place for its effective delivery.			
<b>Joint Working</b> The Help Me Quit in Hospital model and service is fully integrated and supported both within the health board and with the national programme and meets agreed minimum service standards.			
<b>Monitoring</b> Plans for consistent monitoring and reporting are in place in line with national minimum dataset and used to inform service improvement.			

## Evidence Checklist: Help Me Quit in Hospital smoking cessation services

Please provide a copy of the necessary plans and documents.

<b>General:</b> The health board leads the development, implementation and monitoring of the Help Me Quit in Hospital service. The service is integrated with existing smoking cessation services and best meets the needs of the population.	
	<b>Questions to consider when completing the reporting template</b>
<b>Risks to Delivery</b>	<ul style="list-style-type: none"><li>• Does the planned service complement the NHS Wales Planning Framework 2022-2025 and targets?</li><li>• Have the needs of the population been fully assessed and the service planned accordingly?</li><li>• Are there processes in place for joint working within the health board and with the national programme?</li><li>• Are the necessary financial resources in place?</li><li>• Are there sufficiently skilled staff to plan and deliver the services?</li><li>• Are the necessary pathway and prescribing processes planned for?</li></ul>
<b>Leadership and Co-ordination</b>	<ul style="list-style-type: none"><li>• Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning?</li><li>• Are the necessary commitments and agreements in place at executive levels within the health board?</li></ul>
<b>Service Development and Planning</b>	<ul style="list-style-type: none"><li>• Has a needs assessment of the population been undertaken/is planned?</li><li>• Is there a plan with timeline in place for the establishment of the service, including evidence of the policies and processes which need to be introduced/amended to embed the service in the organisation?</li><li>• Are there plans in place to ensure that the services and information is accessible, including differing language, culture and communication needs?</li><li>• Are there plans in place to communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?</li></ul>
<b>Joint Working</b>	<ul style="list-style-type: none"><li>• Is the health board's service linked with and complementary to the development of the national programme?</li><li>• How will the service be fully integrated with existing services and processes (including prescribing) in the health board?</li><li>• How will the service development include working with patient groups to understand how best to set up the programme locally?</li><li>• Are there plans in place within the health board to support patients across the system including processes for sharing and receiving information and best practice?</li></ul>
<b>Monitoring</b>	<ul style="list-style-type: none"><li>• How will the implementation of the service be monitored, including referrals, outcomes and patient satisfaction?</li></ul>



## Reducing Smoking During Pregnancy

An update on the actions planned and implemented during the current operational year to support a reduction in the percentage of women smoking during pregnancy is requested.

Objective	Key Actions Planned/Achieved	Risks to Delivery	Corrective Actions
Please refer to the checklist on the evidence that is to be provided for each objective			
<b>Leadership and Co-ordination</b> The health board leadership and organisational policies are committed to reducing the number of people smoking during pregnancy and to supporting suitable maternal smoking cessation services.			
<b>Service</b> The health board's maternal smoking service complies with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support and is evaluated to ensure effective delivery.			
<b>Staffing and Resources</b> Necessary staff and resources are in place, for example smoking cessation specialists and are embedded within maternity and health visiting services so that all pregnant smokers are supported with cessation services.			
<b>Monitoring</b> Systems for consistent collection, recording and evaluation of data are in place (including the identification of smokers, referrals & take up of cessation, as well as maternal outcomes and service user satisfaction) and service improvements are taken following evaluation.			

## Evidence Checklist: Reducing smoking during pregnancy

Please provide a copy of the necessary plans and documents.

**General:** The health board has a comprehensive service in place to identify and support smokers with smoking cessation throughout the preconception, antenatal and postnatal periods. The service is integrated with existing maternity and smoking cessation services and best meets the needs of the population.

### Questions to consider when completing the reporting template

<b>Risks to Delivery</b>	<ul style="list-style-type: none"><li>• Does the service complement the NHS Wales Planning Framework 2022-2025 and targets?</li><li>• Have the needs of the population been fully assessed and the service planned accordingly?</li><li>• Are there processes in place for joint working within the health board?</li><li>• Are the necessary financial resources in place?</li><li>• Are there sufficiently skilled staff to deliver the services?</li><li>• Are the necessary pathway (including consistent referral to opt out cessation services) and prescribing processes provided for?</li></ul>
<b>Leadership and Co-ordination</b>	<ul style="list-style-type: none"><li>• Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning?</li><li>• Is the objective of addressing maternal smoking fully integrated within the health board with all elements supporting a reduction of maternal smoking prevalence?</li><li>• Are the necessary commitments and agreements in place at executive levels within the health board?</li></ul>
<b>Service</b>	<ul style="list-style-type: none"><li>• Has a needs assessment of the population been undertaken?</li><li>• Does the service provided conform with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support (including cessation support for other family members)? If not currently, what improvements are needed and how will they be achieved?</li><li>• Are all elements of the services (including hospital and community based services) integrated and complementary and do they provide seamless support at transition stages? If not currently, what improvements are needed and how will they be achieved?</li><li>• Did the service design include working with patient groups to understand how best to set up the programme locally? Are there opportunities for improvement to ensure the service is delivered in a way that best meets the needs of the population?</li></ul>

