

Reference:	FOI.18568.25
Subject:	Palliative care
Date of Request:	10 October 2025

Requested:

1. What are the names of each hospital where there is an emergency department (ED)(A&E)in your trust?

For each ED (A&E) in your trust could you answer the following:

2. Is there a Medical End of life (EOL)/Palliative Care Lead in the ED?
3. Is there a Nursing End of life (EOL)/Palliative Care Lead in the ED?
4. Does the ED have access to palliative care advice/guidance/input? If so, what hours is this for? What type of service is this; is it an in person, phone advice, is it nursing or medical lead?
5. Does your ED have specific resources for patients who are dying/ EOL in the ED? - What are these resources?
6. Is there a specific space in your ED for patients who are dying to be looked after by the ED team?
7. Is there a fast-track option to a side room in the hospital for patients who are recognised as dying in the ED?
8. Are you able to fast-track dying patients' home from the ED?
9. Does your ED prescribe anticipatory meds for the patient to go home with? If not, who does this?
10. Does your department use RESPECT forms? If not, what do you use for your DNACPR options?
11. Is your department able to access religious support 24 hours a day?
12. What are you first line medications recommended for each of the following Agitation, Analgesia (Pain), Respiratory Secretions and Nausea and Vomiting
13. Do you have a specific ED prescription with electronic or paper for these medications?
14. Are you able to share any of your specific ED documentation or guidelines that you use for EOL care and the dying patient both nursing and medical?

Response:

1. Hywel Dda University Health Board (UHB) confirms that it has three (3) hospitals with Accident and Emergency (A&E) departments, namely, Bronglais General Hospital (BGH), Glangwili General Hospital (GGH) and Withybush General Hospital (WGH).

2. The UHB confirms that its EDs do not have a Medical End of Life (EOL)/Palliative Care Lead.
3. The UHB confirms that its EDs do not have a Nursing EOL/Palliative Care Lead.
4. The UHB confirms that all of its EDs have access to palliative care advice and guidance. BGH has access to a Clinical Nurse Specialist (CNS) in person or by telephone seven days a week between the hours of 9am and 5pm, and 24/7 access to Consultant support; in person Monday to Friday between 9am and 5pm, outside of these hours, advice is available from the Consultant on call by telephone.

GGH has a palliative care team available Monday to Friday between the hours of 9am and 5pm, with the on-call palliative team available on the weekend between the hours of 9am and 5pm. Advice and guidance outside of the hours would be dealt with by the on-call medical team, who are trained and equipped to support the ED team with any queries, advice or input when required.

WGH has access to a CNS and Palliative Care Consultant Monday to Friday between the hours of 9am and 5pm by telephone and has out of hour access to community CNS.

5. The UHB confirms that all of its EDs have resources for patients requiring EOL care. Details of the resources available to provide compassionate and dignified care are provided below:
 - Side/single room made available for EOL patients
 - Syringe drivers and anticipatory medications as per local palliative care protocols
 - Family room with tea and coffee facilities
 - Support from CNS', Palliative Care Teams and Ward Teams, Senior Nurse Managers and Clinical Site Managers
 - Bereavement booklets
 - Religious support
6. The UHB confirms that its ED in BGH has two (2) designated side rooms to care for EOL patients. Whilst the EDs in GGH and WGH don't have specific areas, the ED in GGH has single rooms that can be used to care for EOL patients; and WGH has cubicles which can be utilised for EOL patients.
7. The UHB confirms that there is a 'fast track' option to a side room within the hospitals for patients who are recognised as being EOL in the ED. However, this is dependent on availability.
8. The UHB confirms that its EDs are able to 'fast track' EOL patients home, with the support of the Discharge Liaison Nurse teams.
9. The UHB confirms that when it is clinically appropriate to support EOL care at home its EDs do prescribe anticipatory medication for the patient to go home with.
10. The UHB confirms that its EDs do not use Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms. However, the UHB adheres to the All Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy which is available on the NHS Wales Performance and Improvement website. A link to the relevant webpage has been provided below:

[DNACPR - NHS Wales Performance and Improvement](#)

11. The UHB confirms that it does have access to religious support twenty-four (24) hours a day.

12. The UHB confirms that the medications prescribed would depend on the individual patient's clinical presentation and patient specific symptoms, with medication tailored on an individual basis.

All prescribers have access to All Wales Care Decisions for the Last Days of Life Guidance which is available on the NHS Wales Performance and Improvement website. A link to the relevant webpage has been provided below:

[All Wales Care Decisions for the Last Days of Life Guidance - NHS Wales Performance and Improvement](#)

13. The UHB confirms that it's EDs do not have an electronic prescribing system. All prescriptions are paper based with medication prescribed on an individual basis. However, an Electronic Prescribing and Medicines Administration (EPMA) system is being implemented by the end of the 2025/26 financial year.

14. The UHB confirms that it adheres to the All Wales Care Decisions for the Last Days of Life Guidance. Please see link provided in response to question 12.