



Llywodraeth Cymru
Welsh Government



NHS Wales Delivery Framework and Reporting Guidance 2019-2020

March 2019



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NHS WALES DELIVERY FRAMEWORK

2019-20

STAYING HEALTHY: People in Wales are well informed and supported to manage their own physical and mental health

National Indicator and Public Health Outcome	NHS Outcome Statement	NHS Delivery Measure
<p>National Indicators</p> <ul style="list-style-type: none"> - Low birth weight - The gap in healthy life expectancy at birth between the least and most deprived - Mental well-being score for adults <p>Public Health Outcomes</p> <ul style="list-style-type: none"> - Healthy life expectancy at birth - Vaccination rates at age 4 - Children age 5 of a healthy weight - Gap in mental well-being between the most and least deprived among adults - Working age adults in good health - Older people in good health - Working age adults free from limiting long term illness - Older people free from limiting long term illness - Gap in employment rate for those with a long term health condition - Smoking in pregnancy - Adults who smoke - Premature deaths from non communicable diseases 	<p>My children have a good healthy start in life</p>	<p>Percentage of pregnant women who gave up smoking during pregnancy</p>
		<p>Childhood vaccination rates for '6 in 1' and MMR vaccines</p>
		<p>Implementation of the 10-14 days health visitor contact component of the Healthy Child Wales Programme</p>
	<p>I am healthy and active and do the things that keep myself healthy</p>	<p>Attainment of the national influenza targets</p>
		<p>Percentage of smokers making a quit attempt via smoking cessation services and the CO validated rate</p>
		<p>Screening for smoking status and referral to smoking cessation services (<i>in development</i>)</p>
		<p>Rate of hospital admissions attributed to alcohol</p>
	<p>I know and understand what care, support and opportunities are available and use these to help me achieve my health and well-being</p>	<p>Percentage of people who have learning disabilities who have an annual health check</p>

SAFE CARE: People in Wales are protected from harm and supported to protect themselves from known harm

National Indicator and Public Health Outcome	NHS Outcome Statement	NHS Delivery Measure
<p>National Indicators</p> <ul style="list-style-type: none"> - Mental well-being score for people (children and young people and adults) - People who are lonely <p>Public Health Outcomes</p> <ul style="list-style-type: none"> - The gap in mental well-being between the most and least deprived among children and young people - The gap in mental well-being between the most and least deprived among adults - Working age adults in good health - Older people in good health - Working age adults free from limiting long term illness - Older people free from limiting long term illness - Life satisfaction among working age adults - Life satisfaction among older people - Older people of a healthy weight - Hip fractures among older people - Premature deaths from key non communicable diseases - Suicides 	<p>I am supported to protect my own health and my family's health</p>	<p>Percentage compliance for staff appointed to new roles where a child or adult barred list check is required</p> <p>Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-14 years) per 1,000 population</p>
	<p>I am safe and protected from harm through high quality care, treatment and support</p>	<p>Amenable mortality rate (standardised)</p> <p>Improvement in the compliance rate for sepsis 6 bundle delivered within 1 hour</p> <p>Number of potentially preventable hospital acquired thromboses</p> <p>Attainment of selected national prescribing indicators for opioids, antipsychotic and antibacterial items</p> <p>Achievement of the national reduction expectation of <i>E.coli</i>, <i>C.difficile</i>, <i>S.aureus</i>, <i>Klebsiella sp</i> and <i>Aeruginosa</i> bacteraemia cases</p> <p>Compliance with the patient safety reporting system</p> <p>Serious incident and never event rates in all care settings</p>

EFFECTIVE CARE: People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful

National Indicator and Public Health Outcome	NHS Outcome Statement	NHS Delivery Measure
<p>National Indicators</p> <ul style="list-style-type: none"> - The gap in healthy life expectancy at birth between the least and most deprived - Mental well-being score for people (children and young people and adults) <p>Public Health Outcomes</p> <ul style="list-style-type: none"> - Healthy life expectancy at birth - The gap in mental well-being between the most and least deprived among children and young people - The gap in mental well-being between the most and least deprived among adults - Working age adults in good health - Older people in good health - Working age adults free from limiting long term illness - Older people free from limiting long term illness - Life satisfaction among working age adults - Life satisfaction among older people - Gap in employment rate for those with a long term health condition - Premature deaths from key non communicable diseases 	<p>Health and care support are delivered at or as close to my home as possible</p>	<p>Number of health board delayed transfer of care. Mental health (all ages) and non mental health (age 75+)</p>
	<p>Interventions to improve my health are based on good quality and timely research and best practice</p>	<p>Implementation of the universal case note mortality review</p>
		<p>Crude hospital mortality rate (74 years of age or less)</p>
		<p>Percentage of staff completing Information Governance (Wales) training</p>
		<p>Data quality standards: clinical coding completeness and; clinical coding accuracy</p>
		<p>Timely introduction of new medicines (New Treatment Fund)</p>
		<p>Implementation of and patient participation in Health and Care Research Wales clinical research portfolio studies and commercially sponsored studies</p>

DIGNIFIED CARE: People in Wales are treated with dignity and respect and treat others the same

National Indicator and Public Health Outcome	NHS Outcome Statement	NHS Delivery Measure
<p>National Indicators</p> <ul style="list-style-type: none"> - Mental well-being score for people (children and young people and adults) - People who are lonely - A sense of community <p>Public Health Outcomes</p> <ul style="list-style-type: none"> - The gap in mental well-being between the most and least deprived among children and young people - The gap in mental well-being between the most and least deprived among adults - Working age adults in good health - Older people in good health - Working age adults free from limiting long term illness - Older people free from limiting long term illness - Life satisfaction among working age adults - Life satisfaction among older people 	<p>I receive a quality service in all care settings</p>	<p>The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales*</p>
	<p>My voice is heard and listened to</p>	<p>Postponed procedures either on the day or the day before for non-clinical reasons</p>
		<p>Evidence of how NHS organisations are responding to service user experience to improve services</p>
		<p>Timely and responsive handling of complaints</p>
	<p>I am treated with dignity and respect and treat others the same</p>	<p>Percentage of people (age 65 or over) registered at a GP practice who are diagnosed with dementia</p>
		<p>Percentage of adults (aged 16+) who felt that they were treated with dignity and respect at an NHS hospital*</p>
		<p>Percentage of adults (aged 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided at their GP/family doctor</p>
		<p>Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital</p>
		<p>Percentage of employed NHS staff completing dementia training at an informed level</p>
		<p>Percentage of GP practice teams that have completed training in dementia or other training as outlined under the Directed Enhanced Service for mental illness</p>

* This measure will only be reported every two years.

TIMELY CARE: People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care

National Indicator and Public Health Outcome	NHS Outcome Statement	NHS Delivery Measure
<p>National Indicators</p> <ul style="list-style-type: none"> - The gap in healthy life expectancy at birth between the least and most deprived - Mental well-being score for people (children and young people and adults) <p>Public Health Outcomes</p> <ul style="list-style-type: none"> - Healthy life expectancy at birth - The gap in mental well-being between the most and least deprived among children and young people - The gap in mental well-being between the most and least deprived among adults - Tooth decay among 5 year olds - Working age adults in good health - Older people in good health - Working age adults free from limiting long term illness - Older people free from limiting long term illness - Gap in employment rate for those with a long term health condition - Older people of a healthy weight - Hip fractures among older people - Premature deaths for non communicable diseases - Suicides 	<p>I have easy and timely access to primary care services</p>	<p>Performance against key GP access measures: People who found it difficult to make a GP appointment and; GP practice offering daily appointments between 17:00 and 18:30 hours</p> <p>Performance against selected Out of Hours and 111 service indicators</p> <p>Health board population accessing NHS primary dental care</p>
	<p>To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need</p>	<p>RTT measures: 95% 26 weeks target for all ages and; 100% 36 week target</p> <p>Diagnostic and therapy waits</p> <p>Reduction in outpatient follow-up beyond an agreed target date</p> <p>Attainment of waiting times for: R1 ophthalmology treatment; psychological therapy in specialist adult mental health & neurodevelopment assessment for children and young people</p> <p>Attainment of mental health measures: 28 days assessment; 28 days therapeutic intervention and; 5 days IMHA contact</p> <p>Cancer treatment time standards</p> <p>Results of the delivery of acute stroke indicators</p> <p>Unscheduled care measures: 65% 8 minute ambulance; reduce 1 hour ambulance handover; 95% 4 hour A&E waits and; reduce 12 hour waits</p> <p>Percentage of survival within 30 days of emergency admission for a hip fracture</p>

INDIVIDUAL CARE: People in Wales are treated as individuals with their own needs and responsibilities

National Indicator and Public Health Outcome	NHS Outcome Statement	NHS Delivery Measure
<p>National Indicators</p> <ul style="list-style-type: none"> - The gap in healthy life expectancy at birth between the least and most deprived - Mental well-being score for people (children and young people and adults) - A sense of community - People who are lonely <p>Public Health Outcomes</p> <ul style="list-style-type: none"> - Healthy life expectancy at birth - The gap in mental well-being between the most and least deprived among children and young people - The gap in mental well-being between the most and least deprived among adults - Working age adults in good health - Older people in good health - Working age adults free from limiting long term illness - Older people free from limiting long term illness - Life satisfaction among working age adults - Life satisfaction among older people - Adolescents using alcohol - Adults drinking above guidelines - Suicides - Premature death from non communicable diseases 	<p>Inequalities that may prevent me from leading a healthy life are reduced</p>	<p>Evidence of advancing equality and good relations</p>
	<p>I speak for myself and contribute to the decisions that affect my life, or I have someone who can do it for me</p>	<p>Evidence of assessments and plan to identify and target needs of vulnerable groups of all ages in the local area</p>
	<p>I can access the right information, when I need it, in the way that I want it and use this to manage and improve my well-being</p>	<p>Implementation of the all Wales standard for accessible communication and information for people with sensory loss</p>
	<p>I get care and support through the Welsh language if I want it</p>	<p>Evidence of implementation of the Welsh language actions as defined in More Than Just Words</p>
	<p>My individual circumstances are considered</p>	<p>Total time spent at home (not in hospital) for older people with care and support needs (<i>in development</i>)</p>
		<p>Number of calls to helplines (CALL, Dementia and DAN 24/7) per 100,000 of the population</p>
		<p>Attainment of mental health measures: Care treatment plan and outcome assessment reports</p>

OUR STAFF AND RESOURCES: People in Wales can find information about how their NHS is resourced and make careful use of them

National Indicator or Public Health Outcome	NHS Outcome Statement	NHS Delivery Measure
<p>National Indicators</p> <ul style="list-style-type: none"> - Low birth weight - The gap in healthy life expectancy at birth between the least and most deprived <p>Public Health Outcomes</p> <ul style="list-style-type: none"> - Enablers to support all health related Public Health outcomes 	<p>I work with the NHS to improve the use of resources</p>	<p>Did Not Attend (DNA) rates for GP appointments (<i>in development</i>)</p>
	<p>Resources are used efficiently and effectively to improve my health outcomes</p>	<p>Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)</p>
		<p>Percentage of critical care bed days lost to delayed transfer of care</p>
		<p>Adult dental patients re-attending NHS primary dental care between 6 and 9 months</p>
	<p>Quality trained staff who are fully engaged in delivering excellent care and support to me and my family</p>	<p>Percentage of staff who have had a performance appraisal and development review</p>
		<p>Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job</p>
		<p>Overall staff engagement score</p>
		<p>Percentage of staff completing statutory and mandatory training</p>
		<p>Percentage of sickness absence rate of staff</p>
		<p>Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment</p>

**THE NHS WALES DELIVERY FRAMEWORK
REPORTING GUIDANCE
2019-20**

Introduction

This guidance outlines how the delivery measures in the NHS Wales Delivery Framework 2019-20 are to be reported. It provides:

- Definition of the measures that are to be used to evidence service delivery
- How the data to evidence delivery is to be collated
- Frequency of reporting
- The status of the measure (i.e. whether it is new or revised)
- The policy area in Welsh Government that is responsible for driving improvement in delivery

Approval of data standards

All quantitative measures in the Delivery Framework are to undergo an information standards assurance process to ensure that the analysis method is appropriate and formally defined. This process is to be undertaken by the Analysis Methodologies Group and, when required, the Welsh Information Standards Board (WISB). Analysis methods that have been approved to date by the Analysis Methodologies Group are available on the NWIS website. For methods that are in the process of being approved, it is expected that the defined measure and data source outlined in this guidance will continue to be used.

Self Assessment Reporting

To reduce the burden of measurement, measures that have an established data source have been used. Where existing information sources are not available, self assessment reporting templates have been developed. These templates will enable information to be collected from health boards and trusts so that the progress against the measure can be evidenced. In some instances, a more qualitative approach to measuring service delivery will be required and this is reflected in the templates that have been devised.

The reporting templates for the following eight measures are available in this guidance document:

- Percentage compliance for staff appointed to new roles where a child or adult barred list check is required
- Percentage compliance with RRAILS Sepsis Six Bundle applied within 1 hour
- The number of preventable hospital acquired thrombosis
- Evidence of how NHS organisations are responding to service users experience to improve services
- Percentage of employed NHS staff completing dementia training at an informed level

- Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations
- Qualitative report detailing progress against the five standards that enable the health and well-being of homeless and vulnerable groups to be identified and targeted
- Qualitative report detailing the achievements made towards implementation of the all Wales standards for accessible communication and information for people with sensory loss

The reporting templates for the aforementioned measures are available on pages 39 to 52.

In conjunction with the Welsh Language Policy Unit, the reporting template to evidence the embedding and implementation of improvements to Welsh language services is being reviewed in light of the: Welsh language standards for the health sector and; the review of the More Than Just Words Action Plan. It is anticipated that the revised reporting template will be made available to NHS organisations during the summer of 2019.

New Measures

To reflect emerging priority areas, fourteen new measures have been included in this year's delivery framework. These measures are:

- European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales
- Opioid average daily quantities per 1,000 patients
- Number of patients aged 65 years or over prescribed an antipsychotic
- Percentage of adults (aged 16+) who have had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect
- Percentage of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within one hour of their initial call being answered
- Percentage of Out of Hours (OoH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within one hour following completion of their definitive clinical assessment
- Percentage of ophthalmology R1 patients to be seen by their clinical target date or within 25% in excess of their clinical target date for their care or treatments
- Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health
- Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment

- Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion
- Percentage of stroke patients receiving the required minutes for occupational therapy, physiotherapy, psychology and speech and language therapy
- Percentage of stroke patients who receive a six month follow up assessment
- Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)
- Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months

Revised measures

A number of the existing delivery measures have been revised for the 2019-20 Framework. The main reasons for these revisions are: to evidence the positive impact that delivery has upon the health and well-being of citizens of Wales; to reflect changes in delivery targets to promote and encourage continuous improvement and; to capture changes in data collection and calculation methods.

The delivery measures that have been redefined are highlighted in the status column of this guidance as 'revised'. In addition, a brief description of the revision to the individual delivery measures is outlined in a separate summary table entitled: Summary of Revisions to Measures (pages 34 to 38).

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

Measures under development

Four delivery measures are currently under development. Work is on going to either agree an appropriate definition of measurement or to establish a process for reporting robust data. Measures that fall within this category are outlined on page 53. As soon as the definitions and data mechanisms have been agreed, this reporting guidance will be updated and health boards and trusts will be notified.

Removed measures

Following a review of the 2018-19 edition of the NHS Wales Delivery Framework, a number of delivery measures have not been carried forward into this year's document. The decision to remove them from the Framework was made following advice from Welsh Government's policy leads and the NHS Measures Sub Group. The main reasons for removing these delivery

measures include: the target has been routinely achieved and there is no scope for further improvement; the quality of the data is not robust enough or; an appropriate target could not be attached to the measure due to the negative impact it may have upon another area of delivery.

For ease of reference, all of the outcome indicators and performance measures that have not been carried forward into the 2019-20 edition of the framework are noted on page 55.

Monitoring and Reporting Performance

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

NHS and Welsh Government Meetings:

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

Welsh Government Meetings:

- National Delivery Group
- Executive Directors Team
- Integrated Delivery Board*

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

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

NHS WALES DELIVERY MEASURES
2019-20

1. STAYING HEALTHY: People in Wales are well informed and supported to manage their own physical and mental health

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
My children have a good healthy start in life	1	Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)	Annual improvement	Maternity Indicator Dataset (NWIS)	Annual	Nursing	
	2	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	Public Health Wales	Quarterly	Public Health	
	3	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	Public Health Wales	Quarterly	Public Health	
	4	Percentage of children who are 10 days old within the reporting period who are eligible for a contact and received the 10-14 days health visitor component of the Healthy Child Wales Programme	4 quarter improvement trend	National Community Child Health Database (NCCHD)	Quarterly	Major Health Conditions	
I am healthy and active and do the things that keep myself healthy	5	Uptake of the influenza vaccination among: 65 year olds and over Under 65s in risk groups Pregnant women Health care workers	75% 55% 75% 60%	Public Health Wales	Annual	Public Health	

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
I am healthy and active and do the things that keep myself healthy	6	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Smoking Cessation Services Data Collection (Welsh Government)	Quarterly	Public Health	
	7	Percentage of those smokers who are CO-validated as quit at 4 weeks	40% annual target	Smoking Cessation Services Data Collection (Welsh Government)	Quarterly	Public Health	
	8	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	4 quarter reduction trend	Patient Episode Database for Wales (PEDW)	Quarterly	Public Health	New
I know and understand what care, support and opportunities are available and use these to help me achieve my health and well-being	9	Percentage of people with learning disabilities who have an annual health check	75%	Social Services' Direct Enhanced Services (DES) Collection	Annual	Nursing	

2. SAFE CARE: People in Wales are protected from harm and supported to protect themselves from known harm

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
I am supported to protect my own health and my family's health	10	Percentage of compliance for staff appointed to new roles where a child barred list check is required	6 month improvement	Safeguarding Adults and Children Monitoring Return (Welsh Government)	Bi-annual	Nursing	
	11	Percentage of compliance for staff appointed to new roles where an adult barred list check is required	6 month improvement	Safeguarding Adults and Children Monitoring Return (Welsh Government)	Bi-annual	Nursing	
	12	Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population	Annual reduction	Patient Episode Database for Wales (PEDW)	Annual	Mental Health, Vulnerable Groups & Offenders	Revised
I am safe and protected from harm through high quality care, treatment and support	13	Amenable mortality per 100,000 of the European standardised population	Annual reduction	Public Health Wales	Annual	Healthcare Quality	
	14	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	12 month improvement trend	Sepsis Six Bundle Monitoring Return (Welsh Government)	Monthly	Healthcare Quality	

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
I am safe and protected from harm through high quality care, treatment and support	15	Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	12 month improvement trend	Sepsis Six Bundle Monitoring Return (Welsh Government)	Monthly	Healthcare Quality	
	16	The number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Hospital Acquired Thrombosis Monitoring Return (Welsh Government)	Quarterly	Healthcare Quality	
	17	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	New
	18	Number of patients aged 65 years or over prescribed an antipsychotic	Quarter on quarter reduction	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	New
	19	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	Health Board specific target: A quarterly reduction of 5% against a baseline of April 2017 – March 2018	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	Revised

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
I am safe and protected from harm through high quality care, treatment and support	20	Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients	Health Board specific target: A quarterly reduction of 10% against a baseline of April 2017 – March 2018	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	Revised
	21	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli S.aureus bacteraemias (MRSA and MSSA) C.difficile Klebsiella sp Aeruginosa	Health Board specific target	Public Health Wales	Monthly	Healthcare Quality	Revised
	22	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	0	Patient Safety Wales	Quarterly	Healthcare Quality	
	23	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	90%	Serious Incident Reporting Data Collection (Welsh Government)	Monthly	Healthcare Quality	
	24	Number of new never events	0	Serious Incident Reporting Data Collection (Welsh Government)	Monthly	Healthcare Quality	

3. EFFECTIVE CARE: People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
Health care and support are delivered at or as close to my home as possible	25	Number of health board mental health delayed transfer of care	12 month reduction trend	DToC Database	Monthly	Social Services & Integration	Revised
	26	Number of health board non mental health delayed transfer of care	12 month reduction trend	DToC Database	Monthly	Social Services & Integration	Revised
Interventions to improve my health are based on good quality and timely research and best practice	27	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	95%	Mortality Case Note Review Data Collection (Welsh Government)	Monthly	Healthcare Quality	
	28	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	CHKS	Monthly	Healthcare Quality	
	29	Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	85%	Electronic Staff Record	Monthly	Information Standards & Governance	
	30	Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	Patient Episode Database for Wales (PEDW)	Monthly	Information Standards & Governance	
	31	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	NWIS Clinical Coding Audit Reports	Annual	Information Standards & Governance	

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
Interventions to improve my health are based on good quality and timely research and best practice	32	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	All Wales Therapeutic & Toxicology Centre NWIS Medusa system	Quarterly	Pharmacy & Prescribing	
	33	Number of Health and Care Research Wales clinical research portfolio studies	10% annual improvement	Health & Care Research Wales	Quarterly	Social Care & Health Research	
	34	Number of Health and Care Research Wales commercially sponsored studies	5% annual improvement	Health & Care Research Wales	Quarterly	Social Care & Health Research	
	35	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	10% annual improvement	Health & Care Research Wales	Quarterly	Social Care & Health Research	
	36	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	5% annual improvement	Health & Care Research Wales	Quarterly	Social Care & Health Research	

4. DIGNIFIED CARE: People in Wales are treated with dignity and respect and treat others the same

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
I receive a quality service in all care settings	37	The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Improvement	National Survey for Wales	Every 2 years	Nursing	
	38	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Health Board specific target: A reduction of no less than 5% of the total number of the health board's postponements for the previous financial year	Postponed Admitted Procedures Dataset	Monthly	Delivery & Performance	
My voice is heard and listened to	39	Evidence of how NHS organisations are responding to service user experience to improve services	N/A	Evidence of Responding to Patient Feedback to Improve Services Monitoring Return (Welsh Government)	Annual	Nursing	Revised
	40	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Complaints Data Collection (Welsh Government)	Quarterly	Healthcare Quality	

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
My voice is heard and listened to	41	Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Annual improvement	GP Practice Quality & Outcomes (QOF) Disease Register, NHS Digital & CFAS11	Annual	Mental Health, Vulnerable Groups & Offenders	
I am treated with dignity and respect and treat others the same	42	Percentage of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	Annual improvement	National Survey for Wales	Every 2 years	Nursing	New
	43	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor	Annual improvement	National Survey for Wales	Annual	Nursing Primary Care	
	44	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	Annual improvement	National Survey for Wales	Annual	Nursing	
	45	Percentage of employed NHS staff completing dementia training at an informed level	85%	Dementia Training Data Monitoring Return (Welsh Government)	Bi annual	Nursing	
	46	Percentage of GP practice teams that have completed training in dementia or other training as outlined under the Directed Enhanced Services (DES) for mental illness	Annual improvement	Mental Health Direct Enhanced Service Data Monitoring Return (Welsh Government)	Annual	Mental Health, Vulnerable Groups & Offenders	

5. TIMELY CARE: People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
I have easy and timely access to primary care services	47	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Annual reduction	National Survey	Annual	Primary Care	
	48	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Annual improvement	Knowledge and Analytical Services, Welsh Government	Annual	Primary Care	
	49	Percentage of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	90%	Out of Hours/111 Data Collection (Welsh Government)	Monthly	Delivery and Performance	New
	50	Percentage of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	90%	Out of Hours/111 Data Collection (Welsh Government)	Monthly	Delivery and Performance	New
	51	Percentage of the health board population regularly accessing NHS primary dental care	4 quarter improvement trend	NHS Business Services Authority	Quarterly	Primary Care	

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	52	The percentage of patients waiting less than 26 weeks for treatment	95%	Referral to Treatment (combined) Dataset	Monthly	Delivery & Performance	
	53	The number of patients waiting more than 36 weeks for treatment	0	Referral to Treatment (combined) Dataset	Monthly	Delivery & Performance	
	54	The number of patients waiting more than 8 weeks for a specified diagnostic	0	Diagnostic and Therapies Waiting Times Dataset	Monthly	Delivery & Performance	
	55	The number of patients waiting more than 14 weeks for a specified therapy	0	Diagnostic and Therapies Waiting Times Dataset	Monthly	Delivery & Performance	
	56	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialties	TBC	Outpatient Follow-up Delay Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	Revised Target to be available during spring 2019
	57	Percentage of ophthalmology R1 patients to be seen by their clinical target date or within 25% in excess of their clinical target date for their care or treatments	95%	Eye Care Measures Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	New
	58	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Psychological Therapy Waiting Times Data Collection (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	New

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	59	Percentage of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	Neurodevelopment Waiting Times Data Collection (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	New
	60	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	
	61	The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80%	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	
	62	Percentage of qualifying patients (compulsory and informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA	100%	Mental Health (Wales) Measure 2010 Data Collection – Part 4 Proforma (Welsh Government)	Quarterly	Mental Health, Vulnerable Groups & Offenders	
	63	Percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	98%	Aggregate Cancer Target Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	64	Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days of receipt of referral	95%	Aggregate Cancer Target Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	
	65	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	12 month improvement trend	Single Cancer Pathway Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	New Reporting to commence June 2019
	66	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	The most recent SSNAP UK national quarterly average	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	Revised
	67	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	The most recent SSNAP UK national quarterly average	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	Revised
	68	Percentage of stroke patients receiving the required minutes for occupational therapy, physiotherapy, psychology and speech and language therapy	12 month improvement trend	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	New
	69	Percentage of stroke patients who receive a 6 month follow up assessment	Quarterly improvement trend	Sentinel Stroke National Audit (SSNAP)	Quarterly	Delivery & Performance	New

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	70	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	Welsh Ambulance Service NHS Trust (WAST)	Monthly	Delivery & Performance	
	71	Number of ambulance handovers over one hour	0	Welsh Ambulance Service NHS Trust (WAST)	Monthly	Delivery & Performance	
	72	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	Emergency Department Data Set (EDDS)	Monthly	Delivery & Performance	
	73	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	Emergency Department Data Set (EDDS)	Monthly	Delivery & Performance	
	74	Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	CHKS	Monthly	Health Care Quality	

5. INDIVIDUAL CARE: People in Wales are treated as individuals with their own needs and responsibilities

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
Inequalities that may prevent me from leading a healthy life are reduced	75	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	N/A	Advancing Equality and Good Relations Monitoring Return (Welsh Government)	Bi annual	Operations & Welsh Language Policy	Revised
I speak for myself and contribute to the decisions that affect my life or I have someone who can do it for me	76	Qualitative report detailing progress against the 5 standards that enable the health and well-being of homeless and vulnerable groups to be identified and targeted	N/A	Improving the Health & Well-being of Homeless & Specific Vulnerable Groups Monitoring Return (Welsh Government)	Bi annual	Mental Health, Vulnerable Groups & Offenders	
I can access the right information, when I need it, in the way that I want it and use this to manage and improve my well-being	77	Qualitative report detailing the achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss	N/A	Accessible Communication & Information Monitoring Return (Welsh Government)	Bi annual	Operations & Welsh Language Policy	
I get care and support through the Welsh language if I want it	78	Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words	N/A	Welsh Language Monitoring Return (Welsh Government)	Bi annual	Operations & Welsh Language Policy	Revised New reporting template to be available during summer 2019

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
My individual circumstances are considered	79	Number of calls to the mental health helpline CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population	4 quarter improvement trend	CALL Database (BCUHB)	Quarterly	Mental Health, Vulnerable Groups & Offenders	
	80	Number of calls to the Wales Dementia Helpline by Welsh residents per 100,000 of the population (age 40+)	4 quarter improvement trend	Dementia Helpline Database (BCUHB)	Quarterly	Mental Health, Vulnerable Groups & Offenders	Revised
	81	Number of calls to the DAN 24/7 Helpline (drugs and alcohol) by Welsh residents per 100,000 of the population	4 quarter improvement trend	DAN 24/7 Helpline Database (BCUHB)	Quarterly	Mental Health, Vulnerable Groups & Offenders	Revised
	82	Percentage of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP)	90%	Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	
	83	All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	100%	Mental Health (Wales) Measure 2010 Data Collection – Part 3 Proforma (Welsh Government)	Monthly	Mental Health, Vulnerable Groups & Offenders	

6. OUR STAFF AND RESOURCES: People in Wales can find information about how their NHS is resourced and make careful use of them

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
Resources are used efficiently and effectively to improve my health outcomes	84	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Quarter on quarter improvement	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	Revised
	85	Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	Quarter on quarter improvement towards the target of no more than 5%	Ward Watcher	Quarterly	Delivery & Performance	New
	86	Percentage of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	4 quarter reduction trend	NHS Business Services Authority	Quarterly	Primary Care	New
Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	87	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	Electronic Staff Record (ESR) and Medical Appraisal and Revalidation system (MARS)	Monthly	Workforce & Organisation Development	
	88	Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Improvement	Staff Survey	TBC	Workforce & Organisation Development	

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
Quality trained staff who are fully engaged in delivering excellent care and support to me and my family	89	Overall staff engagement score – scale score method	Improvement	Staff Survey	TBC	Workforce & Organisation Development	
	90	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	85%	Electronic Staff Record (ESR)	Monthly	Workforce & Organisation Development	
	91	Percentage of sickness absence rate of staff	TBC	Electronic Staff Record (ESR)	Monthly	Workforce & Organisation Development	Revised Target to be available during spring 2019
	92	Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment	Improvement	Staff Survey	TBC	Workforce & Organisation Development	

SUMMARY OF REVISIONS TO DELIVERY MEASURES

In comparison with the published 2018-19 NHS Delivery Framework

Delivery Measure 2019-20		Detail of Revision
Safe Care: People in Wales are protected from harm and supported to protect themselves from known harm		
12	Rate of hospital admissions with any mention of intentional self harm for children and young people (aged 10-24 years) per 1,000 population	Calculation: Changed during 2018-19. Previously published measure reported the number of hospital admissions for intentional self harm for children and young people. The 2019-20 measure reports the rate per 1,000 of the population.
19	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	Target: Previous published target was a 4 quarter reduction trend. The target for 2019-20 is a health board specific target: a quarterly reduction of 5% against a baseline of April 2017 – March 2018.
20	Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients	Focus: Previous measure reported Fluoroquinolone, Cephalosporins, Clindamycin and Co-amoxiclav items as a percentage of total antibacterial items dispensed in the community. The 2019-20 measure reports the rate per 1,000 patients Target: Previous published target was quarter on quarter improvement. The target for 2019-20 is a health board specific target: a quarterly reduction of 10% against a baseline of April 2017 – March 2018.
21	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli S.aureus bacteraemias (MRSA and MSSA) C.difficile Klebsiella sp Aeruginosa	Focus: Previous measures reported on E.coli, S.aureus bacteraemias (MRSA and MSSA) and C.difficile only. For 2019-20, Klebsiella sp and Aeruginosa have been added. Target: Previous published targets for E.coli, S.aureus bacteraemias (MRSA and MSSA) and C.difficile were noted as 'to be confirmed'. The targets for 2019-20 are a health board specific target.
Effective Care: People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful		
25	Number of health board mental health delayed transfer of care	Calculation: Previous calculation was based on a rolling 12 months. This is no longer applicable. Target: Previous target was a reduction of no less than 10% of the total number of the health board's delays for the previous financial year. The target for 2019-20 is a 12 month reduction trend.

Delivery Measure 2019-20		Detail of Revision
26	Number of health board non mental health delayed transfer of care	<p>Calculation: Previous calculation was based on a rolling 12 months. This is no longer applicable</p> <p>Target: Previous target was a reduction of no less than 5% of the total number of the health board's delays for the previous financial year. The target for 2019-20 is a 12 month reduction trend.</p>
Dignified Care: People in Wales are treated with dignity and respect and treat others the same		
39	Evidence of how NHS organisations are responding to service user experience to improve services	<p>Amendment to reporting template.</p> <p>The field on responding to service user feedback to improve/redesign services has been revised to request examples of improvements.</p> <p>The requirement to report upon health promotion has been added to the field focusing on prevention services.</p> <p>The requirement to report upon community care has been added to the field focusing on primary care and removed from the field focusing on patient transport.</p> <p>A field has been added to capture how improvements have been communicated to service users.</p> <p>The field on service users' engagement to inform the Integrated Medium Term Plan (IMTP) has been removed from the template.</p>
Timely Care: People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care		
56	Number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialties	<p>Target: Previous published target was a 12 month reduction trend. It is anticipated that the target for 2019-20 will be available during spring 2019.</p>
66	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	<p>Criteria: Previous published description specified a direct admission to an 'acute stroke unit'. The 2019-20 measure refers to an admission to a 'stroke unit'. In addition, the description has been amended to include details of the 4 hour timeframe.</p>
67	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	<p>Criteria: Description has been amended to include details of the 4 hour timeframe.</p>

Delivery Measure 2019-20		Detail of Revision
Individual Care: People in Wales are treated as individuals with their own needs and responsibilities		
75	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	<p>Amendment to reporting template.</p> <p>The following fields have been added:</p> <ul style="list-style-type: none"> Equality impact assessment is embedded into service change/transformational programmes and service delivery plans and informed by the findings from the engagement and consultation and other evidence. Links are made between equality and the quality initiatives set out in the Quality Improvement Strategy and Annual Quality Statement. <p>The following fields have been removed:</p> <ul style="list-style-type: none"> IMTPs set out how equality impact assessment is embedded into service change plans and informed by the findings from engagement and consultation and other services. Service plans include clear measureable objectives for reducing health inequalities and are aligned to the equality priorities set out in the Strategic Equality Plan. Each service change programme/plan as a minimum includes: equality implications, including positive and negative impacts on patients, public and staff and; mitigating actions to reduce any anticipated negative impact. Equality is clearly linked to quality initiatives and are informed by: the needs assessment findings; the risk register and; the challenges and improvement priorities set out in the Annual Quality Statement.
78	Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words	<p>Amendment to reporting template.</p> <p>Currently under review. It is anticipated that the revised reporting template will be made available during the summer of 2019.</p>
80	Number of calls to the Wales Dementia Helpline by Welsh residents per 100,000 of the population (age 40+)	<p>Data Source: Previous published source was CALL Database (BCUHB). This has been amended to Dementia Helpline Database (BCUHB).</p>
81	Number of calls to the DAN 24/7 Helpline (drugs and alcohol) by Welsh residents per 100,000 of the population	<p>Data Source: Previous published source was CALL Database (BCUHB). This has been amended to DAN 24/7 Helpline Database (BCUHB).</p>

Delivery Measure 2019-20		Detail of Revision
Our Staff and Resources: People in Wales can find information about how their NHS is resourced and make careful use of them		
84	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Criteria: Previous published description did not specify that a selected basket of biosimilar medicines is to be used for the calculation. NHS organisations will be advised of the biosimilar medicines to be used for this measure.
91	Percentage of sickness absence rate of staff	Target: Previous published target was a 12 month reduction trend. It is anticipated that the target for 2019-20 will be available during spring 2019.

REPORTING TEMPLATES

2019-20

Safeguarding adults and children: Disclosure and Barring Service checks

Reporting Schedule	Bi-annually
Health Board/Trust	
Date of Report	
Completed By	
E-mail Address	

One of the most important principles of safeguarding is that organisations must ensure that they do everything they can to protect adults and children from abuse and neglect. As a result, NHS staff should be DBS* checked if they come into contact with children and adults at risk. This data return applies to all NHS health care settings - primary care, secondary care and community care. Data is to be sourced from the Electronic Staff Record (ESR).

Reporting Schedule: To be reported bi-annually. This form is to be submitted on 21 October (for data collected at 30 September) and 21 April (for data collected at 31 March).

Return form to: hss.performance@gov.wales

Data Period: 1 April to 30 September				
Type of DBS Check	Number of roles appointed to during period where ESR Job Role requires DBS Check**	Number of staff appointed** during period where DBS check has been received	Percentage of Compliance	Update on issues impacting delivery or reporting
Standard Check				
Enhanced Check				
Child Barred Check				
Adult Barred Check				

*It is a legal requirement for all staff who work with children and adults at risk to have a Disclosure and Barring Service Check. Further details are available at: <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

** DBS Checks are to be reported for all staff appointed to a new role through the recruitment process and hired in ESR during the reporting period. It does not include existing staff who have a current DBS check or staff who require a re-check. The need for DBS re-checks is being clarified and it is currently not a requirement of this proforma.

Compliance with sepsis six bundle within 1 hour

Reporting Schedule	Monthly
Health Board	
Date of Report	
Completed By	
Contact Number	
E-mail Address	

Reporting Template: The percentage of patients with a positive screening for sepsis in both inpatients and emergency A&E who have received all 6 elements of the 'sepsis six' bundle within 1 hour.

Submission Date: 10 working days after month end or 14th of the following month.

Return form to: hss.performance@gov.wales

To Note: This is an improvement measure with no target. Delivery will be measured on monthly improvement against each individual health board's own performance. It is inappropriate to compare delivery across health boards until a national system is fully embedded.

Inpatients (excluding patients currently in critical care beds)	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Total
The number of patients identified as positive to sepsis screening requiring a new response in a 24 hour period													0
Number who received all six elements of the sepsis bundle within 1 hour													0
% compliance													
Number of patients who received a positive screening for sepsis but did not receive a diagnosis of sepsis													0
Emergency	April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Total
The number of patients identified as positive to sepsis screening requiring a new response in a 24 hour period													0
Number who received all six elements of the sepsis bundle within 1 hour													0
% compliance													
Number of patients who received a positive screening for sepsis but did not receive a diagnosis of sepsis													0

Hospital acquired thrombosis

Reporting Schedule	Monthly
Health Board	
Date of Report	

Completed By	
Contact Number	
E-mail Address	

<p>Number of VTE cases associated with a hospital admission which are possibly HAT per quarter. These cases are to be validated to determine if they are a HAT.</p>
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Reporting Template: The total number of suspected hospital acquired thromboses each calendar month.

Submission Date: 10 working days after month end or 14th of the following month.

Return form to: hss.performance@gov.wales

April 2019	May 2019	June 2019	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	Feb 2020	Mar 2020	Total
Quarter 1 Total			Quarter 2 Total			Quarter 3 Total			Quarter 4 Total			

Hospital acquired thrombosis

Reporting Schedule	Quarterly
Health Board	
Date of Report	

Completed By	
Contact Number	
E-mail Address	

Reporting Template:

- > The number of Root Cause Analysis (RCA) completed (based on the quarter's number of suspected HAT).
- > The actual number of preventable HATs (determined from the Root Cause Analysis).
- > The number of cases not felt to be HAT.
- > Summary of learning and actions.

Submission Dates:

- Quarter 1: 14 October (Data for April to June)
- Quarter 2: 14 January (Data for July to September)
- Quarter 3: 14 April (Data for October to December)
- Quarter 4: 14 July (Data for January to March)

Return form to: hss.performance@gov.wales

Number of VTE cases associated with a hospital admission which are possibly HAT per quarter. These cases are to be validated to determine if they are a HAT (Field 1)
Number of notes missing (unable to validate records) * (Field 2)
Number of Root Cause Analysis (RCA) completed (Field 3)
Actual number of potentially preventable HATs (Field 4)
Number felt not to be HAT or potentially preventable HAT (Field 5 a&b)

Q1	Q2	Q3	Q4	Total
0	0	0	0	0
				0
				0
				0
0	0	0	0	0

Retrospective corrections should be re-inputted under the relevant quarter once missing notes have been received and audited. For example, missing notes from any quarter should be submitted on your next return but updated in the relevant column for the quarter that the incident occurred. Any notes not found within a 6 month period should be excluded from the report.

Summary of lesson learnt to improve delivery	Corrective actions agreed

Evidence of how NHS organisations are responding to service user experience to improve services

NHS Organisation	
Date of Report	
Report Prepared By	

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

Reporting Schedule: Evidence of how NHS organisations are responding to service user experience feedback to improve/redesign their services is to be reported annually. This form is to be submitted on 30 September to cover the period April 2018 to March 2019.

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

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

Dementia Training

Reporting Schedule	
Health Board/Trust	
Date of Report	
Completed By	
Contact Number	
E-mail	

Reporting Template: As outlined in the 'Good Work - dementia learning and development framework' all staff who work for NHS Wales need to have a solid awareness of dementia and the issues that surround it, to ensure that their approach supports people with dementia and carers to live well. This reporting template monitors the percentage of employed staff who have completed dementia training at an informed level and the actions being implemented to ensure the appropriate staff groups receive dementia training at a skilled and influencer level. Data is to be sourced from the Electronic Staff Record (ESR).

Target: For 2019-20, 85% of staff who come into contact with the public will have completed the appropriate level of dementia/education training.

Reporting Schedule: Dementia training is to be reported bi-annually. This form is to be submitted on 21 October (for data collected at 30 September) and 21 April (for data collected at 31 March).

Form to be returned to: hss.performance@gov.wales

Data at:	Target	Total number of staff on ESR	Total number of staff on ESR who have completed dementia training at an informed level	Percentage of staff who have completed dementia training at an informed level	Update on issues impacting delivery
30 September 2019	85%			#DIV/0!	
31 March 2020	85%			#DIV/0!	

What actions have been implemented to identify staff groups who require dementia training at a skilled and/or influencer level*? What has been put in place to deliver and record training for these groups?

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*Further information on the staff groups that are required to complete dementia training at a skilled and/or influencer level and the training topics to be covered are available in 'Good Work - dementia learning and development framework'. <https://socialcare.wales/resources/good-work-dementia-learning-and-development-framework>

Advancing Equality and Good Relations

Organisation	
Date of Report	
Report Prepared By	

The Public Sector Equality Duty seeks to ensure that equality is properly considered within the organisation & influences decision making at all levels. To meet the requirements of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 Health Boards & NHS Trusts must consider how they can positively contribute to a fairer society through advancing equality & good relations in their day-to-day activities. The equality duty ensures that equality considerations are built into the design of policies & the delivery of services and that they are kept under review. This will achieve better outcomes for all.

Reporting Schedule: Progress against the organisation's plan is to be reported bi-annually. 31 October and 30 April.

Does the organisation have a Strategic Equality Plan (SEP) in place, setting out how tackling inequality and barriers to access improves the health outcomes and experience of patients, their families and carers?

Does the SEP include equality objectives to meet the general duty covering the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race (including ethnic or national origin, colour or nationality), religion or belief (including lack of belief), marriage and civil partnership, sex, sexual orientation?

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

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

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

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

Relevant Strategies and Guidance

- Equality and Human Rights Commission Wales (EHRC) <https://www.equalityhumanrights.com/en/commission-wales>
- Making Fair Financial Decisions: Guidance for Decision-makers - Equality and Human Rights Commission
- EHRC's "Is Wales Fairer?" 2015
- Welsh Government Equality Objectives 2016
- Organisations Revised Strategic Equality Plans 2016 - 20
- EIA Practice Hub – NHS CEHR/WLGA 2015 – <http://www.eiapractice.wales.nhs.uk/home>
- The Essential Guide to the Public Sector Equality Duty: An Overview for Public Authorities in Wales (EHRC)

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

Health Board	
Date of Report	
Report Prepared By	

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

Reporting Schedule: Progress against the Health Board's action plan is to be reported bi-annually. This form is to be submitted on 31 October and 30 April to cover the period April 2019 to March 2020.

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

Standards	Key Actions Achieved April to September 2019	Key Actions Achieved October 2019 to March 2020	Risks to Delivery	Corrective Actions
1. Leadership The Health Board demonstrates leadership driving improved health outcomes for homeless and vulnerable groups.				
2. Joint Working The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders to improve health of vulnerable groups and contribute to the prevention of homelessness.				
3. Health Intelligence The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders and demonstrates an understanding of the profile and health needs of homeless people & vulnerable groups in their area.				

Standards	Key Actions Achieved April to September 2018	Key Actions Achieved October 2018 to March 2019	Risks to Delivery	Corrective Actions
4. Access to Healthcare Homeless and vulnerable groups have equitable access to a full range of health and specialist services.				
5. Homeless & Vulnerable Groups' Health Action Plan (HaVGHP) The Health Board leads the development, implementation & monitoring of the HaVGHP (as an element of the Single Integrated Plan & regional commissioning strategies) in partnership with the Local Authority, service users, third sector & other stakeholders.				

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

For gypsy and travellers, when providing an update, please consider the outcome measures as detailed in 'Travelling for Better Health' Travelling for Better Health is available at: <http://gov.wales/docs/dhss/publications/150730measuresen.pdf>

For refugee and asylum seekers, when providing an update, please consider the key actions required within the guidance issued in December 2018, available at: <https://gov.wales/docs/dhss/publications/health-and-wellbeing-provision-for-refugees-and-asylum-seekers.pdf>

Accessible Communication and Information

NHS Organisation	
Date of Report	
Report Prepared By	

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

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

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

Does the organisation have an action plan in place to implement the All Wales Standard for Accessible Communication & Information for People with Sensory Loss?	
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Update on the Actions to Implement the All Wales Standards for Accessible Communication & Information for People with Sensory Loss:

Needs Assessments	Key Actions Achieved during 2019-20	Risks to Delivery	Corrective Actions
All public & patient areas should be assessed to identify the needs of people with sensory loss			
All public information produced by organisation should be assessed for accessibility prior to publication.			

Standards of Service Delivery	Key Actions Achieved during 2019-20	Risks to Delivery	Corrective Actions
Health Prevention (Promotion Screening, SSW, Flu Vaccination, Bump Baby & Beyond). Priority areas include:			
Raising staff awareness			
Ensuring all public information is accessible for people with sensory loss			

Standards of Service Delivery	Key Actions Achieved during 2019-20	Risks to Delivery	Corrective Actions
Accessible appointment systems			
Communication models			
Primary and Community Care. Priority areas include:			
Raising staff awareness			
Accessible appointment systems			
Communication models			
Implementation of the Accessible Information Standard			
Secondary Care. Priority areas include:			
Raising staff awareness			
Accessible appointment systems			
Communication models			
Implementation of the Accessible Information Standard			

Standards of Service Delivery	Key Actions Achieved during 2019-20	Risks to Delivery	Corrective Actions
Emergency & Unscheduled Care. Priority areas include:			
Raising staff awareness			
Communication models			
Concerns & Feedback (CF). Areas include:			
Highlighting current models of CF in place which would support individuals with sensory loss to raise a concern or provide feedback			
Highlight any CFs received in sensory loss and actions taken			
Patient Experience*	Key Actions Achieved during 2019-20	Risks to Delivery	Corrective Actions
Mechanisms are in place to seek and understand the patient's experience of accessible communication and information			
	Key Themes	Corrective Actions	
The key themes to emerge from patient experience feedback (both positive and negative)			
<p>* Patient experience mechanism and themes to be documented in this return applies specifically to patients with sensory loss who have accessible communication and information needs. There is a requirement in the NHS Delivery Framework for NHS organisations to provide an update on patient experience for all patients (not just for those with accessible communication or information needs). This is to be reported on a separate proforma entitled 'Evidence of how organisations are responding to patient feedback to improve services' and links to the NHS Framework for Assuring Service User Feedback.</p>			

DELIVERY MEASURES TO BE DEVELOPED DURING 2019-2020

Delivery Measure in Development (wording may be subject to change)	
1	Total time spent at home (not in hospital) for older people with care and support needs
2	Percentage of patients who did not attend a GP appointment
3	Percentage of smokers, in specified categories, referred to NHS smoking cessation services. Categories are: pregnant women; pre-operative patients; individuals with lung disease; individuals with mental health conditions and; individuals with cardiovascular disease
4	Percentage of adult patients, in specified categories, who are screened for their smoking status, and whose results are recorded

**DELIVERY MEASURES THAT HAVE NOT BEEN CARRIED FORWARD
INTO THE 2019-20 NHS DELIVERY FRAMEWORK**

Performance Measures reported in 2018-19 that are not in the NHS Delivery Framework 2019-20

NHS Outcome Statement		NHS Performance Measure (Ref. Number & Description from 2018-19 Delivery Framework)
Safe Care: People in Wales are protected from harm and supported to protect themselves from known harm		
I am safe and protected from harm through high quality care, treatment and support	21	Non steroid anti inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR PU (specific therapeutic group age related prescribing unit)
I am safe and protected from abuse and neglect	25	Nutrition and hydration
	26	Number of grade 3, 4 and un-stageable healthcare acquired (both hospital and community) pressure ulcers reported as serious incidents
	27	Number of administration, dispensing and prescribing medication errors reported as serious incidents
	28	Number of patient falls reported as serious incidents
	29	Continence care
Dignified Care: People in Wales are treated with dignity and respect and treat others the same		
I receive a quality service in all care settings	44	Number of patients aged 75 and over with an AEC (Anticholinergic Effect on Condition) of 3 or more for items on active repeat, as a percentage of all patients aged 75 years and over
Timely Care: People in Wales have timely access to services based on clinical need and actively involved in decisions about their care		
I have easy and timely access to primary care services	53	Percentage of GP practices open during daily core hours or within 1 hour of daily core hours
	55	For health boards with Out of Hours (OoH) services, the percentage of urgent calls that were logged and patients started their clinical definitive assessment within 20 minutes of their initial calls being answered. For health boards with 111 services, the percentage of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial call being answered
	56	For health boards with Out of Hours (OoH) services, the percentage of patients prioritised as very urgent and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage. For health boards with 111 services, the percentage of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	64	Percentage of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes
	65	Percentage of patients who are diagnosed with a stroke who have received a CT scan within 1 hour

NHS Outcome Statement	NHS Performance Measure (Ref. Number & Description from 2018-19 Delivery Framework)	
Our Staff and Resources: People in Wales can find information about how their NHS is resourced and make careful use of them		
I work with the NHS to improve the use of resources	88	Percentage of patients who did not attend a new outpatient appointment (for selected specialties)
	89	Percentage of patients who did not attend a follow-up outpatient appointment (for selected specialties)
Resources are used efficiently and effectively to improve my health outcomes	91	Number of procedures that do not comply with selected NICE ‘Do Not Do’ guidance for procedures of limited effectiveness (selected from a list agreed by the Planned Care Board)
	92	Elective caesarean rate