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

н	в	1-	н	

* 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 score red or green. Green for 0, red for anything above.

HDUHB Performance Against Key Delivery Areas

	нвт-н					HDUF	HB Perf	ormano	ce Agai	inst Key	/ Delive	ery Area	as					L	.atest all Wa	les compari	ison
	нвт-н н	INDICATOR	Target 2019/20	Jun-19	Jul-19	Aug-19 Q2 2019/20	Sep-19	Oct-19	Nov-19 Q3 2019/20	Dec-19	Jan-20	Feb-20 Q4 2019/20	Mar-20	Apr-20	May-20 Q1 2020/21	Jun-20	Trend	Time period	All Wales	Hywel Dda	Rank in Wales
	318	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 previou	sly reported					NA	NA	NA	NA	Jan-00	0.0%	0.0%	NA
	319	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 previou	sly reported					NA	NA	NA	NA	Jan-00	0.0%	0.0%	NA
	11	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%			NA		↑	Q1-Q2 19/20	1.79%	1.80%	4th out of 7
ŧ	12	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%			NA		↓	Q1-Q2 19/20	42.80%	47.50%	3rd out of 7
self-management	224	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	95.1%		94.5%			96.3%			95.3%			NA		T	Q2 19/20	95.1%	94.5%	6th out of 7
n and self-	3	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	92.2%		91.0%			91.7%			91.1%			NA		¥	Q2 19/20	92.4%	91.0%	6th out of 7
r preventio	268	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	4 quarter reduction trend	440		448			423			NA			NA		NA	Q2 19/20	449.4	426.0	3rd out of 7
People in Wales have improved health and well-being with better prevention and	306	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		NA	Jan-00	0.0	0.0	NA
well-being	5	% uptake of Influenza vaccination - 65 year olds and over	75% - Annual Improvement (as at Jul'20)					64.	8%								Ŷ	2018/19	68.3%	62.9%	7th out of 7
health and	6	% uptake of Influenza vaccination - Under 65's in risk groups	55% - Annual Improvement (as at Jul '20)					40.	2%								1	2018/19	44.1%	38.1%	7th out of 7
improved I	7	% uptake of Influenza vaccination - Pregnant women (PHW Point of Delivery survey)	75% - Annual Improvement (as at Jul '20)					84.	4%								Ŷ	2018/19	74.2%	49.0%	7th out of 7
Vales have	8	% uptake of Influenza vaccination - Healthcare workers with direct patient contact	60% - Annual Improvement (as at Jul '20)					49.	2%								T	2018/19	55.5%	47.8%	9th out of 10
^o eople in V	305	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvemnet					Not previou	sly reported								NA	Jan-00	0.0%	0.0%	NA
	307	Uptake of cancer screening for bowel cancer.	60%					Not previou	sly reported								NA	Jan-00	0.0%	0.0%	NA
	308	Uptake of cancer screening for breast cancer.	70%					Not previou	sly reported								NA	Jan-00	0.0%	0.0%	NA
	309	Uptake of cancer screening for cervical cancer	80%					Not previou	sly reported								NA	Jan-00	0.0%	0.0%	NA
	66	Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Annual improvement					N	A								Ť	2018/19	54.7%	47.9%	6th out of 7
	25	Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population	<= 67 cases / 100,000 pop.	88.66	100.36	107.94	109.44	106.89	107.75	105.61	105.46	104.26	99.58	78.88	76.33	53.64	Ť	Apr 19 - Feb 20	80.10	104.26	6th out of 6
	27	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	<= 25 cases / 100,000 pop.	43.81	38.90	37.84	38.38	38.14	38.90	38.66	37.53	37.68	37.08	31.55	36.64	50.48	¥	Apr 19 - Feb 20	27.46	37.68	6th out of 6
	26	Cumulative rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	<= 20 cases / 100,000 pop.	31.29	30.34	29.78	29.56	32.38	30.73	28.30	29.16	29.18	31.64	31.55	15.27	22.09	Ť	Apr 19 - Feb 20	26.46	29.18	4th out of 6
	235	Cumulative number of cases of Pseudomonas aeruginosa bacteraemia	10% reduction on 2017/18 baseline	5	14	14	19	20	22	23	25	25	26	3	3	5	¥	Apr 19 - Feb 20	187	25	2nd out of 6
engagement	236	Cumulative number of cases of Klebsiella bacteraemia	10% reduction on 2017/18 baseline	15	24	32	41	49	55	62	67	79	87	4	6	12	¥	Apr 19 - Feb 20	591	79	3rd out of 6
orted by en	310	Percentage of eligible individuals with Hepatitis C infection who have commenced treatment	HB specific TBC					Not previou	sly reported					NA	NA	NA	NA	Jan-00	0	0	NA
enabled by digital and supported by	40	The number of healthcare acquired pressure sores in a hospital setting	Reduction	19	22	20	32	42	46	44	59	40	20	23	19	25	Ť				
d by digital	234	Community setting	Reduction	57	56	56	33	51	51	51	66	60	48	57	62	73	4		Not /	Available	
es, enable	250	Number of reports made within the timeframe set by RIDDOR	60%	63.0%	63.3%	62.5%	65.8%	65.0%	66.6%	65.3%	68.4%	70.0%	66.7%	0.0%	75.0%	63.3%	4				
care services,	22	The number of potentially preventable hospital acquired thrombosis Number of hospital admissions with any mention of intentional	4 quarter reduction trend	5		2.0			NA			NA			NA		1	Q2 19/20	8	2	Joint 6th out of 8
and social	18	self-harm for children and young people (aged 10-24 years) per 1,000 population	Annual reduction					N									NA			vailable	
ble health	282	Number of health board mental health delayed transfer of care Number of health board non mental health delayed transfer of	12 month reduction trend	3	2	3	7	6	14	13	11	16	13	NA	NA	NA	4	Jan-20	69	11	5th out of 7
ind accessi	283	care	12 month reduction trend	58	47	72	54	60	65	49	33	49	46	NA	NA	NA	1	Jan-20	354	33	3rd out of 8
er quality a	71	% compliance with Hand hygiene (World Health Organisation (WHO) 5 moments)	95%	90.0%	89.0%	91.0%	92.0%	92.0%	91.0%	91.0%	88.0%	90.0%	95.0%	98.0%	97.0%	NA	1		Not /	Available	
People in Wales have better quality and accessible health and social	72	Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission	85%	92.1%	90%	87.4%	88.0%	88.9%	88.9%	91.7%	90.5%	88.2%	88.5%	90.1%	88.0%	NA	↓				
ole in Wales	86	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	67.8%	63.9%	65.5%	68.5%	61.9%	58.2%	58.0%	56.2%	60.6%	56.9%	56.7%	55.8%	71.3%	¥	Feb-20	67.8%	60.6%	7th out of 7
Peop	176	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Carmarthenshire	65%	69.9%	66.2%	66.1%	67.9%	59.9%	55.6%	57.0%	57.8%	54.0%	55.9%	57.1%	55.7%	72.8%	↓				1
	177	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Ceredigion	65%	65.0%	51.2%	63.2%	58.0%	64.7%	57.6%	67.7%	55.2%	68.4%	69.4%	41.7%	56.4%	62.2%	¥				
	178	The percentage of emergency responses to red calls arriving	65%	65.2%	67.4%	66.0%	75.3%	63.8%	63.0%	54.2%	54.1%	68.4%	51.6%	62.1%	55.8%	74.5%	Ŷ		As	Above	
		within (up to and including) 8 minutes - Pembrokeshire		42.5%	54.7%	46.7%	42.9%	45.3%	38.5%	25.5%	38.2%	38.1%	34.3%	46.6%	46.4%	49.6%	NA				
	251	% of Amber Calls responded to within 20 minutes	NA																		
	87	Number of ambulance handovers over one hour	0	284	251	313	406	465	670	799	751	402	288	37	21	31	Ŷ	Feb-20	2678	402	3rd out of 6

	н нвт-н	INDICATOR	Target 2019/20	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Trend	L Time period	atest all Wa All Wales	es comparis Hywel Dda	son Rank in Wales
	H 179	Number of ambulance handovers over one hour - Bronglais GH	0	54	31	Q2 2019/20 84	116	70	Q3 2019/20 120	133	101	Q4 2019/20 18	64	4	Q1 2020/21	13	1				
	180	Number of ambulance handovers over one hour - Glangwill GH	0	135	156	99	182	236	319	399	405	220	147	11	5	2	1				
	181	Number of ambulance handovers over one hour - Prince Philip H	0	5	4	5	16	35	34	64	66	28	15	13	5	10	ſ		As	Above	
	182	Number of ambulance handovers over one hour - Withybush GH	0	90	57	125	92	124	197	203	179	136	62	9	0	6	ſ				
	88	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%	83.5%	82.1%	82.2%	80.3%	81.1%	76.8%	76.0%	77.9%	80.1%	77.9%	86.5%	86.7%	84.3%	1	Feb-20	74.6%	80.1%	1st out of 6
	183	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%	84.6%	86.7%	85.9%	81.9%	82.3%	80.3%	77.1%	77.8%	83.3%	76.6%	85.9%	82.4%	82.1%	¥				
	184	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 - Glangwill GH	95%	79.7%	75.3%	75.8%	70.5%	73.2%	68.7%	71.1%	71.9%	73.0%	75.3%	90.7%	91.2%	88.7%	1		4-	Above	
	185	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%	93.4%	91.4%	94.2%	92.6%	91.9%	90.4%	90.5%	92.1%	92.3%	94.0%	85.6%	89.1%	87.1%	¥		AST	40076	
	186	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 - Withybush GH	95%	76.0%	75.0%	73.6%	76.3%	77.1%	68.9%	66.2%	69.9%	73.2%	66.1%	80.5%	80.8%	75.9%	1				
	89	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	816	732	793	910	882	1053	1054	1066	862	540	47	56	113	Ť	Feb-20	5,249	862	5th out of 6
	187	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	80	37	69	135	117	144	171	160	52	86	11	24	46	1				
gagement	188	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 - Glangwill GH	0	316	345	273	354	342	411	407	423	363	200	6	7	11	1		As	Above	
supported by eng	189	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	21	16	8		27	40	40	44	25	7	8	5	17	1				
ital and supp	190	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 - Withybush GH	0	399	334	443	400	396	458	435	439	422	247	22	20	39	1				
enabled by digi	284	% 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)	61.7%	78.9%	63.0%	39.0%	51.2%	70.4%	37.3%	55.9%	62.5%	59.4%	73.1%	64.4%	68.9%	1	Jan-20	37.8%	55.9%	1st out of 6
services, ena	287	% 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)	75.0%	91.7%	91.7%	62.5%	66.7%	100.0%	62.5%	73.7%	91.7%	83.3%	100.0%	70.0%	60.0%	¥				
and social care s	288	% 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%	71.4%	76.5%	40.0%	30.8%	50.0%	20.0%	27.3%	30.8%	30.0%	20.0%	46.7%	55.6%	¥		As	Above	
ible health and s	289	% 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)	69.2%	72.7%	88.9%	57.1%	42.9%	100.0%	43.8%	83.3%	87.5%	100.0%	100.0%	75.0%	92.9%	1				
access	290	% 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 - Withybush GH	59.8% Jul 19-Sep 19 (SSNAP UK National quarterly average)	55.6%	100.0%	12.5%	18.8%	66.7%	63.2%	31.3%	53.3%	40.0%	64.3%	80.0%	75.0%	68.4%	1				
er quality and	296	% 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) 84.2% Jul 19-Sep 19	88.9%	90.4%	92.9%	96.1%	100.0%	98.3%	91.7%	93.6%	96.7%	100.0%	100.0%	95.9%	95.1%	1	Jan-20	82.1%	93.6%	2nd out of 6
es have bette	297	% assessed by Stroke Consultant <24 hours of the patient's clock start time - Bronglais GH	(SSNAP UK National quarterly average) 84.2% Jul 19-Sep 19	90.0%	76.9%	84.6%	90.0%	100.0%	85.7%	63.6%	90.0%	91.7%	100.0%	100.0%	90.0%	80.0%	1				
People in Wales have	298	% assessed by Stroke Consultant <24 hours of the patient's clock start time - Glangwili GH	(SSNAP UK National quarterly average) 84.2% Jul 19-Sep 19	70.6%	100.0%	90.5%	100.0%	100.0%	100.0%	100.0%	92.0%	100.0%	100.0%	100.0%	94.7%	100.0%	1		As	Above	
Pe	299	% assessed by Stroke Consultant <24 hours of the patient's clock start time - Prince Philip H	(SSNAP UK National quarterly average) 84.2% Jul 19-Sep 19	94.7%	87.5%	90.9%	100.0%	100.0%	100.0%	100.0%	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%	1				
	300	% assessed by Stroke Consultant <24 hours of the patient's clock start time - Withybush GH	(SSNAP UK National quarterly average)	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	94.7%	4				
	278	% of stroke patients receiving the required minutes for speech and language therapy - HDUHB % of stroke patients receiving the required minutes for speech	12 month improvement trend 12 month improvement	40.0%	40.6%	43.3%	38.9%	33.6%	33.4%	34.8%	36.5%	32.7%	50.8%	46.3%	47.5%	20.2%	+	Jan-20	48.1%	36.5%	5th out of 6
	291	% of stroke patients receiving the required minutes to speech	12 month improvement	54.4%	54.7%	52.4%	40.7%	37.8%	33.2%	45.9%	56.3%	54.0%	55.9%	51.8%	43.2%	24.8%	•				
	292	and language therapy - Glangwill GH	12 month improvement	38.7%	37.8%	38.6%	71.1%	51.5%	87.2%	32.2%	50.7%	44.3%	44.6%	51.6%	27.1%	13.8%	•		As	Above	
	293	and language therapy - Prince Philip H % of stroke patients receiving the required minutes for speech	trend	28.5%	24.4%	41.8%	20.4%	31.6%	6.6%	19.7%	13.0%	19.1%	16.3% 75.3%	17.4% 64.7%	20.9% 67.3%	15.7% 59.6%	¥				
	294 279	and language therapy - Withybush GH % of stroke patients who receive a 6 month follow up	trend Quarterly improvement	53.2%	38.6%	39.8% 43.6%	13.9%	25.4%	26.9% NA	28.3%	18.6%	60.7% NA	15.3%	64.7%	67.3%	59.6%	↑ NA	Q2 19/20	47.2%	43.6%	4th out of 6
	91	assessment The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment	trend 95%	83.9%	74.0%	75.7%	73.9%	72.8%	75.9%	71.40%	72.4%	73.8%	79.2%	65.9%	68.8%	NA	4	Jan-20	79.0%	72.4%	5th out of 6
	90	within (up to & including) 62 days of receipt of referral The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to &	98%	98.3%	97.6%	96.4%	97.1%	98.5%	98.3%	99.28%	91.9%	98.0%	96.4%	95.8%	98.8%	NA	¥	Jan-20	94.6%	91.9%	5th out of 6
	277	including) 31 days of diagnosis (regardless of referral route) % of patients starting first definitive cancer treatment within 62 days from point of suspicion	12 month improvement trend	84.7%	76.7%	76.7%	67.2%	74.0%	75.0%	76.2%	72.0%	73.0%	79.0%	74.0%	73.0%	NA	¥	Jan-20	73.7%	71.8%	4th out of 6
	214	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	68.7%	66.8%	67.9%	65.5%	62.8%	63.4%	63.1%	64.1%	62.8%	63.2%	77.2%	72.8%	71.3%	1	Mar-19	NA	62.6%	1st out of 1
	215	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 citical assessment/face to face triage	12 month improvement trend	100.0%	100.0%	0.0%	0.0%	NA	50.0%	50.0%	25.0%	100.0%	100.0%	100.0%	0.0%	100.0%	NA	Mar-19	NA	50.0%	1st out of 1
	78	The percentage of patients waiting less than 26 weeks for treatment	95%	89.8%	89.3%	87.8%	86.5%	87.5%	87.7%	86.50%	87.1%	88.6%	83.6%	78.7%	71.4%	66.7%	4	Jan-20	83.4%	87.1%	3rd out of 7
	79	The number of patients waiting more than 36 weeks for treatment	0	122	264	506	452	476	564	726	940	883	722	2202	5311	8758	¥	Jan-20	27,314	940	2nd out of 7

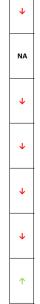
	н нвт-н	INDICATOR	Target 2019/20	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Trend	L Time period	atest all Wa All Wales	les compari Hywel Dda	son Rank in Wales
	H 96	RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers	0	268	320	Q2 2019/20 348	353	378	Q3 2019/20 399	450	468	Q4 2019/20 463	545	679	Q1 2020/21 861	NA	4		Not a	wailable	
	80	The number of patients waiting more than 8 weeks for a specified diagnostic	0	115	192	345	391	164	102	129	82	54	336	3860	7669	7293	↓	Jan-20	5,087	82	2nd out of 7
	254	The number of patients waiting 8 weeks and over for a specified diagnostic - Cardiology	0	71	34	128	205	93	61	100	70	54	256	1399	2447	NA	↓				
	255	The number of patients waiting 8 weeks and over for a specified diagnostic - Endoscopy	0	0	0	0	0	5	4	0	0	0	54	481	888	NA	¥				
	256	The number of patients waiting 8 weeks and over for a specified diagnostic - Imaging	0	0	0	0	0	0	2	0	0	0	1	0	49	NA	↓				
	257	The number of patients waiting 8 weeks and over for a specified diagnostic - Neurophysiology	0	0	0	0	0	0	3	0	10	0	9	226	355	NA	↓		b1-4 0		
	258	The number of patients waiting 8 weeks and over for a specified diagnostic - Physiological Measurement	0	0	0	0	0	0	0	2	0	0	3	62	73	NA	↓		Not A	wailable	
	259	The number of patients waiting 8 weeks and over for a specified diagnostic - Radiology – consultant referral	0	28	85	126	122	48	15	15	1	0		736	2115	NA	¥				
	260	The number of patients waiting 8 weeks and over for a specified diagnostic - Radiology GP Referral	0	15	73	91	64	18	17	14	1	0	7	947	1742	NA	↓				
	81	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	40,627	41,742	43,405	43,853	34,989	31,218	32,250	32,422	33,402	33,420	33,882	35,471	35,968	Υ				
engagement	303	The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	20% reduction against baseline of March 2020	27,793	28,358	29,379	29,411	20,226	17,323	17,926	17,914	18,361	18,272	18,194	18,790	19,435	1	Jan-20	191,259	17,914	3rd out of 7
orted by eng	304	The number of patients waiting for a follow-up outpatient appointment	20% reduction against baseline of March 2020	40,627	41,742	43,405	84,384	78,718	77,481	77,971	78,642	NA	NA	NA	NA	NA	NA		Not A	vailable	
al and supported by	225	The number of patients waiting for an outpatient follow-up (bocked and not booked) who are delayed past their agreed target date for planned care sub specialties	12 month reduction trend	20,189	20,492	21,736	21,235	16,515	14,528	14,795	14,785	15,299	15,478	15,694	16,389	16,883	T	Apr-19	NA	18,199	3rd out of 5
bled by digital	261	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	2,855	3,012	3,244	3,381	2,529	2,047	2,051	2,046	1,969	1,803	1,693	1,734	NA	1				
services, enal	262	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	609	547	540	534	546	466	513	598	691	651	649	877	NA	↓				
social care s	263	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	4,833	4,944	5,174	5,214	3,045	2,884	3,010	3,113	3,206	3,342	3,443	3,468	NA	1		No a	vailable	
health and	264	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	3,456	3,438	3,677	3,728	3,040	2,680	2,655	2,506	2,590	2,364	2,419	2,480	NA	1				
d accessible	265	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	8,436	8,551	9,101	8,378	7,355	6,451	6,566	6522	6,843	7,318	7,490	7,830	NA	1				
er quality and	92	Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	79.5%	74.0%	81.0%	76.3%	85.7%	74.5%	74.4%	NA	NA	NA	NA	NA	NA	↓	Sep-19	82.7%	76.5%	3rd out of 6
es have bette	275	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	64.6%	63%	60.5%	57.9%	56.3%	53.3%	51.0%	50.2%	49.3%	50.2%	45.5%	40.6%	NA	NA	Jan-20	70.5%	50.2%	6th out of 7
People in Wales have better	276	% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment Percentage of patients waiting less than 28 days for a first	80%	39.10%	35.90%	36.54%	34.64%	33.00%	33.26%	30.2%	28.5%	26.5%	22.9%	25.8%	25.4%	NA	NA	Jan-20	37.8%	28.5%	5th out of 7
Å	313	outpatient appointment for Child and Adolescent Mental Health Services (CAMHS) Percentage of mental health assessments undertaken within	80%						sly reported					NA	NA	NA	NA	Jan-00	0.0%	0.0%	NA
	320	(up to and including) 28 days from the date of receipt of referral (for those aged under 18 years) Percentage of mental health assessments undertaken within	80%						sly reported					NA	NA	NA	NA	Jan-00	0.0%	0.0%	NA
	321	(up to and including) 28 days from the date of receipt of referral (18 years and over) Percentage of therapeutic interventions started within (up to and including 20 days following as assessment by LDMASS (in	80%						sly reported					NA	NA	NA	NA	Jan-00	0.0%	0.0%	NA
	322 323	including) 28 days following as assessment by LPMHSS (for those aged under 18 years) Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (18	80%						sly reported					NA	NA	NA	NA	Jan-00 Jan-00	0.0%	0.0%	NA
	302	years and over) Perinatal - Longest Waiting times for First Assessment	8076 NA	51	NA	NA	NA	NA			vailable										
	98	Appointment Number of patients waiting more than 14 weeks for specific therapy	0	262	297	424	426	277	224	146	138	81	212	880	1528	1613	↓ ↓	Jan-20	238	138	7th out of 7
	227	Number of patients waiting 14 weeks plus for Art Therapy	0	0	0	0	0	0	0	0	o	0	0	2	4	5	¥				
	100	Number of patients waiting 14 weeks plus for Audiology	0	0	0	0	1	0	0	0	1	0	0	2	157	402	4				
	102	Number of patients waiting 14 weeks plus for Dietetics	0	0	0	0	2	3	2	2	o	1	0	0	0	1	^				
	104	Number of patients waiting 14 weeks plus for Occupational Therapy (excludes MHLD)	0	2	0	0	2	13	17	17	7	1	23	48	91	136	¥				
	106	Number of patients waiting 14 weeks plus for Physiotherapy	0	258	297	424	420	261	201	128	127	59	62	336	780	437	¥				
	108	Number of patients waiting 14 weeks plus for Podiatry	0	0	0	0	0	0	0	0	o	18	127	487	489	623	¥		Not a	wailable	
	110	Number of patients waiting 14 weeks plus for Speech and Language Therapy	0	0	0	0	0	0	0	0	0	0	0	1	2	3	¥				
ngagement	111	Number of patients waiting 6 weeks plus for Clinical Musculoskeletal Assessment and Treatment	0	0	0	0	0	0	0	0	0	0	9	282	61	0	¥				
ipported by engagement	249	Number of patients waiting 14 weeks plus for Lymphoedema	0	0	0	0	0	0	0	0	0	0	0	0	0	0	\leftrightarrow				
Idi																		I			

HIGH PARTY INDICATOR Target 2019/20 JUNF 1 H	2.4% 62.5% 58.3% 56.1% 59.3% Not prev 8 10		Q4 2019/20 225 247 259 62.3% 63.4% 57.1%	Q1 2020 227 231 52.5% 44.6%	281	Trend NA	Jan-20	All Wales	Dda	Wales
233 Number of patients wating 14 weeks puts for Pointonary Rehab 0 153 243 Number of patients wating 14 weeks puts for Pointonary Rehab 0 163 274 % of ophthalmology R1 patients to be seen by their clinical target date 95% 62.4* 312 Percentage of children regularly accessing NHS primary dental care 4 quarter improvement 112 112 Individual Patient Funding Request (IPFR) - Total number N/A 8 113 Individual Patient Funding Request (IPFR) - Total number N/A 6 114 Individual Patient Funding Request (IPFR) - Total number N/A 45	2.4% 62.5% 58.3% 56.1% 59.3% Not prev 8 10	61.8% 60.6%					Jan-20			
2/4 target cate of within 25% in texters is of their clinical target cate 95% 224 12 for their care or treatments 95% 224 312 Percentage of children regularly accessing NHS primary dental care 4 quarter improvement 112 Individual Patient Funding Request (IPFR) - Total number received N/A 8 113 Individual Patient Funding Request (IPFR) - Total number approved N/A 6 114 Individual Patient Funding Request (IPFR) - Total number declined N/A <5	8 10 Not prev	vviously reported	U2:3/8 U3:4/8 J1:1/6	52.378 44.07	42.176	NA	Jan-20		00.00/	Oth and of 7
312 care 4 quarter improvement 112 Individual Patient Funding Request (IPFR) - Total number N/A 8 113 Individual Patient Funding Request (IPFR) - Total number N/A 6 114 Individual Patient Funding Request (IPFR) - Total number N/A 6	8 10							66.1%	62.3%	6th out of 7
The second se		9	8	NA		NA	Jan-00 Not	0.0%	0.0%	NA
Index Index <th< td=""><td></td><td>9</td><td>8</td><td>NA</td><td></td><td>NA</td><td>Available</td><td></td><td></td><td></td></th<>		9	8	NA		NA	Available			
ecined	<5 <5	<5	<5	NA		NA				
PE 115 Number of CHC packages delivered N/A 459	459 479	468	460	NA		NA				
Internet Internet E20.03 Internet Total Health board CHC spend N/A £20.03	0.03m £20.35m	£20.26m	£20.5m	NA		NA				
Percentage of practices that have achieved all standards set out to balance of practices that have achieved all standards set out to balance of the set of	Not prev	eviously reported				NA	Jan-00	0.0%	0.0%	NA
arrow and a standards for In-Hours GMS Services 100 // Access Times for Re-Accessing Audiology Services - Total 0 3.314	,314 3,103	2,421	2,015	2,343		¥				
Access Times for Re-Accessing Audiology Services - Longest 14 weeks 98		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	5.0% 67.0% 71.0% 83.0% 76.5%	6 7 <u>2.5%</u> 67.0%	72.2% 70.1% 68.9%	61.0% 63.0%	75.0%	¥	Q3 19/20	68.5%	72.5%	6th out of 10
was first received by the organisation.							2040/40	00.5%	00.4%	745
Percentage of adults (age 16+) who reported that they were very satisfied of rain'y satisfied about the care that is provided by their GP/family doctor The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales Annual Improvement						↓	2018/19	92.5%	90.4%	7th out of 7
61 The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales Annual Improvement						1	2018/19	6.31	6.25	4th out of 7
9 155 Percentage of sickness absence rate of staff 12 month reduction trend 4.92%	92% 4.92% 4.90% 4.95% 5.04%	6 5.08% 5.12%	5.08% 5.08% 5.19%	5.29% 5.35%	NA	4	Dec-19	5.51%	5.11%	4th out of 10
151 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 denistis in training) 85% 79.0% 154 Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation 85% 81.6% 152 Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job Annual Improvement	9.0% 79.0% 78.0% 77.0% 76.9%	6 75.0% 75.0%	75.0% 76.0% 67.4%	68.6% 67.4%	70.4%	↓	Dec-19	73.2%	76.5%	4th out of 10
Too Percentage compliance for all completed Level 1 competencies 85% 81.67 Upper extension 0	1.6% 82.4% 84.1% 82.6% 83.4%	% 82.5% 82.6%	82.7% 83.2% 82.9%	81.6% 82.7%	83.5%	↓	Dec-19	79.9%	83.1%	Joint 3rd out of 10
						1	2018	54%	53%	Joint 5th out of 10
153 Overall staff engagement score – scale score method Annual Improvement Percentage of staff who would be happy with the standards of Image: staff who would be happy with the standards of						NA	2018	3.82		5th out of 10 Joint 8th out
156 care provided by their organisation if a friend or relative needed Annual improvement 8 Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six first hour care 12 month improvement	4.1% 91.2% 88.6% 92.6% 97.0%	% 97.4% 90.0%	90.3% 66.7% 67.0%	100.0% 50.0%	87.5%	NA V	2018 Jan-20	73%	71% 90.3%	of 10 3rd out of 6
Image for booling of the service of the ser			92.9% 84.6% 85.0%	86.0% 86.2%		*	Jan-20	63.3%		2nd out of 6
all elements of the 'Sepsis Six first hour care bundle within one trend hour of positive screening										
814 Percentage of deaths scrutinised by an independent medical examiner Quarter on quarter improvement 8	Not prev	wiously reported		NA NA	NA					
324 Crude hospital mortality rate (74 years of age or less) Excludes Daycases. 12 month reduction trend	Not prev	viously reported		NA NA	NA	Ŷ	Jan-00	o	0	NA
Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	Not prev	eviously reported		NA NA	NA	NA	Jan-00	0.0%	0.0%	NA
23 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 273.8	73.8 262.6	312.6	310.4	NA		¥	Q2 19/20	260.8	262.6	5th out of 7
E 269 Opioid average daily quantities per 1,000 patients 4 quarter reduction trend 4,991	991.2 5028.8	5031.5	4951.7	NA		1	Q2 19/20	4,612.8	5,028.8	6th out of 7
270 Number of patients aged 65 years or over prescribed an 4 quarter reduction trend 1270	270 1244	NA	NA	NA		Ŷ	Q2 19/20	9,981.0	1,244	3rd out of 7
316 Number of women of child bearing age prescribed valproate as Quarter on Quarter reduction NA	NA NA	NA	NA	NA		NA	Jan-00	0.0	0	NA
20 Percentage of patients with a positive screening 12 month improvement trend 94.13 21 Percentage of patients who presented to the Emergency in the average screening who have received at elements of the Sepsis Six first hour care bundle within one hour of positive screening 12 month improvement trend 89.23 314 Percentage of deaths scrutinised by an independent medical elements of the Sepsis Six first hour care bundle within one hour of positive screening Cuarter on quarter improvement trend 89.23 314 Percentage of deaths scrutinised by an independent medical back scrutinised by an orthogenistrician assessment back scrutinised by an independent medical back scrutinised by an anothing scrutinised by an independent medical back scrutinised by an anothing scrutinise scrutinised by anothing scrutinise scrutinised by a	9.5% 99.5%	100.0%		NA		Ŷ	Q2 19/20	98.2%	99.5%	Joint 1st out of 7
56 Number of patients recruited in Health and Care Research Wales clinical research portfolio studies 10% annual improvement (Cumulative - as at 15(94/2020)		942				¥	Q1-Q2 2019/20	5,759	397	5th out of 10
Number of patients recruited in Health and Care Research 5% annual improvement		20				¥	Q1-Q2 2019/20	312	9	6th out of 10
97 Wales commercially sponsored studies (Cumulative - as at 15/04/2020) 97 Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme Annual improvement 92 Percentage of clinical coding accuracy audit programme Annual improvement 92 Quantity of biosimilar medicines prescribed as a percentage of backet of biosimilar medicines) Quarter on quarter improvement target		90.90%				Ŷ	2019/20	93.9%	90.9%	8th out of 8
Guantity 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%	77.0%	74.0%	NA		¥	Q2 19/20	79.0%	82.1%	2nd out of 6
280 % 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%	2.3% 18.9%	35.7%	NĂ	NA		↓	Q3 19/20	20.1%	35.7%	1st out of 6
281 % of adult dental patients in the health board population re- attending NHS primary dental care between 6 and 9 months 4 quarter reduction trend 35.39	5.3% 34.7%	34.1%	31.0%	NA		NA	Q3 19/20	32.2%	34.1%	5th out of 7
62 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 catendar 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	NA	Mar-18	25.9%	24.1%	4th out of 6
213 Number of procedures postponed either on the day or the day before for specified non-clinical reasons 213 A reduction of no less than 5% of the total number of the health board's postponements for the previous financial year	127 89 100 118 103	156 156	260 113 1,072	700 12	NA	¥	Feb-19-Jan- 20	16,480	1,631	2nd out of 7
317 Agency spend as a percentage of total pay bill 12 month reduction trend 4.65%	65% 4.96% 4.52% 4.89% 4.65%	6 5.81% 5.36%	5.25% 6.63% 4.30%	3.36% 3.19%	3.5%	NA	Jan-00	0	0	NA

	н																	Latest all Wales comparison
	нвт-н н	INDICATOR	Target 2019/20	Jun-19	Jul-19	Aug-19 Q2 2019/20	Sep-19	Oct-19	Nov-19 Q3 2019/20	Dec-19	Jan-20	Feb-20 Q4 2019/20	Mar-20	Apr-20	May-20 Q1 2020/21	Jun-20	Trend	period All Wales Dda Wales
	150	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	£8.864m 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	£16.228m deficit	1	
	157	Financial balance: Stay Within Capital Resource Limit (cumulative year to date position)	<=0	0	0	0	0	O	0	0	0	0	o	0	0	0	\leftrightarrow	
utcomes	158	Cash Expenditure is less than the Cash Limit	Year end forecast	£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	£1.473m surplus	¥	Not Available
used on o	159	The Savings Plan is on target (cumulative year to date position)	100%	93.18%	84.98%	90.01%	98.91%	91.82%	90.33%	90.10%	89.1%	88.7%	90.1%	30.6%	35.0%	41.3%	¥	
ata and foc	160	Variable pay (Agency, Locum, Bank & Overtime; monthly position)	Reduction on 2016/17	£4.860m	£4.388m	£4.431m	£4.431m	£4.497m	£4.996m	£4.996m	£4.946m	£5.285m	£5.863m	£4.576m	£4.535m	£4.581m	¥	
abled by da	171	Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	95%	95.4%		95.4%			95.9%			96.2%			NA		1	Not Available
demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	228	The percentage of completed Planned Preventative Maintenance (PPM) - high risk	95%	88.0%	86.0%	86.0%	89.0%	85.0%	86.0%	83.00%	85.00%	77.0%	84.0%	83.0%	NA	NA	¥	
t and inno	229	The percentage of completed Planned Preventative Maintenance (PPM) - general	70%	54.0%	53.0%	54.0%	63.0%	63.0%	69.0%	72.00%	69.00%	53.0%	67.0%	72.0%	NA	NA	1	
provemen	237	Catering Patient Satisfaction - % of audits to achieve good/very good/excellent scores	95%	96.0%	98.0%	97.0%	96.0%	95.0%	100.0%	95.00%	98.0%	100.0%	NA	NA	NA	97.5%	NA	
d rapid im	238	Number of overdue fire risk assessments by Hywel Dda University Health Board (HB)	0%	38	26	29	37	36	37	20	0	o	5	26	24	13	1	
monstrate	239	Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Soft FM	98%	94.9%	94.7%	95.1%	95.6%	94.9%	94.7%	86.0%	88.0%	95.3%	95.0%	NA	93.0%	91.0%	NA	
hat has de	240	Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Hard FM	98%	64.9%	68.3%	65.4%	67.1%	66.5%	68.7%	61.0%	62.0%	69.5%	56.0%	NA	81.0%	86.0%	NA	
e system that has	241	Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Soft FM	95%	93.1%	92.4%	91.6%	92.4%	91.4%	91.8%	91.0%	87.0%	92.0%	92.0%	NA	93.0%	91.0%	NA	
l social care	242	Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Hard FM	95%	59.2%	60.3%	60.9%	58.5%	60.2%	57.4%	58.0%	58.0%	63.6%	61.0%	NA	87.0%	80.0%	NA	
value health and social	243	Clinical Engineering - Acute % completed HIGH Planned Preventative Maintenance (PPM)	100%	NA	100.0%	100.0%	100.0%	100.0%	100%	NA	NA	NA	100.0%	100.0%	100.0%	100.0%	NA	Not Available
igher value	244	Clinical Engineering - Acute % completed MEDIUM Planned Preventative Maintenance (PPM)	75%	70.0%	72.0%	68.0%	69.0%	64.0%	63.0%	59.0%	52.0%	56.0%	44.0%	8.0%	43.0%	60.0%	¥	
Wales has a hig	245	Clinical Engineering - Acute % completed LOW Planned Preventative Maintenance (PPM)	40%	46.0%	56.0%	65.0%	63.0%	45.0%	62.0%	70.0%	22.0%	33.0%	26.0%	13.0%	26.0%	33.0%	¥	
Wale	246	Clinical Engineering - Community % completed HIGH Planned Preventative Maintenance (PPM)	100%	NA	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	247	Clinical Engineering - Community % completed MEDIUM Planned Preventative Maintenance (PPM)	75%	28.0%	71.0%	28.0%	46.0%	33.0%	65.0%	60.0%	46.0%	33.0%	43.0%	48.0%	28.0%	22.0%	¥	
	248	Clinical Engineering - Community % completed LOW Planned Preventative Maintenance (PPM)	40%	51.0%	67.0%	75.0%	50.0%	41.0%	69.00%	32.0%	25.0%	46.0%	17.0%	12.0%	12.0%	14.0%	¥	
	230	Consultants/SAS Doctors with a job plan	90%	94.0%	90.0%	86.0%	86.0%	89.0%	87.0%	88.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	1	
	301	Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)	90%	66.0%	54.0%	52.0%	52.0%	61.0%	59.0%	57.0%	64.0%	74.0%	78.0%	78.0%	58.0%	58.0%	1	
	231	Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Own Record	8	11	6	8	6	10	7	7	10	7	15	4	8	8	¥	
	232	Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Family Record	13	8	9	4	7	11	5	8	10	12	8	9	9	9	¥	
	266	% of Server infrastructure patched with the latest updates	90%	81%	83%	81%	72%	64%	78%	49%	69%	96%	71.0%	84.0%	71.0%	75.0%	1	Not Available
	267	% of Desktop infrastructure patch with the latest updates	90%	85%	89%	93%	92%	79%	87%	85%	76%	98%	87.0%	91.0%	85.0%	86.0%	•	
ork	268	European age standardised rate of alcohd attributed hospital admissions for individuals resident in Wales Of those women who had their initial assessment and gave birth	4 quarter reduction trend	44005.2%					42296.5%			NA					NA	Q2 19/20 44940.0% 42600.0% 3rd out of 7
s Framewo	1	within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)	Annual improvement														1	2018/19 17.4% 21.7% 3rd out of 7
I Outcome	207	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
reported as part of Single Integrated Outcomes Framework	31	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	90%	50.0%	23.8%	53.8%	30.8%	38.1%	41.2%	66.7%	43.8%	12.5%	42.0%				1	Feb-20 39.2% 11.1% 7th out of 9
t of Single	32	Number of new never events	0	0	0	0	0	0	1	0	0	0	0				¥	Feb-20 3 0 Joint 1st out of 10
rted as par	219	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	0 A quarterly reduction of	2		1			0			NA					1	Q3 19/20 1 Joint 1st out of 8
No longer repo	286	Fluoroquinolones, Cephalosporins, Clindamycin and Co- amoxiclav items per 1,000 patients	10% against a baseline of April 2017 – March 2018	14.3		13.8			13.5			13					1	Q2 19/20 12.0 13.8 6th out of 7
No lo	19	Amenable mortality per 100,000 of the European standardised population	Annual reduction														NA	2018 98.30 87.20 2nd out of 7
	51	Percentage of episodes clinically coded within one reporting month post episode discharge end date Percentage compliance of the completed level 1 Information	95%	74.7%	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
	208	Governance (Wales) training element of the Core Skills and Training Framework	85%	79.8%	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
	47	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	95%	89.5%	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
	48	Crude hospital mortality rate (74 years of age or less)	12 month reduction trend	0.69%	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
	54	Number of Health and Care Research Wales clinical research portfolio studies	10% annual improvement (Cumulative - as at 15/04/2020)					4	2								¥	Q1-Q2 2019/20 258 30 7th out of 10
	55	Number of Health and Care Research Wales commercially sponsored studies	5% annual improvement (Cumulative - as at 15/04/2020)						5								1	Q1-Q2 2019/20 62 3 Joint 6th out of 10
	69	Percentage of employed NHS staff completing dementia training at an informed level	85% - Annual Improvement	85.1%	86.0%	86.8%	86.9%	86.9%	88.0%	88.1%	88.5%	89.5%	89.7%				Ť	Apr 19 - Sep 19 68.9% 86.7% 2nd out of 10
	68	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

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	нвт-н н	INDICATOR	Target 2019/20	Jun-19	Jul-19	Aug-19 Q2 2019/20	Sep-19	Oct-19	Nov-19 Q3 2019/20	Dec-19	Jan-20	Feb-20 Q4 2019/20	Mar-20	Apr-20	May-20 Q1 2020/21	Jun-20	Trend	p
	70	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														↑	20
	271	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														Ť	20
	93	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	94.3%	85.8%	82.3%	91.3%	93.6%	88.6%	90.3%	68.6%	80.3%	86.8%				↓	Ja
	94	The percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mential Health Support Services (LPMHSS)	80%	88.0%	90.6%	87.0%	83.6%	84.9%	86.0%	85.9%	76.3%	83.2%	83.9%				↓	Ja
	211	Percentage of qualifying patients (compulsory & informal/voluntary) who had their first contact with an Independent Merial Health Advocacy (IMHA) within 5 working days of their request for an IMHA	100%	100.0%		100.0%			100%			NA					↔	Q3
	77	Percentage of the health board population regularly accessing NHS primary dental care	4 quarter improvement trend	45.8%		45.9%			45.8%			44.0%					¥	S
	13	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Annual reduction		I			1						I			NA	20
ework	131	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%	91.6%	92.0%	94.5%	92.7%	93.9%	93.0%	94.8%	94.0%	94.4%	92.3%				ſ	Ja
No longer reported as part of Single Integrated Outcomes Framework	132	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%	64.3%	100.0%	85.7%	80.0%	100.0%	100.0%	85.7%				ſ	Ji
ntegrated O	74	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Annual improvement														1	2
art of Single I	129	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								NA	Q3
r reported as p	130	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								NA	Q3
No longe	128	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								NA	Q3
	121	% of practices with one half day closure per week	6% - Annual														Ť	
	122	% of practices with extended opening hours and offering appointments after 18:30 at least one week day	7% - Annual									1		T			1	
	133	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%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%				Ŷ	
	135	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%	100.0%				↔	+
	136	100% of service users admitted to a psychiatric hospital, who have not received a gate keeping assessment by the Crisis Resolution Horne Treatment (CRHT), will receive a follow-up assessment by the CRHTS within 24 hours of admission	100%	100.0%	100.0%	0.0%	NA	NA	NA	NA	100.0%	NA	NA				NA	+
	137	To maintain a maximum waiting time for first appointment with specified therapies of 14 weeks	0	o	0	0		2	4	0	3	2	0.0%				¥	+
	138	To maintain a maximum waiting time for first outpatient appointments of 10 weeks	0			10											¥	
	139	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%]	1.9%	2.9%	3.3%	5.0%	3.2%	8.3%	3.4%	4.67%	7.0%	NA				Ŷ	
	161	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%]	0.0%	9.1%	7.7%	7.3%	3.3%	4.8%	6.8%	10.4%	7.1%	NA				Ŷ	
	166	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%]	4.6%	7.5%	9.8%	9.1%	10.9%	14.7%	12.2%	11.5%	3.3%	NA				Ŷ	
	140	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%]	85.4%	90.2%	92.4%	90.9%	90.0%	90.2%	93.6%	88.6%	91.8%	NA				1	
	167	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%]	94.0%	90.3%	96.2%	93.7%	96. 0 %	92.3%	98.0%	92.9%	100.0%	NA				1	
	162	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%]	93.5%	96.9%	88.9%		92.1%	95.0%	95.7%	93.8%	94.1%	NA				¥	
	141	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 haseline & artherance to the Welsh Government	89.0%	88.2%	80.9%	86.5%	83.6%	82.7%	79.0%	94.6%	81.5%	NA				Ŷ	l
lework	163	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 haseline & adherence to the Welsh Government	89.6%	89.6%	86.0%	85.0%	90.6%	77.6%	87.7%	87.0%	85.2%	NA				NA	
utcomes Fram	168	Substance misuse is reduced for problematic substance between start and most recent review/exit - Pembrokeshire	Baseline 76.94% [Rating; Red <=Baseline, and Green >=Baseline] Achievement to show continual improvement against own	88.2%	88.2%	85.7%	89.5%	89.8%	90.7%	85.8%	82.1%	88.4%	NA				¥	L
longer reported as part of Single Integrated Outcomes Framework	142	Quality of life is improved between start and most recent review/ exit Treatment Outcome Profile (TOP) - Carmarthenshire	haseline & adherence to the Welsh Government Baseline 63.74%, Increase [Rating: Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement angingt num baseline & Welsh Government	87.6%	76.9%	71.4%	89.7%	93.3%	91.2%	87.1%	74.1%	74.4%	NA				Ŷ	+
as part of Sing	164	Quality of life is improved between start and most recent review/ exit Treatment Outcome Profile (TOP) - Ceredigion	Baseline 63.74%, Increase [Rating; Red =Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & Welsh Government	75.9%	75.0%	83.7%	76.1%	86.0%	63.9%	79.2%	83.8%	64.3%	NA				¥	
nger reported	169	Quality of life is improved between start and most recent review/ exit Treatment Outcome Profile (TOP) - Pembrokeshire	Wesh Government Baseline 63.74%, Increase [Rating; Red <=Baseline, and Green >=Baseline]. Achievement to show continual improvement against own baseline & Welsh Government	94.4%	79.4%	76.2%	84.9%	89.8%	87.5%	79.2%	86.1%	74.5%	NA				Ŷ	
No lor	143	Number/percentage of cases closed (with a treatment date) as treatment completed - Carmarthenshire	Weish Government Baseline 75.09%, Increase, [Rating; Red <=Baseline, and Green >=Baseline], Achievement to show continual improvement anainst own baseline &	97.7%	95.4%	96.3%	95.5%	94.8%	96.4%	96.2%	94.5%	94.7%	NA				1	

Trend	Time period	Latest all Wa	les compari Hywel Dda	ison Rank in Wales
↑	2018/19	23.0%	23.0%	2nd out of 7
Ŷ	2018/19	96.3%	95.3%	6th out of 7
¥	Jan-20	71.9%	68.6%	4th out of 7
¥	Jan-20	75.4%	76.3%	4th out of 7
\Leftrightarrow	Q3 19/2	0 100.0%	100.0%	Joint 1st out of 7
¥	Sep-19	55.1%	45.8%	7th out of 7
NA	2018/19	9 39.9%	36.1%	1st out of 7
↑	Jan-20	89.2%	94.0%	2nd out of 7
↑	Jan-20	100.0%	100.0%	Joint 1st out of 7
↑	2019	83.7%	89.6%	2nd out of 5
NA	Q3 19/2	0 4.8	3.6	Joint 4th out of 7
NA	Q3 19/2	0 32.0	19.4	7th out of 7
NA	Q3 19/2	0 148.0	144.4	5th out of 7
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НВТ-Н	INDICATOR	Target 2019/20	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
н					Q2 2019/20			Q3 2019/20			Q4 2019/20			Q1 2020/21	
	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 &	95.5%	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	anginst own baseline & Welsh Government Baseline 75.09%, Increase, [Rating; Red <=Baseline, and Green >=Baseline], Achievement to show continual improvement anginst own baseline &	92.5%	92.2% 82.9% 91.9%		88.5%	88.4%	85.7%	87.4%	98.1%	NA				

	I	Latest all Wal	ies compari	ison
Trend	Time period	All Wales	Hywel Dda	Rank in Wales
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