

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.

INDICATOR	Target 2019/20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Trend	Latest all Wales comparison				
		Q4 2019/20	Q1 2020/21			Q2 2020/21			Q3 2020/21			Q4 2020/21				Time period	All Wales	Hywel Dda	Rank in Wales	
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%	reviously rep	100.0%	100.0%	100.0%	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Jan-21	83.2%	100.0%	Joint 1st out of 7
Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	90%	reviously rep	93.8%	94.9%	93.7%	92.1%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Jan-21	86.2%	86.9%	4th out of 7
The percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target (cumulative)	3.45%	1.04%			1.82%			2.67%						↓	Q1-Q2 20/21	1.65%	1.82%	2nd out of 7	
The percentage of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks	40% annual target	43.5%	NA			NA			NA						↓	Q4 19/20	41.65%	43.50%	3rd out of 7	
Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	95.5%	96.0%			93.6%			95.9%						↓	Q3 20/21	95.2%	95.9%	3rd out of 7	
Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	90.0%	90.3%			90.0%			90.1%						↔	Q3 20/21	92.1%	90.1%	7th out of 7	
European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	4 quarter reduction trend	385	224			301			NA						↑	Q2 20/21	364.3	300.6	1st out of 7	
Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	4 quarter improvement trend	NA	90.9%			61.2%			NA						NA	Q3 20/21	64.0%	61.2%	5th out of 7	
% uptake of Influenza vaccination - 65 year olds and over	75% - Annual Improvement (as at Mar'21)	64.8%				73.6%									↑	2019/20	69.4%	64.8%	7th out of 7	
% uptake of Influenza vaccination - Under 65's in risk groups	55% - Annual Improvement (as at Mar '21)	40.2%				49.8%									↑	2019/20	44.1%	40.2%	7th out of 7	
% uptake of Influenza vaccination - Pregnant women (PHW Point of Delivery survey)	75% - Annual Improvement (as at Jul '20)	84.4%				NA									↑	2019/20	78.5%	84.4%	3rd out of 7	
% uptake of Influenza vaccination - Healthcare workers with direct patient contact	60% - Annual Improvement (as at Jul '20)	49.2%				NA									↑	2019/20	58.7%	49.2%	9th out of 10	
Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	reviously rep													NA	2019/20	35.3%	38.2%	3rd out of 7	
Uptake of cancer screening for bowel cancer.	60%	reviously rep													NA	2018/19	57.3%	57.8%	3rd out of 7	
Uptake of cancer screening for breast cancer.	70%	reviously rep													NA	2018/19	72.8%	73.6%	Joint 2nd out of 7	
Uptake of cancer screening for cervical cancer	80%	reviously rep													NA	2018/19	73.2%	70.9%	7th out of 7	
Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Annual improvement	NA													↑	2018/19	54.7%	47.9%	6th out of 7	
Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population	<= 67 cases / 100,000 pop.	99.58	78.88	76.33	69.69	75.26	74.24	79.14	81.38	82.24	80.20	77.95	76.80	77.54	↓	Apr 20 - Feb 21	59.19	76.80	6th out of 6	
Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	<= 25 cases / 100,000 pop.	37.08	31.55	36.64	39.53	38.02	40.21	37.76	34.50	34.14	34.42	34.34	35.14	35.79	↑	Apr 20 - Feb 21	27.99	35.14	5th out of 6	
Cumulative rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	<= 20 cases / 100,000 pop.	31.64	31.55	15.27	22.88	24.05	24.13	23.79	24.33	23.28	22.72	24.13	24.37	24.38	↓	Apr 20 - Feb 21	24.79	24.37	2nd out of 6	
Cumulative number of cases of Pseudomonas aeruginosa bacteraemia	10% reduction on 2019/20 baseline	26	3	3	5	5	7	11	14	19	19	20	21	22	↓	Apr 20 - Feb 21	141	21	3rd out of 6	
Cumulative number of cases of Klebsiella bacteraemia	10% reduction on 2019/20 baseline	87	4	6	12	17	25	32	36	41	48	56	59	73	↓	Apr 20 - Feb 21	551	59	1st out of 6	
