

# Urgent and Emergency Care: Arrangements for Managing Demand – Hywel Dda University Health Board

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# Summary report

## About this report

- 1 This report sets out the findings from the Auditor General's 2024 review of the arrangements for managing demand for urgent and emergency care at Hywel Dda University Health Board (the Health Board). The work is the second phase of a programme of work focused on several elements of the urgent and emergency care system in Wales. The first phase, which examined discharge planning and the impact of patient flow on urgent and emergency care, is reported separately.
- 2 Our approach recognises that the urgent and emergency care system is complex, with many different organisations needing to work together to provide urgent and emergency care and to ensure the wider system operates effectively and efficiently. The Welsh Government's [Six Goals for Urgent and Emergency Care Programme](#) (Six Goals Programme) launched in 2021, provides the context for our work. At the time of our work, the urgent and emergency care system in Wales continued to be under significant pressure.
- 3 Our work has examined the Health Board's arrangements for managing the demand for urgent and emergency care to reduce unnecessary pressure on the system. It has been undertaken to help discharge the Auditor General's statutory duties under Section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to ensure the efficient, effective, and economic use of its resources.
- 4 We undertook our work during the 2024-25 financial year. The audit methods and criteria we used to deliver our work are summarised in **Appendices 1 and 2**.

## Key facts and figures

Primary Care Services	
<b>710</b>	Number of GP urgent and acute appointments <sup>1</sup> available per day per 100,000 head of GP population in September 2024 compared with the all-Wales average of 731. This is a reduction of 21.9% since April 2022.
<b>905</b>	Number of GP out-of-hours contacts per month per 100,000 head of GP population in July 2024 compared with an all-Wales average of 973.
<b>0</b>	Number of contacts at an Urgent Primary Care Centre <sup>2</sup> , compared with an all-Wales average of 338 per 100,000 head of GP population in September 2024.

Ambulance Services	
<b>194%</b>	Increase in Category A (red) ambulance calls between February 2019 and February 2025 compared with an all-Wales average of 178%.
<b>53%</b>	Category A (red) ambulance calls responded to within eight minutes in February 2025, compared with the all-Wales average of 51% and a national target of 65%. This is a reduction of 18% from February 2019.
<b>24%</b>	Patients handed over from ambulance crews to the emergency department within 15 minutes of arrival in February 2025, compared with the all-Wales average of 15% and a national target of 100%. This is a reduction of 60% from February 2019.

<sup>1</sup> Urgent and acute appointments are defined as appointments for urgent or acute conditions which have occurred over the short term.

<sup>2</sup> Hywel Dda University Health Board does not have urgent primary care centres.

## Hospital Services

<b>9%</b>	Increase in the number of attendances at the Health Board's Emergency Departments between February 2019 and February 2025, compared with an all-Wales average increase of 1%.
<b>1260</b>	Number of people waiting more than 12 hours in the Health Board's Emergency Departments in February 2025. This is an increase of 172% since February 2019.
<b>05:24</b>	Average time spent in the Health Board's Emergency Departments in February 2025, compared with the all-Wales average of 5 hours, 31 minutes. This is an increase of 1 hour, 48 minutes since February 2019.
<b>219</b>	Number of attendances to the Same Day Emergency Care units per 100,000 head of GP population in July 2024 compared with an all-Wales average of 233.

## Funding

<b>£52.4m</b>	Additional monies allocated to the Health Board for the period 2022-2025 to recover planned and urgent and emergency care over and above the Health Board's core funding.
<b>£5.7m</b>	Additional in-year monies received by the Health Board in 2023-24, and 2024-25 to support delivery of the ambitions of the Six Goals Programme.

## Key messages

### Overall conclusion

- 5 Overall, we found that **changes to urgent and emergency care services are leading to some improvements in managing demand, supported by reasonable plans and effective oversight. However, poor performance in areas including ambulance handover delays continues, and there is a need to strengthen staff and patient engagement.**

### Key findings

#### Planning arrangements

- 6 We found that the Health Board has reasonable plans to set out how it will implement the Six Goals Programme to better manage urgent and emergency care demand.
- 7 The plans align with the requirements of the Six Goals Programme. Plans set out key actions for 2024-25, which include key activities such as developing clinical streaming hubs and developing a more consistent approach to Same Day Emergency Care units across the Health Board. Plans also identify key risks, including those related to workforce and resource challenges, as well as mitigating actions for risks.
- 8 The Health Board shows a clear commitment to implementing these plans, including by investing its own core funding to support and expand the schemes by match-funding the six goals allocation. However, plans do not set out the required levels of staffing and lack clarity on how new models will be funded in the medium to longer term.

#### Accessing services

- 9 We found that the Health Board does not have a communications plan for its interaction with the public, staff, and stakeholders regarding urgent and emergency care. The Health Board does communicate and provide information to the public through its website and social media platforms. The Health Board does not currently evaluate the effectiveness of this communication activity, and feedback during our review, as well as from Llais, indicates that there is a need to further strengthen public messaging of the purpose of services and how to access them.
- 10 We also found inconsistent staff engagement regarding updates to service changes and delivery. Our interviews indicated that a level of blame culture exists between staff groups in relation to admission avoidance, which is negatively impacting staff engagement and the ability to find joint solutions to issues. The Health Board is investing in clinical streaming hubs to support staff to signpost and

refer patients to appropriate alternative services, although it is not clear how this aligns to the Welsh Ambulance Services NHS Trust (WAST) directory of service. Lower rates of calls to 999 and 111 across the Health Board are dealt with remotely, and lower rates of patients are treated within the community by paramedics. This suggests a need for more pathways for staff to access, with the Health Board a significant outlier for patients trying to access help for urgent dental problems.

- 11 The Health Board has established Same Day Emergency Care (SDEC) units to provide urgent medical assessments and treatments without overnight admissions. Additionally, a Same Day Urgent Care (SDUC) service in Cardigan caters to walk-in patients with minor injuries and illnesses. Between October 2023 and July 2024, the Health Board's SDEC attendance rate was lower than the all-Wales average, but for those attending SDECs there are high rates of discharge, which indicates effective use of the units.
- 12 Data shows that demand is increasing in relation to red calls to 999 as well as through attendances to Emergency Departments. The rate at which ambulance crews convey patients to hospital has improved, which suggests that some of the recent service changes are making a positive impact. In addition, waiting times within Emergency Departments have improved in recent months against the four- and 12-hour targets. However, handover delays continue to be at unacceptably high levels, which is likely to be causing patient harm, both for the patients waiting to be transferred to the hospital, as well as for patients in the community who are awaiting an ambulance response.

## **Scrutiny and monitoring arrangements**

- 13 The Health Board has dashboards to enable it to track and report the use of urgent and emergency care services, and it is engaging with other health boards to identify and adopt good practice. It regularly seeks patient feedback with recent scores on the CIVICA survey showing improvement across several key aspects of urgent and emergency care. However, it is not clear how the Health Board uses this feedback to improve services. Furthermore, the collation of staff feedback is not consistent.
- 14 Oversight and scrutiny of plans and performance are effective. There is operational oversight of performance and plan progress by the Health Board's Improved Quality, Performance and Finance Delivery Group. However, WAST is not involved in strategic discussions or oversight of plans, which limits the ability of the Health Board to ensure plans are effective across the whole of the urgent and emergency care system. There is also scope to evaluate projects and investment of the Six Goals funding more consistently.

## Recommendations

15 **Exhibit 1** details the recommendations arising from our work. The Health Board's management response to our recommendations is summarised in **Appendix 3**.

### Exhibit 1: recommendations

#### Recommendations

##### Identifying data used to inform plans for urgent and emergency care

R1 To ensure that priorities are reflective of and align to up-to-date information such as demands for service, service capacity and future demographic pressures, the Health Board should clearly indicate the data used to inform its future plans for urgent and emergency care (**Exhibit 2**).

##### Six Goals Programme Funding

R2 To support the on-going delivery of Six Goals related initiatives, the Health Board needs to clarify and confirm the funding arrangements for schemes beyond March 2025. Plans for future years should also identify any funding needs beyond their current annual allocation (**Exhibit 2**).

##### Signposting patients to urgent dental services

R3 To help address the high demand for urgent care due to dental problems the Health Board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance (**Paragraph 28**).

##### Signposting patients to the right services

R4 To ensure that patients receive the urgent and emergency care that is most appropriate to their needs, the Health Board should liaise with Llais and other patient representative groups as appropriate, to help identify where current patient information and signposting arrangements need strengthening (**Paragraph 32**).

## Recommendations

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### Alignment between the directory of service and clinical streaming hubs

R5 To ensure alignment between the information held by the Health Board and by WAST on available pathways and referral mechanisms, the Health Board should work with WAST to set out clearly how its clinical streaming hubs and the WAST directory of service work together effectively (**Paragraph 37**).

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### Deep dive into performance related to dental services

R6 Data reviewed as part of this work identified that demand in the region relating to urgent dental services is significantly higher than the all-Wales average, despite performance against contracts being poor. To ensure it is maximising efficiency and mitigating this pressure, the Health Board should undertake a deep dive into its urgent care demand for dental services (**Paragraph 41**).

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### Progress against busiest day review

R7 To ensure the Health Board is maximising the learning identified in its busiest day review in November 2023, it should provide the Finance and Performance committee with an update against recommendations (**Paragraph 43**).

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### Monitor compliance with national SDEC referral guidance

R8 To gain assurance that the Health Board is complying with the national SDEC referral guidance, it should conduct an audit of its SDEC data against the criteria and report the results to an appropriate committee or forum (**Paragraph 54**).

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### Access to GP records for Same Day Urgent Care Centre

R9 The Health Board should review the feasibility of enabling the Same Day Urgent Care Centre access to GP records to improve efficiency of the service (**Paragraph 55**).

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### Ensuring data quality to inform plans

R10 The Health Board should review and regularly validate the data that is currently available for urgent and emergency care, so more assurance can be taken when making decisions based on the data available (**Exhibit 9**).

## Recommendations

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### Use of patient feedback

R11 To ensure the Health Board is building on feedback from patients, future plans for urgent and emergency care should demonstrate how they have considered patient feedback (**Exhibit 9**).

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### Staff feedback on service changes

R12 To identify potential weaknesses or learning in relation to recent changes to its urgent and emergency care services, the Health Board should introduce regular mechanisms for staff feedback. This should include feedback from key partners including primary care and WAST (**Exhibit 9**).

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### Oversight and Scrutiny

R13 To strengthen its ability to join up strategic plans and service changes for its urgent and emergency care services, the Health Board should include WAST as a member of its Six Goals Integrated Operational Group (**Exhibit 10**).

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### Evaluating project benefits

R14 To strengthen its reporting of the benefits achieved from its Six Goals Programme work and associated use of funding, the Health Board should develop and communicate guidance for staff on how to evaluate the effectiveness of projects, initiatives and service changes relating to urgent and emergency care services (**Exhibit 10**).

# Detailed report

## Planning arrangements

- 16 This section considers whether the Health Board has robust plans in place to manage the demand on urgent and emergency care services. We were specifically looking for evidence of plans:
- being informed by relevant and up-to-date information;
  - identifying and seeking to address key risks associated with urgent and emergency care services;
  - aligning with requirements of the Six Goals Programme, and clearly setting out how alternative clinical pathways will work; and
  - identifying the current and required levels of resource and staffing to achieve the intended ambitions.
- 17 We reviewed the Health Board’s Six Goals Delivery Plan 2024-25 (Six Goals Plan) along with relevant sections of its Annual Plan: Three-year intent 2024-2027 focused on urgent and emergency care.
- 18 We found that **there are reasonable plans to manage demand, supported by investment from the Six Goals Programme and the Health Board. However, plans do not set out the required levels of staffing and lack clarity on how new models will be funded in the medium to longer term.**
- 19 The findings from our review of plans are summarised in **Exhibit 2**.

### Exhibit 2: approach to planning urgent and emergency care services

Audit question	Yes/ No/ Partially	Findings
Plans are informed by relevant and up-to-date information?	No	The Health Board’s plans do not clearly indicate what data and information have been used for their development ( <b>Recommendation 1</b> ). Furthermore, staff reported that whilst they had access to data to inform plans, they could not be totally assured by the data that is currently available.

Audit question	Yes/ No/ Partially	Findings
Plans identify and seek to address key risks associated with urgent and emergency care services?	Yes	<p>The Health Board's plans identify key risks and mitigating actions. The Six Goals Plan is supported by a Risk Actions Issues and Decision log. Individual risk areas are given a severity rating, assigned a risk owner and given a mitigating action plan. Risks are monitored through the Six Goals Integrated Operational Group. Some of the risks listed on the Risk Actions Issues and Decision log are particularly challenging as they relate to workforce and resource challenges.</p> <p>The Corporate Risk Register (CRR) identifies these risks in more detail with capacity pressures and high levels of risk escalation across acute sites daily. The Health Board has several controls in place and is tracking progress. Another key risk in managing urgent and emergency care services listed on the CRR is a lack of physical space and related infrastructure, which limits the services the Health Board can provide, such as SDEC.</p>
Plans align with requirements of the <u>Six Goals for Urgent and Emergency Care Programme</u> , and clearly setting out how the alternative clinical pathways will work?	Yes	<p>The Health Board plans align with the requirements of the Six Goals Programme. Plans set out the Health Board's intentions to regionalise clinical streaming hubs, further develop the frailty model at the front door and have a more consistent approach to Same Day Emergency Centres (SDECs), including piloting surgical SDECs<sup>3</sup>.</p> <p>Plans also detail the Health Board's approach to implementing a 24/7 Urgent Care Service and Accelerated Cluster Development. The Health Board does not have specific urgent primary care centres as they have decided to manage demand through existing services.</p> <p>In addition, the Health Board plans set out a clear focus on pathway redesign, developing the WAST directory of services and improving specialist advice and guidance lines.</p>

Audit question	Yes/ No/ Partially	Findings
Plans identify the current and required levels of resource and staffing to achieve the intended ambitions?	Partially	<p>The Health Board costed its 2024-25 Six Goals Plan at £5.6 million. It received an allocation of £2.8 million from the Welsh Government and committed to provide the remaining £2.8 million from its core allocation. As of month 10, of 2024-25 expenditure of the Six Goals allocation was on track.</p> <p>The Six Goals Plan does not provide detail related to the use of other funding on initiatives/programmes related to urgent and emergency care services, such as the Further Faster Fund or Regional Integrated Fund. There is also no detail within the plan as to how it would manage slippage or overspends or any potential funding needs beyond March 2025 for the initiatives described.</p> <p>Beyond identifying high-level pay costs, the Six Goals Plan does not clearly describe the required levels of staffing needed to achieve the stated deliverables and ambitions (<b>Recommendation 2</b>).</p>

Source: Audit Wales

## Accessing services

20 This section considers whether the Health Board has robust arrangements in place to encourage and enable people to access the right care, in the right place, at the right time, and whether these are working. We were specifically looking for evidence of:

- effective signposting of patients to the urgent and emergency care services that best meets their needs;
- staff having good knowledge of, and information on, the range of services available to patients; and
- changes to service delivery resulting in improvements in access to urgent and emergency care services.

