

H Latest Performance against Key Delivery Areas

H	Target not Delivered
H	Within 5% of target *
H	Target Delivered
H	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

People in Wales have improved health and well-being with better prevention and self-management

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

HBT-H	INDICATOR	Target 2019/20	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
			Q3 2019/20			Q4 2019/20			Q1 2020/21			Q2 2020/21			
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 previously reported						100.0%	100.0%	100.0%	100.0%	NA	NA	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 previously reported						93.8%	94.9%	93.7%	92.1%	NA	NA	NA
11	The percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target (cumulative)	2.60%			3.45%			1.04%			NA			
12	The percentage of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks	40% annual target	48.4%			30.3%			NA			NA			
224	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	95%	96.3%			95.5%			96.0%			NA			
3	Percentage of children who received 2 doses of the MMR vaccine by age 5	95%	91.7%			90.0%			90.3%			NA			
268	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	4 quarter reduction trend	423			385			385			NA			
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			90.9%			NA			
5	% uptake of Influenza vaccination - 65 year olds and over	75% - Annual Improvement (as at Oct'20)	64.8%						53.3%						
6	% uptake of Influenza vaccination - Under 65's in risk groups	55% - Annual Improvement (as at Oct '20)	40.2%						28.3%						
7	% uptake of Influenza vaccination - Pregnant women (PHW Point of Delivery survey)	75% - Annual Improvement (as at Jul '20)	84.4%						NA						
8	% uptake of Influenza vaccination - Healthcare workers with direct patient contact	60% - Annual Improvement (as at Jul '20)	49.2%						NA						
305	Percentage of babies who are exclusively breastfed at 10 days old	Annual Improvement	Not previously reported												
307	Uptake of cancer screening for bowel cancer.	60%	Not previously reported												
308	Uptake of cancer screening for breast cancer.	70%	Not previously reported												
309	Uptake of cancer screening for cervical cancer	80%	Not previously reported												
66	Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Annual improvement	NA												
25	Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population	<= 67 cases / 100,000 pop.	106.89	107.75	105.61	105.46	104.26	99.58	78.88	76.33	69.69	75.26	74.24	79.14	81.38
27	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	<= 25 cases / 100,000 pop.	38.14	38.90	38.66	37.53	37.68	37.08	31.55	36.64	39.53	38.02	40.21	37.76	34.50
26	Cumulative rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	<= 20 cases / 100,000 pop.	32.38	30.73	28.30	29.16	29.18	31.64	31.55	15.27	22.88	24.05	24.13	23.79	24.33
235	Cumulative number of cases of Pseudomonas aeruginosa bacteraemia	10% reduction on 2019/20 baseline	20	22	23	25	25	26	3	3	5	5	7	11	14
236	Cumulative number of cases of Klebsiella bacteraemia	10% reduction on 2019/20 baseline	49	55	62	67	79	87	4	6	12	17	25	32	36
272	% of Out of Hours (OOH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	90.0%	85.3%	85.0%	82.7%	84.4%	84.2%	86.7%	94.2%	92.9%	91.8%	92.7%	90.0%	94.5%	92.5%
310	Percentage of eligible individuals with Hepatitis C infection who have commenced treatment	HB specific TBC	Not previously reported						NA	NA	NA	NA	NA	NA	NA
40	The number of healthcare acquired pressure sores in a hospital setting	Reduction	42	46	44	59	40	20	23	19	24	29	23	31	34
234	The number of healthcare acquired pressure sores in a Community setting	Reduction	51	51	51	66	60	48	57	62	73	94	58	82	73
250	Number of reports made within the timeframe set by RIDDOR	60%	65.0%	66.6%	65.3%	68.4%	70.0%	66.7%	0.0%	75.0%	63.3%	72.2%	68.2%	70.8%	67.9%
22	The number of potentially preventable hospital acquired thrombosis	4 quarter reduction trend	NA			NA			NA			NA			
18	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												
282	Number of health board mental health delayed transfer of care	12 month reduction trend	6	14	13	11	16	13	11	11	9	15	11	5	14
283	Number of health board non mental health delayed transfer of care	12 month reduction trend	60	65	49	33	49	46	NA	NA	NA	NA	NA	NA	NA
71	% compliance with Hand hygiene (World Health Organisation (WHO) 5 moments)	95%	92.0%	91.0%	91.5%	88.4%	91.7%	95.2%	97.2%	97.4%	92.2%	94.7%	94.6%	94.3%	95.0%
72	Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission	85%	88.9%	88.9%	92.3%	90.5%	88.5%	89.0%	90.1%	88.1%	90.4%	92.4%	89.7%	85.6%	81.7%
86	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	65%	61.9%	58.2%	58.0%	56.2%	60.6%	56.9%	56.7%	55.8%	71.3%	62.8%	54.5%	50.6%	58.9%
176	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Carmarthenshire	65%	59.9%	55.6%	57.0%	57.8%	54.0%	55.9%	57.1%	55.7%	72.8%	61.3%	52.8%	49.2%	61.5%
177	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Ceredigion	65%	64.7%	57.6%	67.7%	55.2%	68.4%	69.4%	41.7%	56.4%	62.2%	65.0%	63.8%	50.8%	55.8%
178	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes - Pembrokeshire	65%	63.8%	63.0%	54.2%	54.1%	68.4%	51.6%	62.1%	55.8%	74.5%	65.0%	52.6%	52.8%	56.8%
251	% of Amber Calls responded to within 20 minutes	NA	45.3%	38.5%	25.5%	38.2%	38.1%	34.3%	46.6%	46.4%	49.6%	41.9%	31.9%	31.2%	35.6%
87	Number of ambulance handovers over one hour	0	465	670	799	751	402	288	37	21	31	95	117	222	226

Trend	Latest all Wales comparison			
	Time period	All Wales	Hywel Dda	Rank in Wales
NA	Aug-20	NA	NA	NA
NA	Aug-20	NA	NA	NA
↓	Q4 19/20	3.34%	3.45%	4th out of 7
↓	Q4 19/20	41.65%	43.50%	3rd out of 7
↑	Q1 20/21	96.2%	96.0%	5th out of 7
↓	Q1 20/21	92.4%	90.3%	7th out of 7
↑	Q4 19/20	402.6	385.3	3rd out of 7
NA	Q1 20/21	59.9%	90.9%	1st out of 7
↑	2019/20	69.4%	64.8%	7th out of 7
↑	2019/20	44.1%	40.2%	7th out of 7
↑	2019/20	78.5%	84.4%	3rd out of 7
↑	2019/20	58.7%	49.2%	9th out of 10
NA	Not Available			
NA	2018/19	57.3%	57.8%	3rd out of 7
NA	2018/19	72.8%	73.6%	Joint 2nd out of 7
NA	2018/19	73.2%	70.9%	7th out of 7
↑	2018/19	54.7%	47.9%	6th out of 7
↓	Apr 19 - Sep 20	63.04	79.14	6th out of 6
↓	Apr 19 - Sep 20	31.65	37.76	5th out of 6
↑	Apr 19 - Sep 20	23.39	23.79	4th out of 6
↓	Apr 19 - Sep 20	83	11	Joint 2nd out of 6
↓	Apr 19 - Sep 20	288	32	1st out of 6
↑	Not Available			
↓	Q2 19/20	12	2	Joint 4th out of 6
NA	Not Available			
↑	Feb-20	63	16	Joint 5th out of 7
↑	Feb-20	385	49	3rd out of 7
↑	Not Available			
↓	Sep-20	61.4%	50.6%	7th out of 7
↑	As Above			
↓	As Above			
NA	As Above			
↑	Sep-20	2481	222	2nd out of 6

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INDICATOR	Target 2019/20	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
		Q3 2019/20			Q4 2019/20			Q1 2020/21			Q2 2020/21				
179	Number of ambulance handovers over one hour - Bronglais GH	0	70	120	133	101	18	64	4	11	13	42	9	27	66
180	Number of ambulance handovers over one hour - Glangwili GH	0	236	319	399	405	220	147	11	5	2	37	83	156	123
181	Number of ambulance handovers over one hour - Prince Philip H	0	35	34	64	66	28	15	13	5	10	14	19	12	11
182	Number of ambulance handovers over one hour - Wilybush GH	0	124	197	203	179	136	62	9	0	6	2	6	27	26
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%	81.1%	76.8%	76.0%	77.9%	80.1%	77.9%	86.5%	86.7%	84.3%	83.4%	80.2%	78.1%	78.2%
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%	82.3%	80.3%	77.1%	77.8%	83.3%	76.6%	85.9%	82.4%	82.1%	79.3%	84.9%	79.6%	76.0%
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 - Glangwili GH	95%	73.2%	68.7%	71.1%	71.9%	73.0%	75.3%	90.7%	91.2%	88.7%	84.7%	74.9%	73.4%	74.4%
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%	91.9%	90.4%	90.5%	92.1%	92.3%	94.0%	85.6%	89.1%	87.1%	92.4%	94.9%	96.1%	95.6%
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 - Wilybush GH	95%	77.1%	68.9%	66.2%	69.9%	73.2%	66.1%	80.5%	80.8%	75.9%	74.9%	69.9%	66.2%	70.3%
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	882	1053	1054	1066	862	540	47	56	113	195	306	491	452
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	117	144	171	160	52	86	11	24	46	70	27	82	97
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 - Glangwili GH	0	342	411	407	423	363	200	6	7	11	73	185	268	243
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	27	40	40	44	25	7	8	5	17	8	18	10	9
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 - Wilybush GH	0	396	458	435	439	422	247	22	20	39	44	76	131	103
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	54.0% Jan 20-Mar 20 (SSNAP UK National quarterly average)	51.2%	70.4%	37.3%	55.9%	62.5%	59.4%	73.1%	64.4%	68.9%	59.3%	56.9%	55.4%	37.7%
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	54.0% Jan 20-Mar 20 (SSNAP UK National quarterly average)	66.7%	100.0%	62.5%	73.7%	91.7%	83.3%	100.0%	70.0%	60.0%	80.0%	92.3%	69.2%	80.0%
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	54.0% Jan 20-Mar 20 (SSNAP UK National quarterly average)	30.8%	50.0%	20.0%	27.3%	30.8%	30.0%	20.0%	46.7%	55.6%	38.9%	27.8%	20.0%	5.9%
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	54.0% Jan 20-Mar 20 (SSNAP UK National quarterly average)	42.9%	100.0%	43.8%	83.3%	87.5%	100.0%	100.0%	75.0%	92.9%	63.6%	54.5%	66.7%	16.7%
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 - Wilybush GH	54.0% Jan 20-Mar 20 (SSNAP UK National quarterly average)	66.7%	63.2%	31.3%	53.3%	40.0%	64.3%	80.0%	75.0%	68.4%	65.0%	81.8%	80.0%	64.3%
296	% assessed by Stroke Consultant <24 hours of the patient's clock start time - HDUHB	85.3% Jan 20-Mar 20 (SSNAP UK National quarterly average)	100.0%	98.3%	91.7%	93.6%	96.7%	100.0%	100.0%	95.9%	95.1%	95.7%	96.7%	93.8%	96.6%
297	% assessed by Stroke Consultant <24 hours of the patient's clock start time - Bronglais GH	85.3% Jan 20-Mar 20 (SSNAP UK National quarterly average)	100.0%	85.7%	63.6%	90.0%	91.7%	100.0%	100.0%	90.0%	80.0%	100.0%	92.3%	84.6%	91.7%
298	% assessed by Stroke Consultant <24 hours of the patient's clock start time - Glangwili GH	85.3% Jan 20-Mar 20 (SSNAP UK National quarterly average)	100.0%	100.0%	100.0%	92.0%	100.0%	100.0%	100.0%	94.7%	100.0%	90.5%	100.0%	95.7%	94.7%
299	% assessed by Stroke Consultant <24 hours of the patient's clock start time - Prince Philip H	85.3% Jan 20-Mar 20 (SSNAP UK National quarterly average)	100.0%	100.0%	100.0%	93.8%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	88.2%	87.5%	100.0%
300	% assessed by Stroke Consultant <24 hours of the patient's clock start time - Wilybush GH	85.3% Jan 20-Mar 20 (SSNAP UK National quarterly average)	100.0%	100.0%	100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	100.0%	100.0%
278	% of stroke patients receiving the required minutes for speech and language therapy - HDUHB	12 month improvement trend	33.6%	33.4%	34.8%	36.5%	32.7%	50.8%	46.3%	47.5%	19.0%	9.3%	9.6%	34.6%	54.0%
291	% of stroke patients receiving the required minutes for speech and language therapy - Bronglais GH	12 month improvement trend	37.8%	33.2%	45.9%	56.3%	54.0%	55.9%	51.8%	43.2%	24.8%	19.7%	15.2%	28.0%	45.1%
292	% of stroke patients receiving the required minutes for speech and language therapy - Glangwili GH	12 month improvement trend	51.5%	87.2%	32.2%	50.7%	44.3%	44.6%	51.6%	27.1%	13.8%	7.9%	12.2%	11.9%	60.8%
293	% of stroke patients receiving the required minutes for speech and language therapy - Prince Philip H	12 month improvement trend	31.6%	6.6%	19.7%	13.0%	19.1%	16.3%	17.4%	20.9%	15.7%	10.6%	11.9%	14.4%	30.7%
294	% of stroke patients receiving the required minutes for speech and language therapy - Wilybush GH	12 month improvement trend	25.4%	26.9%	28.3%	18.6%	60.7%	75.3%	64.7%	67.3%	59.6%	NA	NA	80.7%	63.4%
279	% of stroke patients who receive a 6 month follow up assessment	Quarterly improvement trend	75.6%			NA			NA			NA			
91	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%	72.8%	75.9%	71.40%	72.4%	73.8%	79.2%	65.9%	68.8%	82.5%	86.0%	82.8%	76.5%	NA
90	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	98%	98.5%	98.3%	99.28%	91.9%	98.0%	96.4%	95.8%	98.8%	95.2%	92.2%	98.7%	98.9%	NA
277	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	12 month improvement trend	74.0%	75.0%	76.2%	72.0%	73.0%	79.0%	74.0%	73.0%	79.9%	79.0%	81.0%	74.0%	NA
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	62.8%	63.4%	63.1%	64.1%	62.8%	62.6%	77.2%	72.8%	71.3%	73.5%	67.4%	74.0%	72.1%
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 clinical assessment/face to face triage	12 month improvement trend	NA	50.0%	50.0%	25.0%	100.0%	100.0%	100.0%	0.0%	100.0%	NA	50.0%	NA	NA
78	The percentage of patients waiting less than 26 weeks for treatment	95%	87.5%	87.7%	86.50%	87.1%	88.6%	83.6%	78.7%	71.4%	66.7%	59.5%	54.5%	48.9%	53.0%
79	The number of patients waiting more than 36 weeks for treatment	0	476	564	726	940	883	722	2202	5,311	8,758	12,450	15,698	17,857	22,571

Trend	Latest all Wales comparison			
	Time period	All Wales	Hywel Dda	Rank in Wales
↑				
↑				As Above
↑				As Above
↑	Sep-20	76.5%	78.1%	3rd out of 6
↑				As Above
↑	Sep-20	3,729	491	2nd out of 6
↑				As Above
↓	Aug-20	37.8%	64.1%	1st out of 6
↓				As Above
↓	Aug-20	83.5%	95.9%	2nd out of 6
↑				As Above
↓	Aug-20	0.0%	0.0%	NA
↓				As Above
↑	Q3 19/20	62.2%	75.6%	2nd out of 7
↑	Aug-20	76.1%	82.8%	2nd out of 6
↓	Aug-20	96.1%	98.7%	2nd out of 6
↑	Aug-20	75.4%	81.1%	1st out of 6
↑	Mar-19	NA	62.6%	1st out of 1
NA	Mar-19	NA	50.0%	1st out of 1
↓	Aug-20	48.2%	51.4%	3rd out of 7
↓	Aug-20	148,907	15,698	2nd out of 7

HBT-H	INDICATOR	Target 2019/20	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
			Q3 2019/20			Q4 2019/20			Q1 2020/21			Q2 2020/21			
96	RTT - Hywel Dda residents waiting over 36 weeks for treatment by other providers	0	378	399	450	468	463	545	679	861	1,007	1,186	1,317	1,421	NA
80	The number of patients waiting more than 8 weeks for a specified diagnostic	0	164	102	129	82	54	336	3,860	7,669	7,248	6,626	6,380	5,918	5,407
254	The number of patients waiting 8 weeks and over for a specified diagnostic - Cardiology	0	93	61	100	70	54	256	1,399	2,447	NA	NA	NA	NA	NA
255	The number of patients waiting 8 weeks and over for a specified diagnostic - Endoscopy	0	5	4	0	0	0	54	481	888	NA	NA	NA	NA	NA
256	The number of patients waiting 8 weeks and over for a specified diagnostic - Imaging	0	0	2	0	0	0	1	0	49	NA	NA	NA	NA	NA
257	The number of patients waiting 8 weeks and over for a specified diagnostic - Neurophysiology	0	0	3	0	10	0	9	226	355	NA	NA	NA	NA	NA
258	The number of patients waiting 8 weeks and over for a specified diagnostic - Physiological Measurement	0	0	0	2	0	0	3	62	73	NA	NA	NA	NA	NA
259	The number of patients waiting 8 weeks and over for a specified diagnostic - Radiology - consultant referral	0	48	15	15	1	0	6	736	2115	NA	NA	NA	NA	NA
260	The number of patients waiting 8 weeks and over for a specified diagnostic - Radiology GP Referral	0	18	17	14	1	0	7	947	1,742	NA	NA	NA	NA	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	34,989	31,218	32,250	32,422	33,402	33,420	33,882	35,471	35,968	36,982	38,057	38,399	40,953
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	20,226	17,323	17,926	17,914	18,361	18,272	18,194	18,790	19,435	20,183	21,031	22,098	23,911
304	The number of patients waiting for a follow-up outpatient appointment	20% reduction against baseline of March 2020	78,718	77,481	77,971	78,642	NA	NA	68,509	65,542	NA	63,777	63,929	NA	NA
225	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	16,515	14,528	14,795	14,785	15,299	15,478	15,694	16,389	16,883	17,827	17,814	17,658	19,037
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 specialities - Trauma and Orthopaedics	12 month reduction trend	2,529	2,047	2,051	2,046	1,969	1,803	1,693	1,734	NA	NA	NA	NA	NA
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 specialities - Ear, Nose and Throat	12 month reduction trend	546	466	513	598	691	651	649	877	NA	NA	NA	NA	NA
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 specialities - Urology	12 month reduction trend	3,045	2,884	3,010	3,113	3,206	3,342	3,443	3,468	NA	NA	NA	NA	NA
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 specialities - Dermatology	12 month reduction trend	3,040	2,680	2,655	2,506	2,590	2,364	2,419	2,480	NA	NA	NA	NA	NA
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 specialities - Ophthalmology	12 month reduction trend	7,355	6,451	6,566	6,522	6,843	7,318	7,490	7,830	NA	NA	NA	NA	NA
92	Percentage of survival within 30 days of emergency admission for a hip fracture	12 month improvement trend	85.7%	74.5%	74.4%	74.4%	65.8%	66.7%	85.3%	89.7%	91.3%	NA	NA	NA	NA
275	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	56.3%	53.3%	51.0%	50.2%	49.3%	50.2%	45.5%	40.6%	38.1%	33.2%	28.3%	26.2%	NA
276	% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	80%	33.00%	33.26%	30.2%	28.5%	26.5%	22.9%	25.8%	22.5%	23.9%	21.6%	19.7%	17.7%	NA
313	Percentage of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)	80%	Not previously reported						NA	95.7%	95.3%	NA	NA	NA	NA
320	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those aged under 18 years)	80%	Not previously reported						81.1%	96.4%	100.0%	97.1%	NA	NA	NA
321	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (18 years and over)	80%	Not previously reported						94.2%	100.0%	98.9%	96.3%	NA	NA	NA
322	Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (for those aged under 18 years)	80%	Not previously reported						81.8%	85.7%	98.9%	100.0%	NA	NA	NA
323	Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (18 years and over)	80%	Not previously reported						83.9%	97.8%	98.2%	94.1%	NA	NA	NA
302	Perinatal - Longest Waiting times for First Assessment Appointment	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
98	Number of patients waiting more than 14 weeks for specific therapy	0	277	224	146	138	81	212	880	1,528	1,613	998	946	793	659
227	Number of patients waiting 14 weeks plus for Art Therapy	0	0	0	0	0	0	0	2	4	5	5	NA	NA	NA
100	Number of patients waiting 14 weeks plus for Audiology	0	0	0	0	1	0	0	2	157	402	401	490	338	237
102	Number of patients waiting 14 weeks plus for Dietetics	0	3	2	2	0	1	0	0	0	1	0	0	0	0
104	Number of patients waiting 14 weeks plus for Occupational Therapy (excludes MHLA)	0	13	17	17	7	1	23	48	91	136	121	116	104	101
106	Number of patients waiting 14 weeks plus for Physiotherapy	0	261	201	128	127	59	62	336	780	437	15	4	1	2
108	Number of patients waiting 14 weeks plus for Podiatry	0	0	0	0	0	18	127	487	489	623	449	336	350	319
110	Number of patients waiting 14 weeks plus for Speech and Language Therapy	0	0	0	0	0	0	0	1	2	3	2	0	0	0
111	Number of patients waiting 6 weeks plus for Clinical Musculoskeletal Assessment and Treatment	0	0	0	0	0	0	9	282	61	0	2	1	0	0
249	Number of patients waiting 14 weeks plus for Lymphoedema	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Trend	Latest all Wales comparison			
	Time period	All Wales	Hywel Dda	Rank in Wales
↓	Not available			
↓	Aug-20	62,024	6,362	2nd out of 7
↓	Not Available			
↓	Not Available			
↓	Jan-20	870,738	78,642	2nd out of 7
↓	Aug-20	192,183	21,031	3rd out of 7
NA	Aug-20	767,468	63,929	2nd out of 7
↓	Apr-19	NA	18,199	3rd out of 5
↑	Not Available			
↓	Not Available			
↑	Sep-19	82.7%	76.5%	3rd out of 6
↓	Aug-20	57.3%	28.3%	6th out of 7
↓	Aug-20	27.1%	19.7%	6th out of 7
NA	Aug-20	73.3%	98.3%	3rd out of 7
NA	Aug-20	NA	NA	NA
NA	Aug-20	NA	NA	NA
NA	Aug-20	NA	NA	NA
NA	Not available			
↓	Aug-20	11786	946	3rd out of 7
↓	Not available			
↑	Not available			
↓	Not available			
↑	Not available			
↔	Not available			

H	HBT-H	INDICATOR	Target 2019/20	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	
				Q3 2019/20			Q4 2019/20			Q1 2020/21			Q2 2020/21				
		233	Number of patients waiting 14 weeks plus for Pulmonary Rehab	0	193	212	241	225	247	259	227	291	281	271	255	252	233
		274	% 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%	59.3%	61.8%	60.6%	62.3%	63.4%	57.1%	52.5%	44.6%	42.1%	42.8%	43.8%	40.4%	NA
		312	Percentage of children regularly accessing NHS primary dental care	4 quarter improvement	60.0%			60.0%			NA						
		112	Individual Patient Funding Request (IPFR) - Total number received	N/A	9			8			7			5			
		113	Individual Patient Funding Request (IPFR) - Total number approved	N/A	9			8			<5			<5			
		114	Individual Patient Funding Request (IPFR) - Total number declined	N/A	<5			<5			<5			<5			
		115	Number of CHC packages delivered	N/A	468			460			453			457			
		116	Total Health board CHC spend	N/A	£20.26m			£20.5m			£20.9m			£20.5m			
		285	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													
		311	Percentage of practices that have achieved all standards set out in the National Access Standards for In-Hours GMS Services	100%	77.10%												
		119	Access Times for Re-Accessing Audiology Services - Total number of patients waiting 14 weeks and over	0	2,421			2,015			2,343			2,354			
		120	Access Times for Re-Accessing Audiology Services - Longest wait in weeks	14 weeks	97			104			129			142			
		65	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%	76.5%	72.5%	67.0%	72.2%	70.1%	68.9%	61.0%	63.0%	75.0%	62.0%	70.0%	63.0%	69.0%
		67	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													
		61	The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Annual Improvement													
		155	Percentage of sickness absence rate of staff	12 month reduction trend	5.04%	5.08%	5.12%	5.08%	5.08%	5.19%	5.29%	5.35%	5.33%	5.27%	5.25%	5.23%	NA
		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 dentists in training)	85%	76.9%	75.0%	75.0%	75.0%	76.0%	67.4%	69.2%	67.4%	70.4%	70.8%	70.2%	69.0%	69.0%
		154	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	85%	83.4%	82.5%	82.6%	82.7%	83.2%	82.9%	83.6%	82.7%	83.5%	83.4%	82.4%	84.2%	84.4%
		153	Overall staff engagement score – scale score method	Annual Improvement													
		156	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													
		20	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	12 month improvement trend	97.0%	97.4%	90.0%	90.3%	66.7%	67.0%	100.0%	50.0%	87.5%	88.2%	79.2%	81.0%	NA
		21	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	89.8%	88.8%	87.5%	92.9%	84.6%	85.0%	86.0%	86.2%	80.4%	86.4%	87.6%	88.1%	NA
		314	Percentage of deaths scrutinised by an independent medical examiner	Quarter on quarter improvement	NA												
		324	Crude hospital mortality rate (74 years of age or less) Excludes Daycases.	12 month reduction trend	1.1%	1.1%	1.2%	1.2%	1.2%	1.2%	1.3%	1.3%	1.3%	1.4%	NA	NA	NA
		315	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	43.8%	46.4%	48.3%	50.5%	53.0%	57.8%	58.50%	56.60%	55.30%	54.90%	54.10%	NA	NA
		23	Total antibacterial items per 1,000 STAR-PU's (specific therapeutic group age related prescribing unit)	A quarterly reduction of 5% against a baseline of April 2018 – March 2019	312.6			310.4			225.9			NA			
		269	Opioid average daily quantities per 1,000 patients	4 quarter reduction trend	5031.5			4951.7			4896.5			NA			
		270	Number of patients aged 65 years or over prescribed an antipsychotic	4 quarter reduction trend	1232			1207			NA			NA			
		316	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			0.06%			NA			
		53	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	100%	100.0%			99.6%			100.0%			NA			
		56	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	10% annual improvement (Cumulative - as at 13/10/2020)	953			314									
		57	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	5% annual improvement (Cumulative - as at 13/10/2020)	20			1									
		52	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme	Annual improvement	90.90%												
		147	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Quarter on quarter improvement target	77.0%			74.4%			77.0%			NA			
		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%	35.7%			19.3%			10.4%			NA			
		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	34.1%			31.0%			NA			NA			
		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 calendar days or at the patient's earliest convenience	12 month improvement trend	60.0%	39.1%	12.0%	NA	NA	NA	NA	NA	NA	NA	0%	33.0%	NA
		213	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	103	156	156	260	113	1,072	700	12	6	15	10	30	NA
		317	Agency spend as a percentage of total pay bill	12 month reduction trend	4.65%	5.81%	5.36%	5.25%	6.63%	4.30%	3.35%	3.19%	3.49%	3.97%	4.43%	4.95%	5.68%
		150	Financial balance: Expenditure does not exceed the aggregate of the funding allocated to it over a period of 3 financial years (as agreed by the Planned Care Board; cumulative year to date)	Agreed balance	£14.533m deficit	£17.542m deficit	£20.106m deficit	£30.210m deficit	£32.247m deficit	£34.943m deficit	£6.288m deficit	£14.734m deficit	£16.228m deficit	£25.243m deficit	£31.769m deficit	£12.542m deficit	£14.583m deficit
		157	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

Trend	Latest all Wales comparison			
	Time period	All Wales	Hywel Dda	Rank in Wales
↓				
↓	Aug-20	46.6%	43.8%	5th out of 7
↓	Q2 19/20	68.3%	64.8%	5th out of 7
NA	Not Available			
NA	Not Available			
NA	Not Available			
NA	Not Available			
NA	2019/20	4.0	3.0	2nd out of 7
↑	2019/20	59.7%	77.1%	2nd out of 7
↓	Not Available			
↓	Not Available			
↓	Q1 20/21	58.6%	63.5%	4th out of 9
↓	2019/20	88.6%	89.7%	2nd out of 7
↑	2018/19	6.31	6.25	4th out of 7
↓	Jun-20	5.99%	5.32%	4th out of 10
↓	Jun-20	61.7%	71.5%	1st out of 10
↑	Jun-20	79.5%	84.0%	4th out of 10
NA	2018	3.82	3.85	5th out of 10
NA	2018	73%	71%	Joint 8th out of 10
↓	Feb-20	76.6%	66.7%	4th out of 6
↑	Feb-20	65.8%	84.6%	3rd out of 6
NA	Not available			
↑	Aug-20	0	0	5th out of 6
↑	Aug-20	60.0%	54.1%	4th out of 6
↑	Q4 19/20	307.5	310.4	4th out of 7
↑	Q4 19/20	4,428.5	4,951.7	6th out of 7
↑	Q4 19/20	10,006	1,207	3rd out of 7
NA	Not available			
↑	Q4 19/20	98.1%	99.6%	1st out of 7
↓	Q1 20/21	3,486	243	5th out of 10
↓	Q1 20/21	19	0	Joint 4th out of 10
↑	2019/20	93.9%	90.9%	8th out of 8
↓	Q4 19/20	82.9%	74.4%	5th out of 6
↑	Q1 20/21	5.3%	10.4%	6th out of 6
↑	Q3 19/20	32.2%	34.1%	5th out of 7
NA	Mar-18	25.9%	24.1%	4th out of 6
↑	Jul-20	13,015	1,898	4th out of 7
↑	Jun-20	4.08%	3.55%	5th out of 10
↑				
↔				

H	HBT-H	INDICATOR	Target 2019/20	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
				Q3 2019/20			Q4 2019/20			Q1 2020/21			Q2 2020/21			
	93	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	93.6%	88.6%	90.3%	68.6%	80.3%	86.8%							
	94	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%	84.9%	86.0%	85.9%	76.3%	83.2%	83.9%							
	211	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%			NA									
	77	Percentage of the health board population regularly accessing NHS primary dental care	4 quarter improvement trend	45.8%			44.0%									
	13	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Annual reduction													
	273	% of Out of Hours (OOH)/111 patients prioritised as P1/P2 requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	90%	NA	NA	NA	NA	NA	NA							
	175	% uptake of Influenza vaccination in pregnant women (locally verified data source)	75% - Annual Improvement	NA	NA	NA	NA	NA	NA							
	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%	93.9%	93.0%	94.8%	94.0%	94.4%	92.3%							
	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%	85.7%	80.0%	100.0%	100.0%	85.7%							
	74	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Annual improvement													
	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												
	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	19.4												
	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	144.4												
	121	% of practices with one half day closure per week	6% - Annual	NA	NA	NA	NA	NA	NA							
	122	% of practices with extended opening hours and offering appointments after 18:30 at least one week day	7% - Annual	NA	NA	NA	NA	NA	NA							
	16	Percentage compliance for mandatory training on safeguarding children for employed staff	6 month improvement	NA	NA	NA	NA	NA	NA							
	17	Percentage compliance for mandatory training on safeguarding adults for employed staff	6 month improvement	NA	NA	NA	NA	NA	NA							