% of Out of Hours (OoH)/11 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	90.0%	86.7%	94.2%	92.9%	91.8%	92.7%	90.0%	94.5%	92.5%	93.3%	88.6%	92.3%	96.9%	97.6%	↑					
Percentage of eligible individuals with Hepatitis C infection who have commenced treatment	HB specific TBC	reviously rep	NA	NA	NA	NA	NA													
The number of healthcare acquired pressure sores in a hospital setting	Reduction	20	23	19	24	29	23	31	33	51	57	61	46	32	↓					Not Available
The number of healthcare acquired pressure sores in a Community setting	Reduction	48	57	62	73	94	58	82	73	73	69	71	66	71	↓					Not Available
Number of reports made within the timeframe set by RIDDOR	60%	66.7%	0.0%	75.0%	63.3%	72.2%	68.2%	70.8%	67.9%	65.6%	63.9%	64.8%	66.7%	61.9%	↑					Not Available
The number of potentially preventable hospital acquired thrombosis	4 quarter reduction trend	0	2			1			NA						↓	Q2 20/21	6	1	6th out of 8	
Number of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population	Annual reduction	NA														NA				Not Available
Number of health board mental health delayed transfer of care	12 month reduction trend	13	11	11	9	15	11	5	14	10	5	21	16	13	↓	Feb-20	63	16	Joint 5th out of 7	
Number of health board non mental health delayed transfer of care	12 month reduction trend	46	NA	NA	NA	↑	Feb-20	385	49	3rd out of 7										
% compliance with Hand hygiene (World Health Organisation (WHO) 5 moments)	95%	95.2%	97.2%	97.6%	92.3%	94.6%	94.5%	94.2%	96.0%	97.5%	96.3%	95.9%	96.0%	95.7%	↑					Not Available
Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission	85%	89.0%	91.8%	90.0%	91.8%	93.0%	89.9%	85.4%	77.1%	80.2%	79.0%	82.2%	77.3%	85.3%	↓					Not Available
The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	56.9%	56.7%	55.8%	71.3%	62.8%	54.5%	50.6%	58.9%	47.0%	44.6%	54.0%	61.6%	54.7%	↓	Feb-21	64.4%	61.6%	6th out of 7	
% of Amber Calls responded to within 20 minutes	NA	34.3%	46.6%	46.4%	49.6%	41.9%	31.9%	31.2%	35.6%	27.9%	21.6%	30.8%	39.6%	32.6%	NA					As Above
Number of ambulance handovers over one hour	0	288	37	21	31	95	117	222	226	374	420	404	278	466	↓	Feb-21	2374	278	4th out of 6	
The percentage of patients who spend less than 4 hours in all hospital major and minor care facilities from arrival until admission, transfer or discharge	95%	77.9%	86.5%	86.7%	84.3%	83.4%	80.2%	78.1%	78.2%	76.1%	72.9%	72.4%	71.9%	72.7%	↓	Jan-21	74.2%	72.4%	5th out of 6	
The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	540	47	56	113	195	306	491	452	614	717	818	795	914	↓	Jan-21	5,462	818	3rd out of 6	

INDICATOR	Target 2019/20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Trend	Latest all Wales comparison			
		Q4 2019/20	Q1 2020/21			Q2 2020/21			Q3 2020/21			Q4 2020/21				Time period	All Wales	Hywel Dda	Rank in Wales
% 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	59.3% Jul 20-Sept 20 (SSNAP UK National quarterly average)	59.4%	73.1%	64.4%	68.9%	59.3%	64.1%	55.4%	37.7%	45.3%	28.6%	39.0%	29.2%	37.8%	↓	Jan-21	20.3%	39.0%	1st out of 6
% assessed by Stroke Consultant <24 hours of the patient's clock start time - HDUHB	85.2% Jul 20-Sept 20 (SSNAP UK National quarterly average)	100.0%	100.0%	95.9%	95.1%	95.7%	95.9%	93.8%	96.6%	100.0%	97.8%	100.0%	92.5%	96.2%	↓	Jan-21	82.7%	100.0%	1st out of 6
% of stroke patients receiving the required minutes for speech and language therapy - HDUHB	12 month improvement trend	50.8%	46.3%	47.5%	19.0%	9.3%	9.6%	34.6%	52.2%	52.6%	41.3%	38.8%	32.1%	31.1%	↑	Jan-21	42.4%	38.8%	5th out of 6
% of stroke patients who receive a 6 month follow up assessment	Quarterly improvement trend	NA	NA			NA			NA						↑	Q3 19/20	62.2%	75.6%	2nd out of 6
% of patients starting first definitive cancer treatment within 62 days from point of suspicion	75%	79.0%	74.0%	73.0%	79.9%	79.0%	81.0%	74.3%	71.0%	74.0%	66.4%	68.0%	66.0%	NA	↓	Jan-21	61.2%	67.5%	2nd out of 6
For health boards with 111 services, the percentage of P1 calls that were logged and patients started their definitive assessment within 20 minutes of the initial calls being answered	12 month improvement trend	62.6%	77.2%	72.8%	71.3%	73.5%	67.4%	74.0%	72.1%	73.4%	67.3%	69.6%	79.2%	81.3%	↑	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	100.0%	100.0%	0.0%	100.0%	NA	50.0%	NA	NA	NA	NA	0.0%	100.0%	50.0%	NA	Mar-19	NA	50.0%	1st out of 1
The percentage of patients waiting less than 26 weeks for treatment	95%	83.6%	78.7%	71.4%	66.7%	59.5%	54.5%	48.9%	53.0%	56.1%	56.9%	56.8%	55.5%	55.5%	↓	Jan-21	51.6%	56.7%	2nd out of 7
The number of patients waiting more than 36 weeks for treatment	0	722	2202	5,311	8,758	12,450	15,698	17,857	22,571	25,785	25,182	25,522	25,793	25,868	↓	Jan-21	221,849	25,522	2nd out of 7
RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers	0	545	679	862	1,022	1,216	1,316	1,432	1,603	1,667	1,886	1,671	1,647	NA	↓	Not available			
The number of patients waiting more than 8 weeks for a specified diagnostic	0	336	3,501	7,615	7,248	6,595	6,362	5,904	5,407	5,288	5,326	5,954	5,628	5,702	↑	Jan-21	56,619	5,954	2nd out of 7
The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date (2017/18)	15% reduction against baseline of March 2019 by March 2020	33,420	33,882	35,471	35,968	36,982	38,057	38,399	40,953	40,201	39,903	38,968	37,097	32,972	↓	Not available			
The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	20% reduction against baseline of March 2020	18,272	18,194	18,790	19,435	20,183	21,031	22,098	23,911	24,330	24,580	24,143	23,124	20,094	↓	Jan-21	202,329	24,143	3rd out of 7
The number of patients waiting for a follow-up outpatient appointment	20% reduction against baseline of March 2020	NA	68,509	65,542	NA	63,777	63,929	64,473	67,676	68,239	67,889	66,215	NA	NA	NA	Jan-21	754,816	66,215	2nd out of 7
The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care sub specialities	12 month reduction trend	15,478	15,694	16,389	16,883	17,827	17,814	17,658	19,037	18,373	18,226	18,076	17,662	17,067	↓	Apr-19	11,128	1,720	4th out of 7
Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	66.7%	89.8%	88.9%	89.5%	73.7%	78.9%	74.3%	68%	74%	70%	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%	50.2%	45.5%	40.6%	38.1%	33.2%	28.3%	26.2%	27.3%	28.1%	26.4%	27.1%	28.2%	NA	↓	Jan-21	58.0%	27.1%	7th out of 7
% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	22.9%	25.8%	22.5%	23.9%	21.6%	19.7%	17.7%	18.1%	18.7%	18.0%	17.1%	15.9%	NA	↓	Jan-21	27.8%	17.1%	7th out of 7
Percentage of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)	80%	reviously rep	NA	95.7%	95.3%	NA	NA	100%	NA	NA	NA	NA	NA	NA	NA	Jan-21	47.1%	67.9%	4th out of 6
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%	reviously rep	81.1%	96.4%	100.0%	97.1%	NA	NA	NA	NA	NA	NA	NA	NA	NA	Jan-21	56.6%	97.1%	Joint 1st out of 7
Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (18 years and over)	80%	reviously rep	94.2%	100.0%	98.9%	96.3%	NA	NA	NA	NA	NA	NA	NA	NA	NA	Jan-21	72.9%	96.3%	2nd out of 7
Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (for those aged under 18 years)	80%	reviously rep	81.8%	85.7%	98.9%	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	NA	Jan-21	77.6%	100.0%	1st out of 7
Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (18 years and over)	80%	reviously rep	83.9%	97.8%	98.2%	94.1%	NA	NA	NA	NA	NA	NA	NA	NA	NA	Jan-21	73.8%	94.1%	3rd out of 7
Perinatal - Longest Waiting times for First Assessment Appointment	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	Not available			
