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Community and Integrated Medicine Performance and Productivity

Finance and Performance Committee, 26 August 2025



The Finance and Performance Committee is requested to consider current progress and further actions currently being progressed by the Community and Integrated Medicine Clinical Care Group (CCG) and its constituent Site/System Leadership Teams to support improvements in Urgent and Emergency Care (UEC) performance and productivity.

Community and Integrated Medicine: Performance and Productivity Overview



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- **Slide 4** provides a 1-page summary of current Health Board and local Site/System UEC performance, in comparison to targeted intervention (TI) de-escalation criteria.
- **Slides 5 – 9** provide an overview of Health Board and local Site/System performance in respect of the following key UEC performance and productivity metrics:
 - Ambulance patient handover performance
 - Time to assessment
 - 12 Hour Emergency Department (ED) waits
 - Same Day Emergency Care (SDEC) activity and impact
 - Delayed Pathways of Care (DPoCs)
- In July 2025, positive progress was noted in respect of ambulance handover performance, patients waiting longer than 12 hours in ED, utilisation and impact of SDECs, and DPoCs. However, performance remains outside TI de-escalation criteria.
- Performance in respect of time to clinical assessment in ED Performance remains variable with no site achieving the 60 min de-escalation criteria.

C&IM Performance & Productivity Overview:

UEC De-escalation Summary



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	Measure	De-escalation criteria	Baseline	Baseline	Goal	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
Hywel Dda	Ambulance handovers taking over 1 hour - Hywel Dda	11% reduction 3 consecutive months, maintained for 3 months	964	Baseline (average Q3 23/24)	680	1,192	1,103	970	1,078	959	721	771	929	986	1,153	1,117	795	988	866	1,059	1,009	883
	% patients waiting over 12 hours in an emergency department - Hywel Dda	Continuous improvement towards no more than 7%	9.0%	Nov-23	7%	11.3%	10.3%	10.7%	10.7%	10.1%	9.4%	10.6%	10.3%	11.2%	11.7%	11.1%	9.6%	8.9%	8.8%	7.8%	7.8%	7.3%
	Median time from arrival at ED to assessment by a clinical decision maker (mins) - Hywel Dda	60	58	Nov-23	60	67	65	73	75	74	73	69	73	87	89	70	75	76	79	70	78	80
	Number of delayed pathways of care - Hywel Dda	5% reduction 3 consecutive months	203	Baseline (average Q3 23/24)	174	220	237	249	253	203	194	191	200	204	208	200	217	218	223	234	230	211
Bronglais	Ambulance handovers taking over 1 hour - Bronglais Hospital	11% reduction 3 consecutive months, maintained for 3 months	174	Baseline (average Q3 23/24)	122	182	211	240	233	192	180	191	198	231	238	196	220	176	159	209	126	67
	% patients waiting over 12 hours in an emergency department - Bronglais Hospital	Continuous improvement towards no more than 7%	8.9%	Nov-23	7.0%	10.1%	10.9%	10.8%	11.0%	9.6%	9.2%	9.6%	8.5%	9.2%	11.8%	12.0%	12.8%	10.2%	8.1%	8.6%	7.7%	5.9%
	Median time from arrival at ED to assessment by a clinical decision maker (mins) - Bronglais Hospital	60	58	Nov-23	60	66	69	71	67	67	64	57	73	78	91	75	79	79	74	71	83	76
Glangwili	Ambulance handovers taking over 1 hour - Glangwili Hospital	11% reduction 3 consecutive months, maintained for 3 months	463	Baseline (average Q3 23/24)	326	490	498	468	480	527	394	412	471	419	472	495	372	458	427	476	487	428
	% patients waiting over 12 hours in an emergency department - Glangwili Hospital	Continuous improvement towards no more than 7%	10.7%	Nov-23	7%	16.1%	14.1%	15.1%	15.9%	17.3%	14.7%	17.5%	17.0%	17.3%	15.2%	15.1%	12.3%	12.4%	12.1%	8.9%	10.1%	8.7%
	Median time from arrival at ED to assessment by a clinical decision maker (mins) - Glangwili Hospital	60	49	Nov-23	60	61	60	69	76	84	82	79	84	97	89	68	77	77	87	78	75	78
Prince Philip	Ambulance handovers taking over 1 hour - Prince Philip Hospital	11% reduction 3 consecutive months, maintained for 3 months	61	Baseline (average Q3 23/24)	43	112	143	106	104	53	102	76	101	75	68	153	65	110	61	130	123	75
	% patients waiting over 12 hours in an emergency department - Prince Philip Hospital	Continuous improvement towards no more than 7%	2.1%	Nov-23	7%	4.5%	3.4%	3.4%	3.5%	2.6%	2.8%	3.1%	2.6%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Withybush	Ambulance handovers taking over 1 hour - Withybush Hospital	11% reduction 3 consecutive months, maintained for 3 months	266	Baseline (average Q3 23/24)	188	408	251	156	261	187	45	92	159	261	375	273	138	244	219	244	273	313
	% patients waiting over 12 hours in an emergency department - Withybush Hospital	Continuous improvement towards no more than 7%	16.2%	Nov-23	7%	16.3%	15.0%	14.9%	13.9%	12.4%	12.4%	13.5%	13.6%	16.3%	18.9%	19.0%	15.5%	15.0%	15.7%	15.0%	14.0%	15.3%
	Median time from arrival at ED to assessment by a clinical decision maker (mins) - Withybush Hospital	60	77	Nov-23	60	81	70	85	83	70	72	70	62	80	87	70	70	74	73	59	76	87
DPoC	Number of delayed pathways of care - Carmarthenshire	5% reduction 3 consecutive months, maintained for 3 months	108	Baseline (average Q3 23/24)	103	113	119	134	133	94	116	97	119	118	113	101	118	102	106	127	110	107
	Number of delayed pathways of care - Ceredigion	5% reduction 3 consecutive months, maintained for 3 months	35	Baseline (average Q3 23/24)	33	43	54	44	38	37	28	27	23	33	21	36	34	49	32	34	40	33
	Number of delayed pathways of care - Pembrokeshire	5% reduction 3 consecutive months, maintained for 3 months	53	Baseline (average Q3 23/24)	50	62	63	70	72	65	45	57	52	45	67	54	59	62	77	68	76	65

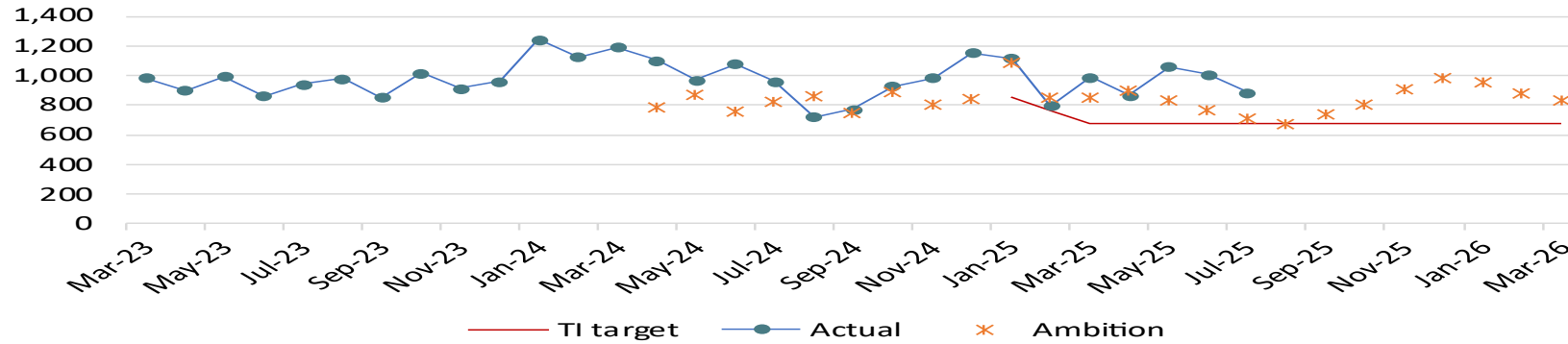
Performance and Productivity: Ambulance Patient Handovers < 1 hour



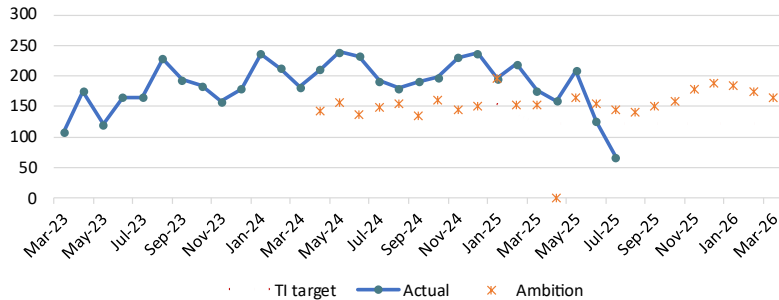
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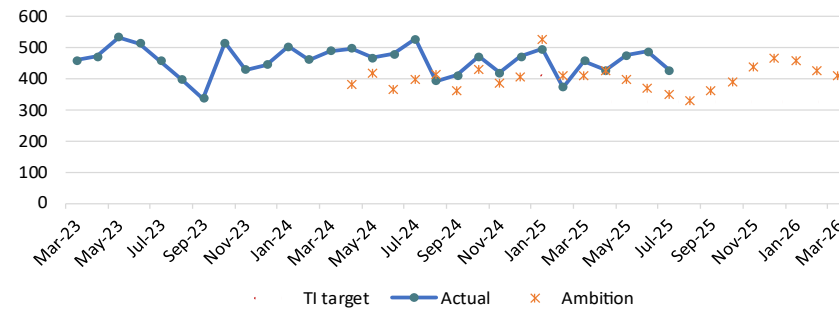
Ambulance handovers taking over 1 hour- Hywel Dda



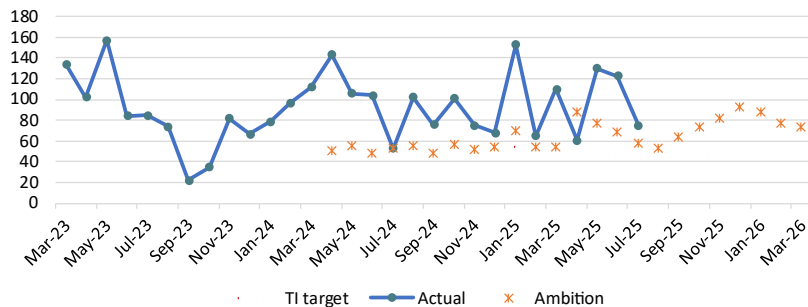
Ambulance handovers taking over 1 hour- Bronglais Hospital



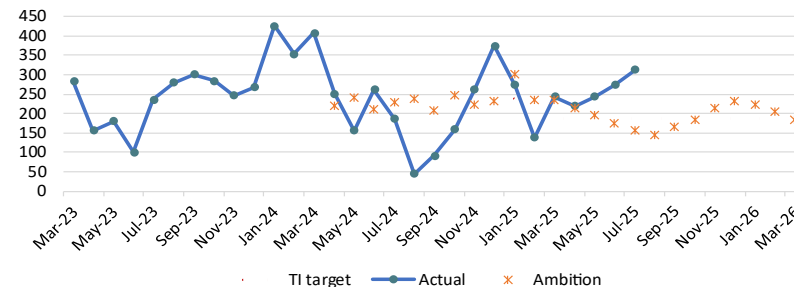
Ambulance handovers taking over 1 hour- Glangwili Hospital



Ambulance handovers taking over 1 hour- Prince Philip Hospital



Ambulance handovers taking over 1 hour- Witybush Hospital



- Ambulance >1hr handovers for July 25 improved for the second consecutive month.
- However, the recorded number of **883** delays remains above the monthly TI target of 680.
- 3 out of 4 sites showed improvement with the most notable progress achieved at Bronglais Hospital (BGH) with **67** ambulance >1hr handovers recorded. This was significantly below the July Annual Plan ambition of 145 and TI target of 122.

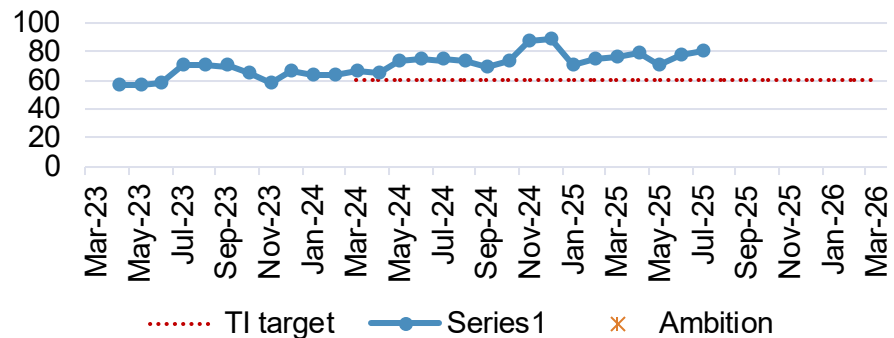
Performance and Productivity: Time to Clinical Assessment in ED



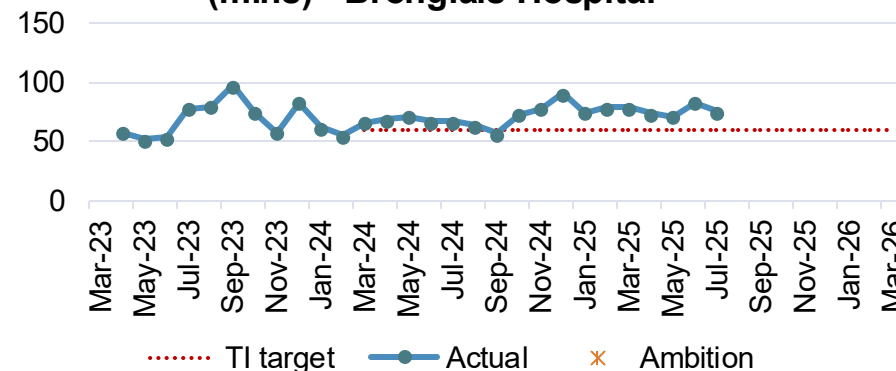
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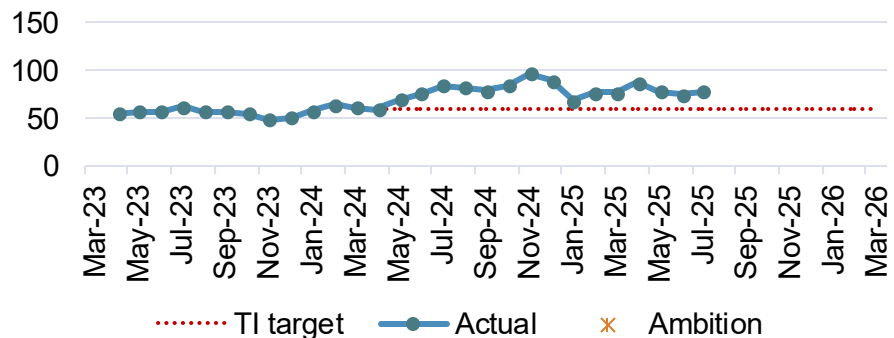
Median time from arrival at ED to assessment by a clinical decision maker (mins) - Hywel Dda



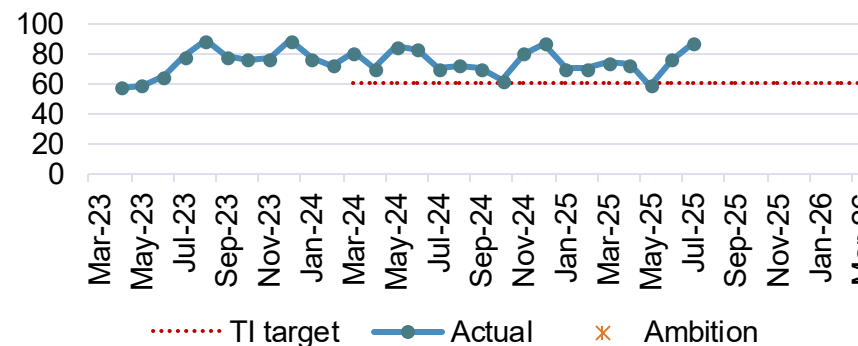
Median time from arrival at ED to assessment by a clinical decision maker (mins) - Bronglais Hospital



Median time from arrival at ED to assessment by a clinical decision maker (mins) - Glangwili Hospital



Median time from arrival at ED to assessment by a clinical decision maker (mins) - Worthybush Hospital



- Performance remains variable with no site achieving the 60 min de-escalation criteria
- Performance in July 2025 averaged **80** mins - BGH achieved the best performance of the 4 sites (**76** mins average.)
- Performance continues to be impacted by ED workforce availability challenges and space constraints to assess patients due to excess capacity pressures within EDs

Performance and Productivity:

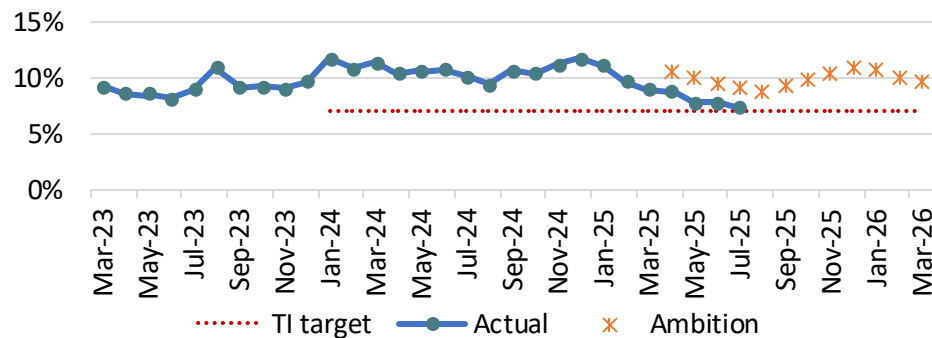
% Patients Waiting Over 12 Hours in an Emergency Department



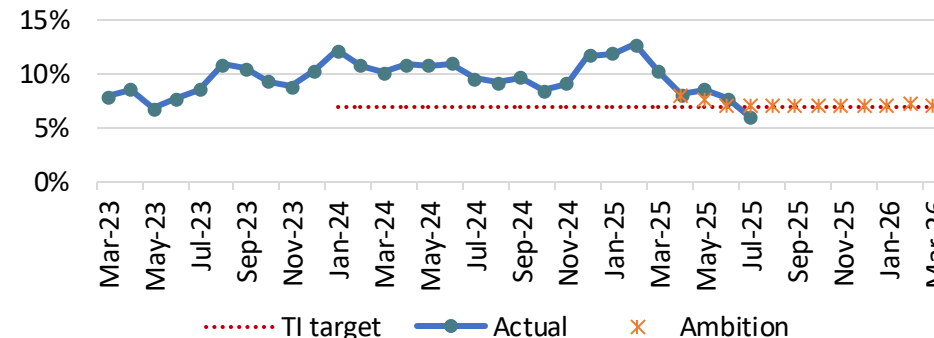
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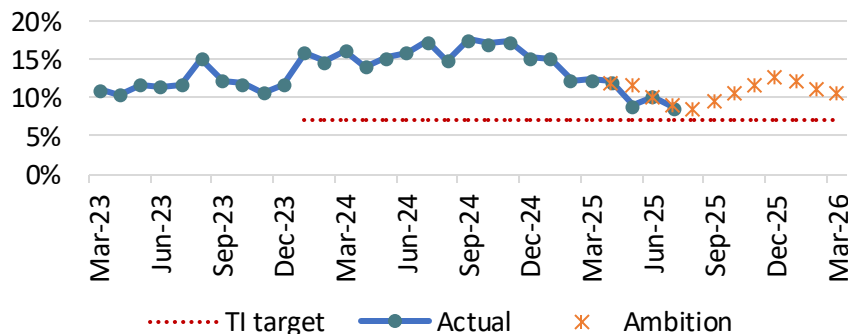
% patients waiting over 12 hours in an emergency department - Hywel Dda



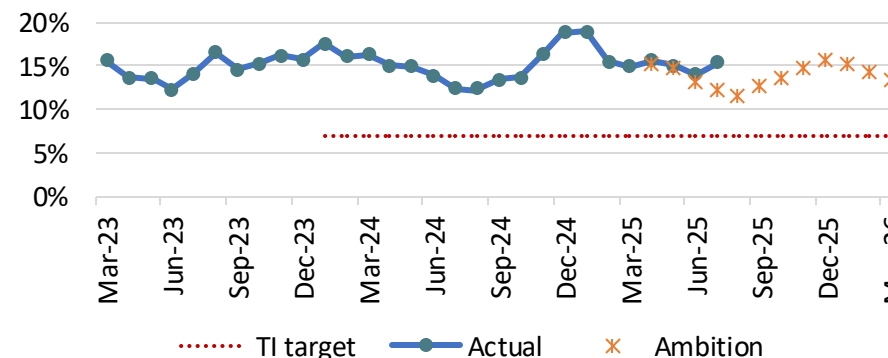
% patients waiting over 12 hours in an emergency department - Bronglais Hospital



% patients waiting over 12 hours in an emergency department - Glangwili Hospital



% patients waiting over 12 hours in an emergency department - Wwithybush Hospital



- Performance has shown a consistent trend in improvement over the past 8 months, reducing from a peak of 11.7% in Dec 2024 to 7.3% in July 2025
- Latest performance is 0.3% above the TI de-escalation criteria and represents the best (lowest) monthly performance since the COVID-19 pandemic
- However, significant variation was noted ranging from 5.3% at BGH to 15.3% at Wwithybush Hospital (WGH)
- The recent overall trend towards improvement at GGH in respect of the measure continued, with 8.7% patients staying > 12 hrs (the best performance since the pandemic)

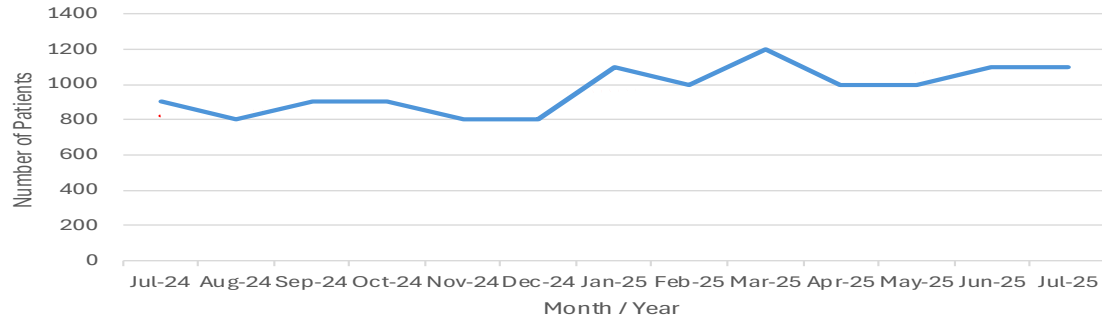
Performance and Productivity: SDEC Utilisation



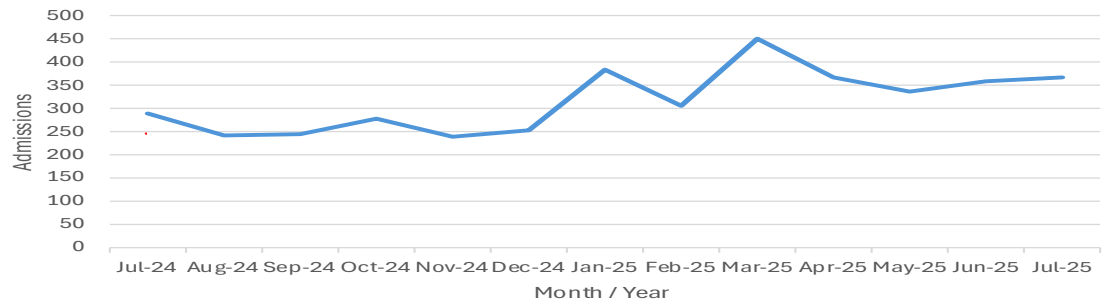
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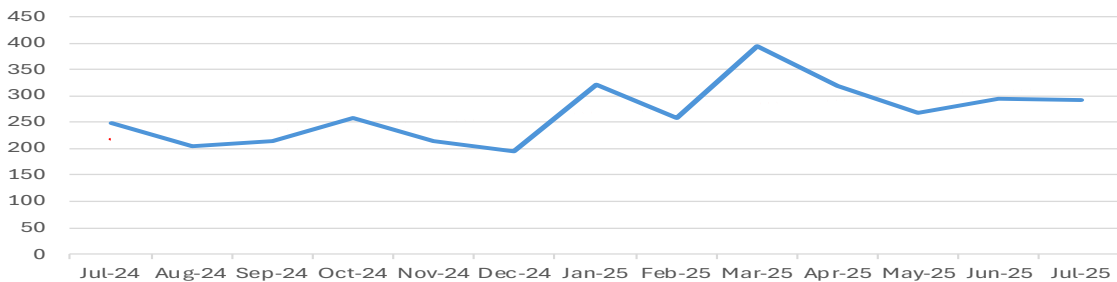
HDUHB SDEC Activity



Total SDEC patients attending ED or MIU to SDEC arrival



Total number of patients discharged from SDEC (referred from ED/MIU)



The July 2025 data shows a slight increase in SDEC activity, continuing the increasing trendline for SDEC activity in the Health Board over the last year. The impact of the surgical SDEC in GGH and additional weekend opening hours have contributed to this position.

The overall trend in the number of patients being pulled from EDs/Minor Injury Units (MIUs) into SDECs is increasing, although variability was noted at the end of 2024/25. The numbers of patients leaving the same day from SDECs across the Health Board shows a similar pattern.

Overall, this indicates positive growth for SDECs in Hywel Dda over the last year, the units are seeing more patients, pulling more from EDs and MIUs to relive pressure in the system, and preventing admission where not necessary. The digital ward and hospital at home initiatives have in part been an enabler for this, allowing SDECs to monitor and manage patients in the community more effectively to avoid admission

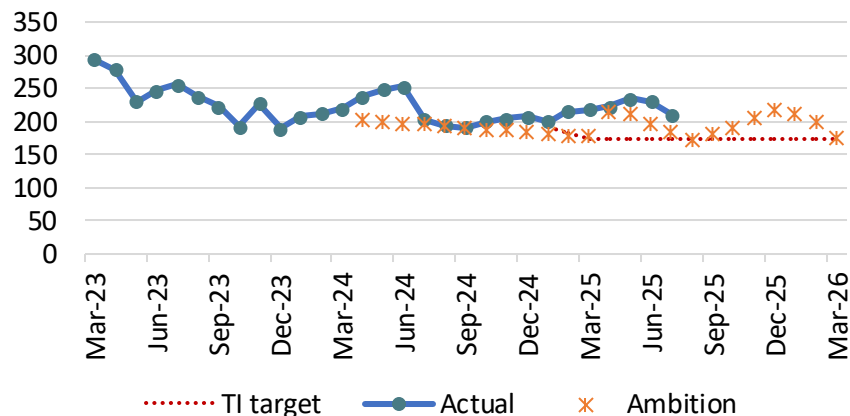
Performance and Productivity: Delayed Pathways of Care (DPoC):



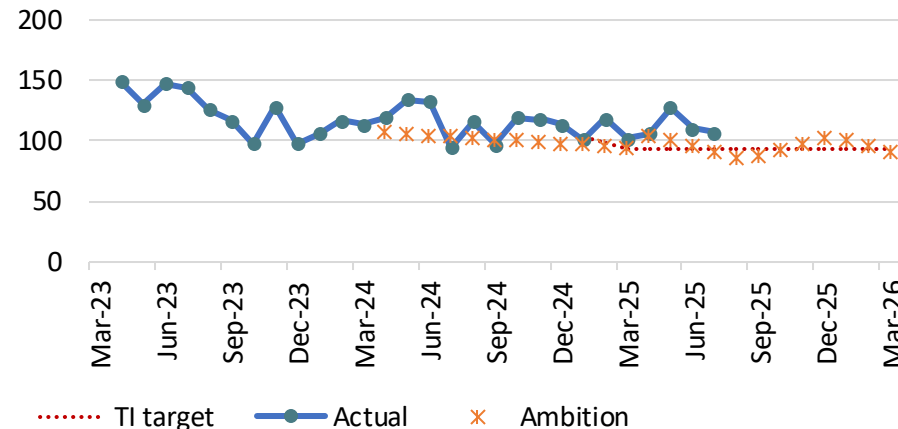
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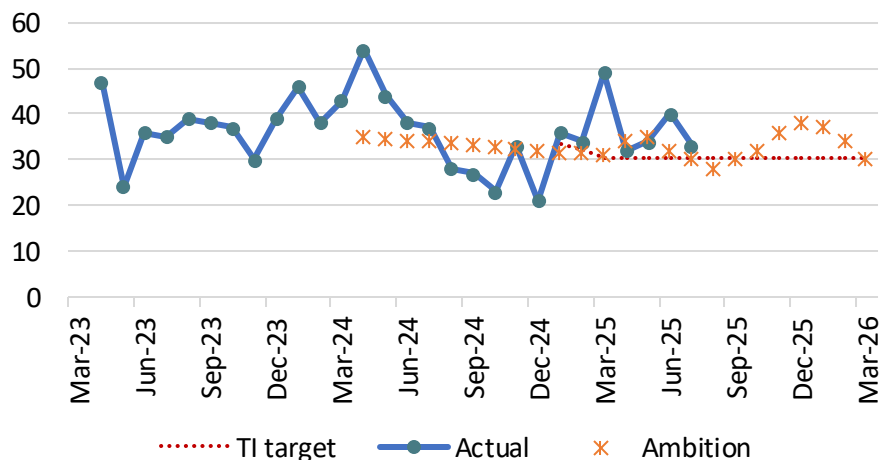
Number of delayed pathways of care - Hywel Dda



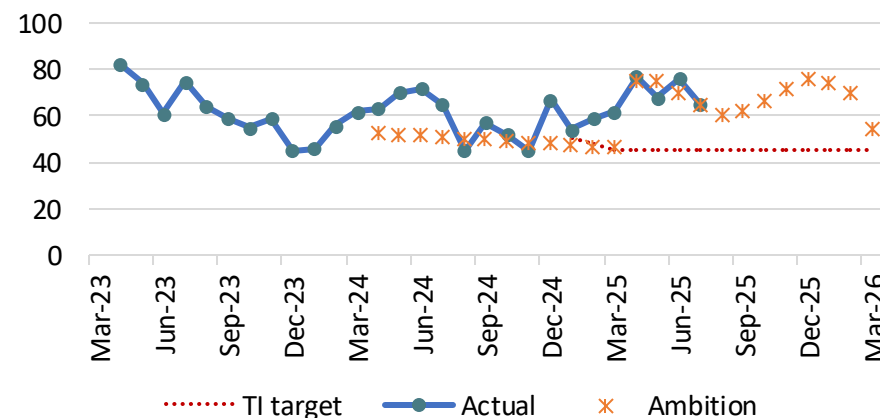
Number of delayed pathways of care - Carmarthenshire



Number of delayed pathways of care - Ceredigion



Number of delayed pathways of care - Pembrokeshire



- DPoCs saw a more significant improvement in July 2025 (reduced to 211) after the small improvement in June 2025.
- The follows a period of sustained increase in DPoCs earlier in the calendar year
- Improvements were noted in all 3 county systems, with each system exceeding the required 5% improvement threshold in the month.
- DPoCs in Carmarthenshire have improved by 16% over the past 2 months

Performance and Productivity: Further Improvement Actions



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- In May 2025, the Executive Team commissioned a UEC Accelerated Transformation Programme, designed to deliver a step change improvement in UEC performance by October 2025. The primary aim of the programme is to minimise attendance at an ED by providing appropriate, alternative pathways for patients.
- In October 2025, a revised ambulance handover performance expectation comes into effect, with the mandatory handover of all emergency ambulances within a maximum of 45 minutes from arrival
- The following slides provide a summary of the key Site/System specific improvement actions currently being progressed along with a System Wide coordinated action plan designed to support effective implementation of the 45min max ambulance handover requirement by 1 October 2025.
- To enable the above, the recent positive progress achieved by the CCG in respect of ambulance handover performance, patients waiting longer than 12 hours in ED, utilisation & impact of SDECs, and delayed pathways of care will need to be sustained and further supported by the actions reflected on the following slides.

