

Urgent and Emergency Care: Arrangements for Managing Demand – Cwm Taf Morgannwg University Health Board

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Contents

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Contents

About this report	4
Key facts	5
Key findings	7
Recommendations	9
Detailed report	
Planning arrangements	11
Accessing services	14
Scrutiny and monitoring arrangements	25
Appendices	
Appendix 1 – audit methods	28
Appendix 2 – audit criteria	30
Appendix 3 – management response	34

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 Cwm Taf Morgannwg 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 **Appendix 1 and 2**.

Key facts and figures

Primary Care Services

824	Number of GP urgent and acute appointments ¹ available per day per 100,000 head of GP population in March 2025 compared with the all-Wales average of 751. This is a reduction of 16.1% since April 2023.
898	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.
53²	Number of contacts at an Urgent Primary Care Centre, compared with an all-Wales average of 433 per 100,000 head of GP population in March 2025.

Ambulance Services

177%	Increase in Category A (red) ambulance calls between April 2019 and March 2025 compared with an all-Wales average of 127%.
53%	Category A (red) ambulance calls responded to within eight minutes in February 2025, compared with the all-Wales average of 50% and a national target of 65%. This is a reduction of 18% from April 2019.
20%	Patients handed over from ambulance crews to the emergency department within 15 minutes of arrival in March 2025, compared with the all-Wales average of 14% and a national target of 100%. This is a reduction of 53% from April 2019.

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

² This low number is due to the fact the region operated only one urgent treatment centre at Prince Charles Hospital at the time of our audit, which had been in place since November 2024.

Hospital Services

2.6%	Decrease in the number of attendances at the Health Board's Emergency Departments between April 2019 and March 2025, compared with an all-Wales average decrease of 8%.
1691	Number of people waiting more than 12 hours in the Health Board's Emergency Departments in March 2025. This is an increase of 80% since April 2019.
05:33	Average time spent in the Health Board's Emergency Departments in March 2025, compared with the all-Wales average of 5 hours, 27 minutes. This is an increase of 1 hour 30 minutes since April 2019.
343	Number of attendances to the Same Day Emergency Care units per 100,000 head of GP population in March 2025 compared with an all-Wales average of 278.

Funding

£63m	Additional monies allocated to the Health Board for the period 2022-25 to recover planned and urgent and emergency care over and above the Health Board's core funding.
£5.7m	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 **urgent and emergency care service performance continues to be challenging. Whilst plans and new services, including the Navigation Hub, are having a positive impact on managing demand, further action is needed to improve access, patient and staff engagement and clarify resource requirements.**

Key findings

Planning arrangements

- 6 The Health Board has reasonable plans to set out how it will implement the Six Goals Programme to better manage urgent and emergency care. Plans align with the requirements of the Six Goals Programme and set out key actions which include activities such as developing the Navigation Hub³.
- 7 The Health Board shows a clear commitment to implementing these plans. However, plans do not set out the required staffing and lack clarity on how new models will be funded in the medium to longer term.

Accessing services

- 8 The Health Board does not have a communications plan for its interaction with the public, staff, and stakeholders on urgent and emergency care. The Health Board does communicate and provide information to the public through its website and social media platforms, but these are not accessible to all, and the website is difficult to navigate. The Health Board does not currently evaluate the effectiveness of this communication activity, and feedback during our review indicates that there is a need to further strengthen public messaging of the purpose of services and how to access them.
- 9 The Health Board's approach to managing urgent and emergency care demand is evolving, but gaps remain in staff and patient engagement. In the absence of a communications plan, staff reported varied awareness of alternative care pathways. The Strategic Transformation of Acute Medicine Programme (STAMP), launched in July 2024, aims to standardise urgent and emergency care delivery across acute sites. Referral data shows that 999 and 111 services are broadly in

³ Staffed by a multi-disciplinary team including GPs, clinical directors and care group members, the Navigation Hub acts as a central point for triaging and directing patients within the Health Board region to suitable care options

line with all-Wales averages, though 111 directs fewer patients to alternative services. The Navigation Hub, introduced in 2020, has helped avoid admissions in 87% of cases, but staff have raised concerns about infrastructure, retention, and skill mix for this service.

- 10 The Health Board has a strong network of community pharmacies, with the highest rate per GP population in Wales and full participation in the common ailment scheme. The Health Board has established three Same Day Emergency Care (SDEC) units, with plans to expand hours and improve referral pathways. Attendance rates are high, and discharge rates exceed the national average, indicating effective use. However, ambulance referrals to SDEC remain low due to access barriers, and current practice does not align with Welsh Government policy on direct paramedic referrals. The Health Board has also piloted an Urgent Primary Care Centre and continues to evaluate its potential.
- 11 Ambulance demand across the Health Board has risen significantly since the pandemic, with red call volumes more than doubling compared to pre-pandemic levels. Although amber calls have declined, conveyance rates to hospital remain the highest in Wales, with 98.4% of patients taken to major Emergency Departments which is far above the national average. Referrals to alternative units, including Minor Injuries Units and SDECs, are notably low. Ambulance handover delays continue to be a major concern with delays increasing patient risk for those on the ambulance as well as impacting ambulance response times, which remain below national targets for both red and amber calls. Emergency Department attendance rates are significantly higher than the all-Wales average, and while four-hour performance has remained stable, the number of patients waiting over 12 hours has increased sharply.

Scrutiny and monitoring arrangements

- 12 The Health Board is still developing its approach to monitoring alternative clinical pathways. It regularly reviews live data on ambulance and handover delays through urgent and emergency care dashboards. While metrics are in place for services like the Navigation Hub and Emergency Departments, staff noted that current data does not fully show the clinical impact of alternative services, and that there are inconsistencies between Health Board and WAST data. The Health Board collects staff and patient feedback but it is unclear how this informs service changes.
- 13 There is strong operational oversight for urgent and emergency care performance and plan delivery through daily performance reviews and regular reporting structures linked to the Six Goals Programme. The Health Board could strengthen strategic oversight further by ensuring WAST representation on the Six Goals Urgent and Emergency Care Board. Specific developments, such as the Navigation Hub, are regularly reported to the Board and the Health Board is monitoring project investment.

Recommendations

- 14 **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

Resourcing urgent and emergency care plans

- R1 Future Six Goals plans should clarify the use of the entirety of financial allocations (**Exhibit 2**).
- R2 To support the ongoing delivery of Six Goals related initiatives, the Health Board should ensure that its Six Goals plans identify any funding needs beyond the current annual allocation (**Exhibit 2**).
- R3 To support achievement of the ambitions of its urgent and emergency care plans, the Health Board should clearly set out the current and future workforce requirements (**Exhibit 2**).

Improving information on alternative services

- R4 To ensure that patients can locate relevant information quickly and confidently, the Health Board should improve the visibility and accessibility of urgent and emergency care information on its main website homepage. This could include adding a clearly labelled, prominently positioned link or banner (**Paragraph 26**).

Monitor compliance with national SDEC referral guidance

- R5 To ensure compliance with the national SDEC referral criteria and guidance, the Health Board should conduct an audit of its SDEC data and report the results to the appropriate committee (**Paragraph 51**).

Data monitoring of alternative services

- R6 To inform decision-making, the Health Board should enhance its data collection to capture the clinical impact of alternative services, such as those accessed via the Navigation Hub (**Exhibit 9**).

Recommendations

Ensuring data quality to inform plans

- R7 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**).
-

Use of staff and patient feedback

- R8 To ensure the Health Board is building on feedback from staff and patients, plans for urgent and emergency care should demonstrate how they have considered staff and patient feedback (**Exhibit 9**).
-

Oversight and Scrutiny

- R9 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 Delivery Board (**Exhibit 10**).

Detailed report

Planning arrangements

- 15

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.
- 16

We reviewed the Health Board’s Six Goals for Urgent & Emergency Care Delivery Plan (2024-25), along with relevant sections of its Annual Plan (2024-25) and its Integrated Medium-Term Plan (2024-27) focussed on urgent and emergency care services.
- 17

We found that **plans to manage demand are reasonable and are supported by investment from the Six Goals Programme and other additional funding. 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.**
- 18

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
Are plans informed by relevant and up-to-date information?	Yes	Plans draw upon a range of data, including Navigation Hub activity, and SDEC activity. Plans also reflect key ministerial and local priorities, including strengthening urgent and emergency care service resilience and improving outcomes, with a specific focus on improving frailty services.

Audit question	Yes/ No/ Partially	Findings
Do plans identify and seek to address key risks associated with urgent and emergency care services?	Yes	The Health Board's urgent and emergency care plans identify key risks and mitigating actions the Health Board intends to take. 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 Programme Board. Some of the risks listed on the Risk Actions Issues and Decision log are particularly challenging as they relate to workforce and resource challenges. The Organisational Risk Register (ORR) identifies risks in more detail including one relating to the estates issues at Princess of Wales Hospital, the knock-on effect of availability of beds and the resulting impact of extra demand on Royal Glamorgan Hospital capacity. The Health Board has several controls in place and is tracking progress.
Do plans align with the requirements of the <u>Six Goals for Urgent and Emergency Care Programme</u> , and clearly set out how the alternative clinical pathways will work?	Yes	Health Board plans align with the requirements of the Six Goals Programme. The Health Board has consolidated the Six Goals into four main workstreams, the first of which is alternatives to admission. Plans set out details of existing and new initiatives/service models and clinical pathways the Health Board is offering as alternatives to emergency admission. The Navigation Hub is an integral part of workstream one, as well as piloting a local Urgent Primary Care Centre (UPCC) model in the Cynon Cluster. The second workstream focuses on the implementation of Same Day Emergency Care Services (SDEC) and direct access pathways.

Audit question	Yes/ No/ Partially	Findings
Do plans identify the current and required levels of resource and staffing to achieve the intended ambitions?	Partially	The Health Board was allocated £2.96 million in 2024-25 to support its delivery of the Six Goals Programme for Urgent and Emergency Care. The Six Goals Plan provided costings related to how these monies would be allocated between five main areas. The predicted spend was £2.7 million which was within the allocated spend, but it was unclear how the Health Board would utilise the remaining £260,000 of its total allocation (Recommendation 1). Positively, the Six Goals Plan does identify where the Health Board is utilising other funding, including the Regional Integration Fund and Further Faster money. However, the plan did not identify funding needs beyond the 2024-25 financial year (Recommendation 2). Despite the Six Goals Plan noting that recruiting to certain roles would pose a challenge in delivering the plan ambitions, the plan does not specifically identify the required resources needed (Recommendation 3).

Source: Audit Wales

Accessing services

- 19 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.
- 20 We found that **whilst there are some arrangements in place to signpost services to the public, they are fragmented and hard to access via the Health Board website and data indicates potential to improve arrangements for ambulance staff to treat patients remotely.**

Signposting of services to the public

- 21 We found that **the Health Board has some arrangements to signpost information on services to the public, but arrangements are not strategic or consistent with feedback suggesting a need to improve public awareness of services.**

Communication plans

- 22 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.
- 23 The Health Board's position is that signposting should come via national directives, namely campaigns associated with the 111 service, the 111 press 2 for mental health service and the choose well campaign. The Health Board is active on their social media channels, regularly posting about 111 services. However, this is not accessible to those not on social media.
- 24 Whilst it is understandable that the Health Board does not wish to provide information that may confuse the public about various services, it is important that its population is aware of the differences in services available within the Health Board. Furthermore, there are differences in urgent and emergency care services in place across the Health Board's three main hospitals. These differences can make it more difficult for patients and staff to understand how to access services.

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 April 2024 and March 2025, the Health Board's GP practices provided a slightly higher than average level of urgent and acute appointments per day than all-Wales average (801 and 777 appointments per day respectively). This level has decreased from an average rate per day of 896 for 2023-24. 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 may be better placed to meet their needs.
- 26 The Health Board's website contains information for those with urgent and emergency care needs such as accessing healthcare out of hours and minor injuries, however this information is not easy to navigate to from the Health Board's main page given that urgent and emergency care needs are not listed under the websites 'patient advice' section. (**Recommendation 4**). If the patient is aware of the 111 service, there is an icon on the front page which takes them to more information on accessing urgent care when the GP practice is closed.
- 27 We also considered information 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 11 GP practices and 15 dental practices⁴.

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	73	57
% of GP practice answer phone messages with clear signposting	73	90
% of dental practice websites with clear signposting	40	37
% of dental practice answer phone messages with clear signposting	93	87

Source: Audit Wales

- 28 The Health Board has higher rates of GP and dental practice websites which provide clear signposting compared to the all-Wales position, although performance generally across dental websites is low. Clear signposting on dental

⁴ The sample included a mix of NHS and private dental practices.

answerphone messages is much more prevalent, although there is scope to improve signposting on GP answerphone messages.

- 29 Across Wales, between 450,000 – 500,000 people access the 111 website each month. The Health Board has a lower-than-average rate of 111 calls per head of GP population. In February 2024, the 111 calls made by the Health Board residents accounted for 11.7% of all calls. The top five reasons for calls are set out in **Exhibit 4**.

Exhibit 4: top five reasons for calling 111 (February 2024)⁵

This Health Board	% of all calls	All-Wales position	% of all calls
Abdominal pain	2.7	Dental problems	4.1
Chest pain	2.0	Abdominal pain	2.4
Cough	1.6	Chest pain	1.6
Rash	1.2	Cough	1.4
Fever	1.1	Rash	1.0

Source: Ambulance Services Indicators - February 2024

- 30 Abdominal pain is the most common reason for contacting 111 in the region, though this rate is broadly in line with the all-Wales position. Of note is the fact that the Health Board is one of only two health board regions where dental problems is not one of the top five reasons for calling 111. This is despite data showing that the Health Board has the lowest number of dental contracts per 100,000 of population compared to the all-Wales figure (12.5 and 16.8 respectively). This is likely due to the Health Board managing urgent and emergency dental calls through its Navigation Hub. Within the Navigation Hub a dental nurse/GP triages each call and addresses emergency or urgent calls accordingly.

Patient awareness

- 31 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 there is scope to improve the public's awareness and understanding of urgent and emergency care services, with staff noting that the system within the Health Board is complex.

⁵ 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.

- 32 Feedback from Llais⁶ indicates that they do not receive many complaints about signposting as the Health Board tends to see people wherever they present. Whilst this provides a good experience for patients it does not support the ambitions of the Six Goals Programme to treat people in the right place, first time. Llais are often contacted about concerns relating to the long waits and busy waiting areas, lack of access to refreshments and lack of understanding of openings hours for minor injury units.

Staff awareness and ability to refer

- 33 We found that **the development of a Navigation Hub is supporting referrals for some professionals, but data suggests scope to improve arrangements for ambulance staff to treat patients remotely.**

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 In our interviews we found that staff had varied knowledge of alternative care pathways. Staff did, however, consistently raise issues with accessing a single Health Board service directory, and noted that there was differing pathways depending on location which is a barrier to their use by partners, such as ambulance staff and GPs. Those we spoke to also mentioned that it is easier to signpost patients to the Emergency Department than an alternative pathway.
- 36 The Health Board established a Strategic Transformation of Acute Medicine Programme (STAMP) in July 2024 to provide a consistent approach in the delivery of Acute Medicine across all three acute sites. Through the programme, the Health Board is reviewing SDEC, pathways and flow models within its urgent and emergency care services. The STAMP is expected to help standardise the Health Board's approach around urgent and emergency care services.

Referring to services

- 37 The rate of patients that call 999 who are dealt with through 'consult and close' over-the-phone advice or signposting within the Health Board is consistently in line with the all-Wales average (14.9% compared with 15.1% in April 2024). Of those calls, the proportion that are directed to alternative services is also in line with the all-Wales average (76.8% compared with 72.9%).

⁶ Llais Wales is a national, independent body set up by the Welsh Government to collect and report the views and experiences of the public to influence decision-makers in the NHS and social care sector

- 38 However, the 111 service directs a lower proportion of patients to alternative services than at an all-Wales level. **Exhibit 5** sets out the extent to which the 111 service has been able to direct patients to other services.

Exhibit 5: referral to other services (February 2024)

Indicator	This Health Board	All-Wales position
% of 111 calls referred to GP out of hours	53.0	41.0
% of 111 calls referred to another health profession	2.8	2.4
% of 111 calls referred to dental services	8.5	9.9

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

- 39 During 2023-24, the rate at which 111 staff referred patients to GP out of hours and to other health professions has been above the all-Wales level and some of the highest rates in Wales. However, 111 staff have referred lower proportions of calls to urgent dental care than the all-Wales average. This is in line with the data contained in **Exhibit 4** which shows that demand for urgent dental care is lower in the Health Board region compared to the all-Wales position.
- 40 In addition, 4.5% of 999 calls within the Health Board area were transferred to the 111 service during 2023-24. However, 29.3% of these 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 suggests that, although the triage software has identified that the caller has a less severe urgent care need and therefore does not require a 999-call response, there is an absence of a suitable alternative service for that patient, and they have needed to be diverted back to the emergency 999 service as a result.
- 41 The Health Board introduced the Navigation Hub in 2020. The aim of the Navigation Hub is to provide alternative care options to patients by through advice and support. The Navigation Hub is accessed by health and care professionals on behalf of a patient. Instead of defaulting to emergency admissions, health and care professionals can contact the hub for clinical advice and alternative care pathways. The Navigation Hub takes calls from professionals working in the community and nursing homes, with work also ongoing to enable access to residential homes. Ambulance staff are able to refer patients to the Navigation Hub via a direct phone number, and the Health Board provides training to some Advanced Paramedic Practitioners to support their direct access to the Navigation Hub software.
- 42 The Health Board reports that it received 2,547 calls to the Navigation Hub from care homes and ambulance call staff and clinicians between January 2023 and January 2024. It also reports that, following the work of the Navigation Hub 88% of

those care home calls and 79% of those ambulance calls resulted in admission or conveyance avoidance. Whilst these results are positive, the numbers of calls remain small compared to overall demand for urgent and emergency care services at the Health Board. In addition, some of the staff we spoke to from the Hub noted ongoing challenges in managing the service in terms of access to appropriate space and IT equipment as well as staff retention and skill mix.

- 43 Whilst the Navigation Hub is supporting the management of urgent and emergency care needs and avoiding some ambulance calls from resulting in conveyance, the extent to which ambulance crews can 'see and treat' patients at scene within the Health Board area was consistently below the all-Wales average during April 2024 and March 2025. The Health Board had the lowest rate in Wales for March 2025 (8.8% compared with 14.3%). The percentage of patients referred to alternative care services has also been the lowest in Wales (5.5% in March 2025 compared with 11.9%).
- 44 During our interviews we heard of the success of the introduction of Advanced Paramedic Practitioners in diverting patients away from the Emergency Department. Advanced Paramedic Practitioners 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.

Services to help manage demand

- 45 We found that **data suggests that the Health Board's SDEC services are effectively supporting the management of demand, but there remains scope to increase additional provision of community pharmacy services.**

Community pharmacy services

- 46 For 2023-24 the Health Board had one of the highest numbers of community pharmacies per head of GP population in Wales, at 23.1 (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 ailments⁷. 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 (13,598 compared with 10,472). The most common ailments reported were conjunctivitis, sore throat, and hay fever.
- 47 To supplement the scheme, some community pharmacies have also signed up to provide additional enhanced services, which further increase 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

⁷ [Common ailments scheme](#), 2021

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. 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	94	79
% of community pharmacies providing the independent prescribing service	23	28
% of community pharmacies providing additional hours services	8	16

Source: StatsWales

- 48 The Health Board has a higher number of community pharmacies providing the sore throat treat and test service. The Health Board has a lower rate of pharmacies that provide the independent prescribing service and additional hours services, which suggests there are opportunities for these to improve further. However anecdotal evidence from our work also highlighted that whilst all pharmacies within the Health Board are part of the common ailments scheme they have varying levels of ability to prescribe as not all pharmacists are qualified as independent prescribers, this may undermine patient confidence in the service if they are unable to get the treatment they need.

Same Day Emergency Care and Urgent Primary Care Centres

- 49 In line with the ambitions of the Six Goals for Urgent and Emergency Care Programme, the Health Board has established three SDEC units. It has medical SDEC units at Prince Charles, Princess of Wales and Royal Glamorgan Hospitals which are currently open Monday to Friday, 10am to 6pm. Royal Glamorgan and Prince Charles Hospitals also have a Surgical SDEC unit. The Health Board has plans to increase the operating hours of its SDECs and redesign the pathways into the SDEC unit from the ambulance service, primary care and the Emergency Departments.
- 50 Between April 2024 and March 2025, the Health Board had one of the highest rates of attendance to its SDEC units per 100,000 head of GP population than at an all-Wales level (335.8 compared to 249.0). Although this rate had been decreasing since October 2023.
- 51 Data from WAST indicates that the Health Board has extremely low rates of SDEC referrals from ambulance staff each month. Ambulance staff informed us the only

SDEC unit they are able to refer in to is at the Royal Glamorgan Hospital. However, they cannot directly contact SDEC and have to go through the main switchboard. This creates a risk of crews disengaging with the service especially as there has been a history of refusal of admission if crews are out of area. In April 2022, Welsh Government issued an all-Wales policy⁸ to encourage direct paramedic referral to SDEC. The data above along with intelligence gathered through our fieldwork indicates that the Health Board is not currently adhering to this policy (**Recommendation 5**).

- 52 Good practice says that there should be high rates of discharge from SDEC units to ensure that they are used effectively and appropriately. Within the Health Board, the percentage of patients discharged from the SDEC units has been relatively stable, with an average rate of 93% between April 2024 and March 2025. This is higher than the all-Wales average, which was 84% for the same period. This indicates appropriate use of the SDEC.
- 53 The Health Board tested an Urgent Primary Care Centre model in 2021. The evaluation of the pilot concluded that the service would be too costly to roll out further and would destabilise GP practices. It was agreed that the Health Board would implement a Navigation Hub to ensure equity of provision to the community. However, there was a pilot for an Urgent Treatment Centre in Prince Charles Hospital which helped support demand at the front door. Data on UPCC contact rates show that this centre began to accept contacts from November 2024. Small numbers of contacts were seen between November 2024 and March 2025, with the region having 53 contacts per 100,000 head of population in March 2025, compared to an average rate of 433 contacts per 100,000 head of population across Wales. Funding for the pilot ended in March 2025 but at the time of our audit an evaluation was taking place to look at opportunity to extend the project.

Impact of service changes on urgent and emergency care performance

- 54 We found that **performance on handover delays compares better to other health boards, but opportunities remain to make better use of minor injuries units and further reduce handover times and Emergency Department waits.**

Ambulance performance

- 55 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 792 red calls per month between April 2024 and March 2025, compared to an average of 350 calls between April 2019 and March 2020. Whilst continuing to account for most 999 calls, the number of amber calls

⁸ [Direct paramedic referral to same day emergency care: All Wales policy, April 2022](#)

has decreased since the pandemic with an average of 3,035 calls per month between April 2024 and March 2025, compared to 3,742 between April 2019 and March 2020.

- 56 The rate at which ambulance crews convey patients in the Health Board to hospital has decreased since pre-pandemic levels from 72.9% (April 2019 - March 2020), to 68.4% (April 2024 – March 2025). However, this rate is the highest in Wales (63.3% between April 2024 and March 2025). This suggests there is more work to do to reduce conveyance to hospital through alternative services, such as expanding the Navigation Hub. **Exhibit 7** sets out the destination for all conveyances.

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

Indicator	This Health Board	Trend	All-Wales position
% of patients conveyed to major emergency departments	98.4		88.8
% of patients conveyed to minor injuries units	0.4		6.2
% of patients conveyed to major acute medical admissions unit	0.1		3.1
% of patients conveyed to other unit e.g. mental health or maternity unit	1.2		1.8

Source: Ambulance Services Indicators

- 57 Ambulance crews convey a higher proportion of patients to the Health Board’s major Emergency Departments than the all-Wales average. The rate of conveyance to major acute medical admissions units, including SDECs is one of the lowest in Wales. Whilst paramedics can convey patients to Minor Injuries Units, in practice very few are, with conveyance rates across the Health Board significantly lower than the all-Wales average. The Minor Injury Units are located in Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda.
- 58 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 April 2024 and March 2025 was just 22.7%, against a national target of 100%. Performance however is the second highest in Wales, compared to an all-Wales position of 15.5%. Except for seasonal fluctuations, handover performance has remained fairly consistent since September 2021. Despite this, handover delays continue to result in a high number of lost hours. The Health Board lost on average 2,412 hours every month between April 2024 and March 2025.

- 59 A clinical review developed by the Association of Ambulance Chief Executives⁹ 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 June 2025 showed that 16.1% (306) of handovers within the Health Board took over one hour to complete, 4% (88) of handovers took between two and three hours to complete, and 1% (32) of handovers took over three hours to complete¹⁰.
- 60 Handover delays inhibit the ability of ambulance staff to respond to other urgent and emergency calls in the community. Ambulance response times continue to be challenging and below performance targets (**Exhibit 8**). The percentage of red calls responded to within eight minutes between April 2024 and March 2025 was below the all-Wales average and significantly below the target of 65%. During the same period, the response time to amber calls was two hours 23 minutes, 31 minutes higher than the all-Wales position. Performance has fluctuated between April 2024 and March 2025.

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

Indicator	This Health Board	Trend	All-Wales position
% of red calls responded to within eight minutes	44.9		48.7
Median response to amber calls (minutes)	143		112

Source: Ambulance Service Indicators

Emergency Department performance

- 61 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 (3,064 and 1,989 respectively). The rates increased significantly in March 2025. Since January 2025, the Health Board has reported business continuity incidents (BCI) at its sites on five separate occasions.
- 62 Waiting times within the Emergency Departments in the Health Board have remained relatively static over the last twelve months, and below the all-Wales

⁹ [‘Delayed hospital handovers: Impact assessment of patient harm’](#) Association of Ambulance Chief Executives, November 2021.

¹⁰ The Health Board’s performance reports do not specify the number of handovers taking over four hours.

average. The percentage of patients spending less than four hours in the Emergency Departments in March 2025 was 65.4%, compared to 66.1% in April 2024. The number of patients spending over 12 hours in the Emergency Department has increased by 80% from 939 patient in April 2019 to 1,691 patients in March 2025. Once assessed, the rate of admission is lower than the all-Wales average, at 18.2% between March 2024 and February 2025, compared to 22.3% across Wales.

Scrutiny and monitoring arrangements

- 63 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.
- 64 We found that **oversight and scrutiny of urgent and emergency care performance and plan delivery is effective, but it is not clear how patient and staff feedback is being used to inform and strengthen plans.**

Monitoring impact

- 65 We found that **arrangements to monitor patient access to services appropriately are still evolving and whilst the Health Board collects staff and patient feedback, it is not clear how it uses this information to inform improvements.**
- 66 The findings that have led us to this conclusion are summarised in **Exhibit 9.**

Exhibit 9: approach to monitoring impact on urgent and emergency care services.

Audit question	Yes/ No/ Partially	Findings
Is the Health Board tracking and reporting data to show whether patients are accessing urgent and emergency care services appropriately?	Partially	The Health Board’s arrangements to monitor the effectiveness of alternative clinical pathways are still evolving. We saw evidence of performance data on ambulance response time delays and handover delays being reported and discussed regularly with urgent and emergency care and Emergency Department dashboards providing the Health Board with live data throughout the day.

Audit question	Yes/ No/ Partially	Findings
		Whilst the Health Board has good metrics for areas such as the Navigation Hub and its Emergency Departments, staff acknowledged that this data needed to be improved as the data in its current format does not provide the Health Board with an insight into the clinical impact of alternative services on patient outcomes. This information would help the Health Board to understand how services are being used and plan further improvements (Recommendation 6). Staff also voiced concerns over the reliability of operational data, citing discrepancies between Health Board data and WAST data to ensure a shared and accurate record of demand and capacity (Recommendation 7).
Is regular patient feedback being sought and used to inform and improve plans?	Partially	Regular patient feedback is actively sought for services including the Navigation Hub. Feedback is mainly collected through the CIVICA¹¹ system. Patient feedback is included in regular updates to the Quality, Safety & Experience Committee, and the Board. However, this information is not routinely presented back to the Six Goals Urgent and Emergency Care Board, and it is not clear how this information is used to shape decision making or changes to service delivery. The Health Board recently asked for staff and patient feedback via the STAMP review at Prince Charles Hospital. However, again, it is not clear how services are then improved or changed (Recommendation 8).
Is there regular staff feedback on the impact of changes to services and pilots to identify and apply lessons?	Yes	There are regular consultations with staff. For example, the Health Board initiated a staff engagement ideas process called “Simply do”, where staff were encouraged to come up with ideas on how to improve processes and approaches. Over 200 staff responded. The Health Board was analysing the results at the time of the audit. Also, as part of the STAMP programme, views of staff were collected to make improvements to the flow of the SDEC units. Despite this, the Health Board does not

¹¹ CIVICA is a software platform designed to measure patient feedback within healthcare organisations.

Audit question	Yes/ No/ Partially	Findings
		clearly indicate within its plans or reporting how it is using this intelligence to make improvements.

Source: Audit Wales

Oversight and scrutiny

- 67 We considered whether there is effective oversight and scrutiny of the delivery of plans for urgent and emergency care services.
- 68 We found that **there is regular oversight and scrutiny of urgent and emergency care performance and plan delivery, although this could be strengthened further by ensuring WAST representation in strategic discussions.**
- 69 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
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?	Partially	The Six Goals Urgent and Emergency Care Board meets every six weeks and provides a framework for reporting to the Health Board's Executive Leadership Group. However, whilst WAST have regular meetings at an operational level, they are not represented at the Six Goals Urgent and Emergency Care Board (Recommendation 9). The Six Goals Urgent and Emergency Care Board also provides reports to the Regional Partnership Board.
Is there effective oversight of urgent and emergency care performance at the committee and board	Yes	There is effective oversight at both Board and Committee levels. Delivery of the Six Goals for Urgent and Emergency Care is monitored through highlight reports produced by the Six Goals Urgent and Emergency Care Board. These reports are

Audit question	Yes/ No/ Partially	Findings
level, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?		shared with the Operational Delivery Committee (a sub-committee of the Board) via the Executive Leadership Group. Reports typically include information on the Navigation Hub and performance against the Six Goals for Urgent and Emergency Care Plan. The Health Board reports on performance the Board, and the Operational Delivery Committee at each meeting via an Integrated Performance Dashboard. The Integrated Performance Dashboard contains several metrics relating to managing urgent and emergency care demand, including ambulance response times, ED waiting times and GP practices achieving National Access Standards for in-hours.
Are there arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from Welsh Government?	Yes	The Six Goals Urgent and Emergency Care Programme Board monitor spend for their six goals programme via a quarterly progress report which includes spend on SDEC, UPCC/Navigation Hub and related Digital workstreams. The Monthly Monitoring Report for month 12 of 2024-25 shows that the Health Board spent its urgent and emergency care allocation in line with its Six Goals Plan.

Source: Audit Wales

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	We reviewed a range of documents, including: • Urgent and Emergency Care Plan (including resources required and costings); • Integrated Medium Term Plan and Annual Plan; • Six Goal Programme Plan and progress reports, including submissions to Welsh Government; • Performance reports on urgent and emergency care to Board and committees; • Evaluation reports aimed at initiatives appropriately managing urgent and emergency care demand; • Six Goals Urgent and Emergency Care Board terms of reference, agendas for last year and papers relevant to appropriately managing urgent and emergency care demand; • Results from patient surveys relating to the accessibility of urgent and emergency care services; and • Diagrams which set out the structure of urgent and emergency care.
Interviews	We interviewed the following: • Clinical Director - Acute Medicine, • Clinical Director - Emergency and Acute Medicine • Deputy COO – Acute Care • Deputy COO - Director for Primary Care, Communities and Mental Health • Executive Director of Nursing, Midwifery and Patient Care • Directorate Manager - Emergency and Acute Medicine • Chief Operating Officer • Local Llais Wales Lead • Medical Director -Unscheduled Care

Element of audit approach	Description
	• Head of Performance information USC Dashboard App Developer USC • Service Director - Primary Care and Community • Six Goals Triumvirate Team Clinical Lead • Unscheduled Care Group Director • Urgent and Emergency Care - Programme Manager • WAST Director of Operations for the Health Board
Group discussions	We held group discussions with the following: • GP Out of Hours leads and Urgent and Emergency care representatives from the Health Board and WAST (Clinical and Operational)
Data analysis	We analysed data relating to urgent and emergency care services, using the following sources: • Ambulance Services Indicators; • DHCW Urgent and Emergency Care Dashboard; • StatsWales; • Data provided by Welsh Government in relation to GP out of hours services; and • Monthly Monitoring Returns.
Website and practice reviews	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. We reviewed a sample of 11 GP practice websites and answerphones and 15 dental websites and answerphones.

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
Does the Health Board have robust plans in place to manage the demand for urgent and emergency care services?	
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?	• Strategies and/or plans relating to urgent and emergency care: – 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. – identify and seek to address key risks associated with demand for urgent and emergency care services. – align with the requirements of the Welsh Government Six goals for Urgent and Emergency Care for better managing demand. – include documented information on alternative clinical pathways, including how and when they should be accessed.
Do plans identify the current and required levels of resource and	• Strategies and/or plans detail the: – resource requirements and identified funding to support any changes to service delivery included within the strategy/plan.

Audit questions	Audit criteria
staffing to achieve the ambitions?	– 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.
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?	
Is the Health Board effectively signposting urgent and emergency care services to the public, so they know how to access services appropriately?	• 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. • Strategies and/or plans on public communication align to requirements of goals 2 and 3 of the WG Six goals for Urgent and Emergency Care (Right care, right place, first time) • 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
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?	• 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 are accessible for staff. • Staff can refer directly / divert patients to more appropriate settings for their needs, including Urgent Primary Care Centres (UPCC) and Same Day Emergency Centres (SDEC).
Is there evidence that changes to service delivery are resulting in better demand management?	• Referrals into new service models are in line with the ambitions of the six goals for urgent and emergency care policy handbook. • WAST can refer at least 4% of cases to SDEC. • Calls to 111 are answered quickly and abandonment rates are low.

Audit questions	Audit criteria
	• Emergency ambulance response times, ambulance handover delays and waits within Emergency Departments and Minor Injury Units are improving. • Data shows decreasing volumes of patients with low acuity / minor complaints presenting at Emergency Departments. • Data indicates a good range of GP appointment availability. • 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.
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?	
Is the Health Board monitoring the effectiveness of alternative clinical pathways, including by seeking feedback from staff and service users?	• The Health Board tracks and reports data to show whether patients are accessing urgent and emergency care services appropriately. • The Health Board can evidence that it seeks patient feedback regularly and uses it to inform and improve plans. • Regular feedback is sought from various staff on the impact of changes to services and pilots to identify and apply lessons
Is there effective scrutiny and assurance in relation to delivering plans for urgent and emergency	• 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.

Audit questions	Audit criteria
care and alternative clinical pathways?	• There are arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from Welsh Government. This includes establishing value for money and what difference the project has made.

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
R1 Future Six Goals plans should clarify the use of the entirety of financial allocations (Exhibit 2).	Six Goals financial allocation covers various service provision across urgent and emergency care pathway. Detailed plans and financial allocation are produced annually and shared with NHS Performance and Improvement and subsequently with Welsh Government via national Six Goals Programme team. 2025/2026 delivery plans and financial allocation are currently subject to WG review and decision on future planning and delivery of ministerial priorities. Updated requirements for delivery of urgent and emergency care priorities will be released on 19th December 2025.	December 2025 – January 2026	Gethin Hughes (Chief Operating Officer – Six Goals SRO)
R2 To support the ongoing delivery of Six Goals related initiatives, the Health	Funding needs to support current Six Goals funding to ensure sustainable delivery of transformation	31 March 2026	Sarah James –

Recommendation	Management response	Completion date	Responsible officer
Board should ensure that its Six Goals plans identify any funding needs beyond the current annual allocation (Exhibit 2).	across urgent and emergency pathway should be identified and described within care groups' Integrated Medium Term Plans (IMTPs).		Deputy Chief Operating Officer
R3 To support achievement of the ambitions of its urgent and emergency care plans, the Health Board should clearly set out the current and future workforce requirements (Exhibit 2).	The Emergency and Acute Medicine Directorate are undertaking a comprehensive assessment of the current workforce capacity with the aim of outlining the additional roles, skills and staffing levels required to meet current and future service needs. A workforce review for emergency medicine in PCH was undertaken in November 2025, with reviews of POW and RGH expects in quarter 4. Acute medicine workforce requirements are being reviewing as part of the Strategic Transformation of Acute Medicine Programme (STAMP)	31 March 2026	Lee Collins – Deputy Service Director Ruth Morrissey – Directorate Manager
R4 To ensure that patients can locate relevant information quickly and confidently, the Health Board should improve the visibility and accessibility of urgent and emergency care information on its main website homepage. This could include adding a clearly labelled, prominently positioned link or banner (Paragraph 26).	We will liaise with CTM Communications department to ensure that appropriate and clear information is accessible and visible to the public .	January – February 2026	6 Goals Programme Manager Communications Lead

Recommendation	Management response	Completion date	Responsible officer
R5 To ensure compliance with the national SDEC referral criteria and guidance, the Health Board should conduct an audit of its SDEC data and report the results to the appropriate committee (Paragraph 51).	The Health Board will utilise SAMBA platform to conduct SDEC audit across all three district general hospitals. In addition to this, national performance and improvement team conducts separate audits to provide a benchmarking analysis of findings and data. Recent audit was conducted in November 2025, CTM UHB is awaiting outcomes of the review.	February - March 2026	Unscheduled Care and Planned Care Group triumvirates
R6 To inform decision-making, the Health Board should enhance its data collection to capture the clinical impact of alternative services, such as those accessed via the Navigation Hub (Exhibit 9).	The Health Board regularly (monthly) captures and analyses data from community services such as Navigation Hub to consider further service developments and implementation of new pathways. As a result of such review and analysis, new pathways: Respiratory Pathway and virtual ward for patients with chronic COPD Podiatry Pathway supporting GMS and prescribing in community Falls Response Pathway – clinical assessment of people who fell in community and collaborative approach with local authorities' mobile responder teams	February 2026	Sarah Bradley

Recommendation	Management response	Completion date	Responsible officer
R7 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).	The Health Board regularly reviews and validates urgent and emergency care data collected locally and nationally i.e. SEDIT/GIRFT. As a result of such review and validation, an Urgent Treatment Centre was set up in Prince Charles Hospital, Merthyr Tydfil to support high demand of self-presenting patients with lower acuity who would be suitable to be seen by GP. The service is based in proximity to ED which enables timely see and treat response and reduces number of patients waiting in ED.	Complete.	Sarah Follows
R8 To ensure the Health Board is building on feedback from staff and patients, plans for urgent and emergency care should demonstrate how they have considered staff and patient feedback (Exhibit 9).	Reporting on PREMS is a key priority using QR Codes and an update on the analysis of the results is provided in Unscheduled Care bimonthly Quality, Safety, Risk and Patient Experience. The detail reports on updates from previous findings. The clinical areas include “Appreciation Boards”, and “You said” and “We did”. The above is reported in the quarterly People’s Experience. Reported via the Local partnership meetings with Unscheduled Care describing any improvement work. PALS are based in these areas and provide detailed feedback both positive and any issues that require immediate attention so that there is a proactive response from the MDT.	March 2026	Deborah Matthews Nurse Director Unscheduled Care

Recommendation	Management response	Completion date	Responsible officer
	Close working relationship with HIW and LLAIS, where any issues identified are formally responded to with evidence of sustained improvements. Staff Survey is key and Unscheduled Care compliance is the highest it has been over recent years currently at 28%		
R9 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 Delivery Board (Exhibit 10).	Six Goals Programme Board and its Terms of Reference produced at the inception of the programme had always taken a collaborative and partnership-based approach to delivery of programme objectives with inclusion of stakeholders external to CTM UHB such as WAST.	Completed December 2023	Gethin Hughes (Chief Operating Officer – Six Goals SRO)

Source: Audit Wales



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