Number of patients waiting more than 14 weeks for specific therapy	0	212	880	1,528	1,613	998	946	533	659	463	423	395	417	401	↑	Jan-21	4094	395	2nd out of 7
Number of patients waiting 14 weeks plus for Art Therapy	0	0	2	4	5	5	NA	NA	NA	NA	1	NA	NA	NA	NA	Not available			
Number of patients waiting 14 weeks plus for Audiology	0	0	2	157	402	401	490	338	237	145	122	163	193	155	↑	Not available			
Number of patients waiting 14 weeks plus for Dietetics	0	0	0	0	1	0	0	0	0	0	0	0	0	0	↑	Not available			
Number of patients waiting 14 weeks plus for Occupational Therapy (excludes MHLI)	0	23	48	91	136	121	116	104	101	100	108	95	97	111	↓	Not available			
Number of patients waiting 14 weeks plus for Physiotherapy	0	62	336	780	437	15	4	1	2	3	1	1	0	2	↑	Not available			
Number of patients waiting 14 weeks plus for Podiatry	0	127	487	489	623	449	336	350	319	215	189	133	126	127	↑	Not available			
Number of patients waiting 14 weeks plus for Speech and Language Therapy	0	0	1	2	3	2	0	0	0	0	1	1	0	5	↓	Not available			
Number of patients waiting 6 weeks plus for Clinical Musculoskeletal Assessment and Treatment	0	9	282	61	0	2	1	0	0	1	2	1	2	0	↑	Not available			
Number of patients waiting 14 weeks plus for Lymphoedema	0	0	0	0	0	0	0	0	0	0	0	0	0	0	↔	Not available			
Number of patients waiting 14 weeks plus for Pulmonary Rehab	0	259	227	291	281	271	255	252	233	232	230	202	250	260	↑	Not available			
% 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%	57.1%	52.5%	44.6%	42.1%	42.8%	43.8%	40.4%	37.7%	38.7%	38.8%	38.2%	39.2%	NA	↓	Jan-21	42.7%	38.2%	6th out of 7
Percentage of children regularly accessing NHS primary dental care	4 quarter improvement	64.4%	NA			59.7%			NA						↑	Q2 20/21	63.8%	59.7%	5th out of 7

INDICATOR	Target 2019/20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Trend	Latest all Wales comparison						
		Q4 2019/20	Q1 2020/21			Q2 2020/21			Q3 2020/21			Q4 2020/21				Time period	All Wales	Hywel Dda	Rank in Wales			
Individual Patient Funding Request (IPFR) - Total number received	N/A	8		7			5			8			8		NA							
Individual Patient Funding Request (IPFR) - Total number approved	N/A	8		<5			<5			5			6		NA							
Individual Patient Funding Request (IPFR) - Total number declined	N/A	<5		<5			<5			<5			<5		NA			Not Available				
Number of CHC packages delivered	N/A	460		469			473			453			425		NA							
Total Health board CHC spend	N/A	£20.5m		£23.4m			£23.2m			£24.1m			£20.9m		NA							
Rate of hospital admissions with any mention of intentional self harm for children and young people (aged 10-24 years) per 1,000 population	Annual reduction														NA	2019/20	4.0	3.0	2nd out of 7			
Percentage of practices that have achieved all standards set out in the National Access Standards for In-Hours GMS Services	100%														↑	2019/20	59.7%	77.1%	2nd out of 7			
Access Times for Re-Accessing Audiology Services - Total number of patients waiting 14 weeks and over	0	2,015		2,343			2,354			2,253					↑				Not Available			
Access Times for Re-Accessing Audiology Services - Longest wait in weeks	14 weeks	104		129			142			132					↓				Not Available			
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%	68.9%	61.0%	63.0%	75.0%	62.0%	70.0%	63.0%	69.0%	67.0%	62.0%	75.0%	57.0%	70.0%	↑	Q3 20/21	71.9%	65.9%	8th 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														↓	2019/20	88.6%	89.7%	2nd 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	5.19%	5.29%	5.35%	5.32%	5.28%	5.26%	5.23%	5.19%	5.17%	5.23%	5.29%	5.29%	NA	↓	Aug-20	5.92%	5.26%	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%	67.4%	69.2%	67.4%	71.5%	71.6%	71.6%	69.0%	69.0%	68.5%	68.4%	66.7%	64.8%	65.3%	↓	Aug-20	61.9%	71.6%	2nd out of 10			
Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	85%	82.9%	83.6%	82.7%	84.0%	84.5%	85.0%	84.2%	84.4%	83.9%	83.6%	83.3%	83.2%	82.8%	↓	Aug-20	80.2%	85.0%	3rd 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	67.0%	100.0%	50.0%	87.5%	88.2%	79.2%	90.9%	81.0%	100.0%	87.5%	81.3%	100.0%	86.7%	↑	Sep-20	0.0%	90.9%	1st out of 4			
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	85.0%	86.0%	86.2%	80.4%	86.4%	87.6%	86.7%	88.1%	90.7%	88.0%	95.1%	84.3%	90.7%	↑	Sep-20	62.0%	86.7%	1st out of 6			
Percentage of deaths scrutinised by an independent medical examiner	Quarter on quarter improvement		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA				Not available			
Crude hospital mortality rate (74 years of age or less) Excludes Daycases.	12 month reduction trend	1.2%	1.3%	1.3%	1.3%	1.4%	NA	NA	↑	Jan-21	0	0	5th out of 6									
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	57.8%	58.50%	56.60%	55.30%	54.90%	54.10%	51.50%	49.60%	49.80%	52.30%	51.90%	NA	NA	↓	Jan-21	60.0%	51.9%	5th out of 6			
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	310.4		225.9			223.6			234.8					↑	Q2 20/21	230.6	223.6	4th out of 7			
Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	4951.7		4896.5			4861.0			5037.9					↓	Q2 20/21	4,390.4	4,861.0	6th out of 7			
Number of patients aged 65 years or over prescribed an antipsychotic	4 quarter reduction trend	1207		1241			1247			1217					↓	Q2 20/21	1,020	1,247	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		7.07%			6.83%			6.3%					NA				Not available			
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%	99.6%		100.0%			100.0%			100.0%					↑	Q2 20/21	98.3%	99.6%	1st out of 7			
Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	10% annual improvement (Cumulative - as at Dec'20)	953					2,025								↓	Q2 20/21	6,378	340	6th out of 10			
Number of patients recruited in Health and Care Research Wales commercially sponsored studies	5% annual improvement (Cumulative - as at Dec'20)	20					12								↓	Q2 20/21	73	1	4th out of 10			
Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	90.90%													↑	2019/20	93.9%	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	74.4%		77.0%			77.1%			NA					↑	Q2 20/21	82.6%	77.1%	5th out of 6			
% 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%	19.3%		10.4%			NA			NA					↑	Q1 20/21	5.3%	10.4%	6th 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	31.0%		21.8%			22.6%			21.9%					↑	Q3 20/21	21.8%	21.9%	4th 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	NA	NA	NA	0%	33.0%	100%	0%	25%	0%	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	1,072	700	12	6	15	10	30	33	44	28	35	22	NA	↑	Jan-21	5,398	509	2nd out of 7			
Agency spend as a percentage of total pay bill	12 month reduction trend	4.30%	3.35%	3.19%	3.49%	3.97%	4.43%	4.95%	5.68%	5.02%	5.78%	6.64%	3.80%	NA	↓	Aug-20	4.21%	4.41%	7th out of 10			
Financial balance: Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years (as agreed by the Planned Care Board; cumulative year to date)	Agreed balance	£34.943m deficit	£6.288m deficit	£14.734m deficit	£16.228m deficit	£25.243m deficit	£31.769m deficit	£12.542m deficit	£14.583m deficit	£16.667m deficit	£18.750m deficit	£20.833m deficit	£22.917m deficit	NA	↑							
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	NA	↔							
Cash Expenditure is less than the Cash Limit	Year end forecast	£1.000m surplus	Not reported in M1	£4.496m surplus	£1.473m surplus	£2.927m surplus	£3.122m surplus	£1.9022m surplus	£2.698m surplus	£2.267m surplus	£2.310m surplus	£3.849m surplus	£4.150m surplus	NA	↓				Not Available			
The Savings Plan is on target (cumulative year to date position)	100%	90.1%	30.6%	35.0%	41.3%	40.6%	39.3%	49.0%	48.5%	55.8%	53.6%	56.7%	54.9%	NA	↑							
Variable pay (Agency, Locum, Bank & Overtime; monthly position)	Reduction on 2016/17	£5.863m	£4.576m	£4.535m	£4.581m	£4.028m	£4.116m	£4.156m	£5.125m	£5.327m	£5.571m	£5.894m	£4.992m	NA	↓							

INDICATOR	Target 2019/20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Trend	Latest all Wales comparison			
		Q4 2019/20	Q1 2020/21			Q2 2020/21			Q3 2020/21			Q4 2020/21				Time period	All Wales	Hywel Dda	Rank in Wales
Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	95%	96.2%	95.1%			94.3%			95.4%						↓	Not Available			
The percentage of completed Planned Preventative Maintenance (PPM) - high risk	95%	84.0%	83.0%	82.0%	85.0%	87.0%	79.0%	85%	87%	77%	75%	83%	NA	NA	↓	Not Available			
The percentage of completed Planned Preventative Maintenance (PPM) - general	70%	67.0%	72.0%	76.0%	72.0%	74.0%	72.0%	72.0%	71.0%	66%	58%	67%	NA	NA	↑				
Catering Patient Satisfaction - % of audits to achieve good/very good/excellent scores	95%	NA	NA	NA	97.5%	91.0%	98.0%	99.1%	98.0%	98.3%	100.0%	95.0%	99.5%	93.0%	NA				
Number of overdue fire risk assessments by Hywel Dda University Health Board (HB)	0%	5	26	24	13	9	15	1	9	2	16	25	29	22	↓				
Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Soft FM	98%	95.0%	NA	93.0%	91.0%	94.0%	94.0%	92.0%	95.0%	95.0%	96.0%	96.0%	96.0%	97.0%	NA				
Facilities Standards of Cleanliness (C4C) - % (VHR) Very High Risk Audits - Hard FM	98%	56.0%	NA	81.0%	86.0%	69.0%	70.0%	72.0%	67.0%	67.0%	64.0%	65.0%	66.0%	70.0%	NA				
Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Soft FM	95%	92.0%	NA	93.0%	91.0%	99.0%	94.0%	95.0%	95.0%	95.0%	96.0%	96.0%	96.0%	95.0%	NA				
Facilities Standards of Cleanliness (C4C) - % (HR) High Risk Audits - Hard FM	95%	61.0%	NA	87.0%	80.0%	65.0%	66.0%	60.0%	65.0%	64.0%	62.0%	60.0%	65.0%	65.0%	NA				
Clinical Engineering - Acute % completed HIGH Planned Preventative Maintenance (PPM)	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	↔				
Clinical Engineering - Acute % completed MEDIUM Planned Preventative Maintenance (PPM)	75%	44.0%	8.0%	61.0%	71.0%	48.0%	62.0%	70.0%	52.0%	46.0%	35.0%	35.0%	42.0%	51.0%	↓				
Clinical Engineering - Acute % completed LOW Planned Preventative Maintenance (PPM)	40%	26.0%	13.0%	40.0%	40.0%	36.0%	35.0%	48.0%	64.0%	37.0%	25.0%	25.0%	17.0%	18.0%	↓				
Clinical Engineering - Community % completed HIGH Planned Preventative Maintenance (PPM)	100%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA				
Clinical Engineering - Community % completed MEDIUM Planned Preventative Maintenance (PPM)	75%	43.0%	48.0%	37.0%	29.0%	48.0%	32.0%	34.0%	27.0%	36.0%	23.0%	64.0%	46.0%	62.0%	↑				
Clinical Engineering - Community % completed LOW Planned Preventative Maintenance (PPM)	40%	17.0%	12.0%	16.0%	16.0%	13.0%	20.0%	12.0%	28.0%	21.0%	23.0%	59.0%	41.0%	44.0%	↑				
Consultants/SAS Doctors with a job plan	90%	90.0%	90.0%	90.0%	90.0%	90.0%	87.0%	85.0%	86.0%	84.0%	84.0%	84.0%	83.0%	82.0%	↓				
Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)	90%	78.0%	78.0%	58.0%	58.0%	35.0%	42.0%	36.0%	38.0%	34.0%	33.0%	29.0%	28.0%	23.0%	↓				
Number of National Intelligent Integrated Audit Solution (NIAS) notifications for Own Record	8	15	4	8	8	10	13	14	7	15	21	11	11	7	↓				
Number of National Intelligent Integrated Audit Solution (NIAS) notifications for Family Record	13	8	9	9	9	2	7	7	8	7	10	9	2	7	↑				
% of Server infrastructure patched with the latest updates	90%	71.0%	84.0%	71.0%	72.0%	79.0%	62.0%	95.0%	89.0%	68.0%	71.0%	78.0%	71.0%	89.0%	↑				
% of Desktop infrastructure patch with the latest updates	90%	87.0%	91.0%	85.0%	83.0%	91.0%	74.0%	83.0%	88.0%	87.0%	83.0%	85.0%	91.0%	93.0%	↑				

Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabling