



## PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	24 June 2020
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Integrated Winter Plan 2020/21 Evaluation
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Alison Bishop, Urgent & Emergency Care Lead Martyn Palfreman, Head of Regional Collaboration West Wales Care Partnership

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This paper provides an evaluation of schemes delivered through the 2020-21 Integrated Winter Plan for West Wales, identifying benefits received by Hywel Dda University Health Board (HDdUHB) patients accessing unscheduled and scheduled care pathways and to the system during the period of greatest pressure on the local care system.

This evaluation is based on a rapid review of the Winter period and will inform whole system integrated plans being developed for 2021.

#### Cefndir / Background

On 7 September 2020, the West Wales Integrated Executive Group (IEG) was advised of various planning and reporting requirements for Regional Partnership Boards (RPBs) over the forthcoming 6 months. These included a requirement for RPBs to 'play a key role in leading the development of an integrated Health, Social Care and Third Sector plan for Winter 2020'.

A steering group comprising leaders from across partner agencies developed a single, cross-sector Winter Plan for the region spanning, primary, community and acute services. This represented a significant step forward for the region in terms of a partnership approach.

The plan was required to:

- Align with HDdUHB's Quarter 3 and 4 Operating Framework from Welsh Government (WG).
- Reflect/link with other regional plans such as the care homes regional action plan, Discharge to Recover & Assess (D2RA) improvement plans, etc.
- Be constructed around the WG's Four Harms and six strategic goals and the agreed West Wales health and care pathway.
- Cover all population groups and address 'next steps' set out for these groups in the national Winter Protection Plan as appropriate.
- Be explicitly regional, featuring footprint-wide objectives delivered through common approaches as far as possible and more locally based action where current arrangements, evidenced need and political priorities dictate.

- Specify priority actions requiring rapid implementation to mitigate major system risks.
- Include consistent outcomes and metrics for all actions, drawn from the regional outcomes framework.
- Be tested for deliverability within the context of current 'abnormal' system pressures and challenges, including:
  1. The need to maintain core and elective services alongside provision for COVID-19, in line with WG pronouncements.
  2. Reduced surge capacity compared with previous years.
  3. Continued significant pressure on care homes, domiciliary care and primary care across the region.
  4. Optimise all available capacity, including field hospitals, to optimise capacity across the system and outcomes for individuals.

WG funding streams for Winter were provided against specific work streams this year, in contrast to a generic Winter funding stream as in previous years. These funding streams were:

- D2RA funding to support discharge (allocated via the Regional Partnership Board (RPB)).
- Urgent primary care funding to support alternative access to emergency departments (ED).
- Same Day Emergency Care/Ambulatory Emergency Care (SDEC/AEC) to support admission avoidance & front door turnaround.
- 4 harms additional funding provided to support D2RA funding.
- Quarter 3/4 funding to support acute services delivery.

The West Wales Integrated Winter Plan was approved by the HDdUHB Tactical Group on 28<sup>th</sup> October 2020 and the RPB on 29<sup>th</sup> October 2020.

The multi-agency steering group met on a fortnightly basis during the delivery phase to monitor progress and associated expenditure. A number of projects within the Plan did not proceed due to a number of COVID-19-related factors, including significant difficulties experienced in recruiting staff and embargos in care homes, which meant that planned step-down facilities were not feasible. Eligible slippage projects were identified to mitigate resulting pressures and optimise spend against the allocations.

Resulting changes against WG's D2RA funding stream were approved by the IEG and reported to the RPB. Adjustments against core HDdUHB funding and other external funding streams SDEC/AEC, Urgent Primary Care, 111/ Contact First and funding to support delivery against the 4 Harms set out in the national Winter Protection Plan, were approved internally within HDdUHB.

## Asesiad / Assessment

### Financial Position

Figure 1 provides the financial position at 31<sup>st</sup> March 2021:

Summary By Funding Stream	Funding Pot	Actual Spend	Full Year Actual v Funding Pot	Comments
D2RA Funding	£1,286,421	£1,295,710	-£9,289	Slight overspend of £9.2k
Urgent Primary Care	£290,032	£ -	£290,032	Underspent by £175k
SDEC/AEC Funding	£397,925	£222,104	£175,821	primarily due to recruitment of clinicians

Q3/4 Funding	£3,199,523	£2,408,863	£790,661	
4 Harms	£486,000	£475,331	£10,669	Slight underspend of £10.7k
Grand Total	£5,659,901	£ 4,402,007	£1,257,894	Overall underspend of £1.257m

Urgent primary care funding was unable to be utilised during the Winter period due to delays in recruiting sufficient GPs to provide 24/7 cover and also delays in approving the Memorandum of Understanding to ensure all governance and indemnity aspects were covered. This is an ongoing piece of work and a business case for future funding of a wider Urgent Primary Care model incorporating SDEC/AEC is currently being developed.

As part of our integrated approach across multiple funding streams, the underspends were factored into the broader finance plans across other COVID-19 responses as agreed between HDdUHB and WG colleagues as part of the instructions that were issued to Health Boards in the latter months of the year, and therefore, no recovery's are expected.

### **Impact**

The impact of the increased demand over the Winter period is evident across the whole urgent & emergency care (UEC) system, and particularly manifests itself in flow pressures across the acute hospital sites, especially focused around the front door, with the unintentional consequences of ambulance delays both outside hospitals and also for those individuals awaiting Welsh Ambulance Service NHS Trust (WAST) resources being deployed in the community. Evidently, system trends this year were inevitably affected by the second wave of COVID-19, which coincided with the delivery period.

Whilst discrete projects can be expected to demonstrate an impact in specific service areas, combined impact of the actions within the Plan should demonstrate benefit across a core set of 7 outcome measures:

1. Reduced Length of Stay (LoS):
  - a. Average LoS for medical specialities in both acute & community hospitals.
  - b. Number of patients with LoS > 28 days.
2. Reduced Emergency Admissions:
  - a. Number of admissions, by age group.
  - b. % conversion rate, those patients who attended ED and were admitted.
3. Reduced Emergency Re-admissions.
4. Increased Discharges:
  - a. Weekday, by age group and those before noon.
  - b. Weekends, by age group and those before noon.
  - c. All discharges, by age group and those before noon.
5. Reduced ED Attenders.
6. Improved ED Performance:
  - a. 4 hour performance, by major & minor.
  - b. 12 hour performance, by major & minor.
7. Reduced ambulance handover delays:
  - a. Delays over 1 hour outside ED.
  - b. Lost minutes > 15 minutes outside ED.
  - c. Reduced conveyance rate.

Due to the impact that COVID-19 had on the number and type of presentations at the front doors of the acute sites, some of the outcome measures were evaluated as a percentage to ensure that this impact on demand was accounted for.

It must also be noted that in contrast to previous years where HDdUHB sites have had the opportunity to open additional surge capacity, this Winter the bed configuration was split into red/green COVID-19 beds and this impacted both on the flexibility of bed usage and also any opportunity to open an additional surge capacity. This may have a significant impact on those measures that relate to patient flow.

These outcome measures were baselined and monitored on a monthly basis across each of the acute sites and also across HDdUHB acute services in total, full details are contained within Appendix 1.

### **1. Reducing Length of Stay**

The average LoS of medical admissions reduced significantly across HDdUHB from 11.2 to 8.4 days, a reduction of 2.8 days / 25%, with all acute sites seeing a reduction. Similarly, the number of patients with a LoS >28 days reduced significantly from 12,421 patients in March 2020 compared to 7,355 this year, a reduction of 41% or 5,066 patients. Withybush General Hospital (WGH) observed the smallest reduction in numbers, 18% or 530 patients compared to Bronglais General Hospital (BGH) with a reduction of 58% or 1294 patients.

### **2. Reduced Emergency Admissions**

The number of admissions has decreased across HDdUHB when comparing all age groups for the Winter period 2019/20 compared to 2020/21; decreasing by 12% or 2,012 patients. However, the number of admissions has seen an upward trend over the Winter period, with March 2021 significantly higher than last year and February 2021.

WGH is the notable exception as it has seen an increase in admissions across all the age groups, an increase of 12% / 446 patients over the 6-month period, however it is worth noting that the increase for those patients aged 75 years plus has seen the lowest increase of 7% which suggests that the admission avoidance schemes and front down turnaround schemes are having an impact.

The conversion rate, those ED attenders who are then admitted as emergency admissions, has increased across all groups, with the conversion rate this Winter being 23% compared to 20% last Winter. The largest proportion is those aged over 75 years with 46% being admitted this year compared to 42% last year, this is consistent with ED attenders for this age group being lower, and the number of those admitted being higher.

### **3. Reduced Emergency Re-admissions**

The trend for emergency re-admissions with readmission numbers is 47%/1,683 patients less than the same period last year across all groups.

This trend is more consistent with all sites showing an overall reduction, however WGH did see the lowest reduction of 22% across all age groups and those aged 0-49 years saw a very small increase in readmissions of 15% / 10 patients.

### **4. Increased Discharges**

Given that the number of admissions overall has decreased, it is inevitable that the number of discharges has also decreased across the HDdUHB when comparing all age groups for the Winter period 2019/20 compared to 2020/21; decreasing by 32%.

However, the additional support to acute sites was in the main to facilitate an increase in discharges before noon and also weekend discharges to help facilitate more consistent patient flow over the 7-day period. Historically these discharges have been very low in number.

The discharges before noon are also decreased comparing year on year, 38% reduction or 3,468 patients. As a proportion of all discharges, this is a slight reduction of only 1% over the six-month period.

The weekend discharges again evidence a slight decrease in numbers, however as a proportion of those discharged, those discharged over the weekend period has increased slightly, 10% this year compared to 9% last. Given the continued impact COVID-19 has had on staffing resources, this can be seen as a positive.

## **5. Reduced ED Attenders**

Following the impact of COVID-19, attenders at ED remain lower than those previously seen across all groups, this is 19% / 11,013 patients. The trend across all sites has been a reduction with some sites seeing a larger reduction in attenders than others; BGH saw an overall reduction of 25% compared to a much smaller reduction of 10% at WGH.

It is worth noting that the trend over this Winter period has been an upward trend with numbers increasing with March 2021 attenders being significantly higher than last March 22% and 31% higher than February 2021. This suggests that attenders are starting to reach previous historical levels pre-COVID-19.

## **6. Improved ED Performance**

The 4 hour performance has reduced slightly this year compared to last year; 73.1% compared to 77.2% across the Winter period. Prince Philip Hospital (PPH) is the only site to evidence an improved 4 hour performance, 93.1% compared to 92% the previous Winter.

The 12 hour performance in terms of the number of breaches has however seen a significant reduction; a reduction of 1,144 breaches / 21%. However, given that the number of ED attenders has also reduced, the 12 hour breaches as a percentage of those attending has seen a much more modest reduction in real terms of 0.5%.

The introductions of red/green COVID-19 areas in both ED and the wards has significantly impacted on the ability to flow patients through the system and this impact can be seen in the ED performance.

## **7. Reduced ambulance handover delays**

The total number of ambulance arrivals has reduced slightly this year compared to last year; 8% / 1,274 over the Winter period. This is consistent across all 4 acute sites, however WGH has seen very little reduction only 31 / 0.7% compared to GGH which has seen a 12.9% / 834 reduction.

Again it is worth noting that the number of ambulance arrivals has significantly reduced in March 2021 across all 4 acute sites; year on year this is a 16.7% increase with BGH evidencing the largest increase of 36%, due in part to a lower number of ambulance arrivals last year in March. On a pro-rata basis comparing March 2021 against February 2021, this also highlights an increase of 24.6%.

The total number of ambulance delays over 1 hour has reduced significantly this year compared to last year; 49% / 1,274 over the Winter period. The number of delays also

increased in March 2021, compared to February 2021 however this is still significantly lower than March 2019.

As a balancing measure, it is useful to look at the number of lost minutes from the allocated 15 minutes' handover, as historically whilst the number of ambulances delayed over 1 hour has reduced, this has not been the case for the minutes lost. However, comparing this Winter period to the previous Winter, the minutes lost has also reduced; 33% lower / 2,839 minutes. WGH saw the largest reduction with a reduction of 62% or 1,375 minutes.

Another useful balancing measure is the conveyance rate, which is the number of calls to WAST that result in the individual being conveyed to a hospital site. Traditionally, conveyance rates across HDdUHB have been amongst the highest across Wales and significantly above the target of 60%, however this has been decreasing over the last 3 years.

	Average		
	2018/2019	2019/2020	2020/2021
<b>Carmarthen-shire</b>	71.2%	67.2%	64.4%
<b>Ceredigion</b>	68.5%	64.7%	62.1%
<b>Pembrokeshire</b>	69.0%	64.2%	61.7%
<b>Hywel Dda</b>	71.2%	67.2%	64.4%

## New Initiatives

In line with previous years, a number of new initiatives were piloted during the Winter period and part of the local evaluation was to understand the impact of such schemes and if positive benefits were identified, to inform decisions around embedding successful initiatives into core services and/ or using future external funding to support them on an ongoing basis. The impact of a number of individual schemes has been assessed and examples are provided below.

- **Community Independence Service (CIS) – Carmarthenshire**

The scheme provides rapid access to domiciliary care to facilitate hospital discharges; to maintain good patient flow in acute hospitals by supporting hospital discharges for those patients requiring domiciliary care; to 'right size' the long-term care packages of service users to increase the time spent at home for older people.

There were no delays in discharging patients requiring domiciliary care over the Winter period for most parts of the county. The service was set up on a 'locality' basis, with varying capacity (number of hours) in each geographical area - depending on the population / demand for that particular area of the county. This meant that even 'Hot-spots' in the county had capacity to accept packages of care.

Service users rated the service consistently high; scoring out of 10, the majority scored 9 and 10 with the lowest score being 8 out of 10.

It is planned to include the CIS model in the new framework agreement for domiciliary care.

- **Additional Capacity to Support Discharge from Hospital/Admission Avoidance – Carmarthenshire**

The scheme provided more social work capacity including a dedicated team manager post and 5 agency social workers. The project also provided 4 Wellbeing officers in the acute

hospitals to provide information, advice and assistance, undertake proportionate assessments and facilitate discharges with preventative / third sector services support.

The success of this scheme was attributed to having sufficient social work resource available, and a dedicated team manager to manage the demand for assessments in a timely way. Experienced well-being officers (who normally work in our single point of access) were deployed to the hospital roles and were able to use their skills to excellent effect.

There were no delays in undertaking social work assessments throughout the Winter period. The outcomes achieved by the wellbeing officers in the acute hospitals exceeded expectations.

Carmarthenshire have appointed a permanent social work team manager to oversee the hospital teams and promoted one of the experienced social workers to an assistant team manager role. The Transformation Scaling Fund is being utilised to continue the Delta Well-being officers in the acute hospitals for the whole of 2021/22.

- **COVID-19 Psychology Pathway – Ceredigion**

Psychological guidelines indicate a requirement for psychological screening at key points: acute, discharge and 2/3 month follow up as COVID-19 is known to cause depression, anxiety, trauma (PTSD) and cognitive impairment in many..

Integrated COVID-19 psychology service into existing Respiratory Psychology Service has been developed and disseminated, and a psychology pathway for patients is available following COVID-19 (acute admissions and community). A training package has been developed and delivered online.

100% of patients had improved anxiety, depression and global distress.

This scheme is ongoing and the financial risk is being managed within the overall budget until a new funding source is identified.

- **Early Supported Discharge (ESD) for Stroke – Pembrokeshire**

The project provided an attractive proposition for attracting external therapists for the posts as historically short term therapists' appointment have remained unfilled.

Teams have worked flexibly to support discharge outside of normal stroke early stroke discharge (ESD) criteria where capacity has allowed. Implementation was integrated well within the existing stroke pathway with involvement/support from the Stroke Team, and well supported by the wider team and partners.

Patients were supported to return home sooner and families have valued the support provided, with easier access to support prompt resolution of concerns via access to stroke team and wider multi-disciplinary team/service. More opportunities were identified than expected to support people to avoid admission following stroke and to support stroke clinic.

This scheme is ongoing and is unfunded, as it is informing the stroke redesign programme.

- **Increased capacity for 7 day assessment for people at home and within a hospital or intermediate care bed – Pembrokeshire**

This scheme provided resources within the Intermediate Care hub that enabled the flexibility to focus that workforce across the system, which demonstrated key flow constraints and education opportunities.

Working directly with individuals who have been identified as requiring long-term support, their assessments and input have ensured patients are not 'lost' and are able to return home in a timely manner.

Assessments have been undertaken for individuals who have had the 'rapid response' from the community, however have not undertaken an assessment for eligibility where previously this had been a cause of delay and added pressure on the First Contact Team.

This team has been extended.

## CONCLUSIONS

A general synopsis of the 2020/21 Integrated Winter Plan is as follows:

- The impact of COVID-19 has made evaluation against previous years significantly more difficult than would otherwise have been the case.
- Front door demand decreased, however during March 2021 it has started to return to previous pre-COVID-19 levels.
- 4 hour performance has deteriorated, probably as a result of the bed reconfigurations due to COVID-19, however 12-hour waits, ambulance delays and lost ambulance hours have improved.
- Integrated planning commenced earlier, a steering/monitoring group was established and lessons learnt previously enabled the plan to be more concise, effective and slippage could be efficiently reallocated to ensure maximum opportunity to deliver benefits.
- Improved partnership arrangements undoubtedly enabled HDdUHB and its partners to work creatively and collaboratively to address pressures across the system over the Winter period.

## NEXT STEPS

Alongside the general impact assessment highlighted above, each county system has individually evaluated local schemes. As noted above, regional and local evaluations will inform decisions on project continuation, either by mainstreaming into core programmes or putting schemes forward for continued support through external funding streams. Full details of the evaluated schemes can be found in Appendix 2.

WG has initiated a process for bids to be submitted for key parts of the urgent and emergency care system; urgent primary care, SDEC/AEC. HDdUHB has submitted a whole system response and is currently awaiting feedback on this funding.

PPPAC can be assured that HDdUHB will continue to actively engage in national work to ensure that best practice is embedded across HDdUHB.

### Argymhelliad / Recommendation

PPPAC is requested to receive the Integrated Winter Plan 2020/21 Evaluation report and discuss any issues arising from its content.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.11 Ensure that best practice and national guidelines are adopted in service development plans and pathways.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk no 889
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well. 3. Growing older well. 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Welsh Government Winter Planning directives
Rhestr Termiau: Glossary of Terms:	Within the document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Winter Planning Steering Group Tactical Group Integrated Executive Team / Regional Partnership Board Unscheduled Care Steering Group

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	All accounted through funding streams outlined above
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Robust Winter plans ensure patient care continues to be provided throughout the Winter period.

<b>Gweithlu: Workforce:</b>	Not applicable
<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not applicable
<b>Enw Da: Reputational:</b>	There could be significant reputational risks for HDdUHB and partners in the event of major incident.
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	The Integrated Winter Plan reflect the needs of the population.

No.	Funding Stream	Action	Named Lead	Project Outcomes (what is you measured?)	Outcome Reporting (measures per month)					Key Delivery Actions					
					nov-20	des-20	jan-21	feb-21	mar-21	What went well? And why?	What did not go well & why?	has this been embedded? If not why not?			
2.1	D2RA Funding	Investment in CICES to ensure sufficient equipment in place to facilitate patient flow	Leigh George												
2.2	D2RA Funding	Community independence service	Alison Watkins	To maintain good patient flow in acute hospitals by supporting hospital discharges for those patients requiring domiciliary care.	To increase the time spent at home for older people	To 'right size' the long-term care packages of service users				<ul style="list-style-type: none"><li>Number of service users = 90</li><li>Number of hospital discharges supported = 52 out of 90 (38 were from community)</li><li>Average number of days to start C5 service = 3 days</li><li>Number of care hours delivered by C5 = 645 hrs</li><li>Number of service users who had a reduction in their care package = 45 out of 90 (50%)</li></ul>	There were no delays in discharging patients requiring domiciliary care over the winter period for most parts of the county. The service was set up on a 'locality' basis, with varying capacity (number of hours) in each geographical area - depending on the population / demand for that particular area of the county. This meant that even 'hot-spots' in the county had capacity to accept packages of care.	Not all of the providers were able to fulfil the contract for the full duration, there was a delay at the start due to their staff having to self isolate. Some providers were not as successful at 'right using' the long term care packages as others. Due to the urgent circumstances of the pandemic, the contract was offered to a wide range of providers, some providers did not have the level of expertise compared to the Council's appointed framework provider, although it was recognised that with time, this would have developed	It is planned to include the C5 model in the new framework agreement for domiciliary care. This will involve a selection process to appoint an experienced provider who has staff skilled to undertake holistic assessment. There will be a dedicated monitoring officer to scrutinise the providers' quality statements and KPI performance.		
2.7	4 Harms	Mental Health Crisis Provision/hospital discharge support	Avril Bracey												
2.29	Q3/4 Funding	Increase Carmarthenshire LA support for people in mental health crisis out of hours	Avril Bracey												
3.1	4 Harms	Additional capacity to support discharge from hospital/admission avoidance	Alex Williams	To maintain good patient flow in acute hospitals	To increase the time spent at home for older people	To support people by providing information advice and assistance from preventative/3 <sup>rd</sup> sector services	100 discharges supported by IAA / preventative service	100	75	109	89	Total of 473 discharges supported by IAA	There were no delays in undertaking social work assessments throughout the winter period. The outcomes achieved by the Delta Wellbeing officers in the acute hospitals exceeded expectations. Having sufficient social work resource available, and a dedicated team manager to manage the demand for assessments in a timely way. Experienced Well-being officers (who normally work in our single point of access) were deployed to the hospital roles and were able to use their skills to excellent effect.	There were no 'negatives' of any significance.	We have appointed a permanent social work team manager to oversee the hospital teams and promoted one of the experienced social workers to an assistant team manager role. Transformation Scaling Fund is being utilised to continue the Delta Well-being officers in the acute hospitals for the whole of 2021-22.
4.27	Q3/4 Funding	PPH additional weekend Reg and Consultant, physio, OT, & phlebotomy (16 hours overtime each per week)	General Manager PPH												
4.28	Q3/4 Funding	additional hours to GPs and ANPs for bank holidays and other days of peak demand over holiday period (8 days * 12hours * GP hourly rate)	General Manager PPH												
4.29	SDEC/AEC Funding	reintroduction of SDEC in PPH. (ambi care now closed due to social distancing)	General Manager PPH												
4.32	Q3/4 Funding	GGH Additional ED medical staff cover	Sarah Perry												
4.33	Q3/4 Funding	GGH Additional Medical MG doctor weekends	Sarah Perry												
4.34	Q3/4 Funding	GGH additional weekend working OT/PT in A&E	Sarah Perry												
4.35	Q3/4 Funding	GGH Consultant Physician increased session on BH's and weekends	Sarah Perry												
4.36	Q3/4 Funding	GGH Surge into Steffan annex etc. until 31st March 2020	Sarah Perry												
4.39	Q3/4 Funding	Additional HCSW's who can take bloods at weekends and BH's	Paul Smith												
4.41	Q3/4 Funding	Set up rehab ward on Ceri template	Paul Smith												
4.42	Q3/4 Funding	Additional porter for A&E/CDU 5pm - midnight	Paul Smith												
4.44	Q3/4 Funding	NNP to work weekend days and BH's	Paul Smith												
4.45	Q3/4 Funding	Extension of British Red Cross operating hours (5pm-2am)	Paul Smith												
4.46	Q3/4 Funding	?? GGH Early Supported Discharge / Outreach	Paul Smith												
4.48	Q3/4 Funding	PPH Therapy Generic Worker Early Supported Discharge / Outreach (spinal, stroke, medical) & A&E discharge avoidance support	General Manager PPH												
4.49	SDEC/AEC Funding	reintroduction of SDEC in GGH. (ambi care now closed due to social distancing)	Sarah Perry												
1a	D2RA Funding	The scheme provides emergency cover for care homes with high staff absences due to COVID-19. To maintain the health and well-being of care home residents.	Alison Watkins	To maintain the health and well-being of care home residents.	To keep residents in their care home.	To ensure the staffing is sufficient to meet their care and support needs and satisfies CW minimum staffing level requirements.	Throughout the winter period, outcomes achieved were: <ul style="list-style-type: none"><li>The care and support needs of residents were met, including palliative care needs</li><li>Staffing levels satisfied CW minimum staffing requirements</li><li>No residents were moved from their home to another care home or a hospital</li><li>At times of peak pressures, agency resources were diverted from Pembrokeshire to support Carmarthenshire care homes</li></ul>			All the coordination with Care Homes who were under the Escalation procedure was done through the Commissioning Team. This included a regular review of the care home's staffing levels and the measures being taken by the care home or its parent company, to ensure the business of continuity. Where these arrangements were insufficient, the commissioning team allocation additional staffing resources from agency contracts that has been set up with 2 healthcare agencies. Additionally, care staff employed by the Council were incentivised to work overtime to provide cover to in-house care homes as well as independent care homes. Alongside these initiatives, a further project called 'Simply Safe' provided a rapid response peripatetic domiciliary care service to supplement the care home staffing between the hours of 07:00 and 22:00. As Pembrokeshire were operating a similar arrangement, both counties were able to work together to divert resources to the care homes in greatest need of support. This multi-pronged approach to securing sufficient resources to provide emergency cover was very successful. At no stage, even at the peak of COVID infections, were any residents moved to another facility and minimum staffing levels were maintained throughout. The central coordination by Commissioning was critical	Predicting the capacity required to meet the level of demand was very difficult, so the scheme incrementally increased over the winter period. The 1st agency contract proved to be insufficient to meet the demand and it became clear that the agency was being overwhelmed with demand for staff by local care homes. A decision was made to contract with a 2nd national agency which were able to provide staff from other areas of the UK. Their ability to cover shifts was more reliable although the cost of this agency was considerably higher. As the level of demand for support increased, the 3rd scheme was introduced using in-house staff working overtime. The incremental approach did work. As the COVID pandemic presented very new challenges, decisions needed to be taken very dynamically. It would not have been possible to have done anything differently in the circumstances to have made more accurate predictions about the capacity required.	This project has ceased but could be reinstated if required.			
51b	D2RA Funding	The scheme provides emergency cover for care homes with high staff absences due to COVID-19. To maintain the health and well-being of care home residents.	Alison Watkins												
58/15	D2RA Funding	Community Equipment	Debra Llewellyn	See Project 1A											
57	D2RA Funding	Simply Safe Covid dom care service	Alison Watkins	See Project 1A											

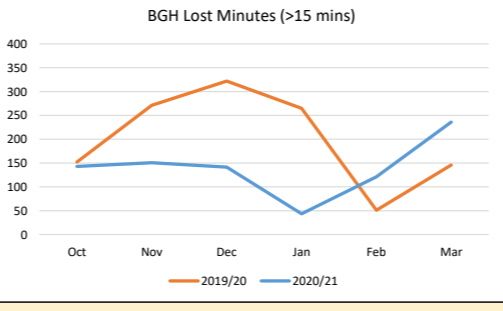
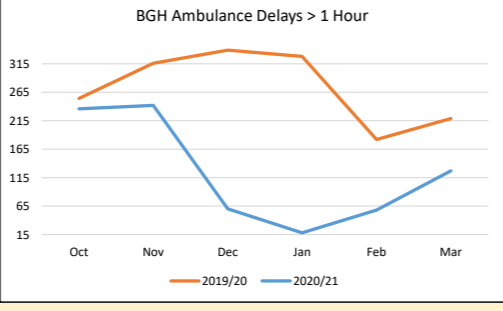
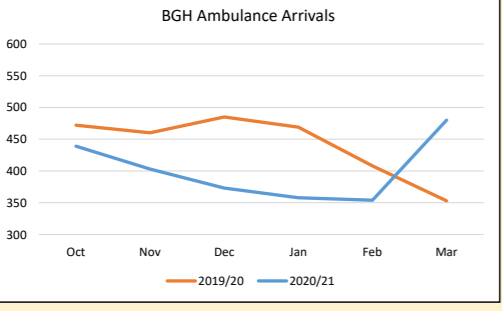
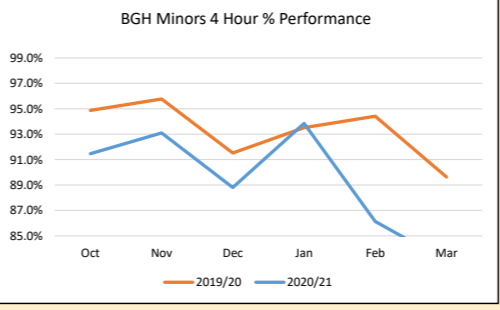
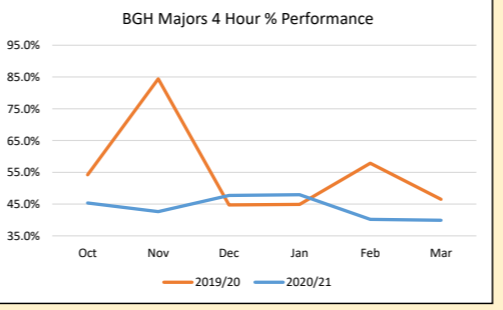
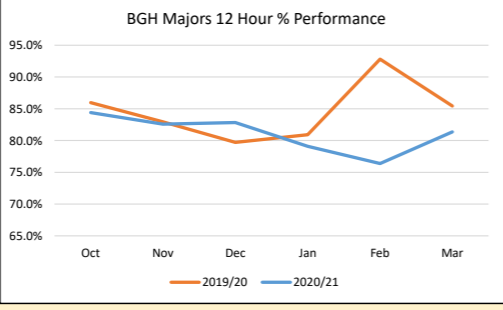
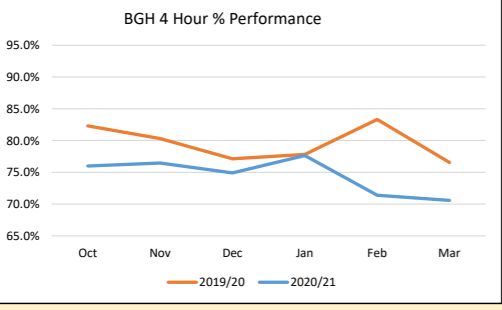
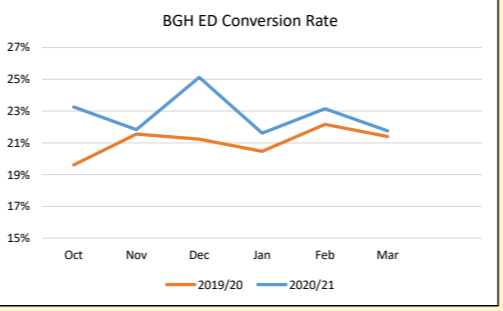
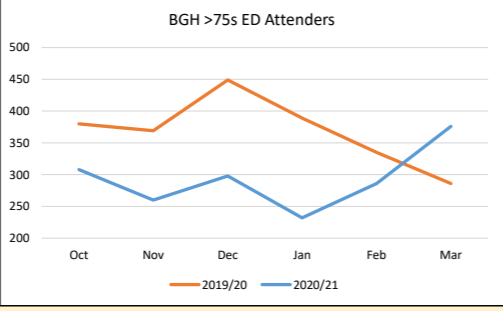
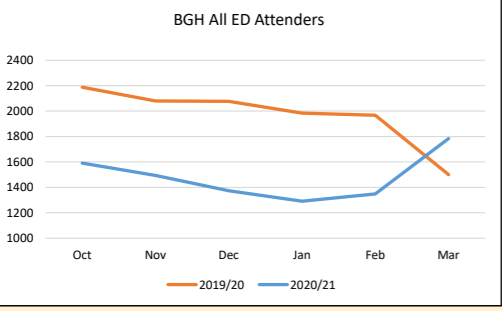
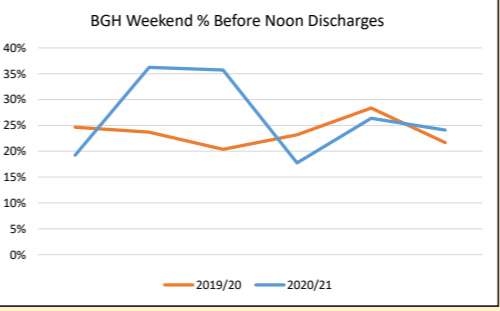
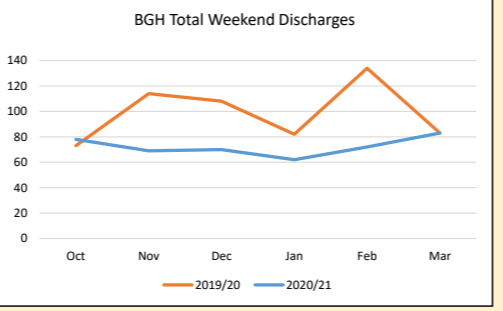
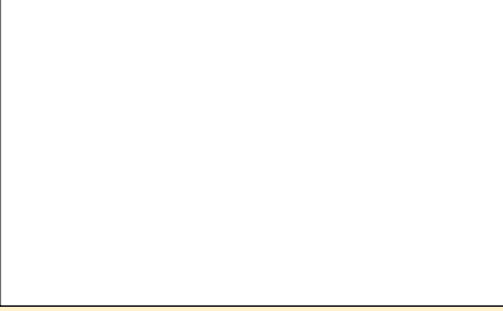
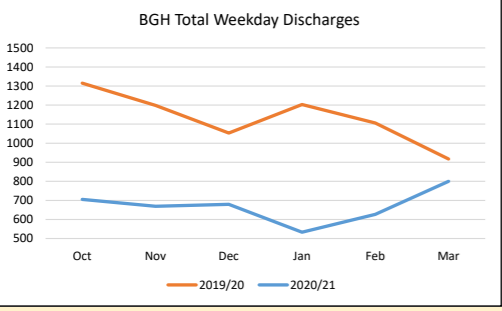
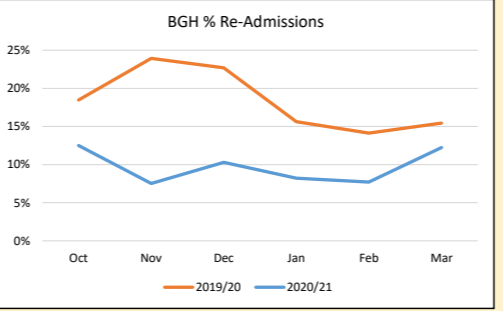
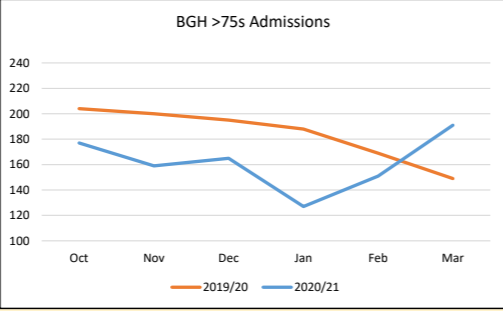
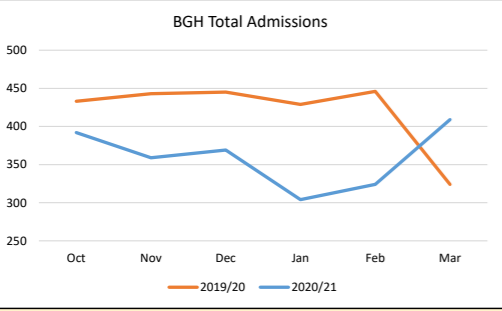
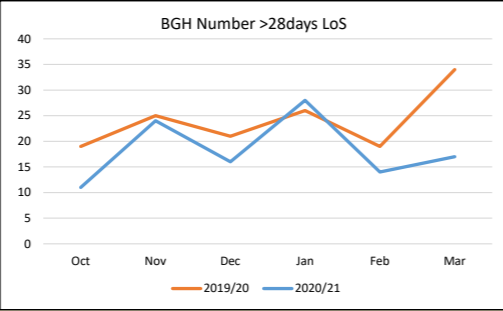
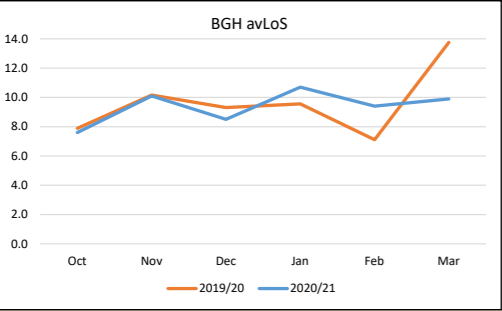
No:	Funding Stream	Action	Named Lead	Project Outcomes (what is you	Outcome Reporting (measures per month)					Key Delivery Actions		
					nov-20	des-20	jan-21	feb-21	mar-21	What went well? And why?	What did not go well & why?	has this been embedded? If not why not?
2,50	4 Harms	Additional equipment, servicing and econtamination.	Joff Lee									
2,15	Q3/4 Funding	Additional community therapy service	Adrian Price / Katie Darby									
2,20	Q3/4 Funding	Provide a rapid access to cleaning services to support Mental health and Substance misuse clients	Joff Lee									
2,34	Q3/4 Funding	Build a bank of B3 HCSW to provide interim support for patients returning home from hospital.	Jina / Tracey									
4,2	Q3/4 Funding	Bronglais Additional ED medical staff cover	SDM - Site									
4,3	Q3/4 Funding	Bronglais Additional MG doctor weekends	SDM - Site									
4,4	Q3/4 Funding	Bronglais Consultant Physician increased session	SDM - Site									
4,8	Q3/4 Funding	Bronglais additional weekend working a range of B2 staff working Sat/Sun - phlebotomy, bed cleaning, hotel services & porters	SDM - Site									
4,9	Q3/4 Funding	Radiology cover for flow	Mark Sherratt									
4,10	Q3/4 Funding	Additional Nursing Cover - ED	Dawn Jones									
4,11	Q3/4 Funding	Additional Nursing Cover - Triage/Amb Care etc	Dawn Jones									
4,12	Q3/4 Funding	Fund additional junior doctor post Nov to end March for Enlli Dementia Shared Care Model	Guto Davies/Lou Cullum									
4,13	Q3/4 Funding	Fund additional OT therapy hours - 30 hours at B6 to support the ward	Katie Darby									
4,16	Q3/4 Funding	Front of House physiotherapist currently off on Maternity Leave.	Adrian Price									
4,17	Q3/4 Funding	Further develop FOH therapy service by recruiting a Therapy Support Worker	Adrian Price/Katie Darby									
4,18	Q3/4 Funding	Acute Occupational Therapy extended hours and weekend cover	Katie Darby									
S2	D2RA Funding	Bio-psycho-social MDT for aftercare of COVID-19 acute/ITU patients.	Bethan Lloyd									
S5	Q3/4 Funding	weekend discharge vehicle	Hazel Davies									
S12	D2RA Funding	Targeted and Short Term Services: Assistive Technology	Joff Lee									
s9/15	Q3/4 Funding	Community Equipment	Joff Lee									
S16	Q3/4 Funding	connectivity for care homes	Janet Knill									
S18	Q3/4 Funding	Sensory Assistive Tech	Joff Lee									

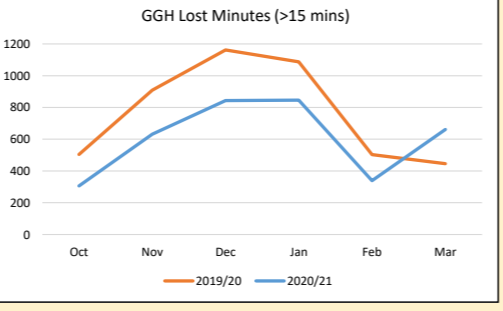
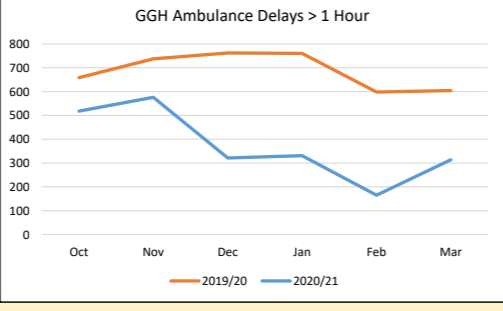
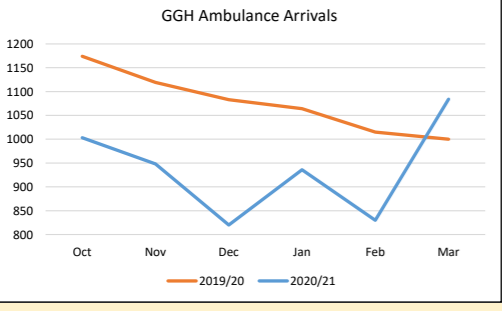
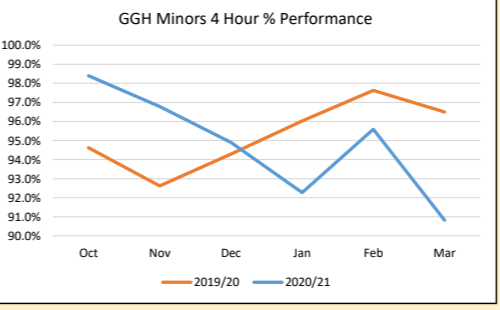
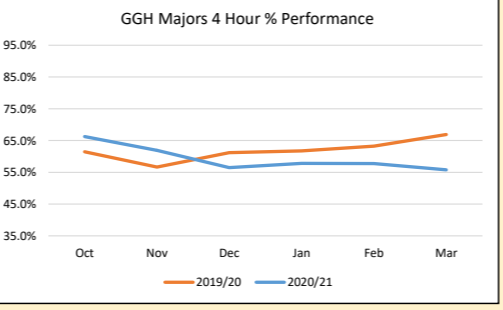
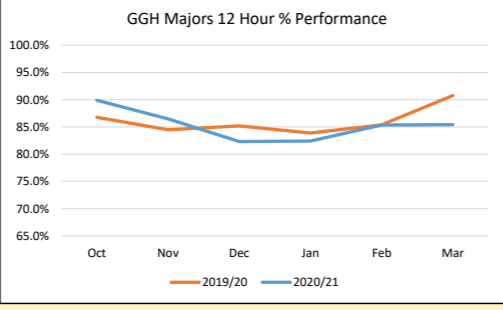
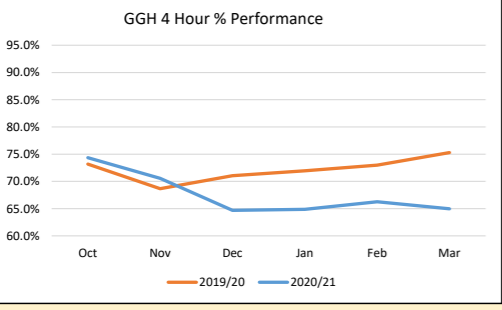
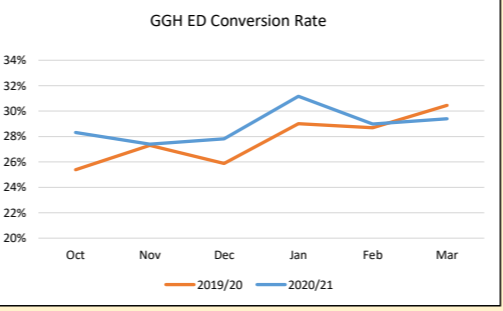
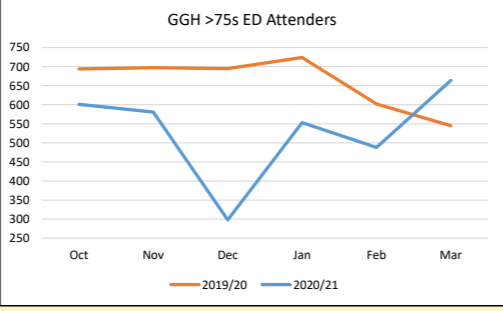
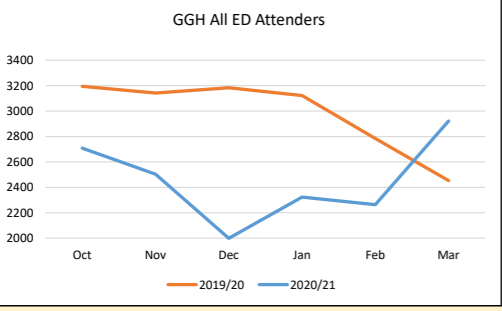
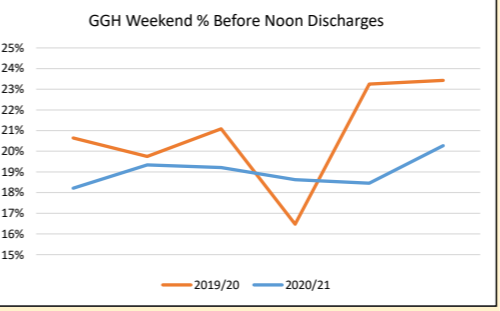
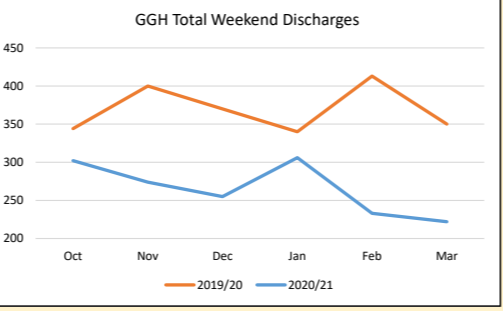
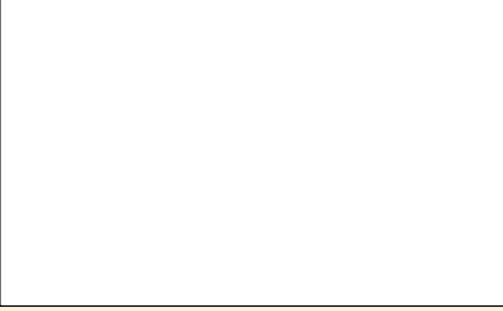
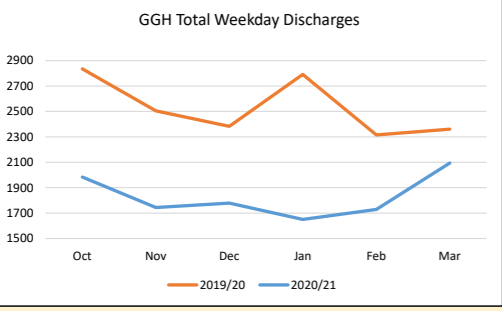
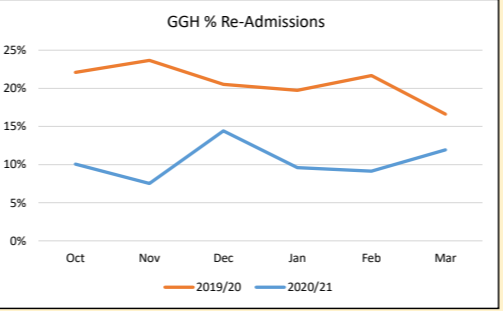
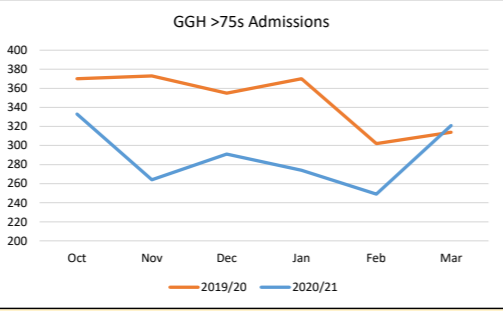
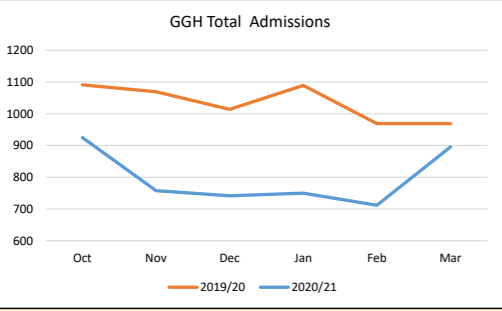
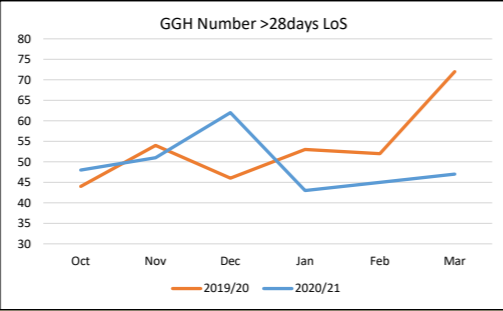
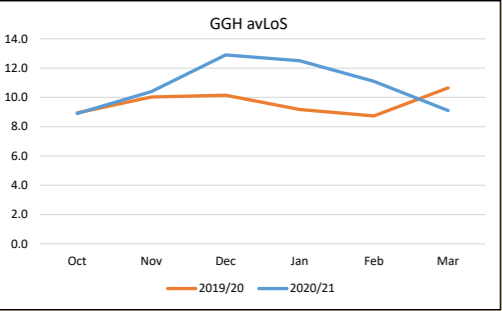
	A	B	C	D	E	F	G	H	I	J	K
1	No:	Funding Stream	Action	Named Lead	Project Outcomes (what is you measured?)	Outcome Reporting (measures per month)					What went well? And why?
2						nov-20	des-20	jan-21	feb-21	mar-21	
3					Length of stay for	n/a	n/a	15.5 days	tbc	tbc	<b>What went well</b>
4					Total number of	n/a	n/a	tbc	tbc	tbc	We were able to recruit to all the posts in the proposal, attracting external (to the Health Board) applicants for therapist posts
5					Total number of	n/a	n/a	7	7	16	The B4s were existing support workers on the stroke ward and from therapies, enabling the scheme to operationalise more quickly and offered a career development opportunity
6	2,22	Q3/4 Funding	Early Supported Discharge for stroke	Claire Sims, Head of OT	Stroke patients supported by	n/a	n/a	2	1	6	Implementation was integrated well within exisiting stroke pathway
7					Discharged from hospital same day	n/a	n/a	5	5	12	Involvement/support from the stroke team
8					Follow up at home	n/a	n/a	4	6	13	Implementation was well supported by wider team and partners
9					Number of	n/a	n/a	13	13	3	Patients were supported to return home sooner
10	2,23	4 Harms	Increased capacity for 7 day assessment for people at home and within a hospital or intermediate care bed.	Linda Jones -Service Delivery Manager - Intermediate Care	Number of	n/a	n/a	4	10	12	<b>What went well?</b>
11					Number of	n/a	n/a	4	10	12	Having the Care Assessors and an ATM as part of the ICT hub enabled the flexibility to focus that workforce across the system, which demonstrated key flow constraints and education opportunities.
12					Number of	n/a	n/a	4	10	12	
13	2,24	4 Harms	Increased capacity for home based care provision including recover, rehabilitation, reablement and bridging long term care need.	Sonia Hay - GM Primary and Community	Reduced Average						
14					Reduced						
15					De-escalation of						
16					Increase equipment,						<b>What went well?</b>
17	2,26	4 Harms	Increasing equipment, training and patient information to support the rapid assessment and care capacity.	Linda Jones -Service Delivery Manager - Intermediate Care and Sonia Hay - GM Primary and Community	Increase use and						Purchase of small aids which has had a positive impact on increasing independence for individuals and reducing need for care calls. E.g. in January 19 individuals were provided with small aids that supported them to be independent with tasks such as washing/ dressing
18					Increase capacity						reducing time in service, and need for ongoing care
19					Reduction in care						Purchase of equipment to facilitate kitchen assessment to be used in ICT step down facility has enabled further rehab and reduce dependence/ need for care calls. Previously were unable to carry out these assessments, resulting in individual being in service longer and extra care provision
20					Reduction in time						
21					Appropriate patient	n/a	n/a	n/a	n/a	45	The respiratory nurses have recognised and safely managed deteriorating respiratory conditions on ward patients during the previous weekends worked including acute Type 1 and type 2 respiratory failures.
22	4,21	Q3/4 Funding	Provision of 7 day per week respiratory clinical nurse specialist cover	Carol Thomas - Head of Nursing	Increased discharge availability of respiratory patients at weekend	n/a	n/a	n/a	n/a	1	From 1/10.20-28/2/21 430 inpatient consultations occurred from team.
23					Reduced LoS						Team provided education and training to medical and nursing colleagues as well as patients to help support safe and effective respiratory care. This would help support admission avoidance and effective discharge plans
24	4,22	SDEC/AEC Funding	Increase the front door cover and extension of scope of ambulatory care unit	Bethan Andrews - SDM WGH	Increased						Access to the service - team working across the MDT
25					Reduced						
26	S2.24	D2RA Funding	Agency Contingency Care Homes Commissioning of block dom care hours with agency as contingency to support outbreak care homes is escalation	Ian Randell							
27					Reduced average						
28					Reduced						
29	S2.25	D2RA Funding	Increased capacity for assessment/Interim beds to delivery pathway 2/3	Jason Bennett / Sonia Hay	De-escalation of						
30					Reduced number						
31					Increased MDT						
32					Reduction in						The service has seen a total of 15 patients, providing over 124.
33					Reduction in						The HFN has provided education, support and clinical input to the ART team in managing referrals and patients having IV diuretics, with good outcomes in all cases
34	2,28	Q3/4 Funding	Provide Home Support to Heart Failure patients	Ceri Griffiths - Head of Nursing Community	Reduction in hospital acquired infections as a result of						The inpatient role increased, with the HFN visitng medical wards to raise the profile of the service,with growing numbers of referrals as a result
35					Spot checks to ensure up to date						Support is being provided by the cardiology consultants and Community HF CNS's on both a formal and informal basis
36					Monitoring of						Only a few clinical areas had achieved the support required within a very short timescale to help provide individuals with the knowledge and skill to support the ward managers. In these areas the feedback was very positive in what they were able to support and expedite.
37	S3	Q3/4 Funding	Ward Manager administrator support USC - Band 4	Carol Thomas	Number of						However, the time period was too short after training to be-able to attain any data sets.
38					Red2Green &						Only succesful in a few areas.
39					Reduction going						Some individuals required less training support and the ward managers in those areas were able to provide support and delegate effectively
40	S6	Q3/4 Funding	weekend discharge vehicle	Janice Cole-Williams							
41	S10/15	D2RA Funding	Community Equipment								
42	S13	D2RA Funding	Paul Sartori increased support								
43	S19	Q3/4 Funding	Assitive technology								

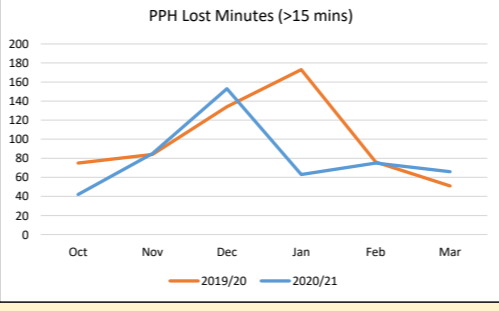
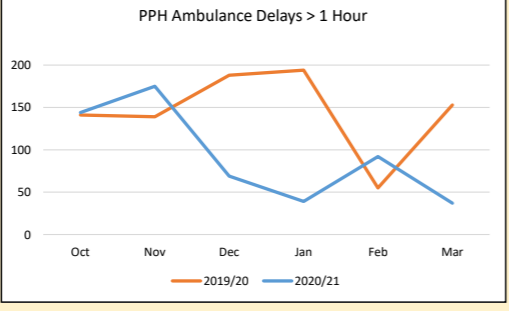
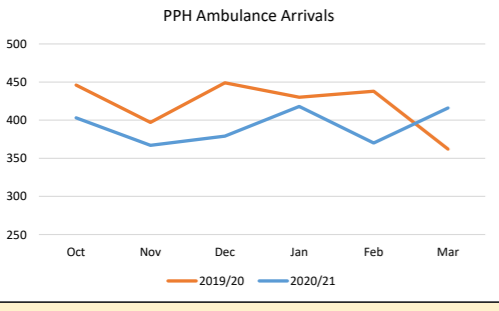
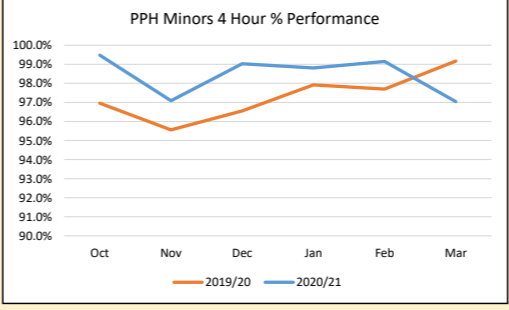
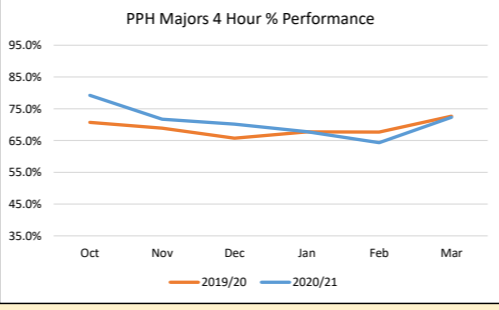
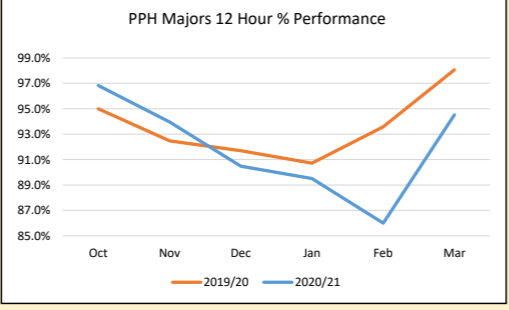
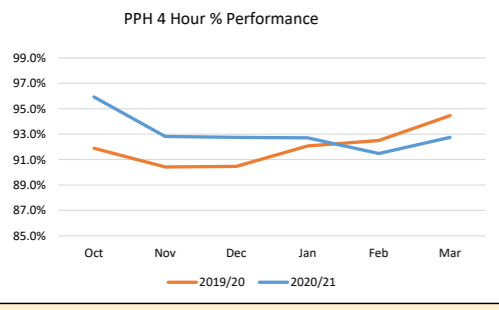
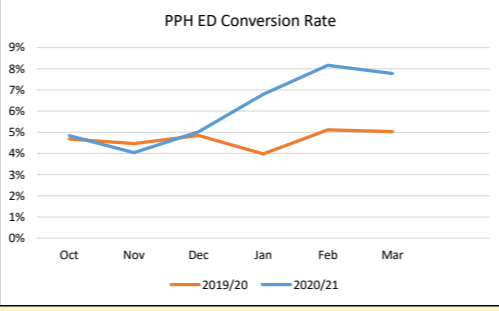
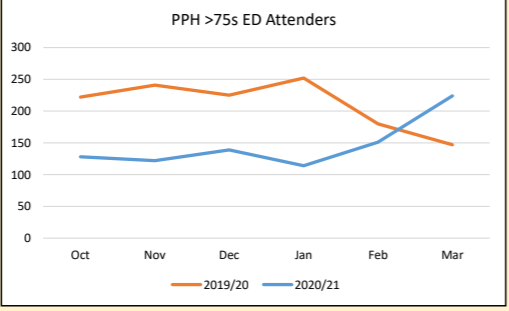
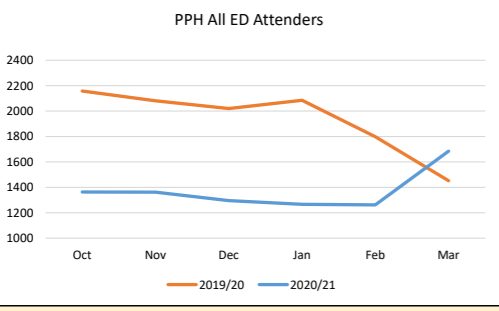
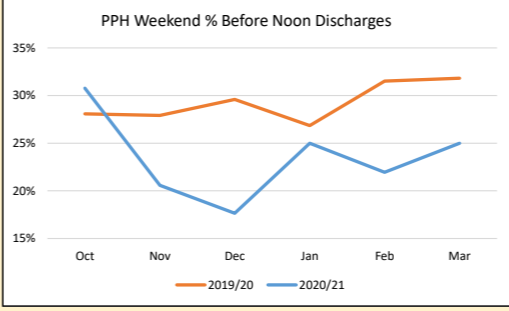
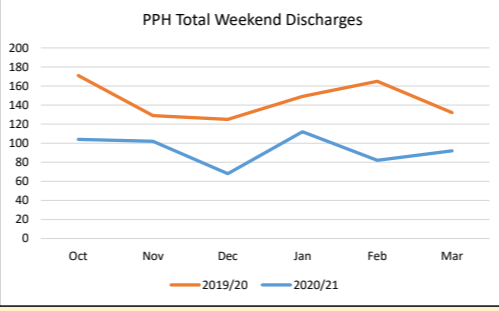
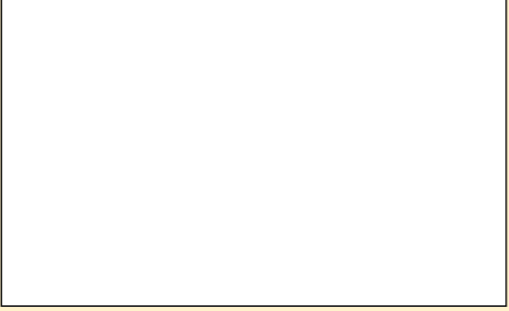
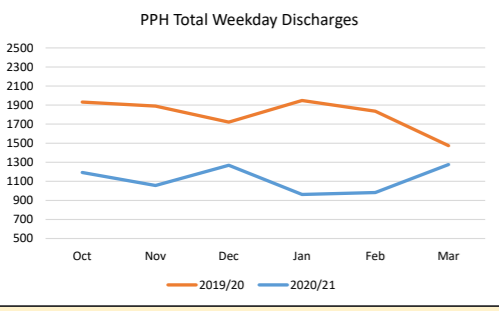
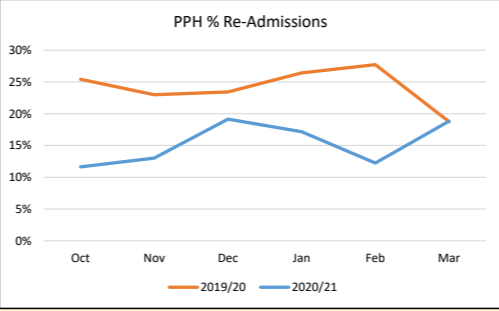
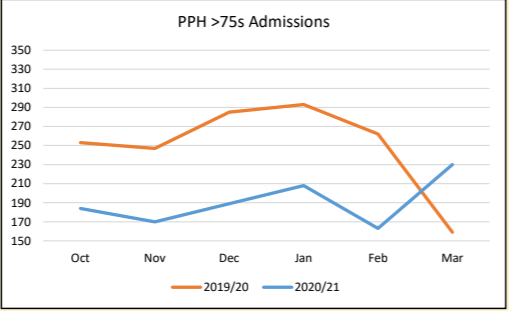
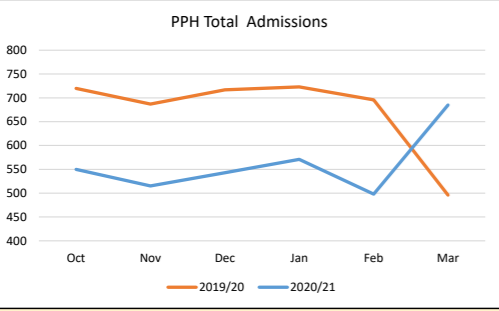
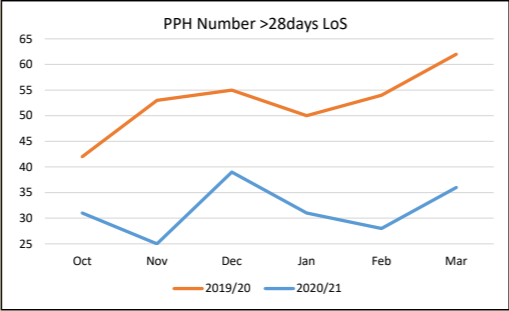
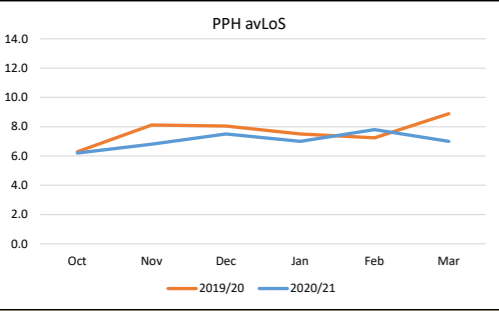
	L	M
1	Key Delivery Actions	
2	What did not go well & why?	has this been embedded? If not why not?
3	<b>What did not go well?</b>	
4	Registered staff did not come into post quickly, meaning we started the team with additional hours and locum support. This put	It has continued, but unfunded. It will inform the stroke redesign programme and the same service will be needed across the Health Board - so not yet embedded.
5	increased demands on existing resources for stroke	
6	S&LT capacity limited - resulting in delays in delivering rehabilitation at home	
7	Demand on existing staff to support getting up and running quickly was significant	
8	Delays in access to IT equipment (tablets and phones) to enable community working	
9	Governance not in place for weekend working	Additional funding received to extend these roles
10	Some misunderstanding re purpose of team - From care providers/stroke clinic	
11	ICT coordinators are available Saturday and Sunday, however, due to not being able to recruit to a therapy role, the community	
12	response during the weekend was limited.	
13		
14		
15	Band 6 therapy for training- we were unable to recruit due to the short timescales with funding and so the training was unable to go ahead	Yes, the equipment is purchased and access to the store and processes are embedded.
16	Rapid response assessment kit- due to the delay in receiving these there has been no outcome to identify - they have only just arrived	
17		
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21	Recruitment, timescale taken to get suitably qualified staff into post.	
22	Increase in team not achieved until February and staff member then required induction period as new to HDUHB Increasing discharges over weekend.	
23	Respiratory nurses have now started to ask wards on a Friday to identify patients are not for Friday discharge who may be suitable for weekend discharge.	
24	Junior doctors are reluctant to discharge from wards on weekend without patient Consultant agreement (not on-call Consultant).	
25		
26		
27		
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31		
32	Delays in recruitment meant that the the post only commenced on 22nd February, with limited opportunity to report results	Learning is being shared across the 3 counties, with plans to expand the service across the health board.
33	The role needs a sustained period to really become embedded in clinical practice for maximum impact	
34	Short term funding risks that benefits seen to date are not sustained	
35		
36		
37	Recruitment, timescale taken to get suitable staff into post and release from areas as EOI posts due to timescale.	
38	COVID-19 caused increased RN/HCSW deficits.	
39	Trying to train individuals during this period was extremely challenging	
40	Came into post mid-February, required induction and extensive support to outline normal processes of the areas.	
41	COVID-19 had impacted significantly on nurse staffing at this time and ward managers were often having to support in the clinical workforce which prevented them having the time required to support individuals in order to develop into effective delegation.	
42		
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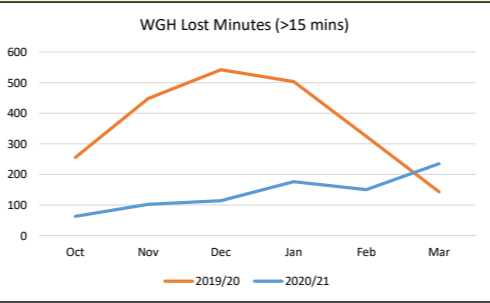
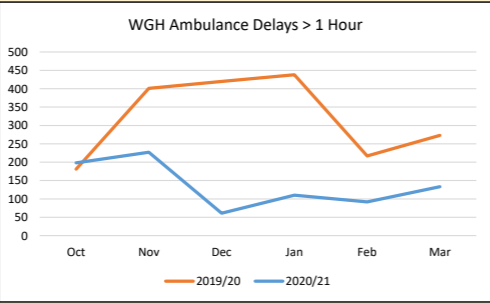
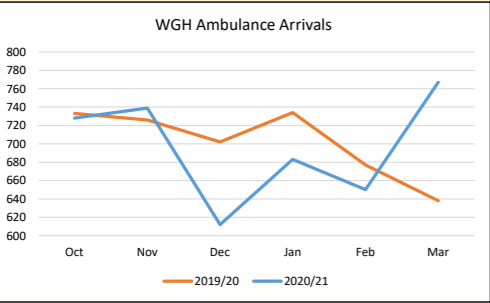
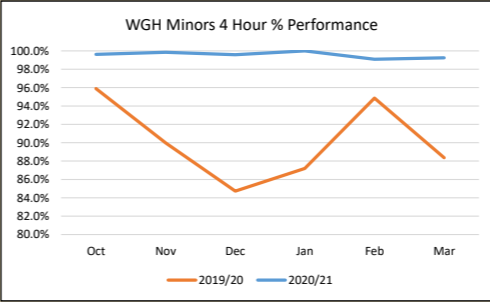
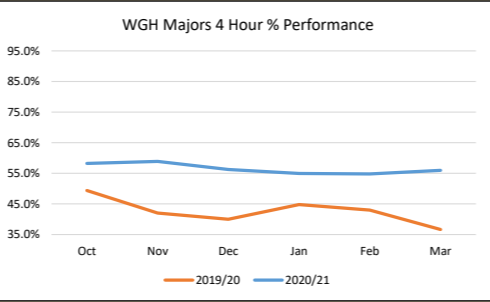
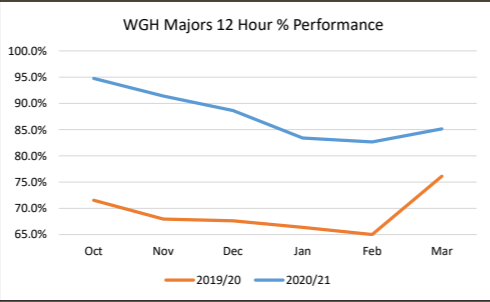
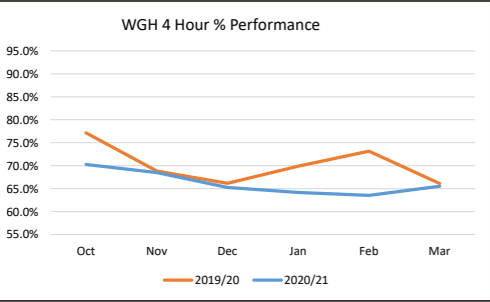
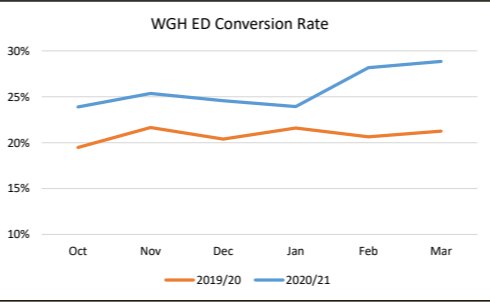
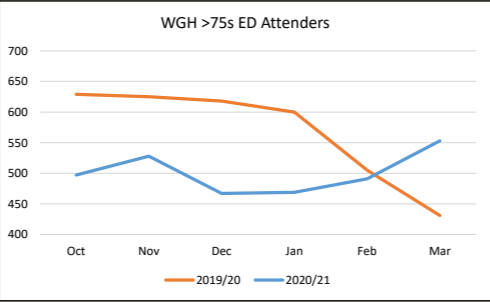
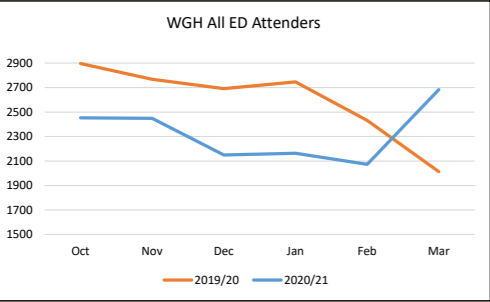
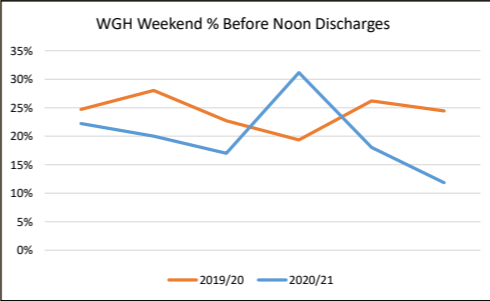
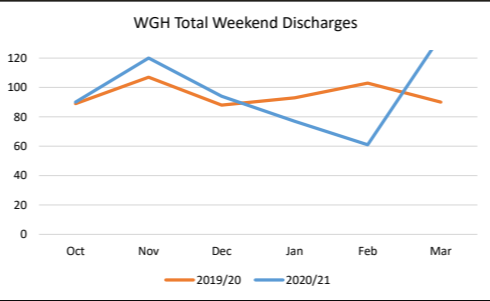
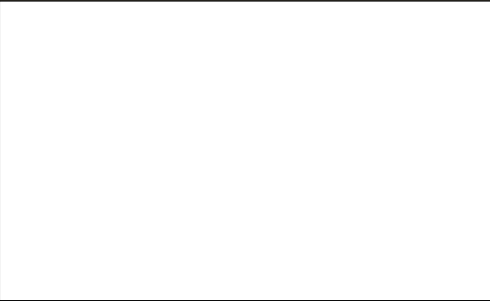
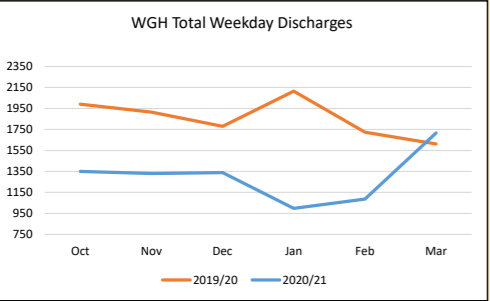
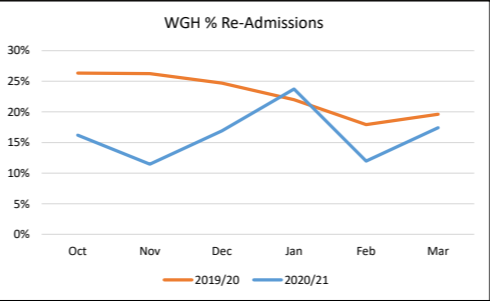
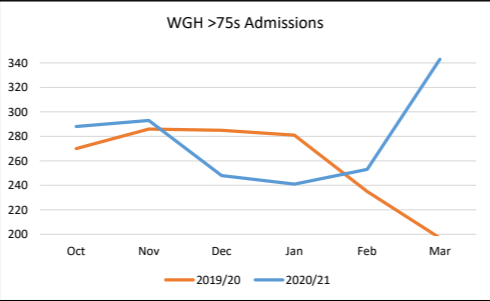
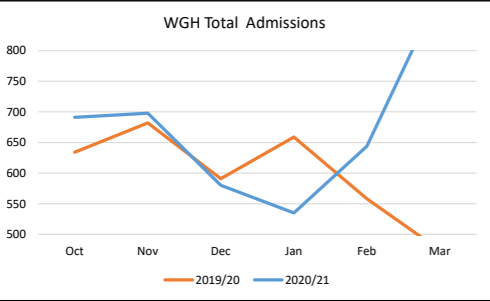
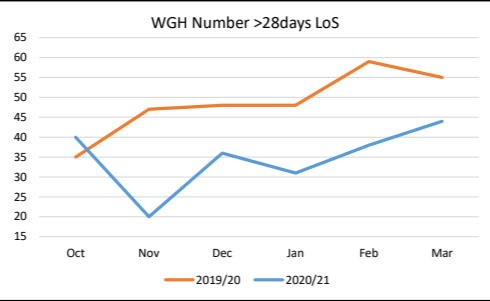
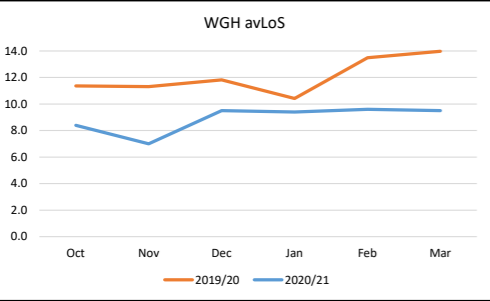
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	No:	Funding Stream	Action	Named Lead	Project Outcomes (what is you measured?)			Outcome Reporting (measures per month)					Key Delivery Actions (bullet points)			
2								nov-20	des-20	jan-21	feb-21	mar-21	What went well? And why?	What did not go well & why?	has this been embedded? If not why not?	
3	1,18	Q3/4 Funding	Adult Mental Health Community support	Lisa Bassett												
4	1,19	Q3/4 Funding	Older Adult Mental Health Crisis support	Neil Mason												
5	1,20	Primary Urgent Care	Primary Urgent Care Model to deliver 111 model	Rhian Dawson												
6	3,2	D2RA Funding	Repurposing of excess residential/nursing capacity to support needs of the population	Rhian Dawson	To support patient flow in acute hospitals by supporting patients with very complex needs to transfer to a more appropriate setting for the assessment of their Long-term Care.	To increase the time spent at home where possible by ensuring that the assessment process is completed in a more homely environment and considers the safety and sustainability of providing care at home for people who present with complex physical and mental health needs	To ensure that patients with complex needs are accurately assessed in order to ensure that their long-term placement is the most appropriate placement to meet their needs.						6 patients were discharged from acute hospitals. Only 1 patient transferred to a standard dementia care placement after a period of assessment.	During the pandemic, there was a particular shortage of Nursing EMI beds in the county due to a number of care homes being under exclusion. Consequently, there were delays in discharging some of the most complex patients which was having a detrimental impact on their wellbeing and on patient flow. A self-contained 8-bed unit was commissioned as a step down facility for Nursing assessment. This provided the means to discharge patients who were subject to a high level of monitoring and 1-1 care within the acute setting, impacting on their liberty and ongoing assessment in a more appropriate setting to provide an accurate understanding of their ongoing needs. Winter pressures funding enabled block booking of the entire 8 bed unit to 'ring fence' Nursing assessment beds.	Unfortunately, shortly after the first 6 patients were admitted in January, the care home was placed under exclusion due to a COVID -19 incident, preventing further admissions for 28 days, this was the case on a couple of occasions and as such during the contract period only 6 of the 8 beds were utilised	Although the project has continued beyond 31st March, it is not intended to commission these beds on a long term basis due to the high cost.
7	3,70	Q3/4 Funding	MHLD regional secure inpatient beds	Nicola Hopkins												
8	4,30	Q3/4 Funding	CAHMS inpatient support	Angela Lodwick												
9	54	Q3/4 Funding	WAST discharge vehicles - agreed AC/WAST/Huw T	Andrew Spratt												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	Data period	Oct - Mar																											
2	The data is based on Emergency Admissions / A&E Inpatient Admissions / Discharges																												
3	Excludes all patients under 16																												
4	Readmissions are within 28 days																												
5	avLoS for medical specialties only																												
6	WAST Conveyance rates excludes HCP calls as the expectation is that every HCP call is conveyed.																												
7																													
8	Graphs																												
9	Reduced LoS	Reduced admissions	Reduced re-admission	Increased discharges	Reduced ED attendances	Improved ED performance	Reduced ambulance handover delays	Increased PICU capacity	Bed days lost	Increase hours of dom care																			
10																													
11	Acute Sites																												
12	Bronglais	Glangwili	Prince Philip	Withybush																									
13																													
14																													
15	Summary	Reduced LoS				Reduced Admissions				Reduced re-admissions		Improved Discharges				Reduced ED Attendances		Improved ED Performance				Reduced Handover Delays							
16		Ave LoS		No >28 days LoS		Number		% re-admissions		% conversion rate		Increased weekday		Increased weekend		year on year	month on month	4 hour %		12 hour %		No Arrivals		No Delays		Length of Delays		Conveyance Rate	
17		year on year	month on month	year on year	month on month	year on year	month on month	year on year	month on month	year on year	month on month	year on year	month on month	year on year	month on month			year on year	month on month	year on year	month on month	year on year	month on month	year on year	month on month	year on year	month on month	year on year	month on month
18	Bronglais	↓	↑	↓	↑	↑	↑	↓	↑	↓	↓	↓	↑	↔	↓	↑	↑	↓	↓	↓	↓	↑	↑	↓	↑	↑	↑	↑	↑
19	Glangwili	↓	↓	↓	↑	↑	↑	↓	↑	↓	↓	↓	↑	↓	↓	↑	↑	↓	↓	↓	↑	↑	↓	↑	↑	↑	↑	↑	↑
20	Prince Philip	↔	↓	↓	↑	↑	↑	↓	↑	↑	↑	↑	↑	↓	↑	↑	↑	↓	↓	↑	↑	↑	↑	↓	↑	↑	↑	↑	↑
21	Withybush	↓	↓	↓	↑	↑	↑	↓	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑	↑
22	HdUHB Acute	↓	↓	↓	↑	↓	↑	↓	↑	↑	↑	↓	↑	↓	↑	↑	↑	↓	↑	↓	↑	↑	↑	↓	↑	↑	↑	↑	↑
23																													
24																													
25																													
26																													
27																													
28				=																									









avLoS	Medical Specialities					
Count Days	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	7.9	10.2	9.3	9.6	7.1	13.8
GGH	8.9	10.0	10.1	9.2	8.7	10.7
PPH	6.3	8.1	8.0	7.5	7.2	8.9
WGH	11.4	11.3	11.8	10.4	13.5	14.0
HDuHB Acute	8.3	9.6	9.6	8.9	8.9	11.2

Amman Valley	28.0	29.5	31.5	22.5	43.0	39.6
Llandoverly	30.5	23.2	61.7	68.3	38.0	37.7
Park House Court	32.0	143.9	7.8	49.0	78.0	29.7
S Pembs	41.9	26.2	42.0	32.6	37.5	34.6
Tregaron	46.3	40.9	29.4	23.4	23.3	31.6

Medical Specialities						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
7.6	10.1	8.5	10.7	9.4	9.9	
8.9	10.4	12.9	12.5	11.1	9.1	
6.2	6.8	7.5	7.0	7.8	7.0	
8.4	7.0	9.5	9.4	9.6	9.5	
7.8	8.3	9.6	9.5	9.2	8.4	

34.0	46.9	36.2	39.9	30.9	48.5	
36.0	22.4	68.5	10.2	27.7	15.5	
68.3	23.7	43.0	19.8	50.0	36.0	
29.6	27.5	27.8	35.0	49.5	23.5	
22.9	32.3	29.7	47.4	26.4	23.9	

>28 days LoS	Medical Specialities					
Count People	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	19	25	21	26	19	34
GGH	44	54	46	53	52	72
PPH	42	53	55	50	54	62
WGH	35	47	48	48	59	55
HDuHB - Acute	140	179	170	177	184	223

Amman Valley	9	9	11	7	11	20
Llandoverly	3	2	2	2	2	4
Park House Court	3	5	0	5	3	5
S Pembs	40	12	14	18	17	19
Tregaron	2	3	4	5	1	4
HDuHB - Community	57	31	31	37	34	52

Medical Specialities						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
11	24	16	28	14	17	
48	51	62	43	45	47	
31	25	39	31	28	36	
40	20	36	31	38	44	
130	120	153	133	125	144	

4	10	6	7	6	8	
4	3	7	0	4	2	
5	2	4	1	2	2	
18	16	21	9	17	17	
2	5	5	7	3	6	
33	36	43	24	32	35	

>28 days LoS	Medical Specialities					
Sum of Days	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	866	1384	1153	1261	947	2244
GGH	2277	3032	2794	2552	2436	4020
PPH	2154	3349	3134	2959	2715	3135
WGH	2236	2721	2591	2249	3301	3022
HDuHB	7533	10486	9672	9021	9399	12421

Amman Valley	457	555	555	366	796	1069
Llandoverly	356	88	172	200	174	282
Park House Court	152	1232	0	363	442	329
S Pembs	953	553	1205	911	909	1256
Tregaron	153	266	158	237	49	259
HDuHB	2071	2694	2090	2077	2370	3195

Medical Specialities						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
533	1205	698	1215	654	950	
2249	2506	3450	2870	2238	2267	
1455	1365	1799	1651	1575	1646	
1946	913	1690	1377	1582	2492	
6183	5989	7637	7113	6049	7355	

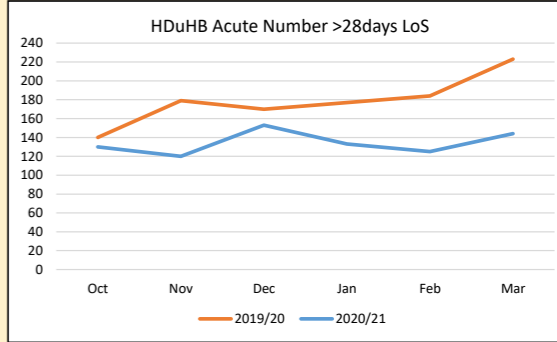
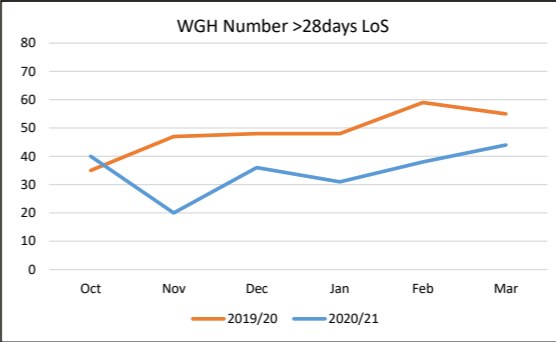
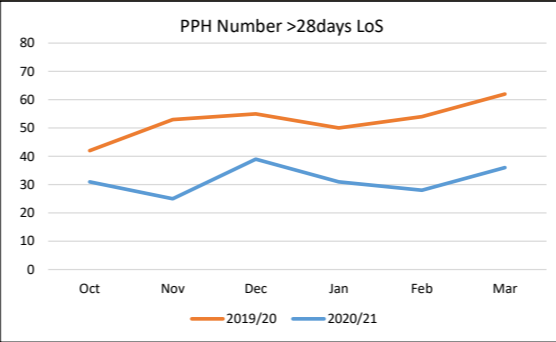
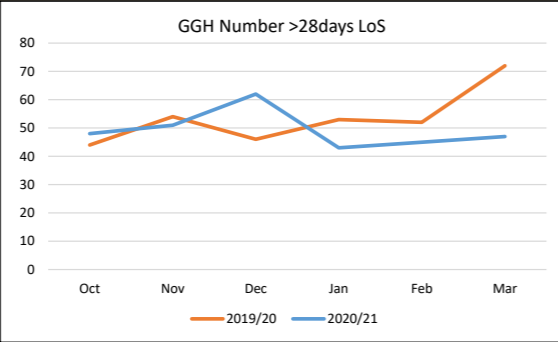
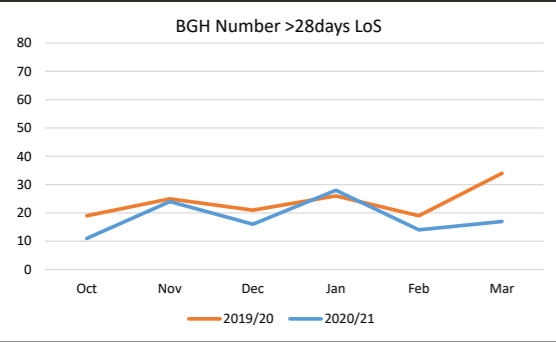
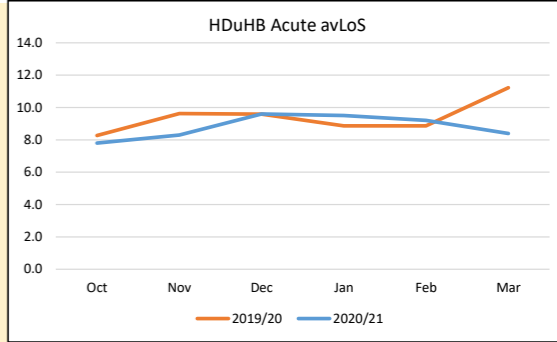
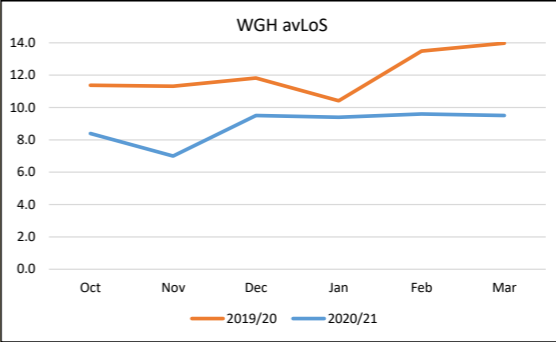
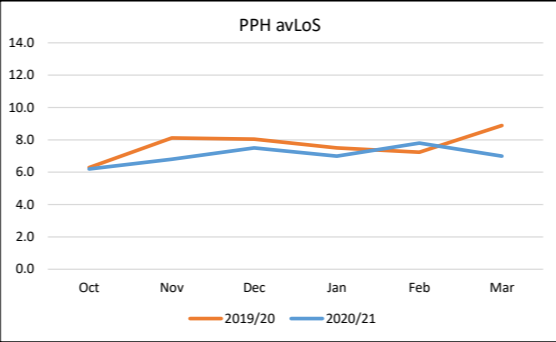
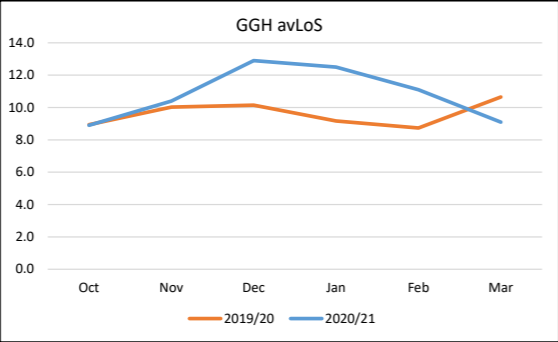
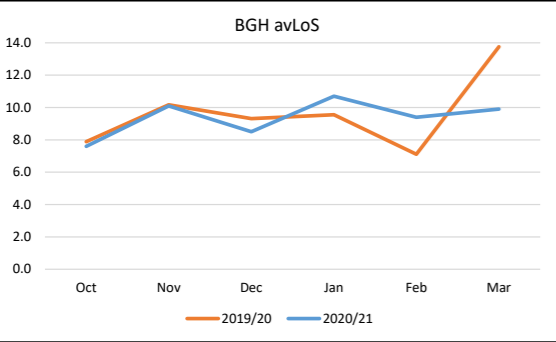
257	627	401	401	309	477	
249	109	676	0	139	58	
457	98	318	36	100	150	
1058	743	1301	519	974	838	
65	249	201	382	185	267	
2086	1826	2897	1338	1707	1790	

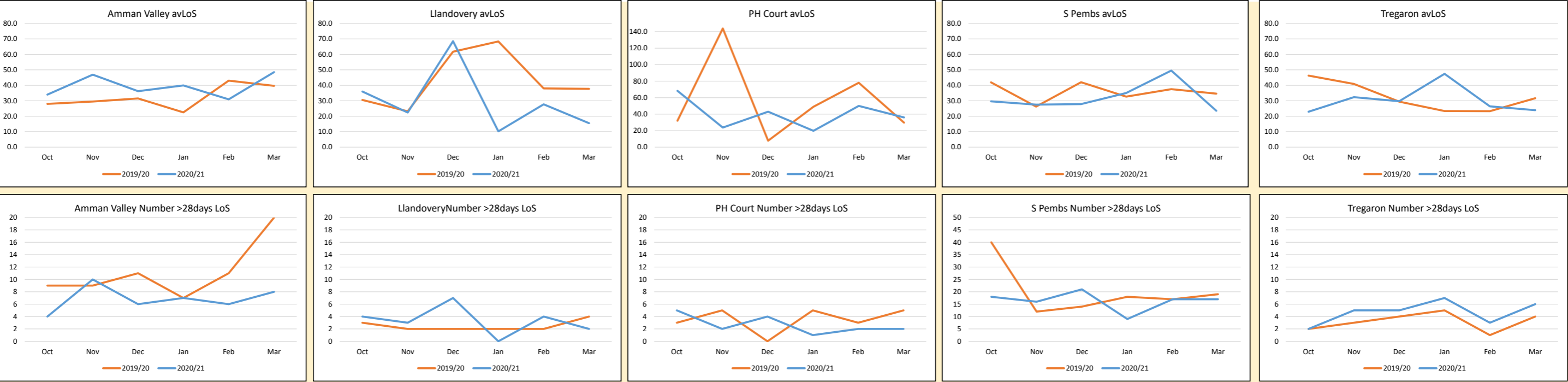
>28 days LoS	Medical Specialities					
avLos	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	45.6	55.4	54.9	48.5	49.8	66.0
GGH	51.8	56.1	60.7	48.2	46.8	55.8
PPH	51.3	63.2	57.0	59.2	50.3	50.6
WGH	63.9	57.9	54.0	46.9	55.9	54.9
HDuHB	53.8	58.6	56.9	51.0	51.1	55.7

Amman Valley	50.8	61.7	50.5	52.3	72.4	53.5
Llandoverly	118.7	44.0	86.0	100.0	87.0	70.5
Park House Court	50.7	246.4	72.6	147.3	65.8	
S Pembs	23.8	46.1	86.1	50.6	53.5	66.1
Tregaron	76.5	88.7	39.5	47.4	49.0	64.8
HDuHB	36.3	86.9	67.4	56.1	69.7	61.4

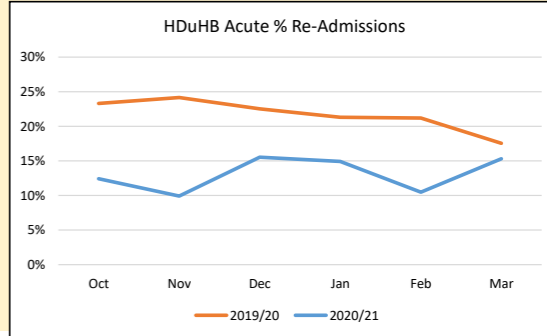
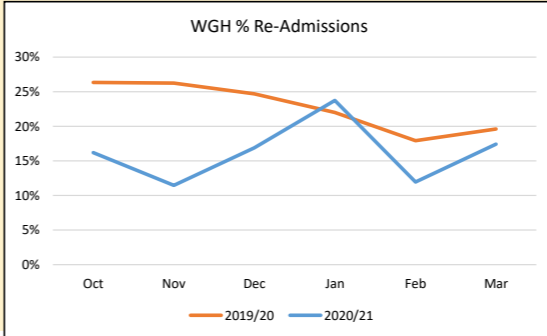
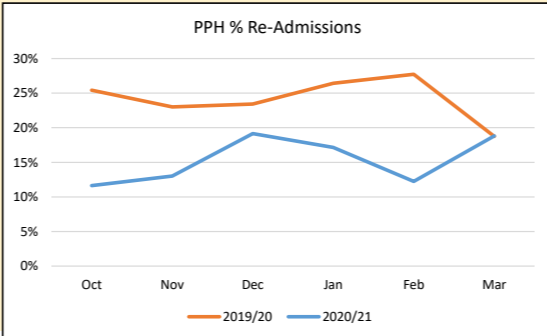
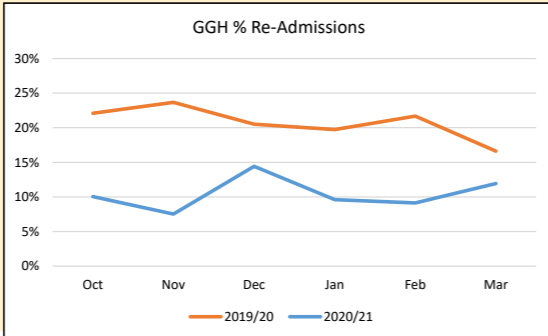
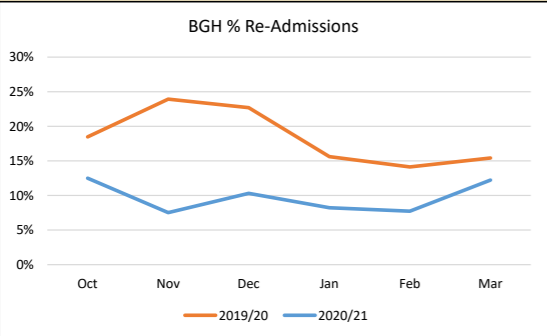
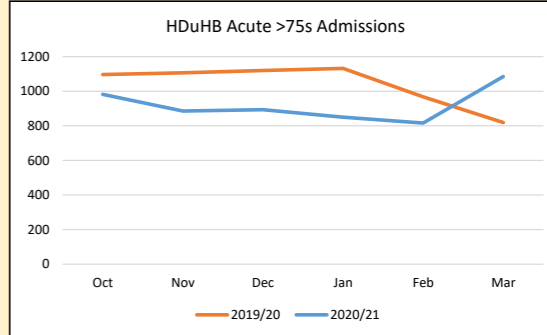
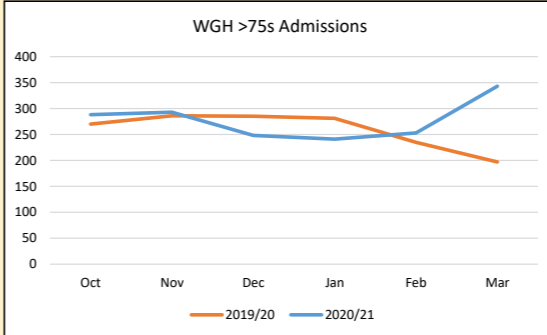
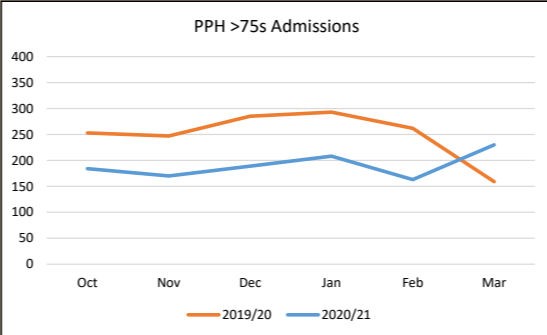
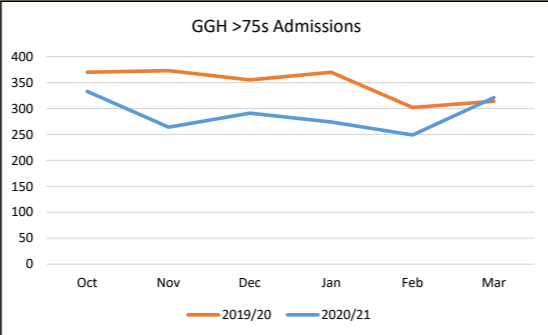
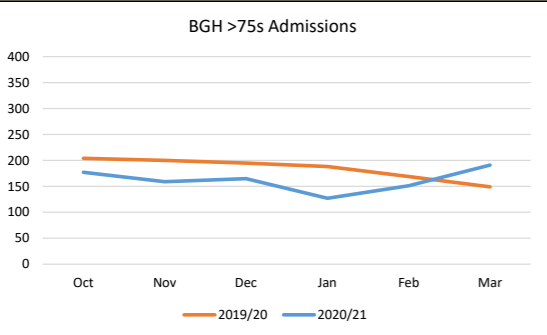
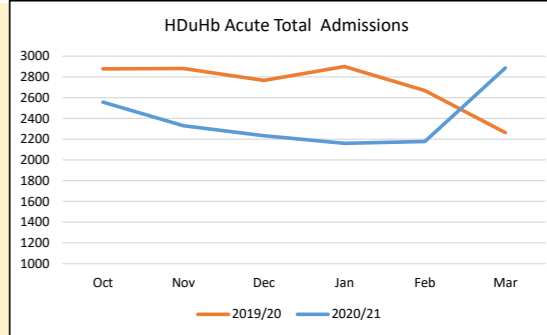
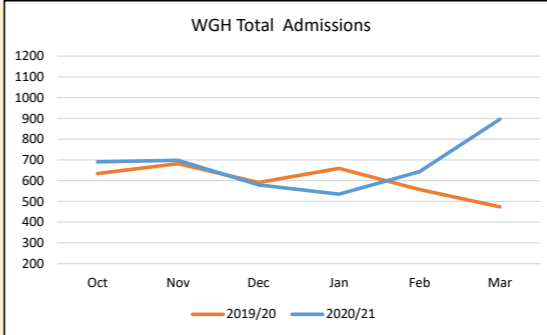
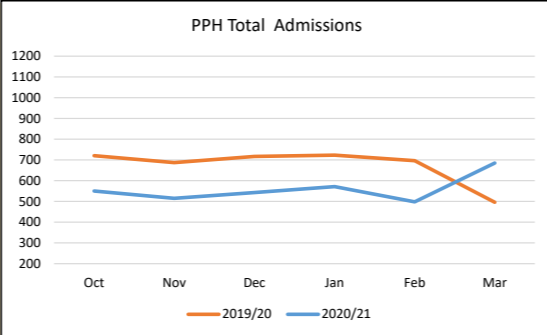
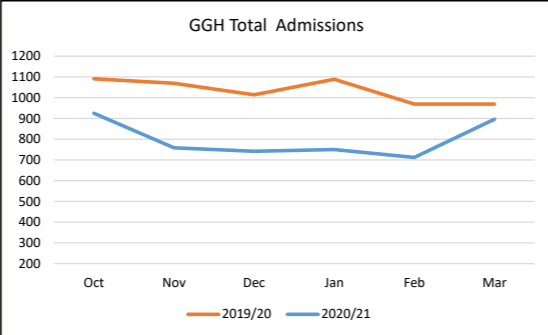
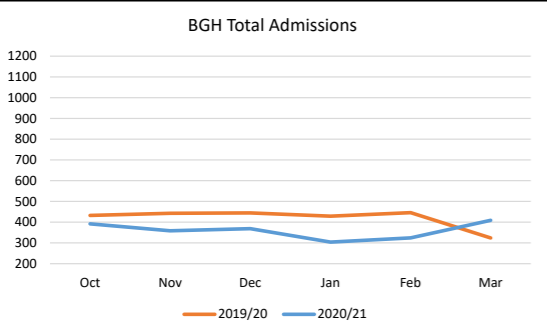
Medical Specialities						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
48.5	50.2	43.6	43.4	46.7	55.9	
46.9	49.1	55.6	66.7	49.7	48.2	
46.9	54.6	46.1	53.3	56.3	45.7	
48.7	45.7	46.9	44.4	41.6	56.6	
47.8	49.9	48.1	53.5	48.4	51.1	

64.3	62.7	66.8	57.3	51.5	59.6	
62.3	36.3	96.6		34.8	29.0	
91.4	49.0	79.5	36.0	50.0	75.0	
58.8	46.4	62.0	57.7	57.3	49.3	
32.5	49.8	40.2	54.6	61.7	44.5	
63.2	50.7	67.4	55.8	53.3	51.1	





	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	
1	Admissions		2019/20							2020/21																						
2		Count	Oct	Nov	Dec	Jan	Feb	Mar		Oct	Nov	Dec	Jan	Feb	Mar																	
3	BGH	0-49 yrs	74	70	65	73	98	59		69	56	66	56	58	68																	
4		50-75 yrs	155	173	185	168	179	116		146	144	138	121	115	150																	
5		>75 yrs	204	200	195	188	169	149		177	159	165	127	151	191																	
6		Total	433	443	445	429	446	324		392	359	369	304	324	409																	
7	GGH	0-49 yrs	338	301	267	317	283	292		224	206	169	197	187	216																	
8		50-75 yrs	383	395	392	402	384	363		368	288	282	279	276	359																	
9		>75 yrs	370	373	355	370	302	314		333	264	291	274	249	321																	
10		Total	1091	1069	1014	1089	969	969		925	758	742	750	712	896																	
11	PPH	0-49 yrs	182	133	122	151	164	135		128	129	117	132	123	174																	
12		50-75 yrs	285	307	310	279	270	202		238	216	237	231	212	281																	
13		>75 yrs	253	247	285	293	262	159		184	170	189	208	163	230																	
14		Total	720	687	717	723	696	496		550	515	543	571	498	685																	
15	WGH	0-49 yrs	128	133	91	131	100	99		114	118	97	80	145	219																	
16		50-75 yrs	236	263	215	247	223	178		289	287	235	214	246	334																	
17		>75 yrs	270	286	285	281	235	197		288	293	248	241	253	343																	
18		Total	634	682	591	659	558	474		691	698	580	535	644	896																	
19	HDuHB	0-49 yrs	722	637	545	672	645	585		535	509	449	465	513	677																	
20		50-75 yrs	1059	1138	1102	1096	1056	859		1041	935	892	845	849	1124																	
21		>75 yrs	1097	1106	1120	1132	968	819		982	886	893	850	816	1085																	
22		Total	2878	2881	2767	2900	2669	2263		2558	2330	2234	2160	2178	2886																	
23																																
24	Re-Admissions		2019/20							2020/21							Re-Admissions		2019/20						2020/21							
25		Count	Oct	Nov	Dec	Jan	Feb	Mar		Oct	Nov	Dec	Jan	Feb	Mar		%		Oct	Nov	Dec	Jan	Feb	Mar		Oct	Nov	Dec	Jan	Feb	Mar	
26	BGH	0-49 yrs	9	12	6	5	9	5		6	3	3	2	3	9		0-49 yrs	12%	17%	9%	7%	9%	8%		9%	5%	5%	4%	5%	13%		
27		50-75 yrs	31	48	45	27	28	26		18	13	15	10	16	17		50-75 yrs	20%	28%	24%	16%	16%	22%		12%	9%	11%	8%	14%	11%		
28		>75 yrs	40	46	50	35	26	19		25	11	20	13	6	24		>75 yrs	20%	23%	26%	19%	15%	13%		14%	7%	12%	10%	4%	13%		
29		Total	80	106	101	67	63	50		49	27	38	25	25	50		Total	18%	24%	23%	16%	14%	15%		13%	8%	10%	8%	8%	12%		
30	GGH	0-49 yrs	62	64	55	64	54	56		23	11	26	19	19	21		0-49 yrs	18%	21%	21%	20%	19%	19%		10%	5%	15%	10%	10%	10%		
31		50-75 yrs	84	95	71	72	84	51		40	28	32	30	26	32		50-75 yrs	22%	24%	18%	18%	22%	14%		11%	10%	11%	11%	9%	9%		
32		>75 yrs	95	94	82	79	72	54		30	18	49	23	20	54		>75 yrs	26%	25%	23%	21%	24%	17%		9%	7%	17%	8%	8%	17%		
33		Total	241	253	208	215	210	161		93	57	107	72	65	107		Total	22%	24%	21%	20%	22%	17%		10%	8%	14%	10%	9%	12%		
34	PPH	0-49 yrs	21	21	19	24	54	21		18	11	24	35	11	39		0-49 yrs	12%	16%	16%	16%	33%	16%		14%	9%	21%	27%	9%	22%		
35		50-75 yrs	93	80	79	91	61	30		22	29	43	31	22	49		50-75 yrs	33%	26%	25%	33%	23%	15%		9%	13%	18%	13%	10%	17%		
36		>75 yrs	69	57	70	76	78	42		24	27	37	32	28	41		>75 yrs	27%	23%	25%	26%	30%	26%		13%	16%	20%	15%	17%	18%		
37		Total	183	158	168	191	193	93		64	67	104	98	61	129		Total	25%	23%	23%	26%	28%	19%		12%	13%	19%	17%	12%	19%		
38	WGH	0-49 yrs	15	20	9	12	4	7		9	13	11	8	10	26		0-49 yrs	12%	15%	10%	9%	4%	7%		8%	11%	11%	10%	7%	12%		
39		50-75 yrs	72	61	48	57	36	38		55	34	32	43	21	50		50-75 yrs	31%	23%	22%	23%	16%	21%		19%	12%	14%	20%	9%	15%		
40		>75 yrs	80	98	89	76	60	48		48	33	55	76	46	80		>75 yrs	30%	34%	31%	27%	26%	24%		17%	11%	22%	32%	18%	23%		
41		Total	167	179	146	145	100	93		112	80	98	127	77	156		Total	26%	26%	25%	22%	18%	20%		16%	11%	17%	24%	12%	17%		
42	HDuHB	0-49 yrs	107	117	89	105	121	89		56	38	64	64	43	95		0-49 yrs	15%	18%	16%	16%	19%	15%		10%	7%	14%	14%	8%	14%		
43		50-75 yrs	280	284	243	247	209	145		135	104	122	114	85	148		50-75 yrs	26%	25%	22%	23%	20%	17%		13%	11%	14%	13%	10%	13%		
44		>75 yrs	284	295	291	266	236	163		127	89	161	144	100	199		>75 yrs	26%	27%	26%	23%	24%	20%		13%	10%	18%	17%	12%	18%		
45		Total	671	696	623	618	566	397		318	231	347	322	228	442		Total	23%	24%	23%	21%	21%	18%		12%	10%	16%	15%	10%	15%		



All Discharges		Weekday							Weekend							Weekday							Weekend							Weekday							Weekend						
		2019/20							2020/21							2019/20							2020/21							2019/20							2020/21						
		Oct	Nov	Dec	Jan	Feb	Mar		Oct	Nov	Dec	Jan	Feb	Mar		Oct	Nov	Dec	Jan	Feb	Mar		Oct	Nov	Dec	Jan	Feb	Mar		Oct	Nov	Dec	Jan	Feb	Mar								
BGH	0-49 yrs	230	206	192	180	186	150		311	334	356	412	421	32		38	41	38	42	42	32		38	41	38	42	42	32		218	251	241	228	281		164	162	127	150	167			
	50-75 yrs	643	564	486	596	523	430		355	343	340	281	336	392		27	38	45	34	54	27		27	38	45	34	54	27		668	602	531	630	577	457		376	365	359	305	357	423	
	>75 yrs	444	428	375	427	397	337		219	192	201	151	179	271		18	31	33	23	38	24		18	31	33	23	38	24		642	459	408	450	435	361		243	211	213	173	197	251	
	Total	1315	1198	1069	1203	1106	917		705	669	679	532	627	800		73	114	108	82	134	83		73	114	108	82	134	83		1388	1322	1162	1260	1200	1000		728	738	749	595	699	883	
GGH	0-49 yrs	517	768	742	829	687	606		682	995	572	566	536	607		193	229	228	185	168	198		193	228	228	185	168	198		1110	997	971	1014	895	887		821	775	764	694	686	766	
	50-75 yrs	1226	1103	1043	1263	1053	1013		712	729	693	779	809		81	131	139	108	124	142	131		80	138	142	108	124	142		1203	1216	1127	1338	1198	1124		922	786	786	738	698	848	
	>75 yrs	692	634	595	699	575	632		482	420	437	393	413	527		70	58	59	60	60	63		50	41	44	43	38	34		762	692	654	735	635	695		532	461	481	456	451	561	
	Total	2835	2956	2382	2791	2315	2251		1983	1744	1779	1650	1728	2004		344	400	370	340	413	350		302	274	255	306	232	222		3179	2905	2752	3131	2728	2218		2285	2018	2014	1956	1861	2316	
PPH	0-49 yrs	414	384	308	380	429	295		199	186	190	175	185	251		40	35	26	43	54	43		43	28	24	22	22	29		652	419	334	473	481	318		212	214	224	205	207	236	
	50-75 yrs	1043	1045	916	1024	954	795		1041	1041	916	1024	954	795		81	131	139	108	124	142		80	138	142	108	124	142		1203	1216	1127	1338	1198	1124		922	786	786	738	698	848	
	>75 yrs	474	460	497	544	453	384		337	296	308	278	274	364		45	33	39	40	35	33		25	24	30	36	23	23		519	493	536	584	491	417		362	330	338	312	297	396	
	Total	1933	1889	1722	1948	1836	1474		1182	1057	1268	962	962	1276		171	128	125	149	165	122		104	102	68	112	82	82		2102	1828	1846	2097	2001	1606		1268	1159	1398	1074	1064	1368	
WGH	0-49 yrs	346	373	318	367	311	272		234	231	216	159	148	283		25	33	27	24	21	21		25	33	15	15	22	60		371	407	355	394	335	239		239	264	251	174	170	333	
	50-75 yrs	983	963	898	1109	906	786		983	983	898	1109	906	786		26	40	40	36	40	36		26	40	40	36	40	36		1089	1089	1089	1089	1089	1089		713	713	713	713	713	713	
	>75 yrs	662	579	564	639	507	524		412	402	405	348	382	576		27	35	25	21	29	36		37	39	39	15	15	15		689	614	589	660	536	590		488	451	488	350	397	515	
	Total	1991	1951	1780	2115	1724	1612		1150	1141	1386	998	1086	1277		89	107	88	93	103	90		90	120	94	77	61	138		2083	2022	1868	2208	1827	1702		1440	1451	1433	1075	1147	1852	
HdH/B	0-49 yrs	1907	1781	1560	1716	1613	1413		1192	1146	1116	1001	981	1328		286	343	322	280	328	282		284	269	216	261	227	248		2193	2074	1882	2036	1961	1695		1476	1415	1322	1268	1208	1576	
	50-75 yrs	2893	3635	3345	3992	3436	3044		2299	2335	2294	2007	2194	2621		210	250	210	240	322	217		154	165	136	140	127	157		4195	3935	3538	4422	3758	2821		2715	2498	2400	2147	2121	2411	
	>75 yrs	2722	2101	2031	2309	1932	1907		2102	1722	1722	1413	1413	1813		210	210	210	210	210	210		210	210	210	210	210	210		4195	3935	3538	4422	3758	2821		2715	2498	2400	2147	2121	2411	
	Total	8022	7507	6936	8057	6981	6364		5230	4801	5065	4143	4243	5887		677	755	691	664	815	655		554	565	487	557	448	532		8749	8257	7627	8721	7796	7013		5000	5366	5552	4407	4871	6419	

Weekday						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
131	134	138	101	112	137	
355	343	340	281	336	362	
210	192	201	151	179	271	
705	669	679	529	627	800	
628	595	572	566	536	657	
873	729	770	691	779	910	
483	420	437	393	413	527	
1983	1744	1779	1460	1728	2084	
199	186	180	175	185	251	
656	575	770	509	523	661	
337	296	108	278	274	364	
1004	1087	1268	962	1045	1276	
234	231	216	159	148	283	
695	688	714	526	556	858	
421	412	408	313	382	576	
1350	1331	1339	998	1086	1717	
1192	1146	1116	1001	981	1328	
2578	2335	2304	2007	2104	2611	
1458	1320	1355	1135	1248	1738	
5220	4801	5065	4143	4423	5587	

Weekend						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
28	45	30	25	42	32	
27	38	45	34	54	27	
18	31	33	23	38	24	
72	114	109	82	134	69	
193	229	223	185	208	186	
81	113	82	95	145	101	
50	58	58	40	64	83	
344	400	379	340	413	365	
40	35	26	43	54	43	
86	61	60	46	73	56	
45	33	39	40	38	33	
104	102	68	112	62	92	
25	34	37	27	24	21	
37	38	36	45	50	53	
37	35	25	21	29	36	
89	107	88	93	103	90	
284	269	216	261	227	248	
154	163	136	140	127	157	
336	338	335	358	364	327	
574	565	487	537	448	532	

Weekend						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
33	28	19	20	33	30	
21	22	19	20	21	31	
24	19	32	22	18	22	
79	69	70	62	72	83	
193	180	158	198	150	139	
59	53	53	45	45	49	
50	41	44	43	38	31	
302	274	295	306	233	222	
33	28	24	28	22	29	
46	40	24	50	37	31	
25	14	20	24	23	23	
104	102	68	112	62	92	
25	33	15	15	22	50	
28	48	40	25	24	46	
37	38	39	37	15	39	
90	120	94	77	61	135	
284	269	216	261	227	248	
154	163	136	140	127	157	
336	338	335	358	364	327	
574	565	487	537	448	532	

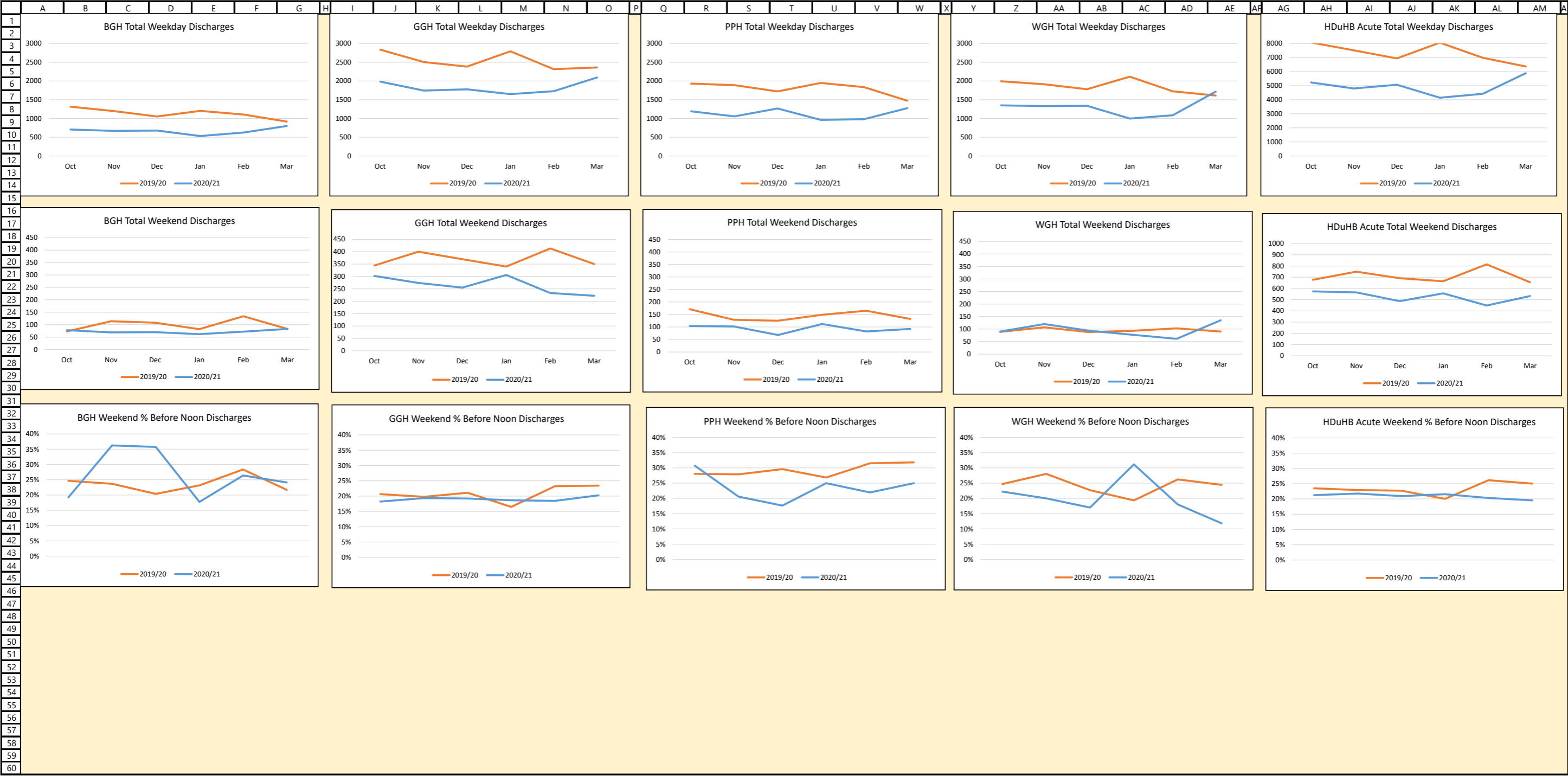
All Days						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
258	251	222	206	228	182	
668	602	531	630	577	457	
462	439	408	450	435	361	
1880	1812	1762	1286	1240	1000	
1110	997	971	1014	895	882	
1307	1216	1127	1338	1198	1134	
762	692	654	759	635	595	
3179	2905	2752	3131	2728	2711	
454	419	334	423	483	338	
1129	1108	976	1090	1027	851	
519	493	516	584	491	417	
1296	1219	1336	1074	1064	1368	
371	407	355	394	335	293	
1020	1001	924	1154	956	819	
689	634	589	640	536	590	
2080	2022	1868	2208	1827	1702	
2193	2074	1882	2036	1941	1695	
4154	3925	3558	4232	3758	3261	
2452	2258	2187	2453	2097	2021	
8749	8257	7627	8721	7796	7019	

All Days						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
164	162	157	123	145	167	
376	365	359	301	357	423	
243	211	233	173	197	293	
783	736	749	595	699	882	
821	775	750	764	686	796	
932	782	823	736	824	959	
532	461	481	456	451	561	
2085	2018	2034	1956	1961	2166	
232	214	214	203	207	280	
702	615	794	559	540	692	
362	330	328	312	297	386	
1296	1219	1336	1074	1064	1368	
259	264	231	174	170	333	
723	736	754	551	580	904	
458	451	448	350	397	615	
1440	1451	1483	1075	1147	1852	
1476	1415	1332	1262	1208	1576	
2733	2498	2780	2147	2521	2978	
1695	1453	1400	1291	1342	1865	
8804	8366	8552	4700	4871	6419	

Before noon		Weekday						
		2019/20						
Count		Oct	Nov	Dec	Jan	Feb	Mar	
BGH	0-49 yrs	31	45	37	31	38	19	
	50-75 yrs	108	92	72	89	86	67	
	>75 yrs	72	75	60	69	66	66	
	Total	211	212	169	189	190	152	
GGH	0-49 yrs	147	143	131	176	126	100	
	50-75 yrs	269	233	186	250	196	202	
	>75 yrs	127	125	110	116	114	101	
	Total	543	499	427	542	436	453	
PPH	0-49 yrs	73	86	70	98	108	69	
	50-75 yrs	225	199	186	194	175	153	
	>75 yrs	83	91	101	85	85	82	
	Total	381	376	357	377	368	304	
WGH	0-49 yrs	57	60	60	62	60	54	
	50-75 yrs	171	158	212	204	155	154	
	>75 yrs	79	95	101	97	86	72	
	Total	287	318	299	363	301	280	
HdH/B	0-49 yrs	328	341	318	367	312	292	
	50-75 yrs	773	682	656	737	612	576	
	>75 yrs	361	382	372	367	351	321	
	Total	1462	1405	1346	1441	1259	1189	

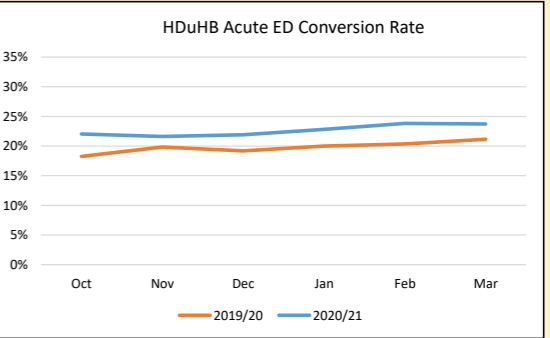
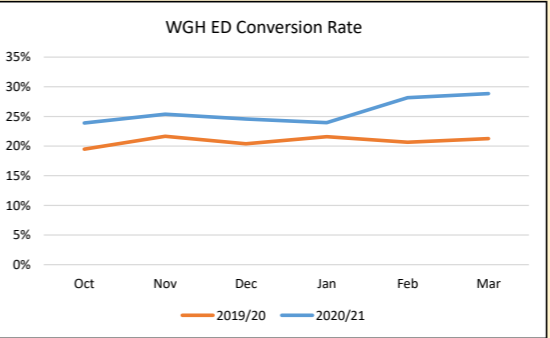
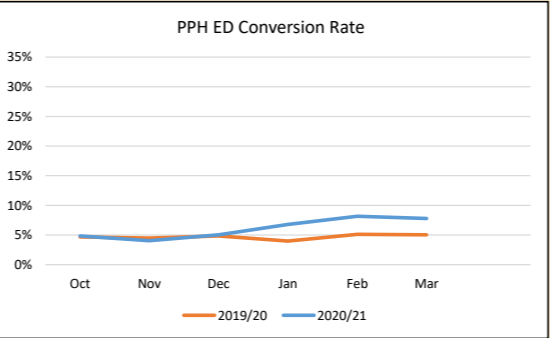
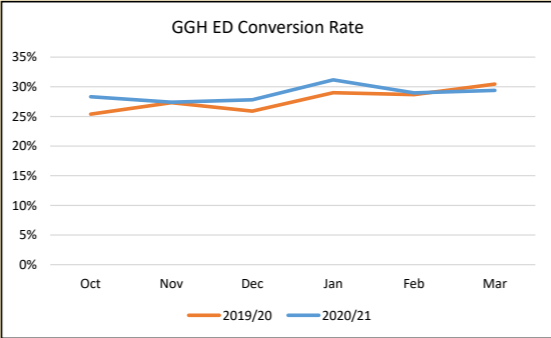
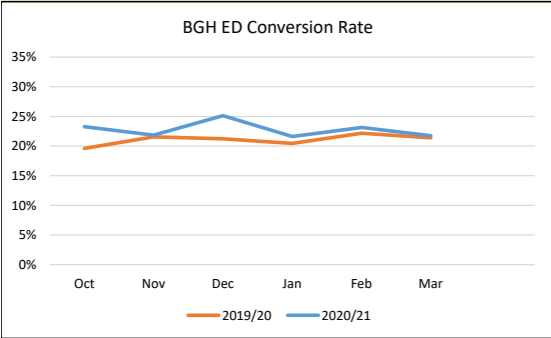
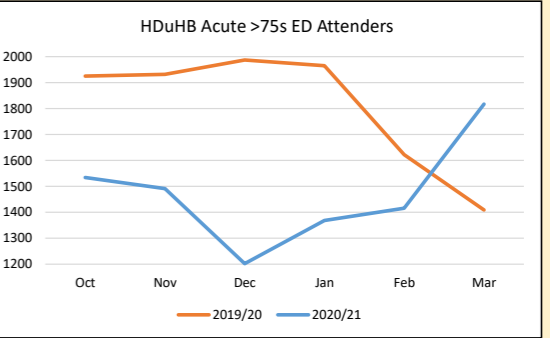
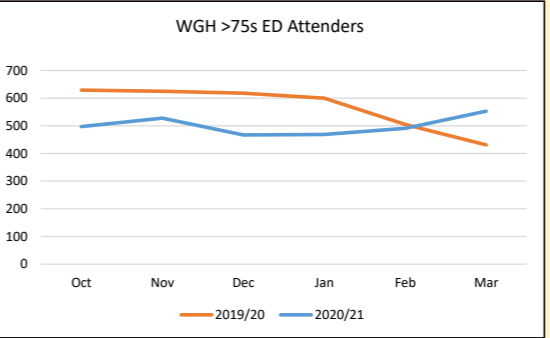
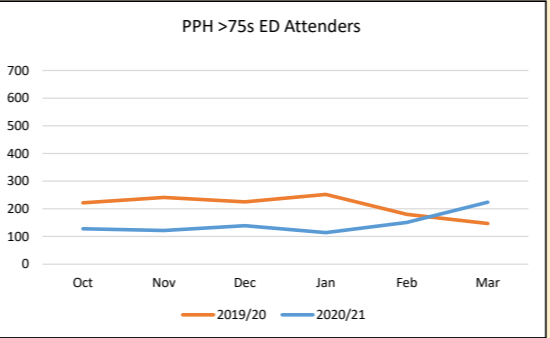
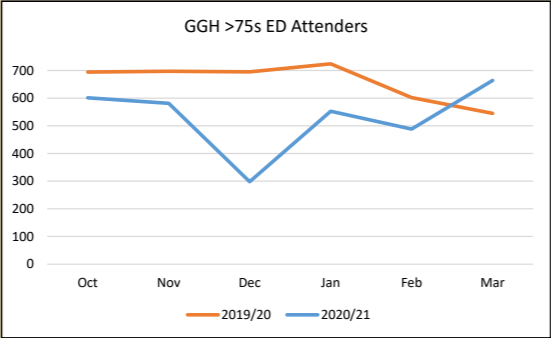
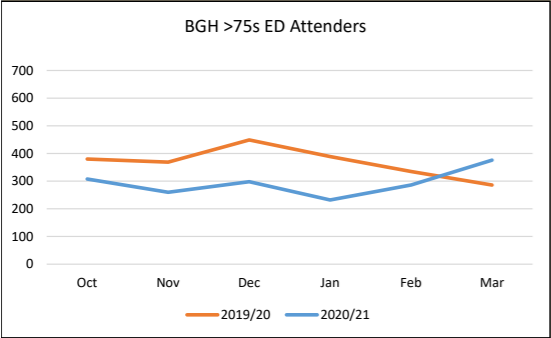
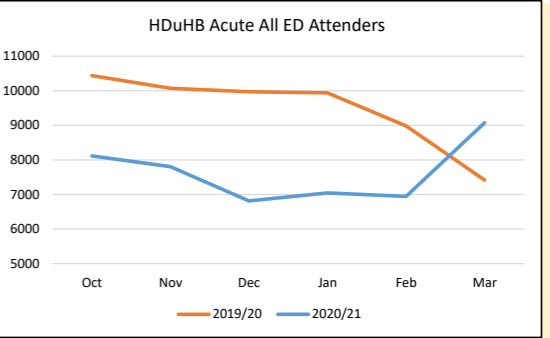
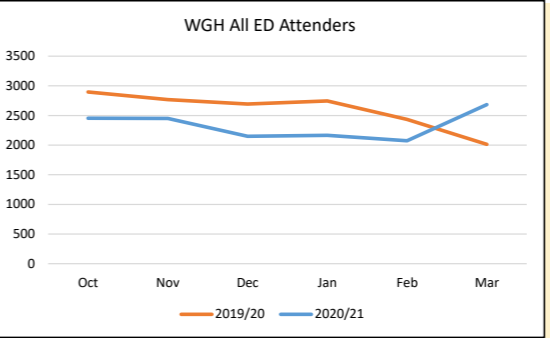
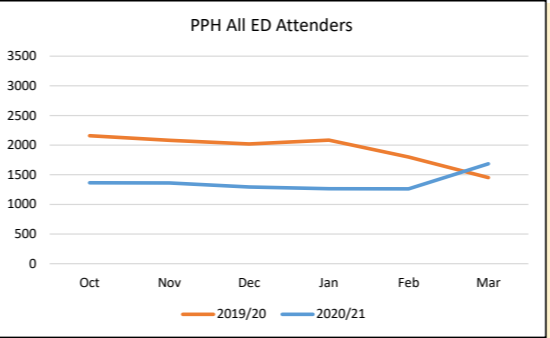
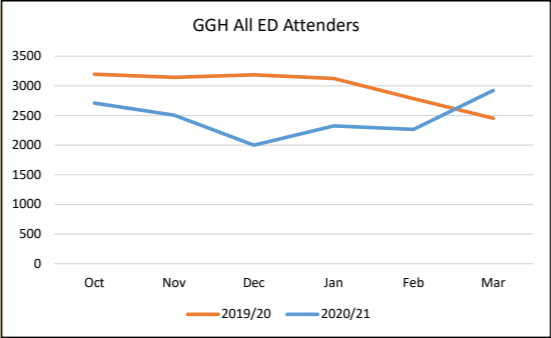
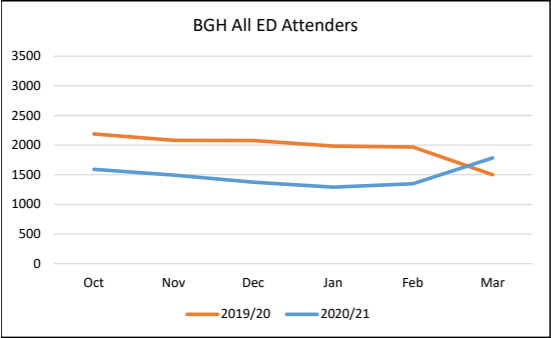
Weekday						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
16	19	13	15	17	26	
66	59	52	47	59	54	
30	22	30	25	24	30	
112	100	95	87	100	110	
101	102	106	75	86	110	
139	122	149	137	152	10	
86	80	79	88	78	78	
326	304	334	298	316	198	
55	48	38	35	38	58	
122	96	149	114	96	153	
63	51	63	56	33	80	
240	195	250	206	167	247	
47	40	34	27	32	52	
138	112	124	94	106	174	
62	48	65	55	49	82	
247	200	223	178	187	318	
219	209	191	153	171	246	
465	389	474	392	413	368	
241	201	237	222	184	259	
925	799	902	767	770	873	

Weekend						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
5	8	5	6	13	7	
9	11	11	9	15	4	
4	8	6	4	10	7	
18	27	22	19	38	18	





Emergency Department Graphs



4 Hour	Majors					
Count	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	359	408	414	410	293	283
GGH	994	1137	1059	999	910	717
PPH	152	157	161	153	121	85
WGH	701	823	787	711	686	650
HDuHB	2206	2525	2421	2273	2010	1735

4 Hour	Majors					
%	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	54.2%	84.4%	44.7%	44.9%	57.8%	46.5%
GGH	61.4%	56.7%	61.2%	61.7%	63.3%	66.9%
PPH	70.7%	68.9%	65.7%	67.7%	67.7%	72.7%
WGH	49.4%	42.0%	40.0%	44.8%	43.0%	36.7%
HDuHB	58.1%	52.7%	54.0%	55.6%	57.7%	57.0%

12 hour	Majors					
Count	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	110	135	152	142	50	77
GGH	341	407	404	421	362	200
PPH	26	38	39	44	24	6
WGH	394	455	425	433	421	245
HDuHB	871	1035	1020	1040	857	528

12 hour	Majors					
%	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	86.0%	82.9%	79.7%	80.9%	92.8%	85.4%
GGH	86.8%	84.5%	85.2%	83.9%	85.4%	90.8%
PPH	95.0%	92.5%	91.7%	90.7%	93.6%	98.1%
WGH	71.6%	68.0%	67.6%	66.4%	65.0%	76.1%
HDuHB	83.5%	80.6%	80.6%	79.7%	82.0%	86.9%

#### Emergency Department Performance

Majors						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
333	323	524	488	470	348	
811	862	2098	2102	2034	1140	
59	75	315	267	300	96	
821	854	1849	1818	1792	1032	
2024	2114	4786	4675	4596	2616	

Majors						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
45.3%	42.6%	47.7%	48.0%	40.2%	39.9%	
66.3%	61.9%	56.5%	57.8%	57.8%	55.8%	
79.2%	71.7%	70.2%	67.8%	64.3%	72.3%	
58.2%	58.9%	56.3%	55.0%	54.8%	56.0%	
61.5%	59.1%	56.3%	56.2%	55.2%	55.3%	

Majors						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
95	98	90	102	111	108	
243	306	371	370	298	376	
9	16	30	28	42	19	
103	179	210	302	311	348	
450	599	701	802	762	851	

Majors						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
84.4%	82.6%	82.8%	79.1%	76.4%	81.4%	
89.9%	86.5%	82.3%	82.4%	85.4%	85.4%	
96.8%	94.0%	90.5%	89.5%	86.0%	94.5%	
94.8%	91.4%	88.6%	83.4%	82.7%	85.2%	
91.5%	88.4%	85.4%	82.8%	83.4%	85.5%	

Minors						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
90	69	143	101	89	126	
76	97	66	44	21	30	
66	94	66	41	41	12	
84	180	282	239	86	158	
316	440	557	425	237	326	

Minors						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
94.9%	95.8%	91.5%	93.5%	94.4%	89.6%	
94.6%	92.6%	94.3%	96.0%	97.6%	96.5%	
97.0%	95.6%	96.6%	97.9%	97.7%	99.2%	
95.9%	90.0%	84.7%	87.2%	94.9%	88.4%	
95.7%	93.6%	91.6%	93.5%	96.1%	93.3%	

Minors						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
7	8	19	18	2	9	
1	4	4	0	1	0	
1	2	1	0	1	0	
2	3	10	6	1	2	
11	17	34	24	5	11	

Minors						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
94.9%	99.5%	98.9%	98.9%	99.9%	99.3%	
94.6%	99.7%	99.7%	100.0%	99.9%	100.0%	
97.0%	99.9%	100.0%	100.0%	99.9%	100.0%	
95.9%	99.8%	99.5%	99.7%	99.9%	99.9%	
95.7%	99.8%	99.5%	99.6%	99.9%	99.8%	

Minors						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
103	79	1022	894	995	243	
13	24	569	543	590	84	
7	38	1134	1091	1061	49	
3	1	484	467	440	5	
126	142	3209	2995	3086	381	

Minors						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
91.5%	93.1%	88.8%	93.9%	86.1%	83.0%	
98.4%	96.8%	94.9%	92.3%	95.6%	90.8%	
99.5%	97.1%	99.0%	98.8%	99.2%	97.0%	
99.6%	99.8%	99.6%	100.0%	99.1%	99.3%	
97.0%	96.3%	95.1%	96.3%	94.3%	91.8%	

Minors						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
2	10	13	4	29	56	
0	3	3	8	3	6	
0	2	0	3	1	1	
0	0	0	0	0	0	
2	15	16	15	33	63	

Minors						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
99.8%	99.1%	98.7%	99.6%	97.1%	96.1%	
100.0%	99.6%	99.5%	98.5%	99.5%	99.3%	
100.0%	99.9%	100.0%	99.7%	99.9%	99.9%	
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
100.0%	99.6%	99.5%	99.5%	98.9%	98.7%	

Total						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
449	477	557	511	382	409	
1070	1234	1125	1043	931	747	
218	251	227	194	162	97	
785	1003	1069	950	772	808	
2522	2965	2978	2698	2247	2061	

Total						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
82.3%	80.3%	77.1%	77.8%	83.3%	76.6%	
73.2%	68.7%	71.1%	72.0%	73.0%	75.3%	
91.9%	90.4%	90.5%	92.1%	92.5%	94.5%	
77.2%	68.8%	66.2%	69.9%	73.2%	66.1%	
80.1%	75.7%	74.9%	76.8%	79.1%	76.9%	

Total						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
117	143	171	160	52	86	
342	411	408	421	363	200	
27	40	40	44	25	6	
396	458	435	439	422	247	
882	1052	1054	1064	862	539	

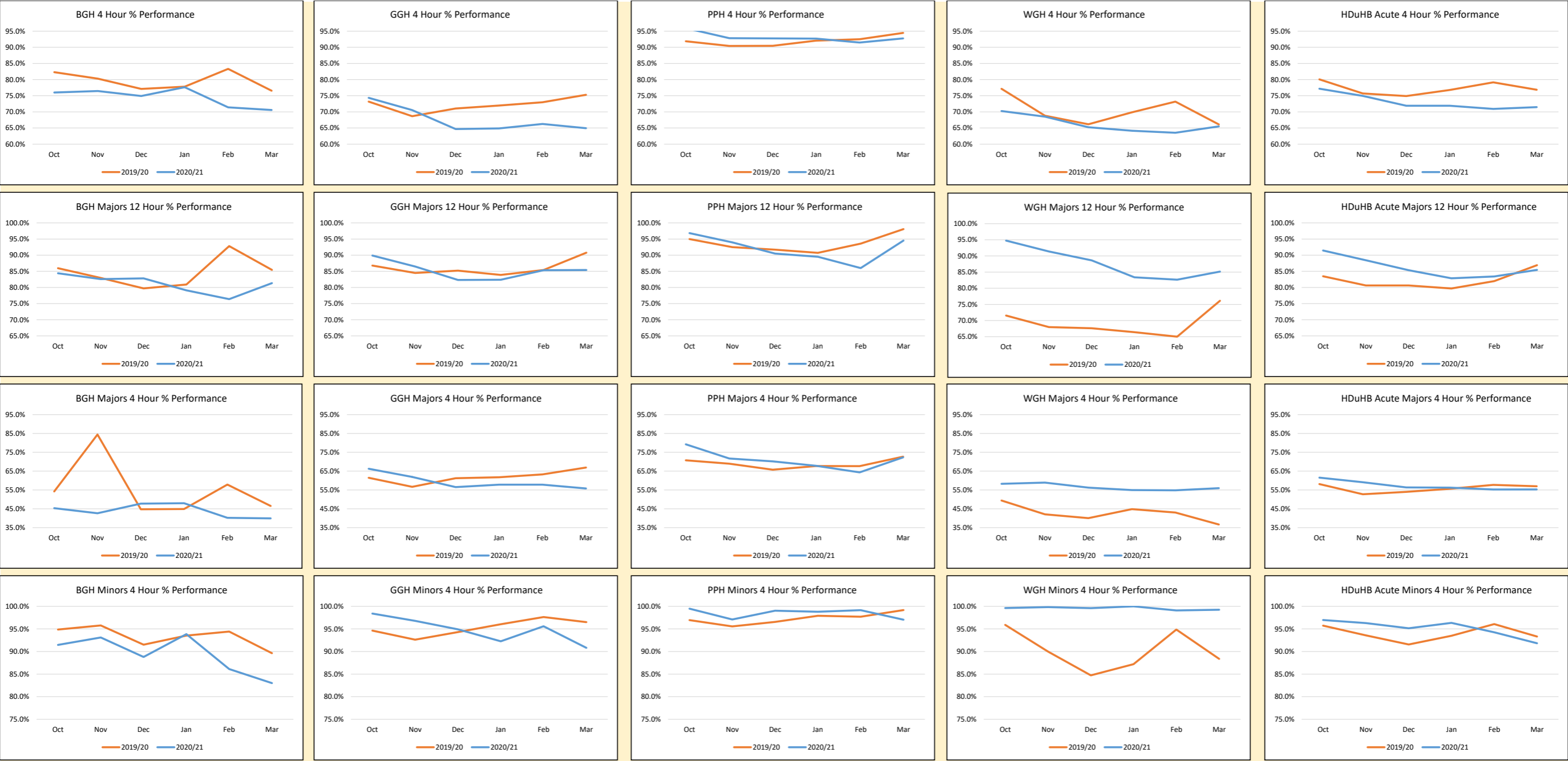
Total						
2019/20						
Oct	Nov	Dec	Jan	Feb	Mar	
95.4%	94.1%	93.0%	93.1%	97.7%	95.1%	
91.4%	89.6%	89.5%	88.7%	89.5%	93.4%	
99.0%	98.5%	98.3%	98.2%	98.8%	99.7%	
88.5%	85.8%	86.2%	86.1%	85.3%	89.6%	
93.0%	91.4%	91.1%	90.9%	92.0%	94.0%	

Total						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
436	402	1546	1382	1465	591	
824	886	2667	2645	2624	1224	
66	113	1449	1358	1361	145	
824	855	2333	2285	2232	1037	
2150	2256	7995	7670	7682	2997	

Total						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
76.0%	76.5%	74.9%	77.6%	71.4%	70.6%	
74.4%	70.6%	64.7%	64.9%	66.3%	65.0%	
95.9%	92.8%	92.8%	92.7%	91.5%	92.8%	
70.3%	68.5%	65.2%	64.2%	63.5%	65.5%	
77.2%	75.0%	71.9%	71.9%	70.9%	71.5%	

Total						
2020/21						
Oct	Nov	Dec	Jan	Feb	Mar	
97	108	103	106	140	164	
243	309	374	378	301	382	
9	18	30	31	43	20	
103	179	210	302	311	348	
452	614	717	817	795	914	

Total			
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# WAST

ambulance arrivals	Total					
Count	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	472	460	485	469	408	353
GGH	1174	1119	1083	1064	1015	1000
PPH	446	397	449	430	438	362
WGH	733	726	702	734	677	638
HDuHB	2825	2702	2719	2697	2538	2353

Total					
2020/21					
Oct	Nov	Dec	Jan	Feb	Mar
439	403	373	358	354	480
1003	948	820	936	830	1084
403	367	379	418	370	416
728	739	612	683	650	767
2573	2457	2184	2395	2204	2747

delays > 1 hour	Total					
Count	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	254	316	339	328	182	219
GGH	658	737	762	760	598	604
PPH	141	139	188	194	55	153
WGH	181	401	420	438	217	273
HDuHB	1234	1593	1709	1720	1052	1249

Total					
2020/21					
Oct	Nov	Dec	Jan	Feb	Mar
236	242	60	18	58	127
518	576	321	331	165	314
144	175	69	39	92	37
198	227	61	110	92	133
1096	1220	511	498	407	611

delays > 1 hour	Total					
%	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	53.8%	68.7%	69.9%	69.9%	44.6%	62.0%
GGH	56.0%	65.9%	70.4%	71.4%	58.9%	60.4%
PPH	31.6%	35.0%	41.9%	45.1%	12.6%	42.3%
WGH	24.7%	55.2%	59.8%	59.7%	32.1%	42.8%
HDuHB	43.7%	59.0%	62.9%	63.8%	41.4%	53.1%

Total					
2020/21					
Oct	Nov	Dec	Jan	Feb	Mar
53.8%	60.0%	16.1%	5.0%	16.4%	26.5%
51.6%	60.8%	39.1%	35.4%	19.9%	29.0%
35.7%	47.7%	18.2%	9.3%	24.9%	8.9%
27.2%	30.7%	10.0%	16.1%	14.2%	17.3%
42.6%	49.7%	23.4%	20.8%	18.5%	22.2%

lost mins > 15 mins	Total					
count	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
BGH	152	271	322	265	51	146
GGH	504	909	1162	1087	503	446
PPH	75	84	134	173	76	51
WGH	255	448	542	503	324	143
HDuHB	986	1712	2160	2028	954	786

Total					
2020/21					
Oct	Nov	Dec	Jan	Feb	Mar
143	151	142	44	121	236
306	632	843	846	339	661
42	85	153	63	75	66
63	102	114	176	150	235
554	970	1252	1129	685	1198

Conveyance rates	Total					
count	2019/20					
	Oct	Nov	Dec	Jan	Feb	Mar
Carms	73%	71%	68%	69%	72%	65%
Ceredigion	66%	62%	66%	65%	69%	54%
Pembs	66%	62%	62%	63%	63%	59%
HDuHB	69%	66%	66%	66%	68%	61%

Total					
2020/21					
Oct	Nov	Dec	Jan	Feb	Mar
69%	70%	64%	67%	67%	73%
63%	61%	60%	64%	59%	64%
66%	64%	59%	64%	62%	65%
67%	66%	62%	65%	64%	68%

excludes HCP incidents as it assumes 100% conveyance of those target = 60%

Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
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WAST Graphs

