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# Urgent and Emergency Care Six Goals Programme Update

Finance and Performance Committee, 16 December 2025

# The Challenge: A&E Units Under Pressure

**High demand and complex patient needs** continue to strain Accident and Emergency (A&E) services across all sites.

**Ambulance handover delays, long waits in an Emergency Department (ED), and delayed discharges** disrupt patient flow and impact patient experience.

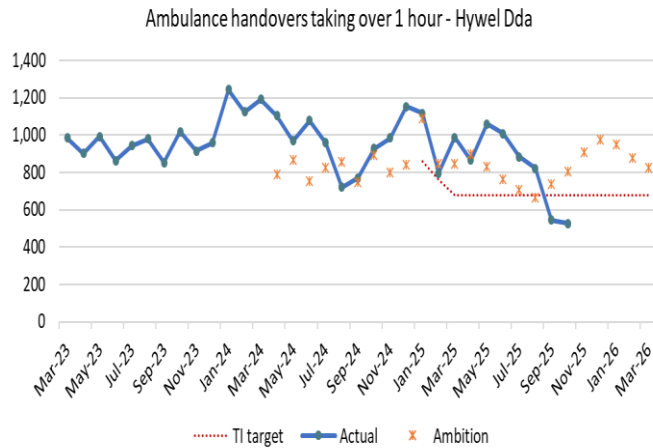
**Systemic bottlenecks:** Capacity constraints, delayed pathways of care, and significant variability in performance between sites.

## **Patient experience:**

- Extended waits and overcrowding, especially for vulnerable groups (elderly, complex cases).
- In October, 8.5% of patients waited over 12 hours in ED (target: 6%). This is a slight increase from September (8.0%), showing ongoing pressure despite improvement efforts.
- **Ambulance handover times** have improved overall, but a significant minority of patients still experience waits over an hour at some sites.

# UEC Performance, Targeted Intervention Metrics

## Ambulance handovers > 1hr

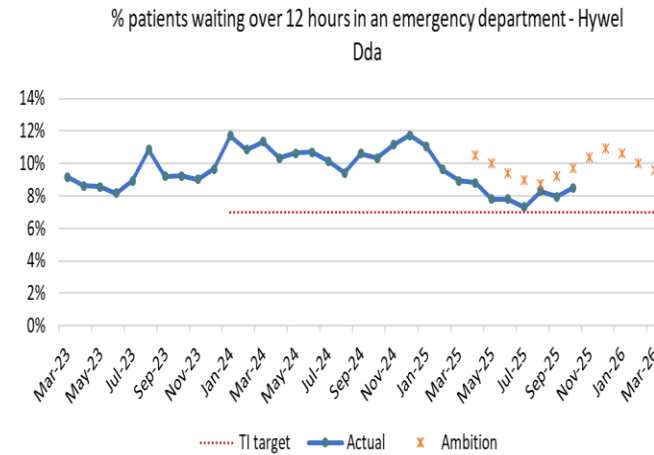


### Current Performance:

Ambulance handovers > 1hr are 528 for October and continue to be below TI target of 680. Stats indicative of an improving position from September's data.

Over the last year the trend is indicative of an improving position

## Patients waiting > 12 hours in an ED

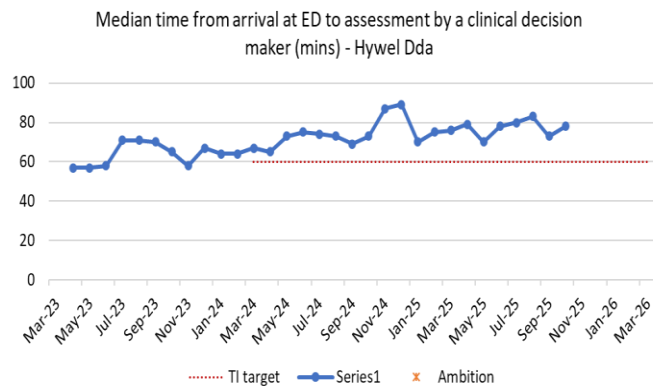


### Current Performance:

October has 8.5% of patients waiting > 12 hours in an ED. This is above the TI target of 6% and up from 8% in September.

Over the last year the trend is indicative of an improving position.

## Median time ED Arrival to Assessment

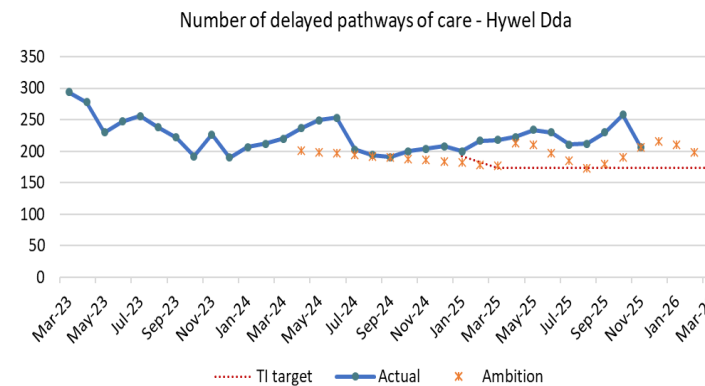


### Current Performance:

October's average is 78 mins which is above the TI target of 60 and an increase on September's average.

Over the year the trend has been fairly static and is shown to be consistently above TI targets for this metric.

## Number of Pathway of Care Delays

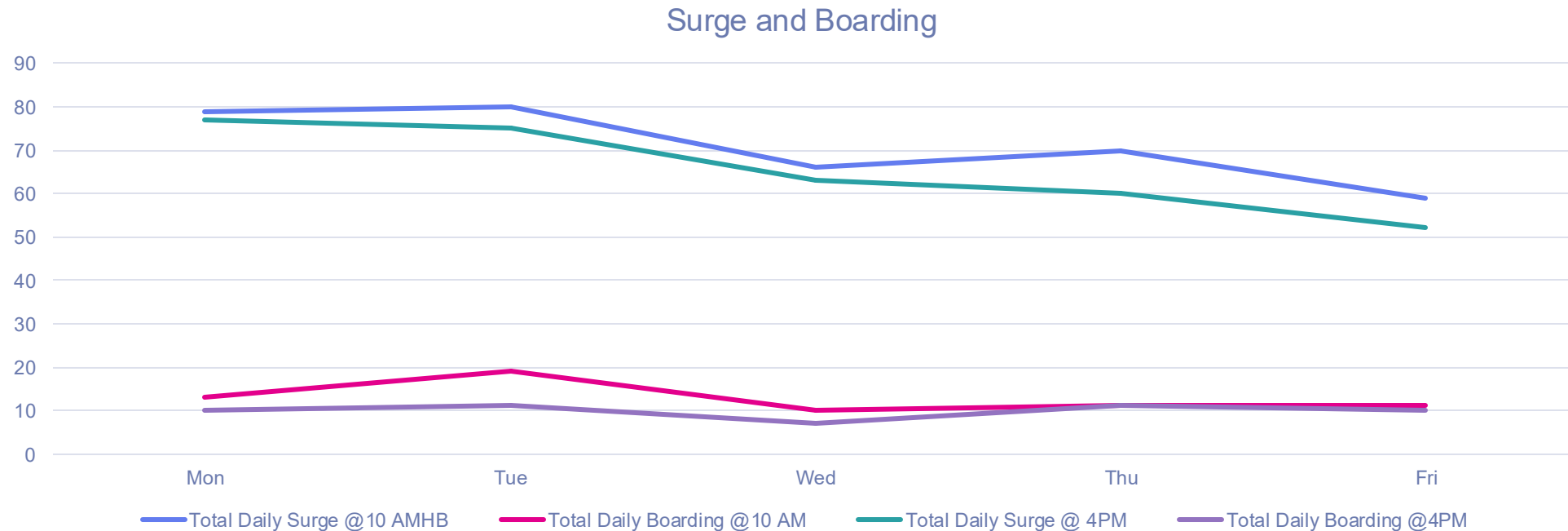


### Current Performance:

In November the Health Board had 207 Pathway of Care Delays (POCD) which is above the TI target of 174.

This shows the lowest POCD since January 2025 and is a significant improvement on October 2025 data.

# Surge and Boarding



The above graph presents surge and boarding counts at 10 AM and 4 PM across Bronglais Hospital, Glangwili Hospital, Prince Philip Hospital, and Withybush Hospital.

## Surge Volume Patterns

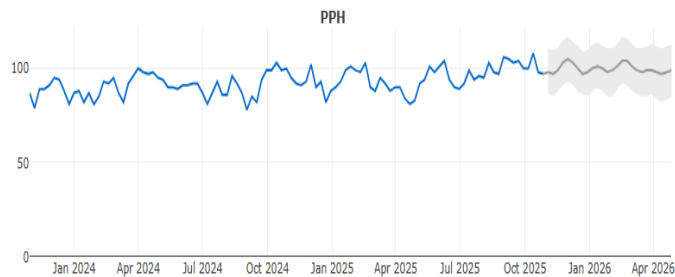
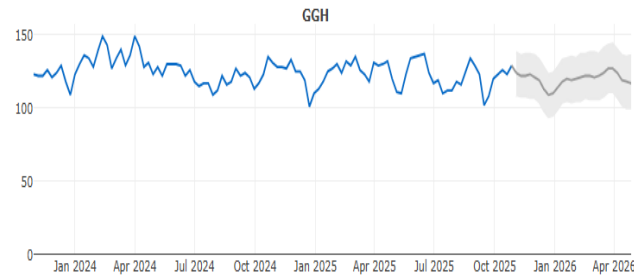
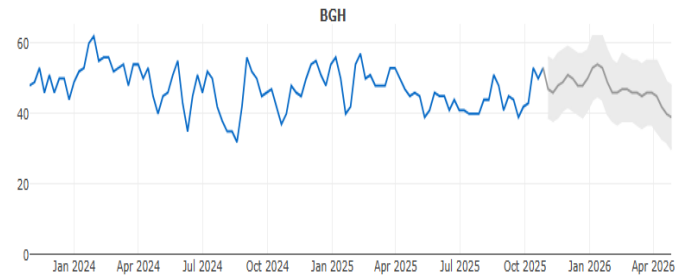
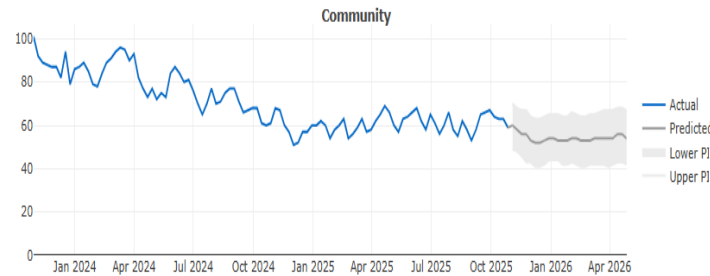
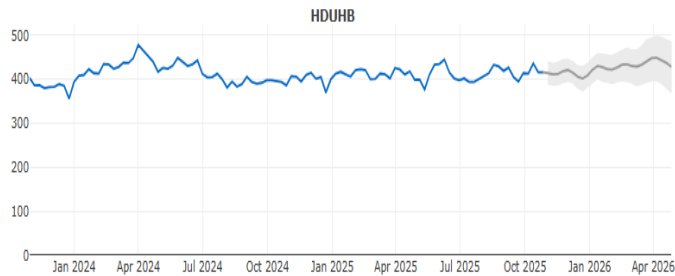
Glangwili Hospital consistently experiences the highest surge volumes, with morning counts ranging from 18 to 28 and afternoon figures from 10 to 27, indicating significant patient influx and potential capacity challenges

## Boarding Count Trends

Boarding counts are generally low across all hospitals, with Glangwili Hospital showing the highest variability (4–8 AM, 4–8 PM), while Bronglais Hospital, Prince Philip Hospital, and Withybush Hospital maintain minimal boarding figures. These metrics are essential for understanding patient flow dynamics and identifying peak times that require enhanced staffing and resource allocation to manage patient surges effectively.

# Average Length of Stay

## Emergency Admissions with a Length of Stay (LOS) > 21 days, patients aged 18+



### Patients with a LoS >21 Days

The graphs indicate a fairly static position over the last year for the Health Board in terms of average length of stay.

However, this is mainly driven through Community hospital admissions, both Prince Philip Hospital and Withybush Hospital show an increasing trend in this area.

### Patients with LoS Over 50 Days

Glangwili Hospital and Prince Philip Hospital have the highest patients staying over 50 days, indicating discharge delays.

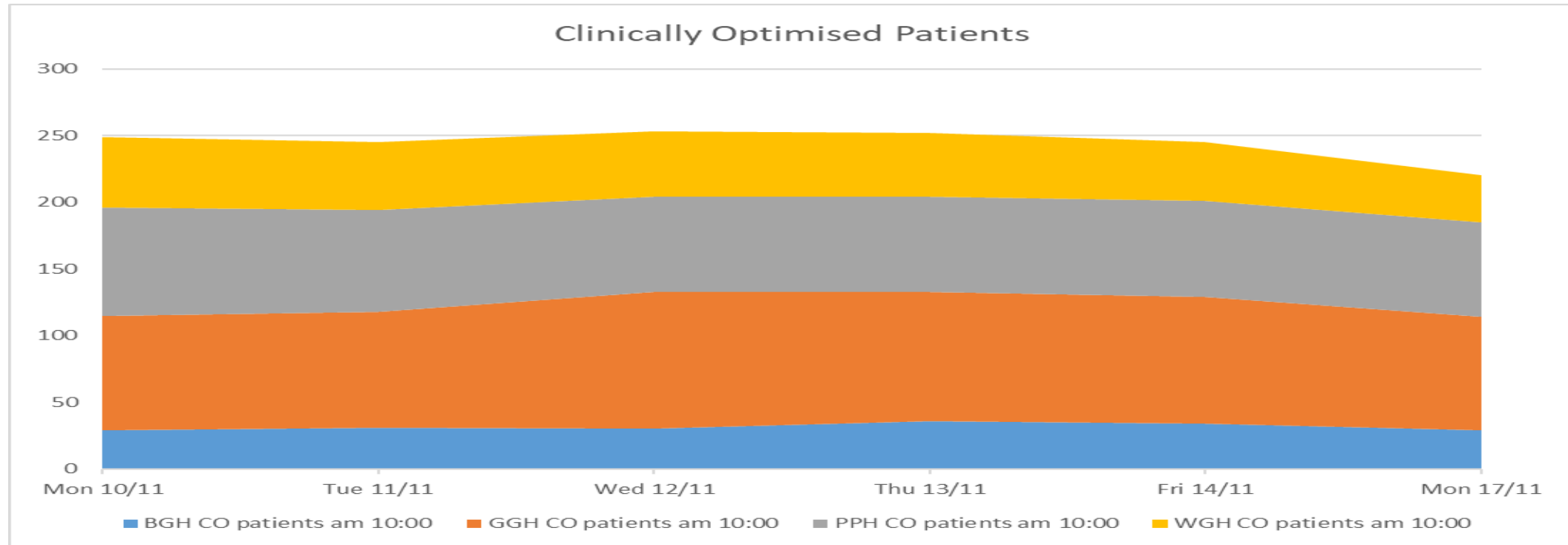
### Declining LoS Trend at Withybush Hospital

Withybush Hospital shows a decline from 33 to 18 patients over 50 days, suggesting improved discharge processes.

### Patients with LoS Over 100 Days

Prince Philip Hospital leads in patients staying over 100 days, highlighting significant long-term hospitalisations.

# Clinically-Optimised Patients



Glangwili Hospital consistently has the highest patient counts, morning figures ranging from 86 to 103 and afternoon counts from 89 to 106, indicating a high patient load and potential strain on resources.

Prince Philip Hospital shows a slight downward trend but remains relatively stable around 70–81.

Bronglais Hospital fluctuates between 29–36, with a peak on Thu 13/11.

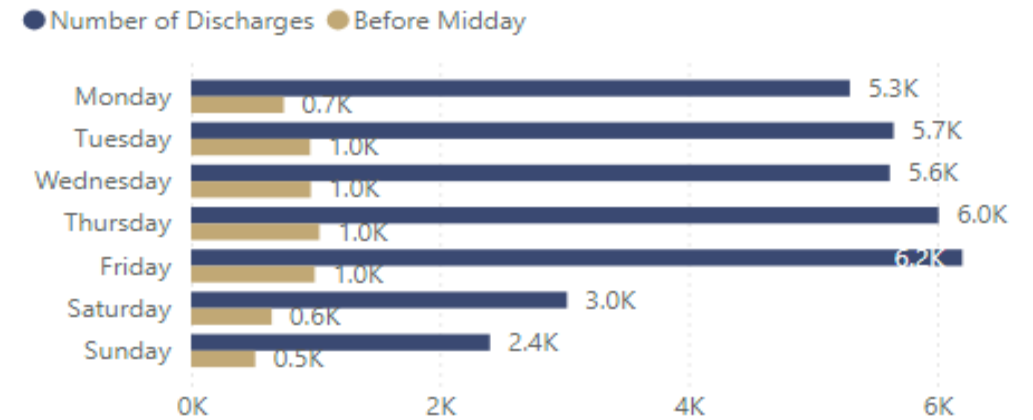
Withybush Hospital has the lowest counts and a clear decline during the week from 53 to 35.

# Discharges Before Midday

Emergency admissions - discharged before midday



Discharges Before Midday by Day of Week  
May-November 2025



May-November 2025

5859  
Before Midday

17.12%  
Perc Before Midday

28362  
After Midday

82.88%  
Perc After Midday

# Fragility: Operational and Systemic Strain

## Operational Fragility:

- **Ambulance handover times** are volatile, especially at Withybush Hospital and Bronglais Hospital.
  - Median handover times are 15–30 minutes, but at the 95th percentile, waits can exceed 3 hours at some sites (Bronglais Hospital, Withybush Hospital).
- **Discharge before midday** remains low, limiting bed availability for new admissions.
  - Average rates are 18% (Bronglais Hospital), 29% (Glangwili Hospital), 24% (Prince Philip Hospital), and 15% (Withybush Hospital).
  - **Surge volumes and boarding counts** highlight capacity pressures, especially at Glangwili Hospital and Withybush Hospital.

## Systemic Fragility:

- **Pathway of Care Delays** are rising:
  - 258 delays in October (target: 174). This is a key metric showing the system's struggle to move patients through to appropriate care settings.
- **Long lengths of stay:**
  - Glangwili Hospital and Prince Philip Hospital have the highest numbers of patients staying over 50 days (40–45 patients) and over 100 days (10–15 patients). Withybush Hospital has fewer, but still notable, long-stay patients.
- **Site-specific challenges:** Infrastructure works disrupt normal operations.
- **Transport and social care delays** further complicate timely discharge.

## Patient Impact:

- **Prolonged waits**, risk of deconditioning, and stress for patients and families.
- **Variability in experience** depending on site and time of attendance.

# The Patient Experience

**Extended waits and overcrowding** can lead to anxiety, discomfort, and poorer outcomes. Patient feedback highlights the importance of clear communication, comfort, and timely care.

**Data:** The ongoing high percentage of patients waiting >12 hours and the variability in handover times directly affect patient satisfaction and outcomes. These delays increase the risk of harm (e.g., deconditioning, hospital-acquired complications, especially for elderly and frail patients) and harm Health Board reputation.

**Initiatives to improve experience:** The UEC Environment Programme has progressed the following:

- **Cleanliness and Facilities:** The group has completed a comprehensive scoping exercise for 24/7 domestic and portering staff coverage in EDs. A gap analysis is underway to identify where current provision falls short of the agreed standards. This is a foundational step to ensure consistently high standards of cleanliness and a welcoming environment for patients and families. Environmental audits, including domestics, estates, and nursing, are now regularly conducted, with results reviewed to drive improvements. Early involvement of Infection Prevention and Control is being embedded in all room reconfigurations and upgrades
- **Patient Experience and Communication:** Patient information screens are being installed and maintained across all sites, with a focus on delivering consistent, clear messaging about ED processes, nutrition, hydration, and wayfinding. Content is being developed with Comms and Engagement to ensure all patients and relatives are kept informed during their visit.
- Refurbishments have been made to key areas, such as relatives' viewing rooms and paediatric waiting rooms (including sensory rooms) to improve comfort, privacy, and dignity for patients and their families. These changes are designed to reduce anxiety and create a more compassionate environment.
- **Digital and Service Innovations:** The group is exploring digital solutions to improve patient flow and experience, such as self-registration and e-triage systems. A report has been submitted for digital check-in and e-triage, implementation updates are pending. A pilot for a wayfinding robot and the procurement of sensory equipment for patients with learning disabilities or dementia are underway, supported by charitable funds.
- **Staff Support and Training.** A baseline audit of patient experience has been completed and signed off, providing a benchmark for future improvements. Declutter focus weeks and the presence of PALS (Patient Advice and Liaison Service) team members in reception areas are being organised to further enhance the patient and staff environment.

# Responding to Challenges, Immediate Actions



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## Operational Interventions:

- Front and Back Door Reset Weeks have driven recent improvements in handover times and discharge processes.
- “Call before Convey” and direct lines to Clinical Streaming Hubs for Care Homes
- Recruitment of Optimal Flow Practitioners from pilot monies in Welsh Government and implementation of new policies (Boarding, Home of Choice, Reluctant Discharge).
- Launch of Operational Delivery Unit (ODU) for ongoing monitoring and rapid response.
- Enhanced waiting room safety and oversight, staff allocation, and regular observations.
- Development of staff training and awareness videos to support patient flow and discharge planning. Additionally, the roll out of an online discharge toolkit for staff, with discharge resources and training materials.

## Collaborative Actions:

- Daily Multi-Disciplinary Team board rounds and huddles, Red2Green updates, and senior leadership presence.
- Care Home Falls Training and Falls Equipment being rolled out across the Health Board in December 2025, with the aim to improve falls responses in care homes, reduce harm, and lower conveyance rates from Care Homes to EDs.
- Launch of an integrated Strengths Based Collaborative Communication training programme to support discharge planning
- Transport service to support Clinical Streaming services being launched across Health Board in December, to support effective Hospital@home services and reduce ED attendances. This is in collaboration with the third sector organisations Delta and St Johns.
- Winter Plan developed with Local Authorities to ensure coordinated delivery of urgent and emergency care services over the Winter period.

Early evidence from Reset Week shows some improvement in discharge before midday and ambulance handover times, but these gains are fragile and require sustained effort to become embedded practice. The interventions are beginning to “bend the curve” but the system remains vulnerable to surges in demand or external shocks (e.g., social care delays, staffing shortages).

# Building for the Future: Systemic Solutions

- **Seven-Day Clinical Streaming, Hospital@Home and SDEC Business Case:**
  - Business case currently being developed, work undertaken by value team and clinicians indicate significant benefits for both patients and Health Board. Business Case will initially be submitted for scrutiny at the Finance and Performance Committee in December 2025 and then to Public Board in January 2026 for decision.
- **Optimal Hospital Flow Programme:**
  - Site-based Quality Improvement teams, monthly flow meetings, and a new framework blueprint.
  - Board rounds, huddles, and Red2Green dashboard to identify and address delays.
- **Criteria-Led Discharge (CLD)** and Discharge Toolkit developed to streamline and standardise discharge processes. Currently being rolled out across Hywel Dda
- **Discharge Lounge optimisation:** Improved data collection, Standard Operating Procedures, and proactive patient “pull” from wards are among the initiatives being rolled out.
- **Collaborative and preventative approaches:**
  - Partnership with local authorities to address social care delays.
  - Staff training on strengths-based communication and deconditioning prevention.
  - Participation in national improvement programmes and supporting the utilisation and planning for Local Authority grant monies to support discharge practices and admission prevention.

Sustained improvement in metrics like POCD and long-stay patients will be key indicators of success for these systemic changes.

The focus is shifting from firefighting to building resilience and reliability into the system, but progress will be measured by how quickly and consistently these metrics improve.

- Recent improvements in ambulance handover times and discharge before midday at some sites.
- Ongoing challenges with long-stay patients and pathway delays.
- Continuous feedback, audits, and pilot initiatives to refine processes and improve patient experience.
- Triangulation of information indicates that there is inconsistency in experience and performance across pathways, hospital sites and days of the week
- Monitoring trends in handover times, discharge rates, and POCD will guide ongoing improvement and resource allocation
- The system is moving in the right direction, but the data shows that fragility remains, with a requirement to improve 7-day coverage, with sustained focus and cross-system collaboration being essential to achieve lasting change.