

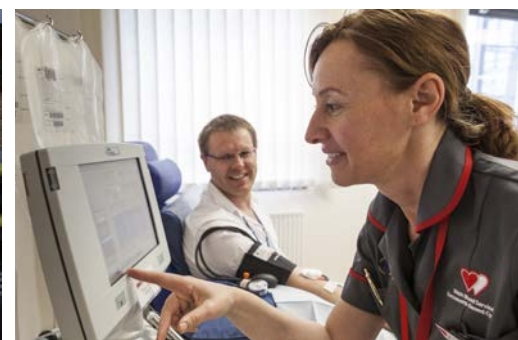


Llywodraeth Cymru  
Welsh Government



# NHS Wales Delivery Framework and Reporting Guidance 2018-2019

March 2018



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# **NHS WALES DELIVERY FRAMEWORK**

**2018-19**

**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><b>National Indicators</b></p> <ul style="list-style-type: none"> <li>- Low birth weight</li> <li>- The gap in healthy life expectancy at birth between the least and most deprived</li> <li>- Mental well-being score for adults</li> </ul> <p><b>Public Health Outcomes</b></p> <ul style="list-style-type: none"> <li>- Healthy life expectancy at birth</li> <li>- Vaccination rates at age 4</li> <li>- Children age 5 of a healthy weight</li> <li>- Gap in mental well-being between the most and least deprived among adults</li> <li>- Working age adults in good health</li> <li>- Older people in good health</li> <li>- Working age adults free from limiting long term illness</li> <li>- Older people free from limiting long term illness</li> <li>- Gap in employment rate for those with a long term health condition</li> <li>- Smoking in pregnancy</li> <li>- Adults who smoke</li> <li>- Premature deaths from non communicable diseases</li> </ul>	<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>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><b>National Indicators</b></p> <ul style="list-style-type: none"> <li>- Mental well-being score for people (children &amp; young people and adults)</li> <li>- People who are lonely</li> </ul> <p><b>Public Health Outcomes</b></p> <ul style="list-style-type: none"> <li>- The gap in mental well-being between the most and least deprived among children and young people</li> <li>- The gap in mental well-being between the most and least deprived among adults</li> <li>- Working age adults in good health</li> <li>- Older people in good health</li> <li>- Working age adults free from limiting long term illness</li> <li>- Older people free from limiting long term illness</li> <li>- Life satisfaction among working age adults</li> <li>- Life satisfaction among older people</li> <li>- Older people of a healthy weight</li> <li>- Hip fractures among older people</li> <li>- Premature deaths from key non communicable diseases</li> <li>- Suicides</li> </ul>	<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>I am safe and protected from harm through high quality care, treatment and support</p>	<p>Number 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>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 the national prescribing indicators for antibacterial items</p>	
	<p>Achievement of the national reduction expectation of <i>E.coli</i>, <i>C.difficile</i> and <i>S.aureus</i> bacteraemia cases</p>	
	<p>Non steroid anti-inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR-PU's (specific therapeutic group age related prescribing unit)</p>	
	<p>Compliance with the patient safety reporting system</p>	
	<p>Serious incident and never event rates in all care settings</p>	
<p>I am safe and protected from abuse and neglect</p>	<p>Performance against key health and care standard themes: nutrition and hydration; pressure ulcers; medicines management; continence care and falls</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><b>National Indicators</b></p> <ul style="list-style-type: none"> <li>- The gap in healthy life expectancy at birth between the least and most deprived</li> <li>- Mental well-being score for people (children &amp; young people and adults)</li> </ul> <p><b>Public Health Outcomes</b></p> <ul style="list-style-type: none"> <li>- Healthy life expectancy at birth</li> <li>- The gap in mental well-being between the most and least deprived among children and young people</li> <li>- The gap in mental well-being between the most and least deprived among adults</li> <li>- Working age adults in good health</li> <li>- Older people in good health</li> <li>- Working age adults free from limiting long term illness</li> <li>- Older people free from limiting long term illness</li> <li>- Life satisfaction among working age adults</li> <li>- Life satisfaction among older people</li> <li>- Gap in employment rate for those with a long term health condition</li> <li>- Premature deaths from key non communicable diseases</li> </ul>	<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) &amp; 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><b>National Indicators</b></p> <ul style="list-style-type: none"> <li>- Mental well-being score for people (children &amp; young people and adults)</li> <li>- People who are lonely</li> <li>- A sense of community</li> </ul> <p><b>Public Health Outcomes</b></p> <ul style="list-style-type: none"> <li>- The gap in mental well-being between the most and least deprived among children and young people</li> <li>- The gap in mental well-being between the most and least deprived among adults</li> <li>- Working age adults in good health</li> <li>- Older people in good health</li> <li>- Working age adults free from limiting long term illness</li> <li>- Older people free from limiting long term illness</li> <li>- Life satisfaction among working age adults</li> <li>- Life satisfaction among older people</li> </ul>	<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>Postponed procedures either on the day or the day before for non-clinical reasons</p> <p>National prescribing indicator rate for anticholinergic medicines</p>
	<p>My voice is heard and listened to</p>	<p>Evidence of how NHS organisations are responding to service user experience to improve services</p> <p>Timely and responsive handling of concerns and complaints</p> <p>Percentage of people (age 65 or over) registered at a GP practice who are diagnosed with dementia</p>
	<p>I am treated with dignity and respect and treat others the same</p>	<p>Percentage of adults (age 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><b>National Indicators</b></p> <ul style="list-style-type: none"> <li>- The gap in healthy life expectancy at birth between the least and most deprived</li> <li>- Mental well-being score for people (children &amp; young people and adults)</li> </ul> <p><b>Public Health Outcomes</b></p> <ul style="list-style-type: none"> <li>- Healthy life expectancy at birth</li> <li>- The gap in mental well-being between the most and least deprived among children and young people</li> <li>- The gap in mental well-being between the most and least deprived among adults</li> <li>- Tooth decay among 5 year olds</li> <li>- Working age adults in good health</li> <li>- Older people in good health</li> <li>- Working age adults free from limiting long term illness</li> <li>- Older people free from limiting long term illness</li> <li>- Gap in employment rate for those with a long term health condition</li> <li>- Older people of a healthy weight</li> <li>- Hip fractures among older people</li> <li>- Premature deaths for non communicable diseases</li> <li>- Suicides</li> </ul>	<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; GP practices open during daily core hours or within 1 hour of the daily core hours 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>Percentage of the 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 against agreed target date</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&amp;E waits &amp; reduce 12 hour waits</p> <p>Cancer standards: 31 and 62 day targets (98% and 95%)</p> <p>Percentage of survival within 30 days of emergency admission for a hip fracture</p> <p>Attainment of mental health measures: 28 days assessment; 28 days therapeutic intervention and; 5 days IMHA contact</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><b>National Indicators</b></p> <ul style="list-style-type: none"> <li>- The gap in healthy life expectancy at birth between the least and most deprived</li> <li>- Mental well-being score for people (children &amp; young people and adults)</li> <li>- A sense of community</li> <li>- People who are lonely</li> </ul> <p><b>Public Health Outcomes</b></p> <ul style="list-style-type: none"> <li>- Healthy life expectancy at birth</li> <li>- The gap in mental well-being between the most and least deprived among children and young people</li> <li>- The gap in mental well-being between the most and least deprived among adults</li> <li>- Working age adults in good health</li> <li>- Older people in good health</li> <li>- Working age adults free from limiting long term illness</li> <li>- Older people free from limiting long term illness</li> <li>- Life satisfaction among working age adults</li> <li>- Life satisfaction among older people</li> <li>- Adolescents using alcohol</li> <li>- Adults drinking above guidelines</li> <li>- Suicides</li> <li>- Premature death from non communicable diseases</li> </ul>	<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</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><b>National Indicators</b></p> <ul style="list-style-type: none"> <li>- Low birth weight</li> <li>- The gap in healthy life expectancy at birth between the least and most deprived</li> </ul> <p><b>Public Health Outcomes</b></p> <ul style="list-style-type: none"> <li>- Enablers to support all health related Public Health outcomes</li> </ul>	<p>I work with the NHS to improve the use of resources</p>	<p>Did Not Attend (DNA) rates for GP and outpatient new and follow up appointments</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 plus biosimilar</p>
	<p>Quality trained staff who are fully engaged in delivering excellent care and support to me and my family</p>	<p>Compliance with selected NICE 'Do Not Do' guidance for procedures of limited effectiveness</p>
		<p>Elective caesarean rate</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  
2018-19**

## **Introduction**

This guidance outlines how the delivery measures in the NHS Wales Delivery Framework 2018-19 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, revised or in development)
- 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 nine 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*
- *Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words.*

The reporting templates for the aforementioned measures are available on pages 46 to 62.

### **New Measures**

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

- The percentage of people with learning disabilities who have an annual health check
- Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework
- The number of patients waiting more than 14 weeks for a specified therapy

- 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
- Total time spent at home (not in hospital) for older people with care and support needs (this measure is currently under development)

### **Revised measures**

A number of the existing delivery measures have been revised for the 2018-19 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 38 to 45).

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 highlighted in this guidance as 'development' and a timescale has been given when the measure will be ready for reporting (either 2018-19 or 2019-20). 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 2017-18 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; it is a duplicate measure.

For ease of reference, all of the outcome indicators and performance measures that have not been carried forward into the 2018-19 edition of the framework are noted on page 63.

## **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**  
**2018-19**

**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	Public Health	Revised
	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	Revised
	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 have accessed the 10-14 days health visitor contact 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 to 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	Revised

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
I am healthy and active and do the things to keep myself healthy	6	The 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	The 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	
I know and understand what care, support and opportunities are available and use these to help me achieve my health and well-being	8	The percentage of people with learning disabilities who have an annual health check	75%	Social Services' Direct Enhanced Services (DES) Collection	Annual	Nursing	New

**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	9	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	Revised
	10	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	Revised
	11	Number 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	12	Amenable mortality per 100,000 of the European standardised population	Annual reduction	Public Health Wales	Annual	Healthcare Quality	Revised
	13	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	14	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	
	15	The number of potentially preventable hospital acquired thromboses	4 quarter reduction trend	Hospital Acquired Thrombosis Monitoring Return (Welsh Government)	Quarterly	Healthcare Quality	
	16	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	4 quarter reduction trend	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	Revised
	17	Fluroquinolone, cephalosporin, clinamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community	Quarter on quarter improvement	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	Revised
	18	Cumulative rate of laboratory confirmed <i>E.coli</i> bacteraemia cases per 100,000 population	TBC	Public Health Wales	Monthly	Nursing	Revised
	19	Cumulative rate of laboratory confirmed <i>S.aureus</i> bacteraemias (MRSA and MSSA) cases per 100,000 population	TBC	Public Health Wales	Monthly	Nursing	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	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	TBC	Public Health Wales	Monthly	Nursing	Revised
	21	Non steroid anti-inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	4 quarter reduction trend	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	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	Revised
	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	Revised
	24	Number of new never events	0	Serious Incident Reporting Data Collection (Welsh Government)	Monthly	Healthcare Quality	Revised
I am safe and protected from abuse and neglect	25	Nutrition and hydration	TBC	TBC	TBC	Nursing	Development for 2019-20
	26	The number of grade 3, 4 and un-stageable healthcare acquired (both hospital and community) pressure ulcers reported as serious incidents	12 month reduction trend	Serious Incident Reporting Data Collection (Welsh Government)	Monthly	Nursing	Revised
	27	Number of administration, dispensing and prescribing medication errors reported as serious incidents	12 month reduction trend	Serious Incident Reporting Data Collection (Welsh Government)	Monthly	Nursing	Revised

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
I am safe and protected from abuse and neglect	28	Number of patient falls reported as serious incidents	12 month reduction trend	Serious Incident Reporting Data Collection (Welsh Government)	Monthly	Nursing	Revised
	29	Continence care	TBC	TBC	TBC	Nursing	Development for 2019-20

**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	30	Number of health board mental health delayed transfer of care (rolling 12 months)	A reduction of no less than 10% of the total number of the health board's delay for the previous financial year	DToC Database	Monthly	Social Services & Integration	Revised
	31	Number of health board non mental health delayed transfer of care (rolling 12 months)	A reduction of no less than 5% of the total number of the health board's delay for the previous financial year	DToC Database	Monthly	Social Services & Integration	Revised
Interventions to improve my health are based on good quality and timely research and best practice	32	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	
	33	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	CHKS	Monthly	Healthcare Quality	



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	34	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	New
	35	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	Revised
	36	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	
	37	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	Revised
	38	Number of Health and Care Research Wales clinical research portfolio studies	10% annual improvement	Health & Care Research Wales	Quarterly	Social Care & Health Research	Revised

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
	39	Number of Health and Care Research Wales commercially sponsored studies	5% annual improvement	Health & Care Research Wales	Quarterly	Social Care & Health Research	Revised
	40	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	Revised
	41	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	Revised

**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	42	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	
	43	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	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	Revised
	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	4 quarter reduction trend	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	Revised
My voice is heard and listened to	45	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

Outcome	Delivery Measure	Target	Information Source	Reporting Frequency	Policy Area	Status	
My voice is heard and listened to	46	The percentage of concerns 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 concern was first received by the organisation	75%	Concerns and Complaints Data Collection (Welsh Government)	Quarterly	Healthcare Quality	
	47	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	48	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	
	49	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	
	50	Percentage of employed NHS staff completing dementia training at an informed level	85%	Dementia Training Data Monitoring Return (Welsh Government)	Bi annual	Workforce & Organisation Development	Revised

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
I am treated with dignity and respect and treat others the same	51	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	52	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Annual reduction	National Survey	Annual	Primary Care	
	53	Percentage of GP practices open during daily core hours or within 1 hour of daily core hours	Annual improvement	Knowledge and Analytical Services, Welsh Government	Annual	Primary Care	
	54	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	
	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 calls being answered	98%  12 month improvement trend	Out of Hours Data Collection (Welsh Government)  Welsh Ambulance Service NHS Trust (WAST)	Monthly	Delivery and Performance	Revised

Outcome	Delivery Measure	Target	Information Source	Reporting Frequency	Policy Area	Status	
I have easy and timely access to primary care services	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	90%  12 month improvement trend	Out of Hours Data Collection (Welsh Government)  Welsh Ambulance Service NHS Trust (WAST)	Monthly	Delivery and Performance	Revised
	57	Percentage of the health board population regularly accessing NHS primary dental care	4 quarter improvement trend	NHS Business Services Authority	Quarterly	Primary Care	
To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need	58	The percentage of patients waiting less than 26 weeks for treatment	95%	Referral to Treatment (combined) Dataset	Monthly	Delivery & Performance	
	59	The number of patients waiting more than 36 weeks for treatment	0	Referral to Treatment (combined) Dataset	Monthly	Delivery & Performance	
	60	The number of patients waiting more than 8 weeks for a specified diagnostic	0	Diagnostic and Therapies Waiting Times Dataset	Monthly	Delivery & Performance	
	61	The number of patients waiting more than 14 weeks for a specified therapy	0	Diagnostic and Therapies Waiting Times Dataset	Monthly	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	62	The 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	12 month reduction trend	Outpatient Follow-up Delay Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	
	63	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	The most recent SSNAP UK national quarterly average	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	
	64	Percentage of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	12 month improvement trend	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	
	65	Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour	The most recent SSNAP UK national quarterly average	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	Revised
	66	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	The most recent SSNAP UK national quarterly average	Sentinel Stroke National Audit (SSNAP)	Monthly	Delivery & Performance	Revised
	67	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	



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	68	Number of ambulance handovers over one hour	0	Welsh Ambulance Service NHS Trust (WAST)	Monthly	Delivery & Performance	
	69	The 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	
	70	The 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	
	71	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	98%	Aggregate Cancer Target Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	
	72	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	95%	Aggregate Cancer Target Monitoring Return (Welsh Government)	Monthly	Delivery & Performance	
	73	Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	CHKS	Monthly	Health Care Quality	

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	74	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	
	75	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	
	76	Percentage of qualifying patients (compulsory & 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	New

**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	77	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	
I speak for myself and contribute to the decisions that affect my life or I have someone who can do it for me	78	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	Revised
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	79	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	Revised
I get care and support through the Welsh language if I want it	80	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
My individual circumstances are considered	81	Total time spent at home (not in hospital) for older people with care and support needs	TBC	TBC	TBC	Nursing	New Development for 2019-20 reporting

Outcome	Delivery Measure		Target	Information Source	Reporting Frequency	Policy Area	Status
My individual circumstances are considered	82	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	
	83	Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of the population (age 40+)	4 quarter improvement trend	CALL Database (BCUHB)	Quarterly	Mental Health, Vulnerable Groups & Offenders	
	84	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	CALL Database (BCUHB)	Quarterly	Mental Health, Vulnerable Groups & Offenders	
	85	The 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	
	86	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	
I work with the NHS to improve the use of resources	87	The percentage of patients who did not attend a GP appointment	12 month reduction trend	Audit+	Monthly	Primary Care	Development for 2018-19 reporting
	88	The percentage of patients who did not attend a new outpatient appointment (for selected specialties)	12 month reduction trend	Outpatient Minimum Dataset	Monthly	Delivery & Performance	
	89	The percentage of patients who did not attend a follow-up outpatient appointment (for selected specialties)	12 month reduction trend	Outpatient Minimum Dataset	Monthly	Delivery & Performance	
Resources are used efficiently and effectively to improve my health outcomes	90	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product plus biosimilar	Quarter on quarter improvement	All Wales Therapeutic & Toxicology Centre	Quarterly	Pharmacy & Prescribing	Revised
	91	Number of procedures that do not comply with selected NICE 'Do Not Do' guidance for procedure of limited effectiveness (selected from a list agreed by the Planned Care Board)	0	Patient Episode Database for Wales (PEDW)	Monthly	Delivery & Performance	Revised
	92	Elective caesarean rate	Annual reduction	Maternity Indicator Dataset (NWIS)	Annual	Nursing	Revised

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	93	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	
	94	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	
	95	Overall staff engagement score – scale score method	Improvement	Staff Survey	TBC	Workforce & Organisation Development	
	96	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	
	97	Percentage of sickness absence rate of staff	12 month reduction trend	Electronic Staff Record (ESR)	Monthly	Workforce & Organisation Development	
	98	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 2017-18 NHS Delivery Framework

Delivery Measure 2018-19		Detail of Revision
<b>Staying Healthy</b>		
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)	<b>Criteria:</b> Previous published description did not specify that only pregnant women who had their initial assessment and gave birth within the same health board are to be included in the calculation.
2	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	<b>Criteria:</b> Previous measure reported upon the '5 in 1' vaccine. The 2018/19 measure reports upon the hexavalent '6 in 1' vaccine.
5	Uptake of the influenza vaccination among: 65 year olds and over Under 65s in risk groups Pregnant women Health care workers	<b>Target:</b> Previous target for the under 65s in risk groups was 75%. The 2018/19 target is 55%.  Previous target for health care workers was 50%. The 2018/19 target is 60%.
<b>Safe Care</b>		
9	Percentage of compliance for staff appointed to new roles where a child barred list check is required	<b>Focus:</b> Previous measure focused on Disclosure and Barring Service checks for newly employed staff who come into contact with children. The 2018/19 measure focuses upon child barred list checks for staff appointed to new roles. <b>Amendment to Reporting Template:</b> Revised reporting template with new reporting criteria.
10	Percentage of compliance for staff appointed to new roles where an adult barred list check is required	<b>Focus:</b> Previous measure focused on Disclosure and Barring Service checks for newly employed staff who come into contact with adults at risk. The 2018/19 measure focuses upon adult barred list checks for staff appointed to new roles. <b>Amendment to Reporting Template:</b> Revised reporting template with new reporting criteria.
11	Number of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) rate per 1,000 population	<b>Focus:</b> Changed during 2017/18. Previous published measure reported the continuous periods of hospital care with any mention of intentional self-harm for children and young people (aged 10-24 years), rate per 100,000 population. <b>Target:</b> Changed during 2017/18. Previous published target was annual improvement. The current target is annual reduction.



Delivery Measure 2018-19		Detail of Revision
<b>Safe Care</b>		
12	Amenable mortality per 100,000 of the European standardised population	<b>Data Source:</b> Previously sourced from the Office for National Statistics, this has been amended to Public Health Wales. <b>Target:</b> Changed during 2017/18. Previous published target was annual improvement. The current target is annual reduction.
16	Total antibacterial items per 1,000 STAR-PU (specific therapeutic group age related prescribing unit)	<b>Target:</b> Changed during 2017/18. Previous published target was not confirmed. The current target is a 4 quarter reduction trend.
17	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community	<b>Criteria:</b> Previous measure focused on fluroquinolone, cephalosporin and co-amoxiclav. This list has been amended to include clindamycin for 2018/19 reporting. <b>Target:</b> Changed during 2017/18. Previous published target was not confirmed. The current target is a quarter on quarter improvement.
18	Cumulative rate of laboratory confirmed <i>E.coli</i> bacteraemia cases per 100,000 population	<b>Calculation:</b> To be based on a cumulative rate. This was not previously specified. <b>Target:</b> 2018/19 target is to be confirmed. Previous target was less than or equal to 67 cases per 100,000 population.
19	Cumulative rate of laboratory confirmed <i>S.aureus</i> bacteraemias (MRSA and MSSA) cases per 100,000 population	<b>Calculation:</b> To be based on a cumulative rate. This was not previously specified. <b>Target:</b> 2018/19 target is to be confirmed. Previous target was less than or equal to 20 cases per 100,000 population.
20	Cumulative rate of laboratory confirmed <i>C.difficile</i> cases per 100,000 population	<b>Calculation:</b> To be based on a cumulative rate. This was not previously specified. <b>Target:</b> 2018/19 target is to be confirmed. Previous target was less than or equal to 26 cases per 100,000 population.
21	Non steroid anti-inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR-PU (specific therapeutic group age related prescribing unit)	<b>Target:</b> Changed during 2017/18. Previous published target was not confirmed. The current target is a 4 quarter reduction trend.

Delivery Measure 2018-19		Detail of Revision
22	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	<p><b>Focus:</b> Previously reported alerts and notices as two separate measures. This has been amended so that they are reported within the same measure for 2018/19.</p> <p><b>Reporting Frequency:</b> Previously reported monthly. The 2018/19 measure is to be reported quarterly.</p>
23	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	<p><b>Criteria:</b> Changed during 2017/18. Previously published description did not specify that only serious incidents that are due for assurance are to be included in the calculation.</p>
24	Number of new never events	<p><b>Criteria:</b> Changed during 2017/18. Previously published description did not specify that only new never events are to be included in the calculation.</p>
26	The number of grade 3, 4 and un-stageable healthcare acquired (both hospital and community) pressure ulcers reported as serious incidents	<p><b>Criteria:</b> Changed during 2017/18. Previously published description did not specify that both hospital and community acquired pressure ulcers are to be reported.</p> <p><b>Data Source:</b> Changed during 2017/18. Previously published source was Datix, this has been amended to the Serious Incident Reporting data collection.</p>
27	Number of administration, dispensing and prescribing medication errors reported as serious incidents	<p><b>Criteria:</b> Changed during 2017/18. Previously published measure focused on warfarin and insulin prescriptions only. The revised measure is to report all medicines.</p> <p><b>Data Source:</b> Changed during 2017/18. Previously published source was Datix, this has been amended to the Serious Incident Reporting data collection.</p>
28	Number of patient falls reported as serious incidents	<p><b>Focus:</b> Changed during 2017/18. Previously published measure reported the percentage of patients that suffered harm following a fall.</p> <p><b>Data Source:</b> Changed during 2017/18. Previously published source was Datix, this has been amended to the Serious Incident Reporting data collection.</p>

Delivery Measure 2018-19		Detail of Revision
<b>Effective Care</b>		
30	Number of health board mental health delayed transfer of care (rolling 12 months)	<p><b>Calculation:</b> Previous measure focused on the rate per 100,000 LHB population. The 2018/19 measure reports the number of mental health board mental health delayed transfer of care on a rolling 12 month.</p> <p><b>Target:</b> Previous target was a 12 month reduction trend. The 2018/19 target is a reduction of no less that 10% of the total number of the health board's delays for the previous financial year.</p>
31	Number of health board non mental health delayed transfer of care (rolling 12 months)	<p><b>Calculation:</b> Previous measure focused on the rate per 100,000 LHB population. The 2018/19 measure reports the number of mental health board mental health delayed transfer of care, on a rolling 12 month.</p> <p><b>Target:</b> Previous target was a 12 month reduction trend. The 2018/19 target is a reduction of no less that 5% of the total number of the health board's delays for the previous financial year.</p>
35	Percentage of episodes clinically coded within one reporting month post episode discharge end date	<p><b>Criteria:</b> Changed during 2017/18. Previous published wording referenced post episode month end date. This has been amended to post episode discharge end date.</p>
37	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	<p><b>Reporting Frequency:</b> Changed during 2017/18. Previous published reporting was monthly. Current measure is to be reported quarterly.</p>
38	Number of Health and Care Research Wales clinical research portfolio studies	<p><b>Target:</b> Changed during 2017/18. Previous published target was an annual improvement. The current target is 10% annual improvement.</p>
39	Number of Health and Care Research Wales commercially sponsored studies	<p><b>Target:</b> Changed during 2017/18. Previous published target was an annual improvement. The current target is 5% annual improvement.</p>
40	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	<p><b>Target:</b> Changed during 2017/18. Previous published target was an annual improvement. The current target is 10% annual improvement.</p>
41	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	<p><b>Target:</b> Changed during 2017/18. Previous published target was an annual improvement. The current target is 5% annual improvement.</p>

Delivery Measure 2018-19	Detail of Revision
<b>Dignified Care</b>	
43	Number of procedures postponed either on the day or the day before for specified non-clinical reasons
<p><b>Focus:</b> Previous published measure focused on the percentage of patients who had their procedures postponed on more than one occasion for non clinical reasons with less than 8 days notice and are subsequently carried out within 14 calendar days or at the patient's earliest convenience.</p> <p><b>Target:</b> Previous target was a 12 month improvement trend. The 2018/19 target is a reduction of no less than 5% of the total number of the health board's postponements for the previous financial year.</p>	
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
<p><b>Target:</b> Changed during 2017/18. Previous published target was to be confirmed. The current target is a 4 quarter reduction trend.</p>	
45	Evidence of how NHS organisations are responding to service user experience to improve services
<p><b>Focus:</b> The measure previously focused on patient feedback, this has been amended to service user experience</p> <p><b>Amendment to Reporting Template:</b> The following has been added:</p> <ul style="list-style-type: none"> <li>• A new field to evidence activities in prevention services.</li> <li>• A new field to evidence how service users have been engaged to inform the organisation's Integrated Medium Term Plan.</li> </ul>	
50	Percentage of employed NHS staff completing dementia training at an informed level
<p><b>Focus:</b> The measure previously reported all levels of dementia training. The focus for 2018-19 is compliance against the informed level of training. A new reporting template has been prepared to capture this information.</p> <p><b>Target:</b> Previous target was 75%. The 2018/19 target is 85%.</p>	

Delivery Measure 2018-19	Detail of Revision
<b>Timely Care</b>	
<p>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</p> <p>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 calls being answered</p>	<p><b>Target:</b> Previous target for Out of Hours services was a 12 month improvement trend. The 2018/19 target is 98%.</p>
<p>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</p> <p>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</p>	<p><b>Target:</b> Previous target for Out of Hours services was a 12 month improvement trend. The 2018/19 target is 98%.</p>
<p>65 Percentage of patients who are diagnosed with a stroke who receive a CT scan within 1 hour</p>	<p><b>Criteria:</b> Previous measure focused on CT scans within 12 hours. This has been changed to 1 hour for 2018/19.</p>
<p>66 Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours</p>	<p><b>Criteria:</b> Changed during 2017/18. Previous published measure focused on patients who are diagnosed. This has been amended to those who are assessed by a stroke specialist consultant.</p>

Delivery Measure 2018-19	Detail of Revision
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<b>Individual Care</b>		
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78	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	<p><b>Amendment to Reporting Template:</b> The following has been added:</p> <ul style="list-style-type: none"> <li>• The field 'Joint Working' has been revised to include all vulnerable groups.</li> <li>• Consideration to be given to the outcome measures outlined in 'Travelling for Better Health' when providing an update on gypsy and travellers.</li> </ul>
79	Qualitative report detailing the achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss	<p><b>Amendment to Reporting Template:</b> The following has been added:</p> <ul style="list-style-type: none"> <li>• New field included in the sections entitled 'Primary and Community Care' and 'Secondary Care' focusing on the implementation of the Accessible Information Standards.</li> </ul>
80	Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words	<p><b>Amendment to Reporting Template:</b> The following has been added:</p> <ul style="list-style-type: none"> <li>• The section entitled Patient Preference has been amended to Patient Preference and Experience.</li> <li>• Two new fields included in Patient Preference and Experience, which focus upon: communicating to staff the importance of making an Active Offer and; mainstreaming experiences of Welsh language services.</li> <li>• The existing field under the heading Patient Preference and Experience has been revised to focus upon the Active Offer in both primary and secondary care.</li> </ul>

<b>Our Staff and Resources</b>		
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90	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product plus biosimilar	<p><b>Target:</b> Changed during 2017/18. Previous published target was to be confirmed. The current target is a quarter on quarter improvement.</p>
91	Number of procedures that do not comply with selected NICE 'Do Not Do' guidance for procedure of limited effectiveness (selected from a list agreed by the Planned Care Board)	<p><b>Criteria:</b> Previous measure focused on selected ENT, ophthalmology and ENT procedures. This list has been amended for 2018/19 to include selected dermatology procedures.</p>

# **REPORTING TEMPLATES**

**2018-19**

## Safeguarding adults and children: Disclosure and Barring Service checks

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

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

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

\*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

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

**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](mailto: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 2018	May 2018	June 2018	July 2018	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	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 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	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

<b>Reporting Schedule</b>	<b>Monthly</b>
<b>Health Board</b>	
<b>Date of Report</b>	

<b>Completed By</b>	
<b>Contact Number</b>	
<b>E-mail Address</b>	

**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.**

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

<b>April 2018</b>	<b>May 2018</b>	<b>June 2018</b>	<b>July 2018</b>	<b>Aug 2018</b>	<b>Sept 2018</b>	<b>Oct 2018</b>	<b>Nov 2018</b>	<b>Dec 2018</b>	<b>Jan 2019</b>	<b>Feb 2019</b>	<b>Mar 2019</b>	<b>Total</b>
<b>Quarter 1 Total</b>			<b>Quarter 2 Total</b>			<b>Quarter 3 Total</b>			<b>Quarter 4 Total</b>			

## Hospital acquired thrombosis

<b>Reporting Schedule</b>	<b>Quarterly</b>
<b>Health Board</b>	
<b>Date of Report</b>	

<b>Completed By</b>	
<b>Contact Number</b>	
<b>E-mail Address</b>	

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

<b>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)</b>
<b>Number of notes missing (unable to validate records) * (Field 2)</b>
<b>Number of Root Cause Analysis (RCA) completed (Field 3)</b>
<b>Actual number of potentially preventable HATs (Field 4)</b>
<b>Number felt not to be HAT or potentially preventable HAT (Field 5 a&amp;b)</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.

<b>Summary of lesson learnt to improve delivery</b>	<b>Corrective actions agreed</b>

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

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

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

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

	<b>What has your organisation done to encourage feedback from service users on their experience of your services?</b>	<b>What has your organisation done to respond to service user feedback to improve/redesign your services?</b>	<b>How have service users been engaged to inform your Integrated Medium Term Plan (IMTP)?</b>
<b>Prevention Services</b> (to protect & improve health). This includes Screening Services			
<b>Primary Care</b>			
<b>Planned Care</b>			
<b>Emergency &amp; Unscheduled Care</b>			
<b>Community Care &amp; Patient Transport</b>			

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## Dementia Training

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

**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 2018-19, 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 20 September) and 21 April (for data collected at 31 March).  
**Form to be returned to:** [hss.performance@gov.wales](mailto:hss.performance@gov.wales)

<b>Data at:</b>	<b>Target</b>	<b>Total number of staff on ESR</b>	<b>Total number of staff on ESR who have completed dementia training at an informed level</b>	<b>Percentage of staff who have completed dementia training at an informed level</b>	<b>Update on issues impacting delivery</b>
<b>30 September 2018</b>	<b>85%</b>			#DIV/0!	
<b>31 March 2019</b>	<b>85%</b>			#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

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

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

**Reporting Schedule:** Progress against the organisation's plan is to be reported bi-annually. 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?

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

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

	Key Actions Planned	Risks to Delivery & Corrective Actions	What was Achieved
Service plans include clear measurable objectives for reducing health inequalities & are aligned to the equality priorities set out in the Strategic Equality Plan.			
<b>Governance</b>			
The Health Board/NHS Trust receives assurance that processes are in place to identify Equality impact, undertake engagement and that mitigating actions are clearly set out. Committee or Sub-committees confirm that equality impact assessments inform decision making.			
The Health Board/NHS Trust ensures that equality considerations are included in the procurement commissioning and contracting of services.			
<b>Quality and safety</b>			
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.			

	Key Actions Planned	Risks to Delivery & Corrective Actions	What was Achieved
<b>Workforce</b>			
There is evidence that employment information informs policy decision making and workforce planning.			
Numbers of staff who have completed mandatory equality and human rights training 'Treat Me Fairly' (TMF)			

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**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

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

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

**Reporting Schedule:** Progress against the Health Board's action plan is to be reported bi-annually. This form is to be submitted on 31 October and 30 April to cover the period April 2018 to March 2019.

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

<b>Standards</b>	<b>Key Actions Achieved</b> April to September 2018	<b>Key Actions Achieved</b> October 2018 to March 2019	<b>Risks to Delivery</b>	<b>Corrective Actions</b>
<b>1. Leadership</b> The Health Board demonstrates leadership driving improved health outcomes for homeless and vulnerable groups.				
<b>2. Joint Working</b> The Health Board works in partnership with the Local Authority, service users, third sector and stakeholders to improve health of vulnerable groups and contribute to the prevention of homelessness.				

<b>Standards</b>	<b>Key Actions Achieved</b> April to September 2018	<b>Key Actions Achieved</b> October 2018 to March 2019	<b>Risks to Delivery</b>	<b>Corrective Actions</b>
<p><b>3. Health Intelligence</b> 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 &amp; vulnerable groups in their area.</p>				
<p><b>4. Access to Healthcare</b> Homeless and vulnerable groups have equitable access to a full range of health and specialist services.</p>				
<p><b>5. Homeless &amp; Vulnerable Groups' Health Action Plan (HaVGHAP)</b> The Health Board leads the development, implementation &amp; monitoring of the HaVGHAP (as an element of the Single Integrated Plan &amp; regional commissioning strategies) in partnership with the Local Authority, service users, third sector &amp; other stakeholders.</p>				

**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' (this will ensure that a separate update is not commissioned).

Travelling for Better Health is available at: <http://gov.wales/docs/dhss/publications/150730measuresen.pdf>

## Accessible Communication and Information

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

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

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

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

**Update on the Actions to Implement the All Wales Standards for Accessible Communication & Information for People with Sensory Loss:**

<b>Needs Assessments</b>	<b>Key Actions Achieved during 2018-19</b>	<b>Risks to Delivery</b>	<b>Corrective Actions</b>
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.			

<b>Standards of Service Delivery</b>	<b>Key Actions Achieved during 2018-19</b>	<b>Risks to Delivery</b>	<b>Corrective Actions</b>
<b>Health Prevention</b> (Promotion Screening, SSW, Flu Vaccination, Bump Baby & Beyond). Priority areas include:			
Raising staff awareness			
Ensuring all public information is accessible for people with sensory loss			

Standards of Service Delivery	Key Actions Achieved during 2018-19	Risks to Delivery	Corrective Actions
Accessible appointment systems			
Communication models			
<b>Primary and Community Care.</b> Priority areas include:			
Raising staff awareness			
Accessible appointment systems			
Communication models			
Implementation of the Accessible Information Standard			
<b>Secondary Care.</b> 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 2018-19	Risks to Delivery	Corrective Actions
<b>Emergency &amp; Unscheduled Care.</b> Priority areas include:			
Raising staff awareness			
Communication models			
<b>Concerns &amp; Feedback (CF).</b> 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 2018-19	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>* <b>Patient experience mechanism and themes to be documented in this return applies specifically to patients with sensory loss who have accessible communication and information needs.</b> There is a requirement in the NHS Delivery Framework for NHS organisations to provide an update on patient experience for all patients (not just for those with accessible communication or information needs). This is to be reported on a separate proforma entitled 'Evidence of how organisations are responding to patient feedback to improve services' and links to the NHS Framework for Assuring Service User Feedback.</p>			

## Implementation of the Welsh language actions as defined in ‘More Than Just Words’

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

Each Health Board and Trust is expected to put in place actions to deliver the strategic framework for Welsh language services in health, social services and social care: ‘More Than Just Words’. This has been developed to meet the care needs of Welsh speakers, their families or carers. Actions to deliver the framework are to cover both primary and secondary care sectors.

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

### Update on the actions to deliver the More than Just Words Strategic Framework

Priority Area	Yes or No	Supporting Evidence		
		Key Actions Achieved	Risk to Delivery	Corrective Actions
<b>Population Needs Assessment</b> The organisation has identified the Welsh language needs of its population and has used it to plan services.				
<b>Welsh Language Skills</b> The organisation has identified the Welsh language skill levels of its workforce and is using this information to plan services.				
Where there are gaps in Welsh language skills the organisation has ensured that vacancies are advertised as ‘Welsh language essential’.				
How many members of staff have undertaken a course to learn Welsh or to increase their confidence to speak Welsh during this operational year?				

Priority Area	Yes or No	Supporting Evidence		
		Key Actions Achieved	Risk to Delivery	Corrective Actions
<b>Patient Preference and Experience</b> The organisation has processes in place to record when an Active Offer has been made and ensure that the language preference of patients is noted across primary and secondary care.				
The organisation has methods in place to communicate to staff the importance of making an Active Offer.				
The organisation is mainstreaming experience of Welsh language services as part of the information received/ feedback from patients.				
How many patients have been asked their language preference and have had this preference noted on their records?				
<b>Commissioned and Contracted Services</b> The organisation ensures that Welsh language considerations are included in the commissioning and contracting of services including primary care services				
<b>Sharing Best Practice</b> Best practice in providing Welsh language services is shared with all relevant staff in the organisation and the organisation also shares best practice with other health boards and trusts.				

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

**MEASURES THAT HAVE NOT BEEN CARRIED FORWARD INTO THE  
2018-19 NHS DELIVERY FRAMEWORK**



## Performance Measures reported in 2017-18 that are not in the NHS Delivery Framework 2018-19

NHS Outcome Statement	NHS Performance Measure (Ref. Number & Description from 2017-18 Delivery Framework)	
<b>Staying Healthy:</b> People in Wales are well informed and supported to manage their own physical and mental health		
I am healthy and active and do the things to keep myself healthy	6	The rate of emergency hospital admission for basket 8 chronic conditions per 100,000 of health board population
	7	The rate of emergency hospital multiple re-admissions (within a year) for basket 8 chronic conditions per 100,000 of the health board population
<b>Safe Care:</b> People in Wales are protected from harm and supported to protect themselves from known harm		
I am supported to protect my own health and my family's health	13	Percentage compliance for mandatory training on safeguarding children for employed staff
	14	Percentage compliance for mandatory training on safeguarding adults for employed staff
I am safe and protected from abuse and neglect	31	Number of patients with grade 1,2,3,4 suspected deep tissue injury and un-stageable pressure ulcers acquired in hospital per 100,000 hospital admissions
	33	Completion of the All Wales Medication Safety Audit
<b>Effective Care:</b> People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful		
Interventions to improve my health are based on good quality and timely research and best practice	41	Indication of progress against the 21 criteria for the operational use of the NHS number
	42	Percentage of staff who have undergone information governance training as outlined in C-PIP Guidance
<b>Individual Care:</b> People in Wales are treated as individuals with their own needs and responsibilities		
My individual circumstances are considered	92	The percentage of hospitals within a health board which have arrangements in place to ensure advocacy is available for all qualifying patients
<b>Our Staff and Resources:</b> People in Wales can find information about how their NHS is resourced and make careful use of them		
Resources are used efficiently and effectively to improve my health outcomes	99	Financial balance: Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years