

# ESCALATION RESPONSE – HOSPITAL FLOW RECOVERY ACTION PLANS AND IMPROVEMENT TRAJECTORIES





- The Finance and Performance Committee is requested to **NOTE** progress to date in developing of Hospital Flow plans and related forecast performance trajectories for 2026/27
- Slides reflect progress to date and trajectory information against de-escalation criteria data, ambulance handovers >1hr, >12-hour Emergency Department (ED) waits, time to clinical assessment and Delayed Pathways of Care Delays (DPoC). Please note trajectories have been calculated on the assumption that the Clinical Streaming Hub (CSH) will be launched in July 2026. This may need to be adjusted going forward, current estimates for the system to go live is October 2026 for CSH.
- The Optimal Hospital Flow and Pathways of Care Delays Programme remain central to improving in-hospital flow and remain an area of focus for Welsh Government (WG) for 26/27. The UEC Programme Team and Quality, Improvement Skills Training (QIST) practitioners support the implementation of this work across Counties, with Hospital Leads and Ward managers responsible for the embedding of practices as *Business As Usual*.
- Key to hospital flow improvement will be the impact from the 7-Day Business Case and information pertaining to progress has been included as part of the update
- Slides also provide an illustrative assessment of the what will support flow improvement, but further actions are needed which are being picked up as a focus on the back-door in 26/27



## Hospital Flow Actual and Trajectory Data

# Ambulance Handover Trajectories

The Health Board has made significant progress on ambulance handovers during 2025/26, and the rebased forecast reflects this improvement. The forecast baseline shows a position that, while encouraging, remains subject to seasonal volatility - particularly during the winter months. The Health Board is seeking to sustain the gains made, reduce that volatility, and strengthen the system's resilience through the CSH, Same Day Emergency Care (SDEC), and Six Goals interventions.

The planned trajectory shows a progressive reduction in handovers exceeding one hour as each intervention ramps up from its go-live date. The CSH seven-day model (all four sites, from July 2026) and SDEC at Withybush Hospital (WGH) (November 2026) provide the primary intervention effects. The following chart illustrates the forecast baseline against the planned trajectory:

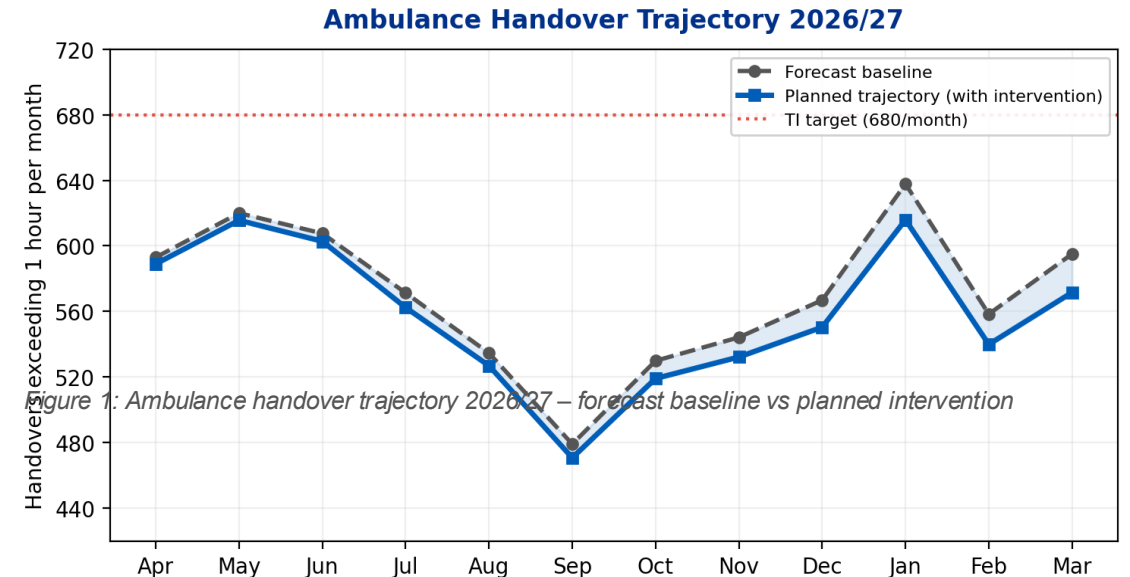
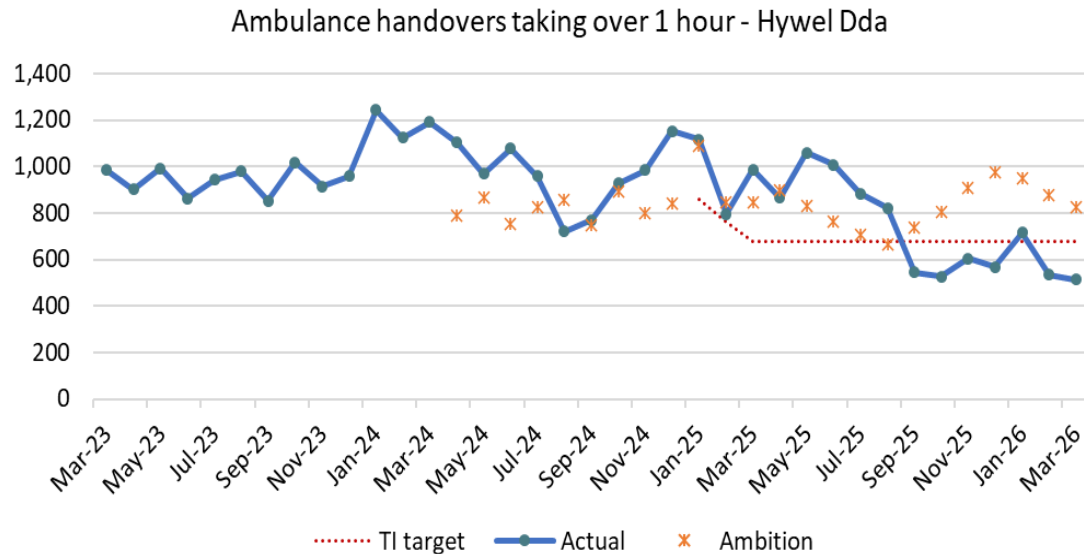


Figure 1: Ambulance handover trajectory 2026/27 – forecast baseline vs planned intervention

# Emergency Department Waits



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The 12-hour waits target of 7% remains a challenge for the Health Board. The forecast baseline shows the position remaining above target throughout the year. The planned trajectory, driven primarily by the SDEC expansion at WGH from October 2026 and the broader flow improvements across all sites, shows a progressive improvement through the second half of the year:

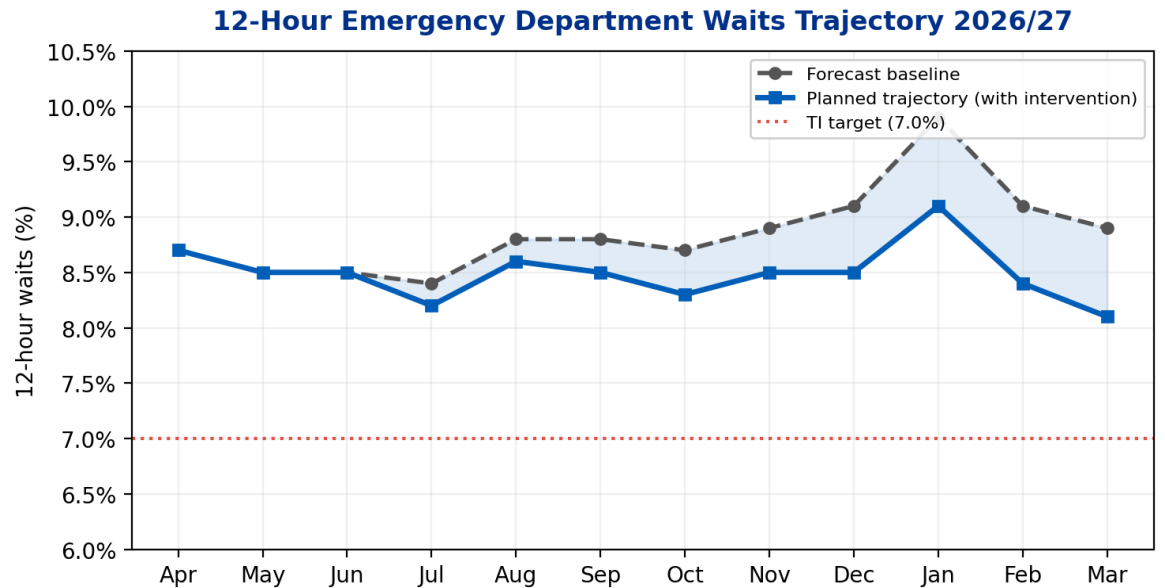
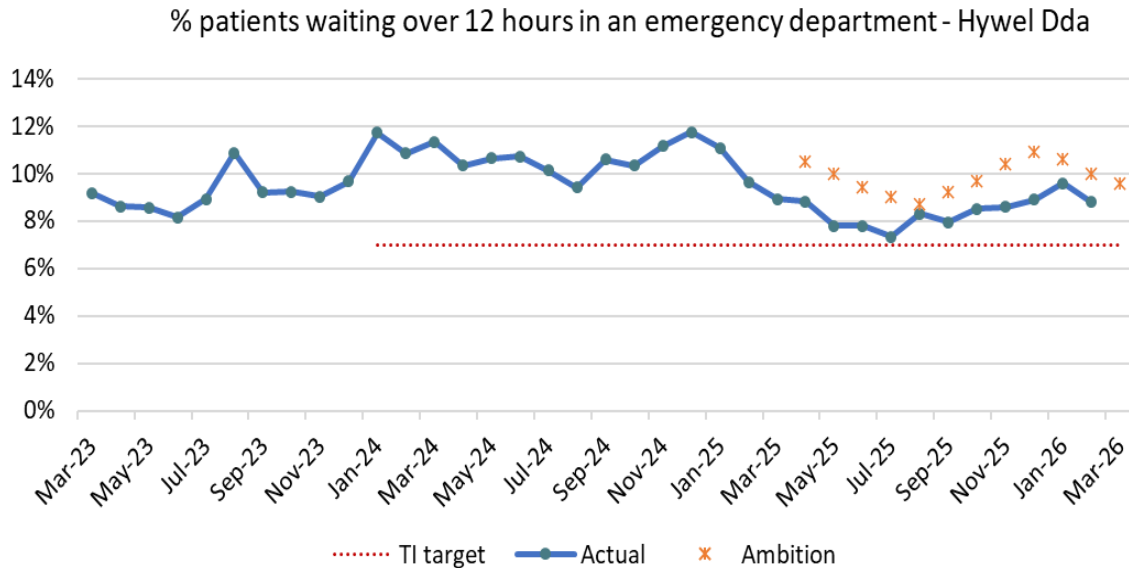


Figure 2: 12-hour ED waits trajectory 2026/27 – forecast baseline vs planned intervention

This is a challenging trajectory, and the Health Board is focused on driving improvement through the actions set out through the UEC Programme Plan and the Seven-day Business Case. The case for change actions, including, CSH, SDEC, and the flow improvements across the system will take progressive effect through the year, particularly as the Health Board focuses on its key sites where the 12-hour metric is most concentrated. The Year 1 SDEC impact is focused on WGH, and system-wide improvement will depend on the broader flow improvements described in this plan working in combination. Site-level variation is material: WGH and Glangwili Hospital (GGH) drive the majority of the Health Board’s 12-hour waits, while Prince Philip Hospital (PPH) contributes very little to this metric.



# Delayed Pathways of Care



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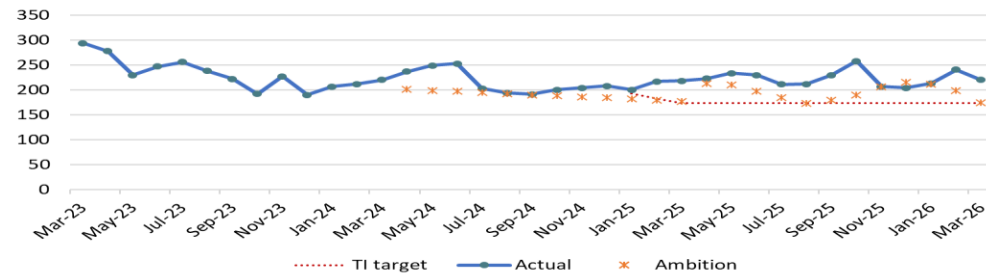
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Delayed Pathways of Care (DPoC) present the most significant challenge and is where National and Local UEC planning is focused for 2026/27. The metrics presented reflect the downstream consequence of system-wide flow constraints, including factors that extend beyond the Health Board's direct control such as domiciliary care capacity, care home placement availability, and the complexity of the patient cohort.

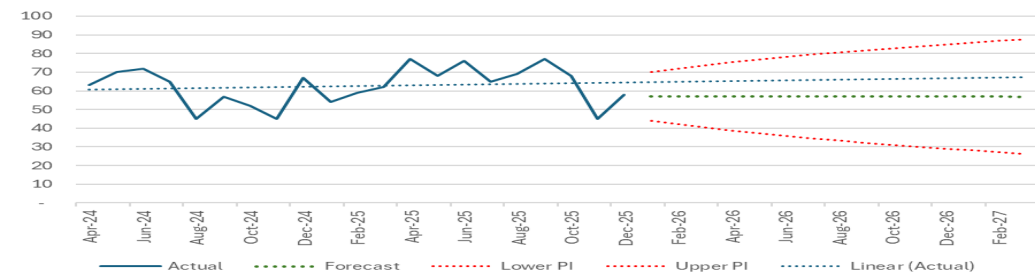
Within the data it is seen that the over-21-day cohort has the most material opportunity for flow improvement. A targeted reduction in this cohort would free substantial bed capacity across the organisation, with a transformative effect on system flow. The over-50-day cohort is a particular focus, as these patients represent the highest bed-day consumption per patient.

The Health Board is setting out the actions that will drive maximum improvement through the interventions in the UEC Programme Plan, while recognising that DPoC delays remain the greatest challenge and that progress requires effective partnership working with local authorities and third-sector providers. The current trajectory for DPoC shows a static position across all counties, underlining the urgency of the system-wide response. The UEC Programme is committing to the actions that will make the greatest difference and to reporting progress transparently. Please note, forecast trajectories based on April 2023 to December 2025 actual data:

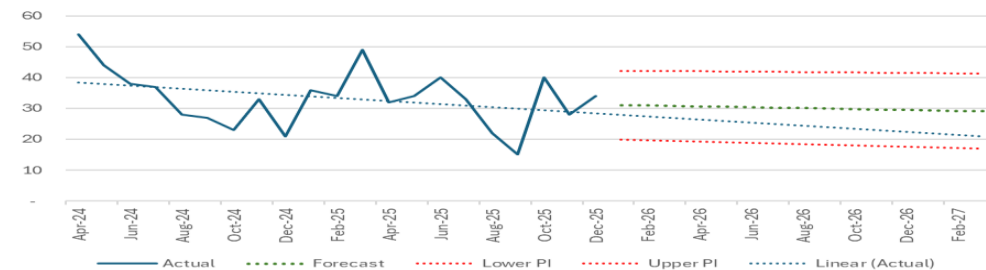
Number of delayed pathways of care - Hywel Dda



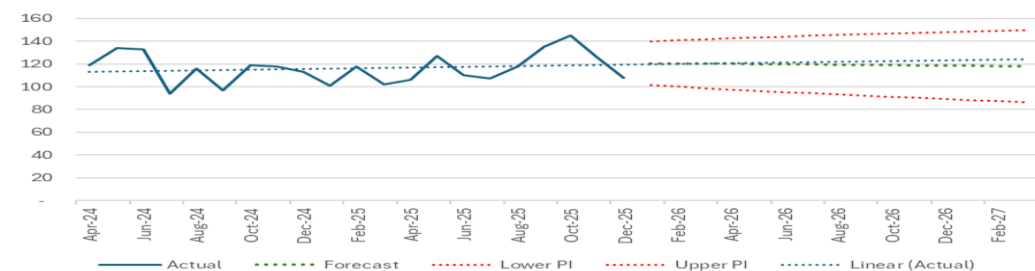
Delayed Pathways of Care Pembrokeshire



Delayed Pathways of Care Ceredigion



Delayed Pathways of Care Carmarthenshire





## Hospital Flow Actions 2026/27

# Hospital Flow Actions 2026/27



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Delivered through the Health Board's Six Goals Programme, Hospital flow improvement focuses addressing key ministerial priorities, including UEC3 (Acute Front Door Frailty), UEC4 (Ambulance Patient Handover), and UEC5 (Optimal Hospital Flow). This work is supported through regular local, Health Board, and national reporting and oversight, providing ongoing assurance of delivery and impact. Hospital sites continue to align and strengthen processes in line with the National Optimal Hospital Flow Framework, incorporating Red to Green, SAFER, D2RA, deconditioning prevention and the development of Same Day Emergency Care (SDEC) and Acute Frailty front-door models.

## **Optimal Hospital Flow**

Significant progress has been made in embedding Optimal Hospital Flow principles across inpatient areas, with a focus on improving decision-making, standardising processes, and supporting proactive discharge planning from the point of admission. Board rounds, afternoon huddles, and Red to Green principles are used to identify and address delays in real time, with discharge planning aligned to “what matters” conversations and the Expected Date of Discharge (EDD). This is supported by the continued rollout of resources, training materials, and ward-level blueprints to embed local ownership and consistent application of flow processes.

## **Discharge Lounges**

To improve discharge efficiency and enable earlier discharges, some sites have optimised the use of discharge lounges, including piloting extended opening hours and weekend utilisation to support discharges. Learning from this pilot is informing future service models and supporting more consistent discharge practice across the week, improving early bed availability and reducing avoidable delays to patient transfer from inpatient wards.

## **Preventing Deconditioning**

Preventing hospital-acquired deconditioning is a core component of flow improvement and supports the Health Board's quality improvement focus on reducing patient harm. As part of the Six Goals Programme, a range of actions have been delivered to strengthen organisational understanding and prevention of hospital acquired deconditioning. Actions delivered include staff awareness resources, patient information materials, enhancement of the Preventing Deconditioning SharePoint site, and the capture of patient experience case studies to reinforce the importance of prevention. Implementation phase one of the National Deconditioning Early Warning Indicator (DEWI) Tool has been launched across 14 acute and community wards, with over 400 patients supported to date, alongside the introduction of a clinically co-produced Action Bundle and Action Log to guide and record responses to deterioration.



## **Standard Operating Procedure Managing Clinically Optimised Patients**

A new Standard Operating Procedure (SOP) for managing clinically optimised patients will be piloted to standardise practice, strengthen escalation, clarify roles, and reduce avoidable discharge delays once acute care is complete.

## **ED / MIU Redirection Policy**

The ED / Minor Injuries Unit (MIU) Redirection Policy has been ratified and is being embedded into frontline practice, supporting the safe redirection of appropriate patients to alternative pathways, reducing Emergency Department pressure, and improving overall system flow.

## **Regional DPoC Plan**

Progress continues against the Regional DPoC Plan, with a focus on strengthening discharge planning and escalation processes, embedding Trusted Assessor approaches, improving integrated working through a Hospital Discharge Memorandum of Understanding (MoU), and using DPoC governance forums to track delays, agree actions, and provide assurance at county and Health Board level.

Strengths-Based Collaborative Communication Training is being delivered across Health and Social Care to support person-centred practice and strengthen multidisciplinary working, alongside ongoing engagement to embed flow principles as business as usual.

Acute Frailty, SDEC, and Hospital at Home services continue to support hospital flow by enabling early clinical decision-making, avoiding unnecessary admissions, and supporting timely discharge. Work to strengthen governance and standardise practice is ongoing through the development of SOPs and Action Plans.

Collectively, the work undertaken demonstrates a coordinated and nationally aligned approach to improving hospital flow at site level. This provides confidence that sustained and systematic action is being taken to reduce delays, improve flow, and support safe, effective, and timely patient care.



## **Progress against seven-day business case implementation and key timelines**



## Current Position

- County-level Seven-Day CSH Implementation Groups are now established with County System leads as Chairs and agreed Terms of Reference.
- Implementation is being coordinated through formal action logs, risk registers and dashboards.
- 7-Day Business Case Implementation meetings are in place, with recorded sessions and action escalation.
- Vacancy requests and job descriptions (including ACPs, Band 6 nurses, pharmacy support) have been prepared and submitted through local and Health Board wide financial scrutiny groups
- Several posts are awaiting Financial Control Sub-Group (FCSG) approval, with clear deadlines for finance sign-off.
- Key workforce risks actively being managed include:
  - Impact on Out of Hours and community nursing capacity
  - Requirement for Organisational Change Process (OCP) changes and contractual notice periods
- Detailed implementation plan live and being iterated, including: go-live dependencies such as estimated OCP and recruitment timelines.
- SOP for seven-day CSH and Hospital@Home alignment with OOH and SPOA arrangements
- Estimated 'Go-Live' date for seven-day Clinical Streaming is September 2026, seven-day SDEC November 2026 (aligned to financial planning)

# Estimated Timelines



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Programme Manager: Thomas Alexander

Display Week: 1

Jan 26, 2026	Feb 2, 2026	Feb 9, 2026	Feb 16, 2026	Feb 23, 2026	Mar 2, 2026	Mar 9, 2026	Mar 16, 2026	Mar 23, 2026	Mar 30, 2026	Apr 6, 2026	Apr 13, 2026	Apr 20, 2026	Apr 27, 2026	May 4, 2026	May 11, 2026	May 18, 2026	May 25, 2026	Jun 1, 2026	Jun 8, 2026	Jun 15, 2026	Jun 22, 2026	Jun 29, 2026	Jul 6, 2026	Jul 13, 2026	Jul 20, 2026	Jul 27, 2026	Aug 3, 2026	Aug 10, 2026	Aug 17, 2026	Aug 24, 2026	Aug 31, 2026	Sep 7, 2026	Sep 14, 2026	Sep 21, 2026	Sep 28, 2026
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Task	Progress	Start Date	End Date	Status
<b>Business Case Governance / Sign off</b>				
<b>Governance Structure and Programme Papers Developed for Implementation of 7-Day Business Case</b>		01/02/2026	13/02/2026	
<b>Local Implementation Groups Established</b>		16/02/2026	13/03/2026	
Carmarthenshire		16/02/2026	02/03/2026	
Ceredigion		16/02/2026	27/02/2026	
Pembrokeshire		16/02/2026	13/03/2026	
<b>Job Descriptions Developed and signed off through Local Implementation Groups</b>		02/03/2026	13/03/2026	
Carmarthenshire		02/03/2026	16/03/2026	
Ceredigion		27/02/2026	06/03/2026	
Pembrokeshire		13/03/2026	16/03/2026	
<b>Local Finance Committee agreement</b>		06/03/2026	24/03/2026	
Carmarthenshire		16/03/2026	24/03/2026	
Ceredigion		06/03/2026	16/03/2026	
Pembrokeshire		16/03/2026	24/03/2026	
<b>Care Group Agreement</b>		16/03/2026	24/03/2026	
Carmarthenshire		24/03/2026	24/03/2026	
Ceredigion		16/03/2026	17/03/2026	
Pembrokeshire		24/03/2026	24/03/2026	
<b>Financial Control Scrutiny Group Agreement</b>		17/03/2026	07/04/2026	
Carmarthenshire		13/04/2026	17/04/2026	
Ceredigion		13/04/2026	17/04/2026	
Pembrokeshire		13/04/2026	17/04/2026	
<b>Recruitment Processes</b>				
Trac completed against all Job Adverts		20/04/2026	24/04/2026	
Job Adverts live		28/05/2026	21/06/2026	
Shortlisting		21/06/2026	26/06/2026	
Interviews		29/06/2026	03/07/2026	
Notice/expected start date (longest est. 3 months 8A)		03/07/2026	03/10/2026	
<b>Human Resource/Organisational Change Requirements</b>				
Review of current Staff		19/03/2026	10/04/2026	
OCP Briefing Document development and sign off		13/04/2026	17/04/2026	
Consultation		01/05/2026	28/05/2026	
Feedback Review Period		28/05/2026	12/06/2026	
OCP - notice period		12/06/2026	12/09/2026	
<b>Standard Operating Procedure</b>				
Digital Handover @weekends OOH/CSH Meeting				
CSH Weekend SOP Development Meeting		26/03/2026	26/03/2026	
<b>Go Live Clinical Streaming</b>				
Training?				
Go Live Date		03/10/2026	03/10/2026	