Performance and Productivity

Current Site-Specific Operational Actions:



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Glangwili Hospital		Target Date	Prince Philip Hospital		Target date
• Health Board Repatriation Document to be developed and agreed at Clinical Care Group.		30/09/25	• SDEC (Same Day Emergency Care) supporting AMAU/MIU to reduce pressure at the front door. Weekend cover is also being scoped when required during busy periods and staffing levels allow.		30/09/25
• Expansion of Same Day Emergency Care (SDEC) footprint with capital funding, with weekly project group in place.		30/03/26	• Newly appointed locum consultant for SDEC to support weekly hot clinics. This allows for prompt treatment of patients through SDEC which supports flow and admission avoidance.		30/08/25
• Review of perfect week initiatives to be evaluated with a view to identify potential funding sources.		31/08/25	• Consultant Connect being introduced to use operationally within SDEC to further support effectiveness of the department. Go Live Aug 25-this commences end of Aug which will allow direct contact into medical doctor in SDEC for advice/referrals.		30/08/25
• Teifi Trauma Ambulatory Care Unit pilot data to be reviewed with consideration to operationalising as daily practice.		30/09/25	• Use of hospital @ home to create a wraparound service enabling community GPs to refer directly into SDEC, to treat and then refer patients back into hospital @ home support admission avoidance.		30/08/25
Bronglais Hospital		Target Date	Withybush Hospital		Target Date
• Dedicated RAaT provision at the front door enabling timely assessment – nursing model needs signing off by Executive Team.		01/10/25	• Prioritising early discharge, utilising the discharge lounge to full capacity		01/09/25
• Review of current discharge and flow pathways with proposal for full revamp of Porth Gofal and patient flow processes encompassing a number of Quality Improvement projects.		31/09/25	• Re –design of the daily clinical and operational oversight teams		01/09/25
• Establish accelerator team to focus on discharges – escalation of delays to System General Manager.		01/09/25	• Senior medical team now secured in ED (3-month pilot), aim to have senior decision making and leadership managing the medical boarding patients in ED		11/09/25
• Flow ownership (Flow Champion to be established) – from whiteboard to ward		01/10/25	• IP&C nurse participating in the site meetings, supporting in rapid access to screening		30/08/25
• Training to be delivered by Informatics team on accuracy of data. Awaiting roll out.		01/10/25	• Local site protocol to de-surge the assessments units, to maintain the flow out of ED and avoid ED attendances.		30/09/25

Performance and Productivity: 45 Minute Ambulance

Additional System-wide 45 min Ambulance Handover Action Plan



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Action	Expected impact	Support needed/limiting factors	Owner	By When
Health Board initiative Your Next Patient and continuous flow launched	Reduce handover delays by ensuring immediate allocation of patients to clinical areas	Endorsement and oversight from Clinical Executives	Site / System Leadership Teams	01/09/2025
Development of Health Board Internal Professional Standards	Create consistent escalation and operational response framework across all acute sites	Senior clinical leadership support for rollout and compliance monitoring	Site / System Clinical Leads	01/11/2025
Implementation of Regional Integrated Pathways of Care Delay Plan	Improve flow between acute, community, and social care to reduce hospital delays	Partnership working with regional partners and local authorities	CCG	From 30/09/25
Ambulance redirection	Divert non-urgent cases to alternative care settings, reducing ED pressure	Clinical Executive endorsement; operational coordination with WAST	Site / System Leadership Teams	30/09/25
Implementation of ED / MIU Redirection Policy	Reduce inappropriate ED attendances and optimise use of MIUs	Endorsement from Clinical Executives	Site / System Leadership Teams	30/09/25
Criteria-led discharge to support out-of-hours/weekend discharges	Increase discharges before midday to release beds earlier	Support investment in one additional middle grade on the weekends focused on discharges	Site / System Leadership Teams	30/09/25
Optimal use of discharge lounges to facilitate early discharges	Improve patient flow and reduce ED congestion		Site / System Leadership Teams	30/09/25
Testing of additional senior medical / clinical presence at ED front door	Provide early senior clinical input to streaming, improve patient navigation, and accelerate ambulance handovers	Workforce allocation; evaluation of pilot outcomes	Pembs & Ceredigion Site / System Leadership Teams	30/09/25
Protecting assessment units	Preserve flow through short-stay areas and avoid backflow into ED	Executive support – Silver and Gold command activation	Site / System Leadership Teams	02/09/2025
7 days per week Operational Delivery Unit (ODU) to focus on handover delays across the Health Board.	Health Board wide operational oversight and coordination of flow and handover delays	Commitment to release staff from each Site / System Leadership Team	CCG	30/09/25



The Committee is requested to **RECEIVE ASSURANCE** from recent progress achieved, and further actions currently being progressed by the Community and Integrated Medicine CCG and its constituent Site/System Leadership Teams to support improvements in UEC performance and productivity.



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