

Latest Performance against Key Delivery Areas

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|-----------------------|
| Target not Delivered |
| Within 5% of target * |
| Target Delivered |
| NA = Not Available |

* For measures where there is a reduction or improvement target, these will be scored red or green, except when Performance remains static. This also applies to measures with a small percentage target (10% and under) e.g.

HDUHB Performance Against Key Delivery Areas

| INDICATOR | | Target 2019/20 | 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 | Trend | Time period | All Wales | Hywel Dda | Rank in Wales | |
|--|---|--|-------------------------|--------|--------|------------|--------|--------|------------|--------|--------|------------|---------|--------|--------|---------------|-----------------|---------------|--------------|--------------------|--------------------|
| | | | Q2 2019/20 | | | Q3 2019/20 | | | Q4 2019/20 | | | Q1 2020/21 | | | | | | | | | |
| People in Wales have improved health and well-being with better prevention and self-management | Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (aged under 18 years) | 90% | Not previously reported | | | | | | | | | 100.0% | 100.0% | 100.0% | NA | NA | May-20 | 94.7% | 100.0% | Joint 1st out of 7 | |
| | Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over) | 90% | Not previously reported | | | | | | | | | 93.8% | 94.9% | 93.3% | NA | NA | May-20 | 84.0% | 94.9% | 1st out of 7 | |
| | The percentage of adult smokers who make a quit attempt via smoking cessation services | 5% annual target (cumulative) | 1.8% | | | 2.6% | | | 3.5% | | | NA | | | | ↑ | Q1-Q3 19/20 | 2.42% | 2.60% | 3rd out of 7 | |
| | The percentage of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks | 40% annual target | 47.1% | | | 48.4% | | | 30.3% | | | NA | | | | ↓ | Q1-Q3 19/20 | 44.08% | 47.79% | 3rd out of 7 | |
| | Percentage of children who received 3 doses of the hexavalent 6 in 1' vaccine by age 1 | 95% | 94.5% | | | 96.3% | | | 95.3% | | | NA | | | ↑ | Q4 19/20 | 96.0% | 95.5% | 6th out of 7 | | |
| | Percentage of children who received 2 doses of the MMR vaccine by age 5 | 95% | 91.0% | | | 91.7% | | | 91.1% | | | NA | | | ↓ | Q4 19/20 | 92.4% | 90.0% | 7th out of 7 | | |
| | European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales | 4 quarter reduction trend | 448 | | | 423 | | | NA | | | NA | | | NA | Q3 19/20 | 444.8 | 423 | 4th out of 7 | | |
| | Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse | 4 quarter improvement trend | NA | | | NA | | | NA | | | NA | | | NA | Not Available | | | | | |
| | % uptake of Influenza vaccination - 65 year olds and over | 75% - Annual Improvement (as at Jul'20) | 64.8% | | | | | | | | | | | | | | ↑ | 2019/20 | 69.4% | 64.8% | 7th out of 7 |
| | % uptake of Influenza vaccination - Under 65's in risk groups | 55% - Annual Improvement (as at Jul '20) | 40.2% | | | | | | | | | | | | | | ↑ | 2019/20 | 44.1% | 40.2% | 7th out of 7 |
| | % uptake of Influenza vaccination - Pregnant women (PHW Point of Delivery survey) | 75% - Annual Improvement (as at Jul '20) | 84.4% | | | | | | | | | | | | | | ↑ | 2019/20 | 78.5% | 84.4% | 3rd out of 7 |
| | % uptake of Influenza vaccination - Healthcare workers with direct patient contact | 60% - Annual Improvement (as at Jul '20) | 49.2% | | | | | | | | | | | | | | ↑ | 2019/2020 | 58.7% | 49.2% | 9th out of 10 |
| | Percentage of babies who are exclusively breastfed at 10 days old | Annual Improvemnet | Not previously reported | | | | | | | | | | | | | | NA | Not Available | | | |
| | Uptake of cancer screening for bowel cancer. | 60% | Not previously reported | | | | | | | | | | | | | | NA | 2018/19 | 57.3% | 57.8% | 3rd out of 7 |
| | Uptake of cancer screening for breast cancer. | 70% | Not previously reported | | | | | | | | | | | | | | NA | 2018/19 | 72.8% | 73.6% | Joint 2nd out of 7 |
| | Uptake of cancer screening for cervical cancer | 80% | Not previously reported | | | | | | | | | NA | 2018/19 | 73.2% | 70.9% | 7th out of 7 | | | | | |
| | Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia | Annual improvement | NA | | | | | | | | | ↑ | 2018/19 | 54.7% | 47.9% | 6th out of 7 | | | | | |
| People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement | Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population | <= 67 cases / 100,000 pop. | 100.36 | 107.94 | 109.44 | 106.89 | 107.75 | 105.61 | 105.46 | 104.26 | 99.58 | 78.88 | 76.33 | 53.64 | 91.60 | ↑ | Apr 19 - Jun 20 | 53.55 | 69.69 | 6th out of 6 | |
| | Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population | <= 25 cases / 100,000 pop. | 38.90 | 37.84 | 38.38 | 38.14 | 38.90 | 38.66 | 37.53 | 37.68 | 37.08 | 31.55 | 36.64 | 50.48 | 33.59 | ↓ | Apr 19 - Jun 20 | 27.73 | 39.53 | 5th out of 6 | |
| | Cumulative rate of laboratory confirmed S aureus bacteraemias (MRSA and MSSA) cases per 100,000 population | <= 20 cases / 100,000 pop. | 30.34 | 29.78 | 29.56 | 32.38 | 30.73 | 28.30 | 29.16 | 29.18 | 31.64 | 31.55 | 15.27 | 22.09 | 27.48 | ↑ | Apr 19 - Jun 20 | 21.34 | 22.88 | 3rd out of 6 | |
| | Cumulative number of cases of Pseudomonas aeruginosa bacteraemia | 10% reduction on 2017/18 baseline | 14 | 14 | 19 | 20 | 22 | 23 | 25 | 25 | 26 | 3 | 3 | 5 | 5 | ↓ | Apr 19 - Jun 20 | 37 | 5 | Joint 3rd out of 6 | |
| | Cumulative number of cases of Klebsiella bacteraemia | 10% reduction on 2017/18 baseline | 24 | 32 | 41 | 49 | 55 | 62 | 67 | 79 | 87 | 4 | 6 | 12 | 17 | ↓ | Apr 19 - Jun 20 | 127 | 38 | 3rd out of 6 | |
| | % of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered | 90.0% | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | Not Available | | | | |
| | Percentage of eligible individuals with Hepatitis C infection who have commenced treatment | HB specific TBC | Not previously reported | | | | | | | | | NA | NA | NA | NA | NA | | | | | |
| | The number of healthcare acquired pressure sores in a hospital setting | Reduction | 22 | 20 | 32 | 42 | 46 | 44 | 59 | 40 | 20 | 23 | 19 | 24 | 29 | ↑ | | | | | |
| | The number of healthcare acquired pressure sores in a Community setting | Reduction | 56 | 56 | 33 | 51 | 51 | 51 | 66 | 60 | 48 | 57 | 62 | 73 | 94 | ↓ | | | | | |
| | Number of reports made within the timeframe set by RIDDOR | 60% | 63.3% | 62.5% | 65.8% | 65.0% | 66.6% | 65.3% | 68.4% | 70.0% | 66.7% | 0.0% | 75.0% | 63.3% | 72.2% | ↓ | | | | | |
| | The number of potentially preventable hospital acquired thrombosis | 4 quarter reduction trend | 2 | | | NA | | | NA | | | NA | | | | ↑ | Q2 19/20 | 12 | 2 | Joint 4th out of 8 | |
| | Number of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population | Annual reduction | NA | | | | | | | | | | | | | NA | Not Available | | | | |
| | Number of health board mental health delayed transfer of care | 12 month reduction trend | 2 | 3 | 7 | 6 | 14 | 13 | 11 | 16 | 13 | 11 | 11 | 9 | 15 | ↓ | Feb-20 | 63 | 16 | Joint 5th out of 7 | |
| | Number of health board non mental health delayed transfer of care | 12 month reduction trend | 47 | 72 | 54 | 60 | 65 | 49 | 33 | 49 | 46 | NA | NA | NA | NA | ↑ | Feb-20 | 385 | 49 | 3rd out of 7 | |
| | % compliance with Hand hygiene (World Health Organisation (WHO) 5 moments) | 95% | 89.0% | 91.0% | 92.0% | 92.0% | 91.0% | 91.5% | 88.4% | 91.7% | 95.2% | 97.2% | 97.4% | 92.5% | NA | ↑ | Not Available | | | | |
| | Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission | 85% | 90% | 87.4% | 88.0% | 88.9% | 88.9% | 92.3% | 90.5% | 88.5% | 89.0% | 90.1% | 88.1% | 90.4% | NA | ↑ | | | | | |
| | The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes | 65% | 63.9% | 65.5% | 68.5% | 61.9% | 58.2% | 58.0% | 56.2% | 60.6% | 56.9% | 56.7% | 55.8% | 71.3% | 62.8% | ↓ | Jun-20 | 71.4% | 71.3% | 4th out of 7 | |
| The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Carmarthenshire | 65% | 66.2% | 66.1% | 67.9% | 59.9% | 55.6% | 57.0% | 57.8% | 54.0% | 55.9% | 57.1% | 55.7% | 72.8% | 61.3% | ↓ | As Above | | | | | |
| The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Ceredigion | 65% | 51.2% | 63.2% | 58.0% | 64.7% | 57.6% | 67.7% | 55.2% | 68.4% | 69.4% | 41.7% | 56.4% | 62.2% | 65.0% | ↓ | | | | | | |
| The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Pembrokeshire | 65% | 67.4% | 66.0% | 75.3% | 63.8% | 63.0% | 54.2% | 54.1% | 68.4% | 51.6% | 62.1% | 55.8% | 74.5% | 65.0% | ↓ | | | | | | |

| INDICATOR | Target 2019/20 | 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 | Trend | Latest all Wales comparison | | | |
|--|---|------------|--------|--------|------------|--------|--------|------------|--------|--------|------------|--------|--------|--------|-------|-----------------------------|-----------|-----------|---------------|
| | | Q2 2019/20 | | | Q3 2019/20 | | | Q4 2019/20 | | | Q1 2020/21 | | | | | Time period | All Wales | Hywel Dda | Rank in Wales |
| | | | | | | | | | | | | | | | | | | | |
| % of Amber Calls responded to within 20 minutes | NA | 54.7% | 46.7% | 42.9% | 45.3% | 38.5% | 25.5% | 38.2% | 38.1% | 34.3% | 46.6% | 46.4% | 49.6% | 41.9% | NA | | | | |
| Number of ambulance handovers over one hour | 0 | 251 | 313 | 406 | 465 | 670 | 799 | 751 | 402 | 288 | 37 | 21 | 31 | 95 | ↑ | Jun-20 | 815 | 31 | 2nd out of 6 |
| Number of ambulance handovers over one hour - Bronglais GH | 0 | 31 | 84 | 116 | 70 | 120 | 133 | 101 | 18 | 64 | 4 | 11 | 13 | 42 | ↑ | As Above | | | |
| Number of ambulance handovers over one hour - Glangwili GH | 0 | 156 | 99 | 182 | 236 | 319 | 399 | 405 | 220 | 147 | 11 | 5 | 2 | 37 | ↑ | | | | |
| Number of ambulance handovers over one hour - Prince Philip H | 0 | 4 | 5 | 16 | 35 | 34 | 64 | 66 | 28 | 15 | 13 | 5 | 10 | 14 | ↑ | | | | |
| Number of ambulance handovers over one hour - Wlithybush GH | 0 | 57 | 125 | 92 | 124 | 197 | 203 | 179 | 136 | 62 | 9 | 0 | 6 | 2 | ↑ | | | | |
| The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge | 95% | 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% | ↑ | Jun-20 | 84.6% | 84.3% | 4th out of 6 |
| The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge - Bronglais GH | 95% | 86.7% | 85.9% | 81.9% | 82.3% | 80.3% | 77.1% | 77.8% | 83.3% | 76.6% | 85.9% | 82.4% | 82.1% | 79.3% | ↓ | As Above | | | |
| The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge - Glangwili GH | 95% | 75.3% | 75.8% | 70.5% | 73.2% | 66.7% | 71.1% | 71.9% | 73.0% | 75.3% | 90.7% | 91.2% | 88.7% | 84.7% | ↑ | | | | |
| The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge - Prince Philip GH | 95% | 91.4% | 94.2% | 92.6% | 91.9% | 90.4% | 90.5% | 92.1% | 92.3% | 94.0% | 85.6% | 89.1% | 87.1% | 92.4% | ↓ | | | | |
| The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge - Wlithybush GH | 95% | 75.0% | 73.6% | 76.3% | 77.1% | 68.9% | 66.2% | 69.9% | 73.2% | 66.1% | 80.5% | 80.8% | 75.9% | 74.9% | ↑ | | | | |
| The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge | 0 | 732 | 793 | 910 | 882 | 1053 | 1054 | 1066 | 862 | 540 | 47 | 56 | 113 | 195 | ↑ | Jun-20 | 1,043 | 113 | 3rd out of 6 |
| The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge - Bronglais GH | 0 | 37 | 69 | 135 | 117 | 144 | 171 | 160 | 52 | 86 | 11 | 24 | 46 | 70 | ↑ | As Above | | | |
| The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge - Glangwili GH | 0 | 345 | 273 | 354 | 342 | 411 | 407 | 423 | 363 | 200 | 6 | 7 | 11 | 73 | ↑ | | | | |
| The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge - Prince Philip H | 0 | 16 | 8 | 8 | 27 | 40 | 40 | 44 | 25 | 7 | 8 | 5 | 17 | 8 | ↑ | | | | |
| The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge - Wlithybush GH | 0 | 334 | 443 | 400 | 396 | 458 | 435 | 439 | 422 | 247 | 22 | 20 | 39 | 44 | ↑ | | | | |
| % of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time - HDUHB | 56.8% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 78.9% | 63.0% | 39.0% | 51.2% | 70.4% | 37.3% | 55.9% | 62.5% | 59.4% | 73.1% | 64.4% | 68.9% | 59.3% | ↑ | Jan-20 | 37.8% | 55.9% | 1st out of 6 |
| % of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time - Bronglais GH | 59.8% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 91.7% | 91.7% | 62.5% | 66.7% | 100.0% | 62.5% | 73.7% | 91.7% | 83.3% | 100.0% | 70.0% | 60.0% | 80.0% | ↓ | As Above | | | |
| % of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time - Glangwili GH | 59.8% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 71.4% | 76.5% | 40.0% | 30.8% | 50.0% | 20.0% | 27.3% | 30.8% | 30.0% | 20.0% | 46.7% | 55.6% | 38.9% | ↓ | | | | |
| % of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time - Prince Philip H | 59.8% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 72.7% | 88.9% | 57.1% | 42.9% | 100.0% | 43.8% | 83.3% | 87.5% | 100.0% | 100.0% | 75.0% | 92.9% | 63.6% | ↑ | | | | |
| % of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time - Wlithybush GH | 59.8% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 100.0% | 12.5% | 18.8% | 66.7% | 63.2% | 31.3% | 53.3% | 40.0% | 64.3% | 80.0% | 75.0% | 68.4% | 65.0% | ↑ | | | | |
| % assessed by Stroke Consultant <24 hours of the patient's clock start time - HDUHB | 84.2% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 90.4% | 92.9% | 96.1% | 100.0% | 98.3% | 91.7% | 93.6% | 96.7% | 100.0% | 100.0% | 95.9% | 95.1% | 95.7% | ↑ | Jan-20 | 82.1% | 93.6% | 2nd out of 6 |
| % assessed by Stroke Consultant <24 hours of the patient's clock start time - Bronglais GH | 84.2% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 76.9% | 84.6% | 90.0% | 100.0% | 85.7% | 63.6% | 90.0% | 91.7% | 100.0% | 100.0% | 90.0% | 80.0% | 100.0% | ↑ | As Above | | | |
| % assessed by Stroke Consultant <24 hours of the patient's clock start time - Glangwili GH | 84.2% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 100.0% | 90.5% | 100.0% | 100.0% | 100.0% | 100.0% | 92.0% | 100.0% | 100.0% | 100.0% | 94.7% | 100.0% | 90.5% | ↓ | | | | |
| % assessed by Stroke Consultant <24 hours of the patient's clock start time - Prince Philip H | 84.2% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 87.5% | 90.9% | 100.0% | 100.0% | 100.0% | 100.0% | 93.8% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 94.1% | ↑ | | | | |
| % assessed by Stroke Consultant <24 hours of the patient's clock start time - Wlithybush GH | 84.2% Jul 19-Sep 19 (SSNAP UK National quarterly average) | 100.0% | 100.0% | 95.0% | 100.0% | 100.0% | 100.0% | 100.0% | 93.3% | 100.0% | 100.0% | 100.0% | 94.7% | 100.0% | ↓ | | | | |
| % of stroke patients receiving the required minutes for speech and language therapy - HDUHB | 12 month improvement trend | 40.6% | 43.3% | 38.9% | 33.6% | 33.4% | 34.8% | 36.5% | 32.7% | 50.8% | 46.3% | 47.5% | 20.2% | 9.3% | ↓ | Jan-20 | 48.1% | 36.5% | 5th out of 6 |
| % of stroke patients receiving the required minutes for speech and language therapy - Bronglais GH | 12 month improvement trend | 54.7% | 52.4% | 40.7% | 37.8% | 33.2% | 45.9% | 56.3% | 54.0% | 55.9% | 51.8% | 43.2% | 24.8% | 19.7% | ↓ | As Above | | | |
| % of stroke patients receiving the required minutes for speech and language therapy - Glangwili GH | 12 month improvement trend | 37.8% | 38.6% | 71.1% | 51.5% | 87.2% | 32.2% | 50.7% | 44.3% | 44.6% | 51.6% | 27.1% | 13.8% | 7.9% | ↓ | | | | |
| % of stroke patients receiving the required minutes for speech and language therapy - Prince Philip H | 12 months improvement trend | 24.4% | 41.8% | 20.4% | 31.6% | 6.6% | 19.7% | 13.0% | 19.1% | 16.3% | 17.4% | 20.9% | 15.7% | 10.6% | ↓ | | | | |
| % of stroke patients receiving the required minutes for speech and language therapy - Wlithybush GH | 12 month improvement trend | 38.6% | 39.8% | 13.9% | 25.4% | 26.9% | 28.3% | 18.6% | 60.7% | 75.3% | 64.7% | 67.3% | 59.6% | NA | NA | | | | |
| % of stroke patients who receive a 6 month follow up assessment | Quarterly improvement trend | 43.6% | | | NA | | | NA | | | NA | | | | ↑ | Q2 19/20 | 47.2% | 43.6% | 4th out of 6 |
| The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral | 95% | 74.0% | 75.7% | 73.9% | 72.8% | 75.9% | 71.40% | 72.4% | 73.8% | 79.2% | 65.9% | 68.8% | 82.5% | NA | ↑ | May-20 | 77.7% | 68.8% | 6th out of 6 |
| The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route) | 98% | 97.6% | 96.4% | 97.1% | 98.5% | 98.3% | 99.28% | 91.9% | 98.0% | 96.4% | 95.8% | 98.8% | 95.2% | NA | ↓ | May-20 | 96.3% | 98.8% | 3rd out of 6 |
| % of patients starting first definitive cancer treatment within 62 days from point of suspicion | 12 month improvement trend | 76.7% | 76.7% | 67.2% | 74.0% | 75.0% | 76.2% | 72.0% | 73.0% | 79.0% | 74.0% | 73.0% | 80.0% | NA | ↑ | May-20 | 70.8% | 72.6% | 2nd out of 6 |
| For health boards with 111 services, the percentage of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered | 12 month improvement trend | 66.8% | 67.9% | 65.5% | 62.8% | 63.4% | 63.1% | 64.1% | 62.8% | 63.2% | 77.2% | 72.8% | 71.3% | 73.5% | ↑ | Mar-19 | NA | 62.6% | 1st out of 1 |

| Indicator | Target 2019/20 | 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 | Trend | Latest all Wales comparison | | | |
|--|--|-------------------------|--------|--------|------------|--------|--------|------------|--------|--------|------------|--------|--------|--------|-------|-----------------------------|-----------|-----------|---------------|
| | | Q2 2019/20 | | | Q3 2019/20 | | | Q4 2019/20 | | | Q1 2020/21 | | | | | Time period | All Wales | Hywel Dda | Rank in Wales |
| | | | | | | | | | | | | | | | | | | | |
| For health boards with 111 services, the percentage of patients prioritised as P1 and seen (either in PCC or home visit) within 60 minutes following their clinical assessment/face to face triage | 12 month improvement trend | 100.0% | 0.0% | 0.0% | NA | 50.0% | 50.0% | 25.0% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | NA | NA | Mar-19 | NA | 50.0% | 1st out of 1 |
| The percentage of patients waiting less than 26 weeks for treatment | 95% | 89.3% | 87.8% | 86.5% | 87.5% | 87.7% | 86.50% | 87.1% | 88.6% | 83.6% | 78.7% | 71.4% | 66.7% | 59.5% | ↓ | May-20 | 66.1% | 71.3% | 2nd out of 7 |
| The number of patients waiting more than 36 weeks for treatment | 0 | 264 | 506 | 452 | 476 | 564 | 726 | 940 | 883 | 722 | 2202 | 5,311 | 8,758 | 12,450 | ↓ | May-20 | 65,204 | 5,311 | 2nd out of 7 |
| RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers | 0 | 320 | 348 | 353 | 378 | 399 | 450 | 468 | 463 | 545 | 679 | 861 | 1,003 | NA | ↓ | Not available | | | |
| The number of patients waiting more than 8 weeks for a specified diagnostic | 0 | 192 | 345 | 391 | 164 | 102 | 129 | 82 | 54 | 336 | 3,860 | 7,669 | 7,293 | 6,626 | ↓ | May-20 | 62,120 | 7,615 | 2nd out of 7 |
| The number of patients waiting 8 weeks and over for a specified diagnostic - Cardiology | 0 | 34 | 128 | 205 | 93 | 61 | 100 | 70 | 54 | 256 | 1,399 | 2,447 | NA | NA | ↓ | Not Available | | | |
| The number of patients waiting 8 weeks and over for a specified diagnostic - Endoscopy | 0 | 0 | 0 | 0 | 5 | 4 | 0 | 0 | 0 | 54 | 481 | 888 | NA | NA | ↓ | | | | |
| The number of patients waiting 8 weeks and over for a specified diagnostic - Imaging | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 49 | NA | NA | ↓ | | | | |
| The number of patients waiting 8 weeks and over for a specified diagnostic - Neurophysiology | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 10 | 0 | 9 | 226 | 355 | NA | NA | ↓ | | | | |
| The number of patients waiting 8 weeks and over for a specified diagnostic - Physiological Measurement | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 3 | 62 | 73 | NA | NA | ↓ | | | | |
| The number of patients waiting 8 weeks and over for a specified diagnostic - Radiology – consultant referral | 0 | 85 | 126 | 122 | 48 | 15 | 15 | 1 | 0 | 6 | 736 | 2115 | NA | NA | ↓ | Not Available | | | |
| The number of patients waiting 8 weeks and over for a specified diagnostic - Radiology GP Referral | 0 | 73 | 91 | 64 | 18 | 17 | 14 | 1 | 0 | 7 | 947 | 1,742 | NA | NA | ↓ | | | | |
| The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (2017/18) | 15% reduction against baseline of March 2019 by March 2020 | 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 | ↑ | Jan-20 | 870,738 | 78,642 | 2nd out of 7 |
| The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% | 20% reduction against baseline of March 2020 | 28,358 | 29,379 | 29,411 | 20,226 | 17,323 | 17,926 | 17,914 | 18,361 | 18,272 | 18,194 | 18,790 | 19,435 | 20,183 | ↑ | May-20 | 177,675 | 18,790 | 3rd out of 7 |
| The number of patients waiting for a follow-up outpatient appointment | 20% reduction against baseline of March 2020 | 41,742 | 43,405 | 84,384 | 78,718 | 77,481 | 77,971 | 78,642 | NA | NA | NA | NA | NA | NA | NA | May-20 | 773,519 | 65,542 | 2nd out of 7 |
| The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialties | 12 month reduction trend | 20,492 | 21,736 | 21,235 | 16,515 | 14,528 | 14,795 | 14,785 | 15,299 | 15,478 | 15,694 | 16,389 | 16,883 | 17,827 | ↑ | Apr-19 | NA | 18,199 | 3rd out of 5 |
| The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialties - Trauma and Orthopaedics | 12 month reduction trend | 3,012 | 3,244 | 3,381 | 2,529 | 2,047 | 2,051 | 2,046 | 1,969 | 1,803 | 1,693 | 1,734 | NA | NA | ↑ | Not Available | | | |
| The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialties - Ear, Nose and Throat | 12 month reduction trend | 547 | 540 | 534 | 546 | 466 | 513 | 598 | 691 | 651 | 649 | 877 | NA | NA | ↓ | | | | |
| The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialties - Urology | 12 month reduction trend | 4,944 | 5,174 | 5,214 | 3,045 | 2,884 | 3,010 | 3,113 | 3,206 | 3,342 | 3,443 | 3,468 | NA | NA | ↑ | | | | |
| The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialties - Dermatology | 12 month reduction trend | 3,438 | 3,677 | 3,728 | 3,040 | 2,680 | 2,655 | 2,506 | 2,590 | 2,364 | 2,419 | 2,480 | NA | NA | ↑ | | | | |
| The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialties - Ophthalmology | 12 month reduction trend | 8,551 | 9,101 | 8,378 | 7,355 | 6,451 | 6,566 | 6522 | 6,843 | 7,318 | 7,490 | 7,830 | NA | NA | ↑ | | | | |
| Percentage of survival within 30 days of emergency admission for a hip fracture | 12 month improvement trend | 74.0% | 81.0% | 76.3% | 85.7% | 74.5% | 74.4% | 74.4% | 65.8% | 66.7% | 85.3% | NA | NA | NA | ↓ | Sep-19 | 82.7% | 76.5% | 3rd out of 6 |
| % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health | 80% | 63% | 60.5% | 57.9% | 56.3% | 53.3% | 51.0% | 50.2% | 49.3% | 50.2% | 45.5% | 40.6% | 38.1% | NA | ↓ | May-20 | 62.6% | 41.7% | 6th out of 7 |
| % of children and young people waiting less than 26 weeks to start a neurodevelopment assessment | 80% | 35.90% | 36.54% | 34.64% | 33.00% | 33.26% | 30.2% | 28.5% | 26.5% | 22.9% | 25.8% | 25.4% | 23.9% | NA | ↓ | May-20 | 34.5% | 22.8% | 7th out of 7 |
| Percentage of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS) | 80% | Not previously reported | | | | | | | | | NA | 95.7% | NA | NA | NA | May-20 | 0.0% | 95.7% | 2nd out of 5 |
| Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those aged under 18 years) | 80% | Not previously reported | | | | | | | | | 81.1% | 96.4% | 100.0% | NA | NA | May-20 | 62.4% | 96.4% | 2nd out of 7 |
| Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (18 years and over) | 80% | Not previously reported | | | | | | | | | 94.2% | 100.0% | 98.9% | NA | NA | May-20 | 95.5% | 100.0% | 1st out of 7 |
| Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (for those aged under 18 years) | 80% | Not previously reported | | | | | | | | | 81.8% | 85.7% | 98.9% | NA | NA | May-20 | 78.1% | 85.7% | 4th out of 7 |
| Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (18 years and over) | 80% | Not previously reported | | | | | | | | | 83.9% | 97.8% | 98.2% | NA | NA | May-20 | 87.3% | 97.8% | 3rd out of 7 |
| Perinatal - Longest Waiting times for First Assessment Appointment | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | Not available | | | |
| Number of patients waiting more than 14 weeks for specific therapy | 0 | 297 | 424 | 426 | 277 | 224 | 146 | 138 | 81 | 212 | 880 | 1,528 | 1,613 | 998 | ↓ | May-20 | 11084 | 1,528 | 4th out of 7 |
| Number of patients waiting 14 weeks plus for Art Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 4 | 5 | 5 | ↓ | Not available | | | |
| Number of patients waiting 14 weeks plus for Audiology | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 157 | 402 | 401 | ↓ | | | | |
| Number of patients waiting 14 weeks plus for Dietetics | 0 | 0 | 0 | 2 | 3 | 2 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | ↑ | | | | |
| Number of patients waiting 14 weeks plus for Occupational Therapy (excludes MHLD) | 0 | 0 | 0 | 2 | 13 | 17 | 17 | 7 | 1 | 23 | 48 | 91 | 136 | 121 | ↓ | | | | |
| Number of patients waiting 14 weeks plus for Physiotherapy | 0 | 297 | 424 | 420 | 261 | 201 | 128 | 127 | 59 | 62 | 336 | 780 | 437 | 15 | ↑ | | | | |
| Not available | | | | | | | | | | | | | | | | | | | |

People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement

The health and social care workforce is motivated and sustainable

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focus

| INDICATOR | Target 2019/20 | 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 | |
|--|---|-------------------------|--------|--------|------------|--------|--------|------------|--------|--------|------------|--------|--------|--------|--|
| | | Q2 2019/20 | | | Q3 2019/20 | | | Q4 2019/20 | | | Q1 2020/21 | | | | |
| Number of patients waiting 14 weeks plus for Podiatry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 127 | 487 | 489 | 623 | 449 | |
| Number of patients waiting 14 weeks plus for Speech and Language Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 2 | |
| Number of patients waiting 6 weeks plus for Clinical Musculoskeletal Assessment and Treatment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 282 | 61 | 0 | 2 | |
| Number of patients waiting 14 weeks plus for Lymphoedema | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Number of patients waiting 14 weeks plus for Pulmonary Rehab | 0 | 149 | 164 | 129 | 193 | 212 | 241 | 225 | 247 | 259 | 227 | 291 | 281 | 271 | |
| % of ophthalmology R1 patients to be seen by their clinical target date or within 25% in excess of their clinical target date for their care or treatments | 95% | 62.5% | 58.3% | 56.1% | 59.3% | 61.8% | 60.6% | 62.3% | 63.4% | 57.1% | 52.5% | 44.6% | 45.3% | NA | |
| Percentage of children regularly accessing NHS primary dental care | 4 quarter improvement | 64.8% | | | 60.0% | | | 60.0% | | | NA | | | | |
| Individual Patient Funding Request (IPFR) - Total number received | N/A | 10 | | | 9 | | | 8 | | | 7 | | | | |
| Individual Patient Funding Request (IPFR) - Total number approved | N/A | 9 | | | 9 | | | 8 | | | 0 | | | | |
| Individual Patient Funding Request (IPFR) - Total number declined | N/A | <5 | | | <5 | | | <5 | | | <5 | | | | |
| Number of CHC packages delivered | N/A | 479 | | | 468 | | | 460 | | | 433 | | | | |
| Total Health board CHC spend | N/A | £20.35m | | | £20.26m | | | £20.5m | | | £19.4m | | | | |
| Rate of hospital admissions with any mention of intentional self harm for children and young people (aged 10-24 years) per 1,000 population | Annual reduction | | | | | | | | | | | | | | |
| Percentage of practices that have achieved all standards set out in the National Access Standards for In-Hours GMS Services | 100% | 77.10% | | | | | | | | | | | | | |
| Access Times for Re-Accessing Audiology Services - Total number of patients waiting 14 weeks and over | 0 | 3,103 | | | 2,421 | | | 2,015 | | | 2,343 | | | | |
| Access Times for Re-Accessing Audiology Services - Longest wait in weeks | 14 weeks | 101 | | | 97 | | | 104 | | | 129 | | | | |
| The percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation. | 75% | 67.0% | 71.0% | 83.0% | 76.5% | 72.5% | 67.0% | 72.2% | 70.1% | 68.9% | 61.0% | 63.0% | 75.0% | 62.0% | |
| Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor | Annual Improvement | | | | | | | | | | | | | | |
| The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales | Annual Improvement | | | | | | | | | | | | | | |
| Percentage of sickness absence rate of staff | 12 month reduction trend | 4.92% | 4.90% | 4.95% | 5.04% | 5.08% | 5.12% | 5.08% | 5.08% | 5.19% | 5.29% | 5.35% | 5.33% | NA | |
| Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training) | 85% | 79.0% | 78.0% | 77.0% | 76.9% | 75.0% | 75.0% | 75.0% | 76.0% | 67.4% | 68.6% | 67.4% | 70.4% | 70.8% | |
| Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation | 85% | 82.4% | 84.1% | 82.6% | 83.4% | 82.5% | 82.6% | 82.7% | 83.2% | 82.9% | 81.6% | 82.7% | 83.5% | 84.3% | |
| Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job | Annual Improvement | | | | | | | | | | | | | | |
| Overall staff engagement score – scale score method | Annual Improvement | | | | | | | | | | | | | | |
| Percentage of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment | Annual Improvement | | | | | | | | | | | | | | |
| Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening | 12 month improvement trend | 91.2% | 88.6% | 92.6% | 97.0% | 97.4% | 90.0% | 90.3% | 66.7% | 67.0% | 100.0% | 50.0% | 87.5% | 88.2% | |
| Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening | 12 month improvement trend | 87.5% | 88.1% | 84.3% | 89.8% | 88.8% | 87.5% | 92.9% | 84.6% | 85.0% | 86.0% | 86.2% | 80.4% | 86.4% | |
| Percentage of deaths scrutinised by an independent medical examiner | Quarter on quarter improvement | Not previously reported | | | | | | | | | NA | NA | NA | NA | |
| Crude hospital mortality rate (74 years of age or less) Excludes Daycases. | 12 month reduction trend | Not previously reported | | | | | | | | | 0 | 0 | NA | NA | |
| Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours | 12 month improvement trend | Not previously reported | | | | | | | | | 46.3% | NA | NA | NA | |
| Total antibacterial items per 1,000 STAR-PU's (specific therapeutic group age related prescribing unit) | A quarterly reduction of 5% against a baseline of April 2018 – March 2019 | 262.6 | | | 312.6 | | | 310.4 | | | NA | | | | |
| Opioid average daily quantities per 1,000 patients | 4 quarter reduction trend | 5028.8 | | | 5031.5 | | | 4951.7 | | | NA | | | | |
| Number of patients aged 65 years or over prescribed an antipsychotic | 4 quarter reduction trend | 1244 | | | 1232 | | | NA | | | NA | | | | |
| Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age | Quarter on Quarter reduction | NA | | | NA | | | NA | | | NA | | | | |
| All new medicines recommended by AWMMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMMSG appraisal recommendation | 100% | 99.5% | | | 100.0% | | | 100.0% | | | NA | | | | |
| Number of patients recruited in Health and Care Research Wales clinical research portfolio studies | 10% annual improvement (Cumulative - as at 15/04/2020) | 953 | | | | | | | | | | | | | |
| Number of patients recruited in Health and Care Research Wales commercially sponsored studies | 5% annual improvement (Cumulative - as at 15/04/2020) | 20 | | | | | | | | | | | | | |
| Percentage of clinical coding accuracy attained in the NWSIS national clinical coding accuracy audit programme | Annual improvement | 90.90% | | | | | | | | | | | | | |
| Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines) | Quarter on quarter improvement target | 82.1% | | | 77.0% | | | 74.0% | | | NA | | | | |

| Latest all Wales comparison | | | |
|-----------------------------|-----------|-----------|---------------------|
| Time period | All Wales | Hywel Dda | Rank in Wales |
| | | | |
| | | | |
| | | | |
| | | | |
| May-20 | 53.1% | 44.7% | 6th out of 7 |
| Q2 19/20 | 68.3% | 64.8% | 5th out of 7 |
| | | | |
| | | | |
| | | | |
| | | | |
| 2018/19 | 4.3 | 3.7 | 3rd out of 7 |
| 2019/20 | 59.7% | 77.1% | 2nd out of 7 |
| | | | |
| | | | |
| Q4 19/20 | 69.8% | 70.2% | 5th out of 9 |
| 2018/19 | 92.5% | 90.4% | 7th out of 7 |
| 2018/19 | 6.31 | 6.25 | 4th out of 7 |
| Jan-20 | 5.52% | 5.09% | 4th out of 10 |
| Jan-20 | 70.9% | 76.8% | 3rd out of 10 |
| Jan-20 | 80.5% | 83.2% | 5th out of 10 |
| 2018 | 54% | 53% | Joint 5th out of 10 |
| 2018 | 3.82 | 3.85 | 5th out of 10 |
| 2018 | 73% | 71% | Joint 8th out of 10 |
| Jan-20 | 74.2% | 90.3% | 3rd out of 6 |
| Jan-20 | 63.3% | 92.9% | 2nd out of 6 |
| | | | |
| May-20 | 0 | 0 | 5th out of 6 |
| May-20 | 60.0% | 56.6% | 4th out of 6 |
| Q3 19/20 | 312.7 | 312.6 | 4th out of 7 |
| Q3 19/20 | 4,563.9 | 5,031.5 | 6th out of 7 |
| Q3 19/20 | 10,003.0 | 1,232 | 3rd out of 7 |
| | | | |
| Q3 19/20 | 98.1% | 99.1% | Joint 1st out of 7 |
| Q4 19/20 | 14,280 | 953 | 6th out of 10 |
| Q4 19/20 | 858 | 20 | 7th out of 10 |
| 2019/20 | 93.9% | 90.9% | 8th out of 8 |
| Q2 19/20 | 79.0% | 82.1% | 2nd out of 6 |

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

No longer reported as part of Single Integrated Outcomes Framework

| INDICATOR | Target 2019/20 | 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 | Trend | Latest all Wales comparison | | | |
|---|--|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|------------------|------------------|--------------------|------------------|------------------|------------------|-------|-----------------------------|-----------|-----------|---------------------|
| | | Q2 2019/20 | | | Q3 2019/20 | | | Q4 2019/20 | | | Q1 2020/21 | | | | | Time period | All Wales | Hywel Dda | Rank in Wales |
| | | | | | | | | | | | | | | | | | | | |
| % of critical care bed days lost to delayed transfer of care (ICNARC definition) | Quarter on quarter improvement towards the target of no more than 5% | 18.9% | | | 35.7% | | | 19.3% | | | NA | | | | ↓ | Q4 19/20 | 16.6% | 19.3% | 3rd out of 6 |
| % of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months | 4 quarter reduction trend | 34.7% | | | 34.1% | | | 31.0% | | | NA | | | | ↑ | Q3 19/20 | 32.2% | 34.1% | 5th out of 7 |
| The percentage of patients who had their procedures postponed on more than one occasion for non clinical reasons with less than 8 days notice and are subsequently carried out within 14 calendar days or at the patient's earliest convenience | 12 month improvement trend | 20.0% | 35.7% | 42.9% | 60.0% | 39.1% | 12.0% | NA | NA | NA | NA | NA | NA | NA | NA | Mar-18 | 25.9% | 24.1% | 4th out of 6 |
| Number of procedures postponed either on the day or the day before for specified non-clinical reasons | A reduction of no less than 5% of the total number of the health board's postponements for the previous financial year | 89 | 100 | 118 | 103 | 156 | 156 | 260 | 113 | 1,072 | 700 | 12 | 6 | NA | ↓ | Feb-20 | 16,540 | 1,642 | 2nd out of 7 |
| Agency spend as a percentage of total pay bill | 12 month reduction trend | 4.96% | 4.52% | 4.89% | 4.65% | 5.81% | 5.36% | 5.25% | 6.63% | 4.30% | 3.36% | 3.19% | 3.5% | 4.0% | ↑ | Jan-20 | 0 | 0 | 7th out of 10 |
| Financial balance: Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years (as agreed by the Planned Care Board; cumulative year to date) | Agreed balance | £8.338m deficit | £10.587m deficit | £12.560m deficit | £14.533m deficit | £17.542m deficit | £20.106m deficit | £30.210m deficit | £32.247m deficit | £34.943m deficit | £6.288m deficit | £14.734m deficit | £16.228m deficit | £25.243m deficit | ↓ | Not Available | | | |
| Financial balance: Stay Within Capital Resource Limit (cumulative year to date position) | <=0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ↔ | | | | |
| Cash Expenditure is less than the Cash Limit | Year end forecast | £15.000m shortfall | £15.000m shortfall | £15.000m shortfall | £30.368m shortfall | £25.368m shortfall | £20.968m shortfall | £14.968m shortfall | £1.000m surplus | £1.000m surplus | Not reported in M1 | £4.496m surplus | £1.473m surplus | £2.927m surplus | ↓ | | | | |
| The Savings Plan is on target (cumulative year to date position) | 100% | 84.98% | 90.01% | 98.91% | 91.82% | 90.33% | 90.10% | 89.1% | 88.7% | 90.1% | 30.6% | 35.0% | 41.3% | 40.6% | ↓ | | | | |
| Variable pay (Agency, Locum, Bank & Overtime; monthly position) | Reduction on 2016/17 | £4.388m | £4.431m | £4.431m | £4.497m | £4.996m | £4.996m | £4.946m | £5.285m | £5.863m | £4.576m | £4.535m | £4.581m | £4.028m | ↓ | Not Available | | | |
| Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position) | 95% | 95.4% | | | 95.9% | | | 96.2% | | | 95.1% | | | | ↓ | | | | |
| The percentage of completed Planned Preventative Maintenance (PPM) - high risk | 95% | 86.0% | 86.0% | 89.0% | 85.0% | 86.0% | 83.00% | 85.00% | 77.0% | 84.0% | 83.0% | 82.0% | NA | NA | ↓ | Not Available | | | |
| The percentage of completed Planned Preventative Maintenance (PPM) - general | 70% | 53.0% | 54.0% | 63.0% | 63.0% | 69.0% | 72.00% | 69.00% | 53.0% | 67.0% | 72.0% | 76.0% | NA | NA | ↑ | | | | |
| Catering Patient Satisfaction - % of audits to achieve good/very good/excellent scores | 95% | 98.0% | 97.0% | 96.0% | 95.0% | 100.0% | 95.00% | 98.0% | 100.0% | NA | NA | NA | 97.5% | 91.0% | NA | | | | |
| Number of overdue fire risk assessments by Hywel Dda University Health Board (HB) | 0% | 26 | 29 | 37 | 36 | 37 | 20 | 0 | 0 | 5 | 26 | 24 | 13 | 9 | ↑ | | | | |
| Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Soft FM | 98% | 94.7% | 95.1% | 95.6% | 94.9% | 94.7% | 86.0% | 88.0% | 95.3% | 95.0% | NA | 93.0% | 91.0% | 94.0% | NA | | | | |
| Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Hard FM | 98% | 68.3% | 65.4% | 67.1% | 66.5% | 68.7% | 61.0% | 62.0% | 69.5% | 56.0% | NA | 81.0% | 86.0% | 69.0% | NA | | | | |
| Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Soft FM | 95% | 92.4% | 91.6% | 92.4% | 91.4% | 91.8% | 91.0% | 87.0% | 92.0% | 92.0% | NA | 93.0% | 91.0% | 99.0% | NA | | | | |
| Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Hard FM | 95% | 60.3% | 60.9% | 58.5% | 60.2% | 57.4% | 58.0% | 58.0% | 63.6% | 61.0% | NA | 87.0% | 80.0% | 65.0% | NA | | | | |
| Clinical Engineering - Acute % completed HIGH Planned Preventative Maintenance (PPM) | 100% | 100.0% | 100.0% | 100.0% | 100.0% | 100% | NA | NA | NA | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | NA | | | | |
| Clinical Engineering - Acute % completed MEDIUM Planned Preventative Maintenance (PPM) | 75% | 72.0% | 68.0% | 69.0% | 64.0% | 63.0% | 59.0% | 52.0% | 56.0% | 44.0% | 8.0% | 59.0% | 67.0% | 41.0% | ↓ | | | | |
| Clinical Engineering - Acute % completed LOW Planned Preventative Maintenance (PPM) | 40% | 56.0% | 65.0% | 63.0% | 45.0% | 62.0% | 70.0% | 22.0% | 33.0% | 26.0% | 13.0% | 39.0% | 34.0% | 33.0% | ↓ | | | | |
| Clinical Engineering - Community % completed HIGH Planned Preventative Maintenance (PPM) | 100% | 100.0% | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | |
| Clinical Engineering - Community % completed MEDIUM Planned Preventative Maintenance (PPM) | 75% | 71.0% | 28.0% | 46.0% | 33.0% | 65.0% | 60.0% | 46.0% | 33.0% | 43.0% | 48.0% | 35.0% | 28.0% | 34.0% | ↓ | | | | |
| Clinical Engineering - Community % completed LOW Planned Preventative Maintenance (PPM) | 40% | 67.0% | 75.0% | 50.0% | 41.0% | 69.00% | 32.0% | 25.0% | 46.0% | 17.0% | 12.0% | 15.0% | 16.0% | 10.0% | ↓ | | | | |
| Consultants/SAS Doctors with a job plan | 90% | 90.0% | 86.0% | 86.0% | 89.0% | 87.0% | 88.0% | 88.0% | 89.0% | 90.0% | 90.0% | 90.0% | 90.0% | 90.0% | ↑ | | | | |
| Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months) | 90% | 54.0% | 52.0% | 52.0% | 61.0% | 59.0% | 57.0% | 64.0% | 74.0% | 78.0% | 78.0% | 58.0% | 58.0% | 35.0% | ↑ | | | | |
| Number of National Intelligent Integrated Audit Solution (NIAS) notifications for Own Record | 8 | 6 | 8 | 6 | 10 | 7 | 7 | 10 | 7 | 15 | 4 | 8 | 8 | 10 | ↓ | Not Available | | | |
| Number of National Intelligent Integrated Audit Solution (NIAS) notifications for Family Record | 13 | 9 | 4 | 7 | 11 | 5 | 8 | 10 | 12 | 8 | 9 | 9 | 9 | 2 | ↓ | | | | |
| % of Server infrastructure patched with the latest updates | 90% | 83% | 81% | 72% | 64% | 78% | 49% | 69% | 96% | 71.0% | 84.0% | 71.0% | 75.0% | 79.0% | ↑ | | | | |
| % of Desktop infrastructure patch with the latest updates | 90% | 89% | 93% | 92% | 79% | 87% | 85% | 76% | 98% | 87.0% | 91.0% | 85.0% | 86.0% | 91.0% | ↑ | | | | |
| Percentage of children who are 10 days old within the reporting period who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme | 4 quarter improvement trend | 93.3% | | | 96.2% | | | 88.8% | | | | | | | ↓ | Q2 19/20 | 93.7% | 93.3% | 5th out of 7 |
| Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy) | Annual improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | ↑ | 2018/19 | 17.4% | 21.7% | 3rd out of 7 |
| The percentage of people with learning disabilities who have an annual health check | 75% - Annual Improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | 2018/19 | 28.2% | 27.4% | 5th out of 7 |
| Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales | 90% | 23.8% | 53.8% | 30.8% | 38.1% | 41.2% | 66.7% | 43.8% | 12.5% | 42.0% | | | | | ↑ | Feb-20 | 39.2% | 11.1% | 7th out of 9 |
| Number of new never events | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | | ↓ | Feb-20 | 3 | 0 | Joint 1st out of 10 |
| Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale | 0 | 1 | | | 0 | | | NA | | | | | | | ↑ | Q3 19/20 | 1 | 0 | Joint 1st out of 8 |
| Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients | A quarterly reduction of 10% against a baseline of April 2017 – March 2018 | 13.8 | | | 13.5 | | | 13 | | | | | | | ↑ | Q2 19/20 | 12.0 | 13.8 | 6th out of 7 |
| Amenable mortality per 100,000 of the European standardised population | Annual reduction | | | | | | | | | | | | | | NA | 2018 | 0.02 | 87.20 | 2nd out of 7 |
| Percentage of compliance for staff appointed to new roles where a child barred list check is required | 6 month improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | Not Available | | | |

| Latest all Wales comparison | | | | | | | | | | | | | | | | | | | |
|--|---|------------|--------|--------|------------|--------|--------|------------|--------|--------|------------|--------|--------|--------|-------|-----------------|-----------|-----------|---------------------|
| INDICATOR | Target 2019/20 | 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 | Trend | Time period | All Wales | Hywel Dda | Rank in Wales |
| | | Q2 2019/20 | | | Q3 2019/20 | | | Q4 2019/20 | | | Q1 2020/21 | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Percentage of compliance for staff appointed to new roles where an adult barred list check is required | 6 month improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | | | | |
| Percentage of episodes clinically coded within one reporting month post episode discharge end date | 95% | 75.7% | 82.0% | 86.1% | 84% | 84.4% | 86.7% | 86.0% | 73.8% | 44.0% | | | | | ↓ | Dec-19 | 88.8% | 86.7% | 7th out of 8 |
| Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework | 85% | 81.3% | 82.0% | 80.6% | 80.9% | 79.1% | 78.3% | 80.6% | 77.2% | 76.2% | | | | | ↓ | Dec-19 | 75.6% | 78.5% | 7th out of 10 |
| Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death | 95% | 82.7% | 88.7% | 94.8% | 86.9% | 90.6% | 85.7% | 89.2% | 81.8% | 86.4% | | | | | ↓ | Jan-20 | 73.7% | 87.8% | 3rd out of 7 |
| Crude hospital mortality rate (74 years of age or less) | 12 month reduction trend | 0.69% | 0.70% | 0.70% | 0.71% | 0.71% | 0.71% | 0.71% | 0.7% | 0.8% | | | | | ↓ | Jan-20 | 0.73% | 0.71% | 3rd out of 7 |
| Number of Health and Care Research Wales clinical research portfolio studies | 10% annual improvement (Cumulative - as at 15/04/2020) | 42 | | | | | | | | | | | | | ↓ | Q1-Q2 2019/20 | 258 | 30 | 7th out of 10 |
| Number of Health and Care Research Wales commercially sponsored studies | 5% annual improvement (Cumulative - as at 15/04/2020) | 6 | | | | | | | | | | | | | ↑ | Q1-Q2 2019/20 | 62 | 3 | Joint 6th out of 10 |
| Percentage of employed NHS staff completing dementia training at an informed level | 85% - Annual Improvement | 86.0% | 86.8% | 86.9% | 86.9% | 88.0% | 88.1% | 88.5% | 89.5% | 89.7% | | | | | ↑ | Apr 19 - Sep 19 | 68.9% | 86.7% | 2nd out of 10 |
| Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital | Annual Improvement | | | | | | | | | | | | | | ↓ | 2018/19 | 93.3% | 91.9% | 6th out of 7 |
| Percentage of GP practice teams that have completed mental health training in dementia care or other training as outlined under the Directed Enhanced Services for mental illness | Annual improvement | | | | | | | | | | | | | | ↑ | 2018/19 | 23.0% | 23.0% | 2nd out of 7 |
| Percentage of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect | Annual improvement | | | | | | | | | | | | | | NA | 2018/19 | 96.3% | 95.3% | 6th out of 7 |
| The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral | 80% | 85.8% | 82.3% | 91.3% | 93.6% | 88.6% | 90.3% | 68.6% | 80.3% | 86.8% | | | | | ↑ | Jan-20 | 71.9% | 68.6% | 4th out of 7 |
| The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Services (LPMHSS) | 80% | 90.6% | 87.0% | 83.6% | 84.9% | 86.0% | 85.9% | 76.3% | 83.2% | 83.9% | | | | | ↑ | Jan-20 | 75.4% | 76.3% | 4th out of 7 |
| Percentage of qualifying patients (compulsory & informal/voluntary) who had their first contact with an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA | 100% | 100.0% | | | 100% | | | NA | | | | | | | ↔ | Q3 19/20 | 100.0% | 100.0% | Joint 1st out of 7 |
| Percentage of the health board population regularly accessing NHS primary dental care | 4 quarter improvement trend | 45.9% | | | 45.8% | | | 44.0% | | | | | | | ↓ | Sep-19 | 55.1% | 45.8% | 7th out of 7 |
| Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment | Annual reduction | | | | | | | | | | | | | | NA | 2018/19 | 2.9% | 36.1% | 1st out of 7 |
| % of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment | 90% | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | Not available | | | |
| % uptake of Influenza vaccination in pregnant women (locally verified data source) | 75% - Annual Improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | Not available | | | |
| The percentage of health board residents in receipt of secondary mental health services (all ages) who have a valid care and treatment plan (CTP) | 90% | 92.0% | 94.5% | 92.7% | 93.9% | 93.0% | 94.8% | 94.0% | 94.4% | 92.3% | | | | | ↑ | Jan-20 | 89.2% | 94.0% | 2nd out of 7 |
| All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place (Mental Health Wales Measures 2010 Data Collection - Part 3) | 100% | 100.0% | 100.0% | 64.3% | 100.0% | 85.7% | 80.0% | 100.0% | 100.0% | 85.7% | | | | | ↑ | Jan-20 | 100.0% | 100.0% | Joint 1st out of 7 |
| Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours | Annual improvement | | | | | | | | | | | | | | ↑ | 2019 | 83.7% | 89.6% | 2nd out of 5 |
| Number of calls to the Wales dementia helpline by Welsh residents per 100,000 of the population (age 40+) | 4 quarter improvement trend | 9.1 | | | 3.6 | | | | | | | | | | ↓ | Q3 19/20 | 4.8 | 3.6 | Joint 4th out of 7 |
| Number of calls to the DAN 24/7 helpline (drugs and alcohol) by Welsh residents per 100,000 of the population | 4 quarter improvement trend | 23.1 | | | 19.4 | | | | | | | | | | ↓ | Q3 19/20 | 32.0 | 19.4 | 7th out of 7 |
| Number of calls to the mental health helpline CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population | 4 quarter improvement trend | 117.2 | | | 144.4 | | | | | | | | | | ↑ | Q3 19/20 | 148.0 | 144.4 | 5th out of 7 |
| % of practices with one half day closure per week | 6% - Annual | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | ↑ | | | | |
| % of practices with extended opening hours and offering appointments after 18:30 at least one week day | 7% - Annual | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | ↑ | | | | |
| Percentage compliance for mandatory training on safeguarding children for employed staff | 6 month improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | | | | |
| Percentage compliance for mandatory training on safeguarding adults for employed staff | 6 month improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | | | | |
| Number of patients with grade 1, 2, 3, 4 suspected deep tissue injury and un-stageable pressure ulcers acquired in hospital per 100,000 hospital admissions | 12 month reduction trend | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | | | | |
| Completion of the All Wales Medication Safety Audit | Annual improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | | | | |
| Indication of progress against the 21 criteria for the operational use of the NHS number | Annual improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | | | | |
| Percentage of staff who have undergone information governance training as outlined in C-PIP Guidance | Annual improvement | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | NA | | | | |
| Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community | Absolute measure < 7% or a proportional reduction of 10% against 16/17 baseline | NA | NA | NA | NA | NA | NA | NA | NA | NA | | | | | ↑ | | | | |
| Percentage of qualifying compulsory/voluntary patients have been offered advocacy services in the Mental Health Services | 100% | 100.0% | 100.0% | 100.0% | 100.0% | 98.4% | 100.0% | 100.0% | 100.0% | 100.0% | | | | | ↓ | | | | |
| 95% of service users admitted to a psychiatric hospital between 0900 and 2100 will have received a gate-keeping assessment by the Crisis Resolution Home Treatment (CRHT) service prior to admission | 95% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | | | | | ↓ | | | | |
| 100% of service users admitted to a psychiatric hospital, who have not received a gate keeping assessment by the Crisis Resolution Home Treatment (CRHT), will receive a follow-up assessment by the CRHTS within 24 hours of admission | 100% | 100.0% | 0.0% | NA | NA | NA | NA | 100.0% | NA | NA | | | | | NA | | | | |

No longer reported as part of Single Integrated Outcomes Framework

| INDICATOR | Target 2019/20 | 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 |
|--|---|------------|--------|--------|------------|--------|--------|------------|--------|--------|------------|--------|--------|--------|
| | | Q2 2019/20 | | | Q3 2019/20 | | | Q4 2019/20 | | | Q1 2020/21 | | | |
| | | | | | | | | | | | | | | |
| To maintain a maximum waiting time for first appointment with specified therapies of 14 weeks | 0 | 0 | 0 | 1 | 2 | 4 | 0 | 3 | 2 | 0.0% | | | | |
| To maintain a maximum waiting time for first outpatient appointments of 10 weeks | 0 | 11 | 10 | 11 | 5 | 1 | 3 | 13 | 6 | 2 | | | | |
| Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date - Carmarthenshire | Welsh Government Baseline 20% Decrease in DNAs [Rating: Red >=30%, Amber 20.1 - 29.9% and Green <=20%] | 2.9% | 3.3% | 5.0% | 3.2% | 8.3% | 3.4% | 4.67% | 7.0% | NA | | | | |
| Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date - Ceredigion | Welsh Government Baseline 20% Decrease in DNAs [Rating: Red >=30%, Amber 20.1 - 29.9% and Green <=20%] | 9.1% | 7.7% | 7.3% | 3.3% | 4.8% | 6.8% | 10.4% | 7.1% | NA | | | | |
| Increase the number of clients who engage with services between assessment and planned ending of treatment, by reducing the incidences of clients who do not attend (DNA) or respond to follow up contact post assessment date - Pembrokeshire | Welsh Government Baseline 20% Decrease in DNAs [Rating: Red >=30%, Amber 20.1 - 29.9% and Green <=20%] | 7.5% | 9.8% | 9.1% | 10.9% | 14.7% | 12.2% | 11.5% | 3.3% | NA | | | | |
| Achieve a waiting time of less than 20 working days between referral and treatment - Carmarthenshire | Welsh Government baseline 80% [Rating: Red <=70%, Amber 70.1 - 79.9% and Green >=80%] | 90.2% | 92.4% | 90.9% | 90.0% | 90.2% | 93.6% | 88.6% | 91.8% | NA | | | | |
| Achieve a waiting time of less than 20 working days between referral and treatment - Pembrokeshire | Welsh Government baseline 80% [Rating: Red <=70%, Amber 70.1 - 79.9% and Green >=80%] | 90.3% | 96.2% | 93.7% | 96.0% | 92.3% | 98.0% | 92.9% | 100.0% | NA | | | | |
| Achieve a waiting time of less than 20 working days between referral and treatment - Ceredigion | Welsh Government baseline 80% [Rating: Red <=70%, Amber 70.1 - 79.9% and Green >=80%] | 96.9% | 88.9% | 90.6% | 92.1% | 95.0% | 95.7% | 93.8% | 94.1% | NA | | | | |
| Substance misuse is reduced for problematic substance between start and most recent review/exit - Carmarthenshire | Welsh Government Baseline 76.94% [Rating: Red <=Baseline, and Green >=Baseline] Achievement to show continual improvement against own baseline & Welsh Government | 88.2% | 80.9% | 86.5% | 83.6% | 82.7% | 79.0% | 94.6% | 81.5% | NA | | | | |
| Substance misuse is reduced for problematic substance between start and most recent review/exit - Ceredigion | Welsh Government Baseline 76.94% [Rating: Red <=Baseline, and Green >=Baseline] Achievement to show continual improvement against own baseline & Welsh Government | 89.6% | 86.0% | 85.0% | 90.6% | 77.6% | 87.7% | 87.0% | 85.2% | NA | | | | |
| Substance misuse is reduced for problematic substance between start and most recent review/exit - Pembrokeshire | Welsh Government Baseline 76.94% [Rating: Red <=Baseline, and Green >=Baseline] Achievement to show continual improvement against own baseline & Welsh Government | 88.2% | 85.7% | 89.5% | 89.8% | 90.7% | 85.8% | 82.1% | 88.4% | NA | | | | |
| Quality of life is improved between start and most recent review/ exit Treatment Outcome Profile (TOP) - Carmarthenshire | Welsh Government Baseline 63.74%, Increase [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & Welsh Government | 76.9% | 71.4% | 89.7% | 93.3% | 91.2% | 87.1% | 74.1% | 74.4% | NA | | | | |
| Quality of life is improved between start and most recent review/ exit Treatment Outcome Profile (TOP) - Ceredigion | Welsh Government Baseline 63.74%, Increase [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & Welsh Government | 75.0% | 83.7% | 76.1% | 86.0% | 63.9% | 79.2% | 83.8% | 64.3% | NA | | | | |
| Quality of life is improved between start and most recent review/ exit Treatment Outcome Profile (TOP) - Pembrokeshire | Welsh Government Baseline 63.74%, Increase [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & Welsh Government | 79.4% | 76.2% | 84.9% | 89.8% | 87.5% | 79.2% | 86.1% | 74.5% | NA | | | | |
| Number/percentage of cases closed (with a treatment date) as treatment completed - Carmarthenshire | Welsh Government Baseline 75.09%, Increase, [Rating: Red <=Baseline, and Green >=Baseline], Achievement to show continual improvement against own baseline & Welsh Government | 95.4% | 96.3% | 95.5% | 94.8% | 96.4% | 96.2% | 94.5% | 94.7% | NA | | | | |
| Number/percentage of cases closed (with a treatment date) as treatment completed - Ceredigion | Welsh Government Baseline 75.09%, Increase, [Rating: Red <=Baseline, and Green >=Baseline], Achievement to show continual improvement against own baseline & Welsh Government | 91.2% | 94.1% | 88.9% | 94.6% | 90.6% | 92.9% | 87.5% | 90.3% | NA | | | | |
| Number/percentage of cases closed (with a treatment date) as treatment completed - Pembrokeshire | Welsh Government Baseline 75.09%, Increase, [Rating: Red <=Baseline, and Green >=Baseline], Achievement to show continual improvement against own baseline & Welsh Government | 92.2% | 82.9% | 91.9% | 88.5% | 88.4% | 85.7% | 87.4% | 98.1% | NA | | | | |

| Latest all Wales comparison | | | |
|-----------------------------|-----------|-----------|---------------|
| Time period | All Wales | Hywel Dda | Rank in Wales |
| | | | Not Available |