



**BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	12 February 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Unscheduled Emergency Care Accelerated Work Programme Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Anna Chiffi, Assistant Director of Nursing and Patient Experience

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

Ambulance handover delays and Emergency Department (ED) overcrowding continue to represent significant organisational risks, with material impact across patient safety, flow, and community response times.

Despite improvements observed during late 2025—where median waits reduced to approximately 15 minutes and >75% of handovers completed within 45 minutes —substantial site specific variation persists, alongside increasing community harm arising from reduced ambulance availability.

The accelerated implementation of the Emergency & Urgent Care (EUC) Programme and the 45minute Ambulance Release Protocol (All Wales) introduces both opportunity and risk for Hywel Dda University Health Board, necessitating strengthened governance, closely monitored mitigations, and assurance mechanisms. -minute Ambulance Release Protocol (All-Wales).

Cefndir / Background

**Strategic and policy context**

- Aligned to the Six Goals for Urgent and Emergency Care Programme including Goals 2–6 (rapid response, optimal hospital care, flow, discharge, and community resilience).
- Welsh Health Circular (WHC) guidance, Emergency Pressures Escalation Policy (Policy 489), Ambulance Hand over Policy (Policy 445), (Draft) Boarding in non-designated Clinical Areas During Periods of Operational Escalation Procedure, and the All -Wales 45-minute Release Protocol underpin required compliance.

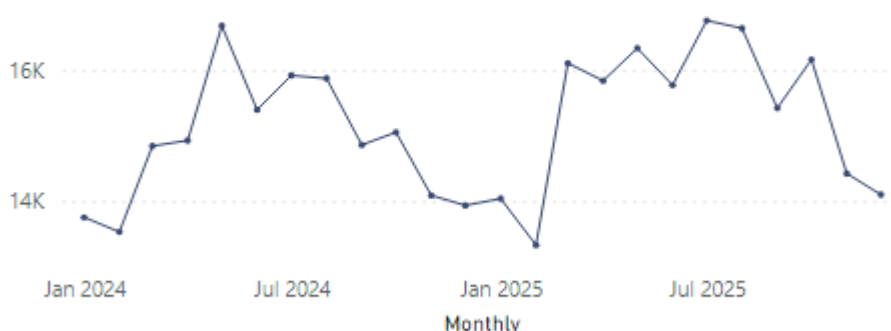
**Current performance context**

Evidence across the organisation shows:

- **Site variation:** Bronglais Hospital (BGH) and Withybush Hospital (WGH) frequently record >1–4-hour delays despite improvements; Glangwili Hospital (GGH) (as historically busiest Emergency Department (ED) remains most challenged; Prince Philip Hospital (PPH) exhibits fewer breaches but is highly surge -sensitive.
- **Operational pressures:** Boarding, surge areas, extended waits for triage, constrained staffing, and frequent demand–capacity mismatch.

This graph demonstrates attendance fluctuations across the two year period, rising through early 2024, dipping at the end of that year, rebounding sharply in early 2025, and then gradually declining again toward late 2025.

ED & MIU attendances



The graph shows attendances fluctuating through 2024 with no clear upward pattern, followed by a noticeable rise at the start of 2025 after which activity remains higher and more variable for the rest of the period, indicating a clear shift to a consistently busier level than the previous year.

Total SDEC attendances



The expansion of Same Day Emergency Care (SDEC) appears to have helped moderate demand on EDs by offering a viable alternative pathway for patients requiring urgent

assessment and treatment. As SDEC activity has increased—particularly after its step change in early 2025—ED attendances showed signs of stabilising, with the most pronounced dip occurring at the point SDEC capacity expanded. While natural seasonal variation in ED activity continues, the overall pattern suggests that SDEC has absorbed a proportion of lower acuity or rapidly treatable cases that might previously have presented to ED, helping to smooth peaks in demand and reduce pressure on front door services.

## Asesiad / Assessment

### 1. Risks and Impacts of Compliance with NHS Wales 45-Minute Requirement

#### a. Site level Risk overview

Site	Current Risk Picture	Key Contributory Factors	Impact
<b>BGH</b>	Recurrent >60–180 min delays despite improvement work.	Flow constraints, limited major injury capacity, staffing fragility, rising acuity.	High boarding and surge utilisation, increased patient safety risk, Welsh Ambulance Service Trust (WAST) lost hours.
<b>WGH</b>	Persistent long delays >180 min; variation from peaks in community conveyance.	Workforce shortages, queue surges, limited early discharge capacity.	Community risk escalation for Red/Amber responses; increased Infection Prevention & Control (IPC) risks in overcrowded ED.
<b>GGH</b>	Most challenged ED across the Health Board; significant crowding and delayed hand overhand over.	High front door demand, bed allocation delays, complex discharge backlog, door demand, bed allocation delays, complex discharge backlog.	Overcrowding, repeated corridor activation, senior decision-maker gaps.
<b>PPH</b>	Lower long-wait volumes but vulnerable to sudden surges.	Limited surge space, weekend discharge variation, dependency on flow from GGH/region.	Rapid deterioration in risk profile with minor changes in conveyances.

#### b. Impact of reducing handover delays on community risk

- Reduction in handover times **improves ambulance availability**, enabling **faster response** to Red/Amber calls.
- Accelerated compliance with the 45-minute standard is anticipated to **reduce cumulative lost hours**, however structural fragility at site-level risks **re-shifting harm from community to hospital** unless managed holistically (flow, discharge, escalation, divert). The chart below shows that monthly hours lost due to handovers taking longer than 15 minutes have generally trended downward from early 2024 through late 2025. After peaking at around 5,000 hours in the first quarter of 2024, lost hours declined through mid-2024, briefly rose again toward early 2025, and then fluctuated at a lower but variable level throughout the year. By late 2025, the figures stabilised noticeably

below the early-2024 peak, indicating an overall improvement in reducing prolonged handover delays.

### Lost hours (handover > 15 mins)



## 2. Quality, Safety and Patient Experience Implications (EUC Programme Acceleration)

### Safe

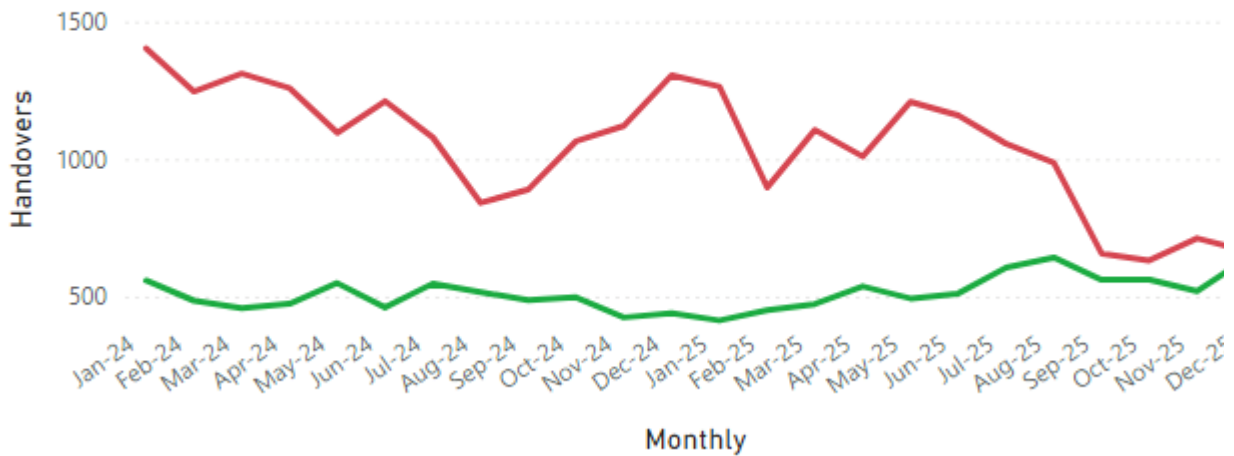
- Reduced handover delay decreases exposure to clinical deterioration in ambulances and improves ED situational safety.
- Corridor care and overcrowding continue to heighten risks: delayed observations, missed deterioration, privacy/dignity breaches, and infection IPC compromise.

### Timely

- Streaming hubs and advanced clinical triage reduce unnecessary ED attendances and enable scheduled urgent care pathways.
- However, rapid change introduces variation in workforce readiness and potential delay in appropriate signposting if not consistently staffed.

The graph below provides information in relation to our 45-minute performance. Across January 2024 to December 2025, ambulance handovers taking **over 45 minutes** (red) dominate volumes showing a **broad improvement** by the end of the period. They begin very high in early 2024, ease through mid-2024 to a low around late summer, then rebound over winter to a peak near **February 2025** before gradually falling again, ending **notably lower** in late 2025. In contrast, handovers **within 45 minutes** (green) remain **stable and much lower** throughout. The **gap narrows in the final quarter of 2025**, driven by reduced prolonged handovers rather than a marked rise in timely handovers, indicating **some progress in mitigating delays** and sustained headroom to increase the proportion completed within the 45minute standard.

● Handover over 45 minutes ● Handover within 45 minutes



**Effective**

- Enhanced community pathways (SDEC, Same Day Urgent Care (SDUC), rapid response within 1 hour) increase opportunity for avoidance of hospital admission.
- Impact depends on community capacity and interdependencies with social care and Continuing Health Care (CHC) related delays.

**Emergency Admissions Discharged:**

Emergency admissions discharged have fluctuated over the past two years, however the overall trend is clearly improving. After notable dips in early 2025, activity rises steadily through mid to late 2025, with discharge numbers consistently climbing above earlier levels. This upward trajectory shown in the graph below suggests strengthening patient flow and increasing capacity to safely discharge patients from emergency care.

Emergency admissions - discharged



## Efficient

- Improved handover efficiency increases ambulance availability and improves whole system flow.
- Risks include potential inefficiency if additional ED capacity (e.g., surge or expansion spaces) does not have matched staffing and governance oversight.

## Equitable

- Variability between sites risks inequity in waiting experience, risk exposure, and access to alternatives such as clinical streaming hubs.

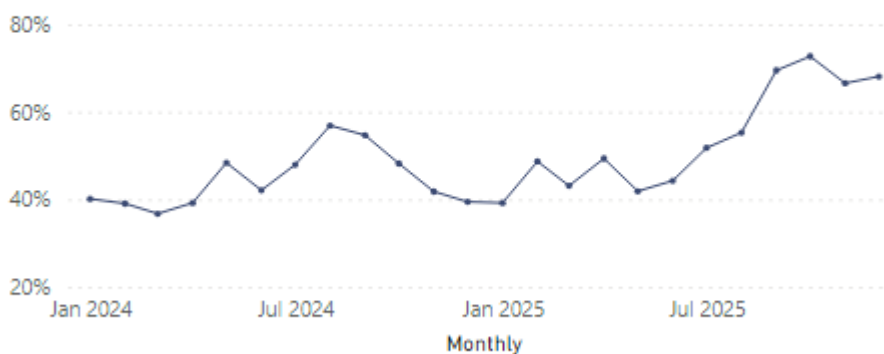
## Person Centred-Centred

- Corridor care, delays, and overcrowding negatively impact privacy, communication, hydration, and dignity. The *UEC Accelerated Transformation Position Statement (January 2026)* outlines the Health Board's progress in transforming urgent and emergency care through improved access, enhanced emergency department environments, and systemwide patient flow initiatives. Key actions include developing a 24/7 "contact first" access model, piloting and approving a seven-day Clinical Streaming Hub and SDEC model, establishing integrated community teams, and implementing a dedicated single point of access (SPoA) transport and mentorship programme. The statement also highlights improvements to ED cleanliness, communication, and front of house experience, while emphasising the launch of the Patient Flow Unit, deployment of MIYA Flow, strengthened discharge processes, and workforce development aligned with the Six Goals Programme. Overall, it reflects significant progress with clear plans for further implementation, evaluation, and systemwide operational alignment.
- Streaming hubs and scheduled urgent care increase clarity and predictability for service users.
- Patient feedback continues to provide a critical lens on the quality, safety and experience of care across our system, clearly signposting both what matters most to patients and where improvement efforts must focus. The feedback consistently highlights that strengthening communication during waits is one of the most impactful actions can be progressed, with patients reporting significantly better experiences when they are kept informed, even when delays are unavoidable. Alongside this, patients are drawing attention to the need for sustained efforts to reduce waiting times and improve the timeliness of diagnostics, supported by more efficient pathways such as those emerging through SDEC. They also emphasise the importance of addressing environmental factors—comfort, seating, temperature, and access to basic needs—which continue to affect the experience of care, particularly during prolonged waits. Crucially, feedback reaffirms that staff kindness, professionalism and reassurance remain core strengths that must be protected and nurtured. While local improvements in flow and communication are visible in some sites, system-wide pressures such as crowding, staffing constraints and limited community capacity continue to shape patient experience and must be addressed collectively. Taken together, this feedback provides a clear and compelling mandate for where improvement actions need to be targeted.

### 3. Mitigations: Corridor Care & Flow Management

- **Streaming Hubs (7/7 operation):** Reduces front door pressure by triaging and signposting to SDEC, Primary Care, Hot Clinics, Community teams by triaging and signposting.
- **SDEC Expansion:** Facilitates same day treatment, reducing admissions and protecting beds.
- **45m-Minute Release Plans:** Ensures timely hand over using designated additional assessment spaces while prioritising safety. The graph below demonstrates the progress made since January 2024.

Ambulance handover within 45 minutes



- **Escalation Framework (Policy 489):** Standardised triggers, checklists, and executive notifications at 30/60/120-minute breach points.
- **Red and Amber 1 Release Protocols:** Ensures immediate release for life threatening calls.
- **Daily Flow Huddles & Command Structure:** Provides real time operational oversight.
- **Strengthened Discharge Pathways:** Home First Standard Operating Procedure (SOP), winter sprint discharge focus, 2 and 4 week reviews of delayed transfers.
- **Work Undertaken to Support the Boarding Policy:** Over the past year, considerable and structured work has been undertaken across the Health Board to ensure that the **Boarding Policy (Guideline 1256)** is safe, governance aligned, risk assessed and operationally usable at site level. This work has been clinically led and aligned to the **Emergency Pressures and Escalation Policy (Policy 489)** and national UEC escalation frameworks. It integrates NHS Wales escalation levels, national UEC frameworks, and local operational plans for all four acute sites.
- Standardised definitions for **surge, boarding, double boarding, boarding at risk, and boarding at extreme risk.**
- Mandatory environmental and individual **risk assessments** before boarding decisions. Clear **red lines** relating to staffing, acuity, IPC standards, and safe environments. Explicit authority structures and clarity around when wards may safely **decline boarding.**

Cross-reference matrices linking escalation level → boarding type → risks → controls → review frequency.

#### 4. Assurance: Detecting Emerging or Heightened ED and Inpatient Risks

- **Daily Sitreps, Executive Dashboards, and Flow Monitoring** (deterioration triggers, occupancy >95%, ambulance queues >3, triage delays).
- **Breach Audits and Retrospective Harm Reviews** for >60, >120, >180-minute delays.
- **Clinical Risk Escalation to On-Call Bronze–Silver–Gold** using structured protocols.
- **Rapid Quality Reviews** (as recently led by Executive Medical Director in UEC pathways) provide targeted assurance and immediate action setting.
- **Environmental audits and IPC checks** in corridor and surge zones.
- **Weekly EUC governance oversight** aligned to Six Goals Programme workstreams.

#### Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked to take an assurance on the quality governance arrangements in place within the Community and Integrated Medicine Clinical Care Group in relation to quality, safety and patient experience specific to the Unscheduled Emergency Care Accelerated Work Programme.

#### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Provide advice to the Board on the adoption of a set of key indicators of quality of care against which the University Health Board's performance will be regularly assessed and reported on.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

#### 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 Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Community and Integrated Medicine Clinical Care Group meetings

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Contained within the report
<b>Gweithlu: Workforce:</b>	Contained within the report
<b>Risg: Risk:</b>	Contained within the report.
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Contained within the report.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable