
**NHS WALES
PERFORMANCE
FRAMEWORK &
GUIDANCE DOCUMENT
2025-2026**

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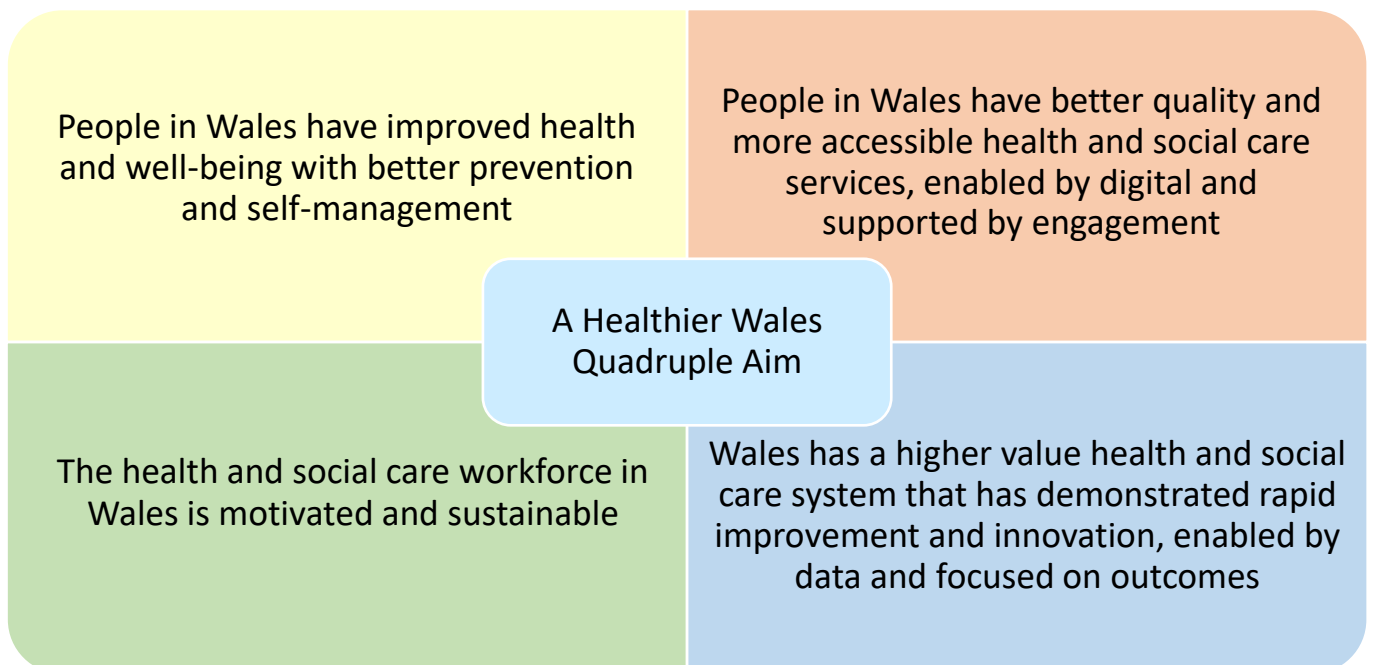
Introduction

The performance measures in the NHS Wales Performance Framework for 2025-2026 reflect the Six Key Strategic Priorities as set out in the NHS Wales Planning Framework 2025-2028. These are:

- Population health and prevention
- Primary and community care
- Timely access to care and treatment (including cancer care)
- Mental health access
- Women's health
- Delayed pathways of care

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

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



Oversight and Escalation Framework – NHS Wales Organisations

The Oversight and Escalation Framework, sets out how Welsh Government has oversight of and gains assurance about NHS Wales organisations, as well as describing in more detail what intervention approach will be taken.

There are five levels within the framework: routine arrangements; areas of concern (which is a new level to prevent further escalation); enhanced monitoring; targeted intervention and the highest rate of escalation - special measures.

NHS Wales Performance Measures 2025-2026

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

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

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

Quadruple Aim Theme	Performance Measure
Prevention	<ol style="list-style-type: none"> 1. Percentage of adult smokers who make a quit attempt via smoking cessation services 2. Percentage of adult smokers who make a quit attempt via smoking cessation services who are co-validated as quit at 4 weeks 3. Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol) 4. Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) 5. Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15 6. Percentage uptake of the influenza vaccination amongst adults aged 65 years and over 7. Percentage uptake of the COVID-19 vaccination for those eligible 8. Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment 9. Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks 10. Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life

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

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

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

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

Quadruple Aim Theme	Performance Measure
Access Hospital Services Quickly	<ul style="list-style-type: none"> 19. Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes 20. Median emergency response time to amber calls 21. Median time from arrival at an emergency department to triage by a clinician 22. Median time from arrival at an emergency department to assessment by a clinical decision maker 23. 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 24. 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 25. Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) 26. Number of patients waiting more than 8 weeks for a specified diagnostic 27. Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy 28. Number of patients (all ages) waiting more than 14 weeks for a specified therapy 29. Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance) 30. Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways) 31. Number of patients waiting more than 52 weeks for a new outpatient appointment 32. Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% 33. Number of patients waiting more than 104 weeks for referral to treatment 34. Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment 35. Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

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.

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

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.

Quadruple Aim Theme	Performance Measure
Effective Services	40. Percentage of episodes clinically coded within one reporting month post episode discharge end date 41. Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification
Efficient Services	42. Number of Pathways of Care delayed discharges
People Centred Care	43. 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 44. 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 45. Number of patient experience surveys completed and recorded on CIVICA

Quadruple Aim Theme	Performance Measure
Safe Services	<p>46. Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and Pseudomonas aeruginosa</p> <p>47. Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E. coli and; S.aureus (MRSA and MSSA)</p> <p>48. Cumulative rate of laboratory confirmed C. difficile cases per 100,000 population</p> <p>49. Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)</p> <p>50. Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date</p> <p>51. Number of ambulance patient handovers over one hour</p> <p>52. Percentage of ambulance patient handovers within 15 minutes</p> <p>53. Number of National Reportable incidents that remain open 90 days or more</p>

**NHS WALES
PERFORMANCE
FRAMEWORK
2025-2026**

GUIDANCE DOCUMENT

Introduction

This guidance provides details of the measures in the NHS Wales Performance Framework 2025-2026 and how they are to be reported. For each measure, it outlines the:

- Rationale
- Target
- Frequency of reporting
- Data source
- Key Strategic Priority (if applicable)
- Status

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

Performance Measures

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

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

Monitoring and Reporting Performance

All performance measures will be monitored and reported in accordance with the reporting frequency outlined in the guidance tables. These measures will be reported via Welsh Government to the groups listed below for their consideration and, where appropriate, corrective action. These groups form part of the Oversight and Escalation Framework – NHS Wales Organisations.

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

PERFORMANCE MEASURES

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

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Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Quarterly	Smoking Cessation Services Data Collection (Welsh Government)	Population Health & Prevention	
<p>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.</p>						

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
2	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40% annual target	Quarterly	Smoking Cessation Services Data Collection (Welsh Government)	Population Health & Prevention	
		<p>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 need to ensure that 40% of individuals who make a quit attempt using NHS cessation services are validated as smoke free (when tested using a carbon monoxide monitor) 4 weeks after their designated quit date.</p>				
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	4 quarter improvement trend	Quarterly	Welsh National Database for Substance Misuse	Population Health & Prevention	
		<p>Rationale: Substance misuse in Wales is a major public health issue, impacting upon individual lives, communities, workplaces and public sector services (such as health, social care and the criminal justice system). Effective substance misuse treatment - which is delivered in accordance with best practice and reflecting the client's choice in terms of intervention and treatment outcomes - can reduce alcohol and drug related harm, improve the individual's health and social functioning and reduce the burden on the NHS (and other public sector services).</p> <p>Although specialist alcohol and drug services in Wales are provided by the NHS, voluntary sector and local authority, this measure reports on the treatment services that are delivered by NHS teams.</p>				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
4	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)	95%	Quarterly	Public Health Wales	Population Health & Prevention	
		<p>Rationale: Immunisation against childhood diseases by the age of 5 ensures that all new-born babies, infants and pre-school children have better health, ensuring a healthy start in life. The childhood immunisation programme is achieved through integrated primary health care services and includes a broad network of family planning services, perinatal health care (based on essential technologies), promotion of child health, prevention of childhood diseases and the appropriate treatment of sick children.</p>				
5	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	Quarterly Applicable during: 01.04.2025 - 30.06.2025 01.01.2026 - 31.03.2026	Public Health Wales	Population Health & Prevention	Revised
		<p>Rationale: The primary aim of the HPV vaccination programme is to reach the highest level of population protection and vaccine coverage among children before they reach the age of 15 years by providing at least one dose of the HPV vaccine, irrespective of the schedule. The WHO 2030 target of 90% coverage is needed for the elimination of HPV.</p>				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
6	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	75%	Monthly (data reflects the last week of each month) Applicable during: 01.09.2025 - 31.03.2026	Public Health Wales	Population Health & Prevention	Revised
7	Percentage uptake of the COVID-19 vaccination for those eligible Spring and Autumn Booster 2025: All eligible people	75%	Monthly (data reflects the last week of each month) Applicable during: Spring Booster 01.04.2025 - 30.06.2025 Autumn Booster 01.09.2025 - 31.03.2026	Public Health Wales	Population Health & Prevention	Revised

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
8	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	Monthly	Public Health Wales	Population Health & Prevention	
		<p>Rationale: The population screening programme for bowel cancer is important in detecting cancer early and before symptoms appear. Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival. For screening programmes to reach their full potential, coverage rate (focusing on eligible people having a test within the specific time period) needs to improve. A combination of awareness raising, and more acceptable testing will help to achieve this.</p>				
9	Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	90%	Monthly	Public Health Wales	Population Health & Prevention	
		<p>Rationale: One or two babies in every 1,000 are born with a hearing loss that may affect their speech or language development. The new-born hearing screening programme helps to identify these babies as early as possible so that a support programme can be introduced as early as possible. Evidence shows that support before six months of age leads to better outcome for speech and language development.</p>				
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	95%	Monthly	Public Health Wales	Population Health & Prevention	
		<p>Rationale: The aim of the new-born bloodspot screening programme is to detect rare but serious conditions in all eligible new-born babies so that mortality and/or morbidity can be reduced through early interventions. The new-born bloodspot screening detects the following conditions: inherited metabolic disorders; congenital hypothyroidism, cystic fibrosis and sickle cell disorders.</p>				

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Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	100%	Annually	Access Standards Reporting Template (Primary Care Portal)	Primary & Community Care	
		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.				
12	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Improvement compared to the same month in the previous year	Monthly	Primary Care Portal	Primary & Community Care	
		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.				

Performance Measure	Target	Reporting Frequency	Source	Key Strategic Priority	Status	
13	<p>Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)</p>	<p>A month on month increase towards a minimum of 30% contract value delivered by 30 September 2025 and 100% by 31 March 2026</p>	<p>Monthly</p>	<p>NHSBSA activity data</p>	<p>Primary & Community Care</p>	<p>Revised</p>
<p>Rationale: Majority of oral and dental services are delivered within the primary care (GDS/CDS) setting. Management is based on phased whole courses of treatment, which can take many months to fully complete before the final activity data submitted to NHSBSA. As the optimum outcome measure is based on closure of each treatment course, which requires case review by the NHSBSA, this introduces a lag in accurate GDS data reporting. Approximately 30% of cases are closed by the mid-year activity review (September), which is a proxy for demonstrating and monitoring whether individual dental practices are on trajectory to deliver their full contract value. Focusing on new, urgent and historic patient status is a proxy for patient access. This will assist Health Boards in managing contract performance and support future service planning.</p>						

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

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Mental health access	
		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.				
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Mental health access	
		Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment. All Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on either an individual or group basis) so that more people recover from mental illness and maximise their quality of life.				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
17	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Mental health access	
		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.				
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	Mental health access	
		Rationale: This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment. All Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on either an individual or group basis) so that more people recover from mental illness and maximise their quality of life.				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
19	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes To note: this measure is subject to change following the review of the national ambulance target	65%	Monthly	Welsh Ambulance Service NHS Trust (WAST)	Timely access to care & treatment (including cancer care)	
		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.				
20	Median emergency response time to amber calls	12 month reduction trend	Monthly	Welsh Ambulance Service NHS Trust (WAST)	Timely access to care & treatment (including cancer care)	
		Rationale: A 999 call categorised as amber is deemed to be serious but not immediately life threatening. Although there is no time-based target for amber calls, patients categorised as requiring an amber response time will have a response profile ensuring the most suitable clinical resource is despatched. Patients who wait too long for an emergency ambulance response, may increase the risk of deteriorating health, requiring longer-term treatment and support.				
21	Median time from arrival at an emergency department to triage by a clinician	15 minutes or less	Monthly	Emergency Department Data Set (EDDS)	Timely access to care & treatment (including cancer care)	
		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	Key Strategic Priority	Status
22	Median time from arrival at an emergency department to assessment by a clinical decision maker	60 minutes or less	Monthly	Emergency Department Data Set (EDDS)	Timely access to care & treatment (including cancer care)	
<p>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.</p>						
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Improvement compared to the same month in the previous year, towards the national target of 95%	Monthly	Emergency Department Data Set (EDDS)	Timely access to care & treatment (including cancer care)	
<p>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.</p>						

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
24	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	Reduction compared to the same month in the previous year, towards the national target of zero	Monthly	Emergency Department Data Set (EDDS)	Timely access to care & treatment (including cancer care)	
<p>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.</p>						
25	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	12 month improvement trend towards a national target of 80% by 31 March 2026	Monthly	Suspected Cancer Pathway Data Set (DHCW)	Timely access to care & treatment (including cancer care)	
<p>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.</p>						

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
26	Number of patients waiting more than 8 weeks for a specified diagnostic	Zero	Monthly	Diagnostic & Therapies Waiting Times Dataset (DHCW)	Timely access to care & treatment (including cancer care)	
		<p>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.</p>				
27	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	100%	Monthly	Diagnostic & Therapies Waiting Times Dataset (DHCW)	Timely access to care & treatment (including cancer care)	
		<p>Rationale: Children, due to their developmental requirements, receiving timely access to a specified Allied Health Professional should experience improved outcomes. Reducing the time that a child (under 18 years) waits for a therapy service reduces the risk of the condition deteriorating and supports their developmental requirements. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS Allied Health Professionals.</p>				
28	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Zero	Monthly	Diagnostic & Therapies Waiting Times Dataset (DHCW)	Timely access to care & treatment (including cancer care)	
		<p>Rationale: Patients receiving timely access to a specified therapy should experience improved outcomes. Reducing the time that a patient waits for a service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS therapy services.</p>				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
29	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Month on month reduction	Monthly	Audiology Dataset (DHCW)	Timely access to care & treatment (including cancer care)	New
		Rationale: Patients receiving timely access to audiology should experience improved outcomes. Reducing the time that a patient waits for a service reduces the risk of the condition deteriorating and alleviates the patient's symptoms sooner. This measure provides greater transparency and encourages improvement in the timeliness of accessing NHS audiology services.				
30	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Month on month reduction	Monthly	Audiology Dataset (DHCW)	Timely access to care & treatment (including cancer care)	New
		Rationale: As above.				
31	Number of patients waiting more than 52 weeks for a new outpatient appointment	Zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Timely access to care & treatment (including cancer care)	
		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.				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
32	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Reduction compared to the same month in the previous year	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)	Timely access to care & treatment (including cancer care)	
		Rationale: The number of patients waiting for a follow-up outpatient appointment has increased year on year whilst capacity has been unable to meet demand. NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level. Supported by the use of Patient Initiated Follow-Up (PIFU) and See on Symptom (SOS) pathways.				
33	Number of patients waiting more than 104 weeks for referral to treatment	Zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Timely access to care & treatment (including cancer care)	
		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.				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
34	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	Monthly	Neurodevelopment Waiting Times Data Collection (Welsh Government)	Mental health access	
		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 closed in September 2022), a wider neurodevelopment approach is being developed looking at building sustainable neurodevelopmental services across Wales.				
35	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Monthly	Psychological Therapy Waiting Times Data Collection (Welsh Government)	Mental health access	
		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.				

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

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

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

Performance Measure	Target	Reporting Frequency	Source	Key Strategic Priority	Status	
36	Percentage of sickness absence rate of staff	12 month reduction trend	Monthly	Electronic Staff Record (ESR) via HEIW Workforce Dashboard		
<p>Rationale: Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales.</p>						
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2024-25	Monthly	HEIW		Revised
<p>Rationale: A high staff turnover rate is costly and has a negative effect on services. To ensure safe and sustainable NHS services, there is a need to reduce the number of staff leaving employment by identifying and tackling the key causes. This measure reports on individuals in a nursing or midwifery role who leave a permanent or fixed term contract and are not employed by the same organisation or a different NHS Wales organisation in a 12 month period. This also excludes employees who retire and return to NHS Wales.</p>						

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

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

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

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

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

	Performance Measure	Target	Reporting Frequency	Source	Key Strategic Priority	Status
42	Number of Pathways of Care delayed discharges	12 month reduction trend	Monthly	Pathways of Care Reporting	Delayed pathways of care	
<p>Rationale: A pathways of care delay is experienced by an inpatient occupying a bed in an NHS hospital, who is ready to move on to the next stage of care but is prevented from doing so by one or more reasons. The revised definition for recording a delay is: “any patient post 48 hours clinically optimised”. The “next stage of care” covers all appropriate destinations / transfers out of the NHS hospitals.</p> <p>Although the arrangement to transfer patients to an appropriate care setting can sometimes be complex and may lead to delays, these can be minimised through effective discharge planning and joint working between health and care services. Due to the negative impact that a pathway of care delay has on patient outcomes and the wider unscheduled and scheduled care systems, there is a need for a sustained reduction in the number of pathways of care delays across Wales.</p>						

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
43	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	90%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)	Mental health access	
<p>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.</p>						
44	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over	90%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 2 Proforma (Welsh Government)	Mental health access	
<p>Rationale: As above.</p>						

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
45	<p>Number of patient experience surveys completed and recorded on CIVICA</p>	Month on month improvement	Monthly	CIVICA (NWSSP)		
		<p>Rationale: Every person in Wales who uses health services has the right to receive excellent care as well as advice and support to maintain their health. Gathering patient feedback and assessing it for themes and trends is a valuable opportunity for NHS organisations to make improvements. It is important that patients feel that their views are welcomed, that notice is being taken of their feedback and improvements are being made where necessary. This indicator measures compliance with the completion of patient experience surveys on CIVICA ensuring that satisfaction rates can be monitored.</p>				
46	<p>Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa</p> <p>To note: these measures are subject to change and will be confirmed during 2025</p>	Health Board specific target	Monthly	Public Health Wales		
		<p>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. This is the UK's second 5-year national action plan setting out ambitions and actions for the next 5 years in support of the 20-year vision for antimicrobial resistance (AMR). The first 5-year national action plan for antimicrobial resistance, 'Tackling antimicrobial resistance 2019 to 2024', was an important step towards achieving this vision. The work carried out across government led to progressive action towards reducing the negative impact of AMR in the UK and globally. This national action plan (NAP), 'Confronting antimicrobial resistance 2024 to 2029', builds on the achievements and lessons of the first. It contains outcomes and commitments that will make progress towards the 20-year vision for AMR to be contained, controlled and mitigated. To confront AMR, the 2024 to 2029 national action plan has 9 strategic outcomes organised under 4 themes. Healthcare associated infections (HCAIs) remain a key patient safety issue that result in a significant burden of disease and financial cost to the NHS in Wales and across the care sector. Whilst some progress was made in 2023-24 in reducing the incidence of a number of HCAIs in some areas, we remain a significant way off achieving the majority of the improvement goals and achieving the UK AMR vision.</p>				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
47	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA) To note: these measures are subject to change and will be confirmed during 2025	Health Board specific target	Monthly	Public Health Wales		
		Rationale: As above.				
48	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population To note: this measure is subject to change and will be confirmed during 2025	Health Board specific target	Monthly	Public Health Wales		
		Rationale: As above				
49	Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Reduction compared to the same month in the previous year	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.				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
50	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	12 month improvement trend towards national target of 95%	Monthly	Eye Care Measures Monitoring Return (Welsh Government)	Timely access to care & treatment (including cancer care)	
		<p>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.</p>				
51	Number of ambulance patient handovers over one hour	Zero	Monthly	Welsh Ambulance Service NHS Trust (WAST)	Timely access to care & treatment (including cancer care)	
		<p>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.</p> <p>Delays in ambulance patient handover are frequently associated with blockages in patient flow across the whole of the health and social care pathway. To address this, health boards need to ensure that staffing arrangements and patient flow systems are safe, efficient and effective.</p>				
52	Percentage of ambulance patient handovers within 15 minutes	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes	Monthly	Welsh Ambulance Service NHS Trust (WAST)	Timely access to care & treatment (including cancer care)	
		<p>Rationale: As above</p>				

Performance Measure		Target	Reporting Frequency	Source	Key Strategic Priority	Status
53	Number of National Reportable incidents that remain open 90 days or more	12 month reduction trend	Monthly	National SI Reports (NHS Executive)		
		<p>Rationale: Although NHS Wales aims to provide the very best care and treatment, sometimes things can go wrong. NHS organisations are required to report and investigate patient safety incidents in accordance with national policy requirements, ensuring that learning is embedded. This measure will monitor NHS Wales' compliance with the standard, ensuring the timely resolution of incidents and identification of lessons learnt.</p>				

SUMMARY OF REVISIONS TO PERFORMANCE MEASURES

Performance Measure		Detail of Revision
5	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	Reporting Frequency: Dates revised to reflect 2025-26 reporting.
6	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	Reporting Frequency: Dates revised to reflect 2025-26 reporting.
7	Percentage uptake of the COVID-19 vaccination for those eligible: Spring and Autumn Booster 2025: All eligible people	Reporting Frequency: Dates revised to reflect 2025-26 reporting.
13	Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Target: Dates revised to reflect 2025-26 reporting.
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Target: Baseline updated to 2024-25