

# The State of Emergency Medicine in Wales

## Introduction

**Overcrowding and long waits remained significant issues for Welsh emergency departments (EDs) in 2025 and there is little sign of improvement.**

**122,166** people waited 12 hours or longer in EDs in 2025.<sup>1</sup> We know that there is a direct correlation between long waits, overcrowding and patient harm in the ED. In 2025, RCEM conservatively estimates that there were on average 18 deaths every week associated with waits of 12 hours or longer in Welsh EDs.<sup>2</sup>

Overcrowding and long waits are not unsolvable, or the inevitable consequence of increases in demand and an ageing population. This paper sets out the State of Emergency Medicine in 2025 in Wales and the very real impact that conditions are having on patients and staff. We also set out our solutions to overcrowding and long waits. EM clinicians and patients need Welsh Government to step up and prioritise ending overcrowding.

### Welsh Government must:

- Commit to the principle that any patient who requires a cubicle space is never treated in a non-designated treatment area.
- Ensure no new NHS policies increase pressure on EDs without demonstrable improvements first having been made in hospital flow metrics.
- Prioritise the adoption of a whole-system approach with responsibility for performance spread across the entire patient pathway.
- Ensure that there is accountability for ending overcrowding across the system and that trusts/health boards, the NHS in Wales and national government play their role in ending overcrowding.
- Eradicate mortality associated with long waits in emergency departments by the end of the decade and ensure that these deaths are treated with equivalence to deaths in other medical specialities.



## ED statistics 2025

### Attendances

In 2025, 800,432 people attended major EDs across Wales – an average of 66,703 per month. This is a small increase on 2024 (+1%) and, other than during the COVID-19 pandemic, attendance has stayed relatively consistent since 2011 (+3%).

### 12-hour waits

NHS Wales' 12-hour target is that no patient should wait more than 12 hours in an ED. However, 122,166 people waited 12 hours or longer 2025 – this is the second highest annual figure ever. This means that 1 in 7 attendances are waiting 12 hours or more – the second highest proportion ever that waited this long. In 2015, only 1 in 32 people waited 12 hours or longer.

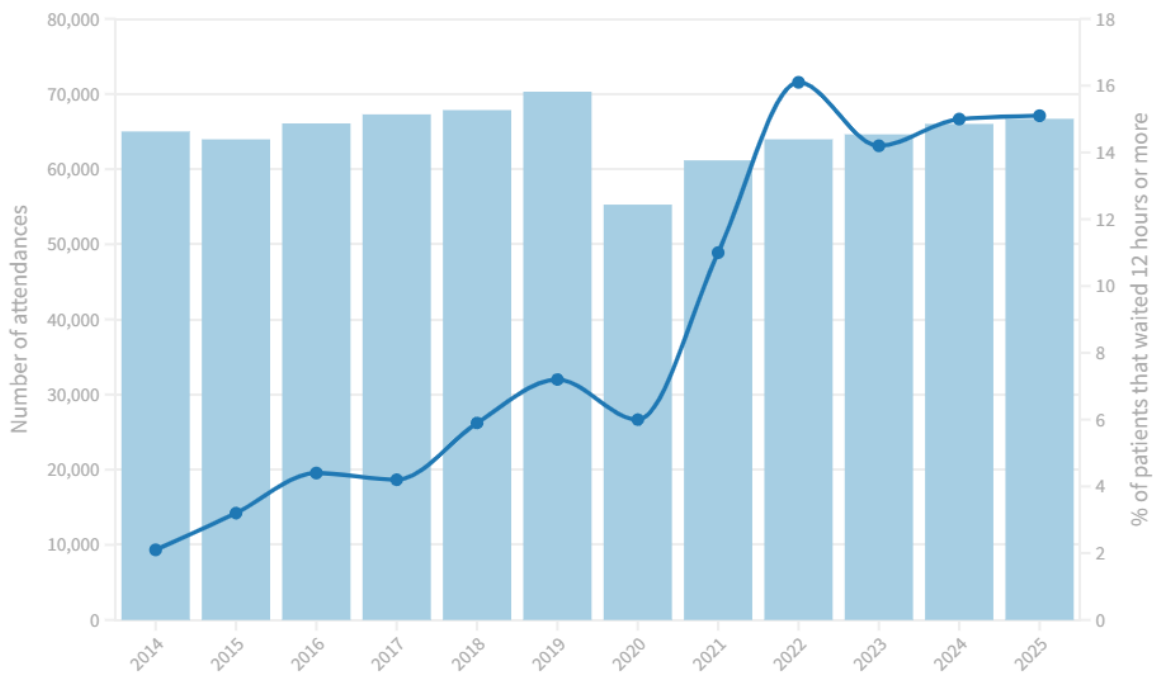


<sup>1</sup> All ED statistics are from Stats Wales except for crowding data, which is from an RCEM survey.

<sup>2</sup> Jones S, Moulton C, Swift S, et al, Association between delays to patient admission from the emergency department and all-cause 30-day mortality, *Emergency Medicine Journal* 2022;39:168-173.

## Attendances and 12-hour waits in Wales

■ % 12 hours or more ■ Attendances



Source: [Stats Wales](#)



Patients who are admitted from the ED to the hospital – often the sickest patients – are far more likely to wait for a long time. Of the 122,166 patients who waited 12 hours or more, more than half were admitted patients (69,549).

### Four-hour waits

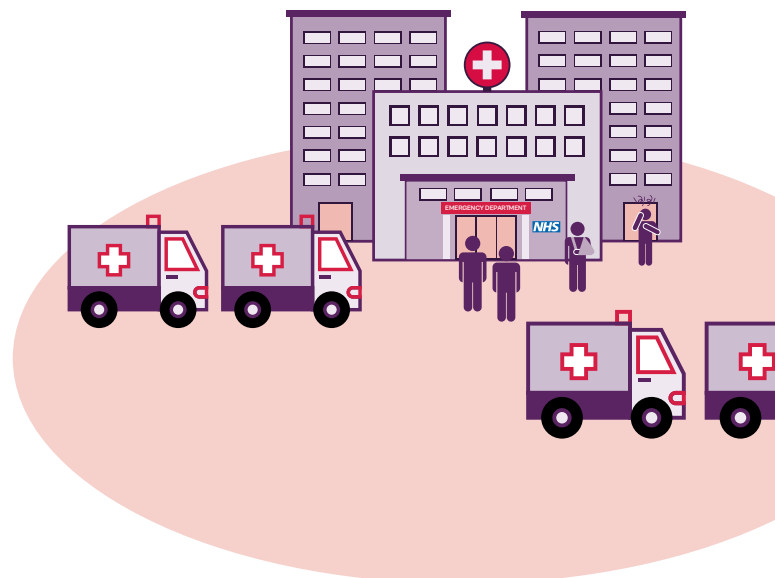
NHS Wales four-hour target is that 95% of patients should wait for four-hours or less. In 2025, this figure was 54%. Four-hour performance was the worst ever in 2025. 367,595 people waited for four hours or more in the ED, this is the highest number of people ever and is equivalent to the population of Cardiff.

### Bed availability and occupancy

Hospitals with high bed occupancy are less able to move patients from the ED to the main hospital - 85% is the safe recommended bed occupancy level.<sup>3</sup> Across all hospitals with a major ED, average bed occupancy increased from 84% to 87.9% from 2013/14 to 2024/25. Five hospitals are above 90% so far in 2025/26. Seven hundred and ninety-six beds have been lost across the whole system since 2013/14.

### Delayed discharges

Delayed discharges are a cause of long waits, ED overcrowding and high bed occupancy. This occurs when patients are medically fit to leave the hospital but cannot, often due to patients awaiting assessment or social care arrangement. The average daily number of patients ready for discharge but remaining in hospital was 1,412 in 2025. This is an encouraging decrease from 2024 when the number was 1,587; however, we are yet to see real improved waiting times and ED conditions.



<sup>3</sup> NICE Guideline 94, March 2018: [NICE Guideline Template](#).

## Overcrowding and excess mortality



Across Wales, increasing numbers of patients are treated in corridors, waiting rooms and other inappropriate spaces, not because of clinical need but because there is nowhere else for them to go. ED staff are inflicted with moral injury every day because there is limited space to treat patients effectively – they are forced to treat patients in crowded and public spaces, sometimes for days.

In February 2026, all 12 Emergency Departments (EDs) provided RCEM with snapshot data from a recent Monday morning in their ED. Three hundred and four patients were stuck in ED waiting for an inpatient bed – 97 of whom were being treated in non-designated spaces (32%). Two patients had been stuck in EDs for 5 days.

We asked respondents to specify overcrowding is affecting their ability to run the ED and its impact on staff and patients. All responded with negative feedback on current conditions, here are extracts from four responses:

*"We are leaving people in chairs for nearly 30 hours waiting for a bed. We can't treat people like this."*

*"Long bed waits- lack of hygiene options, causing poor sleep, poor comfort, reduced capacity to reduce acute patients because of this."*

*"Delays in assessment and treatment increase the risk of avoidable harm, worsen patient experience, and compromise overall safety."*

*"The ED holds all the risk at times of escalation. We are only unit not allowed to shut. Pressure on staffing and their health and ability to operate effectively leading to moral injury."*

These conditions are not just inconvenient and uncomfortable for patients; they are dehumanising and dangerous. Shockingly, RCEM estimate there were at least 965 deaths associated with waits of 12 hours or more for admitted patients in 2025 – an increase of 29 from 2024 and an average of 18 people every week.



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## Recommendations

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**The Royal College of Emergency Medicine is calling on Welsh Government to make a national commitment to end overcrowding in Emergency Departments. Welsh Government needs to:**

Commit to the principle that any patient who requires a cubicle space is never treated in a non-designated treatment area (corridors, cupboards, waiting room chairs).

Ensure no new NHS policies increase pressure on EDs without demonstrable improvements first having been made in hospital flow metrics (ED occupancy, +12 hour waits, in-patient bed occupancy, delayed discharges).

Prioritise the adoption of a whole-system approach with responsibility for performance spread across the entire patient pathway:

- Introduce 7-day extended working across the health system so that emergency departments have the supporting services they need to operate and that other specialities are resourced adequately to provide this.
- Ensure that bed occupancy is monitored as a system-wide metric so that adequate attention is given to improving flow and that national government takes up the RCEM recommendation that bed occupancy should not exceed the safe levels.
- Improve IT systems for greater integration. Ensure that hospital-reported data is transparent and end the use of “breach exemptions”.

Ensure that there is accountability for ending overcrowding across the system and that trusts/health boards, the NHS in Wales and national government play their role in ending overcrowding.

Eradicate mortality associated with long waits in emergency departments by the end of the decade and ensure that these deaths are treated with equivalence to deaths in other medical specialities.

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