Pwyllgor Cyllid a Pherfformiad/ Finance and Performance Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 October 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Urgent and Emergency Care: Pathway of Care Delays (PoCD) Deep Dive
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer, Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, Community and Integrated Medicine Clinical Care Group Director

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/ For Assurance

DRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Urgent and Emergency Care Pillar 3 is responsible for the oversight and improvement of Pathway of Care Delays (PoCD) across the Health Board, as part of its wider remit for ward-based flow and discharge. It aims to reduce avoidable delays and prolonged hospital stays by embedding a Home First approach, strengthening discharge planning from admission, improving multidisciplinary working and supporting patients to recover in the most appropriate setting. The Executive Director of Nursing, Quality and Patient Experience has been appointed as the Pillar 3 Executive Sponsor, providing clear executive leadership, accountability and oversight for delivery.

The Health Board is required to submit monthly Pathway of Care Delay (PoCD) census data to Welsh Government, in accordance with revised guidance issued in April 2025.

Cefndir / Background

A Pathway of Care Delay is experienced by an adult inpatient occupying a bed in an NHS hospital, who is ready to move on to the next stage of care but is prevented from doing so by one or more reasons. The definition for recording a PoCD is any patient still in an NHS hospital bed 48 hours after being declared clinically optimised (including mental health beds).

A patient is considered “Clinically Optimised” if a clinical decision has been made by the registered professional(s) that the patient is ready for transfer or discharge from an inpatient hospital bed (NHS Wales Data Dictionary) in an acute or community setting. The registered professional must be part of the multi-disciplinary team (MDT) and have discharge/ transfer

rights. The term “Clinically Optimised” applies to all adults occupying an NHS hospital bed, who are “clinically optimised” ready to return home or move on to the “next stage of care”. The “next stage of care” refers to all destinations outside of NHS hospitals.
A patient is considered clinically optimised when both the following criteria have been met:

1. Acute medical needs have been addressed – their medical condition is stable, and no further hospital-based care is required.

2. No longer requires specialist hospital-based MDT interventions. Any ongoing care can be provided outside a hospital setting (including rehabilitation needs).

To ensure a clear understanding of the term “clinically optimised”, a Clinically Optimised Definition Paper has been developed for staff, to standardise how clinically optimised status is defined, recorded, escalated and monitored.

Health Board and Local Authorities Regional Validation Process
The reported PoCD data reflects the regional position on the third Wednesday of each month (a one day “snapshot”). To support the regional West Wales monthly submission of PoCD census data to Welsh Government, a formal validation process has been established between the Health Board and local authority partners.

The monthly validation process supports accurate and consistent reporting of PoCD. A master list of clinically optimised patients is extracted from the digital patient flow system on the third Monday of each month and circulated to county teams by the Regional Validation Chair. Each county then validates the information with its Local Authority, Long-Term Care and Allied Health Professional teams before Census Day.

A regional validation meeting is held on Census Day, the third Wednesday of each calendar month, with health and Local Authority representatives from each county. Each individual PoCD patient is discussed and the delay reason agreed against the list of 63 national delay codes. Each county is responsible for entering their validated data onto the national PoCD database, confirming completion and returning the coded master list. Named deputies are required to maintain continuity during staff absence, reducing the risk of gaps or delays in reporting. The Chair reviews submissions against the master cohort, confirms compliance with the national definition and resolves any outstanding queries before final submission.

A similar process is established within Mental Health and Learning Disabilities services.

Regional PoCD reporting and targets
Within the national reporting structure, the Health Board, Carmarthenshire, Ceredigion and Pembrokeshire Local Authorities are collectively referred to as the West Wales Region. PoCD delays for any residence of a region, regardless of which health board bed in Wales they are in, will be captured in the regionally reported dataset. This accounts for discrepancies sometimes seen between Health Board reported PoCD data (patients within HDdUHB hospitals, regardless of where they normally reside) and regional PoCD (West Wales residents in any hospital across Wales).

In 2025/26, three national PoCD targets were set against a baseline position from March 2025:

- Number of total PoCD delays (target 15% reduction)
- Number of days delayed (target 20% reduction)
- Number of assessment delays (target 20% reduction)

In the absence of any agreed national targets for 2026/27, health boards have set their own; however, each region's performance is still being tracked against the original targets (baseline March 2026). In additional to the national targets, the Health Board is also being monitored against:

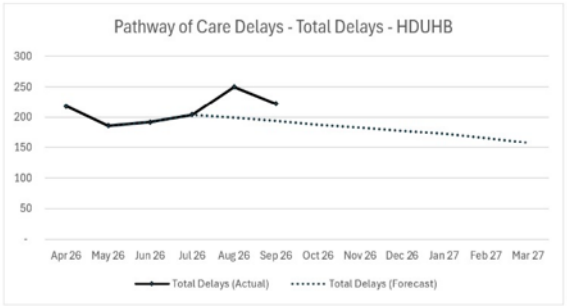
- % of Emergency Admissions with a length of stay >21 days
- Average length of stay pre and post clinically optimised
- % Patient delayed 100+ days

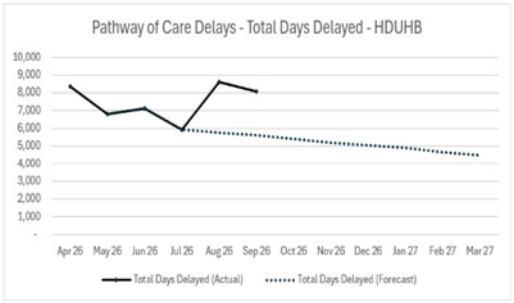
POCD Target Trajectories Vs Actual – HDUHB

Outcome measure: Pathway of Care Delays (including a reduction in total delays, days delayed and assessment delays)

	People Delayed																						Health Board Target
	April'26		May 26 [Baseline]		June 26		July 26		Aug 26		Sept 26		Oct 26		Nov 26		Dec 26		Jan 27		Feb 27		March 27		
	Actual		Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	
HDUHB	218		201	188	200	192	198	204	196	250	195	222	193		191		190		188		185		183		< 174

	Total Days Delayed																						Health Board Target
	April 26		May 26 [Baseline]		June 26		July 26		Aug 26		Sept 26		Oct 26		Nov 26		Dec 26		Jan 27		Feb 27		March 27		
	Actual		Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	Forecast	Actual	
HDUHB	8,344			6,813		7,112		5,919		8,588		8063													-





Please note: Trajectory chart updates may be delayed by up to two months.

Asesiad / Assessment

Current performance

Despite an ongoing challenging position in the number of PoCD across the region, an analysis of the data demonstrates sustained improvement across a number of core indicators:

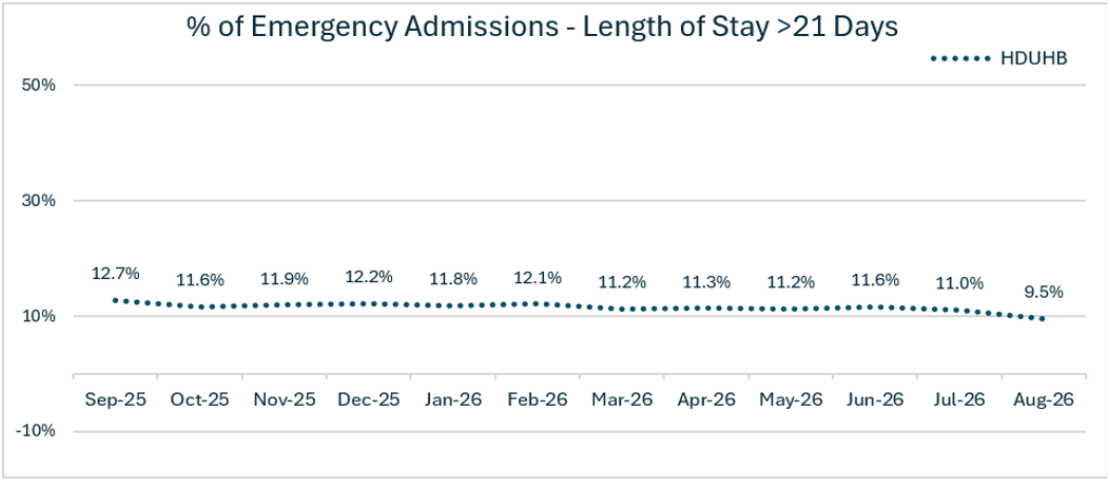
- Reduction in total days delayed
- Reduction in assessment delays
- Reduction in length of stay> 21 days
- Reduction in total length of stay and average length of stay
- Reduction in length of stay post-clinically optimised
- Reduction in the % of patients experiencing delays greater than 100 days.

This represents meaningful progress in addressing some of the most complex discharge cases within the Health Board. The Health Board performs favourably against the Wales population average for Pathway of Care Delays, reporting an overall delay rate of 11.17% compared with the all Wales position of 11.65%.

