NHS WALES PERFORMANCE FRAMEWORK & GUIDANCE DOCUMENT 2022-2023

Contents

NHS Performance Framework 2022-2023

All of the measures in the NHS Performance Framework for 2022-2023 have been mapped to 'A Healthier Wales' quadruple aim and reflect the Ministerial priority areas of focus.
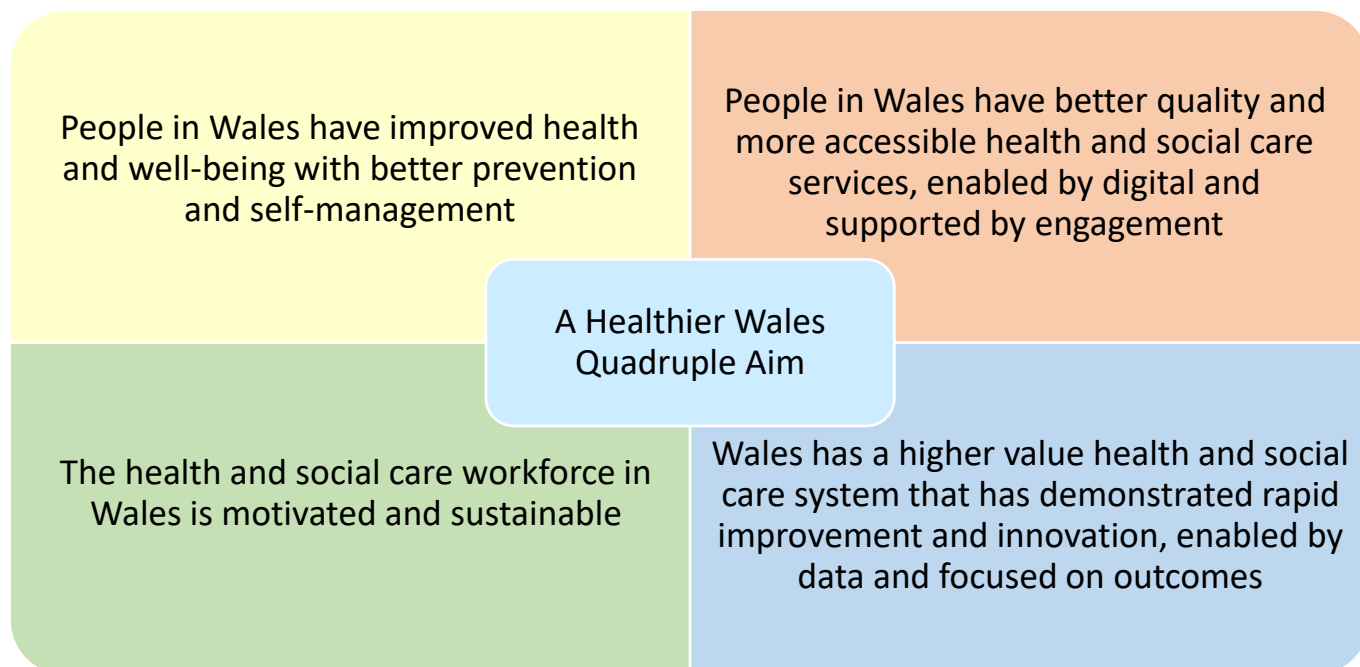
This is an interim framework whilst further work is undertaken to identify outcome focused measures that deliver the priorities outlined in the NHS Planning Framework and the Health and Social Care Outcomes Framework (in development). This work will be co-produced in conjunction with NHS Wales Health Boards and Trusts.

NHS Wales Performance Measures

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

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

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

	Performance Measure
Weight Management	1. Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway 2. Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway 3. Percentage of babies who are exclusively breastfed at 10 days old
Smoking	4. Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally 5. Percentage of adult smokers who make a quit attempt via smoking cessation services 6. Implementing Help Me Quit in Hospital smoking cessation service and to reduce smoking during pregnancy
Diabetes	7. Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes 8. Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: • Blood pressure reading is 140/80 mmHg or less • Cholesterol values is less than 5 mmol/l (<5) • HbA1c equal or less than 58 mmol/mol or less

	Performance Measure
Substance Misuse	9. European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based) 10. Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse
Vaccinations	11. Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 12. Percentage of children who received 2 doses of the MMR vaccine by age 5 13. Percentage uptake of autumn 2022 booster dose of the COVID-19 vaccination in all eligible Wales residents 14. Percentage uptake of 2022-23 influenza vaccination in all eligible Wales residents
Screening	15. Cancer screening coverage for: • Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years • Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years • Percentage of women resident and eligible for breast screening at a particular point in time will have been screened in the previous three years

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

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

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

Performance Measure

Primary & Community Care	16. Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours
	17. Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)
	18. Number of new patients (children aged under 18 years) accessing NHS dental services
	19. Number of new patients (adults aged 18 years and over) accessing NHS dental services
	20. Number of existing patients accessing NHS dental services
Urgent & Emergency Care	21. Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed
	22. Percentage of total conveyances taken to a service other than a Type One Emergency Department
	23. Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites
	24. Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time
	25. 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
	26. Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge
	27. Median time from arrival at an emergency department to triage by a clinician
	28. Median time from arrival at an emergency department to assessment by a senior clinical decision maker

	Performance Measure
Urgent & Emergency Care	29. Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours 30. Percentage of stroke patients who receive mechanical thrombectomy 31. Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes 32. Number of ambulance patient handovers over 1 hour
Patient Flow & Discharge	33. Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission 34. Percentage of total emergency bed days accrued by people with a length of stay over 21 days 35. Percentage of people assigned a D2RA pathway within 48 hours of admission 36. Percentage of people leaving hospital on a D2RA pathway 37. Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days
Elective Planned Care	38. Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) 39. Number of pathways waiting over 8 weeks for a diagnostic endoscopy 40. Number of pathways waiting 8 weeks for specific diagnostic 41. Number of pathways waiting over 14 weeks for therapy services 42. Number of patients waiting over 52 weeks for a new outpatient appointment 43. Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% 44. Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date 45. Number of patients waiting more than 104 weeks for referral to treatment 46. Number of patients waiting more than 36 weeks for referral to treatment 47. Percentage of patients waiting less than 26 weeks for referral to treatment

Performance Measure

Mental Health	48. Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population
	49. Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)
	50. Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years
	51. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years
	52. Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years
	53. Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment
	54. Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services
	55. Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 9:00 and 21:00 hours that have received a gate keeping assessment by the CRHT service prior to admission
	56. Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission
	57. Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over
	58. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over
	59. Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health
	60. Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults aged 18 years and over
	61. Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis

	Performance Measure
Learning Disabilities	62. Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities
Hospital Infection Control	63. Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa 64. Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S. aureus bacteraemias (MRSA and MSSA) and C. difficile 65. Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19 66. Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19

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

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

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

	Performance Measure
Staff Resources	67. Agency spend as a percentage of the total pay bill 68. Percentage of sickness absence rate of staff 69. Percentage of staff who have recorded their Welsh language skills on ESR who have Welsh language listening/speaking skills level 2 (foundational level) and above
Training & Development	70. Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation 71. Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)
Staff Engagement	72. Overall staff engagement score 73. Percentage of staff who report that their line manager takes a positive interest in their health and well-being

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

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

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

	Performance Measure
De-Carbonisation	74. Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach 75. Qualitative report detailing the progress of NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan
Foundational Economy	76. Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme
New Ways of Working	77. Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes 78. Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust 79. Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust 80. Percentage of episodes clinically coded within one reporting month post episode discharge end date
Clinically Effective Prescribing	81. Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PUs) 82. Percentage of secondary care antibiotic usage within the WHO Access category 83. Number of patients aged 65 years or over prescribed an antipsychotic 84. Opioid average daily quantities per 1,000 patients

NHS Wales Operational Measures

A.	Crude hospital mortality rate (74 years of age or less)
B.	Percentage of survival within 30 days of emergency admission for a hip fracture
C.	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age
D.	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)
E.	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to time and target
F.	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to time and target
G.	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation
H.	Percentage of critical care bed days lost to delayed transfer of care (ICNARC) definition

NHS WALES PERFORMANCE FRAMEWORK 2022-2023

GUIDANCE DOCUMENT

Introduction

This guidance outlines the rationale for the measures in the NHS Wales Performance Framework 2022-2023 and how the measures are to be reported. For each measure, it outlines the:

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

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

Quantitative Measures

Where possible, all quantitative measures in the Performance Framework are to undergo an information standards assurance process to ensure that the analysis method is appropriate and formally defined. Analysis methods that have been approved will be available to NHS organisations on the Digital Health and Care Wales website.

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

Qualitative Measures

For some measures, a qualitative approach to measuring service delivery is required. These measures require NHS organisations to provide an update on

the activity that has been undertaken during the operational year. Templates have been designed to enable health boards and trusts to evidence the activity that they have delivered and to enable Welsh Government to assess the progress that has been made. The templates outlined in this guidance must be used to record progress for 2022-23.

The reporting templates for the qualitative measures are available on pages 46 to 78. Electronic versions of the qualitative reporting templates will be issued to organisations.

Organisations are required to complete and submit their updates to Welsh Government by the date outlined on the measure's reporting template. Failure to meet this submission date may result in an organisation having a nil return recorded in the performance papers which are shared with the Minister for Health and Social Services and the Board's Chair.

To ensure a consistent approach to performance reporting, 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. Policy leads may contact individual organisations if they require further assurance on progress.

The qualitative measures in the Framework for 2022-23 are as follows:

- Progress against the Health Board's plans to deliver the NHS Wales Weight Management Pathway
- Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy
- Progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites
- Progress to develop a whole school approach to CAMHS in reach services

- Progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis
- Progress against the priority areas to improve the lives of people with learning disabilities
- Progress of NHS Wales' contribution to de-carbonisation as outlined in the organisation's plan
- Evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-2022 Programme
- Evidence of NHS Wales embedding Value Based Health & Care within organisational strategic plans and decision making processes

Retired Measures

Following a review of the 2021-2022 edition of the NHS Delivery Framework, several measures have not been carried forward into this year's Performance Framework. The decision to remove them from the Framework was made following advice from Welsh Government's policy leads. The main reasons for removing these measures include: the quality of the data is not robust enough; the measure is no longer applicable due to changes in service delivery; the measure is operationalised through an alternative reporting mechanism or; an alternative measure has been identified.

For ease of reference, all the measures that have not been carried forward into the 2022-2023 Framework are noted on page 80.

Monitoring and Reporting Performance

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

NHS and Welsh Government Meetings:

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

Welsh Government Meetings:

- Executive Directors Team
- Quality Delivery Board*

In addition, the Ministerial priority measures (as identified in the guidance document) will be reported to the Minister for Health and Social Services to inform the Minister's discussions with Board Chairs.

Operational performance measures will not be routinely reported to the groups outlined above. Instead, they will be tracked by Welsh Government policy leads and will be escalated to the Quality Delivery Board and Integrated Quality, Planning and Delivery meetings as required.

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

PERFORMANCE MEASURES

QUADRUPLE AIM 1:

People in Wales have improved health and well-being with better prevention and self-management

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Weight Management	1 **Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway**	**Annual improvement**	**Annually**	**All Wales Weight Management Pathway Monitoring Form (Welsh Government)**	✓
	Rationale: Being a healthy weight is one of the main ways to reduce the risk of long-term health conditions such as diabetes, heart disease and cancers. A healthy weight can also have a positive impact on an individual's mental health. Factors that contribute to excessive weight gain are complex, but health boards can support children, families and adults to lose weight by ensuring it has a fair and equitable access to a clinical pathway for weight management services in their local communities.				
	2 **Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway**	**Evidence of improvement**	**Quarterly**	**Welsh Government Policy Review of Organisation's Qualitative Submission**	✓
	Rationale: As above.				
	3 **Percentage of babies who are exclusively breastfed at 10 days old**	**Annual improvement**	**Annually**	**National Community Child Health Database**	✓
	Rationale: Evidence shows that breastfed babies will have better physical and mental health compared to those who are fed on formula milk. Breast milk provides all the nutrients that a baby will need in the first six months of life and contains antibodies that help to protect a baby from infections and illnesses. In addition, a child who has been breastfed as a baby is less prone to obesity, high blood pressure and heart disease. Breastfeeding can also make a difference to a mother's health, as it can reduce the risk of breast cancer, ovarian cancer and osteoporosis.				

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Smoking	4	**Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally**	**An annual reduction towards a 5% prevalence rate by 2030**	**Annually**	**National Survey for Wales**	✓
		Rationale: Smoking is the leading cause of preventable ill health and premature death in Wales and is a key component of health inequalities. Although the reasons why people take up smoking and continue to smoke are complex, there is a need for a whole system approach if Wales is to achieve its vision of being smoke-free by 2030. NHS Wales (along with other service providers) is a key partner in delivering this ambition by optimising smoking cessation services and prevention of uptake provision.				
	5	**Percentage of adult smokers who make a quit attempt via smoking cessation services**	**5% annual target**	**Quarterly**	**Smoking Cessation Services Data Collection (Welsh Government)**	✓
		Rationale: Smoking is the number one cause of avoidable premature death, linked to a range of serious and often fatal conditions, such as lung cancer, emphysema and a heart attack. To improve people's health and life expectancy and to reduce the pressures on the NHS, health boards are required to encourage their local smoking population to attend an NHS funded service to stop smoking. Evidence shows that smokers who make a quit attempt using cessation services (offering evidence based behavioural support combined with medication/nicotine replacement therapy) are more likely to quit than those who try unaided				
	6	**Implementing Help Me Quit in Hospital smoking cessation services and to reduce smoking during pregnancy**	**Evidence of improvement**	**Bi-annual**	**Welsh Government Policy Review of Organisation's Qualitative Submission**	✓
		Rationale: There are groups in Wales who have a higher smoking prevalence or experience increased health impacts from smoking. One of these priority groups is pregnant women, who increase the risk of complications such as low birth weight, premature birth and still birth if they continue to smoke during pregnancy. To address this, national guidance is in place to optimise smoking cessation provision for all pregnant women across Wales. To capture as many groups as possible, there is a need to optimise smoking cessation services. This includes building on the success of existing services, by introducing the Help Me Quit in Hospital smoking cessation service. Evidence shows that hospital smoking cessation service can increase long-term quit rates.				

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Diabetes	7	**Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes**	**A quarterly improvement of 2.5% against a baseline of 2020-21**	**Quarterly**	**Primary Care Information Portal**	✓
			Rationale: The majority of diabetes care can take place in primary care, with people requiring more specialist care being managed in secondary care services. To ensure good diabetes control and to avoid the risk of developing serious complications, clinical teams should monitor people with diabetes against the eight NICE key care processes.			
	8	**Percentage of patients (aged 12 years and over) with diabetes achieving all 3 treatment targets in the preceding 15 months:** ❖ **Blood pressure reading is 140/80 mmHg or less** ❖ **Cholesterol values is less than 5 mmol/l (<5)** ❖ **HbA1c equal or less than 58 mmol/mol or less**	**1% annual increase from baseline data of 2020-21**	**Annual**	**National Diabetes Audit**	✓
			Rationale: A measure of whether healthcare services are achieving good outcomes at a population level. Individual patients should receive individualised care and appropriate treatment targets. These treatment targets focus on the patient population obtaining good HbA1c, blood pressure and cholesterol control to minimise the risk of complications such as heart attacks, strokes and kidney disease.			
Substance Misuse	9	**European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales (episode based)**	**4 quarter reduction trend**	**Quarterly**	**Admitted Patient Care (APC) Data Set**	✓
			Rationale: Drinking above weekly guidelines and binge drinking is highly prevalent in Wales. Alcohol consumption at harmful levels is a significant public health concern. It may cause an immediate threat to life (e.g. violent crime, drink driving accident and acute alcohol poisoning) and has longer term health consequences, such as liver disease, heart disease and cancer. To reduce alcohol consumption, actions are taking place across Wales to raise awareness of the harms of alcohol, to support those with alcohol dependency (particularly through the work of Area Planning Boards) and to reduce the availability and affordability of alcohol. In relation to the latter, the Public Health (Minimum Price for Alcohol) (Wales) Act 2018 came into force on 2 March 2020. An indication of whether these areas of work are having a positive impact is to monitor the standardised rate of hospital admissions that are attributed to alcohol.			

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Substance Misuse	10 **Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse**	**4 quarter improvement trend**	**Quarterly**	**Welsh National Database for Substance Misuse**	✓
	Rationale: Alcohol misuse in Wales is a major public health issue, impacting upon individual lives, communities, workplaces and public sector services (such as health, social care and the criminal justice system). Effective alcohol treatment - which is delivered in accordance with best practice and reflecting the client's choice in terms of intervention and treatment outcomes - can reduce alcohol related harm, improve the individual's health and social functioning and reduce the burden on the NHS (and other public sector services). Although specialist alcohol services in Wales are provided by the NHS, voluntary sector and local authority, this measure reports on the treatment services that are delivered by NHS teams.				
Vaccinations	11 **Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1**	**95%**	**Quarterly**	**Public Health Wales**	
	Rationale: Vaccines are responsible for the control of many infectious diseases that were once common in this country and around the world. Diphtheria, Hepatitis B, Haemophilus Influenza Type B Tetanus, Polio and Whooping Cough can all be prevented by a highly safe and effective vaccine. A complete course of 3 doses will protect children from these diseases and prevent them from circulating in the community.				
	12 **Percentage of children who received 2 doses of the MMR vaccine by age 5**	**95%**	**Quarterly**	**Public Health Wales**	
	Rationale: Vaccines are responsible for the control of many infectious diseases that were once common in this country and around the world. Measles, Mumps and Rubella can be prevented by a highly safe and effective vaccine. A complete course of 2 doses will protect children from these diseases and prevent them from circulating in the community.				
	13 **Percentage uptake of autumn 2022 dose of the COVID-19 vaccination in all eligible Wales residents**	**75%**	**Monthly (commencing autumn 2022)**	**Public Health Wales**	✓
	Rationale: Vaccines prevent many infectious diseases. Vaccinating the population with safe and effective COVID-19 vaccines as part of an integrated Winter Respiratory Vaccination Programme will protect individuals, communities and wider health and social care service.				

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Vaccinations	14 **Percentage uptake of 2022-23 influenza vaccination in all eligible Wales residents**	**75%**	**Annually**	**Public Health Wales**	
		Rationale: Influenza is a respiratory illness that circulates in the UK during the winter months. Most people who are fit and well will recover from influenza, but complications may occur amongst the elderly, pregnant women and people with certain medical conditions. The best way to protect against catching and spreading influenza is to increase the uptake of immunisation amongst the vulnerable groups and health care workers.			
Screening	15 **Cancer screening coverage for:** • **Percentage of eligible people aged 25-49 will have participated in the cervical screening programme within the last 3.5 years and eligible people aged 50-64 within the last 5.5 years** • **Percentage of eligible people will have participated in the bowel screening programme within the last 2.5 years** • **Percentage of women resident and eligible for breast screening at a particular point in time will have been screened in the previous three years**	**Standards:** **60% (bowel)** **70% (breast)** **80% (cervical)**	**Annually**	**Public Health Wales Informatics System**	
		Rationale: Population screening programmes for bowel, breast and cervical cancer are important in detecting cancer early and before symptoms appear. Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival. For screening programmes to reach their full potential, coverage rate (focusing on eligible people having a test within the specific time period) needs to improve. A combination of awareness raising, and more acceptable testing will help to achieve this.			

QUADRUPLE AIM 2:

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

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Primary & Community Care	16	**Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours**	**100%**	**Annually**	**Access Standards Reporting Template (Primary Care Portal)**	
		Rationale: GPs are usually the first point of contact for the majority of citizens accessing health services. During 2018-19, the National Survey for Wales (2018-19) reported that 40% of respondents found it difficult to make a convenient GP appointment. Evidence shows that difficulties in accessing a GP appointment adds pressure to other health services, in particular accident and emergency and out of hours. Delivering better access to doctors, dentists and other health professionals is a key Programme for Government commitment. Phase 2 Standards, based on an access commitment agreed through the GMS Contract Agreement 2021-22, were introduced in April 2022 to continue to provide the clarity needed around what should be expected for patients and professionals alike.				
	17	**Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)**	**As outlined in the Health Board's Six Goals Programme Plan**	**Quarterly**	**Manual Data Collection (Welsh Government)**	✓
		Rationale: Urgent Primary Care Centres provide people with locally accessible and convenient services that offer diagnosis and treatment for urgent care illness or injury. These centres contribute to the overall aim of the 'Six Goals of Urgent and Emergency Care' which is to achieve the best possible clinical outcomes and experience for patients.				
	18	**Number of new patients (children aged under 18 years) accessing NHS dental services**	**4 quarter improvement trend**	**Quarterly**	**NHS Business Service Authority**	✓
		Rationale: Due to COVID-19 there are some localised problems with regards to the number of patients accessing NHS dental services. To address this, a focus is being placed on the recovery of dental services (following the pandemic), which includes increased access, particularly for those most at risk. This also includes encouraging NHS dental practices to take on new patients.				

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Primary & Community Care	19	**Number of new patients (adults aged 18 years and over) accessing NHS dental services**	**4 quarter improvement trend**	**Quarterly**	**NHS Business Service Authority**	✓
			Rationale: As above.			
	20	**Number of existing patients accessing NHS dental services**	**4 quarter improvement trend**	**Quarterly**	**NHS Business Service Authority**	✓
			Rationale: As above.			
Urgent & Emergency Care	21	**Percentage of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed**	**90%**	**Monthly**	**111 Data Collection (Welsh Government)**	
			Rationale: NHS Wales is committed to providing services 24 hours a day seven days a week. Outside of normal GP surgery hours, patients with an urgent medical problem may need to contact 111 for advice and guidance. To ensure that the most urgent callers get timely advice and/or the medicine required, a nurse, emergency dentist, pharmacist or GP should provide a clinical assessment within one hour of the initial call being answered.			
	22	**Percentage of total conveyances taken to a service other than a Type One Emergency Department**	**4 quarter improvement trend**	**Quarterly**	**WAST – Ambulance Quality Indicators**	✓
			Rationale: To ensure that seriously ill or injured people are transported quickly to an Emergency Department for definitive treatment, health boards and WAST are required to implement safe alternatives for patients whose clinical need is not time sensitive. Through the delivery of alternative pathways and community-based solutions, the need to convey people to an Emergency Department can be safely reduced.			
	23	**Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Care Service (12 hours a day, 7 days a week) across all acute sites**	**7 days a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025**	**Quarterly**	**Welsh Government Policy Review of Organisation's Qualitative Submission**	✓
			Rationale: Same Day Emergency Care Service allows for rapid assessment, diagnosis and treatment of people presenting with certain conditions and to be discharged home on the same day where clinically appropriate. This prevents the need for people requiring overnight admission to hospital for a healthcare emergency, whilst ensuring that the individual is assessed and treated before significant or permanent harm occurs.			

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Urgent & Emergency Care	24	**Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time**	**The most recent SSNAP UK national quarterly average**	**Monthly**	**Sentinel Stroke National Audit (SSNAP)**	✓
		Rationale: To ensure treatment begins as quickly as possible and to prevent complications, all patients who have had a stroke should be directly admitted to a stroke unit within 4 hours of arrival at A&E. Due to having specialist equipment and a multidisciplinary team that provides specialist treatment, a stroke unit is associated with improved patient safety and better outcomes (such as reduced disability and mortality).				
	25	**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%**	**Monthly**	**Emergency Department Data Set (EDDS)**	
		Rationale: Patients attending A&E expect to be seen and treated, transferred or discharged in a timely manner. To ensure that patients spend less than 4 hours in A&E, health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services.				
	26	**Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge**	**0**	**Monthly**	**Emergency Department Data Set (EDDS)**	
		Rationale: Waiting over 12 hours is an indication of the resilience of the wider unscheduled care system and a key measure of patient experience (patients attending A&E expect to be seen in a timely manner). To avoid patients waiting over 12 hours, health boards are required to implement actions to continuously improve the flow of patients through A&E whilst maintaining services that are effective and safe.				
	27	**Median time from arrival at an emergency department to triage by a clinician**	**12 month reduction trend**	**Monthly**	**Emergency Department Data Set (EDDS)**	
		Rationale: This triage measure identifies the length of time people wait for triage once they arrive at an emergency department. It enables the public and health boards to better understand the level of clinical priority of patients attending emergency departments, and how quickly they are triaged (a wait of 15 minutes or less is considered to be good practice). The data is split by triage/acuity category to understand the timeliness of triage for the most acutely ill to those with non-urgent conditions. This measure will eventually be published as a 'median' value for each emergency department in Wales.				

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Urgent & Emergency Care	28	**Median time from arrival at an emergency department to assessment by a senior clinical decision maker**	**12 month reduction trend**	**Monthly**	**Emergency Department Data Set (EDDS)**	
		Rationale: This measure identifies the length of time people wait for a clinical decision maker assessment when arriving at an emergency department (as assessment within 60 minutes is considered to be good practice). This measure enables time-critical conditions to be identified and interventions to be delivered rapidly.				
	29	**Percentage of patients (aged 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours**	**12 month improvement trend**	**Monthly**	**National Hip Fracture Database**	
		Rationale: An orthogeriatrician assessment is central to NICE's clinical guideline and quality standard for the management of hip fracture care for adults who are 60 years of age or over. An orthogeriatrician assessment is part of a multi-disciplinary programme that aims to improve the care for those admitted to hospital with a hip fracture. This assessment, in conjunction with a continuous rehabilitation programme and support, has been found to help people recover faster, regain their mobility and reduce mortality.				
	30	**Percentage of stroke patients who receive mechanical thrombectomy**	**10%**	**Monthly**	**Sentinel Stroke National Audit (SSNAP)**	
		Rationale: Mechanical thrombectomy is a relatively new procedure to treat ischaemic stroke patients. When it is used in conjunction with other medical treatments, it can significantly reduce the severity of disability that a stroke can bring. Due to the need to perform the procedure as soon as stroke symptoms begin, approximately 10% of all stroke patients could be eligible for this treatment every year.				
	31	**Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes**	**65%**	**Monthly**	**Welsh Ambulance Service NHS Trust (WAST)**	
		Rationale: The speed of response is an important characteristic of a responsive ambulance service. A faster response time by emergency medical services and supporting partners to a patient who is suffering an immediate life-threatening condition can reduce the risk of death and increase the potential for a positive health outcome.				

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Urgent & Emergency Care	32	**Number of ambulance patient handovers over 1 hour**	**0**	**Monthly**	**Welsh Ambulance Service NHS Trust (WAST)**	
			Rationale: When ambulances take patients to hospital, it is essential that patients are released promptly from the vehicles so that they can receive the best care in the correct environment. A swift patient handover also ensures that the ambulance crew can continue to provide a safe and efficient service to the local community. Delays in ambulance patient handover are frequently associated with blockages in patient flow across the whole of the health and social care pathway. To address this, health boards need to ensure that staffing arrangements and patient flow systems are safe, efficient and effective.				
Patient Flow & Discharge	33	**Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission**	**12 month reduction trend**	**Monthly**	**Admitted Patient Care (APC) Data Set**	✓
			Rationale: To optimise experience and to reduce the risk of harm, an individual's stay in hospital should be no longer than necessary. Supporting people back to their home (or the most appropriate setting for their needs) is vital if the individual is to optimise their outcome and avoid deconditioning. Through multi-agency working, health boards are required to implement safe and timely discharge from hospital enabling people to receive on-going care in the community.				
	34	**Percentage of total emergency bed days accrued by people with a length of stay over 21 days**	**12 month reduction trend**	**Monthly**	**Admitted Patient Care (APC) Data Set**	✓
			Rationale: As above.				
	35	**Percentage of people assigned a D2RA pathway within 48 hours of admission**	**4 quarter improvement trend (working towards 100%)**	**Quarterly**	**Health Board Return – Manual Data Collection (NHS Wales Delivery Unit)**	✓
			Rationale: Recognising that an acute hospital setting does not provide a suitable environment for recovery and assessment for ongoing needs, the Discharge to Recover then Assess (D2RA) model has been established. The D2RA pathway provides a seamless transfer to longer-term support in the community, thereby: maximising the individual's recovery and independence; reducing the length of stay in hospital (which minimises exposure to hospital acquired infection) and supporting 'whole system flow'.				

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Patient Flow & Discharge	36	**Percentage of people leaving hospital on a D2RA pathway**	**4 quarter improvement trend**	**Quarterly**	**Health Board Return – Manual Data Collection (NHS Wales Delivery Unit)**	✓
			Rationale: As above.			
	37	**Percentage of stroke patients that receive at least 45 minutes of speech and language therapy input in 5 out of 7 days**	**50%**	**Monthly**	**Sentinel Stroke National Audit (SSNAP)**	
			Rationale: Communication and swallowing problems are common after a stroke. To minimise the impact of these difficulties and to improve the patient's well-being, speech and language therapy is a key part of the patient's recovery programme. The aim is to help the patient to recover as much of their speech as possible and/or find alternative ways of communication and to provide advice on safe ways to eat and drink. Due to the affect a stroke has on the patient's concentration and energy, speech and language therapy is delivered in frequent short sessions. To measure compliance with the NICE quality standard for stroke rehabilitation, all health boards are expected to deliver an average of 16.1 minutes of speech and language for all patients.			
Elective Planned Care	38	**Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)**	**Improvement trajectory towards a national target of 80% by 2026**	**Monthly**	**Suspected Cancer Pathway Data Set (NDR – DHCW)**	✓
			Rationale: An early diagnosis and treatment of cancer will increase an individual's chance of survival and reduce the likely harm to the individual's health and quality of life. Therefore, there is a need to diagnose and treat patients with cancer as promptly as possible. This measure includes all suspected cancers and starts from the point a patient is suspected of having cancer.			
	39	**Number of patients waiting over 8 weeks for a diagnostic endoscopy**	**Improvement trajectory towards a national target of zero by Spring 2024**	**Monthly**	**Diagnostic & Therapies Waiting Times Dataset**	✓
			Rationale: Endoscopy services play an essential part in investigating suspected cancer and serious non-cancerous conditions such as inflammatory bowel disease. Due to population changes, a lower threshold for suspected cancer investigation and increasing cancer surveillance, the demand for endoscopy services is out of balance with core capacity. To address this, an improvement plan has been introduced to support health boards to develop sustainable endoscopy services.			

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Elective Planned Care	40	**Number of patients waiting more than 8 weeks for a specified diagnostic**	**12 month reduction trend towards zero by spring 2024**	**Monthly**	**Diagnostic & Therapies Waiting Times Dataset**	
		Rationale: Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Diagnostic testing provides essential information to enable clinicians and patients to make the right clinical decisions. Early detection and diagnosis can prevent the patient suffering unnecessary pain and it can reduce the scale and cost of treatment.				
	41	**Number of patients waiting more than 14 weeks for a specified therapy**	**12 month reduction trend towards zero by spring 2024**	**Monthly**	**Diagnostic & Therapies Waiting Times Dataset**	
		Rationale: Patients receiving timely access to a specified therapy should experience improved outcomes. Reducing the time that a patient waits for a therapy service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS therapy services.				
	42	**Number of patients waiting over 52 weeks for a new outpatient appointment**	**Improvement trajectory towards eliminating over 52 week waits by 31 December 2022**	**Monthly**	**Referral to Treatment (combined) Dataset**	✓
		Rationale: The number of patients waiting for a new outpatient appointment has increased year on year whilst capacity has been unable to meet demand. NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level.				
	43	**Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%**	**Improvement trajectory towards a reduction of 30% by March 2023 against a baseline of March 2021**	**Monthly**	**Outpatient Follow-Up Delay Monitoring Return (Welsh Government)**	✓
		Rationale: Delaying a follow-up outpatient appointment not only gives the service user a negative impression of NHS services, but it can be a clinical risk if the patient's condition deteriorates whilst waiting for the appointment. Through service re-design, health boards are required to reduce the number of patients waiting long delays for a follow-up outpatient appointment.				

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Elective Planned Care	44 **Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date**	**95%**	**Monthly**	**Eye Care Measures Monitoring Return (Welsh Government)**	
	Rationale: For particular eye conditions, patients need regular reviews and ongoing treatment to ensure that their sight is improved and the risk of avoidable blindness is minimised. A patient 'target date' for both new and existing appointments was introduced in 2018 to reduce the number of ophthalmology patients with a high clinical risk (R1) waiting 25% over their agreed date for their clinical appointment				
	45 **Number of patients waiting more than 104 weeks for referral to treatment**	**Improvement trajectory towards a national target of zero by 2024**	**Monthly**	**Referral to Treatment (combined) Dataset**	✓
	Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services.				
	46 **Number of patients waiting more than 36 weeks for referral to treatment**	**Improvement trajectory towards a national target of zero by 2026**	**Monthly**	**Referral to Treatment (combined) Dataset**	✓
	Rationale: As above.				
	47 **Percentage of patients waiting less than 26 weeks for referral to treatment**	**Improvement trajectory towards a national target of 95% by 2026**	**Monthly**	**Referral to Treatment (combined) Dataset**	✓
	Rationale: As above.				

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Mental Health	48	**Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population**	**Annual reduction**	**Annually**	**Admitted Patient Care (APC) Data Set**	✓
		Rationale: Early identification, accurate diagnosis and treatment of mental health issues can prevent suicide and self-harm. Hospital admission rates are a useful indicator of the success of preventative action as set out in the Suicide and Self-Harm Strategy for Wales.				
	49	**Percentage of patients waiting less than 28 days for a first appointment for specialist Child and Adolescent Mental Health Services (sCAMHS)**	**80%**	**Monthly**	**sCAMHS Waiting Times Data Collection (Welsh Government)**	✓
		Rationale: Improving the mental health and the well-being of children and young people is a priority of Welsh Government's 10-year strategy Together for Mental Health. To ensure that children and young people experiencing mental ill health get better sooner, it is important that they have early access to intervention and treatment services (CAMHS).				
	50	**Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years**	**80%**	**Monthly**	**Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)**	✓
		Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral. A readily accessible assessment (that is provided when it is needed), is essential if interventions and treatments for mental health problems are to be delivered as early as possible.				

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Mental Health	51 **Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years**	**80%**	**Monthly**	**Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)**	✓
	Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment. All Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on either an individual or group basis) so that more people recover from mental illness and maximise their quality of life.				
	52 **Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years**	**90%**	**Monthly**	**Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)**	✓
	Rationale: This indicator measures compliance with Part 2 of the Mental Health (Wales) Measure 2010 which places duties on health boards and local authorities to provide all patients in secondary mental health services with a valid care and treatment plan. A care plan, providing a range of support, is crucial to improving mental health and to assist recovery and re-ablement.				
	53 **Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment**	**80%**	**Monthly**	**Neurodevelopment Waiting Times Data Collection (Welsh Government)**	✓
	Rationale: There has been an increase in the number of children and young people waiting for a neurodevelopmental assessment, these waits have been exacerbated by the COVID-19 pandemic. A demand and capacity review of neurodevelopmental services has been commissioned to better understand the increased waiting times and pressures on the neurodevelopmental services and to identify options for improvement. Building on these results and the work of the Together for Children and Young People Programme (which closes in September 2022), a wider neurodevelopment approach is being developed looking at building sustainable neurodevelopmental services across Wales.				

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Mental Health	54	**Qualitative report detailing progress to develop a whole school approach to CAMHS in reach services**	**Evidence of improvement**	**Bi-annual**	**Welsh Government Policy Review of Organisation's Qualitative Submission**	✓
		Rationale: The CAMHS in-reach is a response to concerns that pupil and mental health and well-being is deteriorating (exacerbated by the COVID-19 pandemic), whilst specialist CAMHS is struggling to meet rising demand. The CAMHS in-reach service provides mental health and wellbeing support to children in primary and secondary schools. It ensures that pupils experiencing difficulties such as feeling low or anxiety receive early help in school, avoiding preventing more serious problems occurring later in life. This indicator measures the progress that health boards have made towards building capacity in schools to deliver this service and to improve access of schools to specialist liaison, consultancy and advice when needed.				
	55	**Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital between 09:00 and 21:00 hours that have received a gate-keeping assessment by the CRHT service prior to admission**	**95%**	**Monthly**	**Crisis Resolution / Home Treatment Aggregate Data Collection**	✓
		Rationale: Crisis Resolution Services were implemented in 2005 in response to WHC (2005)048 Policy Implementation Guidance on the development of Crisis Resolution/Home Treatment Services in Wales. Its main aim is to provide responsive gatekeeping assessment of an individual's needs to help prevent unnecessary admissions to inpatient services and help individuals to be safely managed by their community home care services if possible.				
	56	**Percentage of service users (adults aged 18 years and over) admitted to a psychiatric hospital who have not received a gate keeping assessment by the CRHTS that have received a follow up assessment by the CRHTS within 24 hours of admission**	**100%**	**Monthly**	**Crisis Resolution / Home Treatment Aggregate Data Collection**	✓
		Rationale: As above.				

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Mental Health	57 **Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over**	**80%**	**Monthly**	**Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)**	✓
	Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient's mental health needs within 28 days from the receipt of referral. A readily accessible assessment (that is provided when it is needed), is essential if interventions and treatments for mental health problems are to be delivered as early as possible.				
	58 **Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years and over**	**80%**	**Monthly**	**Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)**	✓
	Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment. All Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on either an individual or group basis) so that more people recover from mental illness and maximise their quality of life.				
	59 **Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health**	**80%**	**Monthly**	**Psychological Therapy Waiting Times Data Collection (Welsh Government)**	✓
	Rationale: Providing timely access to specialist psychological therapies in Adult Mental Health is a key priority within the Together for Mental Health Delivery Plan. The aim is to bring the waiting time for referral to assessment and assessment to treatment for psychological therapy in line with the recommended times for treatment for physical health domains.				

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Mental Health	60 **Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over**	**90%**	**Monthly**	**Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)**	✓
	Rationale: This indicator measures compliance with Part 2 of the Mental Health (Wales) Measure 2010 which places duties on health boards and local authorities to provide all patients in secondary mental health services with a valid care and treatment plan. A care plan, providing a range of support, is crucial to improving mental health and to assist recovery and re-ablement.				
	61 **Qualitative report detailing progress to improve dementia care (providing evidence of learning and development in line with the Good Work – Dementia Learning and Development Framework) and increasing access to timely diagnosis**	**Evidence of improvement**	**Bi-annual**	**Welsh Government Policy Review of Organisation's Qualitative Submission**	✓
	Rationale: To ensure that people live well with dementia, it is important that: NHS staff have a good awareness of dementia and the issues that surround it and; individuals are diagnosed early so that the individual and their families can plan for the future, access support services and start treatment at an appropriate point. Both of these requirements are key priorities in the Dementia Action Plan for Wales.				
Learning Disabilities	62 **Qualitative report detailing progress against the priority areas to improve the lives of people with learning disabilities**	**Evidence of improvement**	**Bi-annual**	**Welsh Government Policy Review of Organisation's Qualitative Submission**	✓
	Rationale: Evidence indicates that people with a learning disability suffer a disproportionately higher level of health inequalities and mortality at a younger age in comparison with the general population. To address this, the Learning Disability – Strategic Action plan (published 31 May 2022) outlines a series of health actions that will strengthen NHS services and subsequently improve the lives of people with a learning disability.				

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Hospital Infection Control	63 **Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa**	**Health Board specific target**	**Monthly**	**Public Health Wales**	✓
		Rationale: Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status. The scale of the AMR threat, and the need to contain and control it, is widely acknowledged and addressed in the UK AMR Strategy. The UK AMR National Action Plan (NAP) published alongside the strategy outlines the 5-year plan from 2019 – 2024 for tackling AMR in the UK. In order to reduce AMR, there is a need to lower the burden of infection and a key part of this work is to lower the burden of healthcare associated infections (HCAI) through improvements in Infection Prevention and Control across our health and social care systems. The impact of HCAIs is felt by patients and by the health service. Within the UK AMR NAP there is a delivery target to reduce healthcare associated Gram negative bacteraemia by 50% by 2024. Monitoring the Gram-negative bacteraemia cases/100,000 population in Wales will assist in monitoring progress against this 5 year plan. Surveillance of bacteraemia cases continues and through better application of existing knowledge of IP&C measures and lessons learnt from the COVID pandemic, HCAIs can be further reduced.			
	64 **Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile**	**Health Board specific target**	**Monthly**	**Public Health Wales**	✓
		Rationale: As above.			
	65 **Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset of COVID-19**	**Reduction against the same month in 2021-22**	**Monthly**	**Public Health Wales**	✓
		Rationale: To protect people being cared for in hospitals, rigorous infection control procedures need to be in place. Despite efforts to keep the COVID-19 virus out of hospitals, approximately 1% of all COVID-19 infections have been contracted in hospitals. To address this, NHS Wales is required to investigate all hospital acquired COVID-19 infections so that learning can prevent further infections.			
	66 **Percentage of confirmed COVID-19 cases within hospital which had a probable hospital onset of COVID-19**	**Reduction against the same month in 2021-22**	**Monthly**	**Public Health Wales**	✓
		Rationale: As above.			

QUADRUPLE AIM 3:

The health and social care workforce in Wales is motivated and sustainable

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Staff Resources	67	**Agency spend as a percentage of the total pay bill**	**12 month reduction trend**	**Monthly**	**Financial Monitoring Returns (Welsh Government)**	✓
			Rationale: To ensure safe and sustainable NHS services across Wales, there is need to drive down agency and locum deployment and encourage people to return to the NHS labour market. This will provide a regular supply of staff who can provide a quality and consistent approach to patient care, whilst reducing overall spend.			
	68	**Percentage of sickness absence rate of staff**	**12 month reduction trend**	**Monthly**	**Electronic Staff Record (ESR)**	✓
			Rationale: Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales.			
	69	**Percentage of staff who have recorded their Welsh language on ESR who have Welsh language listening/speaking skills levels 2 (foundational level) and above**	**Bi-annual improvement**	**Bi-annual**	**Electronic Staff Record (ESR)**	✓
			Rationale: Welsh language skills of the NHS Wales workforce are critical to effectively engaging with Welsh speaking patients, their family and friends. The COVID-19 pandemic demonstrated the importance of providing services in Welsh, particularly when many vulnerable patients were unable to be accompanied or visited by relatives and friends in a health care setting. As part of the More Than Just Words plan NHS organisations are required to: offer opportunities for staff to learn Welsh or improve their existing language skills and to record the Welsh language skills of their staff on ESR**.**			
Training & Development	70	**Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation**	**85%**	**Monthly**	**Electronic Staff Record (ESR)**	✓
			Rationale: To ensure that NHS Wales has a skilled workforce, there is a need to educate and train new staff and help others to learn and develop. The Core Skills Training Framework is the recognised minimum standard for statutory and mandatory training for all staff working for NHS Wales.			

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Training & Development	71 **Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)**	**85%**	**Monthly**	**Electronic Staff Record (ESR) & Medical Appraisal & Revalidation System (MARS)**	✓
	Rationale: The people who work for the NHS are integral to delivering high quality, person centred and safe services. A key employment practice that supports and engages staff in delivering the vision of NHS Wales is the provision of an annual personal appraisal and development review. This allows staff at all levels to have clear performance objectives, with an agreed development plan, that supports them to deliver their roles.				
Staff Engagement	72 **Overall staff engagement score**	**Annual improvement**	**Annually**	**NHS Wales Staff Survey**	✓
	Rationale: The people who work for the NHS are integral to delivering a high quality, person centred and safe service. To maximise this resource, all NHS services should have key employment practices and actions in place to support and engage staff so that they are fully aligned and committed to delivering excellent care and support. The success of these mechanisms is monitored via the NHS Wales Staff Survey.				
	73 **Percentage of staff who report that their line manager takes a positive interest in their health and well-being**	**Annual improvement**	**Annually**	**NHS Wales Staff Survey**	✓
	Rationale: The workforce is the NHS' greatest asset and it is important that their health and well-being is prioritised and supported. This indicator measures staff's perception of the support provided by their line manager to maintain their health and well-being. Following the impact of COVID-19 and the many challenges that are likely to follow, it is important that NHS Wales continues to improve the working life and well-being of staff working in the NHS.				

QUADRUPLE AIM 4:

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

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
De-carbonisation	74	**Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach**	**16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position**	**Annually**	**Organisation Level Emission Return**	✓
		Rationale: Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. Action is needed not only because NHS Wales is the biggest public sector emitter, but also because the health and social care system are at the forefront of responding to the impact of climate and nature emergency on health outcomes. NHS organisations are required to embed the climate agenda in their strategic decision making, planning and allocation of resources and provide robust reporting to demonstrate collective progress is being made.				
	75	**Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan**	**Evidence of improvement**	**Bi-annual**	**Welsh Government Policy Review of Organisation's Qualitative Submission**	✓
		Rationale: As above.				
Foundational Economy	76	**Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme**	**Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process**	**Bi-annual**	**Welsh Government Policy Review of Organisation's Qualitative Submission**	✓
		Rationale: NHS Wales has significant spending power and needs to ensure that the money it spends benefits both the citizens of Wales and the economy. This includes making spending decisions that support wider goals such as local economic growth, regeneration and community resilience. The Foundational Economy in Health and Social Services Programme encourages NHS Wales to advance its contribution towards achieving these wider goals, with a particular focus on establishing training and employment opportunities for local residents and ensuring new or service redesign benefits other local organisations and services.				

		Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
New Ways of Working	77	**Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes**	**Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)**	**Bi-annual**	**Welsh Government Policy Review of Organisation's Qualitative Submission**	✓
		Rationale: Value Based Health Care is the equitable and sustainable use of available resources to achieve better outcomes and experience for every person. It focuses on: reducing unwarranted variation in care pathways; investing in secondary prevention approaches; reducing adverse clinical outcomes and; collecting and using clinical and patient reported outcomes to inform decision making and clinical care. To achieve this approach, NHS organisations are required to embed Value Based Health Care in their strategic decision making, planning and allocation of resources.				
	78	**Number of risk assessments completed on the Welsh Nursing Clinical Record by Health Board/Trust**	**4 quarter improvement trend**	**Quarterly**	**DPIF Monitoring Report (WNCR Programme)**	✓
		Rationale: The Welsh Nursing Clinical Record enables nurses to complete assessments at a patient's bedside on a mobile tablet (or other handheld device) saving time and improving accuracy. It also minimises duplication as the digital assessment follows the patient wherever their care is provided in Wales. Health Boards and Trusts are required to embed the Welsh Nursing Clinical Record into everyday nursing practices.				
	79	**Number of wards using the Welsh Nursing Clinical Record by Health Board/Trust**	**4 quarter improvement trend**	**Quarterly**	**DPIF Monitoring Report (WNCR Programme)**	✓
		Rationale: As Above.				
	80	**Percentage of episodes clinically coded within one reporting month post episode discharge end date**	**Maintain the 95% target or demonstrate an improvement trend over 12 months**	**Monthly**	**Admitted Patient Care (APC) Data Set**	
		Rationale: It is essential that clinical coding is accurately recorded as it informs the analysis of key statistics. Information from clinical coding is used to monitor clinical outcomes, mortality rates, effectiveness of treatment and clinical governance; it informs patient and service level costings and; is used to examine public health trends.				

	Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority
Clinically Effective Prescribing	81 **Total antibacterial items per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PUs)**	**Primary care health board target: a quarterly reduction of 5% against a baseline of 2019-20**	**Quarterly**	**All Wales Therapeutic & Toxicology Centre**	✓
		Rationale: Antimicrobial resistance (AMR) is a global problem that impacts all countries and all people, regardless of their wealth or status. The scale of the AMR threat, and the need to contain and control it, is widely acknowledged and addressed in the UK AMR Strategy. Optimal use of antibiotics is key to reducing the overall burden of antimicrobial usage driving antimicrobial resistance. Across health and social care actions need to be taken to continue the improvements in antimicrobial prescribing practices previously documented in 2019-2020.			
	82 **Percentage of secondary care antibiotic usage within the WHO Access category**	**55%**	**Quarterly**	**Public Health Wales**	✓
		Rationale: As above.			
	83 **Number of patients aged 65 years or over prescribed an antipsychotic**	**Quarter on quarter reduction**	**Quarterly**	**All Wales Therapeutic & Toxicology Centre**	
		Rationale: Evidence shows that antipsychotic medicines only have a limited benefit in treating the behavioural and psychological symptoms of dementia, whilst carrying a significant risk of harm. The Dementia Action Plan for Wales 2018-22 directs health boards to reduce the prescription of antipsychotic medication for people with a diagnosis of dementia, whilst the National Assembly for Wales's Health, Social Care and Sports Committee has provided recommendations on the prescription of antipsychotics to patients who are 65 years of age or over who reside in a care home. This measure will contribute to monitoring the effectiveness of actions to ensure the safe and appropriate use of antipsychotic medicines in those age 65 and over.			
	84 **Opioid average daily quantities per 1,000 patients**	**4 quarter reduction trend**	**Quarterly**	**All Wales Therapeutic & Toxicology Centre**	✓
		Rationale: Attempts to reduce the pain of patients by using opioids have led to overuse and adverse outcomes, without a noticeable impact on lowering of the chronic pain burden at a population level. Opioids have well established side effects and their repeated administration can cause tolerance and dependence. Between 2007 and 2017 the number of prescriptions for opioid analgesic dispensed across Wales increased by 50% whilst the number of opioid related deaths increased by 59.4%. As opioids are not the most appropriate or effective treatment option for many patients with chronic pain, the aim of this measure is to encourage health professionals to adopt a prudent approach to prescribing opioid analgesics, taking into account the risks and the benefits.			

OPERATIONAL MEASURES

	Operational Measure	Target	Reporting Frequency	Source
A	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	Monthly	CHKS
B	Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	Monthly	CHKS/NHFD
C	Number of women of childbearing age prescribed valproate as a percentage of all women of child bearing age	Quarter on quarter reduction	Quarterly	All Wales Therapeutic & Toxicology Centre
D	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Quarter on quarter improvement	Quarterly	All Wales Therapeutic & Toxicology Centre
E	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to time and target	80%	Quarterly	Central Portfolio Management System (CPMS) & Local Portfolio Management System (LPMS)
F	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to time and target	80%	Quarterly	Central Portfolio Management System (CPMS) & Local Portfolio Management System (LPMS)
G	Percentage of complaints that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the complaint was first received by the organisation	75%	Quarterly	Complaints Data Collection (Welsh Government)
H	Percentage of critical care bed days lost to delayed transfer of care (ICNARC definition)	Quarter on quarter reduction towards the target of no more than 5%	Monthly	Ward Watcher Critical Care Return (Welsh Government)

REPORTING TEMPLATES FOR QUALITATIVE MEASURES

Monitoring & Evaluation Form - All Wales Weight Management Pathway Report

Organisation		Allocation		Date of Report		Report Prepared By	

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

Reporting Schedule: The Adult and Children's Weight Management Pathways timetable for funding and reporting is detailed below:
- Submission of Draft Plan – 30 April 2022
- Peer Review of Plan – 18 May 2022
- Final Sign Off of Plans – 30 June 2022
- Interim Report – 14 September 2022
- Final Report – 14 April 2023

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

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)

- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

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

To be completed by Welsh Government on receipt of Monitoring Form

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

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

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

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into the pathway into level 1 and 2
Standards						
Each Health Board publishes a strategic weight management pathway development plan, agreed with Welsh Government. The plan should set out: an assessment of need to inform priorities for action; a phased development plan; a description of services at each level of the All Wales Weight Management Pathway for adults, children and those with specific needs e.g. pregnant women.						
Health Boards can demonstrate how services in the strategic weight management pathway development plan will meet the needs of the population and reduce inequalities in outcomes. Health Boards						

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into the pathway into level 1 and 2
should be able to demonstrate that services are: accessible; targeted to specific needs where appropriate and; that monitoring of service uptake considers equity of access for vulnerable groups. Health Boards should report annually on service capacity at each level of the pathway.						
People with higher body weights are treated with dignity and respect and do not feel stigmatised due to a lack of appropriate equipment or facilities. This includes patient transport and emergency services.						
Planning, commissioning, evaluation and delivery of services actively engages with and involves people						

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into the pathway into level 1 and 2
living with overweight and obesity.						
The Weight Management Pathway in the local area is managed and co-ordinated. Services delivering elements of the pathway have a clear understanding of roles and responsibilities and mechanisms to facilitate movement of individuals within the pathway in a seamless manner as needs change.						
Protocols informed by the All Wales Child Protection Procedures (2008) are followed when childhood obesity is a cause for professional concern, regarding wellbeing and risk of harm						

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into the pathway into level 1 and 2
Staff working within the Health Board receive training to enable them to offer compassionate, psychologically informed care that avoids stigma and discrimination. All staff are able to engage in supportive conversations with patients regarding weight management in line with Level 1 of the pathway.						
The Health Board adopts a continuous improvement approach to service quality and outcomes using the minimum dataset and other mechanisms including patient stories. The Health Board submits returns to Welsh Government in line with the minimum services standards and actively encourages						

	Key actions planned	Risks to delivery corrective actions & by when including a timeline	What was achieved	Spend actual and planned including a breakdown of resource time	Spend of HB core budget against HWHW	Prevention fund investment into the pathway into level 1 and 2
participation in national audit and review.						
Weight management services share their learning with colleagues within and beyond weight management services.						

Relevant Strategies and Guidance

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

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

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

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

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

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

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

Organisation		**Date of Report**		**Report Prepared By**	

Health Boards are expected to be working to develop/have in place plans to:

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

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

Implement Help Me Quit in Hospital smoking cessation services

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

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

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

Reduce smoking during pregnancy

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

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

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

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

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

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

Help Me Quit in Hospital Smoking Cessation Services

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

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

Evidence Checklist: Help Me Quit in Hospital smoking cessation services

Please provide a copy of the necessary plans and documents.

	Questions to consider when completing the reporting template
General: The health board leads the development, implementation and monitoring of the Help Me Quit in Hospital service. The service is integrated with existing smoking cessation services and best meets the needs of the population.	
Risks to Delivery	• Does the planned service complement the NHS Wales Planning Framework 2022-2025 and targets? • Have the needs of the population been fully assessed and the service planned accordingly? • Are there processes in place for joint working within the health board and with the national programme? • Are the necessary financial resources in place? • Are there sufficiently skilled staff to plan and deliver the services? • Are the necessary pathway and prescribing processes planned for?
Leadership and Co-ordination	• Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning? • Are the necessary commitments and agreements in place at executive levels within the health board?
Service Development and Planning	• Has a needs assessment of the population been undertaken/is planned? • Is there a plan with timeline in place for the establishment of the service, including evidence of the policies and processes which need to be introduced/amended to embed the service in the organisation? • Are there plans in place to ensure that the services and information is accessible, including differing language, culture and communication needs? • Are there plans in place to communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?
Joint Working	• Is the health board's service linked with and complementary to the development of the national programme? • How will the service be fully integrated with existing services and processes (including prescribing) in the health board? • How will the service development include working with patient groups to understand how best to set up the programme locally? • Are there plans in place within the health board to support patients across the system including processes for sharing and receiving information and best practice?
Monitoring	• How will the implementation of the service be monitored, including referrals, outcomes and patient satisfaction?

Reducing Smoking During Pregnancy

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

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

Evidence Checklist: Reducing smoking during pregnancy

Please provide a copy of the necessary plans and documents.

General: The health board has a comprehensive service in place to identify and support smokers with smoking cessation throughout the preconception, antenatal and postnatal periods. The service is integrated with existing maternity and smoking cessation services and best meets the needs of the population.	
Questions to consider when completing the reporting template	
Risks to Delivery	- Does the service complement the NHS Wales Planning Framework 2022-2025 and targets? - Have the needs of the population been fully assessed and the service planned accordingly? - Are there processes in place for joint working within the health board? - Are the necessary financial resources in place? - Are there sufficiently skilled staff to deliver the services? - Are the necessary pathway (including consistent referral to opt out cessation services) and prescribing processes provided for?
Leadership and Co-ordination	- Does the health board have a lead/named person and clinical champion with responsibility for the strategic direction and service planning? - Is the objective of addressing maternal smoking fully integrated within the health board with all elements supporting a reduction of maternal smoking prevalence? - Are the necessary commitments and agreements in place at executive levels within the health board?
Service	- Has a needs assessment of the population been undertaken? - Does the service provided conform with NICE guidelines and the Models for Access to Maternal Smoking Cessation Support (including cessation support for other family members)? If not currently, what improvements are needed and how will they be achieved? - Are all elements of the services (including hospital and community based services) integrated and complementary and do they provide seamless support at transition stages? If not currently, what improvements are needed and how will they be achieved? - Did the service design include working with patient groups to understand how best to set up the programme locally? Are there opportunities for improvement to ensure the service is delivered in a way that best meets the needs of the population?

	• Is the service fully integrated with other services and processes (including referral and prescribing) in the health board? Are there policies and processes which need to be introduced/amended to improve integration of the service in the organisation including processes for sharing and receiving information and best practice? • How do you evaluate your service based on evidence collected directly from service users and how are you assured the services you provide are effective and focused on reducing maternal smoking rates?
Staffing and Resources	• What are the staffing and resourcing levels available (WTE) and how have you assessed if it is appropriate to suitably support the population? • Is the service and information provided accessible, including in terms of differing language, culture and communication needs? • Does the service communicate with and support smokers at all points, for example information about cessation service in patient correspondence, admission processes and at points of transfer of care?
Monitoring	• How is the implementation of the service monitored, including the identification of smokers, referrals and take up of cessation, as well as outcomes and service user satisfaction? How does the monitoring support service improvements and a reduction in the number of people smoking in pregnancy? • How do you achieve a learning culture which delivers service improvements, for example peer reviews? • How are health board leaders made aware of service outcomes?

Relevant strategies, guidance and data

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

NICE guideline NG209 - Tobacco: preventing uptake, promoting quitting and treating dependence (2021): https://www.nice.org.uk/guidance/ng209/chapter/Recommendations-on-treating-tobacco-dependence-in-pregnant-women

Models for Access to Maternal Smoking Cessation Support: http://www.wales.nhs.uk/sitesplus/documents/888/PHW%20MAMSS%20Report%20E%2003.17.pdf

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

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

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

Same Day Emergency Care: Progress Report

Health Board/ Trust: **Clinical Lead:**

Hospital Site(s):   **Programme Manager:**
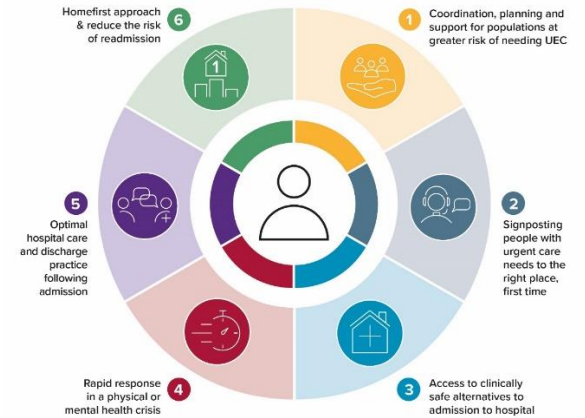
Executive Sponsor: **Data Lead:**

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

- 19 August 2022
- 21 October 2022
- 21 January 2023
- 14 April 2023

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

Theme	Sub-theme	Health Board Update
Delivery of model(s)	Narrative summary describing progress against critical path since notification of approval of funding: 1) Medical 2) Surgical 3) Community 4) Other	
Resources	Progress against planned recruitment (as detailed in business case submission to Welsh Government).	
	Forecast recruitment against business case plan for I) quarter 1 2022/2023.	

Theme	Sub-theme	Health Board Update
	Numbers of days and hours of operation – using snapshot for w/c 11th April 2022.	
Activity and performance	Please describe progress with SDEC data recording and reporting. Please note progress against measures featured in Health Board business case.	
Governance	Local assurance and oversight arrangements for SDEC. Please describe links to the organisation's Urgent and Emergency Care Improvement Board.	
Risks and issues	Risks to delivery.	
	Mitigation in managing risks.	
	Issues requiring national discussion and/or support.	
Learning	Positive lessons.	
	Opportunities	

Whole School Approach to CAMHS In Reach Services

Organisation		Date of Report		Report Prepared By	

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

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:
- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

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

	Annual Submission	Delivery to Date
Total spend to date		
Period of claim		
Staff (please list each member of staff in post, by band and per local authority to and their whole time equivalent i.e. 0.4 Band 5)		
Other costs incurred to date (please list i.e. staff training)		
Please explain how your service has progressed in each area, building on what was anticipated at the beginning of the financial year		
	Update 1 April 2022 – 31 August 2022	**Update 1 September 2022 – 31 March 2023**
1. How have you engaged schools/school leaders and wider partners in service development and rollout across LA areas?		

	Update 1 April 2022 – 31 August 2022	Update 1 September 2022 – 31 March 2023
2. How have you ensured service development as part of an integrated, whole-system, regional approach? Developing and delivering services that support the emotional health and well-being of children and young people, ensuring schools/children and young people have timely access to appropriate support when needed?		
3. What supervision process does your service provide to school staff? Please outline what and how.		
4. How have you ensured that the role of a CAMHS In-reach practitioner will not be diluted (by, for example, supplementing core sCAMHS or by stretching their time too thinly across too many staff and/or schools or through pressure to work directly with children and young people)?		
5. How do you continue to ensure the Welsh language offer is strengthened through for example, Welsh speaking practitioners and ensuring the translation of written material?		
6. Recruitment of highly skilled and experienced staff to provide training and advice is important. However, this is demonstrated as challenging. How are you ensuring appropriate provision? Have you utilised alternative methods where recruitment/ retention of appropriate staff has produced difficulties?		

Monitoring and Evaluation Public Health Wales, should already provide a national coordination role, including a National Forum for the sharing of good practice, etc. for the service across Wales. They will work with you to develop a nationally agreed data collection set. Please explain how you have met the following questions and intend to continue doing so.		
	Update **1 April 2022 – 31 August 2022**	**Update** **1 September 2022 – 31 March 2023**
7. You will work with partners to ensure that there is robust monitoring and evaluation of the effectiveness of action to support pupil and staff mental health and well-being and the initial targets you propose to measure progress (together with timescales).		
8. The In-reach Service is closely linked to and has potential to strengthen how Health Boards fulfil their statutory duties under the ALNET Act in terms of provision of help and support for learners. Does your In-reach plan continue to align with your planning in relation to the ALNET Act? What processes do you use to work closely with the DECLO for the LHB in continuing the development and delivery of plans and services to allow those statutory duties to be met?		
9. Use this line to add any further information you may feel useful and which has not been included above e.g. risks/ corrective actions		

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

Organisation		Date of Report		Report Prepared By	

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

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

Responses should consider the relevant Dementia Care Standards. Specifically **standard 17** for learning and development and supporting diagnosis **- standards 3-6**.

Reporting Schedule: Progress is to be reported bi-annually. This form is to be submitted on:
- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

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

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

	Achievements for 2022-2023	Issues Impacting Delivery	Corrective Actions
Informed Level			
Training delivered at an informed level.	**Update at 31 August 2022**		
Focusing on Dementia Friends training programme and essential communication skills.			
	Update at 31 March 2023		

	Achievements for 2022-2023	Issues Impacting Delivery	Corrective Actions
Skilled Level			
Actions to identify staff groups that require training at a skilled level.	**Update at 31 August 2022**		
	Update at 31 March 2023		
Training delivered at a skilled level. *Covering the well-being themes of: rights & entitlement; physical & mental health; physical environment; social & economic well-being; safeguarding; meaningful living; meaningful relationships; community inclusion & contribution.*	**Update at 31 August 2022**		
	Update at 31 March 2023		
Mechanisms to record the completion of training at a skilled level. *Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and carers.*	**Update at 31 August 2022**		
	Update at 31 March 2023		

	Achievements for 2022-2023	Issues Impacting Delivery	Corrective Actions
Influencer Level			
Actions to identify staff groups that require training at an influencer level.	**Update at 31 August 2022**		
	Update at 31 March 2023		
Training delivered at an influencer level. *Focusing on: drivers, policy & research; effective service mapping & co-ordinated delivery; collaborative & integrated working; shared values; creating & owning a clear & shared vision; culture & language; delivering excellence; creative approaches; safeguarding and; quality assurance & improvement.*	**Update at 31 August 2022**		
	Update at 31 March 2023		
Mechanisms to record the completion of training at an influencer level. *Including details of how the organisation will measure the impact the learning is having on practice and people living with dementia and their carers.*	**Update at 31 August 2022**		
	Update at 31 March 2023		

Provide detail on any delivery of integrated learning and development, particularly with social care.			
If you have a regional, integrated learning and development plan for dementia. Please provide a hyperlink.			

Access to Timely Diagnosis of Dementia

	Achievements for 2022-2023	Issues Impacting Delivery	Corrective Actions
What actions are you taking to support timely diagnosis of dementia? Please consider how this work aligns with the relevant Dementia Care Standards when responding.	**Update at 31 August 2022**		
	Update at 31 March 2022		

Learning Disabilities Improving Lives Programme

Organisation		Date of Report		Report Prepared By	

The Welsh Government's new strategy [Learning Disability Strategic Action Plan 2022 to 2026 | GOV.WALES](#) outlines the priority areas that will strengthen services and subsequently improve the lives of people with learning disabilities. The delivery of these priority areas involves collaborative working across NHS Wales, Regional Partnership Boards, Public Service Boards, Local Authorities and the third and private sectors. NHS organisations are required to evidence how they are contributing towards the priority areas of the strategy and in particular, the areas and key actions outlined in this reporting template.

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

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

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

Update on the actions implemented during the <u>current operational year</u> to deliver the Learning Disabilities Improving Lives Programme.

Implementing the recommendations of the comprehensive review of adult in-patient learning disability services.

Key Actions:

1. **Reducing reliance on medication to manage challenging behaviour.**
2. **Improving access to community based early intervention and crisis prevention.**
3. **Increasing community based provision enabling individuals to move on from in-patient units as soon as it is safe for them to do so.**
4. **Ensure all in-patients are regularly assessed for discharge to "step down" care and discharge plans are actioned within 7 days.**

Achievements	Risk to Delivery	Corrective Actions

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

Key Action:

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

Achievements	Risk to Delivery	Corrective Actions

Develop integrated housing, health, social care models and guidance, learning from previous examples that provide accessible services for vulnerable people especially those with a learning disability. Utilise the new Regional Integrated Fund.

Key Action:

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

Achievements	Risk to Delivery	Corrective Actions

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

Key Actions:

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

Achievements	Risk to Delivery	Corrective Actions

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

Key Actions:

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

Achievements	Risk to Delivery	Corrective Actions

Health & Social Care Climate Emergency National Programme – NHS Wales Decarbonisation Action Plans

Organisation		Date of Report		Report Prepared By	
DAP Senior Sponsor		Finance Allocated to Support Delivery (£s)		FTE Resource allocated to support delivery	

Aims and objectives: Wales has legally binding targets to deliver the goal of Net Zero emissions by 2050, this target is underpinned by an ambition for the Public Sector to be collectively Net Zero by 2030. There is a significant opportunity for Wales' health and social care system to lead the way on reducing carbon emissions. Action is needed not only because NHS Wales is the biggest public sector emitter (with a carbon footprint of around 1.00 MtCO2e which represents approximately 2.6% of Wales's total greenhouse gas emissions) but also because the health and social care system are at the forefront of responding to the impact of the climate and nature emergency on health outcomes. In response the Health and Social Care Climate Emergency National Programme has been established to support both National and Local action across the sector including the delivery of the *NHS Decarbonisation Strategic Delivery Plan 2021-2030.* A key enabling action within the Delivery Plan is the requirement for NHS Organisations to produce Decarbonisation Action Plans (DAP) which form the basis of how organisations are implementing Delivery Plan initiatives and more generally demonstrate the organisation's contribution to the collective ambition and target. This qualitative monitoring return supports the implementation of DAPs and the aims of the National Programme by providing a mechanism for reporting on progress and improvements.

NHS Wales Organisations are asked to report detailing the progress of their contribution to the Climate and Nature Emergency and associated targets as outlined in the organisation's plan (Priority Measure 31).

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

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

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

Please attach a copy of your organisation's Decarbonisation Action Plan which should form the basis of how your organisation is implementing initiatives within the NHS Wales Decarbonisation Strategic Delivery Plan and more generally demonstrate the organisation's contribution to the ambition for the Public Sector in Wales to be collectively Net Zero by 2030 (for NHS Wales this means collectively reducing emissions by at least 34% by 2030) and achieving Net Zero by 2050.

Alongside this qualitative reporting organisations should also report quantitative, organisation level emissions in line with the Welsh Public Sector Net Zero Carbon Reporting Approach and timeline (Priority Measure 30).

Please provide an update on the actions implemented during the <u>current operational year</u>. Reporting should focus on providing <u>evidence</u> of progress and improvement along with key risks to delivery. Reporting can also be provided using the organisation's own reporting dashboard or equivalent if agreed with the Programme Team in advance.

Executive summary of progress to date:		
	Current RAG Status	**Previous RAG Status**
Progress RAG: Provide the RAG status of delivery against DAP		
Delivery confidence RAG: Provide the RAG status of the organisations overall confidence of delivering a minimum of 16% reduction in emissions by 2025		
Route to green including asks of WG		

	Achievements	Risks to delivery
Procurement initiatives		
Buildings, estates planning and land use initiatives		
Transport initiatives		
Approach to health care (service design/models of care, medicines, waste)		
Further initiatives		

Relevant Strategies and Guidance

- Net Zero Wales sets out the actions needed to meet Wales's second carbon budget (2021-2025).
- Prosperity for All; A Climate Conscious Wales is the climate change Adaptation Plan for Wales. This plan provides the overarching framework for Adaptation Planning within Health and Social Care.
- NHS Wales Decarbonisation Strategic Delivery Plan provides an ambitious mandate for National and Local action across NHS Wales including the requirement for NHS organisations to produce Decarbonisation Action Plans.
- The requirement for NHS Wales to develop plans in response to the Climate Emergency is referenced in the NHS Wales Planning Framework 2022-2025. NHS Wales Chairs have also been briefed on the need for plans to reflect the milestones that need to be achieved to respond to climate change and achieve the goal of the Public Sector being collectively carbon neutral by 2030.
- Best practice and case studies from NHS Organisations can be found:
  - Home | Green Health Wales | Iechyd Gwyrdd Cymru | Sustainable Healthcare Network
  - How NHS Wales is responding to the climate emergency | NHS Confederation
- The Public sector net zero reporting guide provides a guide and reporting requirements for the public sector in Wales to estimate their net carbon footprint, including direct and indirect emissions.

Embedding Foundational Economy Principles

Organisation		Date of Report		Report Prepared By	

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

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

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

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

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

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

Update on the actions implemented during the <u>current operational year</u> to support the embedding of Foundational Economy Principles.

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

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

Embedding Value Based Health and Care

Organisation		Date of Report		Report Prepared By	

Value based health and care (VBHC) is the equitable and sustainable use of available resources to achieve better outcomes and experiences for every person.

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

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

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

- 14 September 2022 (covering the period 1 April 2022 to 31 August 2022)
- 14 April 2023 (covering the period 1 September 2022 to 31 March 2023)

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

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

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

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

Supporting Information

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

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

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

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

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

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

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

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

RETIRED MEASURES

Measures in the NHS Delivery Framework 2021-22 that will not be reported in the NHS Performance Framework 2022-2023

NHS Delivery Measure (reference number & description taken from the 2021-22 NHS Delivery Framework)	
7	Uptake of the influenza vaccination among: 65 year olds and over; under 65s in risk groups; pregnant women and; health care workers
10	Percentage of people in Wales at a GP practice (age 65 years or over) who are estimated to have dementia that are diagnosed
11	Qualitative report detailing evidence of advancing equality and good relations in the day-to-day activities of NHS organisations
12	Qualitative report detailing the achievements made towards the implementation of all Wales standard for accessible communication and information for people with sensory loss
14	Qualitative report detailing progress against the 5 standards that enable health and wellbeing of homeless and vulnerable groups to be identified and targeted
16	Percentage of children regularly accessing NHS primary dental care within 24 months
17	Percentage of adults regularly accessing NHS primary dental care within 24 months
28	Percentage of daily compliance with 2.375 (WTE) band 6 and 7 nurses per 10 stroke beds
36	Percentage of stage 4 referral to treatment pathways with a priority code recorded on Patient Administration System
37	Percentage of patients on the P2 assigned pathway waiting over 4 weeks
38	Number of patients waiting for a follow-up outpatient appointment
49	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor
50	Qualitative report providing evidence of implementing actions to deliver the Welsh language objectives as defined in the More Than Just Words Action Plan
57	Average rating given by the public (age 16+) for the overall satisfaction with health services in Wales
58	Evidence of how NHS organisations are responding to service user experience to improve services
60	Percentage of Health and Care Research Wales non-commercial portfolio studies recruiting to target
61	Percentage of Health and Care Research Wales portfolio commercially sponsored studies recruiting to target
63	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening
64	Percentage of patients who presented as an emergency with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within 1 hour of positive screening
65	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than 2 months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation