

# Data Provision Notice

## Red to Green (R2G) Aggregate Measures

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## **TABLE OF CONTENTS**

DOCUMENT MANAGEMENT .....	3
<b>VERSION HISTORY</b> .....	3
<b>REVIEWERS</b> .....	3
<b>APPROVED BY</b> .....	3
BUSINESS JUSTIFICATION .....	4
<b>PURPOSE OF COLLECTION</b> .....	4
<b>BENEFITS OF COLLECTION</b> .....	4
<b>PERSONS CONSULTED</b> .....	4
REQUIREMENTS .....	5
<b>SCOPE OF COLLECTION</b> .....	5
<b>FORM AND MANNER OF COLLECTION</b> .....	6
<b>PERIOD OF COLLECTION</b> .....	6
<b>DATA QUALITY</b> .....	6
ROLES AND RESPONSIBILITIES .....	7
FORM SPECIFICATION .....	8

## DOCUMENT MANAGEMENT

### Version History

Version	Date	Summary of Changes
0.1	23/02/2026	DPN Created

### Reviewers

This document must be reviewed by the following people/groups:

Reviewer Name	Title/Responsibility	Date	Version
Tracey Needham	National Clinical Programme Lead, NHS Wales Performance and Improvement	06.03.2026	0.1
Julie Townsend	Advanced Information Analyst, NHS Wales Performance and Improvement	06.03.2026	0.1
Editorial Group	Digital Health and Care Wales	13.03.2026	0.1
Hannah Roberts	Data Quality Team, Digital Health and Care Wales	09.04.2026	0.1

### Approved by

This document must be approved by the following groups:

Name	Date	Version
Welsh Information Development Group (WIDG)	02/04/2026	v1
Welsh Information Standards Board (WISB)	16/04/2026	v1

## BUSINESS JUSTIFICATION

### PURPOSE OF COLLECTION

This notice sets out the requirements for collecting and reporting Red to Green (R2G) data to provide a standardised view of patient flow and delays in hospital care. Hospital stays, particularly for older and frail patients, can lead to rapid deconditioning, and key Operational Health Flow Framework (OHFF) principles such as SAFER, Discharge to Recover and Assess (D2RA) and Red to Green (R2G) are not consistently embedded in practice.

The collection standardises the definitions and reporting of Red and Green days to improve data quality, reduce variation, and give clearer insight into delays affecting patient care and discharge. The data will primarily support operational management and service improvement and will remain aggregated due to current system constraints.

Under this framework:

- **Green Day:** Care delivered adds value and progresses the patient toward discharge.
- **Red Day:** No added value due to avoidable delays or care that could be delivered outside an acute setting.

### BENEFITS OF COLLECTION

The introduction of the R2G collection will enable more reliable monitoring of hospital flow. Standardised reporting will provide clear visibility of avoidable delays and system constraints, supporting targeted operational improvements.

It will strengthen the evidence base for decision-making and planning across OHFF workstreams and enhance oversight and accountability. This will support transformation efforts to ensure that every hospital day is purposeful, clinically justified, and contributes to timely recovery and discharge of patients.

### PERSONS CONSULTED

An impact assessment was undertaken with stakeholders in scope of this collection. This included:

- Information, Business Intelligence and Data Leads across all Health Boards (HBs) in Wales

- Urgent and Emergency Care Programme and Transformation Leads across HBs
- Clinical and Operational Leads for Patient Flow, Discharge and Ward Services across HBs
- Digital, Informatics and Architecture Leads across HBs

## REQUIREMENTS

### SCOPE OF COLLECTION

The DPN sets out the requirements for the collection of the following aggregate data items:

1. Date
2. Total number of patients in the cohort (preclinically optimised)
3. Total number of patients with a green status
4. Total number of patients with a red status
5. If red status, total number of patients with red constraint code/s
6. If red status, and constraint code/s, total number of patients against each of the red constraint code/s
7. If red status, total number of patients with NO red constraint code/s

The above information would be collected using a Proforma that has already been shared with the Health Boards. A copy of this proforma is linked here: [20260416-DPN 2026 01-FINAL R2G Aggregate Data Template Vrs1.2-LOCKED VERSION.xlsx](#)

### Inclusion criteria are as follows:

1. All adults only (age 18+)
2. Pre-clinically optimised patients on the day of reporting only to be included
3. Inpatients (admitted/ordinary admission) - (with a length of stay  $\geq 1$  day, i.e. where the patient has remained in hospital until midnight the day following admission)
4. Allocated a red or green status each day of hospital stay

### Exclusion criteria are as follows:

1. Patients age  $< 18$  years
2. Clinically optimised patients
3. Day case admission, regular day admissions, regular night admissions, women using delivery facilities only and not applicable (patient classification 2, 3, 4, 5 and 8)
4. Where patient's Treatment Function is Mental Health Services or Midwifery Service (see Treatment Function codes below)

## 5. Patients with zero length of stay

### **FORM AND MANNER OF COLLECTION**

The following HBs collect Red to Green information and are required to submit this data collection:

- Aneurin Bevan University Health Board (UHB)
- Betsi Cadwaladr UHB
- Cardiff and Vale UHB
- Cwm Taf Morgannwg UHB
- Hywel Dda UHB
- Powys Teaching Health Board (THB)
- Swansea Bay UHB

Data will be submitted to NHS Performance and Improvement via an Excel spreadsheet. It must be submitted via email to [nhs\\_pi\\_data\\_analytics@wales.nhs.uk](mailto:nhs_pi_data_analytics@wales.nhs.uk).

Details of the data items collected, and their definitions can be found in the [Form Specification](#) section.

### **PERIOD OF COLLECTION**

All Health Boards are required to commence completion of the R2G proforma on a monthly basis from 1<sup>st</sup> August 2026 and submission latest by 7<sup>th</sup> September 2026. This includes input from the relevant hospital sites and designated digital/data leads to ensure all data fields and reporting requirements are fully completed and validated.

Submissions must:

- Cover a complete calendar month.
- Be received no later than the 7th working day of the subsequent month.

The data collection will continue until the scheduled review period of 12 months, i.e. 1<sup>st</sup> August 2027.

### **DATA QUALITY**

The data collection form includes clear definitions and guidance wherever possible to support consistent interpretation and accurate data entry. In the longer term, the introduction of a patient or record level dataset, developed through ongoing reviews, will further enhance data quality.

The Data Quality team will conduct regular reviews of DPNs and produce SBAR (Situation, Background, Assessment, Recommendation) reports. These reviews will assess whether HBs are able to collect patient or record level data. Understanding how close each HB is to achieving this will support the transition to a more detailed and reliable patient or record level dataset.

## **ROLES AND RESPONSIBILITIES**

The main roles and responsibilities within this process are as follows.

### **Sponsor:**

- Overseeing the collection
- Actively participating in the review process
- Ensuring that any issues are escalated to DHCW in a timely manner and alerting DHCW if a review is required ahead of the scheduled review noted in the DPN.

### **Sponsor:**

- Actively participate in the DPN review process
- Escalates any issues to DHCW Data Standards and notifies if an early review is required ahead of the schedule set out in the Data Provision Notice (DPN).

### **Data Submitters:**

- Providing data as required in a timely manner
- Actively participating in the review process by providing input as required.

### **DHCW Data Standards team:**

- Managing the development of the data collection engaging with relevant stakeholders and supporting the Sponsor.

### **DHCW Data Quality team:**

- Completing Data Provision Notice (DPN) reviews in a timely manner.
- Assist with the development of the data collection proposal, providing an additional quality perspective.

## FORM SPECIFICATION

[20260416-DPN 2026 01-FINAL R2G Aggregate Data Template Vrs1.2-LOCKED  
VERSION.xlsx](#)