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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	21 May 2019	Agenda Item	3.4
Report Title	<i>Review of Performance Reporting in line with 2019/20 NHS Wales Delivery Framework</i>		
Report Author	Hannah Roan, Performance & Contracting Manager		
Report Sponsor	Darren Griffiths, Associate Director of Performance		
Presented by	Darren Griffiths, Associate Director of Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to inform the Performance and Finance of the changes that are required to the Health Board's performance reporting arrangements in order to align with the 2019/20 NHS Wales Delivery Framework.		
Key Issues	<p>A number of measures currently reported by the Health Board have been removed from the 2019/20 Delivery Framework and new measures have been included, therefore prompting a review of the Health Board's current performance reporting arrangements to ensure it aligns with the framework.</p> <p>The review included the monthly Unit level performance statements, the monthly Integrated Performance Report and quarterly performance report cards. This review process is a routine annual governance process carried out by the performance team to ensure that the Health Board is fully sighted on the measures set out in the Delivery Framework.</p> <p>It is recommended that all 81 quantitative measures will be reported via the monthly Integrated Performance Report in addition to the Unit level performance statements, and 4 additional report cards are to be developed.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to: -</p> <ul style="list-style-type: none"> NOTE the changes to reporting arrangements set out in section 2 of this report to ensure alignment of Health Board reporting process with the NHS Wales Delivery Framework 2019/20 		

REVIEW OF PERFORMANCE REPORTING IN LINE WITH 2019/20 NHS WALES DELIVERY FRAMEWORK

1. INTRODUCTION

The release of the 2019/20 NHS Wales Delivery Framework prompted a review of the measures currently reported internally via the monthly performance statements and externally through the performance report cards contained within the Integrated Performance Report.

This review process is a routine annual governance process carried out by the performance team to ensure that the Health Board is fully sighted on the measures set out in the Delivery Framework.

Welsh Government have made a number of alterations to the delivery measures within the framework, resulting in the need to review the Health Board's monthly and quarterly performance reporting arrangements to ensure alignment between local reporting and nationally mandated measures.

2. BACKGROUND

There are 96 measures in the 2019/20 NHS Delivery Framework, of which 14 are new measures, 11 are revised measures, 67 are existing measures (where no changes have been made) and 4 are still in development for 2019-20.

Within the 96, there are 11 measures in the framework that do not have established data flows. As a result, self-assessment reporting templates have been developed for the following measures which will be submitted directly to Welsh Government in accordance with reporting frequency allocated to each measure:

- % compliance for staff appointed to new roles where a child barred list check is required
- % compliance for staff appointed to new roles where an adult barred list check is required
- % of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening
- % of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening
- The number of preventable hospital acquired thrombosis
- Evidence of how NHS organisations are responding to service user experience to improve services
- % of employed NHS staff completing dementia training at an informed level
- Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations
- Qualitative report detailing progress against the five standards that enable the health and well-being of homeless and vulnerable groups to be identified and targeted

- Qualitative report detailing the achievements made towards implementation of the all Wales standards for accessible communication and information for people with sensory loss
- Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words.

Excluding the measures in development and those requiring submission of a self-assessment template, the Health Board now has 81 quantitative national measures to report performance against, compared with 87 in 2018/19.

Appendix 1 provides a summary of the measures that have been removed for 2019/20 and **Appendix 2** provides a summary of the new and revised measures for 2019/20, highlighting the reporting frequency and target for each measure. Every measure has been mapped to the Welsh Government's domains and the Health Board's strategic aims/ enabling objectives.

Due to the changes made to the nationally reported measures, a review of the Health Board's current reporting arrangements needs to be undertaken. An exercise will need to be completed immediately to update the current performance statements to ensure that they reflect the 2019/20 Delivery Framework however consideration needs to be given to the performance report cards that are presented at Health Board, Performance & Finance Committee and Quality & Safety Committee.

Appendices 1 and 2 provide recommendations and actions required to align the Health Board's performance reporting framework with the NHS Wales Delivery Framework for 2019-20. Below is a summary of the recommendations:-

Measures that will no longer be reported:

- 12 month rolling total for Delayed Transfers of Care (DTOCs)
- Stroke CT scan within 1 hour and Thrombolysis within 45 minutes
- Non steroid anti-inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR PU (specific therapeutic group age related prescribing unit)
- Number of grade 3, 4 and un-stageable healthcare acquired (both hospital and community) pressure ulcers reported as serious incidents
- Number of administration, dispensing and prescribing medication errors reported as serious incidents
- Number of patient falls reported as serious incidents
- Number of patients aged 75 and over with an AEC (Anticholinergic Effect on Condition) of 3 or more for items on active repeat, as a % of all patients aged 75 years and over
- % of GP practices open during daily core hours or within 1 hour of daily core hours
- For health boards with 111 services, the % of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered
- For health boards with 111 services, the % of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage

- Number of procedures that do not comply with selected NICE 'Do Not Do' guidance for procedures of limited effectiveness (selected from a list agreed by the Planned Care Board)
- Elective caesarean rate
- DNA rates for new and follow-up patients

However, following a discussion by the Executive Board, it was felt that it would be beneficial to the health board to continue to report the following measures from the list above.

- 12 month rolling total for Delayed Transfers of Care (DTOCs)
- Stroke CT scan within 1 hour and Thrombolysis within 45 minutes
- Number of administration, dispensing and prescribing medication errors reported as serious incidents
- % of GP practices open during daily core hours or within 1 hour of daily core hours
- Number of procedures that do not comply with selected NICE 'Do Not Do' guidance for procedures of limited effectiveness (selected from a list agreed by the Planned Care Board)
- Elective caesarean rate
- DNA rates for new and follow-up patients

These will be continued but in a separate section of the performance dashboard to show their distinction from the measures set out in the Delivery Framework itself.

New measures to be reported:

- In-month number of Delayed Transfers of Care (DTOCs)
- % of critical care bed days lost to delayed transfer of care
- % of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered
- % of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment
- % of stroke patients receiving the required minutes for occupational therapy, physiotherapy, psychology and speech and language therapy
- % of stroke patients who receive a 6 month follow up assessment
- % of ophthalmology R1 patients to be seen by their clinical target date or within 25% in excess of their clinical target date for their care or treatments
- % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health
- % of patients starting first definitive cancer treatment within 62 days from point of suspicion
- % of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months
- Opioid average daily quantities per 1,000 patients
- Number of patients aged 65 years or over prescribed an antipsychotic
- European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales
- Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)

- % of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect

3. GOVERNANCE AND RISK ISSUES

None of the recommendations outlined in this paper carry a significant risk to the Health Board. There is a minimal risk associated with the reporting of new measures however work will be undertaken in conjunction with Informatics and service leads throughout quarter one of 2019/20 to establish data flows and ensure that the Health Board is able to accurately report.

4. FINANCIAL IMPLICATIONS

There are no direct impacts on the Health Board's financial bottom line resulting from the recommendations outlined in this paper.

5. RECOMMENDATION

Members are asked to: -

- **NOTE** the changes to reporting arrangements set out in section 2 of this report to ensure alignment of Health Board reporting process with the NHS Wales Delivery Framework 2019/20

Appendix 1- Measures removed from 2018-19 NHS Delivery Framework

WG Domain	2018-19 Measure	Report Card	Performance Statements	Comments/ Actions
Safe Care	Non steroid anti inflammatory drugs (NSAIDs) average daily quantity per 1,000 STAR PU (specific therapeutic group age related prescribing unit)	No	No	No action required as ceased reporting of measure in 2018-19 when removed as a national prescribing measure
	Nutrition and hydration	No	No	No action required as measure was in development by WG in 2018-19
	Number of grade 3, 4 and un-stageable healthcare acquired (both hospital and community) pressure ulcers reported as serious incidents	No	Yes	Remove measure from integrated performance report dashboard and HB performance statement
	Number of administration, dispensing and prescribing medication errors reported as serious incidents	No	Yes	Remove measure from integrated performance report dashboard and HB performance statement
	Number of patient falls reported as serious incidents	No	Yes	Remove measure from integrated performance report dashboard and HB performance statement
	Continence Care	No	No	No action required as measure was in development by WG in 2018-19
Dignified Care	Number of patients aged 75 and over with an AEC (Anticholinergic Effect on Condition) of 3 or more for items on active repeat, as a % of all patients aged 75 years and over	No	Yes	Remove measure from integrated performance report dashboard and HB performance statement
Timely Care	% of GP practices open during daily core hours or within 1 hour of daily core hours	Yes	Yes	Remove measure from GP Access Report Card, HB Performance Statement and Integrated Performance Report Dashboard
	For health boards with 111 services, the % of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered	No	Yes	Remove measure from Integrated Performance Report Dashboard and HB performance statement

WG Domain	2018-19 Measure	Report Card	Performance Statements	Comments/ Actions
	For health boards with 111 services, the % of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage	No	Yes	Remove measure from Integrated Performance Report Dashboard and HB performance statement
	% of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	Yes	Yes	Remove measure from Stroke Report Card, Integrated Performance Report Dashboard and HB performance statement
	% of patients who are diagnosed with a stroke who have received a CT scan within 1 hour	Yes	Yes	Remove measure from Stroke Report Card, Integrated Performance Report Dashboard and HB performance statement
Our staff & resources	% of patients who did not attend a follow-up outpatient appointment (for selected specialties)	Yes	Yes	Retire DNA report card but continue to report HB total via Integrated Performance Report Dashboard as a local measure. Continue to report DNA figures in Units' performance statements
	% of patients who did not attend a follow-up outpatient appointment	Yes	Yes	Retire DNA report card but continue to report HB total via Integrated Performance Report Dashboard as a local measure. Continue to report DNA figures in Units' performance statements
	Number of procedures that do not comply with selected NICE 'Do Not Do' guidance for procedures of limited effectiveness (selected from a list agreed by the Planned Care Board)	No	Yes	Remove measure from integrated performance report dashboard and HB performance statement
	Elective caesarean rate	No	Yes	Remove measure from integrated performance report dashboard and HB performance statement

Appendix 2- New and revised measures for 2019-20

WG Domain	Measure	HB Enabling Objective	Target	Reporting Frequency	Status	Recommendation for 2019-20		Comments	Included in 19-20 IMTP C1 Template	Proposed/ Current Executive Lead
						Report Card	Performance Statements			
Staying Healthy	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	Co-production and health literacy	4 quarter reduction trend	Quarterly	New	No	Yes	Performance statement and Integrated Performance Report Dashboard to be updated quarterly.		Director of Public Health
Safe Care	Opioid average daily quantities per 1,000 patients	Best Value outcomes from high quality care: Primary and Community Care	4 quarter reduction trend	Quarterly	New	Yes	Yes	Report card to be developed		TBA
Safe Care	Number of patients aged 65 years or over prescribed an antipsychotic	Best Value outcomes from high quality care: Primary and Community Care	Quarter on quarter reduction	Quarterly	New	Yes	Yes	Report card to be developed		TBA
Safe Care	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	Best Value outcomes from high quality care: Primary and Community Care	Quarterly reduction of 5% against the 17/18 baseline	Quarterly	Revised	Yes	Yes	Target changed to 5% reduction. Report card and performance		TBA

WG Domain	Measure	HB Enabling Objective	Target	Reporting Frequency	Status	Recommendation for 2019-20		Comments	Included in 19-20 IMTP C1 Template	Proposed/ Current Executive Lead
						Report Card	Performance Statements			
								statement to be amended to reflect change in target		
Safe Care	Fluroquinolone, cephalosporin, clinamycin and co-amoxiclav items as a % of total antibacterial items dispensed in the community	Best Value outcomes from high quality care: Primary and Community Care	Quarterly reduction of 10% against the 17/18 baseline	Quarterly	Revised	Yes	Yes	Target changed to 10% reduction and measure now reports rate per 1,000 patients. Report card and performance statement to be amended to reflect change in target		TBA

WG Domain	Measure	HB Enabling Objective	Target	Reporting Frequency	Status	Recommendation for 2019-20		Comments	Included in 19-20 IMTP C1 Template	Proposed/ Current Executive Lead
						Report Card	Performance Statements			
Safe Care	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: * E.coli * S.aureus bacteraemias * C.difficile * Klebsiella sp * Aeruginosa	Best Value outcomes from high quality care: Quality & Safety and Patient Experience	Health Board specific target	Monthly	Revised	Yes	Yes	No action required, data already reported	Yes	Director of Nursing & Patient Experience
Effective Care	Number of health board mental health delayed transfer of care	Best Value outcomes from high quality care	A reduction of no less than 10% of the total number of the health board's delay for the previous financial year	Monthly	Revised	Yes	Yes	Measure now based on in-month figures. No action required, data already reported.	Yes	Chief Operating Officer
Effective Care	Number of health board non-mental health delayed transfer of care	Best Value outcomes from high quality care	A reduction of no less than 5% of the total number of the health board's delay for the previous financial year	Monthly	Revised	Yes	Yes	Measure now based on in-month figures. No action required, data already reported.	Yes	Chief Operating Officer
Dignified Care	% of adults (aged 16+) who had a hospital appointment in the	Best Value outcomes from high quality care:	Annual improvement	Every 2 years	New	No	No	Performance statement and Integrated		Director of Nursing & Patient Experience

WG Domain	Measure	HB Enabling Objective	Target	Reporting Frequency	Status	Recommendation for 2019-20		Comments	Included in 19-20 IMTP C1 Template	Proposed/ Current Executive Lead
						Report Card	Performance Statements			
	last 12 months, who felt they were treated with dignity and respect	Quality & Safety and Patient Experience						Performance Report Dashboard to be updated every 2 years.		
Dignified Care	Evidence of how NHS organisations are responding to service user experience to improve services	Best Value outcomes from high quality care: Quality & Safety and Patient Experience	N/A	Annual	Revised	No	No	Self-assessment template revised		Director of Nursing & Patient Experience
Individual Care	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	Best Value outcomes from high quality care: Quality & Safety and Patient Experience	N/A	Bi-annual	Revised	No	No	Self-assessment template revised		
Individual Care	Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words	Best Value outcomes from high quality care: Quality & Safety and Patient Experience	N/A	Bi-annual	Revised	No	No	Self-assessment template revised		

WG Domain	Measure	HB Enabling Objective	Target	Reporting Frequency	Status	Recommendation for 2019-20		Comments	Included in 19-20 IMTP C1 Template	Proposed/ Current Executive Lead
						Report Card	Performance Statements			
Timely Care	% of 111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	Best Value outcomes from high quality care: Primary and Community Care	90%	Monthly	New	Yes	Yes	Report card to be developed and measure added to PCCS performance statement		Chief Operating Officer
Timely Care	% of 111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	Best Value outcomes from high quality care: Primary and Community Care	90%	Monthly	New	Yes	Yes	Report card to be developed and measure added to PCCS performance statement		Chief Operating Officer
Timely Care	% of ophthalmology R1 patients to be seen by their clinical target date or within 25% in excess of their clinical target date for their care or treatments	Best Value outcomes from high quality care: Planned Care	95%	Monthly	New	Yes	Yes	Report card to be developed and measure added to Singleton's performance statement		Chief Operating Officer

WG Domain	Measure	HB Enabling Objective	Target	Reporting Frequency	Status	Recommendation for 2019-20		Comments	Included in 19-20 IMTP C1 Template	Proposed/ Current Executive Lead
						Report Card	Performance Statements			
Timely Care	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Best Value outcomes from high quality care: Mental Health & LD	80%	Monthly	New	Yes	Yes	Report card to be developed and measure added to MH&LD's performance statement		Chief Operating Officer
Timely Care	% of children and young people waiting less than 26 weeks for neurodevelopment assessment	Best Value outcomes from high quality care: Mental Health & LD	80%	Monthly	New	Yes	Yes	No action required, data already reported		Director of Strategy
Timely Care	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Best Value outcomes from high quality care: Cancer	12 month improvement trend	Monthly	New	Yes	Yes	Measure to be added to current Cancer waiting times report card		Chief Operating Officer
Timely Care	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time	Best Value outcomes from high quality care: Unscheduled Care and Stroke	The most recent SSNAP UK National quarterly average	Monthly	Revised	Yes	Yes	Measure already reported on performance statements, current stroke report card to be updated to include revised measure.	Yes	Chief Operating Officer

WG Domain	Measure	HB Enabling Objective	Target	Reporting Frequency	Status	Recommendation for 2019-20		Comments	Included in 19-20 IMTP C1 Template	Proposed/ Current Executive Lead
						Report Card	Performance Statements			
Timely Care	% of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	Best Value outcomes from high quality care: Unscheduled Care and Stroke	The most recent SSNAP UK National quarterly average	Monthly	Revised	Yes	Yes	Measure already reported on performance statements, current stroke report card to be updated to include revised measure.	Yes	Chief Operating Officer
Timely Care	% of stroke patients receiving the required minutes for occupational therapy, physiotherapy, psychology and speech and language therapy	Best Value outcomes from high quality care: Unscheduled Care and Stroke	12 month improvement trend	Monthly	New	Yes	Yes	Measure to be added to current Stroke report card and Morriston's performance statement		Chief Operating Officer
Timely Care	% of stroke patients who receive a 6 month follow up assessment	Best Value outcomes from high quality care: Unscheduled Care and Stroke	Quarterly improvement trend	Monthly	New	Yes	Yes	Measure to be added to current Stroke report card and Morriston's performance statement		Chief Operating Officer

WG Domain	Measure	HB Enabling Objective	Target	Reporting Frequency	Status	Recommendation for 2019-20		Comments	Included in 19-20 IMTP C1 Template	Proposed/ Current Executive Lead
						Report Card	Performance Statements			
Our staff & resources	Quantity of biosimilar medicines prescribed as a % of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Best Value outcomes from high quality care: Quality & Safety and Patient Experience	Quarter on quarter improvement	Quarterly	Revised	Yes	Yes	Integrated performance report updated to reflect revised measure		TBA
Our staff & resources	% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Best Value outcomes from high quality care: Unscheduled Care and Stroke	Quarter on quarter improvement towards the target of no more than 5%	Quarterly	New	Yes	Yes	Measure to be added to current DTOC report card and Morriston's performance statement		Chief Operating Officer
Our staff & resources	% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Best Value outcomes from high quality care: Primary and Community Care	4 quarter reduction trend	Quarterly	New	Yes	Yes	Measure to be added to current Dental report card and PCCS performance statement		Chief Operating Officer
Our staff & resources	% of sickness absence rate of staff	Workforce efficiency	12 month reduction trend	Monthly	Existing	Yes	Yes	Target for 18/19 was 12 month reduction trend, awaiting		Director of Workforce & OD

WG Domain	Measure	HB Enabling Objective	Target	Reporting Frequency	Status	Recommendation for 2019-20		Comments	Included in 19-20 IMTP C1 Template	Proposed/ Current Executive Lead
						Report Card	Performance Statements			
								confirmation of 19/20 target. No action required, data already reported.		

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
No direct implications associated with the recommendations outlined in this paper, however a number of indicators within the framework monitor progress in relation to Quality, Safety and Patient Experience, such as Healthcare Acquired Infection Rates and Access rates.		
Financial Implications		
There are no direct impacts on the Health Board's financial bottom line resulting from the recommendations outlined in this paper.		
Legal Implications (including equality and diversity assessment)		
No direct implications associated with the recommendations outlined in this paper however, a number of indicators within the national framework monitor progress in relation to legislation, such as the Mental Health Measure.		
Staffing Implications		
No direct staffing implications associated with the recommendations outlined in this paper however, a number of indicators monitor progress in relation to Workforce, such as Sickness and Personal Development Review rates.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The '5 Ways of Working' are demonstrated in the performance framework as follows:</p> <ul style="list-style-type: none"> • Long term – Actions within the Integrated Performance Report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2019-20 which provides focus on the expected delivery for every month as well as the year end position in March 2020. • Prevention – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people's physical and mental well-being. 		

- **Integration** – the integrated performance report brings together key performance measures across the seven domains of the NHS Wales Delivery Framework, which identify the priority areas that patients, clinicians and stakeholders wanted the NHS to be measured against. The framework covers a wide spectrum of measures that are aligned with the Well-being of Future Generations (Wales) Act 2015.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Delivery Units as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Delivery Unit leads are key in identifying performance issues and identifying actions to take forward.

Report History	None
Appendices	Appendix 1- Measures removed from 2018/19 NHS Delivery Framework Appendix 2- New and revised measures for 2019/20