	<ul style="list-style-type: none"> <li>• Is the service fully integrated with other services and processes (including referral and prescribing) in the health board? Are there policies and processes which need to be introduced/amended to improve integration of the service in the organisation including processes for sharing and receiving information and best practice?</li> <li>• How do you evaluate your service based on evidence collected directly from service users and how are you assured the services you provide are effective and focused on reducing maternal smoking rates?</li> </ul>
<b>Staffing and Resources</b>	<ul style="list-style-type: none"> <li>• What are the staffing and resourcing levels available (WTE) and how have you assessed if it is appropriate to suitably support the population?</li> <li>• Is the service and information provided accessible, including in terms of differing language, culture and communication needs?</li> <li>• Does the service communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?</li> </ul>
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>• How is the implementation of the service monitored, including the identification of smokers, referrals and take up of cessation, as well as outcomes and service user satisfaction? How does the monitoring support service improvements and a reduction in the number of people smoking in pregnancy?</li> <li>• How do you achieve a learning culture which delivers service improvements, for example peer reviews?</li> <li>• How are health board leaders made aware of service outcomes?</li> </ul>

### Relevant strategies, guidance and data

A smoke-free Wales and Towards a smoke-free Wales Delivery Plan 2022 to 2024: <https://gov.wales/tobacco-control-strategy-wales-and-delivery-plan>

NICE guideline NG209 - Tobacco: preventing uptake, promoting quitting and treating dependence (2021):

<https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence-in-pregnant-women>

Models for Access to Maternal Smoking Cessation Support:

<http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20MAMSS%20Report%20E%2003.17.pdf>

The National Survey for Wales: <https://gov.wales/national-survey-wales>

NHS smoking cessation services: <https://gov.wales/nhs-smoking-cessation-services>

Maternity and birth statistics: <https://gov.wales/maternity-and-birth-statistics>

# Monitoring & Evaluation Form - All Wales Weight Management Pathway Report

Organisation		Allocation		Date of Report		Report Prepared By	
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The Deputy Minister for Mental Health, Wellbeing and Welsh Language agreed funding of £6.5m to support the delivery of Healthy Weight: Healthy Wales, which included £2.9m to deliver Pathway Transformation Plans. The Children and Families Pathway is one in a series of documents laying out the components, standards and guidance to support the development and delivery of weight management services across Wales. The pathway sets out the key elements and principles underpinning the planning, commissioning and delivery of weight management services for the population of Wales.

**Reporting Schedule:** The Adult and Children's Weight Management Pathways timetable for funding and reporting is detailed below:

- Submission of Draft Plan – 30 April 2023
- Peer Review of Plan – tbc June 2023
- Final Sign Off of Plans – July 2023
- Interim Report – 16 October 2023
- Final Report – 15 April 2024

Progress against the organisation's plan is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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

To be completed by Welsh Government on receipt of Monitoring Form

Total allocation	£
Total spend	£
Total agreed	£
Total reimbursement	£

**Update on the actions implemented during the current operational year to advance the development of the AWWMP in the health board's day to day activities**

	<b>Key actions planned</b>	<b>Risks to delivery corrective actions &amp; by when including a timeline</b>	<b>What was achieved</b>	<b>Spend actual and planned including a breakdown of resource time</b>	<b>Spend of HB core budget against HWWH</b>	<b>Prevention fund investment into the pathway into level 1 and 2</b>
<b>Planning</b>						
Ethos of Healthy Weight: Healthy Wales is embedded into service change/transformational programmes and service delivery plans						
Progress against Level 2 services						
Progress around Level 3 services						
Comments/updates on Level 1 and Level 4						

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved
<b>Standards</b>			
Health Boards are asked to provide sufficient evidence of their progress against the Standards			

### Relevant Strategies and Guidance

AWWMP Guidance <https://gov.wales/adult-weight-management-pathway-2021>

<https://gov.wales/weight-management-pathway-2021-children-young-people-and-families>

Weight Management Standards <https://gov.wales/weight-management-services-standards>

Welsh Government Healthy Weight: Healthy Wales Strategy <https://gov.wales/healthy-weight-strategy-healthy-weight-healthy-wales>

Delivery Plans <https://gov.wales/healthy-weight-healthy-wales-delivery-plan-2020-2022>

Welsh Government 'A Healthier Wales' <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

## GMS Access Improvement

<b>Organisation</b>		<b>Date of Report</b>		<b>Report Prepared By</b>	
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In 2019 the GMS Access Standards put us on a path to improving access to GP services and ensuring consistency across Wales. The Standards aim to inform people what to expect when they need help or advice and what options are available to them. Achievement has increased year on year over the past 3 years and from 1 April 2023 maintaining these Phase 1 standards will become part of the core GMS contract.

We have continued to build on this approach: in April 2022, the GMS Access Commitment introduced a second phase of standards to ensure practices take a forward-looking and planned approach to managing patient need and take account of patient feedback in developing an action plan for improvement. The Access Commitment GP requires practices to adopt a blended model of access, offering a mix of remote, face-to-face, urgent, on-the-day and pre-bookable appointments, as determined by an assessment of clinical need.

Participation in the GMS Access Commitment is not mandatory for practices but carries up to 100 Quality and Improvement Framework points for achievement. Health Boards are responsible for verifying achievement and providing assurance to Welsh Government on progress with delivery of the Access Commitment. This template provides a structure for this assurance report.

**Reporting Schedule:** Progress is to be reported annually. This form is to be submitted on:

- 15 April 2024 (covering the period 1 April 2023 – 31 March 2024)

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

**Progress with delivery of GMS Access Commitment: Phase 2 Access Standards:**

Section 1: achievement of practice requirements			
Practice Requirement		Number of practices within the HB achieving this standard	Comments/ Further action taken
<b>Service Delivery &amp; Communication</b>			
1.	All existing patient facing staff to undertake the national care navigation training package and all new patient facing staff complete the national care navigation training package within 3 months of start date. Practices will		

	supply names of new starters and date of training undertaken.		
2.	Appointments are available for advanced booking each day with declaration confirming that every patient contact is supported throughout the day. (Patients will be offered an appropriate consultation, whether urgently or through advanced booking consistent with the patient's assessed clinical need, without the need for the patients to contact the practice again).		
3.	To maintain a planned and forward-looking approach to consultations, practices to undertake a regular assessment of their scheduling appointment system to ensure a mix of remote, face to face, urgent, on the day and pre-bookable.		
<b>Patient Engagement</b>			
4.	Practices must regularly maintain an automated and standardised public facing dashboard and make this available via a range of communication methods to meet the needs of their patients. (An Infographic will be made available via the PCIP for practices to use).		



Section 1: achievement of practice requirements		
Practice Requirement		Number of practices within the HB achieving this standard
5.	Practices to undertake the national patient experience survey which should include 25 completed questionnaires per 1000 registered patients from a range of practice population and captured through a range of methods.	
Digital		
6.	Practices undertake care navigation on digital requests in a similar and equitable fashion to telephone requests.	
Section 2: Practice Reflective Reports – high-level summary of key findings and common themes under each of following sections:		
1.	Equality Impact Assessment	
2.	Patient Engagement	
3.	National Patient Experience Survey	
4.	Patient Survey Action Plan	
5.	Digital Requests	
6.	Telephone System Intelligence	

## National Bereavement Framework Implementation

Organisation		Date of Report		Report Prepared By	
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The National Framework for the Delivery of Bereavement Care in Wales, published in October 2021 sets out how in Wales we can respond to those who are facing, or have experienced, a bereavement. The framework includes core principles, minimum bereavement care standards and a range of actions to support regional and local planning.

The Welsh Government is committed to the vision of a Compassionate Wales where everyone has equitable access to high quality bereavement care and support to meet their needs effectively when they need it. As part of its work to implement the bereavement framework, the National Bereavement Steering Group are working with health boards and partners to develop a national bereavement pathway for Wales. This consists of an overarching model pathway and a number of supporting bereavement specific modules to provide information and guidance to health boards and everyone involved in bereavement support provision, to promote a consistent approach for accessing bereavement support across Wales.

A £3m Bereavement Support Grant for third sector organisations is being provided over the three-year period 2021-24 with 21 organisations receiving funding and an additional £420k (£60k each) is also being made available to health boards in 2022-23 and 2023-24 to help with bereavement co-ordination. The health board bereavement leads meet regularly in a forum to share good practice, establish common goals and to provide a mechanism for the sharing of information concerning the bereavement workstream and implementation of the bereavement framework in their local areas.

Organisations must embed the principles of the framework and the national bereavement pathway for Wales in strategic plans, spending policies and decisions to help ensure that everyone in Wales who has been bereaved knows that help is there for them.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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

<b>Executive summary of progress to date:</b>		
	<b>Current RAG Status</b>	<b>Previous RAG Status</b>
<b>Progress RAG:</b> Provide the RAG status of delivery against framework. Please provide a copy of any supporting plans and documents.		
<b>Route to green including asks of WG</b>		

**Update on the actions implemented during the current operational year to support the embedding of the National Framework for the Delivery of Bereavement Care in Wales and the National Bereavement Pathway.**

Area of Focus		Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
1.	<b>Implementation of the National Bereavement Pathway for Wales – overarching pathway</b> Health Boards to outline their progress against implementation plans.			
2.	<b>Implementation of the Immediate Support Pathway for Sudden and Unexpected Death in Children and Young People up to 25 years of age</b>			

Area of Focus		Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
	Health Boards to outline their progress against this Pathway.			
3.	<b>Health Board support offer to bereaved patients and families, including those identified through investigations following patient safety incidents of nosocomial COVID-19 (Covid response)</b> Health Boards to report progress on the establishment of their Care After Death / Bereavement service and their offer to bereaved people.			
4.	<b>Provision of support to people with Protected Characteristics</b> Health Boards to report progress on improving provision to those people who may find it difficult to access bereavement support.			
5.	<b>Qualitative feedback on the impact of bereavement support received</b> Health Boards to survey bereaved people to obtain their feedback on the quality of support received, using the question and responses detailed in the Evidence Checklist below.			

## Evidence Checklist: National Bereavement Framework Implementation

**General:** The health board leads the development and monitoring of the implementation of the National Bereavement Framework in their area to best meet the needs of the population.

	Questions to consider when completing the reporting template
<b>Implementation of the National Bereavement Pathway for Wales – overarching pathway (Model Specification)</b>	<ul style="list-style-type: none"> <li>• What progress has been achieved against the principles contained in the overarching pathway?</li> <li>• How have the needs of the population been fully assessed, and the service planned? Please confirm that all three NICE components (universal, selective/targeted, indicated) are available to all of the LHB population</li> <li>• How are the services for bereaved people co-ordinated within the LHB (eg. death certification, mortuary visiting, collection of the deceased person's property, practical and emotional support)?</li> <li>• Does the health board hold forums to bring together all partner agencies involved in the planning, commissioning and delivery of bereavement services? Please provide details of actions/outcomes agreed</li> <li>• Are there processes in place for joint working within the health board and partner agencies including information sharing protocols, performance management systems including quality checks, workforce development, and protocols for accountability and responsibility?</li> <li>• Describe how the bereavement standards contained in the National Framework (Annex 1, s.1.2) are monitored, with specific commentary on 1.2 (b) provision of accessible information and 1.2 (d) how the risk of adverse bereavement outcomes is assessed at initial point of accessing a service</li> <li>• Are there sufficiently skilled staff to plan and deliver the services? Please provide the LHB training, supervision and competency plan</li> </ul>
<b>Implementation of the National Bereavement Pathway for Wales – bereavement specific modules</b>	<ul style="list-style-type: none"> <li>• What progress has been achieved in the establishment of the bereavement specific pathways in the health board?</li> <li>• How are response times monitored against each stage of the support pathways</li> <li>• What qualitative data has been collected by health boards and partner agencies to ensure adherence to the pathway contact requirements, including specific measures to ensure immediate support, initial calls within a specified period, referral / follow up calls? What are the Processes / Policies in place to facilitate this?</li> </ul>

<b>Health Board support offer to bereaved patients and families, including those identified through investigations following patient safety incidents of nosocomial COVID-19 (Covid response)</b>	<ul style="list-style-type: none"> <li>• Does the health board have an executive lead (as well as a bereavement lead) with responsibility for the strategic direction and service planning?</li> <li>• Are the necessary commitments and agreements in place at executive levels within the health board?</li> <li>• What is the support offer for all bereaved people in the health board (including deaths which occur in the community)?</li> <li>• What progress has been made with the establishment of the Care After Death / Bereavement service in the health board and what plans are in place to monitor progress in provision?</li> </ul>
<b>Provision of support to people with Protected Characteristics</b>	<ul style="list-style-type: none"> <li>• What provision is in place by the health board for bereaved people with Protected Characteristics, (eg. because of disability including people who are sight-impaired and/or hearing impaired, or who are in groups who have historically been underrepresented (eg. LGBTQ+), members of Black Asian and Minority Ethnic Communities, etc.</li> <li>• Has a needs assessment of the population been undertaken/is planned?</li> <li>• What engagement has taken place by the health board to engage with these communities and groups to ensure that the bereavement support available meets their requirements?</li> <li>• Is there a plan with timeline in place for the establishment of a bereavement support service for these populations, including evidence of the policies and processes which need to be introduced/amended to embed the service in the organisation?</li> <li>• Are there plans in place to ensure that the services and information is accessible, including differing language, culture, and communication needs?</li> </ul>
<b>Qualitative feedback on the impact of support received</b>	<ul style="list-style-type: none"> <li>• Health Boards to survey bereaved people to obtain their feedback on support using the question “Have you received practical and/or emotional support from a bereavement service or other organisation providing support for people who are bereaved” and the following responses (including the ability to provide a commentary on any response):</li> <li>• Yes - and it helped me a lot to cope with my grief and bereavement</li> <li>• Yes - and it helped me a bit</li> <li>• Yes - but I didn’t find that it helped me to cope</li> <li>• No - I didn’t feel that I needed or wanted this type of support</li> </ul>

	<ul style="list-style-type: none"> <li>• No - I didn't know what support was available and/or how to access</li> <li>• No - I tried but the support that I wanted was not available</li> <li>• No - other reason, please state (eg. where support was not offered to me)</li> </ul>
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### **Relevant strategies, guidance and data**

Bereavement Framework [National framework for the delivery of bereavement care | gov.wales](#)

National Bereavement Pathway <https://gov.wales/national-bereavement-care-pathway>

## Whole School Approach to CAMHS In Reach Services

<b>Organisation</b>		<b>Date of Report</b>		<b>Report Prepared By</b>	
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Following the allocation of funding to progress the development of the Whole School Approach, there is a requirement to evaluate the delivery of the scheme in your area. Please utilise your initial request submissions to determine whether delivery and spend to date is comparable to your anticipated position.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

**Completed form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales). Please provide a copy of necessary plans and documents with the report.

	Annual Submission	Delivery to Date
Total spend to date		
Period of claim		
Staff (please list each member of staff in post, by band, per local authority and their whole time equivalent i.e. 0.4 Band 5)		
Other costs incurred to date (please list i.e. staff training)		
<b>Please explain how your service has progressed in each area, building on what was anticipated at the beginning of the financial year</b>		
	<b>Update</b>	
1. How have you engaged schools/school leaders and wider partners in service development and rollout across LA areas?		



	Update
<p>2. How have you ensured service development as part of an integrated, whole-system, regional approach?</p> <p>Developing and delivering services that support the emotional health and well-being of children and young people, ensuring schools/children and young people have timely access to appropriate support when needed?</p>	
<p>3. What supervision process does your service provide to school staff?</p> <p>Please outline what and how.</p>	
<p>4. How have you ensured that the role of a CAMHS In-reach practitioner will not be diluted (by, for example, supplementing core sCAMHS or by stretching their time too thinly across too many staff and/or schools or through pressure to work directly with children and young people)?</p>	
<p>5. How do you continue to ensure the Welsh language offer is strengthened through for example, Welsh speaking practitioners and ensuring the translation of written material?</p>	
<p>6. Recruitment of highly skilled and experienced staff to provide training and advice is important. However, this is demonstrated as challenging. How are you ensuring appropriate provision? Have you utilised alternative methods where recruitment/ retention of appropriate staff has produced difficulties?</p>	

### Monitoring and Evaluation

Public Health Wales, should already provide a national coordination role, including a National Forum for the sharing of good practice, etc. for the service across Wales. They will work with you to develop a nationally agreed data collection set. Please explain how you have met the following questions and intend to continue doing so.

	Update
7. You will work with partners to ensure that there is robust monitoring and evaluation of the effectiveness of action to support pupil and staff mental health and well-being and the initial targets you propose to measure progress (together with timescales).	
8. The In-reach Service is closely linked to and has potential to strengthen how Health Boards fulfil their statutory duties under the ALNET Act in terms of provision of help and support for learners. Does your In-reach plan continue to align with your planning in relation to the ALNET Act? What processes do you use to work closely with the DECLO for the LHB in continuing the development and delivery of plans and services to allow those statutory duties to be met?	
9. Use this line to add any further information you may feel useful and which has not been included above e.g. risks/ corrective actions	

## Strategic Equality Plan – Equality Objectives: a) Identify objectives, b) Review and assess progress against objectives prioritised in SEP during the reporting period

Organisation		Date of Report		Report Prepared By	
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The Public Sector Equality Duty seeks to ensure that equality is properly considered within the organisation & influences decision making at all levels. As a listed body in Wales under the Public Sector Equality Duty (Equality Act 2010), NHS organisations are required to draw up a Strategic Equality Plan (SEP) at least every 4 years which describe and document the steps being taken to tackle inequality and barriers to access to improve the health outcomes and experience of patients, their families, and carers.

The SEP should 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.

Distinct action plans for several Protected Characteristics (PCs) have been published since 2022, these currently include the Anti-Racist Wales Action Plan (ARWAP 2022) and the LGBTQ+ Action Plan (2023). Each NHS organisation's SEP should act as a support platform for current and future plans, linking the distinct plans which have their own actions, and not override them.

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- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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

Please provide an update on the actions implemented during the current operational year. Reporting should focus on providing evidence of progress and improvement along with key risks to delivery.

Please attach a copy of your organisation's SEP and Annual Equality Report.

Measure	Evidence	Risks to delivery
The steps taken to fulfil your equality objectives in the SEP this period.		

Measure	Evidence	Risks to delivery
Eliminating discrimination and promoting equality of opportunity.		
Progress made against national action plans (ARWAP, LGBTQ etc).		
Information obtained that demonstrates achieving the equality objectives in the SEP and what does it indicate.		
Action to be taken as a result of the information gathered.		
Feedback from stakeholders of the progress made.		
Equality objectives prioritised during the next reporting period.		

## Dementia Care (Learning and Development in Line with the Good Work), Access to Timely Diagnosis and Dementia Care in Hospitals

Organisation		Date of Report		Report Prepared By	
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As outlined in the '[Good Work – Dementia Learning and Development Framework](#)' all staff who work for NHS Wales need to have a good 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.

Individuals are diagnosed early so that the individual and their families can plan for the future, access support services and commence treatment and interventions at any appropriate point.

Responses should consider the relevant [Dementia Care Standards](#). Specifically **standard 17** for learning and development, **standards 3 - 6** for supporting diagnosis and **standard 11** for hospital charter.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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

## Dementia Care (Learning and Development in Line with the Good Work)

	Achievements for 2023-2024	Issues Impacting Delivery	Corrective Actions
<b>Informed Level</b>			
Training delivered at an informed level. Focusing on Dementia Friends training programme and essential communication skills.	Update at 30 September 2023		
	Update at 31 March 2024		

	Achievements for 2023-2024	Issues Impacting Delivery	Corrective Actions
<b>Skilled Level</b>			
<b>Actions to identify staff groups that require training at a skilled level.</b>	<b>Update at 30 September 2023</b>		
	<b>Update at 31 March 2024</b>		
<b>Training delivered at a skilled level.</b> Covering the well-being themes of: rights & entitlement; physical & mental health; physical environment; social & economic well-being; safeguarding; meaningful living; meaningful relationships; community inclusion & contribution.	<b>Update at 30 September 2023</b>		
	<b>Update at 31 March 2024</b>		
<b>Mechanisms to record the completion of training at a skilled level.</b> Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and carers.	<b>Update at 30 September 2023</b>		
	<b>Update at 31 March 2024</b>		

	Achievements for 2023-2024	Issues Impacting Delivery	Corrective Actions
<b>Influencer Level</b>			
<b>Actions to identify staff groups that require training at an influencer level.</b>	<b>Update at 30 September 2023</b>		
	<b>Update at 31 March 2024</b>		
<b>Training delivered at an influencer level.</b> Focusing on: drivers, policy & research; effective service mapping & co-ordinated delivery; collaborative & integrated working; shared values; creating & owning a clear & shared vision; culture & language; delivering excellence; creative approaches; safeguarding and; quality assurance & improvement.	<b>Update at 30 September 2023</b>		
	<b>Update at 31 March 2024</b>		
<b>Mechanisms to record the completion of training at an influencer level.</b> Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and their carers.	<b>Update at 30 September 2023</b>		
	<b>Update at 31 March 2024</b>		

	<b>Update at 30 September 2023</b>		
<b>Provide detail on any delivery of integrated learning and development, particularly with social care and 3rd sector. If you have a learning and development plan please include a link here.</b>			
	<b>Update at 31 March 2024</b>		

## Access to Timely Assessment, Diagnosis of Dementia and Post Diagnostic Interventions

	<b>Achievements for 2023-2024</b>	<b>Issues Impacting Delivery</b>	<b>Corrective Actions</b>
<b>What actions are you taking to support timely assessment, diagnosis of dementia and post diagnostic interventions?</b> Please consider how this work aligns with the relevant Dementia Care Standards when responding and how your training actions above are supporting this work.	<b>Update at 30 September 2023</b>		
	<b>Update at 31 March 2024</b>		

## Dementia Hospital Charter: Receiving Safe & Effective Dementia Care in a Hospital Setting

	<b>Achievements for 2023-2024</b>	<b>Issues Impacting Delivery</b>	<b>Corrective Actions</b>
<b>What actions are you taking to ensure people with dementia and their carers receive safe and effective dementia care and treatment when in hospital?</b> Please consider how this work aligns with the relevant Dementia Care Standards when responding and how your training actions above are supporting this work.	<b>Update at 30 September 2023</b>		
	<b>Update at 31 March 2024</b>		



# Embedding Foundational Economy Principles

Organisation		Date of Report		Report Prepared By	
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The Welsh Government is committed to build on its approach to the foundational economy of Wales. Each organisation within NHS Wales is an 'anchor institution' and has significant spending power that can be used to achieve broader policy goals.

Recognising the value of focussed spending in Wales that supports local economic growth, regeneration and community resilience will help address inequalities and socio-economic determinants of health.

Organisations must embed foundational economy principles in strategic plans, spending policies and decisions.

**Reporting Schedule:** Progress is to be reported annually (every October). This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)

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

**Update on the actions implemented during the current operational year to support the embedding of Foundational Economy Principles.**

Area of Focus		Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
1.	<b>Detail of any projects where solution redesign</b> is benefitting Welsh organisations, i.e. redesigning services to enable Wales-based solutions to existing problems.			
2.	<b>Detail of any employment initiatives</b> that increases training and employment opportunities for			

Area of Focus		Key Actions Taken During the Reporting Period	Risks to Delivery, Corrective Actions & By When	Outcome/What Was Achieved
	individuals from the geographic area served by your organisation. This should have particular focus on initiatives that target those individuals who are furthest from the labour market e.g. long term unemployed, disabled workers, etc.			
3.	<b>Detail of any projects where the location and co-location</b> of services and their impact upon other organisations has led to service change.			
4.	<b>Detail of changes to strategic decision-making processes</b> to ensure items 1-3 above are considered as standard.			

# Embedding Value Based Health and Care

<b>Organisation</b>		<b>Date of Report</b>		<b>Report Prepared By</b>	
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Value based health and care (VBHC) is the equitable and sustainable use of available resources to achieve better outcomes and experiences for every person.

The NHS Wales Planning Framework 2022/25 recognises our overarching system focus must be on safety, equality of access and improving outcomes, with VBHC as the basis on which services should be planned and delivered.

Four areas of focus are listed below, against which organisations should be able to demonstrate process in adopting a VBHC approach in their strategic decision-making, planning and allocation of resources. Organisations are welcome to submit their Value Based Health and Care Plan as additional supporting material.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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

Update on the actions implemented during the current operational year to support the embedding of Value Based Health and Care

	Area Of Focus	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?	Comments/Context
1.	Demonstrate improvements in the <b>reduction of adverse clinical outcomes</b> (as captured in clinical audit) in chronic conditions.			
2.	<b>Delivery programme of PROM collection and sharing PROM data nationally</b> to inform			

	Area Of Focus	Key Actions Taken During the Reporting Period	Outcome/What Was Achieved?	Comments/Context
	value- based decision making and direct clinical care.			
3.	Progress with <b>allocating resources to secondary prevention activities</b> in high volume clinical areas that have a significant influence on patient outcomes and utilisation of resources.			
4.	<b>Reduction in unwarranted variation and activity of limited value</b> , and standardisation of best practice pathways which support delivering improved outcomes.			

### Supporting Information

A VBHC approach requires consideration of the whole pathway of care, so that we make informed decisions regarding optimal utilisation of resources to achieve the best outcomes.

In order to do this, a data-driven health and care system is needed, where decision makers at every level have readily accessible information on patient outcomes, to support decisions on planning the allocation of resources and service design that meets true need across the whole pathway of care.

We achieve value for our population through the sum of all interventions across the pathway:



There are many ways to improve outcomes and sustainability of our healthcare system. In this planning cycle, we are focussing on **interventions that are likely to improve outcomes and optimise resource utilisation in the short to medium term, whilst organisations build their systems for longer-term value.** These are:

- reducing **unwarranted variation** in care pathway delivery, to release capacity; and
- investment in **secondary prevention** approaches to improve outcomes, minimise harm and reduce acute health care utilisation. Secondary prevention refers to activities which reduce the impact of conditions already diagnosed, with shorter-term favourable impact on outcomes.

We are also asking organisations to invest in their **collection and use of data on both clinical and patient-reported outcomes** to inform value-based decision making and direct clinical care. Measuring cost and outcome data will provide an evidence-base from which to demonstrate improvements in **the reduction of adverse clinical outcomes in priority condition areas.**

These vital foundation steps in embedding a VBHC approach are set out as **four areas of focus in the template above.** Providing information on progress against these four areas will allow for a consistent picture nationally of VBHC delivery, within an approach that recognises local priorities and population need.

The [Welsh Value in Health Centre](#) can provide support to organisations as they look to embed a VBHC approach, including advice on data collection and analysis, access to information tools, and examples of high-value interventions across a range of condition areas.

## Pathways of Care Delay Discharges – Action Plan

Organisation		Date of Report		Report Prepared By	
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Due to the negative impact that a pathway of care delay has on patient outcomes and the wider unscheduled and scheduled care systems, there is a need for a sustained reduction in the number of pathways of care delays across Wales. These can be minimised through effective discharge planning and joint working between health and care services. Health Boards are required to have an action plan in place to embed and support pathways of care and tackle discharge delays. Health Boards are to evidence how they are contributing towards the priority areas and in particular, the key actions outlined in this reporting template.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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

**Update on the actions implemented during the current operational year to progress the health boards' plans to reduce delays in pathways of care delays**

Required Action		Lead Officer	Key Actions & Timescales	RAG Rating	Update Position
1.	Set up formal arrangements, between senior managers in the NHS and local authorities, to plan and ensure effective delivery of services, care and support.				

Required Action		Lead Officer	Key Actions & Timescales	RAG Rating	Update Position
2.	Ensure that local arrangements are in place to plan and ensure the effective delivery of services, care and support.				
3.	Establish effective arrangements to monitor the patients identified as pathways of care delays monthly.				
4.	Ensure themes and trends from Census data are actioned and taken through Unscheduled Care Boards, Local Authority processes and Regional Partnership Boards.				
5.	Establish formal governance processes at a regional level to report, monitor and improve POCD.				

### Relevant strategies, guidance and data

Letter to NHS/LA Orgs – 16 March 2023 - Pathways of Care Reporting – Phase 3

Pathways Of Care Delays Shadow Phase Database Implementation & Process: Guidance Note February 2023 Phase 3

# Learning Disabilities Strategic Action Plan

Organisation		Date of Report		Report Prepared By	
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The Welsh Government’s new strategy [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#) (the successor to the Improving Lives Programme) 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 strategy and in particular, the areas and key actions outlined in this reporting template.

**Reporting Schedule:** Progress is to be reported bi-annually. This form is to be submitted on:

- 16 October 2023 (covering the period 1 April 2023 to 30 September 2023)
- 15 April 2024 (covering the period 1 October 2023 to 31 March 2024)

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

**Update on the actions implemented during the current operational year to deliver the Learning Disability Strategic Action Plan 2022-2026 priorities (legacy actions from the Learning Disabilities Improving Lives Programme).**

<b>Implementing the recommendations of the comprehensive review of adult in-patient learning disability services.</b>		
Key Actions:		
1. Reducing reliance on medication to manage challenging behaviour.		
2. Improving access to community based early intervention and crisis prevention.		
3. Increasing community based provision enabling individuals to move on from in-patient units as soon as it is safe for them to do so.		
4. Ensure all in-patients are regularly assessed for discharge to “step down” care and discharge plans are actioned within 7 days.		
<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>



### **Implementation of the Welsh Governments' "Reducing Restrictive Practise Framework".**

#### **Key Action:**

1. Promote the use of evidence based interventions, e.g. Positive Behavioural Support (PBS) in all settings. Ensure restrictive practise used is proportionate, compliant with the framework and is recorded and monitored.

<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>

### **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. Utilise the new Regional Integrated Fund.**

#### **Key Action:**

1. 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 Regional Integrated Fund.

<b>Achievements</b>	<b>Risk to Delivery</b>	<b>Corrective Actions</b>

**Primary Health Care: Improve the take up and quality of annual health checks to identify and address 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 Actions:

1. Strengthen the role of community learning disability teams to support delivery of the annual health checks (primary care cluster level).
2. Establish a community learning disability link nurse for every primary care cluster.

Achievements	Risk to Delivery	Corrective Actions

**To ensure reasonable adjustments are made for people with a learning disability accessing mainstream NHS services.**

Key Actions:

1. Establish sustainable models of learning disability champions and learning disability liaison nurses.
2. Ensure system flagging to identify patients with a learning disability and increase the use of the health passports.
3. All staff in a public facing role to undertake the mandatory Paul Ridd Foundation Level Training.

Achievements	Risk to Delivery	Corrective Actions