

Latest Performance against Key Delivery Areas

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. Sickness/absence, smoking cessation. For measures where the target is 0, these will only be scored red or green. Green for 0, red for anything above.

																Latest all Wales comparison								
INDICATOR	Target 2019/20	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	Trend	Time period	All Wales	Hywel Dda	Rank in Wales					
		Q3 2019/20		Q4 2019/20			Q1 2020/21			Q2 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%	100.0%	NA	NA	NA	NA	NA	Sep-20	NA	NA	NA				
	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%	93.7%	92.1%	NA	NA	NA	NA	NA	Sep-20	NA	NA	NA				
	The percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target (cumulative)	2.60%		3.45%			1.04%			NA						↓	Q4 19/20	3.34%	3.45%	4th out of 7			
	The percentage of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks	40% annual target	48.4%		43.5%			NA			NA						↓	Q4 19/20	41.65%	43.50%	3rd out of 7			
	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	96.3%		95.5%			96.0%			NA						↑	Q1 20/21	96.2%	96.0%	5th out of 7			
	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	91.7%		90.0%			90.3%			NA						↓	Q1 20/21	92.4%	90.3%	7th out of 7			
	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	4 quarter reduction trend	423		385			224			NA						↑	Q1 20/21	280.3	223.5	2nd 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			90.9%			NA						NA	Q1 20/21	59.9%	90.9%	1st out of 7			
	% uptake of Influenza vaccination - 65 year olds and over	75% - Annual Improvement (as at Dec'20)	64.8%					70.2%										↑	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 Dec '20)	40.2%					43.6%										↑	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%					NA										↑	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%					NA										↑	2019/20	58.7%	49.2%	9th out of 10		
	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	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.	107.75	105.61	105.46	104.26	99.58	78.88	76.33	69.69	75.26	74.24	79.14	81.38	82.24	↓	Apr 20 - Oct 20	62.28	81.38	6th out of 6				
	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	<= 25 cases / 100,000 pop.	38.90	38.66	37.53	37.68	37.08	31.55	36.64	39.53	38.02	40.21	37.76	34.50	34.14	↓	Apr 20 - Oct 20	30.65	34.50	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.	30.73	28.30	29.16	29.18	31.64	31.55	15.27	22.88	24.05	24.13	23.79	24.33	23.28	↑	Apr 20 - Oct 20	23.69	24.33	3rd out of 6				
	Cumulative number of cases of Pseudomonas aeruginosa bacteraemia	10% reduction on 2019/20 baseline	22	23	25	25	26	3	3	5	5	7	11	14	19	↓	Apr 20 - Oct 20	100	14	Joint 3rd out of 6				
	Cumulative number of cases of Klebsiella bacteraemia	10% reduction on 2019/20 baseline	55	62	67	79	87	4	6	12	17	25	32	36	41	↓	Apr 20 - Oct 20	332	36	1st 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%	85.0%	82.7%	84.4%	84.2%	86.7%	94.2%	92.9%	91.8%	92.7%	90.0%	94.5%	92.5%	93.3%	↑	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	NA	NA	NA	NA								
	The number of healthcare acquired pressure sores in a hospital setting	Reduction	46	44	59	40	20	23	19	24	29	23	31	34	NA	↑								
	The number of healthcare acquired pressure sores in a Community setting	Reduction	51	51	66	60	48	57	62	73	94	58	82	73	NA	↓								
	Number of reports made within the timeframe set by RIDDOR	60%	66.6%	65.3%	68.4%	70.0%	66.7%	0.0%	75.0%	63.3%	72.2%	68.2%	70.8%	67.9%	65.6%	↑	Not Available							
	The number of potentially preventable hospital acquired thrombosis	4 quarter reduction trend	NA		NA			NA			NA										↑	Q2 19/20	12	2
	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	14	13	11	16	13	11	11	9	15	11	5	14	10	↑	Feb-20	63	16	Joint 5th out of 7				
	Number of health board non mental health delayed transfer of care	12 month reduction trend	65	49	33	49	46	NA	NA	NA	NA	NA	NA	NA	NA	↑	Feb-20	385	49	3rd out of 7				
	% compliance with Hand hygiene (World Health Organisation (WHO) 5 moments)	95%	91.0%	91.5%	88.4%	91.7%	95.2%	97.2%	97.4%	92.2%	94.7%	94.6%	94.3%	96.0%	98.2%	↑	Not Available							
	Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission	85%	88.9%	92.3%	90.5%	88.5%	89.0%	90.1%	88.1%	90.4%	92.4%	89.7%	85.6%	76.2%	83.5%	↓								
	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	58.2%	58.0%	56.2%	60.6%	56.9%	56.7%	55.8%	71.3%	62.8%	54.5%	50.6%	58.9%	47.0%	↓	Oct-20	60.8%	58.9%	5th out of 7				
% of Amber Calls responded to within 20 minutes	NA	38.5%	25.5%	38.2%	38.1%	34.3%	46.6%	46.4%	49.6%	41.9%	31.9%	31.2%	35.6%	27.9%	NA	As Above								
Number of ambulance handovers over one hour	0	670	799	751	402	288	37	21	31	95	117	222	226	374	↑	Oct-20	3131	226	2nd 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	95%	76.8%	76.0%	77.9%	80.1%	77.9%	86.5%	86.7%	84.3%	83.4%	80.2%	78.1%	78.2%	76.1%	↓	Sep-20	76.5%	78.1%	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	0	1053	1054	1066	862	540	47	56	113	195	306	491	452	614	↑	Sep-20	3,729	491	2nd out of 6					

Indicator	Target 2019/20	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	Trend	Latest all Wales comparison				
																Time period	All Wales	Hywel Dda	Rank in Wales	
		Q3 2019/20	Q4 2019/20			Q1 2020/21			Q2 2020/21											
% 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	54.0% Jan 20-Mar 20 (SSNAP UK National quarterly average)	70.4%	37.3%	55.9%	62.5%	59.4%	73.1%	64.4%	68.9%	59.3%	56.9%	55.4%	37.7%	45.3%	↓	Sep-20	37.2%	55.4%	1st out of 6	
% assessed by Stroke Consultant <24 hours of the patient's clock start time - HDUHB	85.9% April 20-Jun 20 (SSNAP UK National quarterly average)	98.3%	91.7%	93.6%	96.7%	100.0%	100.0%	95.9%	95.1%	95.7%	96.7%	93.8%	96.6%	100.0%	↑	Sep-20	83.8%	93.8%	3rd out of 6	
% of stroke patients receiving the required minutes for speech and language therapy - HDUHB	12 month improvement trend	33.4%	34.8%	36.5%	32.7%	50.8%	46.3%	47.5%	19.0%	9.3%	9.6%	32.1%	54.0%	52.6%	↑	Sep-20	50.2%	32.1%	6th out of 6	
% of stroke patients who receive a 6 month follow up assessment	Quarterly improvement trend	75.6%		NA			NA			NA						↑	Q3 19/20	62.2%	75.6%	2nd 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%	75.9%	71.40%	72.4%	73.8%	79.2%	65.9%	68.8%	82.5%	86.0%	82.8%	76.5%	69%	NA	↑	Sep-20	73.6%	76.5%	3rd 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%	98.3%	99.28%	91.9%	98.0%	96.4%	95.8%	98.8%	95.2%	92.2%	98.7%	98.9%	99%	NA	↑	Sep-20	94.1%	98.9%	2nd out of 6	
% of patients starting first definitive cancer treatment within 62 days from point of suspicion	12 month improvement trend	75.0%	76.2%	72.0%	73.0%	79.0%	74.0%	73.0%	79.9%	79.0%	81.0%	74.3%	71%	NA	↑	Sep-20	71.3%	74.3%	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	63.4%	63.1%	64.1%	62.8%	62.6%	77.2%	72.8%	71.3%	73.5%	67.4%	74.0%	72.1%	73.4%	↑	Mar-19	NA	62.6%	1st out of 1	
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	50.0%	50.0%	25.0%	100.0%	100.0%	100.0%	0.0%	100.0%	NA	50.0%	NA	NA	NA	NA	Mar-19	NA	50.0%	1st out of 1	
The percentage of patients waiting less than 26 weeks for treatment	95%	87.7%	86.50%	87.1%	88.6%	83.6%	78.7%	71.4%	66.7%	59.5%	54.5%	48.9%	53.0%	56.1%	↓	Sep-20	44.8%	48.9%	3rd out of 7	
The number of patients waiting more than 36 weeks for treatment	0	564	726	940	883	722	2202	5,311	8,758	12,450	15,698	17,857	22,571	25,785	↓	Sep-20	168,944	17,857	2nd out of 7	
RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers	0	399	450	468	463	545	679	861	1,007	1,186	1,317	1,425	1574	NA	↓	Not available				
The number of patients waiting more than 8 weeks for a specified diagnostic	0	102	129	82	54	336	3,860	7,669	7,248	6,626	6,380	5,918	5,407	5,288	↓	Sep-20	60,967	5,894	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 (2017/18)	15% reduction against baseline of March 2019 by March 2020	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	↓	Not available				
The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	20% reduction against baseline of March 2020	17,323	17,926	17,914	18,361	18,272	18,194	18,790	19,435	20,183	21,031	22,098	23,911	24,330	↓	Sep-20	199,111	22,098	3rd out of 7	
The number of patients waiting for a follow-up outpatient appointment	20% reduction against baseline of March 2020	77,481	77,971	78,642	NA	NA	68,509	65,542	NA	63,777	63,929	64,473	NA	NA	NA	NA	Sep-20	775,019	64,473	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 specialities	12 month reduction trend	14,528	14,795	14,785	15,299	15,478	15,694	16,389	16,883	17,827	17,814	17,658	19,037	18,373	↓	Apr-19	NA	18,199	3rd out of 5	
Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	74.5%	74.4%	74.4%	65.8%	66.7%	85.3%	89.7%	91.3%	79%	NA	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%	53.3%	51.0%	50.2%	49.3%	50.2%	45.5%	40.6%	38.1%	33.2%	28.3%	26.2%	27%	NA	↓	Sep-20	56.0%	26.2%	6th out of 7	
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	33.26%	30.2%	28.5%	26.5%	22.9%	25.8%	22.5%	23.9%	21.6%	19.7%	17.7%	18%	NA	↓	Sep-20	25.7%	17.7%	6th 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%	95.3%	NA	NA	100%	NA	NA	NA	Sep-20	74.0%	100.0%	Joint 1st out of 7	
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%	97.1%	NA	NA	NA	NA	NA	Sep-20	NA	NA	NA	
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%	96.3%	NA	NA	NA	NA	NA	Sep-20	NA	NA	NA	
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%	100.0%	NA	NA	NA	NA	NA	Sep-20	NA	NA	NA	
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%	94.1%	NA	NA	NA	NA	NA	Sep-20	NA	NA	NA	
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	224	146	138	81	212	880	1,528	1,613	998	946	793	659	463	↓	Sep-20	9072	533	2nd out of 7	
Number of patients waiting 14 weeks plus for Art Therapy	0	0	0	0	0	0	2	4	5	5	NA	NA	NA	NA	↓	Not available				
Number of patients waiting 14 weeks plus for Audiology	0	0	0	1	0	0	2	157	402	401	490	338	237	145	↓					
Number of patients waiting 14 weeks plus for Dietetics	0	2	2	0	1	0	0	0	1	0	0	0	0	0	↑					
Number of patients waiting 14 weeks plus for Occupational Therapy (excludes MHLID)	0	17	17	7	1	23	48	91	136	121	116	104	101	100	↓					
Number of patients waiting 14 weeks plus for Physiotherapy	0	201	128	127	59	62	336	780	437	15	4	1	2	3	↑					
Number of patients waiting 14 weeks plus for Podiatry	0	0	0	0	18	127	487	489	623	449	336	350	319	215	↓					
Number of patients waiting 14 weeks plus for Speech and Language Therapy	0	0	0	0	0	0	1	2	3	2	0	0	0	0	↓					
Number of patients waiting 6 weeks plus for Clinical Musculoskeletal Assessment and Treatment	0	0	0	0	0	9	282	61	0	2	1	0	0	1	↑					
Number of patients waiting 14 weeks plus for Lymphoedema	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔					

People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement	Number of patients waiting 14 weeks plus for Pulmonary Rehab	0	212	241	225	247	259	227	291	281	271	255	252	233	232	
	% 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%	61.8%	60.6%	62.3%	63.4%	57.1%	52.5%	44.6%	42.1%	42.8%	43.8%	40.4%	38%	NA	
	Percentage of children regularly accessing NHS primary dental care	4 quarter improvement	60.0%		64.4%			NA								
	Individual Patient Funding Request (IPFR) - Total number received	N/A	9		8			7			5					
	Individual Patient Funding Request (IPFR) - Total number approved	N/A	9		8			<5			<5					
	Individual Patient Funding Request (IPFR) - Total number declined	N/A	<5		<5			<5			<5					
	Number of CHC packages delivered	N/A	468		460			453			457					
	Total Health board CHC spend	N/A	£20.26m		£20.5m			£20.9m			£20.5m					
	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%													
The health and social care workforce is motivated and sustainable	Access Times for Re-Accessing Audiology Services - Total number of patients waiting 14 weeks and over	0	2,421		2,015			2,343			2,354					
	Access Times for Re-Accessing Audiology Services - Longest wait in weeks	14 weeks	97		104			129			142					
	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%	72.5%	67.0%	72.2%	70.1%	68.9%	61.0%	63.0%	75.0%	62.0%	70.0%	63.0%	69.0%	67.0%	
	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	5.08%	5.12%	5.08%	5.08%	5.19%	5.29%	5.35%	5.33%	5.28%	5.25%	5.23%	5.19%	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%	75.0%	75.0%	75.0%	76.0%	67.4%	69.2%	67.4%	70.4%	71.6%	70.2%	69.0%	69.0%	68.5%	
	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	85%	82.5%	82.6%	82.7%	83.2%	82.9%	83.6%	82.7%	83.5%	84.5%	82.4%	84.2%	84.4%	83.9%	
	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														
	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	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	97.4%	90.0%	90.3%	66.7%	67.0%	100.0%	50.0%	87.5%	88.2%	79.2%	90.9%	100%	NA
		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	88.8%	87.5%	92.9%	84.6%	85.0%	86.0%	86.2%	80.4%	86.4%	87.6%	86.7%	91%	NA
Percentage of deaths scrutinised by an independent medical examiner		Quarter on quarter improvement						NA	NA	NA	NA	NA	NA	NA	NA	
Crude hospital mortality rate (74 years of age or less) Excludes Daycases.		12 month reduction trend	1.1%	1.2%	1.2%	1.2%	1.2%	1.3%	1.3%	1.3%	1.4%	NA	NA	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	46.4%	48.3%	50.5%	53.0%	57.8%	58.50%	56.60%	55.30%	54.90%	54.10%	51.50%	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	312.6		310.4			225.9			223.6					
Opioid average daily quantities per 1,000 patients		4 quarter reduction trend	5031.5		4951.7			4896.5			4861.0					
Number of patients aged 65 years or over prescribed an antipsychotic		4 quarter reduction trend	1232		1207			1241			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			7.07%			NA					
All new medicines recommended by AWMSG 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 AWMSG appraisal recommendation		100%	100.0%		99.6%			100.0%			NA					
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies		10% annual improvement (Cumulative - as at 13/10/2020)	953					314								
Number of patients recruited in Health and Care Research Wales commercially sponsored studies		5% annual improvement (Cumulative - as at 13/10/2020)	20					1								
Percentage of clinical coding accuracy attained in the NWIS 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	77.0%		74.4%			77.0%			77.0%					
% 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%	35.7%		19.3%			10.4%			NA					
% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months		4 quarter reduction trend	34.1%		31.0%			NA			NA					
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	39.1%	12.0%	NA	NA	NA	NA	NA	NA	NA	0%	33.0%	100%	NA	
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	156	156	260	113	1,072	700	12	6	15	10	30	33	NA	
Agency spend as a percentage of total pay bill	12 month reduction trend	5.81%	5.36%	5.25%	6.63%	4.30%	3.35%	3.19%	3.49%	3.97%	4.43%	4.95%	5.68%	5.82%		
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	£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	£31.769m deficit	£12.542m deficit	£14.583m deficit	£16.667m deficit		

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 focused on outcomes

Trend	Latest all Wales comparison			
	Time period	All Wales	Hywel Dda	Rank in Wales
↓				
↓	Sep-20	45.7%	40.4%	6th out of 7
↑	Q4 19/20	68.6%	64.4%	5th out of 7
NA	Not Available			
NA				
NA				
NA				
NA				
NA	2019/20	4.0	3.0	2nd out of 7
↑	2019/20	59.7%	77.1%	2nd out of 7
↓	Not Available			
↓				
↓	Q1 20/21	58.6%	63.5%	4th out of 9
↓	2019/20	88.6%	89.7%	2nd out of 7
↑	2018/19	6.31	6.25	4th out of 7
↓	Jul-20	5.97%	5.28%	4th out of 10
↓	Jul-20	61.7%	71.6%	1st out of 10
↑	Jul-20	80.0%	84.5%	4th out of 10
NA	2018	3.82	3.85	5th out of 10
NA	2018	73%	71%	Joint 8th out of 10
↑	Sep-20	0.0%	90.9%	1st out of 4
↓	Sep-20	62.0%	86.7%	1st out of 6
NA	Not available			
↑	Sep-20	0	0	5th out of 6
↑	Sep-20	60.0%	51.5%	5th out of 6
↑	Q1 20/21	226.8	225.9	4th out of 7
↑	Q1 20/21	4,382.9	4,896.5	6th out of 7
↑	Q1 20/21	9,936	1,241	3rd out of 7
NA	Not available			
↑	Q1 20/21	98.1%	99.6%	1st out of 7
↓	Q1 20/21	3,486	243	5th out of 10
↓	Q1 20/21	19	0	Joint 4th out of 10
↑	2019/20	93.9%	90.9%	8th out of 8
↑	Q1 20/21	80.9%	70.8%	5th out of 6
↑	Q1 20/21	5.3%	10.4%	6th out of 6
↑	Q3 19/20	32.2%	34.1%	5th out of 7
NA	Mar-18	25.9%	24.1%	4th out of 6
↑	Aug-20	12.055	1,808	4th out of 7
↓	Jul-20	3.83%	3.87%	7th out of 10
↑				

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Indicator	Target 2019/20	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	Trend	Latest all Wales comparison				
																Time period	All Wales	Hywel Dda	Rank in Wales	
		Q3 2019/20	Q4 2019/20			Q1 2020/21			Q2 2020/21											
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	↔	Not Available				
Cash Expenditure is less than the Cash Limit	Year end forecast	£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	£3.122m surplus	£1.9022m surplus	£2.698m surplus	£2.287m surplus	↓					
The Savings Plan is on target (cumulative year to date position)	100%	90.33%	90.10%	89.1%	88.7%	90.1%	30.6%	35.0%	41.3%	40.6%	39.3%	49.0%	48.5%	55.8%	↓					
Variable pay (Agency, Locum, Bank & Overtime; monthly position)	Reduction on 2016/17	£4.996m	£4.996m	£4.946m	£5.285m	£5.863m	£4.576m	£4.535m	£4.581m	£4.028m	£4.116m	£4.156m	£5.125m	£5.327m	↑					
Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	95%	95.9%		96.2%			95.1%			94.3%					↓	Not Available				
The percentage of completed Planned Preventative Maintenance (PPM) - high risk	95%	86.0%	83.00%	85.00%	77.0%	84.0%	83.0%	82.0%	85.0%	87.0%	79.0%	85%	NA	NA	↓	Not Available				
The percentage of completed Planned Preventative Maintenance (PPM) - general	70%	69.0%	72.00%	69.00%	53.0%	67.0%	72.0%	76.0%	72.0%	74.0%	72.0%	72%	NA	NA	↑					
Catering Patient Satisfaction - % of audits to achieve good/very good/excellent scores	95%	100.0%	95.00%	98.0%	100.0%	NA	NA	NA	97.5%	91.0%	98.0%	99.1%	98.0%	98.3%	NA					
Number of overdue fire risk assessments by Hywel Dda University Health Board (HB)	0%	37	20	0	0	5	26	24	13	9	15	1	9	2	↑					
Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Soft FM	98%	94.7%	86.0%	88.0%	95.3%	95.0%	NA	93.0%	91.0%	94.0%	94.0%	92.0%	95.0%	95.0%	NA					
Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Hard FM	98%	68.7%	61.0%	62.0%	69.5%	56.0%	NA	81.0%	86.0%	69.0%	70.0%	72.0%	67.0%	67.0%	NA					
Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Soft FM	95%	91.8%	91.0%	87.0%	92.0%	92.0%	NA	93.0%	91.0%	99.0%	94.0%	95.0%	95.0%	95.0%	NA					
Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Hard FM	95%	57.4%	58.0%	58.0%	63.6%	61.0%	NA	87.0%	80.0%	65.0%	66.0%	60.0%	65.0%	64.0%	NA					
Clinical Engineering - Acute % completed HIGH Planned Preventative Maintenance (PPM)	100%	100%	NA	NA	NA	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	NA					
Clinical Engineering - Acute % completed MEDIUM Planned Preventative Maintenance (PPM)	75%	63.0%	59.0%	52.0%	56.0%	44.0%	8.0%	61.0%	71.0%	48.0%	62.0%	70.0%	45.0%	30.0%	↓					
Clinical Engineering - Acute % completed LOW Planned Preventative Maintenance (PPM)	40%	62.0%	70.0%	22.0%	33.0%	26.0%	13.0%	40.0%	40.0%	36.0%	35.0%	48.0%	62.0%	27.0%	↑					
Clinical Engineering - Community % completed HIGH Planned Preventative Maintenance (PPM)	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA					
Clinical Engineering - Community % completed MEDIUM Planned Preventative Maintenance (PPM)	75%	65.0%	60.0%	46.0%	33.0%	43.0%	48.0%	37.0%	29.0%	48.0%	32.0%	34.0%	25.0%	24.0%	↓					
Clinical Engineering - Community % completed LOW Planned Preventative Maintenance (PPM)	40%	69.00%	32.0%	25.0%	46.0%	17.0%	12.0%	16.0%	16.0%	13.0%	20.0%	12.0%	28.0%	21.0%	↓					
Consultants/SAS Doctors with a job plan	90%	87.0%	88.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%	87.0%	85.0%	86.0%	84.0%	↓					
Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)	90%	59.0%	57.0%	64.0%	74.0%	78.0%	78.0%	58.0%	58.0%	35.0%	42.0%	36.0%	38.0%	34.0%	↓					
Number of National Intelligent Integrated Audit Solution (NIAS) notifications for Own Record	8	7	7	10	7	15	4	8	8	10	13	14	7	15	↓					
Number of National Intelligent Integrated Audit Solution (NIAS) notifications for Family Record	13	5	8	10	12	8	9	9	9	2	7	7	8	7	↑					
% of Server infrastructure patched with the latest updates	90%	77.6%	48.8%	69.2%	96.0%	71.0%	84.0%	71.0%	72.0%	79.0%	62.0%	95.0%	89.0%	NA	↑	Not Available				
% of Desktop infrastructure patch with the latest updates	90%	87.0%	84.9%	75.8%	98.0%	87.0%	91.0%	85.0%	83.0%	91.0%	74.0%	83.0%	88.0%	NA	↓					