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**NHS WALES  
PERFORMANCE  
FRAMEWORK &  
GUIDANCE DOCUMENT  
2026-2027**

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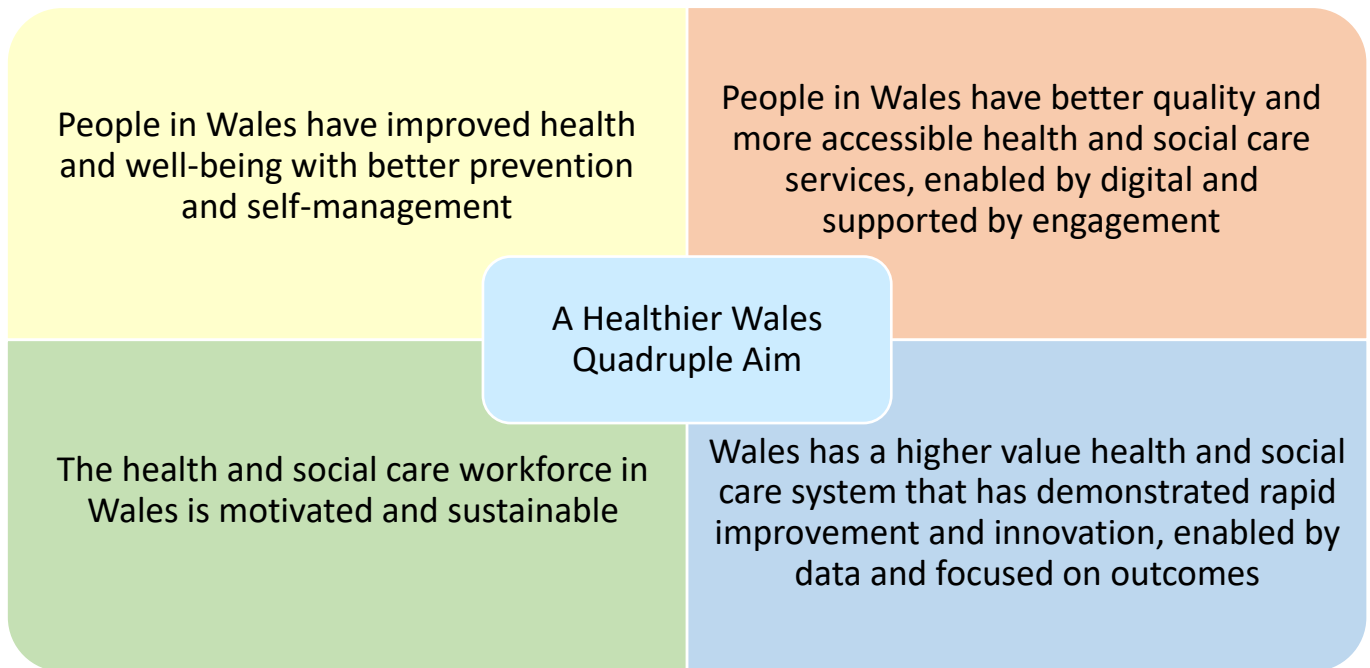
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## Introduction

The performance measures in the NHS Wales Performance Framework for 2026-2027 reflect the priorities as set out in the NHS Wales Planning Framework 2026-2029. All 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; enhanced monitoring; targeted intervention and the highest rate of escalation - special measures.

## NHS Wales Performance Measures 2026-2027

### **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**

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 all routine scheduled vaccinations by age 5
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 Respiratory Syncytial Virus (RSV) for those turning 75 years old
8. Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment
9. Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months
10. Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months
11. Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS)
12. Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS)

## **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**

13. Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)
14. Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years
15. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years
16. Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over
17. Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over
18. Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment
19. Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health
20. Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)
21. Median emergency ambulance response time to purple: arrest category calls
22. Median emergency ambulance response time to red: emergency category calls
23. Number of ambulance patient handovers over 45 minutes
24. Percentage of ambulance patient handovers within 15 minutes
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

## Performance Measure

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. Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
28. Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment
29. Number of patients (all ages) waiting more than 8 weeks for a specified diagnostic
30. Number of patients (all ages) waiting more than 14 weeks for a specified therapy
31. Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)
32. Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)
33. Number of patients waiting more than 26 weeks for a new outpatient appointment
34. Number of patients waiting more than 104 weeks for referral to treatment
35. Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

### **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**

- 36. Percentage of sickness absence rate of staff
- 37. Turnover rate for nurse, midwifery, medical and dental registered staff leaving NHS Wales
- 38. Agency spend

## **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**

39. Percentage of episodes clinically coded within one reporting month post episode discharge end date
40. Nationally reportable incidents open over 12 months
41. Cumulative number of hospital onset *Klebsiella spp* BSI cases
42. Cumulative number of hospital onset *Pseudomonas aeruginosa* BSI cases
43. Cumulative number of hospital onset *E.coli* BSI cases
44. Cumulative number of hospital onset MSSA BSI cases
45. Cumulative number of *C.difficile* infection cases
46. Gabapentin and pregabalin DDDs per 1,000 patients
47. Average quantity per item prescribed from start period for the reference basket of medicines
48. Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed
49. Number of never events
50. Overall HB overall patient experience score

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**NHS WALES  
PERFORMANCE  
FRAMEWORK  
2026-2027**

**GUIDANCE DOCUMENT**

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## **Introduction**

This guidance provides details of the measures in the NHS Wales Performance Framework 2026-2027 and how they are to be reported. For each measure, it outlines the:

- Rationale
- Target
- Frequency of reporting
- Data source
- 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

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# **PERFORMANCE MEASURES**

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

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

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

Performance Measure	Target	Reporting Frequency	Source	Status
1 Percentage of adult smokers who make a quit attempt via smoking cessation services	<b>7.5% annual target:</b> <b>1.5% by Q1</b> <b>3.5% by Q2</b> <b>5.5% by Q3</b> <b>7.5% by Q4</b>	Quarterly	Smoking Cessation Services Data Collection (Welsh Government)	Revised
<b>Rationale:</b> Smoking is the number one cause of avoidable premature death, linked to a range of serious and often fatal conditions, such as lung cancer, emphysema and a heart attack. To improve people's health and life expectancy and to reduce the pressures on the NHS, health boards are required to encourage their local smoking population to attend an NHS funded service to stop smoking. Evidence shows that smokers who make a quit attempt using cessation services (offering evidence based behavioural support combined with medication/nicotine replacement therapy) are more likely to quit than those who try unaided.				

Performance Measure		Target	Reporting Frequency	Source	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% each quarter	Quarterly	Smoking Cessation Services Data Collection (Welsh Government)	Revised
		<p><b>Rationale:</b> Smoking is the number one cause of avoidable premature death, linked to a range of serious and often fatal conditions, such as lung cancer, emphysema and a heart attack. To improve people's health and life expectancy and to reduce the pressures on the NHS, health boards 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)	80%	Quarterly	Welsh National Database for Substance Misuse	Revised
		<p><b>Rationale:</b> Substance misuse in Wales is a major public health issue, impacting upon individual lives, communities, workplaces and public sector services (such as health, social care and the criminal justice system). Effective substance misuse treatment - which is delivered in accordance with best practice and reflecting the client's choice in terms of intervention and treatment outcomes - can reduce alcohol and drug related harm, improve the individual's health and social functioning and reduce the burden on the NHS (and other public sector services). 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>			
4	Percentage of children who are up to date with all routine scheduled vaccinations by age 5	95%	Quarterly	Public Health Wales	
		<p><b>Rationale:</b> Immunisation against childhood diseases by the age of 5 ensures that all new-born babies, infants and pre-school children have 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, promotion of child health, prevention of childhood diseases and the appropriate treatment of sick children.</p>			

Performance Measure		Target	Reporting Frequency	Source	Status
5	<b>Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15</b>	<b>90%</b>	<b>Quarterly</b>	<b>Public Health Wales</b>	
		<b>Rationale:</b> 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. The HPV vaccine is closely linked to cancer prevention, reducing cervical cancer and some cancers of the head and neck. The WHO 2030 target of 90% coverage is needed for the elimination of HPV.			
6	<b>Percentage uptake of the influenza vaccination amongst adults aged 65 years and over</b> Applicable during: 01.09.2026 - 31.03.2027	<b>75%</b>	<b>Monthly (reflects the last week of each month)</b>	<b>Public Health Wales</b>	
		<b>Rationale:</b> Vaccinating the population with safe and effective influenza vaccines as part of the Winter Respiratory Vaccination Programme will protect individuals, communities and wider health and social care service, especially those who are more likely to develop serious complications from flu, such as bronchitis and pneumonia. The ambition for flu vaccine coverage is to reach or exceed 75% uptake for people aged 65 years and over, as recommended by the World Health Organization (WHO).			
7	<b>Percentage uptake of the Respiratory Syncytial Virus (RSV) for those turning 75 years old</b>	<b>70%</b>	<b>Monthly</b>	<b>Public Health Wales</b>	<b>New</b>
		<b>Rationale:</b> Vaccination programmes against RSV began in Wales in September 2024. RSV is a common cause of acute respiratory infections in Wales during the autumn and winter months. A focus on RSV in older adults has the potential to provide some immediate gains in reductions in morbidity in the target population, with studies already showing a 62% reduction in hospitalisations for this cohort, with secondary benefits in terms of reduction in winter pressures on health services. The reporting of this measure will capture those who have reached 75 years in the 12 weeks prior to the reporting month.			

Performance Measure		Target	Reporting Frequency	Source	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	
		<p><b>Rationale:</b> The population screening programme for bowel cancer is important in detecting cancer early and before symptoms appear. Diagnosing cancer early allows for less aggressive treatments to be used, resulting in a better experience for the patient, an improved quality of life and, crucially, better survival. For screening programmes to reach their full potential, coverage rate (focusing on eligible people having a test within the specific time-period) needs to improve. A combination of awareness raising, and more acceptable testing will help to achieve this.</p>			
9	Percentage of patients (aged 12 years and over) with diabetes who have had foot surveillance recorded within last 15 months	80%	Monthly	Primary Care Portal	New
		<p><b>Rationale:</b> Diabetes is a long-term condition that requires regular monitoring and management to prevent serious complications. The Care Processes are essential health checks to ensure that people with diabetes receive the best possible care. These checks help detect early signs of complications, allowing for timely intervention to prevent future health issues. Foot surveillance is important for diabetics as it checks for nerve damage, poor circulation and risk of foot ulcers and amputations.</p>			
10	Percentage of patients (aged 12 years and over) with diabetes who have had their urine albumin recorded within last 15 months	80%	Monthly	Primary Care Portal	New
		<p><b>Rationale:</b> As above. Urine Albumin testing is important for diabetics as it detects early signs of kidney damage (diabetic nephropathy).</p>			

Performance Measure		Target	Reporting Frequency	Source	Status
11	<b>Percentage of population (adult) receiving NHS dental care over a 24-month period - General Dental Services (GDS)</b>	<b>Improvement compared to the same period in the previous year</b>	<b>Quarterly</b>	<b>NHSBSA activity data, mid-year population estimates ONS</b>	<b>New</b>
		<b>Rationale:</b> Oral health is an important part of overall health. Regular dental visits are important because they can help spot oral health problems early on when treatment is likely to be simpler and more affordable. They also help prevent many oral problems from developing in the first place. Visiting a dentist regularly is also important because some diseases or medical conditions have symptoms that can appear in the mouth. The time between check-ups can vary from 3 months to 2 years, depending on how healthy your teeth and gums are and your risk of future problems.			
12	<b>Percentage of population (child) receiving NHS dental care over a 12-month period - General Dental Services (GDS)</b>	<b>Improvement compared to the same period in the previous year</b>	<b>Quarterly</b>	<b>NHSBSA activity data, mid-year population estimates ONS</b>	<b>New</b>
		<b>Rationale:</b> Looking after a child's oral health from an early age is important. It minimises the risk of the child developing conditions such as tooth decay and erosion and encourages the healthy development of permanent adult teeth. By the age of one, children should be taken to an NHS dentist and be routinely seen thereafter.			

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

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

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

Performance Measure		Target	Reporting Frequency	Source	Status
13	<b>Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)</b>	<b>70% or an increase of at least 20 percentage points on the March 2026 baseline towards 70%</b>	<b>Monthly</b>	<b>NWSSP</b>	<b>New</b>
		<p><b>Rationale:</b> Pharmacies play a vital role in our communities in every part of Wales. Community pharmacies have been able to offer an extended range of services in Wales since the launch of the reformed contract on 1st April 2022, reducing demand on GPs and supporting access to treatment without the need to wait for an appointment. The Community Pharmacy Independent Prescribing Service (PIPS) is designed to increase patient access for acute conditions and contraception, supporting prudent healthcare using a ‘community pharmacy first’ model of care and diverting demand from patients who can be appropriately managed in the community pharmacy setting away from GP practices or other primary health services providers.</p>			

Performance Measure		Target	Reporting Frequency	Source	Status
14	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)	
		<p><b>Rationale:</b> This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient’s mental health needs within 28 days from the receipt of referral. A readily accessible assessment (that is provided when it is needed), is essential if interventions and treatments for mental health problems are to be delivered as early as possible.</p>			
15	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	
		<p><b>Rationale:</b> This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment. All Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on either an individual or group basis) so that more people recover from mental illness and maximise their quality of life.</p>			
16	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over	80%	Monthly	Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)	
		<p><b>Rationale:</b> This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to assess the nature of a patient’s mental health needs within 28 days from the receipt of referral. A readily accessible assessment (that is provided when needed), is essential if interventions and treatments for mental health problems are to be delivered as early as possible.</p>			

Performance Measure		Target	Reporting Frequency	Source	Status
17	<b>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years and over</b>	<b>80%</b>	<b>Monthly</b>	<b>Mental Health (Wales) Measure 2010 Data Collection – Part 1 Proforma (Welsh Government)</b>	
		<b>Rationale:</b> This indicator measures compliance with Part 1 of the Mental Health (Wales) Measure 2010 which places duties on Local Primary Mental Health Support Services to provide patients with therapeutic interventions within 28 days of their assessment. All Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on either an individual or group basis) so that more people recover from mental illness and maximise their quality of life.			
18	<b>Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment</b>	<b>80%</b>	<b>Monthly</b>	<b>Neurodevelopment Waiting Times Data Collection (Welsh Government)</b>	
		<b>Rationale:</b> As awareness of neurodivergence has grown, demand for assessment and support services has grown rapidly, exceeding capacity to respond. Over recent years there has been a significant investment from Welsh Government to improve neurodivergent services across Wales, with the most recent investment of £13.7m in February 2025 to continue the transformation of neurodivergence services for adults and children in Wales and to reduce waiting times for assessments. Timely neurodevelopment assessments for children and young people are key because they help identify and diagnose neurodevelopmental disorders early, allowing for timely intervention and support.			
19	<b>Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</b>	<b>80%</b>	<b>Monthly</b>	<b>Psychological Therapy Waiting Times Data Collection (Welsh Government)</b>	
		<b>Rationale:</b> Providing timely access to specialist psychological therapies in Adult Mental Health is a key priority within the Together for Mental Health Delivery Plan. The aim is to bring the waiting time for referral to assessment and assessment to treatment for psychological therapy in line with the recommended times for treatment for physical health domains.			

Performance Measure		Target	Reporting Frequency	Source	Status
20	Percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation)	End of quarter on end quarter improvement	Monthly	Welsh Ambulance Service NHS Trust (WAST)	New
		<p><b>Rationale:</b> The speed of response is an important characteristic of a responsive ambulance service. There is clear evidence linking improved clinical outcomes and the 'Chain of Survival'. The Chain of Survival is a series of clinical steps that improve the chances of survival for patients in cardiac or respiratory arrest. By focusing on the effective application of the Chain of survival, the aim in Wales is to save more lives by increasing the Return of Spontaneous Circulation (ROSC) rate so that Wales is comparable and can exceed those in leading countries like the Netherlands.</p>			
21	Median emergency ambulance response time to purple: arrest category calls	Expected target range 6-8 minutes	Monthly	Welsh Ambulance Service NHS Trust (WAST)	New
		<p><b>Rationale:</b> The previous Red response category has been split into two new categories known as Purple Arrest and Red Emergency. The primary reason for establishing two separate categories is to enable the ability to apply different clinical outcome measures aligned to the patient's presenting condition. Both the Purple Arrest and Red Emergency categories are equally prioritised, and an ambulance response dispatched in time order. The Purple Arrest category includes all incidents where a person is in cardiac or respiratory arrest.</p>			
22	Median emergency ambulance response time to red: emergency category calls	Expected target range 6-8 minutes	Monthly	Welsh Ambulance Service NHS Trust (WAST)	New
		<p><b>Rationale:</b> As above. The Red Emergency category includes incidents where a person is at high risk of cardiac or respiratory arrest.</p>			

Performance Measure		Target	Reporting Frequency	Source	Status
23	Number of ambulance patient handovers over 45 minutes	Zero	Monthly	Welsh Ambulance Service NHS Trust (WAST) via Joint Commissioning Committee (JCC)	New
		<b>Rationale:</b> When ambulances take patients to hospital, it is essential that patients are released promptly from vehicles so 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.			
24	Percentage of ambulance patient handovers within 15 minutes	80%	Monthly	Welsh Ambulance Service NHS Trust (WAST) via Joint Commissioning Committee (JCC)	Revised
		<b>Rationale:</b> As above			
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)	Revised
		<b>Rationale:</b> Patients attending A&E expect to be seen and treated, transferred or discharged in a timely manner. To ensure that patients spend less than 4 hours in A&E, health boards need to provide efficient and effective services, whilst educating patients to make the best use of alternative NHS services.			
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	Zero	Monthly	Emergency Department Data Set (EDDS)	Revised
		<b>Rationale:</b> Waiting over 12 hours is an indication of the resilience of the wider unscheduled care system and a key measure of patient experience (patients attending A&E expect to be seen in a timely manner). To avoid patients waiting over 12 hours, health boards are required to implement actions to continuously improve the flow of patients through A&E whilst maintaining services that are effective and safe.			

Performance Measure		Target	Reporting Frequency	Source	Status
27	Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%	Monthly	Suspected Cancer Pathway Data Set (DHCW)	Revised
		<p><b>Rationale:</b> An early diagnosis and treatment of cancer will increase an individual's chance of survival and reduce the likely harm to the individual's health and quality of life. Therefore, there is a need to diagnose and treat patients with cancer as promptly as possible. This measure includes all suspected cancers and starts from the point a patient is suspected of having cancer.</p>			
28	Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	95%	Monthly	Eye Care Measures Monitoring Return (Welsh Government)	New
		<p><b>Rationale:</b> For particular eye conditions, patients need regular reviews and ongoing treatment to ensure that their sight is improved, and the risk of avoidable blindness is minimised. A patient 'target date' for both new and existing appointments was introduced in 2018 to reduce the number of ophthalmology patients with a high clinical risk (R1) waiting 25% over their agreed date for their clinical appointment.</p>			
29	Number of patients (all ages) waiting more than 8 weeks for a specified diagnostic	Zero	Monthly	Diagnostic & Therapies Waiting Times Dataset (DHCW)	
		<p><b>Rationale:</b> Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Diagnostic testing provides essential information to enable clinicians and patients to make the right clinical decisions. Early detection and diagnosis can prevent the patient suffering unnecessary pain and it can reduce the scale and cost of treatment.</p>			
30	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Zero	Monthly	Diagnostic & Therapies Waiting Times Dataset (DHCW)	
		<p><b>Rationale:</b> 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	Status
31	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Zero	Monthly	Audiology Dataset (DHCW)	Revised
		<p><b>Rationale:</b> 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.</p>			
32	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Zero	Monthly	Audiology Dataset (DHCW)	Revised
		<p><b>Rationale:</b> As above.</p>			
33	Number of patients waiting more than 26 weeks for a new outpatient appointment	Zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	New
		<p><b>Rationale:</b> A short waiting time for a first outpatient appointment is important because it indicates that a healthcare system is efficient and responsive to patient needs. It suggests that the health board is managing patient flow effectively which can lead to better patient outcomes. A shorter waiting time can reduce stress and anxiety for patients as they are more likely to receive timely care.</p>			
34	Number of patients waiting more than 104 weeks for referral to treatment	Zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	
		<p><b>Rationale:</b> Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment.</p>			

Performance Measure		Target	Reporting Frequency	Source	Status
35	<b>Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%</b>	<b>Reduction of at least 25% on March 2026 baseline</b>	<b>Monthly</b>	<b>Outpatient Follow-Up Delay Monitoring Return (Welsh Government)</b>	<b>Revised</b>
		<p><b>Rationale:</b> The number of patients waiting for a follow-up outpatient appointment has increased year on year whilst capacity has been unable to meet demand. NHS organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services, where waiting lists are reduced to a manageable level, supported using Patient Initiated Follow-Up (PIFU) and See on Symptom (SOS) pathways.</p>			

### 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	Status
36 Percentage of sickness absence rate of staff	Rolling 12 month reduction compared to the same period in the previous year	Monthly	Electronic Staff Record (ESR) via HEIW Workforce Dashboard	Revised
	<b>Rationale:</b> Reducing sickness absence rates, via effective management processes, can create significant savings and improve the quality of the services provided by NHS Wales.			
37 Turnover rate of nurse, midwifery, medical and dental registered staff leaving NHS Wales	Rolling 12 month reduction against a baseline of 2025-26	Monthly	HEIW	New
	<b>Rationale:</b> A high staff turnover rate is costly and has a negative effect on services. To ensure safe and sustainable NHS services, there is a need to reduce the number of staff leaving employment by identifying and tackling the key causes. This measure reports on individuals in a nursing, midwifery, medical or dental 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 and trainees / resident doctors as they move from one organisation (NWSSP) to another (HB, trust or out of Wales) on completion of training.			

Performance Measure		Target	Reporting Frequency	Source	Status
38 Agency spend	Agency spend	30% reduction in 2026-27 from 2025-26 outturn	Monthly	Financial Monitoring Returns (Welsh Government)	New
		<p><b>Rationale:</b> To ensure safe and sustainable NHS services across Wales, there is need to drive down agency and locum deployment and encourage people to return to the NHS labour market. This will provide a regular supply of staff who can provide a quality and consistent approach to patient care, whilst reducing overall spend.</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	Status
39	<b>Percentage of episodes clinically coded within one reporting month post episode discharge end date</b>	<b>95%</b>	<b>Monthly</b>	<b>Admitted Patient Care (APC) Data Set (DHCW)</b>	<b>Revised</b>
		<b>Rationale:</b> It is essential that clinical coding is accurately recorded as it informs the analysis of key statistics. Information from clinical coding is used to monitor clinical outcomes, mortality rates, effectiveness of treatment and clinical governance; it informs patient and service level costings and is used to examine public health trends.			
40	<b>Nationally reportable incidents open over 12 months</b>	<b>Zero</b>	<b>Monthly</b>	<b>RL Datix Reporting Tool, NHS P&amp;I</b>	<b>New</b>
		<b>Rationale:</b> Although NHS Wales aims to provide the very best care and treatment, sometimes things can go wrong. NHS organisations are required to report and investigate patient safety incidents in accordance with national policy requirements, ensuring that learning is embedded. This measure will monitor NHS Wales' compliance with the standard, ensuring the timely resolution of incidents and identification of lessons learnt. A nationally reportable incident (NRI) is deemed open until an outcome form has been received by NHS Wales Performance and Improvement.			

Performance Measure		Target	Reporting Frequency	Source	Status
41	Cumulative number of hospital onset <i>Klebsiella</i> spp BSI cases	10% reduction (AB, BCU, CV, CTM, HD) / 20% reduction (SB) on the 2024-25 baseline	Monthly	Public Health Wales	New
<p><b>Rationale:</b> As part of the UK 20-year vision to confront and address antimicrobial resistance (AMR), Wales alongside the other three UK nations, is committed to taking effective action to control and mitigate the major threat of AMR, directing resources at areas of highest risk. Coordination of this collective effort is through a series of five-year UK national action plans, of which the current NAP for the period 2024-2029 (published on 8 May 2024) is the second. The threat posed by AMR, and the importance of the best possible standards of infection, prevention and control, and of antimicrobial stewardship, are indisputable. So too is the need to translate this consensus into meaningful progress in reducing the burden of healthcare associated infections (HCAIs) and further improving antimicrobial stewardship. The duty to deliver this progress applies at every level of the healthcare system from the individual to the organisations and professions to which they belong. Healthcare associated infections (HCAIs) remain a key patient safety issue that results 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>					
42	Cumulative number of hospital onset <i>Pseudomonas aeruginosa</i> BSI cases	10% reduction (BCU, CTM, SB) / 25% reduction (AB, CV, HD) on the 2024-25 baseline	Monthly	Public Health Wales	New
<p><b>Rationale:</b> As above.</p>					

Performance Measure		Target	Reporting Frequency	Source	Status
43	Cumulative number of hospital onset <i>E.coli</i> BSI cases	10% reduction (BCU, CV, CTM, HD, SB) / 15% reduction (AB) on the 2024-25 baseline	Monthly	Public Health Wales	New
		Rationale: As above			
44	Cumulative number of MSSA BSI cases	20% reduction on the 2024-25 baseline	Monthly	Public Health Wales	New
		Rationale: As above.			
45	Cumulative number of <i>C.difficile</i> infection cases	25% reduction on the 2024-25 baseline	Monthly	Public Health Wales	New
		Rationale: As above.			
46	Gabapentin and pregabalin DDDs per 1,000 patients	10% reduction compared to same period in the previous year	Quarterly	National Prescribing Indicators, All Wales Therapeutics and Toxicology Centre	New
		Rationale: In April 2019, gabapentin and pregabalin were reclassified as Schedule 3 controlled drugs in response to recommendations made by the Advisory Council on the Misuse of Drugs, due to concerns regarding the potential risk of dependence, misuse and diversion. There has been increasing use of gabapentin and pregabalin in primary care over the last few years, with current prescribing levels in Wales being higher than that in England. It is essential that there is a prudent approach to prescribing these drugs to ensure their appropriate use and undertaking timely reviews, therefore minimising the potential for dependence, diversion, misuse and adverse drugs reactions.			

Performance Measure		Target	Reporting Frequency	Source	Status
47	<b>Average quantity per item prescribed from start period for the reference basket of medicines</b>	<b>Prescribing interval of 35 days or where average is <math>\geq 35</math> days in March 2026, an increase of at least 10% on March 2026 baseline</b>	<b>Monthly</b>	<b>NHS Wales prescribing intervals report, All Wales Therapeutics and Toxicology Centre</b>	<b>New</b>
<p><b>Rationale:</b> A prescribing interval refers to the duration for which medication is supplied to a patient. Encouraging the use of longer prescribing intervals, where clinically appropriate, provides benefits for general practices and community pharmacies through a reduction in administrative workload associated with generating repeat prescription and for patients through a more flexible approach that balances patient convenience with clinical safety and appropriateness.</p>					
48	<b>Number of low Global Warming Potential (GWP) inhalers as a percentage of all inhalers prescribed</b>	<b>80% or an increase of at least 15 percentage points on the March 2026 baseline towards 80%</b>	<b>Quarterly</b>	<b>National Prescribing Indicators, All Wales Therapeutics and Toxicology Centre</b>	<b>New</b>
<p><b>Rationale:</b> The NHS Wales Decarbonisation Strategic Delivery Plan sets out NHS Wales' plan for addressing the climate emergency declared by Welsh Government in 2019. The plan contained several initiatives and targets for the decarbonisation of NHS Wales that will be assessed and reviewed in 2025 and 2030, and includes several key actions related to inhalers. A separate national strategy for Wales, Decarbonisation: Inhaler prescribing, use and disposal 2023–2030, aims to reduce the carbon footprint of inhaler use in Wales. It outlines 12 key actions for the NHS and its partners to reduce over-reliance on reliever inhalers (e.g. SABAs), reduce the use of inhalers that have a high global warming potential (GWP) by prescribing lower GWP inhalers as an alternative where appropriate; and responsible disposal of inhalers.</p>					

Performance Measure		Target	Reporting Frequency	Source	Status
49	<b>Number of never events</b>	<b>0</b>	<b>Monthly</b>	<b>RL Datix Reporting Tool, NHS P&amp;I</b>	<b>New</b>
		<b>Rationale:</b> Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers. They are events that should never have happened, as each has the potential to cause serious patient harm or death. Learning from what goes wrong in healthcare is crucial to preventing future harm.			
50	<b>Overall HB patient experience score</b>	<b>8.5 (out of 10)</b>	<b>Monthly</b>	<b>National Patient Experience Survey</b>	<b>New</b>
		<b>Rationale:</b> People's experience is 'the sum of all interactions, shaped by the culture of the organisation, staff and systems. People's experience can be described as how people feel when using any services and programmes offered by NHS in Wales. A high overall patient experience score indicates that patients have a positive perception of the care they receive. It reflects the quality of care, efficiency of the healthcare system and overall satisfaction of patients with their healthcare experience. A high score suggests that the NHS is providing effective and safe care, which is essential for patient health and well-being.			

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# **SUMMARY OF REVISIONS TO PERFORMANCE MEASURES**

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Revision	
Percentage of adult smokers who make a quit attempt via smoking cessation services	Previous Target: 5% annual target New Target: 7.5% annual target with quarterly milestones for achievement (Q1 – 1.5%, Q2 – 3.5%, Q3 – 5.5% and Q4 – 7.5%)
Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	Previous Target: 40% annual target New Target: 40% each quarter
Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Previous Target: 4 quarter improvement trend New Target: 80%
Percentage of ambulance patient handovers within 15 minutes	Previous Target: Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes New Target: 80%
Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	Previous Target: Improvement compared to the same month in the previous year, towards the national target of 95% New Target: 95%
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge	Previous Target: Reduction compared to the same month in the previous year, towards the national target of zero New Target: Zero
Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Previous Target: 12 month improvement trend towards a national target of 80% by 31 March 2026 New Target: 75%
Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	Previous Target: Month on month reduction New Target: Zero
Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	Previous Target: Month on month reduction New Target: Zero

Revision	
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	<p>Previous Target: Reduction compared to the same month in the previous year</p> <p><b>New Target: Reduction of at least 25% on March 2026 baseline</b></p>
Percentage of sickness absence rate of staff	<p>Previous Target: 12 month reduction trend</p> <p>New Target: Rolling 12 month reduction compared to the same period in the previous year</p>
Percentage of episodes clinically coded within one reporting month post episode discharge end date	<p>Previous Target: Maintain the 95% target or demonstrate a 12 month improvement trend</p> <p>New Target: 95%</p>

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# **PERFORMANCE MEASURE REMOVALS**

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<b>Performance Measures Removed from Framework</b>	
<b>Measure</b>	<b>2025/26 Quad Aim</b>
Percentage uptake of the COVID-19 vaccination for those eligible	Quad Aim 1
Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks	Quad Aim 1
Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Quad Aim 1
Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	Quad Aim 2
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	Quad Aim 2
Percentage of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Quad Aim 2
Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Quad Aim 2
Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Quad Aim 2
Median emergency response time to amber calls	Quad Aim 2
Median time from arrival at an emergency department to triage by a clinician	Quad Aim 2
Median time from arrival at an emergency department to assessment by a clinical decision maker	Quad Aim 2
Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Quad Aim 2
Number of patients waiting more than 52 weeks for a new outpatient appointment	Quad Aim 2
Agency spend as a percentage of the total pay bill	Quad Aim 3
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)	Quad Aim 3
Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Quad Aim 4

<b>Performance Measures Removed from Framework</b>	
<b>Measure</b>	<b>2025/26 Quad Aim</b>
Number of pathways of Care delayed discharges	Quad Aim 4
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	Quad Aim 4
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	Quad Aim 4
Number of patient experience surveys completed and recorded on CIVICA	Quad Aim 4
Cumulative number of laboratory confirmed cases: Klebsiella sp and Pseudomonas aeruginosa	Quad Aim 4
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Quad Aim 4
Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	Quad Aim 4
Percentage of confirmed COVID-19 cases within hospital which had a definite hospital onset (>14 days after admission)	Quad Aim 4
Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Quad Aim 4
Number of patient handovers over one hour	Quad Aim 4
Number of National Reportable incidents that remain open 90 days of more	Quad Aim 4