21 We found that **changes to urgent and emergency care services are resulting in better demand management in some areas, but better staff and public engagement is needed to guide access to services and handover delays remain unacceptably high.**

## Signposting of services to the public

- 22 We found that **some arrangements are in place to signpost services to the public, but arrangements are not strategic and are largely web-based, with feedback suggesting a need to improve public awareness of services.**

### Communication plans

- 23 The Health Board does not have a standalone communications plan setting out how it communicates urgent and emergency care messages to the public, its staff, and other agencies. In April 2024, the Health Board took part in a Welsh Government stocktake analysis of communication activity. This analysis showed that most of its public communication activity is via social media to signpost patients to suitable alternatives to the Emergency Department and to inform them of potential lengthy waiting times.
- 24 There are differences in urgent and emergency care services in place across the Health Board's three counties. These differences can make it more difficult for patients and staff to understand how to access services. The Risk Actions Issues and Decision (RAID) log which supports the Health Board's Six Goals Plan recognises a need to develop communication and engagement plans and the communications team is represented within the Six Goals Programme group structure. However, the log states that communication and engagement plans will be developed 'as required' rather than as a strategic long-term, integrated approach.

### Public information

- 25 The first point of call for most patients with an urgent need may be their GP, and our review of available data suggests that between October 2023 and September 2024, the Health Board's GP practices provided, on average, a higher level of urgent and acute appointments per day (837 appointments per day) compared to the all-Wales average (809 appointments per day) per 100,000 head of GP population. However, the level has been decreasing over time, dropping from 856 appointments per day in October 2023 to 710 in September 2024, which was the third lowest in Wales. Furthermore, these appointments are only available during the day, and in times of high demand and out of hours, patients need to be signposted to alternative services that can meet their urgent care needs.
- 26 Our review of the Health Board's website and social media pages showed that they signpost patients to information on a range of suitable services, including how to access 111, symptom checkers, community pharmacy, the out of hours service and mental health services. At the time of our fieldwork, a banner was displayed across the Health Board website which stated that all its Emergency Departments were under significant pressure. The banner provided a link to a webpage on when to use an emergency department or alternative services. However, the banner has

been in place for several months and it is not clear if the use of this banner is reviewed regularly to reflect current circumstances.

- 27 We also considered what information is available to the public via GP and dental practices to assess whether there was clear signposting for patients if they have urgent or emergency care needs out of hours. **Exhibit 3** sets out the results of this work, which reviewed the websites and out of hours phone messages of 12 GP practices and 11 dental practices<sup>4</sup>.

**Exhibit 3: results of the review of GP and dental practice information (October 2024)**

Indicator	This Health Board	All-Wales position
% of GP practice websites with clear signposting	91.7	56.8
% of GP practice answer phone messages with clear signposting	100	89.5
% of dental practice websites with clear signposting	27.3	36.7
% of dental practice answer phone messages with clear signposting	81.8	86.7

Source: Audit Wales

- 28 Positively, all GP practices sampled provided clear signposting to urgent or emergency care services out of hours on their telephone lines, using a standard message. All but one GP website sampled provided clear signposting, which compared considerably better than the all-Wales position. Clear signposting on dental websites was less prevalent, with the results lower than the all-Wales position and one of the lowest in Wales. Signposting via dental phonelines was better but still below the all-Wales position. The results show that the Health Board has implemented some effective messaging via GP practices, but more work needs to be done to encourage clearer signposting via dental practices, in particular on websites (**Recommendation 3**).
- 29 Across Wales, between 450,000 and 500,000 people access the 111 website each month. The Health Board has a lower rate of 111 calls per head of GP population, with 111 calls made by Health Board residents accounting for 10.7% of all calls in February 2024. The top five reasons for calls are set out in **Exhibit 4**.

<sup>4</sup> The sample included a mix of NHS and private dental practices.

#### Exhibit 4: top five reasons for calling 111 (February 2024)<sup>5</sup>

This Health Board	% of all calls	All-Wales position	% of all calls
Dental problems	16.3	Dental problems	4.1
Abdominal pain	2.9	Abdominal pain	2.4
Chest pain	1.8	Chest pain	1.6
Cough	1.6	Cough	1.4
Rash	1.2	Rash	1.0

Source: Ambulance Services Indicators

30 By far, the biggest reason for calling the 111 service in the Health Board area is for dental problems, with the percentage significantly higher than any other Health Board area in Wales. The Health Board's website has information for patients about urgent dental care. Under the 'Healthcare section', patients are signposted to contact their own dental provider in the first instance if they have one. If they do not have a regular dentist, they are directed to call 111 for advice and help in finding an urgent dental appointment. The Health Board has a below average number of NHS dental contracts<sup>6</sup> per 100,000 head of GP population, when compared to the all-Wales average (15.2 and 15.6 respectively). The Health Board position has declined from 16.5 in 2022-23.

#### Patient awareness

31 The Health Board has undertaken some work to understand patient behaviour, specifically related to patients who frequently attend the Emergency Department. However, more broadly, the Health Board does not currently have mechanisms to evaluate the effectiveness of its public communication to understand whether its activity is reaching the right audience or whether its messages are changing public behaviour in the way they access urgent and emergency care. During our review, staff from the Health Board suggested that more work could be done to improve the public's awareness and understanding of urgent and emergency care services, with views that the system is complex and can be confusing for patients to navigate.

<sup>5</sup> Due to ongoing issues with the new 111 system implemented in April 2024, there has been no data on the 111-service reported since February 2024.

<sup>6</sup> [StatsWales, data on dental contracts and practices, 2023-24](#)

- 32 Furthermore, feedback from Llais<sup>7</sup> indicated that patients find there is a lack of communication about services, and they are not regularly asked for their feedback on the services they have received. Llais did note that the Health Board does pockets of good work with seldom heard groups, for example engaging with Ukrainian refugees on how to access different parts of the system. However, Llais are often contacted about issues experienced by patients across the Health Board area, including lack of consideration for patient confidentiality in open areas such as the Emergency Department reception, long waits on ambulances, unclear information on waits and lack of clarity of the next steps in patient care (**Recommendation 4**).

## Staff awareness and ability to refer

- 33 We found that **the Health Board is investing in clinical streaming hubs to support staff signposting to a broader range of alternative services, but there are gaps in dental service access and inconsistent staff engagement for service changes.**

### Promoting staff awareness of services

- 34 In the absence of a communications plan, it was not clear how the Health Board engages its staff on plans to manage demand for urgent and emergency care. Interviews with a range of staff as part of this review indicated that the methods used are inconsistent.
- 35 Some of our interviews also indicated that there is a level of blame culture related to patients who present at Emergency Departments, with services blamed for not streaming those patients away earlier in the patient journey through alternative services. There appear to be tensions particularly between staff in primary and secondary care on this issue. These tensions can then negatively impact on engagement and joint working to address common issues in providing urgent and emergency care that is a positive experience for patients.
- 36 In late 2023, the Health Board set up clinical streaming hubs for Carmarthenshire and Pembrokeshire. Healthcare professionals can use the clinical streaming hubs to access enhanced community-based services which can avoid hospital admission. These currently have limited opening hours as they are reliant on onward services being available in the community. The Health Board is planning to build on these models further, with one of its Six Goal Plan workstreams dedicated to streaming. This workstream aims to develop regional clinical streaming hubs to provide a 24/7 Urgent Care Service. The regional clinical streaming hubs will integrate with GP out of hours and advanced paramedic practitioner resources and

<sup>7</sup> Llais is an independent statutory body established by the Welsh Government to give the people of Wales a stronger voice in the planning and delivery of their health and social care services.

will be supported by local delivery resource hubs which provide enhanced community-based services. Ceredigion does not have a clinical streaming hub due to lower demand within the area.

37 Health Board staff should also have access to a directory of services available in the community with comprehensive and up-to-date information to signpost patients to the right place for their needs. WAST holds a directory of service for each health board area which contains details of referral pathways. It is the responsibility of the Health Board to ensure that this directory is kept up to date with accurate information. It was not clear how the Health Board will be managing the directory of service alongside the further development of its clinical streaming hubs, to ensure that information is aligned and up to date (**Recommendation 5**).

**Referring to services**

- 38 The Health Board consistently has a lower rate of patients that call 999 who are dealt with through ‘consult and close’ over-the-phone advice or signposting, compared to the all-Wales average (13.8% compared with 15.1% in April 2024). Of those calls, the proportion that are directed to alternative services is in line with the all-Wales average (73.9% compared with 73.0%).
- 39 The 111 service is also directing a lower proportion of patients to alternative services. **Exhibit 5** sets out the extent to which the 111 service has been able to direct patients away from the Emergency Department.

**Exhibit 5: referral to other services (February 2024)**

Indicator	This Health Board	All-Wales position
% of 111 calls referred to GP out of hours	39.8	41.0
% of 111 calls referred to another health profession	2.8	2.4
% of 111 calls referred to dental services	16.1	9.9

Source: DHCW Urgent and Emergency Care Dashboard, Ambulance Services Indicators

- 40 During 2023-24, the rate at which 111 staff referred patients to GP out of hours and to other health professions has been broadly consistent with the all-Wales level. However, 111 staff have consistently referred higher proportions of calls to urgent dental care than the all-Wales average. This is in line with the data contained in **Exhibit 4** and shows a need to ensure sufficient access to dental pathways across the Health Board.
- 41 As mentioned in **paragraph 30**, the Health Board has a below average number of dental contracts per 100,000 head of GP population. However, metrics on the Health Board’s performance report show that the percentage of delivery of primary

care dental services against the contracted value is consistently below the 100% target. At the time of the data used for **Exhibit 4** it stood at 56.8%, but has since deteriorated further and was at 42.2% in February 2025. This is likely contributing to pressure for patients needing to access urgent dental services, despite there being contracts in place to provide routine treatment (**Recommendation 6**).

- 42 During 2023-24, 232 calls (5.1%) to the 999 service were referred to 111, indicating they were less urgent. However, of those calls, just over a third, 33.4% were returned from 111 back to the 999 phoneline to be considered for an ambulance dispatch. This is higher than the all-Wales average, which was 27.6% for the same period. This higher rate suggests there is scope to increase the availability of appropriate pathways for calls which are urgent but not life-threatening across the Health Board.
- 43 The Health Board conducted the busiest day review<sup>8</sup> in November 2023, which was a repeat of a 2019 exercise. The review found that services had changed significantly since the 2019 exercise which made comparison and measuring progress more challenging. However, the Health Board found that half of the patients treated during the day could have benefited from an alternative pathway of care to self-presenting or being directed by a professional to the emergency department. The report contained six recommendations for immediate impact, but it is not clear if these have been implemented and evaluated (**Recommendation 7**).
- 44 The extent to which ambulance crews are able to 'see and treat' patients at scene within the Health Board area is below the all-Wales average (9.1% compared with 11.8% in February 2025). The 'see and treat' rate has consistently been below the all-Wales average for the past 12 months. In addition, the percentage of patients who were referred to alternative care services was higher than the all-Wales position in February 2025 (14.5.% compared with 11.9%).
- 45 During our interviews we heard of the success of the introduction of Advanced Paramedic Practitioners (APP) in diverting patients away from the Emergency Department. APPs provide triage services to patients by reviewing the 999 calls awaiting an ambulance dispatch, providing treatment within the community, and referring patients onto appropriate services.
- 46 In 2023-24 and 2024-25, a focus for the Health Board has been on managing the needs of patients over 75 years old. This cohort of patients is reported to account for most of the Health Board's demand for urgent and emergency care. To help manage this demand, the Health Board has developed a multi-disciplinary acute frailty service model at Wthybush Hospital to support people at high risk of falls, disability, and hospital admissions. The service includes a multi-disciplinary team that offers assessments within 24 to 72 hours of admission. In Pembrokeshire,

<sup>8</sup> Deep dive review of a 24-hour period on 21 November 2023 at Glangwili General Hospital (GGH) Emergency Department (ED) and Wthybush General Hospital (WGH) ED only.

there is also a falls response scheme run by St John Ambulance Cymru which started as a pilot. They assess patients at the scene and determine the most appropriate treatment pathway. The Health Board reported that within the first ten days of the pilot, the team attended to 17 patients and saved nine ambulances from having to respond.

**Services to help manage demand**

47 We found that **there is relatively good provision of community pharmacy services, but whilst SDEC units effectively manage urgent and emergency care demand, better access to patient data and compliance with national referral criteria are needed to maximise their value.**

**Community pharmacy services**

48 For 2023-24, the Health Board had the highest numbers of community pharmacies per head of GP population in Wales, at 23.9 (compared to 20.9 at an all-Wales level). Every one of the Health Board’s community pharmacies had signed up to provide the common ailment scheme in 2023-24. This scheme allows pharmacists to assess and treat a common list of minor ailments<sup>9</sup>. However, should antibiotics be required, then patients would need to be referred to their GP. The number of common ailment consultations per 100,000 head of GP population for 2023-24 was above the all-Wales average (10,834 compared with 10,472). The most common ailments reported were conjunctivitis, sore throat, dermatitis, and hay fever.

49 To supplement the scheme, some community pharmacies across Wales have also signed up to provide additional enhanced services, which further increases the ability of community pharmacists to respond to minor ailments. This includes providing the sore throat treat and test service, and the independent prescribing service. Both services enable the community pharmacist to prescribe antibiotics. In addition, community pharmacists can also provide the additional hours service, which allows them to extend their opening hours and provide bank holiday cover.

50 The uptake of these is set out in **Exhibit 6**.

**Exhibit 6: uptake of enhanced services in community pharmacies (2023-24)**

Indicator	This Health Board	All-Wales position
% of community pharmacies providing the sore throat treat and test service	78	79
% of community pharmacies providing the independent prescribing service	28	28

<sup>9</sup> [Common ailments scheme](#), 2021.

Indicator	This Health Board	All-Wales position
% of community pharmacies providing additional hours services	22	16

Source: StatsWales

51 The percentage of community pharmacies that provide the sore throat treat and test service and the independent prescribing service is in line with the position across Wales. Although the number of pharmacies providing the independent prescribing service is low, numbers have increased in 2023-24 compared to the previous year, when only 18% of community pharmacies offered this service. However, the percentage of community pharmacies providing additional hours decreased from 30% in 2022-23 to 22% in 2024-24. Whilst this is still higher than the all-Wales average, the provision of service is also low. Low availability of additional hours services is likely to increase pressure on other out of hours' services.

## Same Day Emergency Care and Urgent Primary Care Centres

- 52 In line with the ambitions of the Six Goals Programme, the Health Board has established Same Day Emergency Care (SDEC) units in Glangwili, Prince Philip and Withybush Hospitals. The principle of the SDEC is to provide same day assessments and treatment for patients needing urgent medical attention, without the patient needing to be admitted into hospital overnight. In addition, the Health Board runs a Same Day Urgent Care (SDUC) service in Cardigan. This service also accepts walk-in patients with minor injuries and illnesses. The Health Board does not have Urgent Primary Care Centres as it has decided to manage demand through existing services instead.
- 53 Between October 2023 and July 2024, the Health Board had a lower rate of attendance to its SDECs per 100,000 head of GP population than at an all-Wales level (209.5 compared to 243.6). This level remained consistent between October 2023 and July 2024. However, data from the Health Board shows that between September 2023 and September 2024, the average SDEC attendance rate as a total of medical admissions stood at 28.2%, against a target of 30%. The Health Board has plans to extend the SDEC approach across main surgical specialities in Glangwili Hospital.
- 54 GPs and staff from the Emergency Department can directly refer into SDEC units. The Health Board also told us that WAST staff (including remote clinicians and paramedics) can directly refer patients to the SDEC units. Whilst data from WAST indicates that the region has the highest rates of SDEC referrals from its staff across Wales, this remains extremely low with only 0.6% of patients referred via WAST each month. Staff we spoke to stated that SDEC's acceptance of referrals is inconsistent, with a need to jointly commit and adhere to the national referral

criteria introduced in April 2022<sup>10</sup> (**Recommendation 8**). We also heard that SDEC staff are reluctant to accept referrals later in the day as it limits their ability to discharge before the service closes. This may also be inadvertently impacting on the service's ability to accept appropriate patients and alleviate operational pressure elsewhere. Those we spoke to also stated that challenges with resources and physical space restrict the SDECs from expanding their service to operating seven days a week.

- 55 The SDUC in Cardigan is an Advanced Nurse Practitioner led community service which can see up to 80-90 patients a day. Patients can walk-in or be referred. Whilst it currently operates Monday to Friday, the service utilised Welsh Government 50-day funding<sup>11</sup> to open over weekends between 11 January 2025 and 31 March 2025. The Health Board's website states that during that period, the weekend service saw 845 patients, 75% of which would have otherwise attended an Emergency Department. The Health Board is currently assessing the SDUC weekend service and its impact on managing demand and patient experience. As part of that assessment, the Health Board should consider opportunities to enable the service to access patient GP records. Feedback from staff stated this is currently not the case which limits the efficiency of the service (**Recommendation 9**).
- 56 Good practice indicates that there should be high rates of discharge from SDEC units to ensure that they are being used effectively and appropriately. Within the Health Board, the percentage of patients discharged from the SDEC units has remained relatively stable, with an average rate of 90.3% between October 2023 and July 2024. This is the second highest rate in Wales. Having less than 10% of SDEC patients being admitted to the hospital indicates effective use of SDECs.

## Impact of service changes on urgent and emergency care performance

- 57 We found that **whilst data suggests service changes are reducing levels of conveyance to hospital and are improving waiting times within Emergency Departments, handover delays remain at unacceptable levels and create significant risk of patient harm.**

### Ambulance performance

- 58 Since the pandemic, 999 calls to the ambulance service across the Health Board have continued to rise and have now passed the level experienced by the service pre-pandemic, with an average of 654 red calls per month between March 2024

<sup>10</sup> [Direct paramedic referral to same day emergency care: All Wales policy, April 2022](#)

<sup>11</sup> The Welsh Government's 50-day challenge is an initiative aimed at improving hospital discharge and community care, particularly during the winter months.

and February 2025, compared to an average of 238 calls between March 2018 and February 2019. Whilst continuing to account for most 999 calls, the number of amber calls has decreased slightly since the pandemic with an average of 3,011 calls per month between March 2024 and February 2025.

59 Despite the overall increase in ambulance demand, the rate at which ambulance crews convey patients in the Health Board to hospital has reduced since pre-pandemic levels from 71.3% (March 2018 – February 2019), to 64.7% (March 2024 – February 2025). The rate, however, is slightly higher than the all-Wales average of 63.4%. The improving trend shows that some of the work to avoid conveyance is having an impact but there is more to do compared with the all-Wales position.

**Exhibit 7** sets out the destination for all conveyances.

**Exhibit 7: conveyance destination as a proportion of total conveyance (March 2024 – February 2025)**

Indicator	This Health Board	Trend	All-Wales position
% of patients conveyed to major emergency departments	86.5		88.7
% of patients conveyed to minor injuries units	0.4		6.3
% of patients conveyed to major acute medical admissions unit	12.2		3.1
% of patients conveyed to other unit eg mental health or maternity unit	0.9		1.8

Source: Ambulance Services Indicators

60 Ambulance crews convey a slightly lower proportion of patients to the Health Board’s Emergency Departments than the all-Wales average, but rates remain high. The rate of conveyance to major acute medical admissions units, including SDECs is the highest in Wales. However, whilst paramedics can convey patients to the minor injuries unit, in practice very few are, with conveyance rates to minor injuries units across the Health Board significantly lower than the all-Wales average.

61 Data shows that ambulance handover delays across the Health Board continue to be at unacceptably high levels. The percentage of ambulance handovers completed within 15 minutes between March 2024 and February 2025 was just 22.9%, against a national target of 100%. Performance, however, is the second highest in Wales, compared to an all-Wales position of 15.8%. Except for seasonal fluctuations, handover performance has remained fairly consistent since September 2021. Handover performance, however, is resulting in a high number of lost hours due to handover delays. The Health Board lost on average 3,332 hours

every month between March 2024 and February 2025. Ambulance performance is monitored via the Health Board’s Six Goals Programme.

- 62 A clinical review developed by the Association of Ambulance Chief Executives<sup>12</sup> discovered that the rate at which harm occurs for patients increases when their handovers take over an hour to complete. This review indicated that the likelihood of a patient experiencing severe, or permanent, harm was 7% for handovers taking between an hour and an hour and a half, 10% for handovers taking between two and three hours, and 27% for handovers taking over four hours to complete. Data from February 2025 showed that 52.6% (764) of handovers within the Health Board took over one hour to complete, and 14.7% (223) of handovers took over four hours to complete.
- 63 Handover delays inhibit the ability of ambulance staff to respond to other urgent calls in the community. Ambulance response times continue to be challenging and below performance targets, although they are slightly better than or in line with the all-Wales average (**Exhibit 8**). The percentage of red calls responded to within eight minutes is significantly below the target of 65%. On average, the response time to amber calls between March 2024 and February 2025 was one hour 51 minutes, rising to 10 hours 17 minutes for those who waited the longest. Performance has declined over the last 12 months.

**Exhibit 8: red and amber call response times (March 2024 – February 2025)**

Indicator	This Health Board	Trend	All-Wales position
% of red calls responded to within eight minutes	50.1		48.6
Median response to amber calls (minutes)	111		111

Source: Ambulance Service Indicators

**Emergency Department performance**

- 64 Within the Health Board, the rate of attendance at an Emergency Department per 100,000 head of GP population has increased during the past two years and is considerably higher than the all-Wales average (2,860 and 1,980 respectively). The rates increased significantly since December 2024, most likely due to winter pressures.
- 65 Conversely, the Health Board has seen improvements in waiting times within the Emergency Department during recent months. The percentage of patients spending less than four hours in the Emergency Department improved slightly in

<sup>12</sup> [Delayed hospital handovers: Impact assessment of patient harm](#) Association of Ambulance Chief Executives, November 2021.

February 2025 to 67.4%, which is the highest it has been since November 2023. The number of patients spending over 12 hours in the Emergency Department has also improved in recent months, down from 1,612 in December 2024 to 1,260 in February 2025. Once assessed, the rate of admission is lower than the all-Wales average, at 21.5% between March 2024 and February 2025, compared to 22.3% across Wales.

## Scrutiny and monitoring arrangements

- 66 This section considers whether the Health Board is doing enough to monitor the performance of its urgent and emergency care services, and applying lessons learnt to improve services further. We were specifically looking for evidence of:
- arrangements for monitoring the impact of alternative clinical pathways; and
  - effective oversight and scrutiny of the delivery of plans for urgent and emergency care.
- 67 We found that **oversight and scrutiny of urgent and emergency care performance and plan delivery are effective, but pace has been affected by interim leadership arrangements and staff and patient feedback needs to be better utilised for planning.**

### Monitoring impact

- 68 We found that **whilst there are some arrangements to monitor access to services, the collection of staff feedback is inconsistent, and it is not clear how staff or patient feedback is used to inform and strengthen plans.**
- 69 The findings that have led us to this conclusion are summarised in **Exhibit 9**.

**Exhibit 9: approach to monitoring the impact of alternative pathways on urgent and emergency care services**

Audit question	Yes/ No/ Partially	Findings
<p>Is the Health Board tracking and reporting data to show whether patients are accessing urgent and emergency care services appropriately?</p>	<p><b>Partially</b></p>	<p>The Health Board has a dashboard which tracks specific cohorts of patients, including frequent attenders and referrals via consultant connect. The Health Board also uses a live dashboard, to make decisions on a daily basis to best match its capacity to the demand for services. The dashboard includes data such as ambulance delays, 12-hour breaches and waits within the Emergency Department. However, some of the staff we spoke to raised concerns about the reliability of information on the live dashboard. <b>(Recommendation 10)</b>.</p> <p>The Health Board is engaging with other health boards to understand their methods for measuring impact of front door services.</p>
<p>Is regular patient feedback being sought and used to inform and improve plans?</p>	<p><b>Partially</b></p>	<p>One of the key methods the Health Board is using to gather patient feedback is through the monthly CIVICA<sup>13</sup> patient survey. The survey is specific to patient experiences within an Emergency Department and responses are reported according to the percentage of positive responses. The Health Board receives around 3,000 responses each month to this survey and results are included within the Health Board's performance report.</p> <p>Data up to February 2025 showed improving performance across most of the questions within the survey, but particularly around the quality of communication between staff and patients. However, it is not clear how qualitative feedback, including suggestions from patients, is fed back to the Health Board. Furthermore, we could not find evidence to show how patient feedback is used to inform and improve plans <b>(Recommendation 11)</b>.</p>

<sup>13</sup> CIVICA is a software platform designed to measure patient feedback within healthcare organisations.

Audit question	Yes/ No/ Partially	Findings
Is there regular staff feedback on the impact of changes to services and pilots to identify and apply lessons?	<b>Partially</b>	<p>The Health Board does not have a consistent approach to collecting staff feedback on changes to services. We did hear some examples of good opportunities to feed back. For example, the Health Board held a priorities workshop in May 2024 where feedback from staff was sought in relation to urgent and emergency care.</p> <p>However, interviews with a range of staff indicated a need for more regular mechanisms for feedback, such as between urgent and emergency care services and primary care services, to ensure service changes are working as intended (<b>Recommendation 12</b>).</p>

Source: Audit Wales

## Oversight and scrutiny

- 70 We found that **oversight and scrutiny of plans and performance are effective, however, pace has been affected by interim leadership arrangements and there is scope to evaluate projects more consistently.**
- 71 The findings that have led us to this conclusion are summarised in **Exhibit 10.**

### Exhibit 10: approach to oversight and scrutiny of urgent and emergency care services

Audit question	Yes/ No/ Partially	Findings
<p>Is there effective oversight of urgent and emergency care performance operationally, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?</p>	<p><b>Partially</b></p>	<p>The Health Board has experienced issues during 2024-25 with leadership for the programme, including a vacancy in the programme director role. Following operational restructuring, the programme director role has been absorbed into the new Community and Integrated Medicine Service Director role from 1 April 2025. There have also been delays in appointing workstream leads during 2024 due to operational and clinical pressures which have impacted progress of plans.</p> <p>Oversight of performance and plans for urgent and emergency care is undertaken by the Improved Quality, Finance and Performance Delivery Group (IQFPD). This group meets on a fortnightly basis and is chaired by the Chief Operating Officer. There is a broad membership across relevant areas of the organisation, which includes primary care, planning, and finance. The Health Board also has a Six Goals Integrated Operational Group, accountable to the Executive team, which drives activity related to the Six Goals Programme within the Health Board.</p> <p>However, whilst there are meetings between the Health Board and WAST at operational levels, there is no WAST representation at the IQFPD meeting or the Six Goals Integrated Operational Group, which limits the Health Board's ability to join up strategic plans relating to urgent and emergency care services (<b>Recommendation 13</b>).</p>

Audit question	Yes/ No/ Partially	Findings
<p>Is there effective oversight of urgent and emergency care performance at the committee and board level, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?</p>	<p><b>Yes</b></p>	<p>There is effective oversight at Board and committee level with regular urgent and emergency care programme updates to the Strategic Development and Operational Delivery Committee (SDODC)<sup>14</sup>.</p> <p>Performance reports include metrics on ambulance handovers, A&amp;E waiting times, and pathway of care delays. During the year, SDODC committee has received deep dives on the six goals programme, primary care, population health, and the clinical services plan.</p> <p>Previously there was also an operational update paper that the Chief Operating Officer produced for Board meetings, but this was stood down in May 2024 and update papers are now provided separately if needed.</p>
<p>Are there arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from the Welsh Government?</p>	<p><b>Partially</b></p>	<p>The Health Board is monitoring project investment within its Six Goals Programme.</p> <p>The Health Board can also demonstrate work to identify learning from changes to its service. For example, in January 2023, the Health Board conducted a peer review of its Same Day Emergency Care Services which identified three key themes: demand capacity modelling, workforce planning, and digital transformation.</p> <p>However, more work needs to be done to develop consistent evaluative practices across the Health Board. For example, during 2024-25, the Health Board funded a new contractual agreement for GPs to take on two extra emergency patients a day, yet there has been no evaluation of this service and whether it avoided hospital admissions (<b>Recommendation 14</b>).</p>

Source: Audit Wales

<sup>14</sup> From 1 April, oversight of strategy and planning moved to a new Strategy and Planning Committee. Oversight of performance moved to a new Finance and Performance Committee.

# Appendix 1

## Audit methods

**Exhibit 11** sets out the audit methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

### Exhibit 11: audit methods

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"><li>• Urgent and Emergency Care Plan (including resources required and costings)</li><li>• Integrated Medium Term Plan and Annual Plan</li><li>• Six Goal Programme Plan and progress reports, including submissions to the Welsh Government</li><li>• Performance reports on urgent and emergency care to Board and committees</li><li>• Evaluation reports aimed at initiatives appropriately managing urgent and emergency care demand</li><li>• Urgent and Emergency Care Board (or Six Goals Board) terms of reference, agendas for last year and papers relevant to appropriately managing urgent and emergency care demand</li><li>• Results from patient surveys relating to the accessibility of urgent and emergency care services</li><li>• Diagrams which set out the structure of urgent and emergency care</li></ul>
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"><li>• Chief Operating Officer</li><li>• County Director, Ceredigion</li><li>• Urgent and Emergency Care Lead</li><li>• Director of Secondary Care</li><li>• Operations Manager, WAST</li><li>• West Wales Deputy Regional Director, Llais</li></ul>
Group discussions	<p>We held group discussions with the following:</p> <ul style="list-style-type: none"><li>• Leads for Emergency Departments, Same Day Emergency Care units, and Minor Injuries Units</li><li>• GP Cluster Leads and Out of Hours Leads</li></ul>

Element of audit approach	Description
Data analysis	<p>We analysed data relating to urgent and emergency care services, using the following sources:</p> <ul style="list-style-type: none"> <li>• Ambulance Services Indicators</li> <li>• DHCW Urgent and Emergency Care Dashboard</li> <li>• StatsWales</li> <li>• Data provided by the Welsh Government in relation to GP out of hours services</li> <li>• Monthly Monitoring Returns</li> </ul>
Website and practice reviews	<p>We reviewed the Health Board's website and social media accounts relating to the provision of information to the public on accessing urgent and emergency care services.</p> <p>We also reviewed practice websites and phonelines for:</p> <ul style="list-style-type: none"> <li>• a sample of 12 GP practices; and</li> <li>• a sample of 11 dental practices</li> </ul>

All audit work has been delivered in accordance with the International Organisation of Supreme Audit Institutions (INTOSAI) audit standards.

# Appendix 2

## Audit criteria

Exhibit 12 sets out the audit criteria that we used to deliver this work.

### Exhibit 12: audit criteria

Audit questions	Audit criteria
<b>Does the Health Board have robust plans in place to manage the demand for urgent and emergency care services?</b>	
Do plans seek to improve the management of demand through changes to service delivery in line with the six goals for Urgent and Emergency care?	<ul style="list-style-type: none"><li>• Strategies and/or plans relating to urgent and emergency care:<ul style="list-style-type: none"><li>– are based and grounded in rich and up-to-date information, informed by urgent and emergency care demand data (past and future), including peaks in activity at certain times/days and months, demographics, and conditions of patients;</li><li>– identify and seek to address key risks associated with demand for urgent and emergency care services;</li><li>– align with the requirements of the Welsh Government Six Goals for Urgent and Emergency Care for better managing demand; and</li><li>– include documented information on alternative clinical pathways, including how and when they should be accessed.</li></ul></li></ul>
Do plans identify the current and required levels of resource and	<ul style="list-style-type: none"><li>• Strategies and/or plans detail the:<ul style="list-style-type: none"><li>– resource requirements and identified funding to support any changes to service delivery included within the strategy/plan.</li></ul></li></ul>

Audit questions	Audit criteria
staffing to achieve the ambitions?	<ul style="list-style-type: none"> <li>– workforce and skills required to meet demand, including for changes in models of delivery such as winter peaks. The plan is clear about the required resources of clinical and non-clinical skills/staff.</li> </ul>
<p><b>Are arrangements in place to encourage and enable people to access the right care, in the right place, at the first time, and are these working?</b></p>	
<p>Is the Health Board effectively signposting urgent and emergency care services to the public, so they know how to access services appropriately?</p>	<ul style="list-style-type: none"> <li>• The Health Board provides clear information on available services and alternatives to emergency departments to the public through various avenues – websites, call handlers, posters/leaflets, advertisements, GP/dentist websites and phone lines, social media, videos etc.</li> <li>• Strategies and/or plans on public communication align to requirements of goals 2 and 3 of the Welsh Government Six Goals for Urgent and Emergency Care (right care, right place, first time).</li> <li>• There is evidence to suggest patients have a good understanding of how to access urgent and emergency care services that are appropriate to their needs.</li> </ul>
<p>Do staff have good knowledge of, and access to, information regarding the range of other services available to their patients and at what times they are available?</p>	<ul style="list-style-type: none"> <li>• There is engagement between Health Boards and GP clusters/dentists/paramedics/pharmacists about alternative pathways in place and the future of urgent and emergency care services. Information on these pathways and services is accessible for staff.</li> <li>• Staff can refer directly/divert patients to more appropriate settings for their needs, including Urgent Primary Care Centres (UPCCs) and Same Day Emergency Centres (SDECs).</li> </ul>

Audit questions	Audit criteria
<p>Is there evidence that changes to service delivery are resulting in better demand management?</p>	<ul style="list-style-type: none"> <li>• Referrals into new service models are in line with the ambitions of the six goals for urgent and emergency care policy handbook.</li> <li>• WAST can refer at least 4% of cases to SDEC.</li> <li>• Calls to 111 are answered quickly and abandonment rates are low.</li> <li>• Emergency ambulance response times, ambulance handover delays and waits within Emergency Departments and Minor Injury Units are improving.</li> <li>• Data shows decreasing volumes of patients with low acuity/minor complaints presenting at Emergency Departments.</li> <li>• Data indicates a good range of GP appointment availability.</li> <li>• Data indicates that calls diverted between 999 and 111/NHS Direct Wales are appropriate, with low levels of calls diverted back and low numbers of re-contact rates.</li> </ul>
<p><b>Is the Health Board doing enough to monitor the performance of its urgent and emergency care services and apply lessons learnt to improve the services further?</b></p>	
<p>Is the Health Board monitoring the effectiveness of alternative clinical pathways, including by seeking feedback from staff and service users?</p>	<ul style="list-style-type: none"> <li>• The Health Board tracks and reports data to show whether patients are accessing urgent and emergency care services appropriately.</li> <li>• The Health Board can evidence that it seeks patient feedback regularly and uses it to inform and improve plans.</li> <li>• Regular feedback is sought from various staff on the impact of changes to services and pilots to identify and apply lessons.</li> </ul>

Audit questions	Audit criteria
<p>Is there effective scrutiny and assurance in relation to delivering plans for urgent and emergency care and alternative clinical pathways?</p>	<ul style="list-style-type: none"> <li>• There is effective oversight of urgent and emergency care performance operationally and at the committee and board level. This includes scrutiny and assurance on the effectiveness of the plans and actions being taken to better meet demand. Oversight and scrutiny are informed by comparative benchmarking and learning from other bodies where appropriate.</li> <li>• There are arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from the Welsh Government. This includes establishing value for money and what difference the project has made.</li> </ul>

# Appendix 3

## Management response to audit recommendations

Exhibit 13 sets out the Health Board's management response to the recommendations made because of this audit.

### Exhibit 13: management response

Recommendation	Management response	Completion date	Responsible officer
<p><b>Identifying data used to inform plans for urgent and emergency care</b></p> <p>R1 To ensure that priorities are reflective of and align to up-to-date information such as demands for service, service capacity and future demographic pressures, the Health Board should clearly indicate the data used to inform its future plans for urgent and emergency care (<b>Exhibit 2</b>).</p>	<p>A UEC dashboard is currently being developed which will provide users with a suite of data from Live dashboard information, predictive data to inform service planning and reporting measures.</p>	<p>July 2025</p>	<p>Gareth Beynon</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Six Goals Programme Funding</b></p> <p>R2 To support the on-going delivery of Six Goals related initiatives, the Health Board needs to clarify and confirm the funding arrangements for schemes beyond March 2025. Plans for future years should also identify any funding needs beyond their current annual allocation (<b>Exhibit 2</b>).</p>	<p>The Six Goals 2025/26 Financial plan is currently being finalised with financial colleagues and workstream leads. This sets out spending over the next year on a range of schemes and is match funded by the Health Board.</p> <p>For planning in future years beyond annual allocation, the team have recently completed an evaluation on a pilot with regard to seven-day clinical streaming hubs. This will form the basis of an options appraisal that will lay out the recommended models and funding requirements for this financial year and beyond.</p>	<p>July 2025</p>	<p>Peter Skitt</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Signposting patients to urgent dental services</b></p> <p>R3 To help address the high demand for urgent care due to dental problems the health board should ensure dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance (<b>Paragraph 28</b>).</p>	<p>A dental nurse triage review of calls received from 111 for patients requiring urgent access to NHS Dental Services indicated that out of 800 calls, 300 patients did not require an urgent dental appointment. Without clinical triage at source this is skewing the data on the actual demand for urgent dental care.</p> <p>The demand for urgent dental care currently outstrips the level of service that Practices are willing to provide. Consideration to pilot putting Dental Nurse triage in at the end of the week and over the weekend has recently been discussed and a plan will be developed.</p> <p>An agreed format of words will be developed and shared with all Dental Practices for consistent use; a review of this will be included as part of the Practice visiting programme.</p> <p>Link to 'My Health, My Choice' videos to be recirculated.</p>	<p>Aug 2025</p> <p>30 June 2025</p> <p>30 June 2025</p>	<p>Rhian Bond</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Signposting patients to the right services</b></p> <p>R4 To ensure that patients receive the urgent and emergency care that is most appropriate to their needs, the Health Board should liaise with Llais and other patient representative groups as appropriate to help identify where current patient information and signposting arrangements need strengthening (<b>Paragraph 32</b>).</p>	<p>The Health Board is in regular discussions with Llais re 6 Goals and Urgent Care, Llais were involved in the UEC summit in April 2025 and the Llais report helps identify some areas for improvement, an accelerated workstream for UEC on Environment and Patient experience is being planned to ensure improved information and signposting is achieved</p>	<p>October 2025</p>	<p>Gareth Cottrell</p>
<p><b>Alignment between the directory of service and clinical streaming hubs</b></p> <p>R5 To ensure alignment between the information held by the Health Board and by WAST on available pathways and referral mechanisms, the Health Board should work with WAST to set out clearly how its clinical streaming hubs and the WAST directory of service work together effectively (<b>Paragraph 37</b>).</p>	<p>The purposing behind co-locating MDT staff in the hubs is to create a living DoS options to deploy, so when the PTAS/WAST stack attack is active the direction of enquiry is usually to the CSH MDT of what alternative options can be deployed locally in a reasonable timeframe, this will be further reinforced when 7 Day functionality is deployed.</p>	<p>November 2025</p>	<p>Gareth Cottrell</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Deep dive into performance related to dental services</b></p> <p>R6 Data reviewed as part of this work identified that demand in the region relating to urgent dental services is significantly higher than the all-Wales average, despite performance against contracts being poor. To ensure it is maximising efficiency and mitigating this pressure, the Health Board should undertake a deep dive into its urgent care demand for dental services (<b>Paragraph 41</b>).</p>	<p>A review of the current demand for urgent dental care will be undertaken in line with the report. As the demand for urgent dental access peaks over the summer period, the timescale for review needs to include 'normal' periods of demand for comparison.</p> <p>The number of NHS dental contract resignations with Practices opting to provide private dental care, coupled with the rural geography has proven to be a challenge. The Health Board has an agreed dental commissioning plan which is in progress to procure additional routine NHS dental access.</p> <p>Given the level of calls that have been redirected on clinical triage there appears to be a cultural approach to access 'urgent' dental care when the requirement is routine.</p>	December 2025	Rhian Bond
<p><b>Progress against busiest day review</b></p> <p>R7 To ensure the Health Board is maximising the learning identified in its busiest day review in November 2023, it should provide the Finance and Performance committee with an update against recommendations (<b>Paragraph 43</b>).</p>	<p>The Busiest Day Audit has been used in the creation of the 'Blueprint' UEC model and the recommendations for the Audit form a part of the ongoing 6 Goals improvement work.</p> <p>The 6 Goals team will update Finance and Performance on progress.</p>	October 2025	Peter Skitt

Recommendation	Management response	Completion date	Responsible officer
<p><b>Monitor compliance with national SDEC referral guidance</b></p> <p>R8 To gain assurance that the Health Board is complying with the national SDEC referral guidance, it should conduct an audit of its SDEC data against the criteria and report the results to an appropriate committee or forum (<b>Paragraph 54</b>).</p>	<p>Currently the Health Board submit data against and report SDEC activity to the Performance and Assurance Team (National Six Goals Team) on a regular basis.</p> <p>The 6 Goals team will present SDEC Information in the form of the National Submission.</p>	<p>September 2025</p>	<p>Thomas Alexander</p>
<p><b>Access to GP records for Same Day Urgent Care Centre</b></p> <p>R9 The Health Board should review the feasibility of enabling the Same Day Urgent Care Centre access to GP records to improve efficiency of the service (<b>Paragraph 55</b>).</p>	<p>The access to GP records and also the feedback into GP Records is a central part of the access work stream, developments in Digital solutions to include Electronic Observation and Patient Flow and a standardised GP system across the HDUHB area will support this development.</p>	<p>November 2025</p>	<p>Peter Skitt</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Ensuring data quality to inform plans</b></p> <p>R10 The Health Board should review and regularly validate the data that is currently available for urgent and emergency care so more assurance can be taken when making decisions based on the data available (<b>Exhibit 10</b>).</p>	<p>The 6 Goals Team provide regular updates re the National Data requirements and also against the 6 Goals Ministerial priorities, the 6 Goals team regularly attend Committees to update re the UEC Performance and actions being taken to improve.</p>	<p>June 2025</p>	<p>Peter Skitt</p>
<p><b>Use of patient feedback</b></p> <p>R11 To ensure the Health Board is building on feedback from patients, future plans for urgent and emergency care should demonstrate how they have considered patient feedback (<b>Exhibit 9</b>).</p>	<p>Regular reports on patient experience and feedback through QSEC, also patient stories have formed the basis of evaluation for Clinical Streaming Hubs and the Enhanced Community Falls pilot.</p> <p>UEC programme has built close links with Llais, they are part of the Six Goals Integrated Operational Group membership and the Health Board regularly meet with them on UEC matters.</p>	<p>June 2025</p>	<p>Anna Chiffi</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Staff feedback on service changes</b> R12 To identify potential weaknesses or learning in relation to recent changes to its urgent and emergency care services, the Health Board should introduce regular mechanisms for staff feedback. This should include feedback from key partners including primary care and WAST (<b>Exhibit 9</b>).</p>	<p>The Six Goals Programme Team have launched a website for staff on the Six Goals Programme, which includes information on the programme, contact information, and resources. This is currently being promoted through the Communication and Engagement Team. <a href="#">Hywel Dda University Health Board: Six Goals Programme</a>.</p>	<p>June 2025</p>	<p>Peter Skitt</p>
<p><b>Oversight and Scrutiny</b> R13 To strengthen its ability to join up strategic plans and service changes for its urgent and emergency care services, the Health Board should include WAST as a member of its Six Goals Integrated Operational Group (<b>Exhibit 10</b>).</p>	<p>WAST will be added to the membership to the Integrated Operational Group for the Six Goals Programme, and added into the accelerated Programme.</p>	<p>July 2025</p>	<p>Gareth Cottrell</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Evaluating project benefits</b></p> <p>R14 To strengthen its reporting of the benefits achieved from its Six Goals Programme work and associated use of funding, the Health Board should develop and communicate guidance for staff on how to evaluate the effectiveness of projects, initiatives and service changes relating to urgent and emergency care services (<b>Exhibit 10</b>).</p>	<p>Knowledge Exchange Forum currently being set up through the Strategy and Planning Directorate. This will bring staff together to find out about, discuss and appraise, eg Research, ideas, evidence, current thinking, data, information and examples of good practice. Various types and sources of information will be discussed at Knowledge Exchange Forum sessions, eg Journal articles, conference proceedings, policy documents, evidence reviews, case studies or internal reports.</p>	<p>August 2025</p>	<p>Nathan Davies</p>

Source: Audit Wales



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