



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Update for Hywel Dda University Health Board – Month 10 2020/21
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance (In association with all Executive Leads)
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance

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

The performance report incorporates COVID-19 elements and focuses primarily on Hywel Dda University Health Board's (HDdUHB) key deliverable areas. As in previous months, this report is being brought to the People, Planning and Performance Assurance Committee's (PPAC) attention to examine and consider HDdUHB's latest available performance data, achievements, risks, impact and actions during the COVID-19 pandemic. This update consists of:

- A new section for COVID-19 vaccinations.
- Executive summary.
- COVID-19 one page summary of key points.
- Key performance areas overview.
- Essential service update – a one page summary of services maintaining Welsh Government (WG) operating framework compliance.
- Themed updates for key deliverables.

To help provide additional context, supporting documents can be viewed by accessing the performance internet web page (<https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/monitoring-our-performance>):

- Performance overview matrix - contains all available data during the COVID-19 pandemic, whether this is locally collected or formally reported.
- Trend charts – shows our performance over time for the key deliverable indicators.

Cefndir / Background

The interim NHS Wales Delivery Framework 20/21 (<https://hduhb.nhs.wales/about-us/performance-targets/performance-documents/2020-21-delivery-framework>) published in May 2020 has migrated and modelled on 'A Healthier Wales' quadruple aims as part of the 'Single Integrated Outcomes Framework for Health and Social Care'.

Asesiad / Assessment

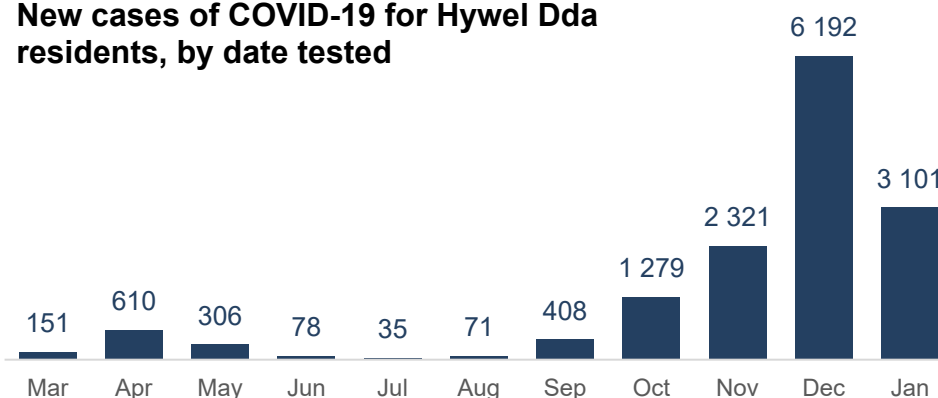
- **COVID-19 Vaccinations** – as at 10th February 2021, a total of 81,562 people were vaccinated in HDdUHB. In line with WG policy, we are currently vaccinating priority groups 1 to 4. The percentages of these groups vaccinated as at 10th February 2021 were:

1.	Residents in a care home for older adults and their carers	89.6%
2.	All those 80 years of age and over and frontline health and social care workers	97.0%
3.	All those 75 years of age and over	63.9%
4.	All those 70 years of age and over and clinically extremely vulnerable individuals	52.0%

COVID-19 Update

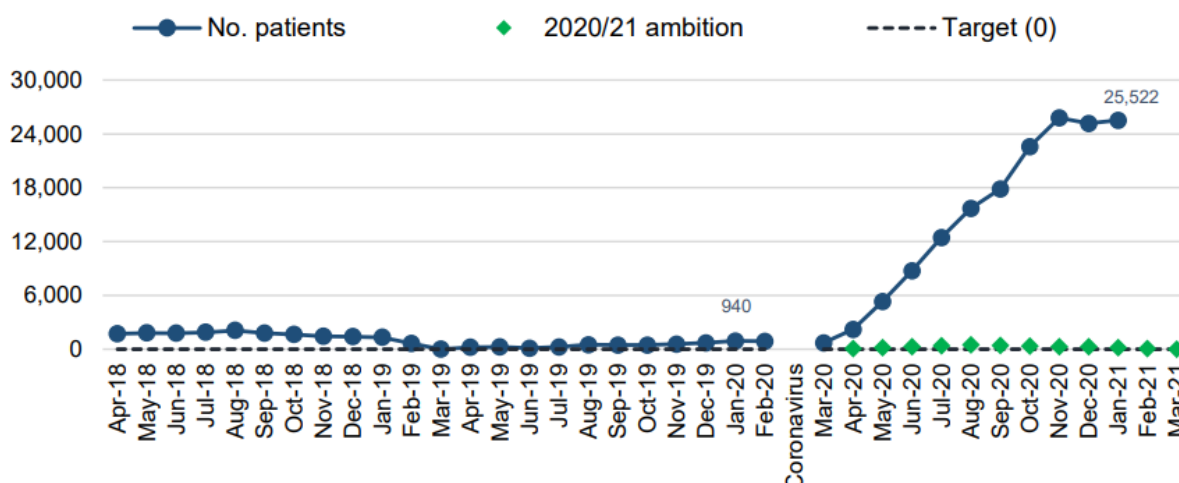
From the start of the pandemic to 31st January 2021, there has been a total of 14,555 confirmed cases of COVID-19 amongst HDdUHB residents, of which 3,101 were confirmed during January 2021 which is a significant decrease from December 2020 when 6,192 new cases were confirmed.

New cases of COVID-19 for Hywel Dda residents, by date tested

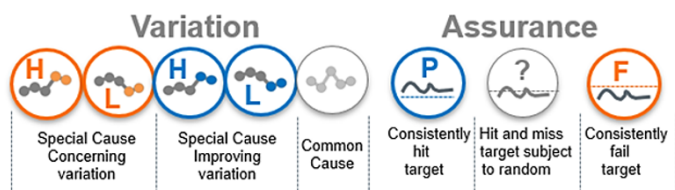


- **Planned care** – the number of breaches for referral to treatment (RTT) within 36 weeks has remained fairly static since November 2020.

Patients waiting 36 weeks+ from referral to treatment

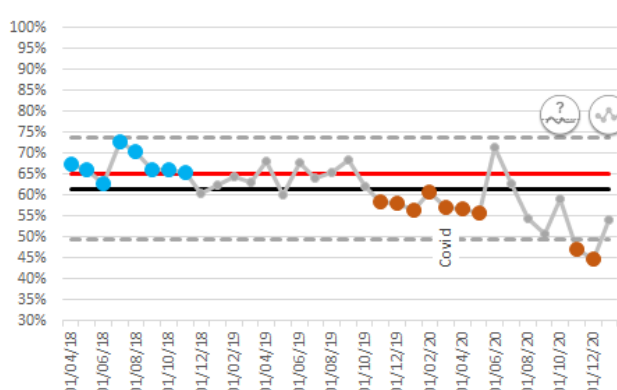


- **Unscheduled Care** – performance has been reviewed using statistical process control (SPC) charts. This is our first attempt using SPC for performance reporting and we will work with service leads and NHS Improvement England to determine if changes are required moving forward. The key below can be used to interpret the SPC charts.



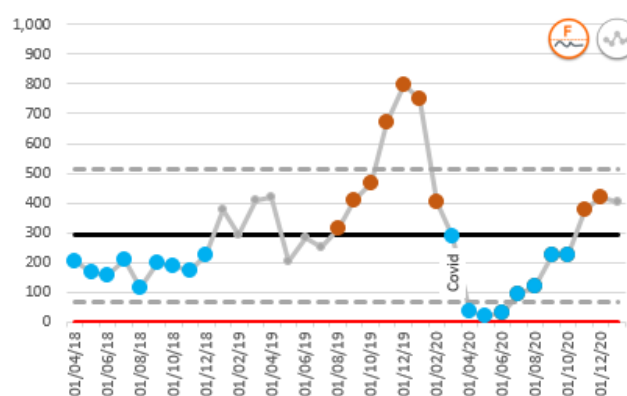
Essentially, **orange** flags areas of concern, **grey** is within expected limits and **blue** denotes positive performance.

% of responses to ambulance red calls within 8 mins



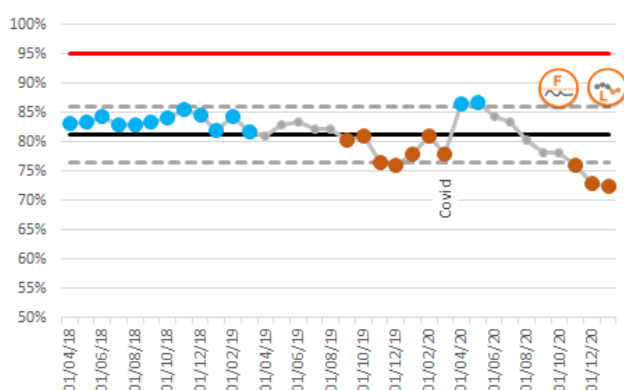
Performance for January 2021 is showing common cause variation and hit and miss as to whether target is achieved. However, the prior 2 months are showing special cause concerning variation as outside the lower process limit. Expected performance is between 49.2% and 73.6%.

Ambulance handovers taking longer than 1 hour



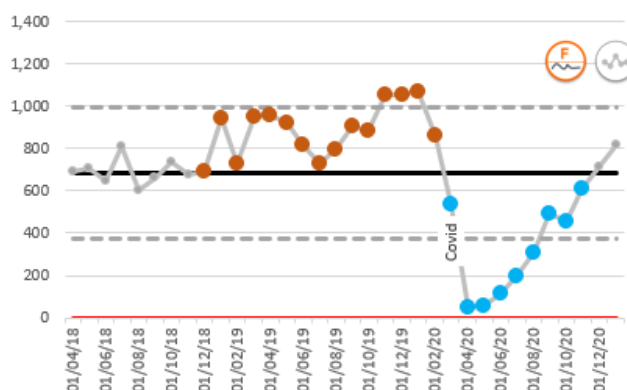
Common cause variation is present for January 2021. However, without a system change, we will consistently miss the target. Expected performance is between 67 and 516.

% of patients seen within 4 hours in A&E/MIU



Special cause concerning variation since November 2020 and we will consistently fail to meet the target without a system change. Expected performance is between 76.6% and 86.0%.

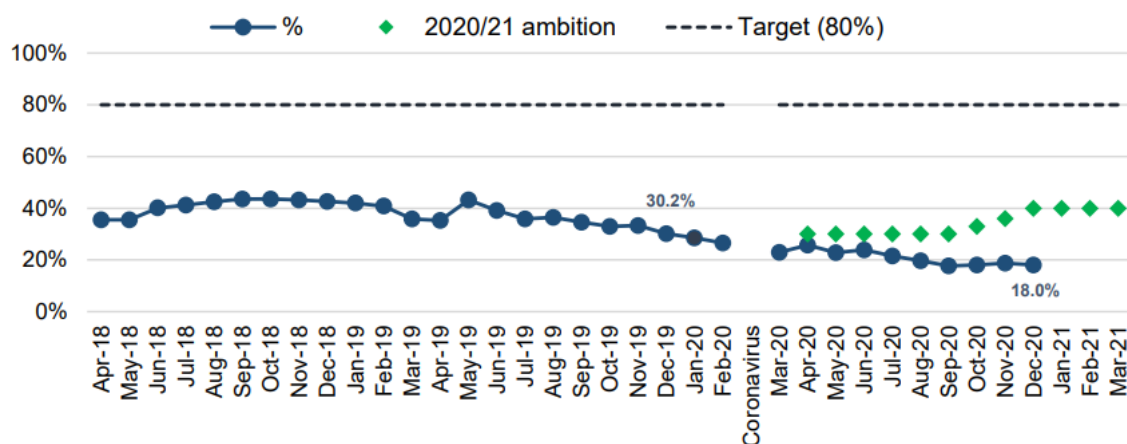
Patients waiting more than 12 hours in A&E/MIU



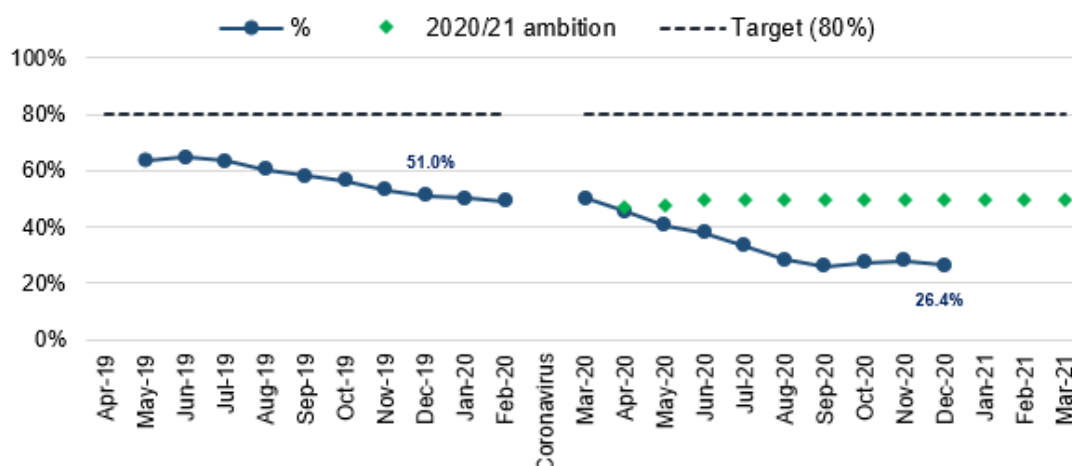
Common cause variation is seen for the past 2 months. However, without a system change we will consistently fail to meet the target. Expected performance is between 375 and 993.

- **Neurodevelopment and Psychological Services** – as at 31st December 2020, there were 1,240 children waiting over 26 weeks for a neurodevelopment assessment, an increase of 65 from the previous month. Similarly, 1,268 adults were waiting over 26 weeks for a psychological therapy at the end of December, an increase of 42 from the previous month.

Children/young adults waiting <26 weeks for a neurodevelopment assessment



Adults waiting <26 weeks to start a psychological therapy



- **Cancer**

- During December 2020, 66.4% of patients on the Single Cancer Pathway (SCP) were treated within 62 days of the point of suspicion. The requirement for cancer patients to self-isolate pre-treatment continues to impact on performance across Wales.
- In line with national requirements, performance metrics for urgent and non-urgent cancer are no longer being monitored

- **Therapies** – therapy wait breaches continue to reduce each month, from 1,613 in June 2020 to 395 in January 2021.

- **Stroke**

- The percentage of patients admitted to a stroke unit within 4 hours missed the target for the fourth consecutive month. COVID-19 positive patients are unable to be transferred to a stroke unit which impacts the 4-hour target of direct admission to a stroke unit.
- The target for stroke patients to be seen within 24 hours by a stroke consultant has been consistently met throughout the COVID-19 pandemic.

For more supporting data, see the performance trend charts and performance overview matrix (both available <https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/monitoring-our-performance>).

Argymhelliad / Recommendation

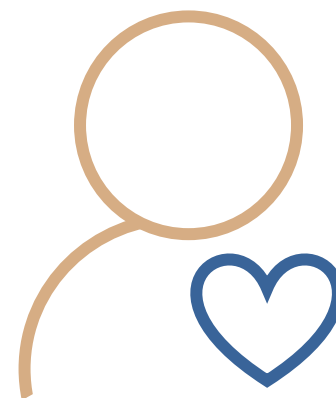
PPPAC is required to consider the Performance Update report – Month 10 2020/21 and advise of any issues arising.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.7 Provide support to the Committee in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales Delivery Framework 2020-21
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care People, Planning & Performance Assurance Committee
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



Performance update for Hywel Dda University Health Board

as at 31st January 2021

Click one of the boxes below to navigate to that section of the report

Executive summary

COVID-19 vaccination

COVID-19 update

Key performance areas

Essential services

Unscheduled care

Delayed transfers of care

Stroke

Cancer

Planned care

Diagnostics

Therapies

Quality and safety

Mental health/neurodevelopment

Population health

Workforce and finance



Executive summary

Due to the current COVID-19 pandemic the format of this report has been temporarily amended to account for changes in performance management across Wales and to provide an update on COVID-19 for the Hywel Dda area.

COVID-19				
Total vaccines given as at 10 th February 2021 81,562	Priority groups – vaccines given			
	Care home residents and staff	All 80+ years and frontline health/social care workers	75 to 79 year olds	70 to 74 year olds and clinically extremely vulnerable individuals
	89.6%	97.0%	63.9%	52.0%
Confirmed COVID cases as at 31 st January 2021 14,555	Suspected & confirmed COVID patients admitted 1 st -31 st January 286	Confirmed COVID patients discharged 1 st -31 st January 186	Confirmed COVID patients who died in one of our hospitals in January 127	

Non-COVID

To provide staff with more capacity to deal with the COVID-19 pandemic, we have only included narrative within this report for our key deliverable areas. However, we continue to collect and monitor data across all areas, see the [performance overview matrix](#) for the latest data. Below is a summary for our key deliverable areas:

Our 34 key deliverable measures

Latest data

24

3

3

All Wales rank

All Wales data is available for 30 of the 34 key deliverable measures. Of these, Hywel Dda UHB ranked in the top 3 for 50% of measures:

①

2 measures

②

7 measures

③

6 measures

④

4 measures

⑤

4 measures

⑥

3 measures

⑦

4 measures

- Where are we meeting target?
 - In January, 100% of stroke patients were assessed <24 hours by a specialist stroke consultant;
 - The 12-month improvement target has been met for stroke patients receiving speech and language therapy.
 - The target of 75% for complaints closed with 30 working days was achieved in January;
- Where have improvements been made?
 - There were 38,968 patients in January who had a delayed follow-up outpatient appointment, which is a decrease of 935 from the previous month;
 - 28 planned procedures were cancelled in December within 24 hours of admission for non-clinical reasons. A decrease of 16 from the previous month (November);
 - The number of patients waiting more than 14 weeks for a specific therapy improved again, from 1,613 in June '20 to 395 in January '21;
 - 54.5% of serious incidents were closed within the WG specified timescales, this is an improvement of nearly 25% in last month, however it is still significantly below the 90% target;
 - Year to date, April to September '20, 1.82% of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is similar to the same period in the previous year;
- Where is improvement needed?
 - The 65% target was not met for ambulances arriving within 8 minutes to calls for patients with life threatening conditions (54.0%);
 - 404 ambulance handovers were reported as taking longer than 1 hour during January 2021;
 - 72.4% of patients were seen within 4 hours in A&E/MIU (target 95%) and 818 patients spent longer than 12 hours (target 0);
 - Reporting has been stood down for of non-mental health patients with delayed transfers of care. However, census day patient count for Mental Health has continued and saw 21 patients delayed in January '21. i.e. they were medically fit to leave hospital but needed another form of support in place for them to leave;
 - 39% of stroke patients were admitted to a stroke unit within 4 hours in January '21 (target 54%), a decrease from January '20 (55.9%);
 - Due to high numbers of COVID-19 cases and winter pressures on our unscheduled care system, we have had to redeploy resources to support our COVID and emergency pathways. This has had a negative impact on the performance for the single cancer pathway, high risk Ophthalmology patients and those waiting for planned operations;
 - In January, 5,954 patients were waiting over 8 weeks for access to diagnostic services. This is an increase of 628 from the previous month;
 - In January we reported 11 C.difficile infections, 19 E.coli infections and 12 S.aureus infections;
 - Neurodevelopment and Psychological Therapy services are still significantly below target. In December, only 18% of children/young people received a neurodevelopmental assessment in under 26 weeks (0.7% decline from November). 26.4% of adults waited less than 26 weeks for a psychological therapy (1.7% decline from November);
 - Between Jul and Sep, 90% of children had 2 MMR doses by age 5;
 - 93.6% of babies had the recommended 3 doses of the '6 in 1' vaccine by their 1st birthday between Jul and Sep;
 - There has been a small increase in sickness absence between November (5.17%) and December (5.23%);
 - Staff appraisals are below target at 66.7%, a 8.3% drop from January '20;
 - 83.3% of staff have completed their mandatory training (target 85%);
 - Performance for Consultants and SAS Doctors with a current Job Plan declined by 4% this month to 29%. Due to the impact of COVID and service pressures, performance continues to remain significantly below the target of 90%;
 - We have a financial plan with a year-end projected deficit of £25.0m. The current financial position at the end of January is £20.8m deficit against a deficit plan of £20.8m.
- Impact of COVID-19

The current impact of COVID is rapidly changing and while the information provided is up to date as at 31st December, the picture is changing daily.

 - Staff absence due to COVID has increased since December, with around 1.6% of staff self-isolating and 1.52% off due to COVID sickness;
 - Some staff have been deployed from their substantive posts to assist with COVID-19 planning (e.g. field hospitals) and reset plans (i.e. restarting elective procedures);
 - At the start of the pandemic, most elective procedures and outpatient appointments were cancelled to create capacity for staff training and COVID-19 patient admissions, this subsequently created a backlog. When COVID case numbers subsided, elective work did recommence albeit at lower numbers than were treated before the pandemic due to social distancing and infection control measures. Due to a sharp increase in cases, a temporary pause was put on elective operations from the 18th December until the 20th January. We have now recommenced urgent cancer surgery and urgent cases (see the [Planned Care section](#) for further details);
 - Staff are taking additional time for donning and doffing personal protection equipment;
 - To avoid inpatient admission where appropriate, the temporary physical redesign of acute hospital facilities to accommodate separate COVID & Non-COVID pathways has led to some patients receiving extended clinical assessments within Emergency Departments beyond the 4-hour threshold;
 - Where possible, staff have shifted to working from home which has required additional IT infrastructure and resources;
 - Since April 2020, we have commissioned Werndale Hospital to support urgent cancer outpatient and surgical pathways. Plans are being progressed in accordance with the Welsh Government guidance to further increase the volume of cancer diagnostic and surgical cases undertaken at acute sites;
 - From mid-November, to better manage patient flow, Health Board field hospital beds were opened for non-COVID step down patients. We currently have up to 28 beds open in Ysbyty Enfys Selwyn Samuel (Llanelli) and up to 28 beds in Ysbyty Enfys Carreg Las (Narberth) although daily / weekly capacity has varied due to staffing challenges;
 - Mental Health and Learning Disability patients have had reduced leave (i.e. attending social activities or shopping) to limit their risk of exposure.



COVID-19 vaccination

This section provides a progress update of the COVID-19 mass vaccination programme across Carmarthenshire, Ceredigion and Pembrokeshire. Due to the high importance of this programme and the speed at which it is being delivered, data presented within this section are the most up-to-date available at the time of writing as opposed to the position at the end of the previous month.

What are we aiming to achieve?

In line with the rest of Wales, as determined by the COVID-19 Vaccination Strategy, we are working to three key milestones:

- **By mid-February** – all care home residents and staff; frontline health and social care staff; everyone over 70 and everyone who is clinically extremely vulnerable will have been offered vaccination. We are on track to meet this milestone.
- **By the spring** – vaccination will have been offered to all the other phase one priority groups. This is everyone over 50 and everyone who is at risk because they have an underlying health condition.
- **By the autumn** – vaccination will have been offered to all other eligible adults in Wales, in line with any guidance issued by the Joint Committee on Vaccination and Immunisation (JCVI).

In total, around 2.5m people throughout Wales could be offered COVID vaccines by September 2021, depending on further advice from the JCVI.

Progress for the 9 priority groups as at 10th February 2021

Since our report in January, an additional 67,209 people have received the first dose of the COVID-19 vaccine.

Priority group	Number vaccinated	Percentage of cohort vaccinated
1. Residents in a care home for older adults and their carers	5,445	89.6%
2. All those 80 years of age and over and frontline health and social care workers	42,392	97.0%
3. All those 75 years of age and over	12,471	63.9%
4. All those 70 years of age and over and clinically extremely vulnerable individuals	18,808	52.0%
5. All those 65 years of age and over	-	
6. All individuals aged 16-64 years with underlying health conditions*	-	
7. All those 60 years of age and over	-	
8. All those 55 years of age and over	-	
9. All those 50 years of age and over	-	
Priority group waiting to be assigned/validated**	2,446	
Total vaccines given to date	81,562	

* which put them at higher risk of serious disease and mortality
** Following issues identified with the initial data uploads to the immunisation system, NWIS are working with Health Boards across Wales to ensure the accuracy of the priority group allocation.

Vaccine type

We are currently using two vaccines approved for use in the United Kingdom, namely Pfizer-BioNtech and Oxford-AstraZeneca. The chart below gives a summary of the vaccines we have used as at 11th February 2021:



Uptake by local authority area of residence

The uptake by local authority as at 10th February 2021 is included below:

Carmarthenshire	Ceredigion	Pembrokeshire
20.9%	20.1%	19.4%

Summary by GP cluster

The table below shows the uptake by GP cluster area as at 11th February 2021. It is important to note that the data in this section relates to the GP cluster where individuals are registered. The GP practices are not responsible for vaccinating all patients within their cluster; vaccinations will also be delivered by pharmacies, within care homes and vaccination centres (within the community and our acute hospitals).

GP cluster	Number vaccinated	Percentage vaccinated
Taf/Towy (2Ts)	13,460	22.9%
South Ceredigion	10,155	21.6%
Llanelli	13,316	21.5%
North Ceredigion	9,566	20.8%
Amman/Gwendraeth	12,499	20.7%
North Pembrokeshire	13,683	20.6%
South Pembrokeshire	11,207	20.5%

Weekly updates on the vaccination programme are available via our website:
<https://hduhb.nhs.wales/news/press-releases/>.

Vaccination figures for all of Wales are published by Public Health Wales on their COVID surveillance dashboard:
<https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-COVID-19/>



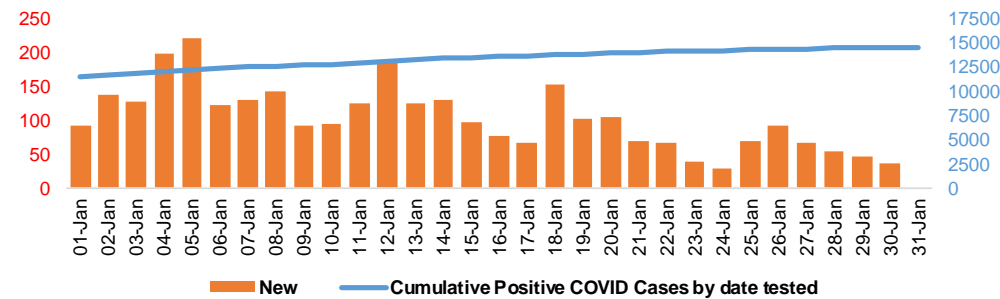
COVID-19 update

The COVID-19 pandemic has already had a massive impact on our staff and services and we expect that this will continue well into 2020/21. As an organisation we are rising to the challenge and we will do so for as long as is needed.

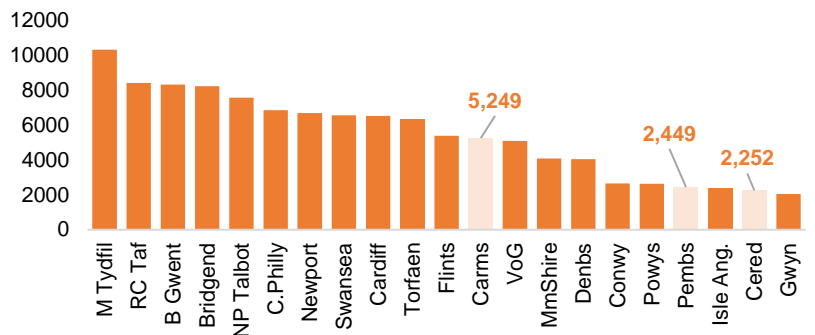
Confirmed cases

As at 31st January 2021 there was a total of 14,555 confirmed cases of COVID for Hywel Dda residents. Of these, 3,101 were confirmed during January, a significant decrease from the 6,192 reported for December. The highest number of new positive cases tested was on 5th January with 221 new cases reported. On 31st January 2021, population rates for confirmed cases were lower in Ceredigion (2,252 per 100,000 population) and Pembrokeshire (2,449 per 100,000 population) than most of the other local authority areas in Wales, however, these rates have more than doubled since the end of November. It is important to note that the local authority rates may be skewed due to testing variation in each area and therefore should be used as a proxy.

Daily and cumulative confirmed cases for Hywel Dda by date of testing as at 31st January 2021



Confirmed cases per 100,000 resident population



Supporting our staff

We have established a COVID command centre which is open 7 days a week. Staff are able to contact the command centre by email or phone with all COVID related queries e.g. staff testing, personal protective equipment (PPE), wellbeing support, vaccination. In January, the command centre had on average 111 calls per day (3,455 calls in January overall). In addition, our Staff Psychological Wellbeing Service has changed the way they work to offer one to one support services to staff.

Personal Protective Equipment (PPE)

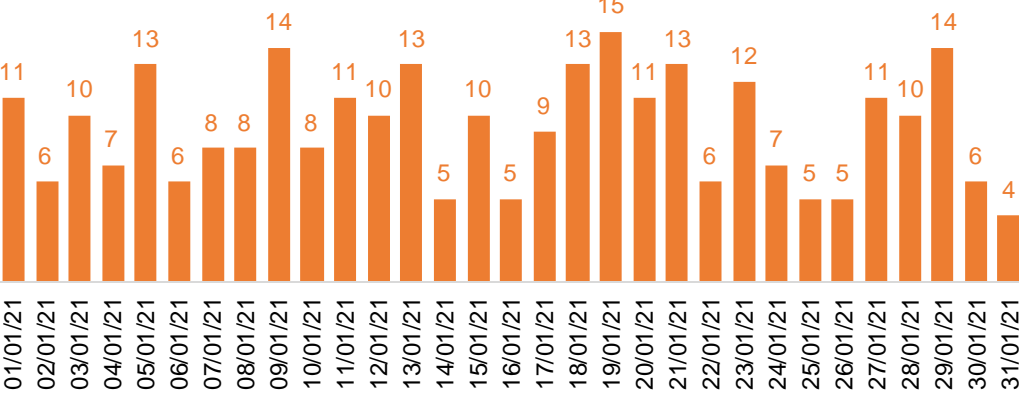
We continue to closely monitor our PPE stock levels and orders to ensure sufficient levels are maintained to protect our staff and patients.

Admissions

The number of COVID (confirmed and suspected) admissions to our four acute hospital sites decreased from 325 in December to 286 in January; 12 in Bronglais General Hospital (BGH), 68 in Glangwili General Hospital (GGH), 92 in Prince Philip Hospital (PPH) and 114 in Withybush General Hospital (WGH). This is an average of 9 COVID admissions a day across the Health Board during January and approximately 10% of all inpatient admissions. Non-COVID inpatient admissions averaged 83 per day over the same period.

The Health Board have 5 field hospitals across Hywel Dda to provide increased capacity should the need arise. As at 31st January, 57 beds were open in our field hospitals, 29 in Ysbyty Enfys Selwyn Samuel in Llanelli and 28 in Ysbyty Enfys Carreg Las in Bluestone, Pembrokeshire. The field hospital beds are used for non-Covid step-down patients, to enable us to better manage patient capacity and flow in our acute hospital sites.

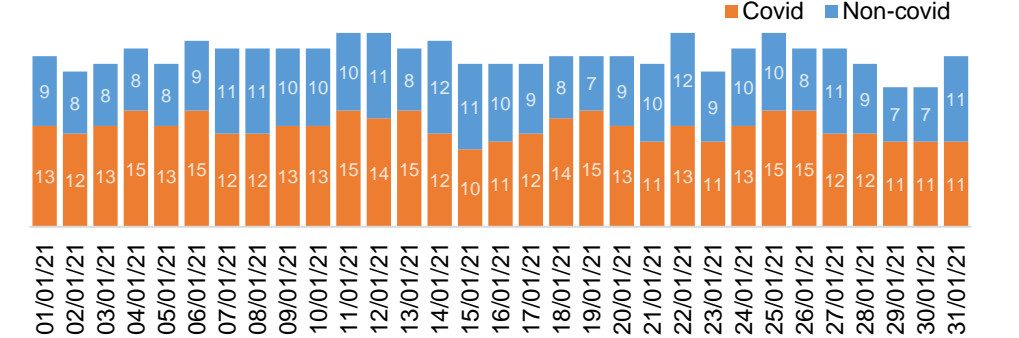
Hywel Dda daily COVID* admissions during January 2021



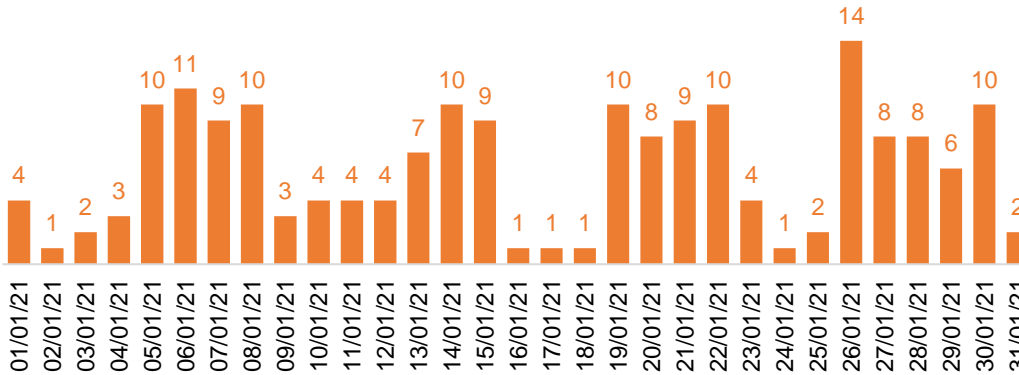
Critical care

The number of COVID patients requiring a critical care bed increased from an average of 9 per day in December to 13 per day in January. We are monitoring ventilated bed use, consumables and medication requirements on a daily basis to maximise capacity across the Health Board. Additionally, we are modelling future capacity in order to accurately plan anticipated demand and availability of ventilated beds.

Number of patients in critical care bed during January 2021



Number of COVID patients discharged during January 2021



Discharges and Deaths

Between 1st and 31st January, 186 COVID (confirmed and suspected) patients were discharged from hospital alive. Sadly, from the start of the pandemic to 31st January 2021 there have been 393 COVID-19 related deaths in one of our hospitals, of which 127 (32%) occurred during January 2021.

For the latest figures on COVID-19 confirmed cases and deaths, see the Public Health Wales dashboard which is updated daily and can be accessed: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-COVID-19/>



Key performance areas

This section includes summary information on some of the key areas that we prioritised to make improvements in 2019/20, we continue to monitor these in 2020/21 during the COVID-19 pandemic. The impact of COVID on performance is detailed within each service report below. The reporting time period and frequency differs by indicator. See the [performance overview matrix](#) for details.

		Target	12m previous	Previous period	Latest data	Met plan?	All Wales rank +	Notes **
Unscheduled care	Ambulance red calls	65%	56.2%	44.6%	54.0%	No	6 th out of 7	Carms 55.9%, Cere 53.8%, Pembs 51.0%.
	Ambulance handovers over 1 hour	0	751	420	404	No	2 nd out of 6	Ambulance handover delays improved considerably from January 2020 (-347).
	A&E/MIU 4 hour waits	95%	77.9%	72.9%	72.4%	No	3 rd out of 6	Major attendances increased to 60% of total attendances in Jan '21 compared to 42% in Jan '20. The main breach reason was due to lack of medical beds, 1,047 medical bed related breaches in Jan '20 compared to 884 in Jan 21.
	A&E/MIU 12 hour waits	0	1,066	717	818	No	2 nd out of 6	
	Non-mental health delayed transfers of care	12m↓	33	n/a	n/a	n/a	3 rd out of 7	Due to COVID-19, DTOC census patient number monitoring has been suspended. Latest Mental Health data is based on unverified numbers from the National DTOC database.
	Mental health delayed transfers of care	12m↓	11	5	21	No	5 th out of 7	
Stroke and cancer	Admission to stroke unit <4 hours	54.0%	55.9%	26.8%	39.0%	No	1 st out of 6	Admission to a stroke unit performance is below target at GGH (6.3%) and WGH (20%). Despite an improvement from Dec '20, COVID factors affect direct admission to a stroke unit. Whilst the overall SALT target is met, performance decreased in GGH (40.2%) and PPH (9.5%).
	Assessed by stroke consultant <24 hours	85.9%	93.6%	97.7%	100.0%	Yes	1 st out of 6	
	Stroke patients - speech & lang. therapy	12m↑	36.5%	45.9%	38.8%	No	4 th out of 6	
	Single cancer pathway	12m↑	76.2%	74%	66.4%	n/a	3 rd out of 6	There has been an increase in demand for diagnostic investigations beyond current capacity.
Planned care and therapies	Hospital initiated cancellations	5%↓	156	44	28	Yes	5 th out of 7	Emergency admissions (3), COVID (9), admin error (3), other non-clinical (11), other (2).
	Delayed follow-up appointments (all specialties)	12m↓	32,422	39,903	38,968	No	n/a	There has been a slight increase (65) in patients waiting this month.
	Ophthalmology patients seen by target date	95%	60.6%	38.7%	38.8%	No	6 th out of 7	Performance affected by patient cancellations & inability to attend. High risk treatment continues.
	RTT – patients waiting <=26 weeks	95%	87.1%	56.9%	56.8%	No	2 nd out of 7	The number of patients waiting >36 weeks for treatment increased by 340 from Dec '20 to Jan '21. However, the rate of increase is slower than seen in previous months.
	RTT – patients waiting 36 weeks+	0	940	25,182	25,522	No	2 nd out of 7	
	Diagnostic waiting times	0	82	5,326	5,954	No	2 nd out of 7	An increase of 628 from Dec '20 to Jan '21.
	Therapy waiting times	0	138	423	395	No	3 rd out of 7	Overall improvement but increase in Audiology due to non-urgent face-to-face activity on hold.
Quality and safety	C.difficile	<=25	37.53	34.42	34.34	Yes	5 th out of 6	The cumulative reduction rate compared to Apr-19 – Jan-20: - C.diff cases reduced by 8% - E.coli cases reduced by 26% - S.aureus cases reduced by 17%
	E.coli	<=67	105.46	80.20	77.95	Yes	6 th out of 6	
	S.aureus	<=20	29.16	22.72	24.13	No	2 nd out of 6	
	Serious incidents	90%	43.8%	28.6%	54.5%	n/a	n/a	11 serious incidents were due for closure in January. 6 were closed within the WG timescale.
	Complaints	75%	72.2%	62%	75%	Yes	7 th out of 9	A higher number of complaints were able to be resolved 'on the spot' or informally.
MH +	Children/young people neurodevelopment waits	80%	30.2%	18.7%	18.0%	No	7 th out of 7	Only 273/1513 children/ young people and only 455/1723 adult psychological patients were seen in under 26 weeks in Dec' 2020.
	Adult psychological therapy waits	80%	51%	28.1%	26.4%	No	7 th out of 7	
Population Health	'6 in 1' vaccine	95%	94.5%	93.6%	93.6%	No	5 th out of 7	The schools immunisation programme was restarted on 29th June 2020 as schools reopened.
	MMR vaccine	95%	91.0%	90.0%	90.0%	No	7 th out of 7	
	Attempted to quit smoking	5%(ytd)	1.8%	1.82%	1.82%	n/a	4 th out of 7	COVID-19 presents a risk to smokers accessing cessation support services and due to the pandemic, CO levels are not currently recorded.
	Smoking cessation - CO validated as quit	40%	43.5%	n/a	n/a	n/a	3 rd out of 7	
	Childhood obesity	n/a	n/a	n/a	n/a	n/a	4 th out of 7	Carms 13.0%, Pembs 10.6% and Cere 10.3%
Workforce & finance	Sickness absence (R12m)	12m↓	5.12%	5.17%	5.23%	No	4 th out of 10	Increase in in-month sickness from 5.55% in December '19 to 6.2% in December '20.
	Performance appraisals (PADR)	85%	75%	68.4%	66.7%	No	2 nd out of 10	Winter pressures, leave and Covid-related factors contributed to 8.3% drop since Jan '20.
	Core skills mandatory training	85%	82.0%	83.6%	83.3%	No	3 rd out of 10	Lowest compliance in fire safety (70.4%), L1 moving and handling (77.5%) and IG (78.8%).
	Consultants/SAS doctors - current job plan	90%	64%	33%	29%	No	n/a	Increased services pressures have impacted performance.
	Finance - deficit	£25m	£30.2m deficit	£18.8m deficit	£20.8m deficit	Yes	n/a	Board's financial YTD position at the end of Jan is £20.8m deficit against a deficit plan of £20.8m.

+ Mental Health & neurodevelopment ** BGH: Bronglais General Hospital GGH: Glangwili General Hospital PPH: Prince Philip Hospital WGH: Withybush General Hospital. HDUHB/HB: Hywel Dda University Health Board/Health Board

♦ See individual report for all Wales ranking details. Note: All Wales data is usually reported for data from the previous period, however, due to the COVID pandemic the rankings published for a number of indicators have not been updated for some time.



Essential services update as at 31st January 2021

This section provides an overview on essential service provision in Hywel Dda during the COVID-19 pandemic. Essential services guidance has been produced by the Welsh Government and can be accessed on their website: <https://gov.wales/nhs-wales-COVID-19-operating-framework-quarter-2-2020-2021>.

1 Essential services that we are currently unable to maintain and our actions to address

Out of Hours services

- The Carmarthenshire and Ceredigion base rotas remain stable during the evening and overnight period across most of the working week. Cover at the Llanelli base has improved during the morning sessions at weekends but weekend cover remains limited in the afternoon and evening. Pembrokeshire's position remains fragile with significant shortfalls identified (predominantly at weekends). Contributing factors include long-term sickness absence, COVID-19 shielding and staff isolation due to infection control guidance. Therefore, the overall service risk remains elevated.
- The ongoing rationalisation of overnight base cover continues to support service stability in the overnight period. As reflected by remaining service shortfalls, capacity has not been generated to safely and consistently return to an increase in overnight cover at this time.
- Ongoing shortages in shift fill remain mitigated by clinicians completing approximately 80% of activity at the telephone consultation stage. This increases the capacity available meaning predicted service escalation levels are often lower than initially identified. The outcome of service escalation and constraints in capacity would be delays in patient care and possible increases in demand within emergency departments or WAST.
- The trial of the pharmacy model to support enhanced activity from remote working clinicians and the Clinical Support Hub within the 111 service has ended. Uptake was extremely low and we need to evaluate the effectiveness and efficiency it provided before other options are considered.
- The current Clinical Operating System (Adastra) is being replaced with a new system called Salus. This will support some of the fragilities reported as risks elsewhere. Service leads are involved in the development of this new system to make it suitable for the OOH service. Funding and licencing have been secured to maintain Adastra alongside the new Salus to prevent the risk of delays or technical issues at the changeover point.
- Attend Anywhere online software is in place to support virtual consultations; however, use is infrequent, and a training need has been identified. The main difficulty raised is the inability to record consultations which leads to protracted consultations between phone and visual consultations.
- Work by service leads to procure a new IT rota system solution has been completed and planning is currently ongoing to arrange the commencement of an agreed training package. This new system will enhance access to vacant shifts making it easier for both clinical and operational teams to volunteer even when the admin office is closed leading to a more accessible and efficient process to fill rota gaps.

2 Essential services that are being maintained in line with guidance

Access to primary care services

General Medical Services
Community pharmacy services
Red alert urgent/emergency dental services
Optometry services
Community Nursing/Allied Health Professionals services
111

Life-saving or life-impacting paediatric services

Paediatric intensive care and transport
Paediatric neonatal emergency surgery
Urgent cardiac surgery (at Bristol)
Paediatric services for urgent illness
Immunisations and vaccinations
Infant screening (blood spot, new born, hearing, 6 week physical)
Community paediatric services for children

Other infectious conditions (sexual and non-sexual)

Other infectious conditions
Urgent services for patients

Mental health (MH), learning disability services & substance

Crisis services (including perinatal care)
Inpatient services at various levels of acuity
Community MH services that maintain a patient's condition stability
Substance misuse services that maintain a patient's condition

Therapies e.g. tissue viability/wound care, rehabilitation increase in functional decline, patients not appropriate for remote or digital support, admission avoidance.

Palliative care

Blood and transfusion services

Safeguarding services

Acute services

Urgent eye care
Urgent surgery
Urgent cancer treatments

Life-saving medical services

Interventional cardiology
Acute coronary syndromes
Gastroenterology
Stroke care
Diabetic care
Neurological conditions
Rehabilitation

Termination of pregnancy

Neonatal services

Surgery for neonates
Isolation facilities for COVID-19 positive neonates
Usual access to neonatal transport and retrieval

Renal care-dialysis

Urgent supply of medications and supplies including those required for the ongoing management of chronic conditions

Additional services

Health visiting service - early years
Community neuro-rehabilitation team
Self-management & wellbeing service
School nursing services

Diagnostics

3 Intermediate services that are being delivered


Maternity services

4 Normal services that are continuing


Emergency ambulance services

For further details see the July 2020 Board paper entitled '9. COVID-19 Report including ratification of COVID-19 Operational Plan for Quarter 2 2020/21, Field Hospitals and Winter Plan' and accessible: <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/>.


How did we do in January 2021?




54.0% of ambulances arrived to patients with life threatening conditions within the 8 minute target.



404 ambulances waited more than 1 hour at our hospitals to handover their patient to an Accident and Emergency (A&E) department/Minor Injury Unit (MIU).







7,823 patients attended an A&E/MIU in January as a new attender. Of these patients, **72.4%** were seen and treated within 4 hours of arrival but **1,174** patients waited longer and **818** patients waited over 12 hours. There has been a 36% reduction in the number of new attendances compared to Jan '20 and 30% year to date.



In January there were 2,752 emergency admissions compared to 3,824 in Jan '20, to our hospitals of which 1,643 (60%) were admitted via A&E/MIU. On average, medical emergency patients stayed in hospital for 11 days Jan '21.

How do we compare to our all Wales peers?

	Ambulance reaching patients with life threatening conditions within 8 minutes	Dec 2020	6 th out of 7
	Ambulances waiting > 1 hour to handover a patient	Dec 2020	2 nd out of 6
	Patients being seen and treated within 4 hours in A&E/MIU	Nov 2020	3 rd out of 6
	Patients waiting more than 12 hours in A&E/MIU	Nov 2020	2 nd out of 6

Impact of COVID

- Ambulance Service
 - Additional COVID infection control requirements affect efficiency;
 - Staff shielding and an increase of staff reporting COVID like symptoms reduced our ability to deploy the maximum number of resources. The number of staff withdrawn from service (abstraction) remains higher than during the 1st wave of COVID;
 - Ambulance staff must don PPE for all calls and higher specification PPE where procedures produce airborne particles or respiratory droplets;
 - Modelling has shown red calls requiring full level 3 Personal Protective Equipment (PPE) will add 4+ minutes as a result of the donning process;
 - Reduction in handover delays to Jan '20 and Dec '20. However, there were still 1,064 hours (notification to handover) lost across our 4 acute sites by Hywel Dda crews which is the equivalent of 92 x 11.5 hour double manned shifts (Dec 96 shifts) being lost from production. GGH presented particular challenges with 801 hours lost (Dec 810 hours lost) during the month with a number of delays over 3 hours.
- Unscheduled Care
 - There were significantly more patients with a positive COVID diagnosis in hospital beds, than in the 1st wave;
 - The 2nd wave has shown a higher acuity of patients presenting; needing enhanced respiratory support via continuous positive airway pressure (CPAP) and a marked increase in patients requiring oxygen support interventions and critical care. Presenting our senior clinicians with critical decision making requirements (such as ceiling of care) on a constant basis;
 - Staffing - absence through shielding, self-isolation and sickness continues to increase in line with COVID prevalence in the community;
 - The COVID mortality rate is proving to be a significant emotional burden for staff working on COVID wards with several areas regularly faced with up to 4 deaths per day;
 - COVID swabs results can take over 12 hours;
 - Increasing number of medically optimised patients, length of stay and some delays in re-ablement and Long Term Care (LTC) package availability due to both COVID concerns, staff shortages and LTC assessment/placement delays;
 - Nursing and residential homes under pressure with staff and resident sickness. Unable to accept patients back from the acute hospitals in a timely way. The ability to transfer patients to Community Hospitals, intermediate care beds and Field Hospitals limited due to COVID transfer requirements, patient eligibility criteria and staffing levels;
 - Maintaining Red (COVID) and Green (non-COVID) streams at front door and on the wards has proven difficult as community incidence has increased.

Risks

- Ambulance Service
 - Vehicles needing deep clean have to go to Singleton;
 - The time taken for ambulances to become operational post patient handover extended due the need to remove PPE and vehicle cleaning;
 - Increasing staff abstractions.
- Unscheduled Care
 - Existing vacancies and staffing for both Red and Green zones in Emergency Departments (ED) with Registered Nurses (RN) and Health Care Support Workers (HCSW). In accordance with the Nurse Staffing escalation matrix, we have at times had to stretch nurse ratios in a risk assessed way to cover daily staffing deficits caused by COVID related staff absence and sickness. Absence rates have almost doubled for COVID related reasons affecting all staff groups.
 - The combination of multiple factors: COVID demand, winter pressures, significant staffing deficits and difficulties in discharges has resulted in the service struggling to provide the level of care it would want, for example:
 - Excessive waits to offload ambulances;
 - Overcrowded EDs with difficulty to properly monitor patients who are asked to wait in cars;
 - Last minute struggles for facilities and staffing whenever an additional patient requires CPAP or ventilation;
 - Challenges in maintaining social distancing on wards due to the need to treat patients and offload ambulances;
 - Multiple COVID outbreaks on non-COVID wards;
 - Elective surgery has been cancelled with a minimal amount of cancer elective work taking place;
 - Staff are reporting increased stress, anxiety and exhaustion which combined with work pressures increases risks of serious clinical incidents;
 - Vacancies and sickness in Community Teams/Hospitals negatively impact the efficient transfer of some patients from acute sites;
 - The GP Out of Hours service is often not fully covered at the weekend.

What are we doing?

- Ambulance Service
 - 16 Duty Operational Managers have been appointed across the Hywel Dda health board area with a further two vacancies out to advert;
 - Local and senior pandemic teams have been stood up;
 - Revised performance plan introduced;
 - The decontamination site at Singleton has reopened which will reduce down time of vehicles requiring deep cleaning;
 - The *Tactical Plan to Production* has been signed off. Mid and West Wales Fire and Rescue utilised to uplift our resource levels.
 - The Military Aid to the Civil Authorities (MACA) has been activated with soldiers deployed as of the 23rd December;
 - Lateral flow test have been rolled out for all staff during January. Tests will be undertaken twice weekly.
- Unscheduled Care
 - Vaccination of staff started in December '20;
 - Further ongoing planning reviews to implement *Same Day Emergency Care* (SDEC) service to reduce emergency admissions WG approved;
 - Revised major incident plans (addendums) devised for COVID;
 - Joint planning with GGH, PPH and Carmarthenshire County services with Selwyn Samuel Field Hospital operational at 28 beds and ongoing planning discussion to increase available beds, if required. At PPH this has increased the risks to service delivery as nursing and medical staff are released from PPH to support the field hospital;
 - Consultant and triumvirate (clinical, nursing and management leads) presence at bed management meetings in GGH and PPH, to aide flow and decision making in regard to confirmed/suspected COVID patients and weekend plans.

Bronglais

- Working closely with Community and LTC team to implement the '*home first*' principle and escalate the pace of LTC planning, though this has been critically hampered by COVID situation and care homes needing additional support due to COVID;
- Planned care activity stood down for an agreed review period and elective Cancer surgery recommenced;
- Winter plan continues with close monitoring of impact of schemes to deliver benefit to patients. Additional consultant sessions, doctors on A&E rota and additional weekend middle grate are in place where staffing allows;
- Dual junior rota back in place as we continue to see increased COVID admissions;
- Community Team is significantly depleted due to supporting Red status Care Homes (28 day embargo) and bolster their staffing. Resulting in the need to temporarily close Cardigan MIU and has significantly restricted opportunities for discharge, resulting in BGH having high numbers of medically optimised for discharge patients who are unable to transfer;
- Plans to open the local Field Hospital by the end of February continues subject to staffing, though BGH are engaging in the southern Field Hospital daily panels to affect transfer if clinically appropriate.

Glangwili

- Detailed patient reviews (deep dives) in place as '*to treatment and discharge*' plan reinstated, led by the triumvirate with community and local authority presence with Senior Discharge Lead post created. Field Hospital panel identify patients suitable for Selwyn Samuel each day;
- COVID outbreak continues in medical and surgical wards, maintaining some Green patient pathways;
- Significant nurse and medical deficits across all wards with daily focus on moving staff within the hospital;
- SDEC commenced 15th January and to up to 2nd Feb, the service saw 59 patients, with 9 patients brought back for follow up. Average LOS 3 hours and 39 minutes;
- Additional 2nd Medical Consultant and Middle Grade on at weekends to manage emergency demand; Orthopaedic senior Dr. working in MIU at weekends.

Prince Philip

- Due to increased COVID activity in the Llanelli area a 3rd ward was converted into a COVID ward during December;
- Planned care activity stood down for an agreed review period and elective Cancer surgery recommenced in Jan' 21, placing additional pressure on unscheduled care capacity and staffing;
- Encouraging MIU patients to wait in cars, if possible, to maintain social distancing in the waiting room;
- Allocation of outpatient and theatre staff to wards to slightly offset staffing deficits;
- A SDEC service started in December based in the MIU;
- Releasing medical consultants from Planned Care duties has allowed increased senior presence on wards and at the front door and at evenings and weekends;
- Active management of outbreaks;
- Support systems for staff.

Withybush

- Green/Red Clinical Decision Units maintained although length of stay is increased due to shortfall in available inpatient capacity. Continued screening of General Medicine (GM) referrals and ambulance conveyances to avoid unnecessary admissions;
- Second COVID ward opened with COVID activity remaining high throughout January;
- COVID outbreaks in non-COVID wards provide significant ongoing operational challenges for 'Green' patient pathways;
- An additional GM junior doctor continues to be requested to cover weekend day shift to reduce patient waits for assessment and onward referral/discharge;
- SDEC pilot commenced on 28th January 2021 with patients being streamed from ED and General Medical 'blue team' assessment;
- Safety huddles continue in the ED to improve timely assessment processes and flow. This needs continued further focus and reinforcement;
- Strong drive continues on medical recruitment;
- Multi discipline team - daily panel in place to identify suitable patients to transfer to Ysbyty Enfyf Carreg Las (Field Hospital) but eligibility varies depending upon patient condition and inability to transfer out of outbreak areas. Escalation panel to commence in February 2021.

**How did we do in January 2021?**

Due to the COVID pandemic, non-mental health DTOC census patient number monitoring has been suspended.



Mental Health DTOC census delays are being captured, there were **21** in January 2020.

How do we compare to our all Wales peers?

	Non-mental health patients aged 75+ DTOC	Feb 2020	3 rd out of 7
	Mental health patients DTOC	Feb 2020	5 th out of 7

Impact of COVID

The full impact of COVID on DTOC can be demonstrated in the following areas:

- Changes to regulatory frameworks – with the introduction of Welsh Government (WG) Hospital Discharge Service Requirements. *Discharge 2 Recover and Assess* (D2RA) pathways have enabled us to expedite the implementation of these new ways of working. Capacity of the Long Term Care team has an impact on patient flow;
- Staffing - staff groups across all services have been affected by COVID transmission. Self-isolation periods, quarantine, test, trace, and protect will all have an effect on the staff resource available to support patient care, which may ultimately have an impact on DTOC into those services; A significant proportion of Health and Social Care staff have received the COVID vaccination, and it is anticipated in time we will see the impact of this;
- Care home sector – there are increasing numbers of homes who have been unable to accept new admissions due to outbreaks. Following an outbreak, Public Health Wales guidance states no admissions into care homes until 28 days after the last positive test result and limited admissions during recovery period once the 28 days is lifted;
- COVID testing – processes are in place to support patient transfer to community hospital, community, care home with appropriate testing to ensure safe delivery of care;
- Capacity of services and acuity of patient's care requirements – insufficient capacity to meet demand. The demand for Domiciliary Care Provision is increasing and remains a high risk factor;
- Significant outbreaks within Community Hospitals, both patients and staff, have resulted in hospital admission/closure with the result of delays in transfer of care;
- Impact of Lockdown - Community transmission has significantly increased, which is having an impact on available staffing in the community services, care homes, commissioned services and domiciliary care;
- New increase in COVID positive cases in hospitals – each acute site is increasing their Red zones due to increased cases. This is putting increased pressure on timely hospital discharge.

Risks

- Non-mental health
 - Test, Track and Protect - impact of positive result meaning whole community teams are unable to deliver care to vulnerable patients within the community, which may result in increased admissions to hospitals;
 - Deployment of core community staff to support care home sector, resulting in reduced visits to existing caseload;
 - Increasing COVID outbreaks in the care home sector;
 - New variant of virus – impact not fully known;
 - Acuity of patients has increased with complex discharge requirements;
 - Medically optimised patients remaining in acute and community hospital beds, with access to long term packages of care and placements re-emerging as a significant constraint to discharge;
 - Delays in transfer to Care homes whilst 28 day embargo in place as Public Health Wales sign off is required for risk assessing transfers.
- Mental health
 - Challenges around identification of placements resulting from actions to reduce spread of COVID;
 - Increased acuity levels within inpatient settings;
 - Patient pathway delay due to COVID patients requiring a 28 day window of negative tests prior to transfer or admittance.

What are we doing?

- Non-mental health
 - Working collaboratively with the Local Authorities to further develop capacity within D2RA pathways, to ensure attainment of standards as outlined in the Welsh Government Discharge Requirements and Primary Care & Community Framework (PCCF);
 - Continuing to support our staff through this second wave of COVID and implications of new virus strain and ongoing psychological impact on staff groups;
 - New daily panel taking place on each acute site focusing on patient flow across the system; incorporating field hospital, community hospital and step down provision;
 - Enhancing rapid response to bridging care and sustain by embedding into D2RA pathway;
 - Strengthening intermediate care response in the community;
 - Field Hospitals operational across Health Board to support patient flow;
 - Increasing Intermediate Care beds for people not yet able to return to embargoed care and residential homes;
 - Implementation of hospital same day based swab testing and processing for patients requiring placement;
 - Embedding Telehealth solutions where possible and appropriate to support Intermediate, Palliative and Proactive Care pathway;
 - Improved integration of end of life care across the healthcare system and ensure adherence to palliative care principles and standards;
 - Collaborative working with key partners in managing outbreaks in care homes, LA, IP&C, Environmental health, County Management officers, Care Home providers;
 - Targeted approach of winter funding to support patient flow across the system.
- Mental health
 - Community Teams focusing on providing support to avoid admission where possible with a multidisciplinary approach to review patient flow;
 - Remote working and improved digital technology/platforms have been embraced which has assisted in maintaining links and improving attendance at care planning meetings;
 - An ICF bid has been submitted for increased capacity to facilitate discharge and liaison. Improvements have been made to internal and external pathways to reduce delays as far as possible;
 - Closer working with Long Term Care to deal with more complex cases and collate more detailed information regarding placement challenges and budget constraints.

**How did we do in January 2021?**

39% of patients presenting at our hospitals in January with a stroke were then admitted to a dedicated stroke unit within 4 hours (a 12.2% increase from December 2020).



100% of patients admitted with a stroke in January were assessed by a specialist stroke consultant within 24 hours (a 2.3% increase from December 2020).



38.8% of stroke patients had the recommended amount of speech and language therapy (SALT) in hospital during January (although this is a 7.1% decrease from December 2020, the 12-month improvement trend target has been met).

How do we compare to our all Wales peers?

	Admission to stroke unit within 4 hours	Nov 2020	1 st out of 6
	Assessed by stroke consultant within 24 hours	Nov 2020	1 st out of 6
	Stroke patients - speech and language therapy	Nov 2020	4 th out of 6

Impact of COVID

- Patients screened on admission as COVID positive are unable to be transferred to a stroke unit and are diverted to non-stroke COVID wards;
- Patients diverted to a non-stroke COVID ward impact on the 4 hour target of direct admission to a stroke unit. Stroke teams provide care and intervention to stroke patients even if it is not in a dedicated stroke ward;
- Stroke units are reporting outbreaks; some sites have closed to new admissions and stroke patients are reallocated to other wards;
- Some units have lost bed space due to social distancing and beds are being lost due to contacts/isolation within the units;
- Face to face outpatient appointments have been suspended;
- SALT was initially deemed an aerosol generated procedure (AGP) and staff were required to carry out therapy in an AGP room dressed in full PPE which impacted on the time spent with patients on actual therapy. SALT is no longer deemed an AGP and hence, this no longer the case;

- Staff sickness within the MDT (multidisciplinary team) due to COVID, does impact on therapy for stroke patients, including SALT;
- Medically/rehabilitation optimised patients waiting for community support are now being discussed at the Field Hospital panel meetings for the possibility of transfer.

Risks

- Risk of COVID outbreaks on the stroke units;
- Stroke units being closed due to COVID outbreaks;
- Reduction in staff due to self-isolation and sickness;
- Reduction in therapy and rehabilitation due to staffing levels with poorer outcomes for patients due to the lack of timely rehabilitation;
- Unable to meet performance targets due to staffing levels;
- Higher rate of mortality due to a COVID outbreak.

What are we doing?

- The stroke teams continue to manage and support stroke patients outside the stroke units, helping to advise and support non-stroke staff on how to care for stroke patients;
- The HB Stroke Steering Group (SSG) is meeting on a regular basis;
- Work is ongoing regarding the Thrombectomy pathway. The service is now available 7 days a week via North Bristol. The HB pathway is in draft and will be signed off at the next SSG meeting;
- Although face to face stroke clinics have been suspended, virtual clinics continue;
- All four sites have continued with their TIA clinics both face to face and virtually. They do not require outpatient staff to manage clinics;
- All four sites continue to thrombolyse;
- Stroke review, referral and diagnostic waiting times:
 - 21 patients are awaiting their stage 1 stroke review with the longest waits being 15-18 weeks for ward follow-ups with a Clinical Nurse Specialist;
 - All suspected stroke referrals are being validated with waits of up to 6 weeks;
 - 62 patients who are classified as 'routine' are still waiting for diagnostics by radiology services as only 'urgent' patients are being seen at present. Diagnostics of 'routine' patients are expected to resume when radiology services restart further services on 15th February.



How did we do in December 2020?



In December, **66.4%** of patients on the Single Cancer Pathway (SCP) were treated within 62 days of the point of suspicion. Reporting parameters have changed this month. The figure is now without adjustments and reflects an increase in demand for diagnostic investigations beyond capacity available in the autumn period.

How do we compare to our all Wales peers?

	Single cancer pathway	Nov 2020	3 rd out of 6
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Impact of COVID

- Tertiary surgery was suspended due to COVID in late March 2020;
- Suspension of any aerosol generated diagnostic tests and surgery, in-line with the Royal College guidance, has caused delays;
- Suspension of local surgery for those patients requiring intensive care/high dependency (ITU/HDU) support post operatively and further restrictions in clinical criteria that apply e.g. patients whose BMI (body mass index) exceeds 35 and have existing comorbidities;
- As per the *Wales Bowel Cancer Initiative*, the Faecal Immunochemical Test (FIT10) in the management of urgent patients on the colorectal pathway, as an alternative, was introduced on 15th June 2020;
- USC imaging has been reduced for certain aerosol generating procedures;
- Bronchoscopies have been limited in-line with national guidance;
- As per the 6 levels of *Systemic Anti-cancer Therapy* (SACT), all levels are still currently being treated across the Health Board on all 4 sites;
- Werndale Hospital has been commissioned to support cancer outpatient and surgical pathways from April 2020;
- Joint working progressed with regional multi-disciplinary teams for tertiary centre surgeons to provide outreach surgery in Gynaecology and Urology.

Risks

- Complex pathway delays: the nature and complexity of tumours for some patients do not support rapid diagnosis and treatment due to the need for multiple investigations and multi-disciplinary team reviews;

- Tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board continue to significantly compromise the service;
- Local diagnostic service capacity pressures within Radiology and Endoscopy services;
- The new Single Cancer Pathway significantly increases diagnostic phase, placing added pressure on diagnostic capacity; since 1st December we are only reporting on the SCP target without adjustments.
- Suspension of local surgery for patients requiring ITU/HDU and aerosol generated diagnostic investigations.

What are we doing?

- We are continuing to escalate our concerns regarding tertiary centre capacity and associated delays;
- We are carrying out a piece of work looking at the current capacity we have for diagnostics, and what we need to do to ensure a 7 day turnaround as per the National Optimal Pathways;
- We are also implementing a SCP Diagnostics Group to identify the investigation bottlenecks, and how we can address them going forward;
- We have secured recurrent investment from Welsh Government (£340k per annum) to invest in diagnostic and tracking teams;
- We are logging all patients who are not having treatment due to patient choice or cancelled by hospital on clinical grounds due to COVID. As of November 2020, the number of patients who are refusing to attend the hospital due to COVID increased slightly;
- All urgent suspected cancer imaging investigations continue as usual;
- Elective surgery for high acuity cancer patients with green pathway and green ITU/HDU commenced at PPH and BGH on 6th July 2020, and at WGH on 13th July 2020 for intermediate surgery;
- A pause on elective cancer surgery for 4 weeks from 21st December will impact further on delays and individual patient waits. The health board are looking to increase urgent capacity at PPH and WGH to reintroduce a green HDU/ITU support;
- The number of patients awaiting cancer surgery is now increasing due to the delays as above.
- As per the *Wales Bowel Cancer Initiative*, the use of FIT10 screening in the management of urgent suspected cancer patients on the colorectal pathway during the COVID pandemic has been implemented. This has significantly cut back on the number of patients requiring Endoscopy or any further investigations.

How did we do?

- 28** patients had their procedure cancelled within 24 hours in December 2020. The low number of booked patients is a reflection of elective surgery restrictions due to the pandemic.
- In January, **56.75%** waited less than 26 weeks from referral to being treated (RTT) and **25,522** patients waited beyond 36 weeks.
- In December, **39%** of eye care patients (4602/11863) were waiting in or within 25% of their target date. 97.9% of patients have been allocated a high risk factor (HRF) status leaving 366 (2.1%) patients waiting for an allocated HRF status.
- In January, **38,968** outpatients waited beyond 100% of their target date for a follow up appointment (all specialities).

How do we compare to our all Wales peers?

	Hospital initiated cancellations	Oct 2020	5 th out of 7
	Referral to treatment (RTT) <=26 weeks	Nov 2020	2 nd out of 7
	RTT – patients waiting 36 weeks or more	Nov 2020	2 nd out of 7
	Ophthalmology patients seen by target date	Nov 2020	6 th out of 7
	Delayed follow-up appointments	Not available	

Impact of COVID

- Hospital initiated cancellations
- Emergent on the day, challenges relating to patient flow and staff availability;
- Supporting stringent infection control pathways reduces usual flexibility of staff and environment.
- RTT
- Decreased capacity due to stringent infection control requirements;
- The need to prevent patients having major surgery while they have COVID except for life, limb or sight-saving procedures, as their outcomes are likely to be poor;
- Significant public concern about attending acute hospitals;
- We are continuing to work with Informatics on the risk stratification of the waiting lists which we will share once complete;
- Eye care
- A reduction in compliance is partly due to the COVID pandemic which has led to some patients choosing not to attend hospital appointments;
- The provision of Ophthalmology services has been swiftly reconfigured to meet essential urgent care where required;
- Routine surgery and face to face outpatient activity has been postponed;
- Due to population demographics, most patients require hospital transport which has affected attendance;
- The telephone triage of *Emergency Eye Casualty* by a senior clinician has reduced attendance by 50% with patients being managed via other routes, including independent prescribers in optometric practices;
- There has been an increase in collaborative working with community optometric practices.
- Follow-up appointments
- We are unable to deliver previous services. Initial recovery of the 2019/20 position will be slowed by lack of capacity, infection.

Risks

- Hospital initiated cancellations
- Numbers are affected by the current restrictions on safe elective surgery bed availability and fluctuating pressures relating to pandemic demands including appropriate safe bed distancing and consistent availability of protected locations for elective patients who have been self-isolating;
- The current second wave of COVID is being monitored regularly, however, to date there is no stepping down of any urgent or cancer surgery.
- RTT
- The team are currently identifying risks due to reduced capacity across all stages including diagnostics. This will clearly identify the gap which will need a Health Board forward plan to resolve once we are confident cancer/urgent elective care is sustainable;
- There is a significant risk regarding ward staffing vacancies to support elective activity.
- Eye care
- New patients can wait longer due to a shortage of consultant

- ophthalmologists. Capacity being used to cover the Emergency Eye Care service can impact on waiting times;
- Approximately 192 new and 663 follow-up outpatient appointments have not taken place. Glaucoma patients (on the follow up list for review purposes) have not been able to have their regular diagnostic tests as these cannot be undertaken virtually.
- Follow-up appointments
- Reduction in capacity, albeit face to face capacity, has impacted on the follow up list. This is being addressed with the rollout of virtual functionality but is not without clinical challenge mainly due to confidence levels. The list continues to be validated virtually to ensure clean data. The team are working with both governance and safeguarding to ensure safety on the process of virtual work.

What are we doing?

- Hospital initiated cancellations
- Working to optimise available elective theatre lists, prioritizing on cancer and urgent care pathways. Promoting 'GREEN' pathways for elective surgery flow;
- Planning and collaborating with local patient flow teams to provide safe havens that promote a safe elective patient stay.
- RTT
- Due to a temporary pause being put in from the 18th December for a short period until the 20th January, the Health Board has now recommenced urgent cancer surgery and urgent cases. We continue to plan to return to the 2/3 category in the coming months but the date is not confirmed;
- Capacity is being prioritised for category 1 and cancer patients following urgent pathways;
- Patients will be offered treatments in line with policy across the sites to enable equity of time and care delivery;
- Complex pre-assessment and screening pathways are in place including social isolation pre and post operatively with pre-COVID screens at 72 hours;
- The Health Board now has a revised post-COVID watchtower monitoring programme;
- Our plans for Q3/4 seek to enable the recommencement of urgent orthopaedic treatments;
- Each patient is being risk assessed in order to prioritise those with the greatest need. Regular review of progress is undertaken at the weekly RTT watchtower meeting. The service aims to report initial risk stratification data from next month, with the long-term aim of standardised reporting once WPAS data recording is fully embedded.
- Eye care
- A new Senior Nurse Manager has been employed;
- Maintaining treatments and reviews for imminently sight threatening or life-threatening conditions (prioritising R1 patients);
- Although compliance dropped, clinicians have been triaging patients waiting beyond 25% of their target date. This ensures the correct clinical prioritisation of high-risk patients is undertaken and they are offered appointments first. All patients referred for urgent Cataract procedures have been treated;
- Patients waiting over 100% of their target date have their notes reviewed by a doctor to determine the appropriate action;
- Senior input is always available via telephone/ email and a consultant is on site at GGH on weekdays. The service is covered 24 hours a day, via an on-call consultant rota for emergencies;
- Clinicians review clinics and contact patients in advance of treatment with Pre-op procedures requiring a negative COVID result;
- The clinical team continue to see all ages of patients in the intravitreal injection therapy service;
- Some patients do not want to attend due to risks; there is a weekly virtual clinical review. This will change if the Royal College of Ophthalmology guidelines change;
- The Rapid Access Eye Casualty (RACE) service, delivers 24 hour care to emergency patients;
- Working closely with Swansea Bay UHB to develop a regional response and a potential temporary solution;
- All patients are prioritised in line with the WG Eye Care Measures. This ensures people at highest risk of eye disease who need to be seen quickly should experience fewer delays. We are also giving due consideration to strategies to maximise efficiency in these challenging times, such as one-stop services and appropriate adoption of immediately sequential bilateral cataract surgery.
- Follow-up appointments
- We are encouraging virtual functionality. This is being rolled out but limiting factors include supporting staff at the pace of delivery and rollout. Face to face contact is being used if absolutely necessary for urgent patients.
- We are in the process of developing a communication programme for all patients across the stages and will report as this progresses.



How did we do in January 2020?



5,954 patients waited over 8 weeks for a diagnostic which is 628 greater than the previous month.

How do we compare to our all Wales peers?



Diagnostic waiting times

Nov
2020

2nd out of 7

Impact of COVID

Performance has been affected because the number of patients that can be seen is reduced due to COVID precautions.

- Radiology
 - Imaging capacity significantly reduced due to infection control procedures required;
 - There are increases in referrals marked as urgent or urgent suspected cancer possibly due to late presentation;
- Endoscopy
 - We are currently delivering 37% overall activity following the 2nd wave of COVID. Endoscopy activity prior to the 2nd wave of COVID had been increased to 50% activity in line with the National average
 - All priority one (P1) patients are dated within 2 weeks;
 - Faecal Immunochemical Tests continue in line with national programme guidelines. Currently, only 18% converting to an endoscopy procedure; overall 55% referral rate in comparison to pre-COVID.
 - Prioritisation of resources to support COVID/emergency pathways for the 4 week period from 21st December;
- Cardiology
 - Some services have been moved off-site to facilitate social distancing;
 - 7 day working established to maintain social distancing and increase diagnostic tests undertaken;
 - Recent increase in referrals for Cardiology Diagnostics following the initial reduction during the first wave of the COVID pandemic;
 - No resumption of Trans-oesophageal Echo or Dobutamine Stress Echo due to staff capacity and space constraints.

Risks

- Capacity pressures, equipment failure and COVID precautions impacting the service's ability to meet target.

What are we doing?

For all areas demand and capacity optimisation, outsourcing, clinical validation, recruitment and revising pathways continues.

- Radiology
 - Maintained services for urgent and suspected cancer work;
 - Most referrals have been kept and are monitored and reviewed regularly in discussion with other services;
 - We have maintained dialogue with colleagues across Wales for a review of the overall picture and possible solution to assist with the recovery;
 - Additional capacity for computerised tomography (CT) has been acquired but finding staff via locum agencies has been problematic;
 - Staff are undertaking extra sessions to provide additional capacity. Dependant on staff availability and infection rates.
- Cardiology
 - On-going robust triage of Cardiology diagnostic waiting list;
 - Cardiac CT resumed at BGH and scoping work progressing to increase sessions/sites to reduce waits and avoid invasive angiogram procedures (where clinically indicated);
 - Outsourcing of Cardiac CT and Cardiac MRI being considered to deal with longest and most urgent waits;
 - Using locum and in-sourcing of echocardiograms to support internal capacity to meet demand;
 - Diagnostic Angiography endeavouring to increase from 3 to 4 patients per list at PPH;
 - Llanelli Leisure Centre utilised to provide off-site Cardio-physiology heart rhythm and blood pressure monitoring diagnostics;
 - Cardio-physiology demand and capacity review on-going.
- Endoscopy
 - Lists being increased back to 50% activity with return of staff from ward areas;
 - SCP target of endoscopy date within 7 days of referral being reviewed, with a view to implement;
 - Aim to date all P2 USC patients in backlog with increasing activity;
 - Awaiting I.T. support to implement capsule endoscopy service to further reduce demand for scoping capacity;
 - Review of green pathway being discussed to help improve capacity.



How did we do in January 2021?



395 patients waited longer than 14 weeks for a therapy appointment. Services with the longest waits include; Audiology (163), Podiatry (133), Occupational Therapy (97). However, considerable improvements have been made since June 2020 when we had 1,613 patients (+1,218) waiting over 14 weeks.

How do we compare to our all Wales peers?



Therapy waiting times

Nov
20203rd out of 7

Impact of COVID

- Ongoing reduced capacity due to service restrictions continue to affect waiting times. Podiatry patients waiting are non-urgent referrals and require physical therapy. Delays in recruitment continue to impact Occupational Therapy capacity (especially within Paediatrics and Children). The services have been deploying use of digital technology to support access e.g. *Remote Environmental Assessments*;
- Virtual and remote digital service provision is embedded within services;
- Before 21st December, Audiology was providing 50-60% of pre-COVID appointment slots for both adult and paediatric patients;
- From 21st December, Audiology temporarily suspended all non-urgent face-to-face activity to enable prioritisation of resources
- 'Inclusion' criteria in place to triage urgent face-to-face hearing aid repairs;
- Audiology GP Assessment referrals declined in January 2021 due to the 2nd lockdown. The service is currently only receiving 33% of the number of new referrals that were being received in January 2020;
- Reduction in face-to-face clinical workforce – higher 'risk' staff are only performing non face-to-face activity;
- No waiting areas for patients.

Risks

- Staff continue to be redeployed to support acute surge capacity e.g. Critical Care and CPAP;
- Reduction in clinical estate availability for repurposing due to COVID;
- A reduction in clinical staff workforce due to shielding, and non-patient contact risk assessments for vulnerable/high risk staff;

- Reduced clinical efficiency due to physical distancing, infection, prevention and control requirements to operate safely;
- Access to technology and suitable digital platforms at scale to support virtual therapeutic interventions;
- Increased Audiology waiting lists for new/re-assessments - no agreed date for the reintroduction of routine services;
- Vestibular assessment waiting times increasing;
- Communication challenges caused by face coverings/virtual consultation due to lip-reading limitations;
- The Audiology service is currently non-compliant with RTT due to the cessation of routine appointments;
- Ad-hoc redeployment of Head of Service to help with COVID workforce interviews.

What are we doing?

- To address face-to-face clinical treatment requirements, appropriate measures have been undertaken to ensure physical distancing compliance, infection prevention and control practice, including physical decontamination between patients and clinical estate availability. Where appropriate, services are restarting pathways although capacity is reduced;
- Virtual and remote service provision is being successfully implemented within therapy services with a positive impact on RTT. Requires additional technology and digital platforms as part of phase II;
- Spaced urgent appointment slots to allow time for PPE change and room cleaning;
- Minimal waiting times for tinnitus consultations;
- Urgent and 'soon' pre-school paediatric audiology appointments continue to be booked on a limited basis;
- Support for ENT clinics across the Health Board;
- When clinically appropriate, urgent new patients are assessed and fitted with hearing aids on the same day;
- Postal hearing aid repair service with same day return;
- Patients are now issued with a years supply of hearing aid batteries;
- *Attend Anywhere* is to be introduced for tinnitus and balance patients (trial is to start in February 2021);
- Recruitment for two Fixed Term Contract staff (B7 and B5) for a period of 2 years to cover retire and return.



How did we do in January 2021?



Clostridioides difficile (*C.difficile*) Infection. For January 2021 we reported 11 cases. This is a cumulative reduction of 8% than in the same timeframe of 2019/20, while the all Wales figure shows an increase of 2% in the number of cases. Cumulative rate for Hywel Dda is **34.34** per 100,000 population.



Escherichia coli (*E. coli*) blood stream infection (BSI). In January 2021 we reported 19 cases, a total of 252 cases this year, cumulative reduction of 26% reduction, 88 fewer cases than in the same timeframe for 2019/20. Cumulative rate for Hywel Dda is reduced to **77.95** per 100,000 population. This is similar to the picture being seen across Wales where there has been a decrease of 25% in the number of cases.



Staphylococcus aureus (*S. aureus*) BSI. January 2021 reported 12 cases of *S. aureus* BSI, two of which were MRSA. This gives a total of 78 cases year to date. This is 16 cases, cumulative reduction of 17% fewer than in 2019/20, while the all Wales figure shows a decrease of 8% in the number of cases. Cumulative rate is currently reducing to **24.13** per 100,000 population.



In January, we reported **1,478** incidents of which 1,265 were patient safety related. Welsh Government asks Health Boards to ensure that there is timely and proportionate investigation of all incidents, and wherever possible, serious incidents are reviewed and closed within 60 working days. There were **11** serious incidents due for closure in January of which 6 were closed in the agreed timescale (**54.5%**). No Never Events were reported in January 2021.



75% of complaints were closed within 30 working days in January. A higher number of complaints were received and closed within 30 working days this month as they did not require an investigation and were either managed through the Putting Things Right process informally or resolved within 2 days.

How do we compare to our all Wales peers?

	C.difficile infections	Dec 2020	5th out of 6
	E.coli infections	Dec 2020	6th out of 6
	S.aureus bacteraemias (MRSA and MSSA) infections	Dec 2020	2nd out of 6
	Serious incidents assured in a timely manner	Not available	
	Timely responses to complaints	Q2 20/21	7th out of 9

Impact of COVID

- Infection Prevention
 - While community numbers of COVID infection are declining we continue to have several hospital outbreaks to manage;
 - Many Care Homes remain under the 28-day restriction, discharge of hospital patients to these homes frequently requires input from the Community Infection Prevention Team and Public Health Wales.
- Incidents
 - Senior members of the Quality Assurance and Safety Team and Quality Improvement Team continue to meet regularly to ensure that there is connection between incident themes and the quality improvement work.
- Complaints
 - The majority of the Complaints Team are working from home and utilising Microsoft Teams to keep in touch and to hold meetings (internally and externally). The use of Teams is being welcomed by many of the complainants who are pleased for the opportunity to safely meet to discuss their complaint;
 - The department are still receiving a high number of calls into the PSS Helpline in relation to COVID issues and this is adding additional pressure to the small team manning the phone line.

Risks

- Infection Prevention
 - Risks continue as highlighted previously - PPE procurement, and post COVID patients susceptible to developing a secondary infection if they remain in hospital;
 - Discharge delays of patients to Care Homes delayed due to 28 day restriction;
 - Updated National Infection Prevention and Control Guidance recommends non valve FFP3 masks for sterile procedures, this has been communicated across the HB and highlighted to Health & Safety and leads for Theatres and Critical Care for implementation. In progress currently.
- Incidents
 - It is essential that there is a timely and proportionate formal review of each serious incident undertaken and that an improvement and learning action plan is developed and implemented to address the care and service delivery problems identified through the formal review.
- Complaints
 - We continue to receive complaints/enquiries about patients contracting COVID during their admission to hospital, the vaccination programme and delays to patient's care and treatment;
 - Staff are being redeployed in other areas which results in responses to enquiries/complaints taking longer than expected in some circumstances.

What are we doing?

- Infection Prevention
 - We are continuing see a reduction in case numbers in all our reduction expectation infections in comparison with last year's figures;
 - Updated IP&C guidance has been circulated across the HB. Implications for Theatre and Critical Care discussed in Bronze Tactical Group with IP Team supporting queries regarding the changeover;
 - The Community IP Team continue to provide support and interventions to Care Homes under restriction.
- Incidents
 - As at 31st January 2021, there were 26 serious incidents open over 60 days. This is a deterioration on the position reported last month where 18 serious incidents were overdue. On analysis, it has been identified that 70% are open to Mental Health and Learning Disabilities. However, it must be noted that in comparison to January 2020, the position has improved significantly.
 - The Quality Assurance and Safety Team continue to monitor and scrutinise the quality of investigations as well as the robustness of improvement and learning action plans. A review of closure of improvement and learning actions is being undertaken by Internal Audit.
- Complaints
 - The Patient Support Contact Centre forward all COVID enquiries to the COVID Central Team once they are logged on the system for appropriate actions/responses;
 - All serious complaints regarding COVID continue to be reviewed by the Quality, Safety & Assurance Teams and are being appropriately investigated.

**How did we do in December 2020?**

Only **18%** of children and young people (273/1,513) met target and waited less than 26 weeks to start a neurodevelopment assessment; combined figure for autistic spectrum disorder (ASD, 20.6%, 236/1,143) and attention deficit hyperactivity disorder (ADHD, 10.0% 37/370).



Only **26.4%** of adults (455/1,723) met target and waited less than 26 weeks to start a psychological therapy with our Specialist Mental Health Service.

How do we compare to our all Wales peers?

	Children/young people neurodevelopment waits	Nov 2020	7 th out of 7
	Adult psychological therapy waits	Nov 2020	7 th out of 7

Impact of COVID

- Neurodevelopmental assessments
 - Face-to-face ASD appointments have resumed and the waiting list is being prioritised;
 - Young people approaching transition are prioritised;
 - Delayed recruitment and anxiety to engage in face-to-face assessments;
 - New ways of working include exploring virtual clinics for new patients (telephone or attend anywhere). ADHD: telephone and *Attend Anywhere*, urgent face-to-face conducted together with monitoring supported by Health Care Support Workers for efficacy and potential side effects of medication in the Llanelli area.
- Psychological therapies
 - Increased the number of telephone assessments undertaken for adult psychological therapies;
 - *Attend Anywhere* successfully implemented as an alternative platform to deliver adult psychological services.

Risks

- Neurodevelopmental assessments
 - Delays can impact on the quality of life for patients and their families;
 - ASD: growing demand verses resources;
 - ADHD: historical referral backlog and vacancies within the team.

- Psychological therapies
 - Increased demand from primary and secondary care;
 - Vacancies and inability to recruit into specialist posts;
 - High waiting lists for both individual and group therapy;
 - Lack of a robust IT infrastructure.

What are we doing?

We are transferring our mental health patient records to a new system called *Welsh Patient Administration System* (WPAS) to allow timelier reporting.

- Neurodevelopmental assessments
 - Each mental health team is working with the all Wales performance Delivery Unit to undertake demand and capacity exercises;
 - Waiting list initiatives have been utilised;
 - Additional resources identified for a sustainable ASD service;
 - Efficiency and productivity opportunities are being explored;
 - Actively reviewing and managing referrals and referral pathways;
 - A process mapping exercise is underway alongside the Delivery Unit;
 - An active recruitment plan is being developed;
 - Weekend clinics are being considered to increase assessment;
 - Validation exercises are underway within the ADHD service;
 - ADHD, from December 2020, Health Care Support Worker monitoring clinic commenced at GGH site to improve patient flow. Further work required to replicate for Pembrokeshire;
 - Agency practitioners are being utilised to address the waiting list.
- Psychological therapies
 - A team restructure is underway and a new Service Delivery Manager appointed and expected in post in February 2021;
 - Assessments are being undertaken either face to face or virtually;
 - Therapeutic appointments have been commenced utilising a blended approach of *Attend Anywhere*, *Face-to-Face* and *Walk and Talk* therapy;
 - Waiting list initiatives are being utilised;
 - A demand and capacity exercise will be undertaken with all staff to ascertain capacity in caseloads;
 - A review of all modalities will be undertaken to ensure prudent delivery of therapy in line with local and national policies/guidelines.

**How did we do?**

Between July and September 2020, **93.6%** of children had received 3 doses of the '6 in 1' vaccine by their first birthday, a decrease in uptake on the previous quarter (96.0%).



The MMR vaccine is also given as a single injection and protects against mumps, measles and rubella (German measles). It is given within a month of a baby's first birthday then again when the child is around 3 years 4 months. In Hywel Dda, between July and September 2020, **90.0%** of children received 2 doses of the MMR vaccine by their 5th birthday, compared to 90.3% in the previous quarter.



Year to date, April to September '20, **1.82%** (1,011/5,554) of adults attempted to quit smoking and became a treated smoker using a smoking cessation service. This is similar to the same period in the previous year.



Due to the COVID-19 pandemic, carbon monoxide (CO) levels were not recorded but 59.4% of recorded patients self-reported a quit during July '20 – Sept '20.



Obesity is a risk factor for many life-threatening conditions including diabetes, heart disease, bowel cancer and stroke. The most recent data (2017/18) shows that **11.8%** of 4-5 year olds and **23.0%** of adults aged 16+ living in Hywel Dda are obese.

How do we compare to our all Wales peers?

	3 doses of the '6 in 1' vaccine by age 1	Q2 20/21	7 th out of 7
	2 doses of the MMR vaccine by age 5	Q2 20/21	7 th out of 7
	Smokers who attempted to quit	Q2 20/21	2 nd out of 7
	Smokers CO validated as quit	Q4 19/20	3 rd out of 7
	Children aged 4-5 year who are obese	2017/18	4 th out of 7

Impact of COVID

- Vaccines
 - Routine childhood immunisation programmes are a high priority and have continued, albeit in line with social distancing and PPE requirements in place;
 - The schools immunisation programme was restarted on 29th June 2020 as schools reopened.
- Smoking
 - Smokers are no longer CO validated at 4 weeks post quit date due to the potential risk of COVID-19 transmission in exhaled air;
 - All consultations are now provided via telephone;
 - Medical Humanities Research Centre (MHRC) approval received to supply Nicotine Replacement Therapy (NRT) via post in case there was an issue with access to community pharmacies and supply. This has yet to be fully implemented. Those unable to access NRT via a local pharmacy were posted their medication directly by their advisor by recorded delivery. Calls were made to each pharmacy to check their capacity and all stated they are still happy to process pharmacy letters for the smokers' clinic.
- Obesity
 - Managing the COVID pandemic has been and remains, an organisational priority for Public Health Wales. As such, the 2018/19 Child Measurement Programme report and the release of official statistics has not been possible;
 - Children will not have been measured universally in 2019/20 so the latest data that we have on childhood obesity in Wales is for 2017/18;
 - It is likely that school health nursing teams will focus (rightly) on immunisations and vaccinations going forward in 2020/21, so again, measurements for the coming year may not be done universally across Wales.

Risks

- Vaccines
 - Both vaccines are safe and effective, however pockets of the population resist childhood vaccination for cultural and ethical reasons;
 - Rurality causes difficulty for some families to attend clinics due to a lack of transport and the road networks in some parts of the counties;
 - The risk of COVID19 has raised concerns among parents/guardians, who may delay bringing infants and children for routine childhood immunisations, leading to a decrease in uptake of all childhood immunisations, including the 6in1 and MMR;
- The need for social distancing has significantly impacted on the way 'baby clinics' are traditionally run. Less infants, children and their families can safely attend their GP surgeries/clinics at any given time, hence more time is required for clinics. This can impact on uptake.

- Smoking
 - Ensuring clear pathways are in place and used to help people quit smoking. This is especially important for inpatients and Primary Care.
- Obesity
 - Develop a weight management service/approach for children.
 - Ensuring that there is sufficient capacity within the weight management services to support adults to manage their weight.

What are we doing?

- Vaccines
 - We will aim to share vaccination uptake data with GPs as Public Health Wales are looking at providing enhanced localised uptake data throughout this COVID19 pandemic. This will enable GPs to more easily identify, plan, and target specific groups of patients;
 - Maintaining immunisation programmes is a key priority to protect public health from other preventable infections at this time. Welsh Government have advised that immunisations should continue in line with clinical advice and scheduled timings during this period as far as possible, as set-out in both a Joint Committee on Vaccination and Immunisation(JCVI) statement and in the Welsh Health Circular below: [Link to JCVI statement](#) [Link to Welsh Health Circular](#)
 - This advice has been shared with all those providing the childhood immunisation programme in Hywel Dda UHB. Advice on social distancing and use of PPE has also been shared with those providing this service. By being able to reassure parents/guardians that social distancing measures are in place will hopefully address their concerns, minimising the risk of them non-attending, and ensure continued high uptake rates.
- Smoking
 - Staff have recommenced their talks to Pulmonary Rehabilitation groups via Teams and training has been provided to Pre-op staff in this manner. Secondary care referrers have been contacted to encourage electronic referral of patients.
 - In Primary Care, a revised pathway was created and following a successful pilot in a GP practice in Llanelli, 4 further practices came on board, this has allowed the direct recruitment of smokers with a chronic disease from the GP's in-house database.
 - Paused recruitment of pharmacists and pharmacy technicians; Pharmacy referrals processed via Community and Secondary Care who are able to provide telephone support to relieve the burden on pharmacies. Plans have been made to engage the 3 services in the development of the smoking agenda post COVID. Plans have been made to unify service feedback and electronic access for client satisfaction.
 - Local Community and Secondary Care teams are offering telephone support and the referrals are being spread evenly throughout the teams and weekly team catch ups are taking place. Staff have been provided with new chairs and IT equipment for their comfort whilst working from home. Due to unprecedented demand a recruitment drive is underway.
 - The current situation for community pharmacists is that CO validation is no longer provided. Level 3 services are continuing where pharmacists are comfortable taking on new clients and have the facilities to hold consultations, taking into account social distancing requirements.
 - As CO readings are currently suspended, a document has been produced to ensure that support is still offered to pregnant women and that the impact of CO exposure is still discussed even where a reading is not being taken.
 - The team is also taking responsibility for the Smoke free sites legislation.
- Obesity
 - On the 4th August Welsh Government wrote to Health Boards outlining the current position regarding the *Healthy Weight Healthy Wales* delivery plan. The first two years of the plan placed a significant emphasis on early years, children and families to influence healthier choices. However, in light of the impact of coronavirus, a number of the interventions planned through the £5.5m allocation have had to be paused or postponed until a future date. The allocation will be used to strengthen the specialist level 3 multi-discipline team weight management service in line with National Standards and to extend the reach of the service for the benefit of children and families, recognising there is currently no provision for them;
 - In addition, a proportion of the Hywel Dda allocation would be used to fund the digitalisation of the *Nutrition Skills for Life* programme with a particular focus on the early years;
 - Weight management services are offered to adults with chronic conditions.



How did we do?



5.23% of full time equivalent (FTE) staff days were lost due to sickness in the cumulative 12 month period January 2020 to December 2020. The actual in-month rate for December 2020 was 6.20% which is higher than the previous month (5.28%), and an increase from the same month last year (5.55%).



66.7% of our non-medical staff have completed their individual performance appraisal and development review (PADR) with their line manager in the previous 12 months. The compliance rate has slightly dropped in January due to usual winter pressures, annual leave and the pandemic.

Medical appraisals have had the option for an 'approved missed' appraisal period extended to the end of March 2021 in recognition of the increasing pressures on services.



83.6% of our staff have completed their level 1 training which consists of the UK Core skills mandatory training modules such as manual handling, safeguarding and information governance.



29% of our Consultants and Specialty and Associate Specialist (SAS) doctors have a current job plan.



The Health Board's financial position in the month of January is a **£2.083m deficit** (year to date (YTD) **£20.833m deficit**) against a deficit plan of £2.083m (YTD £20.833m). The additionality of costs incurred during the month due to the impact of the COVID-19 pandemic is £9.1m, with underspends repurposed of £0.7m and WG funding drawn into the position to match YTD COVID-19 expenditure totalling £8.4m, of which £1.4m was ring fenced.

How do we compare to our all Wales peers?

	Sickness absence	Aug 2020	4 th out of 10
	Performance appraisal and development review	Aug 2020	2 nd out of 10
	Level 1 core skills training framework completed	Aug 2020	3 rd out of 10
	Medical staff with a current job plan	Not available	
	Finance	Not available	

Impact of COVID

- Absence
 - There was an initial increase in COVID related absence levels in the first wave of COVID; these reduced to more normal levels although have risen again in the most recent wave;
 - Staff who are self-isolating and not able to work at home are not included in these figures as they are recorded as medical exclusion rather than sickness.
- PADR
 - The challenges have increased for leaders to find adequate time for regular performance reviews including their annual PADR;
 - There are still staff absent through long term sickness and shielding who are unable to fulfil the PADR.
- Core skills
 - To date, Covid has not had a negative impact on core skills compliance.
- Job planning
 - Service pressures across the Health Board sites are affecting the numbers of job plan reviews being undertaken and the need to prioritise clinical work at this time.
- Finance
 - Aligning the strategic response to current demand modelling indicators between Welsh Government, Gold Command and operational teams;
 - Further developing the Opportunities Framework to revisit the way in which our services were delivered pre-COVID-19 in the context of accelerating the Health Board's Strategy.

Risks

- Absence
 - Whilst the COVID pandemic continues, there is a risk that we will experience fluctuations in staff absence;
 - Shielding guidance has been reviewed and staff in extremely vulnerable categories have once again been advised to shield and stay at home.

- PADR
 - There is a risk that colleagues do not get an opportunity to gain valuable feedback on their performance and be recognised, valued and gain extra meaning from their role;
 - A risk of colleagues not having open, honest dialogue with a leader on any issues that they can support them with, especially regarding health and wellbeing. This could drive low engagement, morale and possible increases in sickness absence and turnover.
- Core skills
 - Despite an increase in core skill compliance, this could drop. The situation will be closely monitored.
- Job planning
 - Consultants and SAS doctors are not working to current job plans.
- Finance
 - We have a Financial Plan with a year-end of £25.0m deficit. Following confirmation of additional funding from WG, the Health Board is currently forecasting to deliver the planned deficit of £25.0m, recognising the need to manage a number of risks in respect of Winter Planning, reinstating elective services and any unprecedented further impact of the pandemic. Discussions are on-going for recurrent funding to support the non-delivery of the Health Board's savings target.

What are we doing?

- Absence
 - The Operational Workforce teams have re-commenced sickness reviews with line managers;
 - Online 'Managing Attendance at Work' training to help support managers with absence is continuing with good attendance;
 - All staff are being encouraged to complete the COVID Risk Assessment tool and discuss it with their managers to ensure that they are adequately supported in the workplace and the right adjustments.
- PADR
 - Organisational Development are continuing monthly training sessions on managing performance. This is in light of the Managers Passport and bespoke Performance Management development opportunities being stood down due to Covid;
 - Bespoke sessions on managing performance are still being delivered at service request virtually;
 - A number of options are being reviewed to complete a PADR training video for managers with suitable software being sourced to provide the training in English and Welsh. A business case is being prepared for purchasing one of these solutions.
- Core skills
 - Continuing to offer on-line/telephone support.
- Job planning
 - A further 13% are awaiting full sign off on the online system and a further 24% are in draft awaiting review;
 - Allocate e-job planning virtual training sessions went ahead in January with further sessions arranged to take place in February and March 2021.
 - Support for the review of job plans continues to be available where required.
- Finance
 - Internal budget holder accountability statements in relation to the 2020/21 budget were replaced with a Delegations and Finance Delivery letter, in light of the COVID-19 pandemic. These clarify the continuation of existing financial control principles and the importance of existing governance processes and frameworks, stating the significance of decision making in response to, and the accurate recording of the financial impact of COVID-19;
 - Performance monitored monthly through System Engagement meetings for the highest risk Directorates;
 - An extensive review of savings and cost reduction opportunities is to be established as we plan to return to exit the current pandemic;
 - Feedback/clarity from Welsh Government is being sought as to the levels of additional revenue and capital funding available.

Performance Trend Charts: data as at 31st January 2021

Click a link below to view the trend chart and data for that indicator

Better Prevention & Self-Management

- ['6 in 1' vaccine](#)
- [MMR vaccine](#)
- [Attempt to quit smoking](#)
- [CO validated as quit smoking](#)

Motivated & Sustainable Workforce

- [Performance appraisals \(PADR\)](#)
- [Core Skills Training Framework \(CSTF\)](#)
- [Sickness absence](#)
- [Complaints](#)
- [Consultants/SAS doctors - current job plan](#)

Higher Value, Rapid Improvement & Innovation

- [Hospital initiated cancellations](#)
- [Agency spend](#)
- [Finance](#)

Quality and Accessible Services

- [C.difficile](#)
- [E.coli](#)
- [S.aureus](#)
- [Mental health delayed transfers of care \(DTOC\)](#)
- [Non-mental health DTOC](#)
- [Ambulance red calls](#)
- [Ambulance handovers over 1 hour](#)
- [A&E/MIU 4 hour waits](#)
- [A&E/MIU 12 hour waits](#)
- [Admission to stroke unit <4 hours](#)
- [Assessed by stroke consultant <24 hours](#)
- [Stroke patients - speech and language therapy](#)
- [Single cancer pathway](#)
- [Delayed follow-ups - all specialties](#)
- [Ophthalmology patients seen by target date](#)
- [Diagnostic waiting times](#)
- [Therapy waiting times](#)
- [Referral to treatment \(RTT\) <=26 weeks](#)
- [RTT patients waiting 36 weeks+](#)
- [Neurodevelopment assessment](#)
- [Psychological therapy - adults](#)

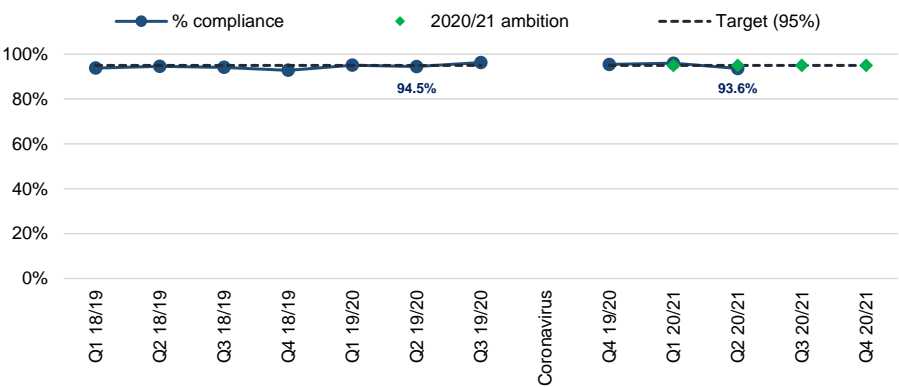


Additional resources (intranet access needed):

[Integrated Performance Assurance Reports \(IPAR\) and performance overview](#)



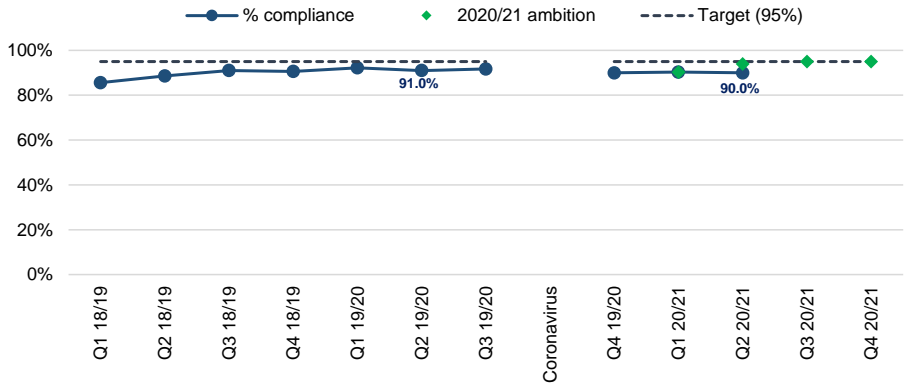
% children receiving 3 doses of '6 in 1' vaccine by age 1



% children receiving 3 doses of '6 in 1' vaccine by age 1	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	93.8%	94.6%	94.1%	92.8%	95.1%	94.5%	96.3%		95.5%	96.0%	93.6%		
2020/21 ambition										95%	95%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%



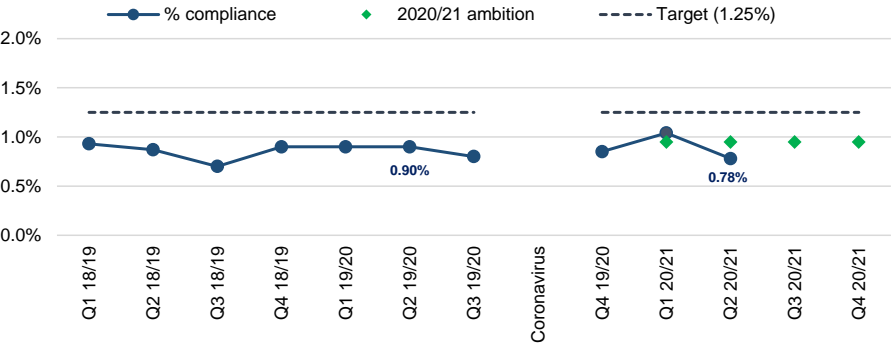
% children receiving 2 doses of MMR vaccine by age 5



% children receiving 2 doses of MMR vaccine by age 5	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
% compliance	85.6%	88.6%	91.0%	90.6%	92.2%	91.0%	91.7%		90.0%	90.3%	90%		
2020/21 ambition										90%	94%	95%	95%
Target (95%)	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%



% of adult smokers who make a quit attempt via smoking cessation services (in quarter)*

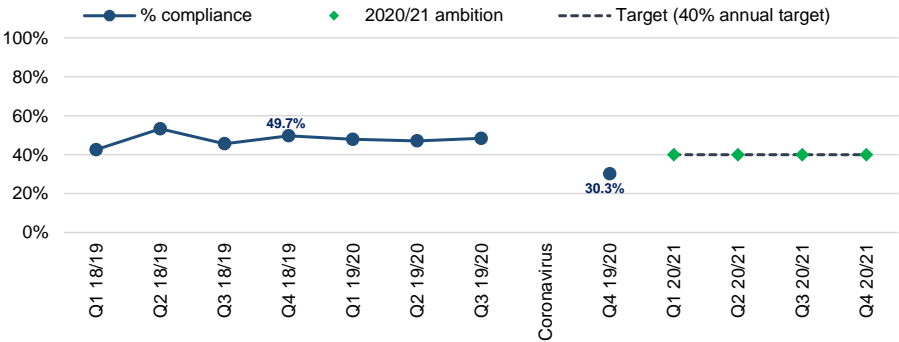


* quarterly figures are provided to show the trend; actual target is 5% cummulative by 31st March 20201

% of adult smokers who make a quit attempt via smoking cessation services (in quarter)*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
	% compliance	0.93%	0.87%	0.70%	0.90%	0.90%	0.80%		0.85%	1.04%	0.78%		
	2020/21 ambition									0.95%	0.95%	0.95%	0.95%
	Target (1.25%)	1.25%	1.25%	1.25%	1.25%	1.25%	1.25%		1.25%	1.25%	1.25%	1.25%	1.25%
Data Labels	0.90%								0.78%				



% smokers who are CO-validated as quit at 4 weeks*

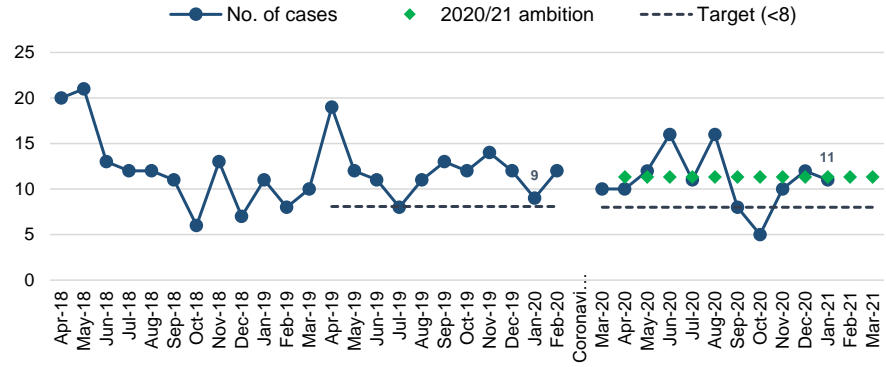


* during the COVID pandemic, Welsh Government have advised CO validation is no longer part of treatment due to the risk of infection

% smokers who are CO-validated as quit at 4 weeks*	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Coronavirus	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
	% compliance	42.6%	53.3%	45.6%	49.7%	47.9%	47.1%		30.3%				
	2020/21 ambition									40%	40%	40%	40%
	Target (40% annual target)									40%	40%	40%	40%



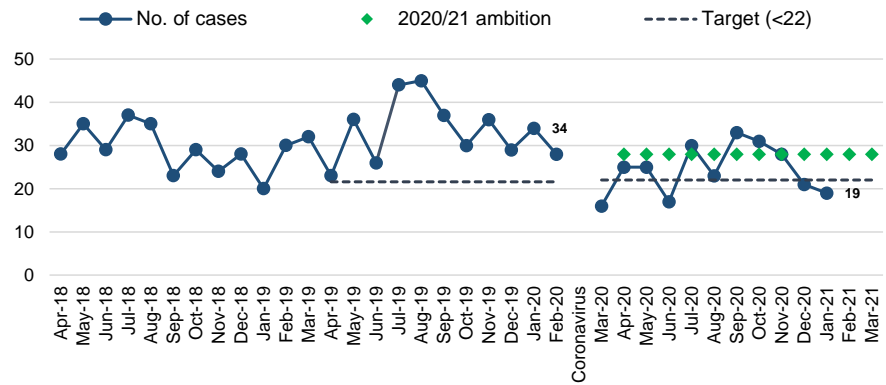
Number of cases of C.diff



Number of cases of C.diff														Coronavirus
No. of cases	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	
	20	21	13	12	12	11	6	13	7	11	8	10	19	
2020/21 ambition														
Target (<8)														
														Mar-20
														Apr-20
														May-20
														Jun-20
														Jul-20
														Aug-20
														Sep-20
														Oct-20
														Nov-20
														Dec-20
														Jan-21
														Feb-21
														Mar-21



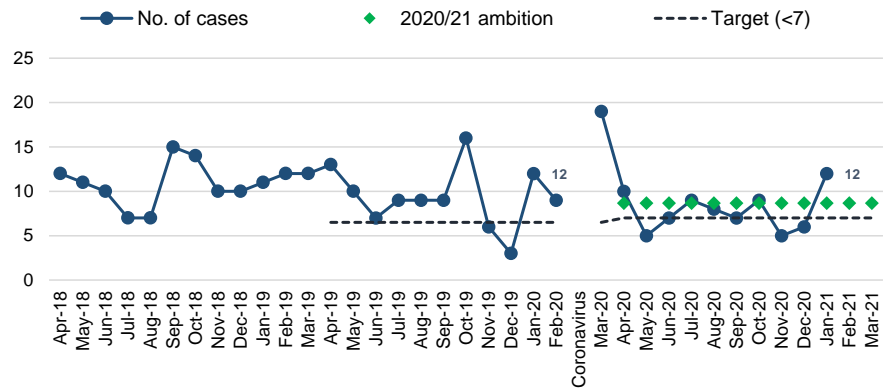
Number of cases of E.coli



Number of cases of E.coli	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21																				
No. of cases	28	35	29	37	35	23	29	24	28	20	30	32	23	36	26	44	45	37	30	36	29	34	28		16	25	25	17	30	23	33	31	28	21	19																						
2020/21 ambition																							28		28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28	28
Target (<22)													22	22	22	22	22	22	22	22	22	22	22		22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22														



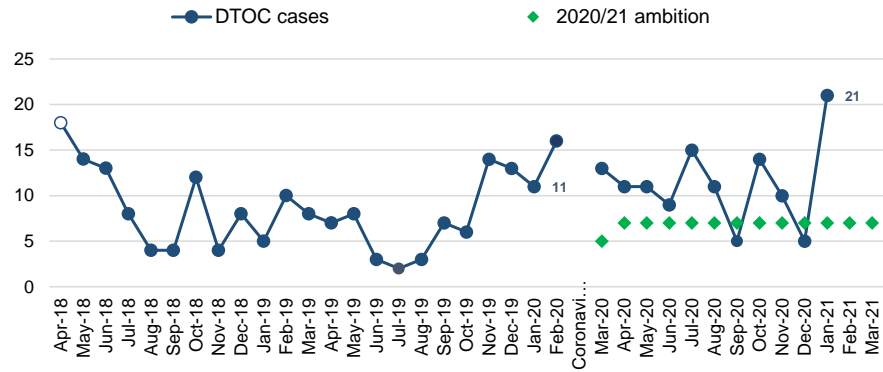
Number of cases of S.aureus



Number of cases of S.aureus	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21																			
No. of cases	12	11	10	7	7	15	14	10	10	11	12	12	13	10	7	9	9	9	16	6	3	12	9		19	10	5	7	9	8	7	9	5	6	12																					
2020/21 ambition																							8.7		8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7
Target (<7)													7	7	7	7	7	7	7	7	7	7	7		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7												



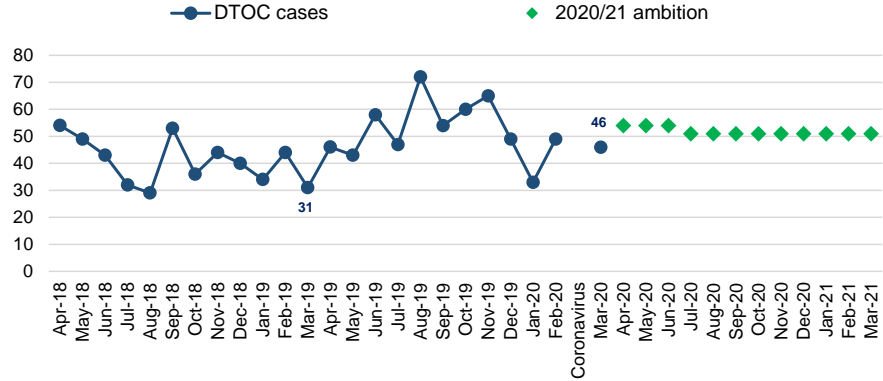
Mental Health DTOC cases (12 mth reduction target)



Mental Health DTOC cases (12 mth reduction target)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
DTOC cases	18	14	13	8	4	4	12	4	8	5	10	8	7	8	3	2	3	7	6	14	13	11	16		13	11	11	9	15	11	5	14	10	5	21		
2020/21 ambition																									5	7	7	7	7	7	7	7	7	7	7	7	7



Non Mental Health DTOC cases (12 mth reduction target)

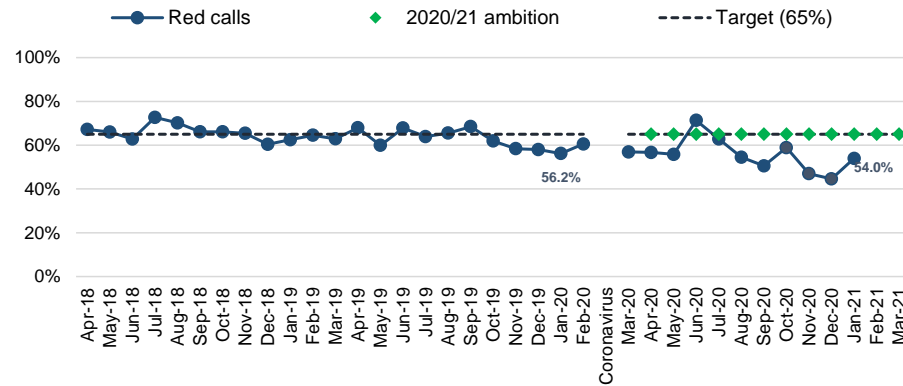


Non Mental Health DTOC cases (12 mth reduction target)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
DTOC cases	54	49	43	32	29	53	36	44	40	34	44	31	46	43	58	47	72	54	60	65	49	33	49		46													
2020/21 ambition																										54	54	54	51	51	51	51	51	51	51	51	51	51

Due to COVID-19, DTOC census patient number monitoring has been suspended



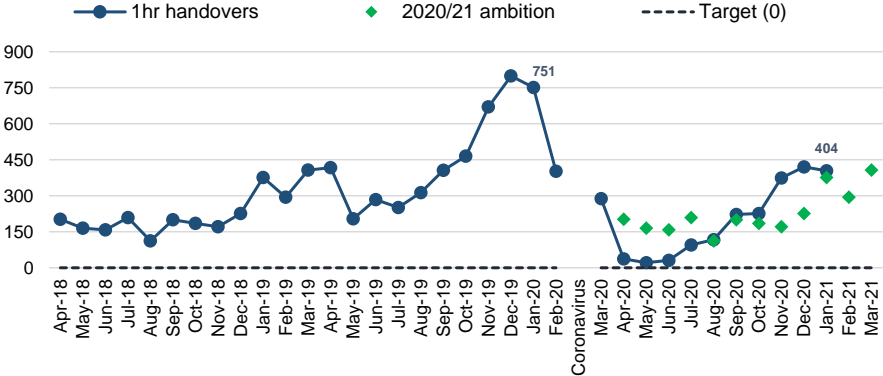
% of responses to ambulance red calls within 8 mins



% of responses to ambulance red calls within 8 mins	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Red calls	67.2%	66.0%	62.8%	72.7%	70.2%	66.1%	66.1%	65.4%	60.4%	62.5%	64.5%	62.9%	67.9%	59.9%	67.8%	63.9%	65.5%	68.5%	61.9%	58.4%	58.0%	56.2%	60.6%		56.9%	56.7%	55.8%	71.3%	62.8%	54.5%	50.6%	58.9%	47.0%	44.6%	54.0%		
2020/21 ambition																										65%	65%	65%	65%	65%		65%	65%	65%	65%	65%	65%
Target (65%)	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%		65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	



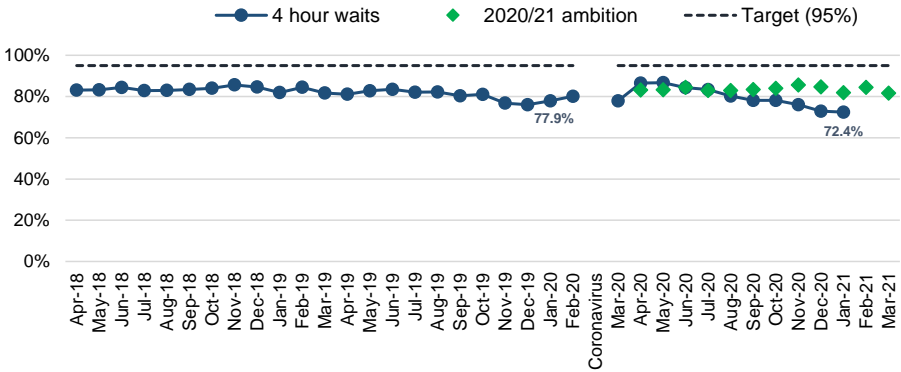
Ambulance handovers taking longer than 1 hour



Ambulance handovers taking longer than 1 hour	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
1hr handovers	202	165	158	209	112	200	185	171	226	376	294	407	417	204	284	251	313	406	465	670	799	751	402		288	37	21	31	95	117	222	226	374	420	404		
2020/21 ambition																										202	165	158	209	112	200	185	171	226	376	294	407
Target (0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0



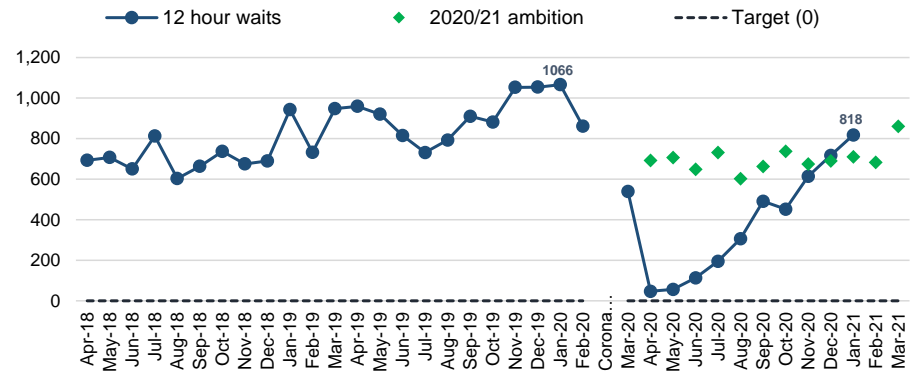
% of patients seen within 4 hours in A&E/MIU



% of patients seen within 4 hours in A&E/MIU	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
4 hour waits	83.1%	83.3%	84.4%	82.9%	82.9%	83.4%	84.0%	85.6%	84.6%	81.9%	84.4%	81.7%	81.1%	82.8%	83.5%	82.1%	82.2%	80.3%	81.1%	76.8%	76.0%	77.9%	80.1%		77.9%	86.5%	86.7%	84.3%	83.4%	80.2%	78.1%	78%	76%	73%	72%		
2020/21 ambition																										83.1%	83.3%	84.4%	82.9%	82.9%	83.4%	84.0%	85.6%	84.6%	81.9%	84.4%	81.7%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		95%	95%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



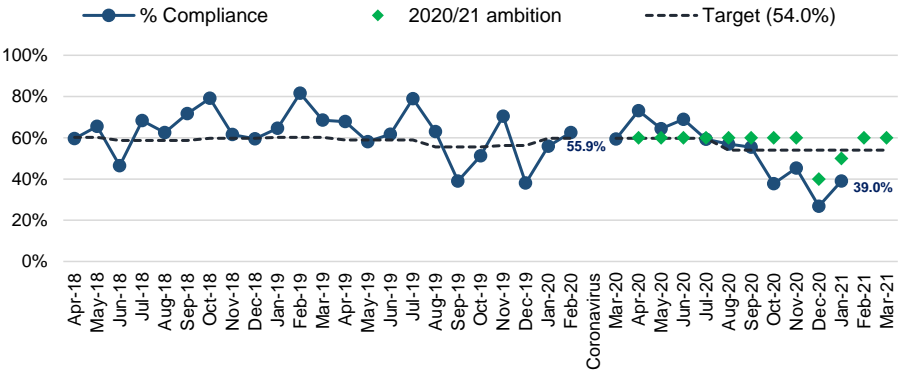
Patients waiting more than 12 hours in A&E/MIU



Patients waiting more than 12 hours in A&E/MIU	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
12 hour waits	693	707	650	813	603	663	737	675	690	943	732	948	959	920	816	732	793	910	882	1053	1054	1066	862		540	47	56	113	195	306	491	452	614	717	818		
2020/21 ambition																										693	707	649	732	603	663	737	675	690	710	683	861
Target (0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0



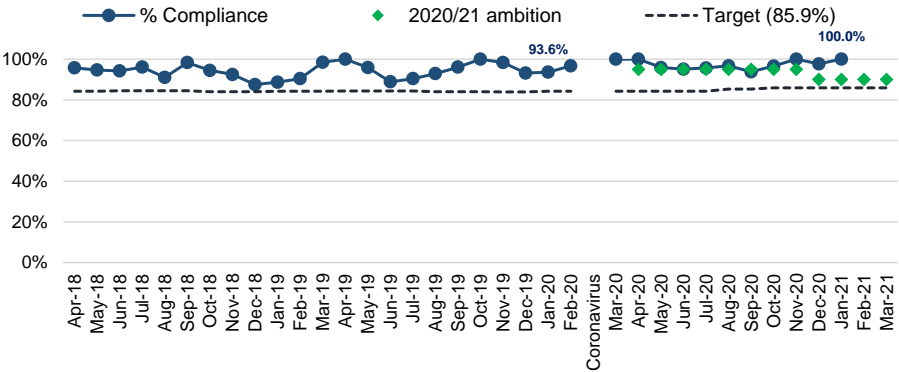
Admission to a stroke unit within 4 hours



Admission to a stroke unit within 4 hours	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
% Compliance	59.6%	65.5%	46.4%	68.3%	62.5%	71.7%	79.1%	61.5%	59.5%	64.6%	81.6%	68.5%	67.8%	58.1%	61.7%	78.9%	63.0%	39.0%	51.2%	70.4%	38.0%	55.9%	62.5%		59.4%	73.1%	64.4%	68.9%	59.3%	56.9%	55.4%	37.7%	45.3%	26.8%	39.0%		
2020/21 ambition																										60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	40.0%	50.0%	60.0%	60.0%
Target (54.0%)	60.2%	60.2%	58.7%	58.7%	58.7%	58.7%	59.7%	59.7%	59.7%	60.2%	60.2%	60.2%	58.9%	58.9%	58.9%	58.9%	55.5%	55.5%	55.5%	56.3%	56.3%	59.8%	59.8%		59.8%	59.8%	59.8%	59.8%	59.8%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%	54.0%



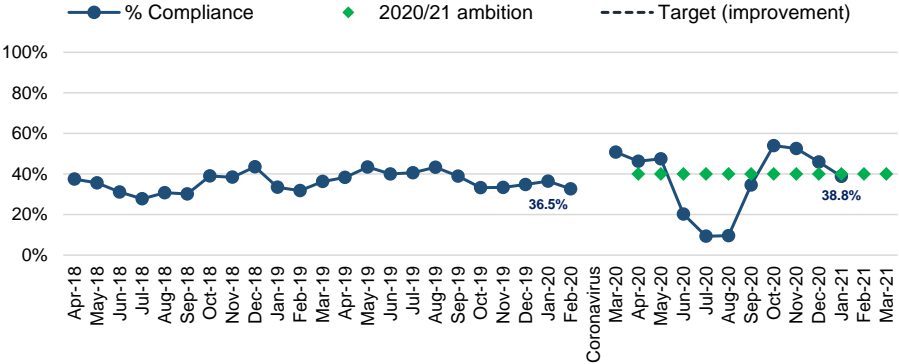
Assessed by stroke consultant within 24hrs



Assessed by stroke consultant within 24hrs	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21					
% Compliance	95.7%	94.7%	94.2%	96.1%	91.0%	98.3%	94.5%	92.5%	87.5%	88.7%	90.4%	98.5%	100.0%	95.9%	88.9%	90.4%	92.9%	96.1%	100.0%	98.3%	93.2%	93.6%	96.7%		100%	100%	95.9%	95.1%	95.7%	96.7%	93.8%	96.6%	100.0%	97.7%	100.0%							
2020/21 ambition																										95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	90.0%	90.0%	90.0%	90.0%					
Target (85.9%)	84.2%	84.2%	84.5%	84.5%	84.5%	84.5%	84.0%	84.0%	84.0%	84.2%	84.2%	84.2%	84.4%	84.4%	84.4%	84.4%	84.0%	84.0%	84.0%	83.9%	83.9%	84.2%	84.2%		84.2%	84.2%	84.2%	85.3%	85.3%	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%	85.9%						



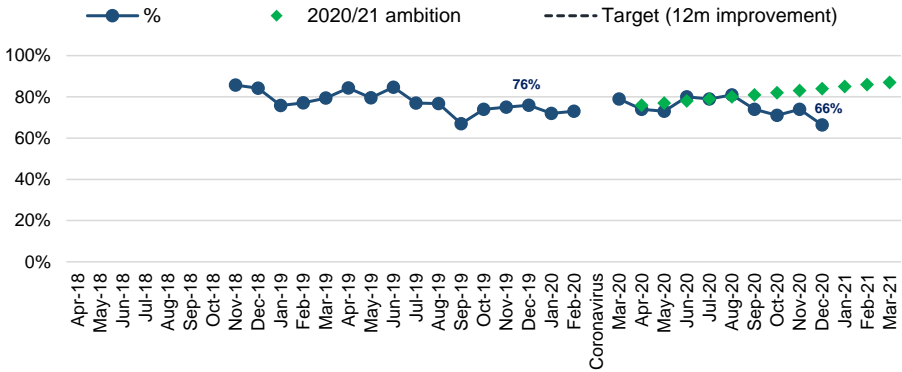
Stroke patients receiving required minutes for SALT



Stroke patients receiving required minutes for SALT	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
% Compliance	37.4%	35.6%	31.1%	27.7%	30.8%	30.2%	39.0%	38.4%	43.5%	33.4%	31.8%	36.2%	38.3%	43.4%	40.0%	40.6%	43.3%	38.9%	33.3%	33.4%	34.8%	36.5%	32.7%		50.8%	46.3%	47.5%	20.2%	9.3%	9.6%	34.6%	54.0%	52.6%	45.9%	38.8%		
2020/21 ambition																									40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	40.0%	
Target (improvement)																																					



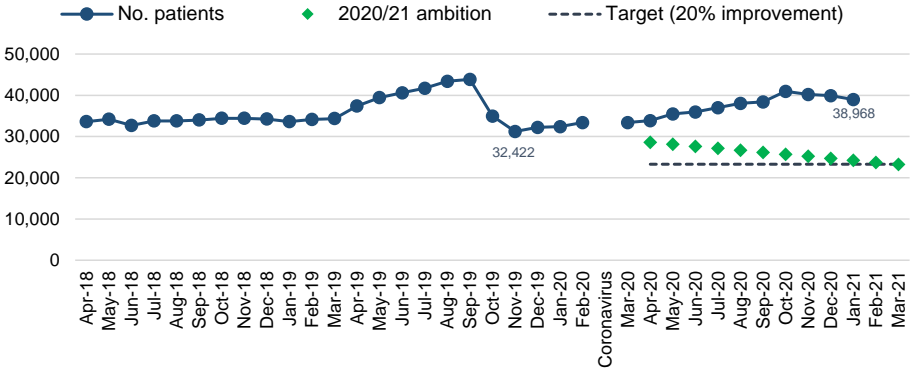
Patients starting first definitive cancer treatment < 62 days



Patients starting first definitive cancer treatment < 62 days (with clinical suspensions)																		Coronavirus																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19		Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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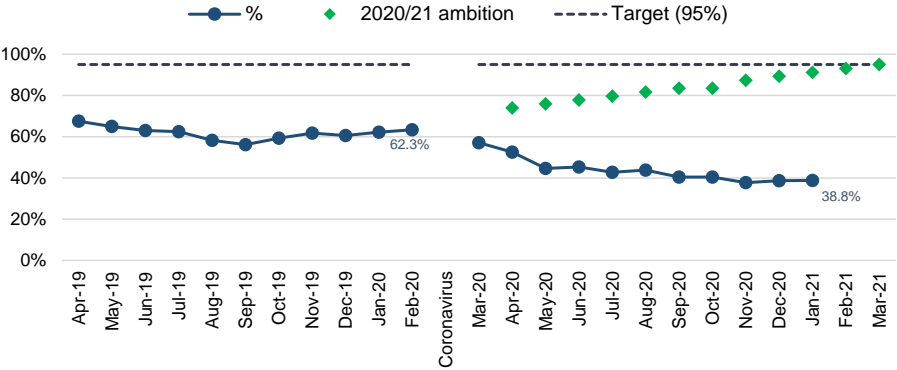
Delayed follow up appointments (all specialties)



Delayed follow up appointments (all specialties)	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
No. patients	33,599	34,186	32,690	33,772	33,772	33,981	34,410	34,400	34,227	33,613	34,140	34,324	37,403	39,425	40,627	41,742	43,405	43,853	34,989	31,218	32,250	32,422	33,402		33,420	33,882	35,471	35,968	36,982	38,057	38,399	40,953	40,201	39,903	38,968		
2020/21 ambition																										28,613	28,127	27,641	27,155	26,669	26,183	25,697	25,211	24,725	24,239	23,753	23,272
Target (20% improvement)																										23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279	23,279



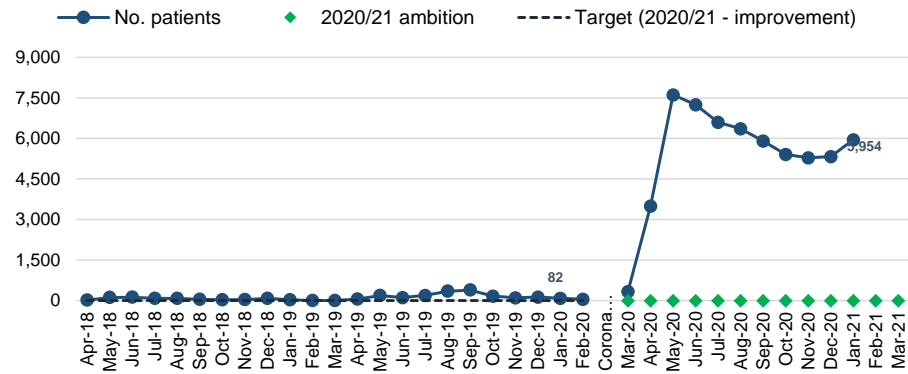
R1 eye care patients seen by target date (or <25% excess)



R1 eye care patients seen by target date (or <25% excess)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	67.5%	64.9%	63.0%	62.4%	58.3%	56.1%	59.3%	61.8%	60.6%	62.3%	63.4%		57.1%	52.5%	44.6%	45.3%	42.8%	43.8%	40.4%	40.4%	37.7%	38.7%	38.8%		
2020/21 ambition														73.9%	75.9%	77.8%	79.7%	81.6%	83.5%	83.5%	87.3%	89.3%	91.2%	93.1%	95.0%
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



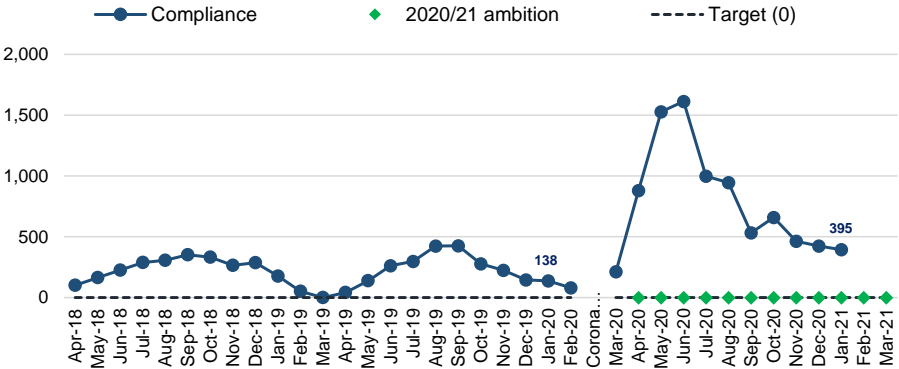
Patients waiting 8 weeks+ for a specified diagnostic



Patients waiting 8 weeks+ for a specified diagnostic	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
No. patients	19	113	122	84	78	48	27	35	82	30	1	0	56	185	115	192	345	391	164	102	129	82	54		336	3,501	7,615	7,248	6,595	6,362	5,904	5,407	5,288	5,326	5954		
2020/21 ambition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0
Target (2020/21 - improv	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0



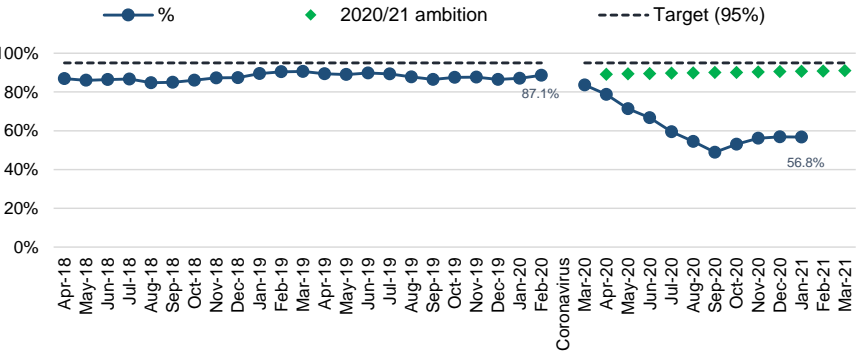
Waiting more than 14 weeks for a specific therapy



Waiting more than 14 weeks for a specific therapy	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
Compliance	101	164	226	288	307	352	332	265	287	177	51	0	41	138	262	297	424	426	277	224	146	138	81		212	880	1,528	1,613	998	946	533	659	463	423	395			
2020/21 ambition																										0	0	0	0	0	0	0	0	0	0	0	0	0
Target (0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	



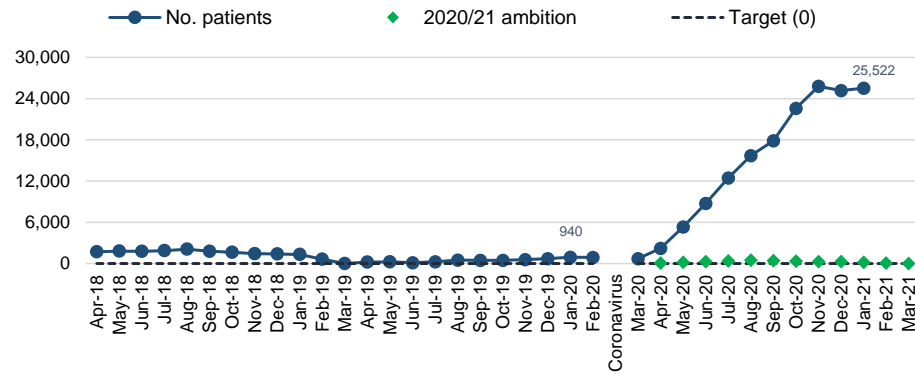
Patients waiting less than 26 weeks from referral to treatment



Patients waiting less than 26 weeks from referral to treatment	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21						
%	86.9%	86.0%	86.4%	86.7%	84.8%	85.0%	86.1%	87.3%	87.4%	89.5%	90.4%	90.6%	89.4%	89.0%	89.8%	89.3%	87.8%	86.5%	87.5%	87.7%	86.5%	87.1%	88.6%		83.6%	78.7%	71.4%	66.7%	59.5%	54.5%	48.9%	53.0%	56.1%	56.9%	56.8%								
2020/21 ambition																										89.1%	89.3%	89.5%	89.7%	89.8%	90.0%	90.1%	90.3%	90.5%	90.6%	90.8%	91.0%						
Target (95%)	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%		95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%						



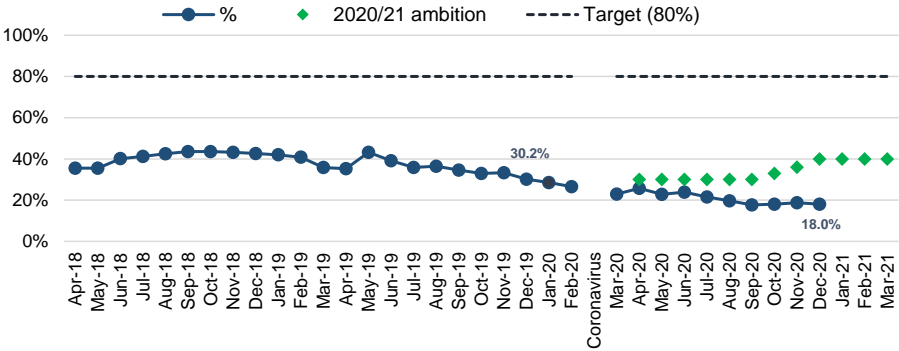
Patients waiting 36 weeks+ from referral to treatment



Patients waiting 36 weeks+ from referral to treatment	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
No. patients	1725	1798	1779	1869	2080	1794	1638	1439	1394	1308	633	0	213	246	122	264	506	452	476	564	726	940	883		722	2,202	5,311	8,758	12,450	15,698	17,857	22,571	25,785	25,182	25,522		
2020/21 ambition																							100		200	300	400	500	450	350	300	300	200	100	0		
Target (0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0		



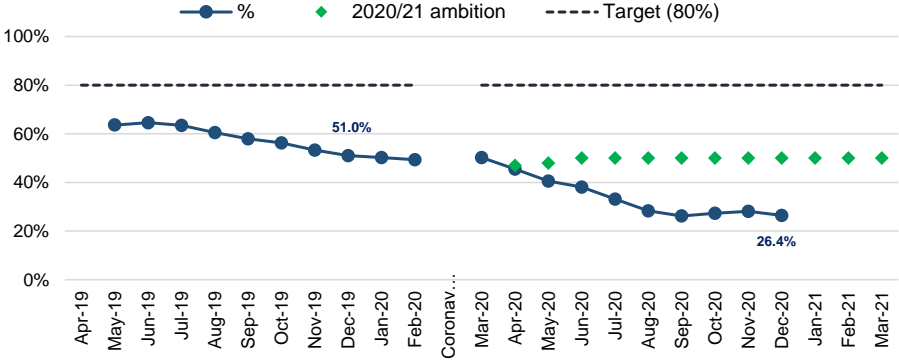
Children/young adults waiting <26 weeks for a neurodevelopment assessment



Children/young adults waiting <26 weeks for a neurodevelopment assessment	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	35.5%	35.5%	40.1%	41.2%	42.5%	43.5%	43.6%	43.2%	42.6%	42.0%	40.8%	35.8%	35.3%	43.2%	39.1%	35.9%	36.5%	34.6%	33.0%	33.3%	30.2%	28.5%	26.5%		22.9%	25.8%	22.8%	23.9%	21.6%	19.7%	17.7%	18.1%	18.7%	18.0%			
2020/21 ambition																										30.0%	30.0%	30.0%	30.0%	30.0%	30.0%	33.0%	36.0%	40.0%	40.0%	40.0%	
Target (80%)	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	



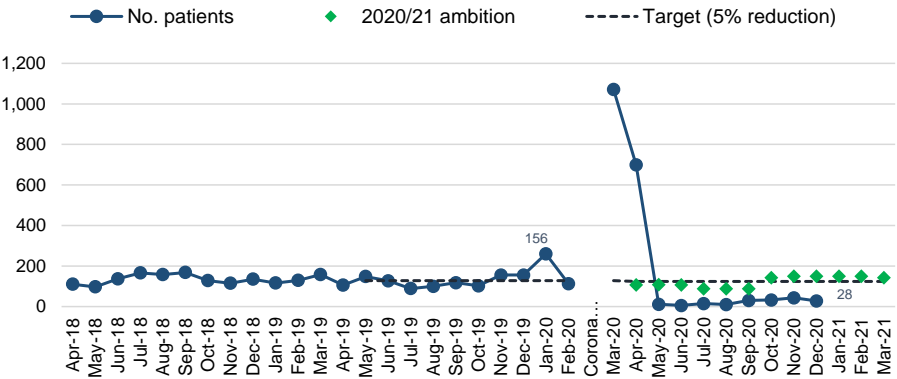
Adults waiting <26 weeks to start a psychological therapy



Adults waiting <26 weeks to start a psychological therapy	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	63.6%	64.6%	63.5%	60.5%	57.9%	56.3%	53.3%	51.0%	50.2%	49.3%			50.2%	45.5%	40.6%	38.1%	33.2%	28.3%	26.2%	27.3%	28.1%	26.4%			
2020/21 ambition														47.0%	48.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%	50.0%
Target (80%)	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%		80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%



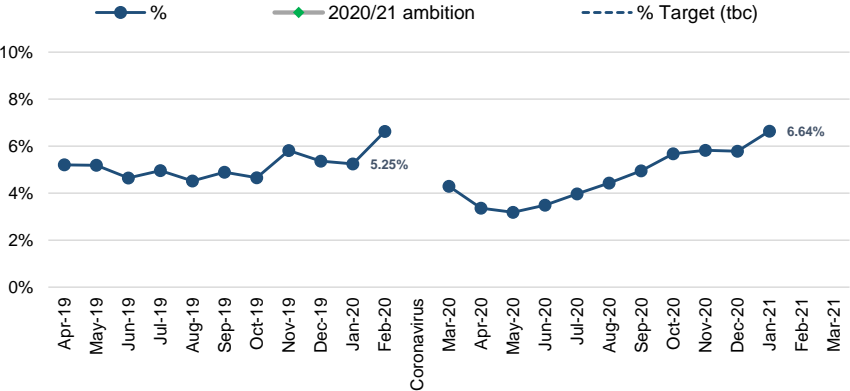
Hospital Initiated Cancellations within 24 hours



Hospital Initiated Cancellations within 24 hours	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
No. patients	110	97	137	166	158	168	128	115	135	116	129	158	106	148	127	89	100	118	103	156	156	260	113		1072	700	12	6	15	10	30	33	44	28																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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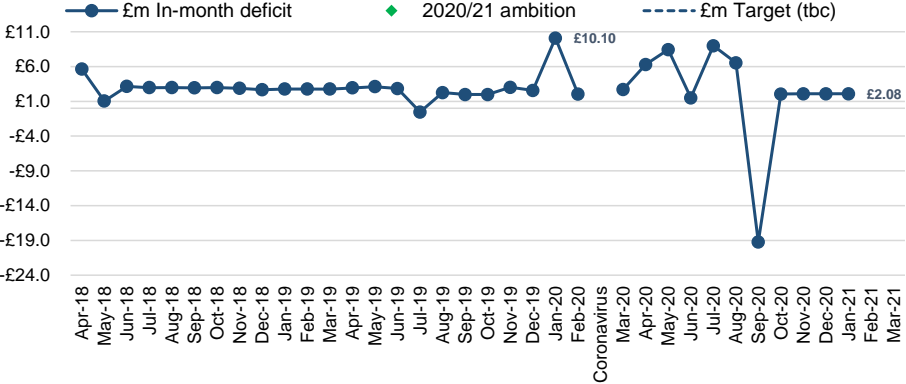
Agency spend as a % of the total pay bill



Agency spend as a % of the total pay bill	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	5.20%	5.19%	4.65%	4.96%	4.52%	4.89%	4.65%	5.81%	5.36%	5.25%	6.63%		4.3%	3.4%	3.2%	3.5%	4.0%	4.43%	4.95%	5.68%	5.82%	5.78%	6.64%		
2020/21 ambition																									
% Target (tbc)																									



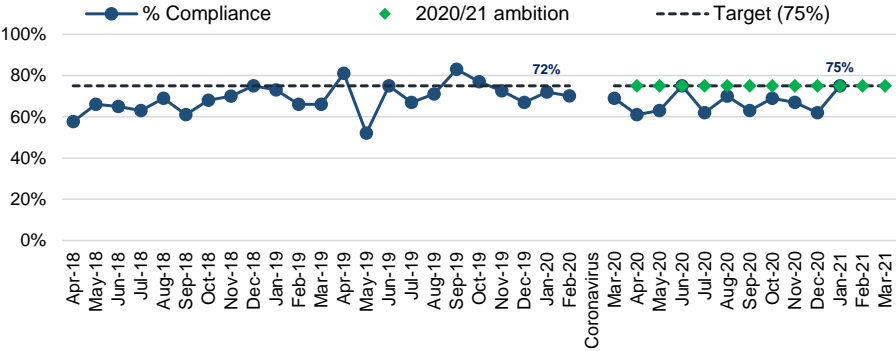
Financial balance



Financial balance	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
£m In-month deficit	£5.63	£1.03	£3.14	£2.95	£2.97	£2.93	£2.97	£2.87	£2.66	£2.76	£2.76	£2.75	£2.92	£3.10	£2.85	-£0.53	£2.25	£1.97	£1.97	£3.01	£2.56	£10.10	£2.04		£2.70	£6.29	£8.45	£1.50	£9.00	£6.53	-£19.23	£2.04	£2.08	£2.08	£2.08			
2020/21 ambition																																						
£m Target (tbc)																																						



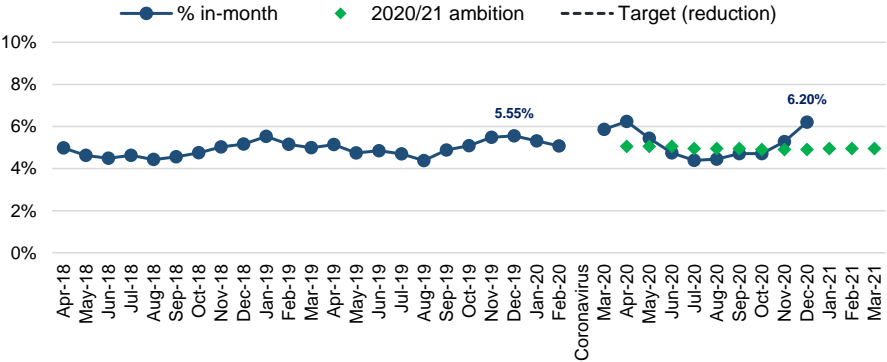
% complaints with final or interim reply <= 30 working days



% complaints with final or interim reply <= 30 working days	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21																		
% Compliance	58%	66%	65%	63%	69%	61%	68%	70%	75%	73%	66%	66%	81%	52%	75%	67%	71%	83%	77%	73%	67%	72%	70%		69%	61%	63%	75%	62%	70%	63%	69%	67%	62%	75%																				
2020/21 ambition																							75%		75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Target (75%)	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%		75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%																		



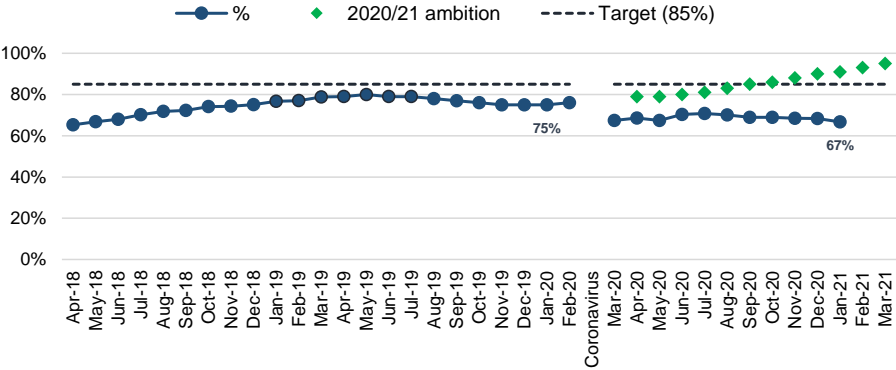
Sickness absence



Sickness absence	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
% in-month	4.98%	4.62%	4.49%	4.63%	4.43%	4.56%	4.75%	5.03%	5.16%	5.53%	5.15%	4.99%	5.14%	4.74%	4.85%	4.70%	4.38%	4.88%	5.09%	5.49%	5.55%	5.32%	5.08%		5.86%	6.24%	5.44%	4.74%	4.39%	4.45%	4.71%	4.71%	5.28%	6.20%			
2020/21 ambition																									5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Target (reduction)																																					



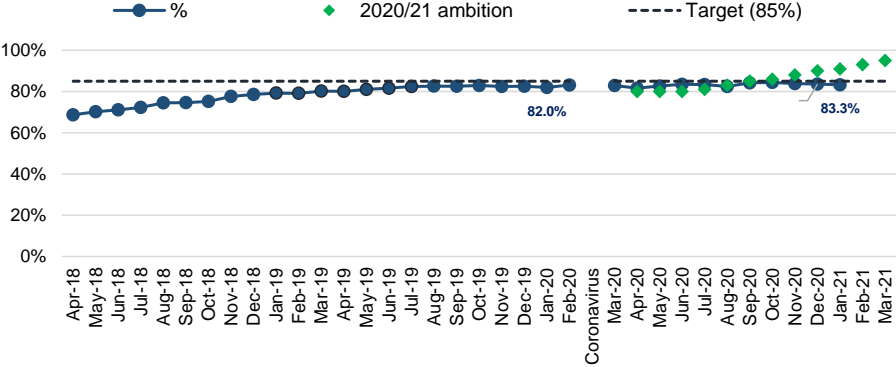
Staff who have had a PADR in the previous 12 months



Staff who have had a PADR in the previous 12 months	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%	65%	67%	68%	70%	72%	72%	74%	74%	75%	77%	77%	79%	79%	80%	79%	79%	78%	77%	76%	75%	75%	75%	76%		67%	69%	67%	70%	71%	70%	69%	69%	69%	68%	67%		
2020/21 ambition																										79%	79%	80%	81%	83%	85%	86%	88%	90%	91%	93%	95%
Target (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%



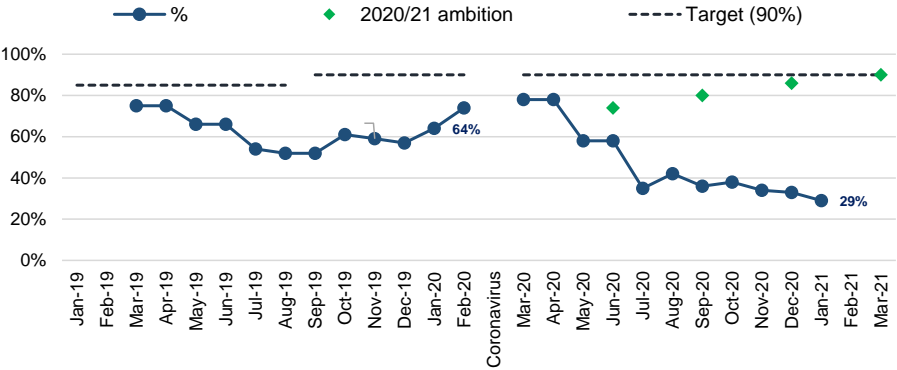
Core Skills Training Framework



Core Skills Training Framework	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	
%	68.7%	70.2%	71.1%	72.3%	74.5%	74.6%	75.2%	77.6%	78.6%	79.2%	79.1%	80.2%	80.1%	81.0%	81.6%	82.4%	82.6%	82.6%	82.9%	82.5%	82.6%	82.0%	83.2%		82.9%	81.6%	82.7%	83.5%	83.4%	82.4%	84.2%	84.4%	83.9%	83.6%	83.3%			
2020/21 ambition																										80%	80%	80%	81%	83%	85%	86%	88%	90%	91%	93%	95%	
Target (85%)	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%		



Consultants/SAS doctors with a current job plan



Consultants/SAS doctors with a current job plan	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Coronavirus	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
%			75%	75%	66%	66%	54%	52%	52%	61%	59%	57%	64%	74%		78%	78%	58%	58%	35%	42%	36%	38%	34%	33%	29%		
2020/21 ambition																				74%		80%			86%			90%
Target (90%)	85%	85%	85%	85%	85%	85%	85%	85%	90%	90%	90%	90%	90%	90%		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

* target increased from 85% to 90% from September 2019