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| <b>Reference:</b>       | FOI.14451.24 & FOI.14451.24              |
| <b>Subject:</b>         | Accident and Emergency (A&E) departments |
| <b>Date of Request:</b> | 20 May 2024                              |

**Requested:**

FOI.14450 - A&E departments at escalation level four

1. How many times have emergency departments at each hospital in your health board area been at escalation level four, described as “extreme pressure”, during the last three years and in 2024 to date. Please break this information down by hospital, month and year.
2. Please also provide any details of the protocol for hospitals when they reach such an escalation level.

FOI.14451 - Long waits at A&E

1. How many patients at emergency departments in your area had to wait more than a day before being treated in 2021, 2022 and 2023 and 2024 to date.
2. What was the longest wait faced by a patient at an emergency department in each of those years? Please break this information down by hospital.

**Response:**

FOI.14450 - A&E departments at escalation level four

1. Hywel Dda University Health Board (UHB) provides, within the tables below, the number of times its A&E Departments have reached escalation level 4, by hospital and month, during the 2021 to 2023 calendar years and from 1 January to 31 May 2024.

| <b>Bronglais General Hospital (BGH)</b> |             |             |             |             |
|---|-------------|-------------|-------------|-------------|
| <b>Month</b>                            | <b>2021</b> | <b>2022</b> | <b>2023</b> | <b>2024</b> |
| January                                 | 1           | 23          | 18          | 20          |
| February                                | 4           | 17          | 13          | 19          |
| March                                   | 13          | 31          | 13          | 20          |
| April                                   | 1           | 19          | 11          | 23          |
| May                                     | 4           | 27          | 9           | 22          |
| June                                    | 16          | 17          | 12          |             |
| July                                    | 4           | 12          | 11          |             |
| August                                  | 19          | 29          | 25          |             |
| September                               | 14          | 25          | 22          |             |
| October                                 | 19          | 15          | 18          |             |
| November                                | 20          | 26          | 16          |             |
| December                                | 31          | 27          | 8           |             |

| <b>Glangwili General Hospital (GGH)</b> |             |             |             |             |
|---|-------------|-------------|-------------|-------------|
| <b>Month</b>                            | <b>2021</b> | <b>2022</b> | <b>2023</b> | <b>2024</b> |
| January                                 | 20          | 8           | 8           | 11          |
| February                                | 6           | 9           | 13          | 10          |

|           |    |    |    |    |
|-----------|----|----|----|----|
| March     | 1  | 0  | 12 | 11 |
| April     | 11 | 8  | 10 | 7  |
| May       | 7  | 4  | 17 | 6  |
| June      | 3  | 13 | 14 |    |
| July      | 13 | 18 | 17 |    |
| August    | 11 | 1  | 2  |    |
| September | 16 | 5  | 3  |    |
| October   | 9  | 16 | 11 |    |
| November  | 1  | 4  | 11 |    |
| December  | 0  | 3  | 16 |    |

| Withybush General Hospital (WGH) |      |      |      |      |
|----------------------------------|------|------|------|------|
| Month                            | 2021 | 2022 | 2023 | 2024 |
| January                          | 0    | 0    | 1    | 0    |
| February                         | 3    | 1    | 0    | 0    |
| March                            | 1    | 0    | 0    | 0    |
| April                            | 0    | 2    | 0    | 0    |
| May                              | 3    | 0    | 2    | 1    |
| June                             | 1    | 0    | 0    |      |
| July                             | 1    | 0    | 0    |      |
| August                           | 0    | 0    | 1    |      |
| September                        | 0    | 0    | 4    |      |
| October                          | 1    | 0    | 2    |      |
| November                         | 0    | 0    | 0    |      |
| December                         | 0    | 0    | 2    |      |

2. The UHB provides, within the table below, the protocols for its hospitals when they reach escalation level 4:

|                         |   |
|-------------------------|---|
| <b>Site Condition</b>   | <b>Level 4 Red status</b>   |
| <b>Risk Range</b>       | 20; Lack of available capacity - flow has been compromised and there is increased risk to patient safety  |
| <b>Status</b>           | <p>Extended delays releasing ambulance crews from the hospital (including patients waiting over one (1) hour for triage by Acute Medical Assessment Unit (AMAU) and/or the ability to release crews in a timely way has been significantly compromised.</p> <p>Patients waiting over 12 hours in Minor Injuries Unit (MIU)</p> <p>The number of discharges is insufficient to create capacity for the expected emergency and elective capacity despite escalation</p> <p>Inability to de-escalate from high risk after twenty-four (24) hour period</p> |
| <b>Objective</b>        | <p>Avoid deterioration to Condition Black</p> <p>De-escalate to Condition Amber within forty-eight (48) hours</p> <p>Act to ensure patient safety</p>   |
| <b>Actions required</b> | <p>Site Senior Nurse/General Manager to notify wards and department leads of escalation level and request that:</p> <p>All ward managers and Pharmacy lead to attend Patient Flow Meeting</p>   |

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|---|
| Physiotherapy to allocate AMAU liaison role to staff to promote rapid access to assessment  |
| Contact patients scheduled for routine procedures tomorrow and offer an alternative date of their choice within fourteen (14) days if cancelled on day of surgery   |
| Consider cancelling routine outpatients if clinical resource can be appropriately redirected in agreement with scheduled care   |
| Chief Executive Officer (CEO)/Executive Director on-call to be notified.  |
| Ensure consultant clinical review of all patients and attendance at board rounds  |
| Consultants to provide a second ward round on Clinical Decision Unit (CDU).   |
| Hospital Director to cascade to consultants escalation level and need for board rounds cancelling elective activity if needed to facilitate   |
| Monitor discharges and admissions to assess improvement or deterioration  |
| Community teams and Local Authority (LA) services to facilitate urgent discharges and review all capacity to provide care outside acute units.  |
| Facilitate consultant review of AMAU patients prior to commencement of clinics/lists.   |
| Facilitate consultant review of Accident and Emergency (A&E) patients prior to commencement of clinics/lists.   |
| Consider requesting divert only if all routine electives have been cancelled and other internal measures are in place and review every two (2) hours.   |
| Review of neighbouring sites and ability to repatriate patients in preference to diverting ambulances in order to balance risk across the community   |
| Request repatriation of neighbouring Health Board patients  |
| Review both scheduled and unscheduled activity to ensure the delivery of safe and effective services. Assess appropriateness of: <ul style="list-style-type: none"> <li>• Provision of additional surge capacity through additional bed allocation to wards</li> <li>• Revisit all actions to support discharge of patients where packages of care are unchanged and push to reinstate.</li> <li>• Revisit any capacity to Identify interim placements for medically fit (patient choice)</li> <li>• Cancelling elective surgeries in liaison with scheduled care</li> <li>• Identify patients where packages of care are unchanged and ensure they can be immediately reinstated.</li> <li>• Identify interim placements for medically fit (patient choice)</li> </ul> |
| Infection Control review of all blocked beds with view to reopening as soon as possible   |
| Same Day Emergency Care (SDEC) consultant in-reach of suitable AMAU patients  |
| SDEC consultant in-reach of suitable A&E patients   |
| Boarding on wards where discharges are confirmed  |

Please note:- while at Level 4 Red status and with a potentially deteriorating position, actions at Level 5 Black status will be considered as appropriate, in order to prevent escalation into the Level 5 Black status e.g., boarding against discharges. Additionally, all Level 5 Black actions being considered at Level 4 Red status or Level 5 Black status must be recorded (logged with timings), risk assessed, and the Executive on-call must be made aware.

FOI.14451 - Long waits at A&E

1. The UHB does not record the information exactly as requested. However, the UHB provides, within the table below, the number of patients that waited twenty-four (24) hours or more from arrival at an A&E Department to discharge, by hospital, during the 2021 to 2023 calendar years and from 1 January to 31 May 2024.

| <b>Hospital</b> | <b>2021</b> | <b>2022</b> | <b>2023</b> | <b>2024</b> |
|-----------------|-------------|-------------|-------------|-------------|
| BGH             | 0           | 667         | 981         | 1,209       |
| GGH             | 7           | 2,036       | 3,361       | 3,122       |
| WGH             | 4           | 1,915       | 3,254       | 3,533       |

2. The UHB provides, within the table below, the longest wait in hours from arrival to discharge in its A&E Departments, by hospital, during the 2021 to 2023 calendar years and from 1 January to 31 May 2024.

| <b>Hospital</b> | <b>2021</b> | <b>2022</b> | <b>2023</b> | <b>2024</b> |
|-----------------|-------------|-------------|-------------|-------------|
| BGH             | 128 hours   | 282 hours   | 260 hours   | 454 hours   |
| GGH             | 85 hours    | 144 hours   | 391 hours   | 130 hours   |
| WGH             | 104 hours   | 141 hours   | 154 hours   | 225 hours   |