	34	Number of patients with grade 1, 2, 3, 4 suspected deep tissue injury and un-stageable pressure ulcers acquired in hospital per 100,000 hospital admissions	12 month reduction trend	NA	NA	NA	NA	NA	NA							
	36	Completion of the All Wales Medication Safety Audit	Annual improvement	NA	NA	NA	NA	NA	NA							
	49	Indication of progress against the 21 criteria for the operational use of the NHS number	Annual improvement	NA	NA	NA	NA	NA	NA							
	50	Percentage of staff who have undergone information governance training as outlined in C-PIP Guidance	Annual improvement	NA	NA	NA	NA	NA	NA							
	216	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community	Absolute measure < 7% or a proportional reduction of 10% against 16/17 baseline	NA	NA	NA	NA	NA	NA							
	133	Percentage of qualifying compulsory/voluntary patients have been offered advocacy services in the Mental Health Services	100%	100.0%	98.4%	100.0%	100.0%	100.0%	100.0%							
	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%							
	136	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%	NA	NA	NA	100.0%	NA	NA							
	137	To maintain a maximum waiting time for first appointment with specified therapies of 14 weeks	0	2	4	0	3	2	0.0%							
	138	To maintain a maximum waiting time for first outpatient appointments of 10 weeks	0	5	1	3	13	6	2							
	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%]	3.2%	8.3%	3.4%	4.67%	7.0%	1.0%							
	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%]	3.3%	4.8%	6.8%	10.4%	7.1%	4.1%							
	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%]	10.9%	14.7%	12.2%	11.5%	3.3%	7.7%							
	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%]	90.0%	90.2%	93.6%	88.6%	91.8%	92.9%							
	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%]	96.0%	92.3%	98.0%	92.9%	100.0%	85.4%							
	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%]	92.1%	95.0%	95.7%	93.8%	94.1%	93.3%							
	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 baseline & adherence to the	83.6%	82.7%	79.0%	94.6%	81.5%	89.9%							
	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 baseline & adherence to the	90.6%	77.6%	87.7%	87.0%	85.2%	86.1%							

Trend	Latest all Wales comparison			
	Time period	All Wales	Hywel Dda	Rank in Wales
↑	Jan-20	71.9%	68.6%	4th out of 7
↑	Jan-20	75.4%	76.3%	4th out of 7
↔	Q3 19/20	100.0%	100.0%	Joint 1st out of 7
↓	Sep-19	55.1%	45.8%	7th out of 7
NA	2018/19	2.9%	36.1%	1st out of 7
NA	Not available			
NA	Not available			
↑	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
↓	Q3 19/20	4.8	3.6	Joint 4th out of 7
↓	Q3 19/20	32.0	19.4	7th out of 7
↑	Q3 19/20	148.0	144.4	5th out of 7
↑				
↑				
NA				
NA				
NA				
NA				
↑				
↓				
↓				
↓	Not Available			
↓				
↑				
↑				
↑				

No longer re	H	HBT-H	INDICATOR	Target 2019/20	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Trend	Latest all Wales comparison			
					Q3 2019/20			Q4 2019/20			Q1 2020/21			Q2 2020/21			Time period		All Wales	Hywel Dda	Rank in Wales	
			168	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 & reference to the Welsh Government	89.8%	90.7%	85.8%	82.1%	88.4%	88.2%							↓				
			142	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 & reference to the Welsh Government	93.3%	91.2%	87.1%	74.1%	74.4%	93.6%							↑				
			164	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 & reference to the Welsh Government	86.0%	63.9%	79.2%	83.8%	64.3%	85.7%							↑				
			169	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 & reference to the Welsh Government	89.8%	87.5%	79.2%	86.1%	74.5%	77.8%							↓				
			143	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 & reference to the Welsh Government	94.8%	96.4%	96.2%	94.5%	94.7%	97.6%							↓				
			165	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 & reference to the Welsh Government	94.6%	90.6%	92.9%	87.5%	90.3%	95.7%							↑				
			170	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 & reference to the Welsh Government	88.5%	88.4%	85.7%	87.4%	98.1%	95.4%							↑				