

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.

HDUHB Performance Against Key Delivery Areas

INDICATOR	Target 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	
		Q1 2019/20			Q2 2019/20			Q3 2019/20			Q4 2019/20				
		Not previously reported													
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												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												NA	NA
The percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target (cumulative)	0.9%		1.8%				2.6%						3.5%	
The percentage of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks	40% annual target	47.9%		47.1%				48.4%						30.3%	
Percentage of children who received 3 doses of the hexavalent 6 in 1 vaccine by age 1	95%	95.1%		94.5%				96.3%						95.5%	
Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	92.2%		91.0%				91.7%						90.0%	
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	4 quarter reduction trend	440		448				423						NA	
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	
% uptake of Influenza vaccination - 65 year olds and over	75% - Annual Improvement (as at 31/03/2020)	64.8%													
% uptake of Influenza vaccination - Under 65's in risk groups	55% - Annual Improvement (as at 31/03/2020)	40.2%													
% uptake of Influenza vaccination - Pregnant women (PHW Point of Delivery survey)	75% - Annual Improvement (as at 13/06/2019)	NA													
% uptake of Influenza vaccination - Healthcare workers with direct patient contact	60% - Annual Improvement (as at 13/06/2019)	43.0%													
Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	Not previously reported													
Uptake of cancer screening for bowel cancer.	60%	Not previously reported													
Uptake of cancer screening for breast cancer.	70%	Not previously reported													
Uptake of cancer screening for cervical cancer	80%	Not previously reported													
Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Annual improvement	NA													
Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population	<= 67 cases / 100,000 pop.	91.8	88.66	100.36	107.94	109.44	106.89	107.75	105.61	105.46	104.26	99.58	78.88	76.33	
Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	<= 25 cases / 100,000 pop.	48.23	43.81	38.90	37.84	38.38	38.14	38.90	38.66	37.53	37.68	37.08	31.55	36.64	
Cumulative rate of laboratory confirmed S aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	<= 20 cases / 100,000 pop.	35.79	31.29	30.34	29.78	29.56	32.38	30.73	28.30	29.16	29.18	31.64	31.55	15.27	
Cumulative number of cases of Pseudomonas aeruginosa bacteraemia	10% reduction on 2017/18 baseline	1	5	14	14	19	20	22	23	25	25	26	3	3	
Cumulative number of cases of Klebsiella bacteraemia	10% reduction on 2017/18 baseline	10	15	24	32	41	49	55	62	67	79	87	4	6	
Percentage of eligible individuals with Hepatitis C infection who have commenced treatment	HB specific TBC	Not previously reported												NA	NA
The number of healthcare acquired pressure sores in a hospital setting	Reduction	13	19	22	20	32	42	46	44	59	40	20	23	19	
The number of healthcare acquired pressure sores in a Community setting	Reduction	57	57	56	56	33	51	51	51	66	60	48	57	62	
Number of reports made within the timeframe set by RIDDOR	60%	65.0%	63.0%	63.3%	62.5%	65.8%	65.0%	66.6%	65.3%	68.4%	70.0%	66.7%	0.0%	75.0%	
The number of potentially preventable hospital acquired thrombosis	4 quarter reduction trend	5		2.0				NA				NA			
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													
Number of health board mental health delayed transfer of care	12 month reduction trend	8	3	2	3	7	6	14	13	11	16	13	NA	NA	
Number of health board non mental health delayed transfer of care	12 month reduction trend	43	58	47	72	54	60	65	49	33	49	46	NA	NA	
% compliance with Hand hygiene (World Health Organisation (WHO) 5 moments)	95%	90.0%	90.0%	89.0%	91.0%	92.0%	92.0%	91.0%	91.0%	88.0%	90.0%	95.0%	98.0%	NA	
Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission	85%	91.3%	92.1%	90%	87.4%	88.0%	88.9%	88.9%	91.7%	90.5%	88.2%	88.5%	90.1%	NA	
The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	59.9%	67.8%	63.9%	65.5%	68.5%	61.9%	58.2%	58.0%	56.2%	60.6%	56.9%	56.7%	55.8%	
The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Carmarthenshire	65%	61.1%	69.9%	66.2%	66.1%	67.9%	59.9%	55.6%	57.0%	57.8%	54.0%	55.9%	57.1%	55.7%	
The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Ceredigion	65%	60.5%	65.0%	51.2%	63.2%	58.0%	64.7%	57.6%	67.7%	55.2%	68.4%	69.4%	41.7%	56.4%	
The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Pembrokeshire	65%	58.1%	65.2%	67.4%	66.0%	75.3%	63.8%	63.0%	54.2%	54.1%	68.4%	51.6%	62.1%	55.8%	
% of Amber Calls responded to within 20 minutes	NA	54.7%	42.5%	54.7%	46.7%	42.9%	45.3%	38.5%	25.5%	38.2%	38.1%	34.3%	46.6%	46.4%	

Trend	Latest all Wales comparison			
	Time period	All Wales	Hywel Dda	Rank in Wales
NA	Jan-00	0.0%	0.0%	NA
NA	Jan-00	0.0%	0.0%	NA
↑	Q1-Q2 19/20	1.79%	1.80%	4th out of 7
↓	Q1-Q2 19/20	42.80%	47.50%	3rd out of 7
↑	Q2 19/20	95.1%	94.5%	6th out of 7
↓	Q2 19/20	92.4%	91.0%	6th out of 7
NA	Q2 19/20	449.4	426.0	3rd out of 7
NA	Jan-00	0.0	0.0	NA
↑	2018/19	68.3%	62.9%	7th out of 7
↑	2018/19	44.1%	38.1%	7th out of 7
NA	2018/19	74.2%	49.0%	7th out of 7
↓	2018/19	55.5%	47.8%	9th out of 10
NA	Jan-00	0.0%	0.0%	NA
NA	Jan-00	0.0%	0.0%	NA
NA	Jan-00	0.0%	0.0%	NA
↑	2018/19	54.7%	47.9%	6th out of 7
↑	Apr 19 - Feb 20	80.10	104.26	6th out of 6
↓	Apr 19 - Feb 20	27.46	37.68	6th out of 6
↑	Apr 19 - Feb 20	26.46	29.18	4th out of 6
↔	Apr 19 - Feb 20	187	25	2nd out of 6
↓	Apr 19 - Feb 20	591	79	3rd out of 6
NA	Jan-00	0	0	NA
↓	Jan-20	69	11	5th out of 7
↑	Jan-20	354	33	3rd out of 8
↑	Feb-20	67.8%	60.6%	7th out of 7
↓	As Above			
↓	As Above			
NA	As Above			

INDICATOR	Target 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Trend	Latest all Wales comparison			
		Q1 2019/20		Q2 2019/20			Q3 2019/20			Q4 2019/20				Time period		All Wales	Hywel Dda	Rank in Wales	
		2019	2020	2019	2020	2020	2019	2020	2020	2019	2020	2020	2020	2020		2020	2020	2020	2020
Number of ambulance handovers over one hour	0	204	284	251	313	406	465	670	799	751	402	288	37	21	↑	Feb-20	2678	402	3rd out of 6
Number of ambulance handovers over one hour - Bronglais GH	0	52	54	31	84	116	70	120	133	101	18	64	4	11	↑	As Above			
Number of ambulance handovers over one hour - Glangwili GH	0	56	135	156	99	182	236	319	399	405	220	147	11	5	↑				
Number of ambulance handovers over one hour - Prince Philip H	0	1	5	4	5	16	35	34	64	66	28	15	13	5	↓				
Number of ambulance handovers over one hour - Wilybush GH	0	95	90	57	125	92	124	197	203	179	136	62	9	0	↑				
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%	82.8%	83.5%	82.1%	82.2%	80.3%	81.1%	76.8%	76.0%	77.9%	80.1%	77.9%	86.5%	86.7%	↑		Feb-20	74.6%	80.1%
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%	84.7%	84.6%	86.7%	85.9%	81.9%	82.3%	80.3%	77.1%	77.8%	83.3%	76.6%	85.9%	82.4%	↓	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%	77.2%	79.7%	75.3%	75.8%	70.5%	73.2%	68.7%	71.1%	71.9%	73.0%	75.3%	90.7%	91.2%	↑				
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 - Prince Philip GH	95%	91.9%	93.4%	91.4%	94.2%	92.6%	91.9%	90.4%	90.5%	92.1%	92.3%	94.0%	85.6%	89.1%	↓				
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 - Wilybush GH	95%	77.1%	76.0%	75.0%	73.6%	76.3%	77.1%	68.9%	66.2%	69.9%	73.2%	66.1%	80.5%	80.8%	↑				
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	0	920	816	732	793	910	882	1053	1054	1066	862	540	47	56	↑		Feb-20	5,249	862
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	99	80	37	69	135	117	144	171	160	52	86	11	24	↑	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	364	316	345	273	354	342	411	407	423	363	200	6	7	↑				
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	21	16	8	8	27	40	40	44	25	7	8	5	↑				
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 - Wilybush GH	0	441	399	334	443	400	396	458	435	439	422	247	22	20	↑				
% 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	59.8% Jul 19-Sep 19 (SSNAP UK National quarterly average)	58.1%	61.7%	78.9%	63.0%	39.0%	51.2%	70.4%	37.3%	55.9%	62.5%	60.0%	79.2%	63.6%	↑		Jan-20	37.8%	55.9%
% 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 - Bronglais GH	59.8% Jul 19-Sep 19 (SSNAP UK National quarterly average)	92.3%	75.0%	91.7%	91.7%	62.5%	66.7%	100.0%	62.5%	73.7%	91.7%	83.3%	100.0%	70.0%	↑	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)	52.9%	52.9%	71.4%	76.5%	40.0%	30.8%	50.0%	20.0%	27.3%	30.8%	25.0%	33.3%	42.9%	↓				
% 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%	69.2%	72.7%	88.9%	57.1%	42.9%	100.0%	43.8%	83.3%	87.5%	100.0%	100.0%	75.0%	↑				
% 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 - Wilybush GH	59.8% Jul 19-Sep 19 (SSNAP UK National quarterly average)	37.5%	55.6%	100.0%	12.5%	18.8%	66.7%	63.2%	31.3%	53.3%	40.0%	64.3%	80.0%	75.0%	↑				
% 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)	95.9%	88.9%	90.4%	92.9%	96.1%	100.0%	98.3%	91.7%	93.6%	96.7%	100.0%	100.0%	95.8%	↑		Jan-20	82.1%	93.6%
% 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)	94.1%	90.0%	76.9%	84.6%	90.0%	100.0%	85.7%	63.6%	90.0%	91.7%	100.0%	100.0%	90.0%	↑	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)	94.4%	70.6%	100.0%	90.5%	100.0%	100.0%	100.0%	100.0%	92.0%	100.0%	100.0%	100.0%	94.4%	↑				
% 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)	92.9%	94.7%	87.5%	90.9%	100.0%	100.0%	100.0%	100.0%	93.8%	100.0%	100.0%	100.0%	100.0%	↑				
% assessed by Stroke Consultant <24 hours of the patient's clock start time - Wilybush GH	84.2% Jul 19-Sep 19 (SSNAP UK National quarterly average)	92.9%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	↓				
% of stroke patients receiving the required minutes for speech and language therapy - HDUHB	12 month improvement trend	43.1%	40.0%	40.6%	43.3%	38.9%	33.6%	33.4%	34.8%	36.5%	32.7%	50.8%	46.3%	47.5%	↑		Jan-20	48.1%	36.5%
% of stroke patients receiving the required minutes for speech and language therapy - Bronglais GH	12 month improvement trend	51.7%	54.4%	54.7%	52.4%	40.7%	37.8%	33.2%	45.9%	56.3%	54.0%	55.9%	51.8%	43.2%	↑	As Above			
% of stroke patients receiving the required minutes for speech and language therapy - Glangwili GH	12 month improvement trend	46.4%	38.7%	37.8%	38.6%	71.1%	51.5%	87.2%	32.2%	50.7%	44.3%	33.1%	42.6%	32.3%	↓				
% of stroke patients receiving the required minutes for speech and language therapy - Prince Philip H	12 month improvement trend	20.1%	28.5%	24.4%	41.8%	20.4%	31.6%	6.6%	19.7%	13.0%	19.1%	16.3%	17.4%	20.9%	↓				
% of stroke patients receiving the required minutes for speech and language therapy - Wilybush GH	12 month improvement trend	40.5%	53.2%	38.6%	39.8%	13.9%	25.4%	26.9%	28.3%	18.6%	60.7%	75.3%	64.7%	67.3%	↑				
% of stroke patients who receive a 6 month follow up assessment	Quarterly improvement trend	19.2%		43.6%				NA		NA					NA		Q2 19/20	47.2%	43.6%
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%	80.0%	83.9%	74.0%	75.7%	73.9%	72.8%	75.9%	71.40%	72.4%	73.8%	79.2%	65.9%	NA	↓	Jan-20	79.0%	72.4%	5th 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%	96.8%	98.3%	97.6%	96.4%	97.1%	98.5%	98.3%	99.28%	91.9%	98.0%	96.4%	95.8%	NA	↓	Jan-20	94.6%	91.9%	5th out of 6
% of patients starting first definitive cancer treatment within 62 days from point of suspicion	12 month improvement trend	79.5%	84.7%	76.7%	76.7%	67.2%	74.0%	75.0%	76.2%	72.0%	73.0%	79.0%	74.0%	NA	↓	Jan-20	73.7%	71.8%	4th 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 call being answered	12 month improvement trend	74.4%	68.7%	66.8%	67.9%	65.5%	62.8%	63.4%	63.1%	64.1%	62.8%	63.2%	77.2%	72.8%	↑	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	33.0%	100.0%	100.0%	0.0%	0.0%	NA	50.0%	50.0%	25.0%	100.0%	100.0%	100.0%	0.0%	NA	Mar-19	NA	50.0%	1st out of 1

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

INDICATOR	Target 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Trend	Latest all Wales comparison							
		Q1 2019/20			Q2 2019/20			Q3 2019/20			Q4 2019/20					Time period	All Wales	Hywel Dda	Rank in Wales				
		May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20									
The percentage of patients waiting less than 26 weeks for treatment	95%	89.0%	89.8%	89.3%	87.8%	86.5%	87.5%	87.7%	86.50%	87.1%	88.6%	83.6%	78.7%	71.4%	↓	Jan-20	83.4%	87.1%	3rd out of 7				
The number of patients waiting more than 36 weeks for treatment	0	246	122	264	506	452	476	564	726	940	883	722	2202	5311	↓	Jan-20	27,314	940	2nd out of 7				
RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers	0	261	268	320	348	353	378	399	450	468	463	NA	NA	NA	↓	Not available							
The number of patients waiting more than 8 weeks for a specified diagnostic	0	185	115	192	345	391	164	102	129	82	54	336	3860	7669	↓	Jan-20	5,087	82	2nd out of 7				
The number of patients waiting 8 weeks and over for a specified diagnostic - Cardiology	0	74	71	34	128	205	93	61	100	70	54	256	1399	2447	↓	Not Available							
The number of patients waiting 8 weeks and over for a specified diagnostic - Endoscopy	0	24	0	0	0	0	5	4	0	0	0	54	481	888	↓								
The number of patients waiting 8 weeks and over for a specified diagnostic - Imaging	0	0	0	0	0	0	0	2	0	0	0	1	0	49	↓								
The number of patients waiting 8 weeks and over for a specified diagnostic - Neurophysiology	0	0	0	0	0	0	0	3	0	10	0	9	226	355	↓								
The number of patients waiting 8 weeks and over for a specified diagnostic - Physiological Measurement	0	0	0	0	0	0	0	0	2	0	0	3	62	73	↓								
The number of patients waiting 8 weeks and over for a specified diagnostic - Radiology – consultant referral	0	35	28	85	126	122	48	15	15	1	0	6	736	2115	↓								
The number of patients waiting 8 weeks and over for a specified diagnostic - Radiology GP Referral	0	52	15	73	91	64	18	17	14	1	0	7	947	1742	↓								
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	39,425	40,627	41,742	43,405	43,853	34,989	31,218	32,250	32,422	33,402	33,420	33,882	35,471	↑								
The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	20% reduction against baseline of March 2020	26,698	27,793	28,358	29,379	29,411	20,226	17,323	17,926	17,914	18,361	18,272	18,194	18,790	↑					Jan-20	191,259	17,914	3rd out of 7
The number of patients waiting for a follow-up outpatient appointment	20% reduction against baseline of March 2020	39,425	40,627	41,742	43,405	44,384	78,718	77,481	77,971	78,642	NA	NA	NA	NA	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	12 month reduction trend	19,551	20,189	20,492	21,736	21,235	16,515	14,528	14,795	14,785	15,299	15,478	15,694	16,389	↑	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	2,744	2,855	3,012	3,244	3,381	2,529	2,047	2,051	2,046	1,969	1,803	1,693	1,734	↑	No 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	607	609	547	540	534	546	466	513	598	691	651	649	877	↓								
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	4,644	4,833	4,944	5,174	5,214	3,045	2,884	3,010	3,113	3,206	3,342	3,443	3,468	↑								
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	3,353	3,456	3,438	3,677	3,728	3,040	2,680	2,655	2,506	2,590	2,364	2,419	2,480	↑								
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	8,203	8,436	8,551	9,101	8,378	7,355	6,451	6,566	6,522	6,843	7,318	7,490	7,830	↑								
Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	81.3%	79.5%	74.0%	81.0%	76.3%	85.7%	74.5%	74.4%	NA	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%	63.6%	64.6%	63%	60.5%	57.9%	56.3%	53.3%	51.0%	50.2%	49.3%	50.2%	45.5%	NA	NA					Jan-20	70.5%	50.2%	6th out of 7
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	43.20%	39.10%	35.90%	36.54%	34.64%	33.00%	33.26%	30.2%	28.5%	26.5%	22.9%	25.8%	NA	NA					Jan-20	37.8%	28.5%	5th 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	NA	NA					Jan-00	0.0%	0.0%	NA
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											NA	NA	NA					Jan-00	0.0%	0.0%	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											NA	NA	NA	Jan-00	0.0%	0.0%	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											NA	NA	NA	Jan-00	0.0%	0.0%	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											NA	NA	NA	Jan-00	0.0%	0.0%	NA				
Perinatal - Longest Waiting times for First Assessment Appointment	NA	50	51	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	138	262	297	424	426	277	224	146	138	81	212	880	1528	↓	Jan-20	238	138	7th out of 7				
Number of patients waiting 14 weeks plus for Art Therapy	0	0	0	0	0	0	0	0	0	0	0	0	2	4	↔	Not available							
Number of patients waiting 14 weeks plus for Audiology	0	0	0	0	0	1	0	0	0	1	0	0	2	157	↓								
Number of patients waiting 14 weeks plus for Dietetics	0	1	0	0	0	2	3	2	2	0	1	0	0	0	↑								
Number of patients waiting 14 weeks plus for Occupational Therapy (excludes MHLD)	0	29	2	0	0	2	13	17	17	7	1	23	48	91	↓								
Number of patients waiting 14 weeks plus for Physiotherapy	0	108	258	297	424	420	261	201	128	127	59	62	336	780	↑								
Number of patients waiting 14 weeks plus for Podiatry	0	0	0	0	0	0	0	0	0	0	18	127	487	489	↓								

INDICATOR	Target 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Trend	Latest all Wales comparison				
		Q1 2019/20			Q2 2019/20			Q3 2019/20			Q4 2019/20			Time period		All Wales	Hywel Dda	Rank in Wales		
Number of patients waiting 14 weeks plus for Speech and Language Therapy	0	0	0	0	0	0	0	0	0	0	0	0	1	2	↓					
Number of patients waiting 6 weeks plus for Clinical Musculoskeletal Assessment and Treatment	0	0	0	0	0	0	0	0	0	0	0	9	282	61	↓					
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	174	183	149	164	129	193	212	241	225	247	259	227	291	↓					
% 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%	65%	62%	62.5%	58.3%	56.1%	59.3%	61.8%	60.6%	62.3%	63.4%	57.1%	52.5%	44.6%	NA	Jan-20	66.1%	62.3%	6th out of 7	
Percentage of children regularly accessing NHS primary dental care	4 quarter improvement	Not previously reported														NA	Jan-00	0.0%	0.0%	NA
Individual Patient Funding Request (IPFR) - Total number received	N/A	8			10			9			8			NA	Not Available					
Individual Patient Funding Request (IPFR) - Total number approved	N/A	6			9			9			8			NA						
Individual Patient Funding Request (IPFR) - Total number declined	N/A	<5			<5			<5			<5			NA						
Number of CHC packages delivered	N/A	459			479			468			460			NA						
Total Health board CHC spend	N/A	£20.03m			£20.35m			£20.26m			£20.5m			NA						
Percentage of practices that have achieved all standards set out in the National Access Standards for In-Hours GMS Services	100%	Not previously reported														NA	Jan-00	0.0%	0.0%	NA
Access Times for Re-Accessing Audiology Services - Total number of patients waiting 14 weeks and over	0	3,314			3,103			2,421			2,015			↑						
Access Times for Re-Accessing Audiology Services - Longest wait in weeks	14 weeks	98			101			97			104			↓						
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%	52.0%	75.0%	67.0%	71.0%	83.0%	76.5%	72.5%	67.0%	72.2%	70.1%	68.9%	61.0%	63.0%	↓	Q3 19/20	68.5%	72.5%	6th out of 10	
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															↓	2018/19	92.5%	90.4%	7th out of 7
The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Annual Improvement															↑	2018/19	6.31	6.25	4th out of 7
Percentage of sickness absence rate of staff	12 month reduction trend	4.88%	4.92%	4.92%	4.90%	4.95%	5.04%	5.08%	5.12%	5.08%	5.08%	5.19%	5.29%	NA	↓	Dec-19	5.51%	5.11%	4th out of 10	
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%	80.0%	79.0%	79.0%	78.0%	77.0%	76.9%	75.0%	75.0%	75.0%	76.0%	67.4%	68.6%	67.4%	↓	Dec-19	73.2%	76.5%	4th out of 10	
Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	85%	81.0%	81.6%	82.4%	84.1%	82.6%	83.4%	82.5%	82.6%	82.7%	83.2%	82.9%	81.6%	82.7%	↓	Dec-19	79.9%	83.1%	Joint 3rd out of 10	
Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Annual Improvement															↑	2018	54%	53%	Joint 5th out of 10
Overall staff engagement score – scale score method	Annual Improvement															NA	2018	3.82	3.85	5th out of 10
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															NA	2018	73%	71%	Joint 8th out of 10
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	90.6%	94.1%	91.2%	88.6%	92.6%	97.0%	97.4%	90.0%	90.3%	66.7%	67.0%	100.0%	NA	↓	Jan-20	74.2%	90.3%	3rd out of 6	
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	82.0%	89.2%	87.5%	88.1%	84.3%	89.8%	88.8%	87.5%	92.9%	84.6%	85.0%	86.0%	NA	↑	Jan-20	63.3%	92.9%	2nd out of 6	
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														↑	Jan-00	0	0	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														NA	Jan-00	0.0%	0.0%	NA
Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	A quarterly reduction of 5% against a baseline of April 2018 – March 2019	273.8			262.6			312.6			310.4			↓	Q2 19/20	260.8	262.6	5th out of 7		
Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	4,991.2			5028.8			5031.5			4951.7			↑	Q2 19/20	4,612.8	5,028.8	6th out of 7		
Number of patients aged 65 years or over prescribed an antipsychotic	4 quarter reduction trend	1270			1244			NA			NA			↑	Q2 19/20	9,981.0	1,244	3rd out of 7		
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			NA	Jan-00	0.0	0	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%	99.5%			99.5%			100.0%			100.0%			↑	Q2 19/20	98.2%	99.5%	Joint 1st out of 7		
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	10% annual improvement (Cumulative - as at 15/04/2020)	942														↓	Q1-Q2 2019/20	5,759	397	5th out of 10
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	5% annual improvement (Cumulative - as at 15/04/2020)	20														↓	Q1-Q2 2019/20	312	9	6th out of 10
Percentage of clinical coding accuracy attained in the NWS national clinical coding accuracy audit programme	Annual improvement	90.90%														↑	2019/20	83.9%	90.9%	8th out of 8
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	77.6%			82.1%			NA			NA			↑	Q2 19/20	79.0%	82.1%	2nd out of 6		

INDICATOR	Target 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Trend	Latest all Wales comparison			
		Q1 2019/20			Q2 2019/20			Q3 2019/20			Q4 2019/20					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%	22.3%		18.9%			35.7%			NA					↓	Q3 19/20	20.1%	35.7%	1st 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	35.3%		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	NA	NA	20.0%	35.7%	42.9%	60.0%	39.1%	12.0%	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	148	127	89	100	118	103	156	156	260	113	1,072	700	NA	↓	Feb-19-Jan-20	16,480	1,631	2nd out of 7
Agency spend as a percentage of total pay bill	HB specific TBC	5.19%	4.65%	4.96%	4.52%	4.89%	4.65%	5.81%	5.36%	5.25%	6.63%	4.30%	3.36%	3.19%	NA	Jan-00	0	0	NA
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	£6,018m deficit	£8,864m deficit	£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	↓	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	↔	Not Available			
Cash Expenditure is less than the Cash Limit	Year end forecast	£25,000m shortfall	£25,000m shortfall	£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	↔	Not Available			
The Savings Plan is on target (cumulative year to date position)	100%	96.20%	93.18%	84.98%	90.01%	98.91%	91.82%	90.33%	90.10%	89.1%	88.7%	90.1%	30.6%	35.0%	↑	Not Available			
Variable pay (Agency, Locum, Bank & Overtime; monthly position)	Reduction on 2016/17	£4,220m	£4,860m	£4,388m	£4,431m	£4,431m	£4,497m	£4,996m	£4,996m	£4,946m	£5,285m	£5,863m	£4,576m	£4,535m	↓	Not Available			
Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	95%	95.4%		95.4%			95.9%			96.2%					↑	Not Available			
The percentage of completed Planned Preventative Maintenance (PPM) - high risk	95%	85.0%	88.0%	86.0%	86.0%	89.0%	85.0%	86.0%	83.00%	85.00%	77.0%	84.0%	NA	NA	NA	Not Available			
The percentage of completed Planned Preventative Maintenance (PPM) - general	70%	59.0%	54.0%	53.0%	54.0%	63.0%	63.0%	69.0%	72.00%	69.00%	53.0%	67.0%	NA	NA	NA	Not Available			
Catering Patient Satisfaction - % of audits to achieve good/very good/excellent scores	95%	99.0%	96.0%	98.0%	97.0%	96.0%	95.0%	100.0%	95.00%	98.0%	100.0%	NA	NA	NA	NA	Not Available			
Number of overdue fire risk assessments by Hywel Dda University Health Board (HB)	0%	31	38	26	29	37	36	37	20	0	0	5	26	24	↑	Not Available			
Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Soft FM	98%	94.9%	94.9%	94.7%	95.1%	95.6%	94.9%	94.7%	86.0%	88.0%	95.3%	95.0%	NA	93.0%	NA	Not Available			
Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Hard FM	98%	64.6%	64.9%	68.3%	65.4%	67.1%	66.5%	68.7%	61.0%	62.0%	69.5%	56.0%	NA	81.0%	NA	Not Available			
Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Soft FM	95%	93.0%	93.1%	92.4%	91.6%	92.4%	91.4%	91.8%	91.0%	87.0%	92.0%	92.0%	NA	93.0%	NA	Not Available			
Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Hard FM	95%	60.7%	59.2%	60.3%	60.9%	58.5%	60.2%	57.4%	58.0%	58.0%	63.6%	61.0%	NA	87.0%	NA	Not Available			
Clinical Engineering - Acute % completed HIGH Planned Preventative Maintenance (PPM)	100%	100.0%	NA	100.0%	100.0%	100.0%	100.0%	100%	NA	NA	NA	100.0%	100.0%	100.0%	NA	Not Available			
Clinical Engineering - Acute % completed MEDIUM Planned Preventative Maintenance (PPM)	75%	68.0%	70.0%	72.0%	68.0%	69.0%	64.0%	63.0%	59.0%	52.0%	56.0%	44.0%	8.0%	43.0%	↓	Not Available			
Clinical Engineering - Acute % completed LOW Planned Preventative Maintenance (PPM)	40%	44.0%	46.0%	56.0%	65.0%	63.0%	45.0%	62.0%	70.0%	22.0%	33.0%	26.0%	13.0%	26.0%	↓	Not Available			
Clinical Engineering - Community % completed HIGH Planned Preventative Maintenance (PPM)	100%	NA	NA	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Not Available			
Clinical Engineering - Community % completed MEDIUM Planned Preventative Maintenance (PPM)	75%	31.0%	28.0%	71.0%	28.0%	46.0%	33.0%	65.0%	60.0%	46.0%	33.0%	43.0%	48.0%	28.0%	↓	Not Available			
Clinical Engineering - Community % completed LOW Planned Preventative Maintenance (PPM)	40%	54.0%	51.0%	67.0%	75.0%	50.0%	41.0%	69.00%	32.0%	25.0%	46.0%	17.0%	12.0%	12.0%	↓	Not Available			
Consultants/SAS Doctors with a job plan	90%	94.0%	94.0%	90.0%	86.0%	86.0%	89.0%	87.0%	88.0%	88.0%	89.0%	90.0%	90.0%	90.0%	↓	Not Available			
Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)	90%	66.0%	66.0%	54.0%	52.0%	52.0%	61.0%	59.0%	57.0%	64.0%	74.0%	78.0%	78.0%	58.0%	↑	Not Available			
Number of National Intelligent Integrated Audit Solution (NIAS) notifications for Own Record	8	14	11	6	8	6	10	7	7	10	7	15	4	8	↓	Not Available			
Number of National Intelligent Integrated Audit Solution (NIAS) notifications for Family Record	13	8	8	9	4	7	11	5	8	10	12	8	9	9	↓	Not Available			
% of Server infrastructure patched with the latest updates	90%	78%	81%	83%	81%	72%	64%	78%	49%	69%	96%	71.0%	84.0%	71.0%	↓	Not Available			
% of Desktop infrastructure patch with the latest updates	90%	98%	85%	89%	93%	92%	79%	87%	85%	76%	98%	87.0%	91.0%	85.0%	↓	Not Available			
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	90.7%		93.3%			96.2%			NA					↑	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														↑	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	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%	7.1%	50.0%	23.8%	53.8%	30.8%	38.1%	41.2%	66.7%	43.8%	12.5%	42.0%	17.0%	12.5%	↓	Feb-20	39.2%	11.1%	7th out of 9
Number of new never events	0	0	0	0	0	0	0	1	0	0	0	0	3	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	2		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	14.3		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	98.30	87.20	2nd out of 7
Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	72.6%	74.7%	75.7%	82.0%	86.1%	84%	84.4%	86.7%	86.0%	73.8%	44.0%	NA	NA	↓	Dec-19	88.8%	86.7%	7th out of 8

No longer reported as part of Single Integrated Outcomes Framework

INDICATOR	Target 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Trend	Latest all Wales comparison					
		Q1 2019/20		Q2 2019/20			Q3 2019/20			Q4 2019/20			Time period	All Wales		Hywel Dda	Rank in Wales				
		NA	79.8%	81.3%	82.0%	80.6%	80.9%	79.1%	78.3%	80.6%	77.2%	76.2%						74.5%	77.1%		
Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	85%	NA	79.8%	81.3%	82.0%	80.6%	80.9%	79.1%	78.3%	80.6%	77.2%	76.2%	74.5%	77.1%	↓	Dec-19	75.6%	78.5%	7th out of 10		
Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	95%	86.4%	89.5%	82.7%	88.7%	94.8%	86.9%	90.6%	85.7%	89.2%	81.8%	86.4%	NA	NA	↓	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%	0.69%	0.69%	0.70%	0.70%	0.71%	0.71%	0.71%	0.71%	0.7%	0.8%	NA	NA	↓	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	84.2%	85.1%	86.0%	86.8%	86.9%	86.9%	88.0%	88.1%	88.5%	89.5%	89.7%	86.4%	86.6%	↑	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													↑	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%	87.3%	94.3%	85.8%	82.3%	91.3%	93.6%	88.6%	90.3%	68.6%	80.3%	86.8%	90.7%	NA	↓	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%	86.3%	88.0%	90.6%	87.0%	83.6%	84.9%	86.0%	85.9%	76.3%	83.2%	83.9%	83.7%	NA	↓	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%			100.0%			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	45.8%			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	39.9%	36.1%	1st out of 7			
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%	91.0%	91.6%	92.0%	94.5%	92.7%	93.9%	93.0%	94.8%	94.0%	94.4%	92.3%	94.1%	NA	↑	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%	100.0%	100.0%	64.3%	100.0%	85.7%	80.0%	100.0%	100.0%	85.7%	100.0%	NA	↓	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	3.6		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	34.0			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	134.6		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													↑	Not available						
% of practices with extended opening hours and offering appointments after 18:30 at least one week day	7% - Annual													↑	Not available						
Percentage of qualifying compulsory/voluntary patients have been offered advocacy services in the Mental Health Services	100%	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%	NA	↑	Not available					
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%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	NA	↑	Not available					
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%	0.0%	100.0%	100.0%	0.0%	NA	NA	NA	NA	100.0%	NA	NA	100.0%	NA	NA	Not available					
To maintain a maximum waiting time for first appointment with specified therapies of 14 weeks	0	0	0	0	0	1	2	4	0	3	2	0.0%	7	NA	↓	Not available					
To maintain a maximum waiting time for first outpatient appointments of 10 weeks	0	4	9	11	10	11	5	1	3	13	6	2	31	NA	↓	Not available					
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%]	2.08%	1.9%	2.9%	3.3%	5.0%	3.2%	8.3%	3.4%	4.67%	7.0%	NA	NA	NA	↓	Not available					
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%]	3.28%	0.0%	9.1%	7.7%	7.3%	3.3%	4.8%	6.8%	10.4%	7.1%	NA	NA	NA	↓	Not available					
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%]	5.97%	4.6%	7.5%	9.8%	9.1%	10.9%	14.7%	12.2%	11.5%	3.3%	NA	NA	NA	↓	Not available					
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%]	84.51%	85.4%	90.2%	92.4%	90.9%	90.0%	90.2%	93.6%	88.6%	91.8%	NA	NA	NA	↑	Not available					
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%]	92.06%	94.0%	90.3%	96.2%	93.7%	96.0%	92.3%	98.0%	92.9%	100.0%	NA	NA	NA	↑	Not available					

INDICATOR	Target 2019/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Trend	Latest all Wales comparison			
		Q1 2019/20		Q2 2019/20			Q3 2019/20			Q4 2019/20				Time period		All Wales	Hywel Dda	Rank in Wales	
No longer reported as part of Single Integrated Outcomes Framework	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%]	97.73%	93.5%	96.9%	88.9%	90.6%	92.1%	95.0%	95.7%	93.8%	94.1%	NA	NA	NA	↓			
	Substance misuse is reduced for problematic substance between start and most recent review/exit - Carmarthenshire	Welsh Government Baseline 79.94% [Rating: Red <=Baseline, and Green >=Baseline] Achievement to show continual improvement against own baseline & Welsh Government	90.54%	89.0%	88.2%	80.9%	86.5%	83.6%	82.7%	79.0%	94.6%	81.5%	NA	NA	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	86.51%	89.6%	89.6%	86.0%	85.0%	90.6%	77.6%	87.7%	87.0%	85.2%	NA	NA	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	90.91%	88.2%	88.2%	85.7%	89.5%	89.8%	90.7%	85.8%	82.1%	88.4%	NA	NA	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	85.54%	87.6%	76.9%	71.4%	89.7%	93.3%	91.2%	87.1%	74.1%	74.4%	NA	NA	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	92.31%	75.9%	75.0%	83.7%	76.1%	86.0%	63.9%	79.2%	83.8%	64.3%	NA	NA	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	82.98%	94.4%	79.4%	76.2%	84.9%	89.8%	87.5%	79.2%	86.1%	74.5%	NA	NA	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	96.34%	97.7%	95.4%	96.3%	95.5%	94.8%	96.4%	96.2%	94.5%	94.7%	NA	NA	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	96.15%	95.5%	91.2%	94.1%	88.9%	94.6%	90.6%	92.9%	87.5%	90.3%	NA	NA	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	89.23%	92.5%	92.2%	82.9%	91.9%	88.5%	88.4%	85.7%	87.4%	98.1%	NA	NA	NA	↓			