West Wales Region	Ambition target reductions by Nov 25	Mar 25 Baseline	Jul 26	Jul 26 Position	Aug 26	Aug 26 Position	Sep 26	Sep 26 Position
Total Delays	15%	217	203	6.5% ⇩	249	14.7% ⇧	224	3.2% ⇧
Days Delayed	20%	8,754	5,552	36.6% ⇩	8,136	7.1% ⇩	7,992	8.7% ⇩
Assessment Delays	20%	109	93	14.7% ⇩	105	3.7% ⇩	87	20.2% ⇩

Emergency admissions with a length of stay > 21 days - HDUHB

Outcome measure: Reduction in > 21 day Length of Stay (LoS)



16 September 2026 **Total Delays & Length of Stay (Days)**

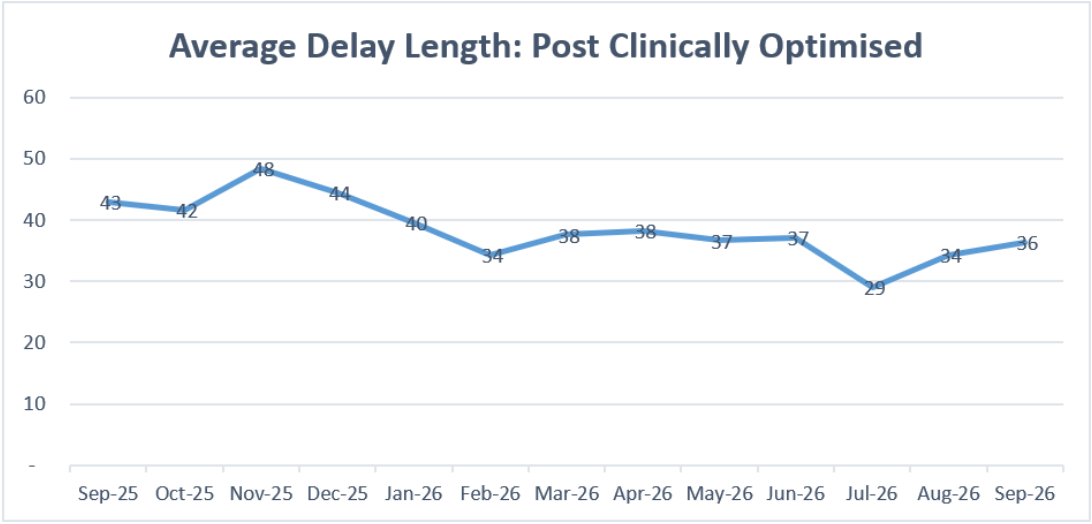
HealthBoard: HDUHB | Local Authority: Multiple selections | Region: All | Hospital Name: All | Ward Type: Multiple selections | Age Group: All | Current Speciality: All

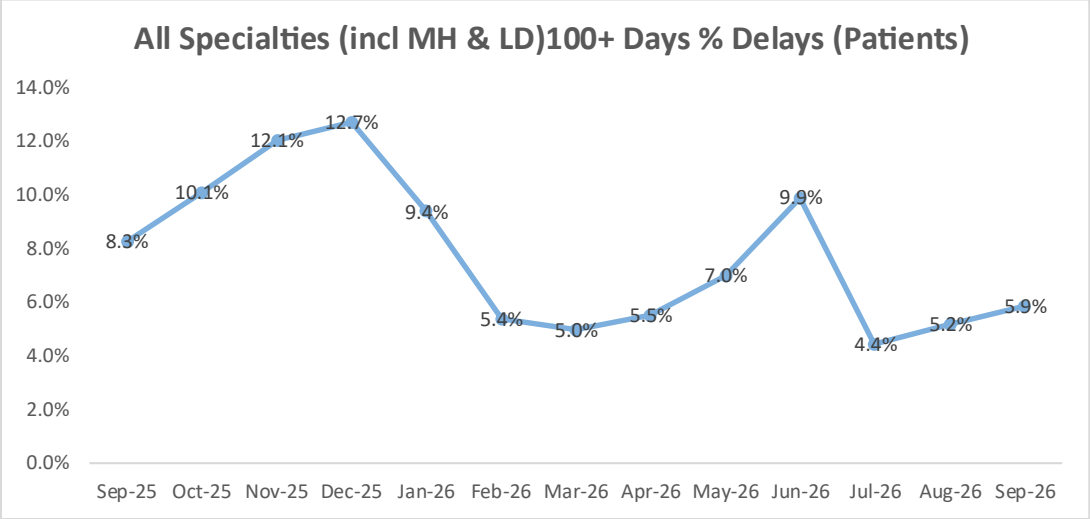
Options: Current Month | Previous Month | Last 3 Months | Last 6 Months | Last 12 Months | LOS Breakdown | LOS by Ward Type | LOS by Assessmen... | LOS by Descriptor | LOS Charts

Descriptor: All

Total Length of Stay & Delay Length for Latest Census Date (16 September 2026)

Census Date	Total Delays	Total Days Stayed	Total Days Delayed	Total Length of Stay	Average LOS	Proportion of LOS that is Delayed
16 September 2026	220	8,557	7,816	16,373	74	47.7%
19 August 2026	246	8,307	8,038	16,345	66	49.2%
15 July 2026	198	5,874	5,447	11,321	57	48.1%
17 June 2026	188	5,459	6,723	12,182	65	55.2%
20 May 2026	175	6,064	6,399	12,463	71	51.3%
15 April 2026	212	7,696	8,105	15,801	75	51.3%
18 March 2026	211	6,950	7,928	14,878	71	53.3%
18 February 2026	235	8,173	8,138	16,311	69	49.9%
21 January 2026	208	6,780	8,319	15,099	73	55.1%
17 December 2025	200	8,227	8,935	17,162	86	52.1%
19 November 2025	199	9,751	9,415	19,166	96	49.1%
15 October 2025	253	11,599	10,240	21,839	86	46.9%





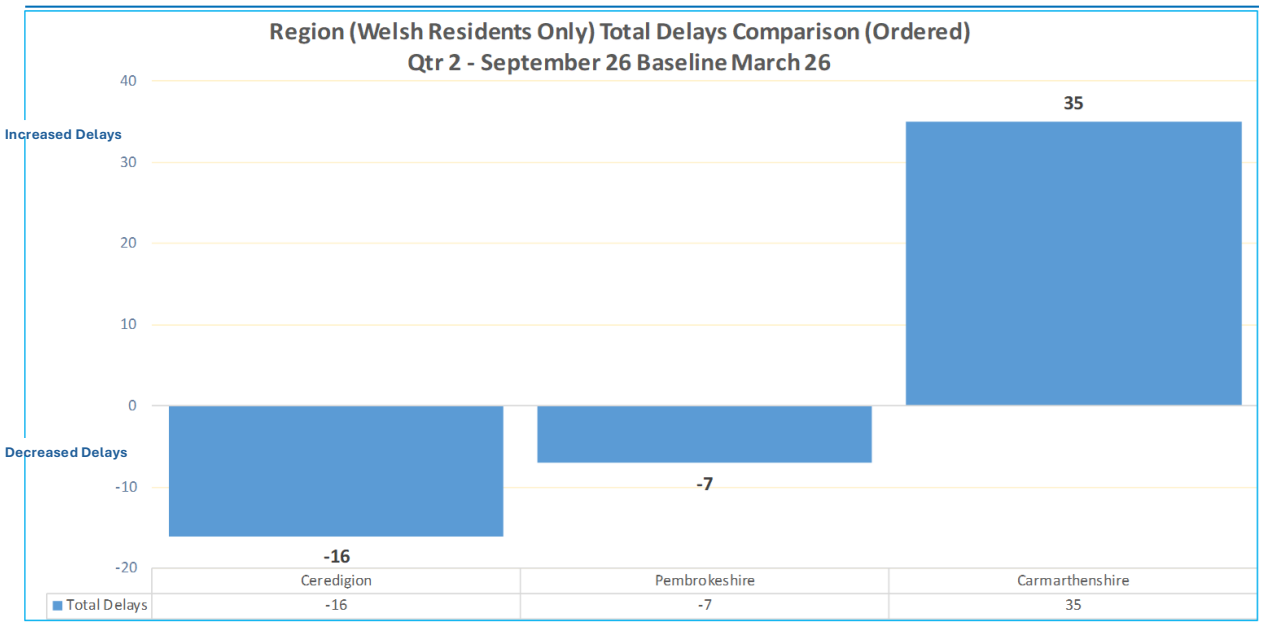
Assessment delays (including social care, continuing healthcare, nursing and allied health professional assessments) remain the largest contributing factor towards PoCD, with a marked variation between the three counties. This variation is also reflected in the number of delays and days delayed per county against the baseline position of March 2026. Access to support to facilitate discharge funded by local authority (reablement and new community care packages) and care home related issues (choice, manager's assessment and availability) also significantly contribute to PoCDs. An increasing area of concern in delays is the number of housing related issues preventing people being discharged from hospital.

Total Delays & Total Days Delayed by Descriptor Ordered for the Period of Last 3 Months (Jul-26 to Sep-26)

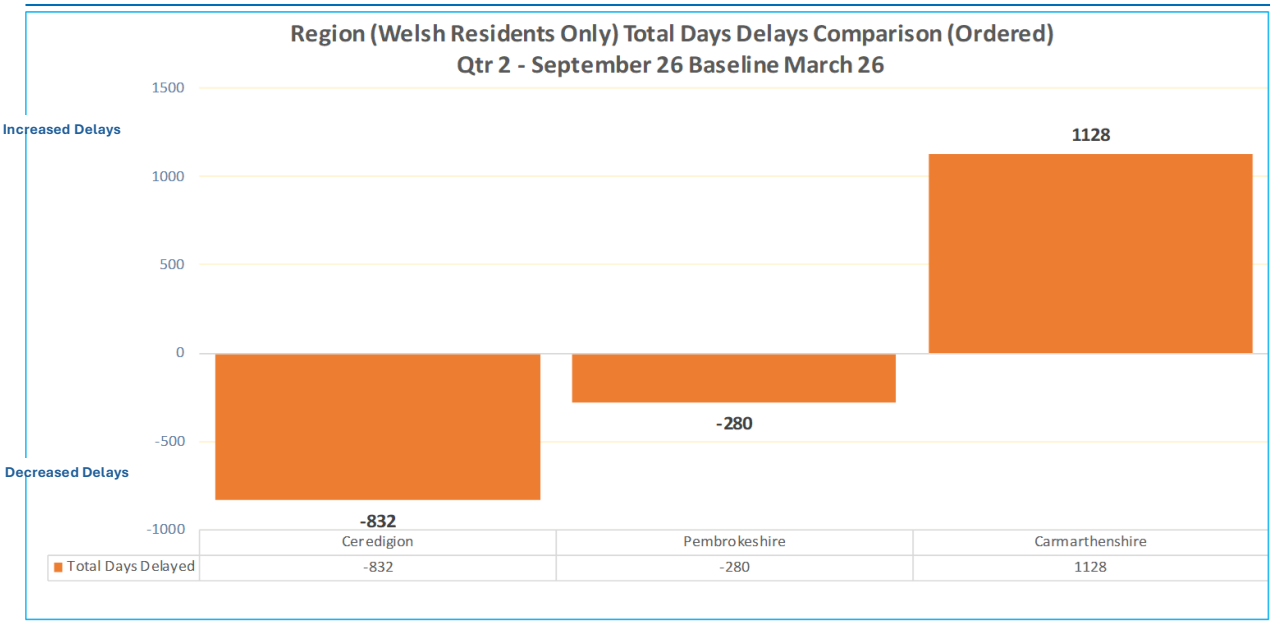
Census Date	Wednesday, July 15, 2026		Wednesday, August 19, 2026		Wednesday, September 16, 2026	
Descriptor	Total Delays	Total Days Delayed	Total Delays	Total Days Delayed	Total Delays	Total Days Delayed
1.01.02 - Awaiting completion of assessment by social care	33	808	47	1,176	43	1,243
2.04.01 - Awaiting reablement community care package	27	415	43	1,055	35	1,192
2.03.01 - Awaiting start of new community care package funded by social care	28	851	30	1,309	26	1,058
1.01.05 - Awaiting joint assessment	14	155	9	228	9	177
1.01.03 - Awaiting completion of assessment Nursing	10	237	11	120	6	122
1.01.07 - Awaiting completion of AHP Allied Health Professional Assessment	10	213	5	61	11	273
1.01.04 - Awaiting Continuing Healthcare (CHC) Assessment	7	313	9	150	9	289
3.01.13 - Identifying Residential Home	5	349	13	729	7	386
1.01.12 - Mental Capacity Assessment Delays	11	180	8	304	5	190
1.01.11 - Awaiting completion of best interest decision	4	67	9	209	2	69
3.01.05 - Awaiting RH availability	4	91	5	284	4	96
2.04.03 - Awaiting step down temp placement to a care home	2	118	3	136	7	236
3.01.15 - Identifying Dementia residential home	3	305	4	120	5	264
3.03.02 - No suitable abode - requires re housing	3	105	6	419	3	250
3.01.06 - Awaiting NH availability	5	255	2	122	3	133
3.01.12 - Awaiting Mental Health Placement	1	50	3	81	5	179
3.03.03 - Home unsafe and requires attention	4	317	1	196	4	256
3.01.16 - Identifying Dementia nursing home	3	81	1	28	4	71
2.03.04 - Awaiting CHC community care package	3	127	3	180	1	41
2.05.04 - Patient / family disputing and/or delaying to move to any stage of care / next stage of discharge	3	66	2	46	2	36
3.01.14 - Identifying Nursing Home	1	85	2	25	4	278
3.01.02 - Awaiting care home manager to visit, assess and provide outcome (Residential)			3	161	3	271
3.01.04 - Awaiting completion of self-funding arrangements to placement	1	62	2	132	3	174
3.01.18 - Awaiting pallitive care home Care Package (Fast track to Care Home)			3	75	3	113
3.03.01 - Homeless	2	137	1	128	3	186
1.01.01 - Awaiting Social worker allocation	2	21	3	33		
3.01.08 - Awaiting Dementia Nursing availability	2	37	2	114	1	7
2.01.02 - Awaiting funding decision FNC/CHC			2	79	2	90
2.05.01 - Patient / family care home choice	2	59			2	133
Total	**204**	**5,919**	**250**	**8,588**	**222**	**8,063**

Delay Reason	Carmarthenshire	Ceredigion	Pembrokeshire	Out of Area	Total Patient Count	Total Days Delayed	Average Days Delayed
Awaiting completion of assessment by social care	37	2	3	1	43	1,243	29
Awaiting reablement community care package	32	1	2	0	35	1,192	34
Awaiting start of new community care package funded by social care	13	2	11	0	26	1,058	41
Identifying Residential Home	2	1	4	0	7	386	25
Awaiting Continuing Healthcare (CHC) Assessment	5	2	2	0	9	289	32
Identifying Nursing Home	4	0	0	0	4	278	20
Awaiting completion of AHP Allied Health Professional Assessment	5	1	5	0	11	273	34
Awaiting care home manager to visit assess and provide outcome (Resid	1	2	0	0	3	271	55
Identifying Dementia residential home	5	0	0	0	5	264	20
Home unsafe and requires attention	0	2	1	1	4	256	38
Other	38	10	27	0	75	2,553	37
TOTALS:	**142**	**23**	**55**	**2**	**222**	**8063**	**36**

Monitoring Total Delays – West Wales



Monitoring Days Delayed – West Wales



Across the West Wales region, a relatively small proportion (13%) of PoCD are within the control of health care alone, the majority of delays (53%) have joint responsibility, and social care have responsibility for 34% of PoCD. Regional oversight has been established to support a shared approach to PoCD.

Service Area Leads	15 July 2026	19 August 2026	16 September 2026
Health Care	26	30	29
Joint	108	132	117
Social Care	70	88	76
Grand Total	204	250	222

Service Area Lead (%)	15 July 2026	19 August 2026	16 September 2026
Health Care	13%	12%	13%
Joint	53%	53%	53%
Social Care	34%	35%	34%

PoCD – Operational Context

Pathway of Care Delays are influenced by a combination of workforce, operational and system pressures across health and social care. Periods of annual leave, vacancies, maternity leave and sickness across any part of the system can affect the availability of timely assessment, decision-making and onward care arrangements. These pressures are compounded by variation in service capacity, competing operational demand, infection control and prevention measures and limited availability of certain community and care-sector pathways. Collectively, these factors can delay multidisciplinary assessment, discharge planning and access to the support required for patients to leave hospital safely.

A deep dive into the August 2026 PoCD census day reflects the impact of operational system pressures on PoCD performance. Key challenges on census day included:

- 27 surge beds operational on census day.
- 35 patients managed within boarding capacity.
- Workforce shortfalls of 27 Registered Nurses and 56 Health Care Support Workers.
- High levels of sickness absence and annual leave across the system.
- Limited availability within domiciliary care, reablement and care home placements.
- Medical staffing changeover period.
- Three of four acute hospital sites escalating to Red 20 status.
- 55 patients awaiting inpatient beds within Emergency Departments.
- No available adult mental health inpatient beds.
- 42 patients waiting over 12 hours in Emergency Departments.
- Significant ambulance delays and associated lost operational hours.

What Is Working Well

Several initiatives continue to contribute positively to performance improvement:

- Fishbowl methodology and escalation processes.
- Red to Green principles.
- Daily multidisciplinary discharge facilitation and board rounds.
- Strengths-based Collaborative Communication and assessment approaches.
- Person-centred discharge planning.
- Integrated health and social care operational working.
- Social Care and Partnership Initiatives
- Stable social work allocation processes.
- Effective social work triage arrangements.

- Senior Practitioner oversight within acute hospitals.
- Long length of stay review meetings.
- Community-based assessment models.
- Technology Enabled Care supporting Discharge to Recover and Assess (D2RA) pathways.
- Development of Trusted Assessor approaches.

Collectively, these measures are improving decision-making, reducing duplication, and supporting discharge to the most appropriate setting. Alongside these operational improvements, the Pathways of Care Transformation Grant programme within Local Authorities is supporting delivery of key initiatives (such as hospital based social worker provision, increased reablement and domiciliary care capacity) aimed at improving assessment processes, discharge flow, community-based care, reablement services and multidisciplinary working. Despite a 43% increase in hospital referrals to social services, delayed pathways increased by only 20%, suggesting that health and social care services are absorbing a significant proportion of additional demand through improved flow management and integrated working.

Key risks and challenges
Whilst progress remains positive on some key indicators, a number of strategic challenges and risks require ongoing attention:

- Multi-agency information sharing and documentation challenges.
- Market instability affecting placement and care provider sustainability.
- Care home and community (reablement and homecare) capacity, including access to specialist mental health beds.
- Recruitment and retention across all sectors.
- Allied health professions (AHP) staffing position across acute sites impacting on timely AHP assessments and limits access to appropriate levels of rehabilitation contributing to increased need for reablement and new packages of care on hospital discharge (Risk 2145 -Physiotherapy, Risk 2170- Occupational Therapy, Risk 2292- Speech and Language Therapy, Risk 2373- Nutrition and Dietetics).
- There is a risk that the Pathway of Care Delay (PoCD) targets will not be achieved, because delivery depends on coordinated action across the Health Board, Local Authorities and wider system partners. Only 13% of delayed pathways are attributable solely to Health Board factors; the majority are jointly owned or sit within Local Authority responsibilities. This limits the Health Board's ability to deliver the target independently and reinforces the need for shared accountability, timely escalation and delivery of agreed system actions through the established partnership governance arrangements.

Assurance and oversight
Monthly West Wales - UEC Pillar 3 Regional Performance and Delivery Meetings with NHS Performance and Improvement provides scrutiny and monitor regional PoCD performance and progress. Meetings are jointly attended by the health board and local authority partners.

Locally, PoCD sit within the wider UEC 3 Pillars governance and reporting structure. Progress, risks, mitigations and actions are monitored and escalated through the fortnightly Pillar 3 Oversight Group.

There are established regional arrangements to support assurance, partnership working and oversight of PoCD. A formal monthly validation process is in place to improve the accuracy,

consistency and completeness of PoCD reporting, with health, Local Authority, Long-Term Care and Allied Health Professional teams contributing to validation ahead of the monthly census submission.

The integrated regional West Wales Optimal Hospital Flow and Discharge Delivery Group meets monthly, with PoCD included as a standing agenda item to review performance, identify barriers and coordinate system action. Monthly meetings are also held with each county system to support delivery of local implementation plans, with PoCD routinely reviewed as a standing agenda item. In addition, a Hospital Discharge Memorandum of Understanding is in place and has been signed by the Health Board and each Local Authority partner, providing a shared framework for responsibilities, partnership working and escalation across the discharge pathway. The Delivery group supports the implementation of the Regional PoCD Action Plan. The action plan provides assurance that a structured and partnership-based programme is in place to improve PoCD performance. It combines governance, workforce, standardised processes, escalation arrangements and community capacity initiatives, with named leads, timescales and routine oversight.

Local Authority Transformation Grant funding to expand community and hospital-based capacity across all three counties. The grants are supporting tangible workforce expansion and service redesign across the region, focused on preventing avoidable admissions, starting discharge planning earlier and increasing community capacity.

A length of stay meeting review mapping was undertaken for each county system, which provided assurance that established length of stay review arrangements are in place at both Health Board and county level. All counties undertake regular multidisciplinary reviews through daily board rounds, flow meetings and dedicated long-stay or escalation forums. Pembrokeshire and Carmarthenshire have weekly Top 20 reviews, while Ceredigion uses twice-daily system flow meetings and weekly clinically optimised patient reviews. Mental Health and Learning Disabilities also has a dedicated weekly inpatient length of stay review. These local arrangements are supported by the monthly Health Board-wide Pathway of Care Delays process, providing collective oversight of delays, data validation and escalation. Although approaches to documentation and action tracking vary, the report confirms that each county has mechanisms to identify discharge barriers, agree actions and escalate prolonged stays. Additional local operational controls include daily multidisciplinary board rounds and discharge coordination, Red2Green, escalation processes, and integrated health and social care arrangements.

These arrangements provide assurance that PoCD performance and the contributing operational risks are subject to regular validation, review and system-level oversight. However, continued focus is required on effective discharge planning, workforce capacity, and the availability of onward care pathways to secure sustained improvement and reduce variation across the Health Board.

Further independent assurance is provided by the internal PoCD audit undertaken between July and August 2026, which concluded with an overall rating of **Reasonable Assurance**. The audit found reasonable assurance that discharge management policies and procedures reflect Welsh Government Hospital Discharge Guidance and Discharge to Recover and Assess (D2RA) Pathways Guidance, and that processes and resources support timely discharge, including allocation to a defined D2RA pathway and identification of an Expected Discharge Date at admission. Substantial assurance was provided that Pathway of Care Delays are reviewed and analysed to understand the causes of poor performance and non-compliance, and that governance arrangements are established to oversee and monitor discharge management.

Three actions were recommended to strengthen existing controls 1) review and update the Health Board Hospital Discharge Guidelines 2) improve multidisciplinary team attendance at board rounds and 3) continue the Quality Improvement Service Transformation (QIST) Team's work with wards and clinical teams to improve data quality and compliance with national guidance. Delivery of these actions will be monitored through the established Pillar 3 governance arrangement and relevant Clinical Care Groups.

Argymhelliad / Recommendation

The Finance and Performance Committee is requested to **TAKE ASSURANCE** that established controls are in place to support the accurate reporting, oversight and improvement of Pathway of Care Delays.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.16 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board to seek assurance that appropriate action is being taken when performance against set targets deteriorates, and to support and promote continuous improvement in service delivery.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research 3. Data to knowledge 1. Leadership 2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	4. Community by Design 6. Safe, Timely, High Quality Care
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health

	4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported 5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being 6. Work with partners and communities to nurture and support everyone to achieve their best well-being 8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall wellbeing 9. All HDdUHB Well-being Objectives apply
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	2. Leaders will be bold and brave and will strategically commit to supporting a shift towards a Social Model for Health and Wellbeing. 4. Collaborations with partners will be strengthened and developed to make the most of the building blocks of health and wellbeing, with the goal of enabling individuals and communities to build resilience and improve health equity 5. A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing. Social Model for Health and wellbeing principles 1. A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives. 3. Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Supports improved patient flow and reduced length of stay through implementation of ward-based flow and discharge improvements. Delivery may require limited investment in digital, workforce and change support resources.
Ansawdd / Gofal Claf: Quality / Patient Care:	Expected to improve patient experience, reduce delays in discharge, minimise deconditioning, and support timely access to the right care setting.

Gweithlu: **Workforce:**	Requires staff engagement, training and adoption of new processes. Improved flow may reduce operational pressures and support staff wellbeing.
Tegwch Iechyd: **Health Equity:**	Initiative aims to ensure equitable, timely discharge planning and access to post-hospital support across all patient groups.
Risg: **Risk:**	Risks include delays to implementation, workforce capacity constraints, inconsistent adoption of new processes, and digital system limitations. Mitigations include governance oversight, monitoring, training and performance review.
Cyfreithiol: **Legal:**	No specific legal concerns identified. All activity will comply with relevant legislation, professional standards and organisational policies.
Enw Da: **Reputational:**	Successful delivery could enhance organisational reputation through improved patient flow and discharge performance. Failure to deliver intended benefits may attract internal or external scrutiny.
Gyfrinachedd: **Privacy:**	No significant privacy concerns identified. Any use or sharing of patient information will comply with information governance and data protection requirements.
Cydraddoldeb: **Equality:**	No adverse equality impacts identified at this stage. Improved discharge processes are expected to have a positive impact on patient access and experience. Has EqIA screening been undertaken? No Has a full EqIA been undertaken? No