

Urgent and Emergency Care: Arrangements for Managing Demand – Cardiff and Vale 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 Cardiff & Vale 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 works 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. The work 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 fieldwork between May and September 2024, with further data analysis in November 2024. 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

770	Number of GP urgent and acute appointments ¹ 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 11.4% since April 2022.
999	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.
589	Number of contacts at the Urgent Primary Care Centre per 100,000 head of GP population in September 2024 compared with an all-Wales average of 338.

Ambulance Services

111%	Increase in Category A (red) ambulance calls between September 2019 and September 2024 compared with an all-Wales average of 127%.
49%	Category A (red) ambulance calls responded to within eight minutes in September 2024, compared with the all-Wales average of 49% and a national target of 65%. This is a reduction of 33% from September 2019.
11%	Patients handed over from ambulance crews to the emergency department within 15 minutes of arrival in September 2024, compared with the all-Wales average of 18% and a national target of 100%. This is a reduction of 23% from September 2019.

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

Hospital Services

12%	Decrease in the number of attendances at the Health Board's Emergency Departments between September 2019 and September 2024, compared with an all-Wales average decrease of 1%.
979	Number of people waiting more than 12 hours in the Health Board's Emergency Departments in September 2024. This is an increase of 604% since September 2019.
04:47	Average time spent in the Health Board's Emergency Departments in September 2024, compared with the all-Wales average of 5 hours, 46 minutes. This is an increase of one hour, 55 minutes since September 2019.
315	Number of attendances to the Same Day Emergency Care units per 100,000 head of population in July 2024 compared with an all-Wales average of 233.

Funding

£54.6m	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.
£5.9m	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 **service changes are supporting improvements to the management of urgent and emergency care demand, underpinned by robust plans and strong corporate oversight. However, urgent and emergency care services within the Health Board are still under significant pressure and on-going action is needed to ensure existing capacity is used to best effect. Further action is also needed to ensure both patients and staff have a better understanding of the range of services available and how to access them. Securing further improvements would be aided by involving Welsh Ambulance Services Trust (WAST) staff in the Six Goals Delivery Board and by capturing staff and patient feedback on how well services are working.**

Key findings

Planning arrangements

- 6 We found that the Health Board has robust and detailed plans in place to manage the demand on urgent and emergency care services, including the development of new service models and alternative clinical pathways.
- 7 Plans are informed by data, reflect ministerial priorities and identify the required level of resource required to deliver ambitions, although the Health Board is forecasting that it will exceed its Six Goals funding allocation for this financial year, and it is unclear how service models will be funded in the medium to longer term.
- 8 Plans seek to address the risks associated with urgent and emergency care and are aligned with the Six Goals Programme.

Accessing services

- 9 The Health Board has developed and implemented a well-structured public communications plan, using a wide range of campaigns. Websites are informative and provide clear signposting to alternative services, although more work is needed to improve information contained on GP and dental practice websites.
- 10 However, feedback from staff and Llais indicates there are further opportunities to strengthen public awareness and signposting, including providing clearer information on the purpose of different services. Although positive action has been taken to raise staff awareness on plans and service changes, there is still variable understanding of what urgent and emergency care services are available. Some staff are also confused about the internal referral arrangements within the urgent and emergency care system leading to variable and inconsistent practice.

- 11 Although dental problems are the main reason for calling 111 across Wales, the Health Board has taken positive action to offer emergency dental provision to address this pressure. Community pharmacy capacity has been expanded to deal with common ailments, but the uptake of consultations is lower than the all-Wales average and there are now no community pharmacies offering additional hours.
- 12 111 and ambulance staff have a good awareness and knowledge of referral pathways, with the Health Board having a slightly higher rate of patients dealt with through 'consult and close', and referrals to alternative services from 111. Ambulance crews can refer patients to alternative pathways although the rates of referral are low and access to information systems is hindering clinical decision making.
- 13 Same Day Emergency Care (SDEC) units and Urgent Primary Care Centres (UPCCs) are in place and are generally working well to help manage demand, with the highest levels of activity in Wales. A higher proportion of SDEC patients who require admission are, however, preventing other patients being directed away from the Emergency Department, and the rate of referral into SDEC from ambulance crews is low. The Health Board plans to increase SDEC attendances further and is developing an acute surgical admissions unit to support patients who require admission.
- 14 While several ambulance performance measures have improved, further work is needed to reduce lost hours due to handover delay, as well as ensuring greater use of minor injury unit capacity. The rate of emergency department attendance is slightly higher than the all-Wales average and once in the department, the percentage of patients admitted is the lowest indicating that there is still a proportion of patients who could have been treated elsewhere.

Scrutiny and monitoring arrangements

- 15 There is a good range of data to monitor and scrutinise how new service models are working, with useful data gathered in relation to alternative clinical pathways. The Health Board is capturing patient feedback, but it is not clear whether surveys are assessing the effectiveness of alternative clinical pathways, response rates are low, and the findings do not appear to be used to inform and improve plans.
- 16 Although there are mechanisms for engaging staff, feedback from Health Board staff and WAST on how services are working has not been sought.
- 17 There is effective oversight and scrutiny of plans and performance at a corporate and operational level, but there is scope to evaluate projects and investment through the use of additional monies more consistently, and to bring WAST into the Six Goals Delivery Board to ensure plans are effective across the whole of the urgent and emergency care system.

Recommendations

- 18 **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

Six Goals Programme Funding

- R1 To support the ongoing 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 the right services

- R2 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 37**).

Referral Pathways

- R3 To improve access and utilisation of referrals for appropriate alternative urgent and emergency care services, the Health Board should work with key staff, including WAST, to develop referral mechanisms that are clear, well-communicated and easily accessible (**Paragraph 40**).

Directory of services

- R4 To ensure health and care staff are able to adequately signpost and refer people to the right the urgent and emergency services, the Health Board should:
- 4.1. ensure the WAST Directory of Services contains the most up to date information on urgent and emergency care services;
 - 4.2. ensure the WAST Directory of Services includes information on relevant community based and third sector services;
 - 4.3. establish a mechanism to keep the WAST Directory of Services up to date, which includes the identification of an officer with lead responsibility for this task (**Paragraph 41**).

Recommendations

Patient feedback

- R5 To ensure it is using patient feedback to understand and improve access to urgent and emergency services, the Health Board should:
- 5.1. ensure surveys ask respondents about the effectiveness of alternative clinical pathways;
 - 5.2. work to increase response rates; and
 - 5.3. clearly respond to findings within future plans for urgent and emergency care services (**Exhibit 11**).
-

Oversight and Scrutiny

- R6 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 12**).
-

Maximising use of alternative services

- R7 To understand how well it is utilising Minor Injuries Units and to identify further opportunities to maximise this service, the Health Board should include metrics on attendance and conveyance rates to its minor injuries unit in reports to the Finance and Performance Committee (**Exhibit 12**).
-

Evaluating project benefits

- R8 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 12**).

Detailed Report

Planning arrangements

- 19 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.
- 20 We reviewed the Health Board’s Six Goals Delivery Plan 2024-25 (Six Goals Plan), along with relevant sections of its Annual Plan 2024-25 and its Integrated Medium Term Plan 2024-27 focused on urgent and emergency care services.
- 21 We found that **there are robust plans to manage demand, including the introduction of new service models, however, it is unclear how new models will be funded in the medium to longer term.**
- 22 The findings that underpin our conclusion 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?	Yes	The Health Board plans are well-structured and comprehensive with clear alignment between their ambitions. They are informed by relevant and up to date information, contain meaningful data and reflect key ministerial and local priorities. They draw upon a range of data, including referrals into UPCCs and SDEC units, cohort demand data and population health analysis.
Plans identify and seek to address key risks associated with urgent and	Yes	The Health Board plans identify key risks and mitigating actions. Risks include the organisation’s high-risk adult cohort, which is identified as posing challenges to the flow of the urgent and emergency care system.

Audit question	Yes/ No/ Partially	Findings
emergency care services?		<p>Risk and Issue Logs have been established for most of the Health Board's Six Goals Programme workstreams². Risks are rated by priority and have owners assigned.</p> <p>Urgent and emergency care is also identified as a risk in the Health Board's Board Assurance Framework due to the sustained pressure across the system. The associated risk rating had reduced at the time of our work because of improvements to ambulance handover times and waiting times within the Emergency Department.</p>
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	<p>Plans align with the requirements of the Six Goals Programme. Plans set out details of existing and new initiatives/service models and clinical pathways the Health Board is offering as alternatives to emergency admission. For example, the plan details an intention to move and transform the Central Vale Urgent Primary Care Centre (UPCC) into an Urgent Treatment Centre.</p> <p>Same Day Emergency Care (SDEC) is also a core service area within the plan, with ambitions to develop existing SDEC units (Medical and Surgical) and implement new SDEC units including potentially developing a Frailty SDEC unit in future.</p>
Plans identify the current and required levels of resource and staffing to achieve the intended ambitions?	Partially	<p>The Health Board has been allocated £2.96 million in 2024-25 to support its delivery of the Six Goals Programme. The plan provides costings related to how these monies will be allocated. However, forecasts indicate that the Health Board will exceed its Six Goals Programme funding allocation by the end of the financial year. In addition, neither the Six Goals Plan nor the additional evidence provided to us set out funding or staffing</p>

² The Health Board has combined the Welsh Government Six Goals Programme into four workstreams.

Audit question	Yes/ No/ Partially	Findings
		needs beyond March 2025 for the initiatives (Recommendation 1) .

Source: Audit Wales

Accessing services

- 23 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 being able to signpost/refer patients to alternative services, where appropriate; and
 - changes to service delivery resulting in improvements in access to urgent and emergency care services.
- 24 We found that **changes to service delivery are resulting in improvements to managing demand, particularly in relation to ambulance handover delays. There remain opportunities to strengthen public messaging and clarify staff referral pathways and information.**

Signposting of services to the public

- 25 We found that **there is significant activity to signpost urgent care services to the public, however, feedback suggests there are further opportunities to strengthen public awareness.**

Communication plans

- 26 The Health Board has developed an Urgent and Emergency Care Communications Plan 2024 which aims to educate and inform patients, staff and stakeholders on the care and support available within the system, and how to access it. The Communications Plan is well structured and highlights the Health Board's key communication campaigns for 2024.
- 27 In addition to the Communications Plan, the Health Board has employed a wide range of methods to provide members of the public with information on its urgent

and emergency care services. For example, the Health Board has implemented communication campaigns related to UPCCs, Primary Choice³, winter pressures, NHS 111 Wales, 111 Press 2⁴ and other alternatives to the Emergency Department. The Health Board also provides information via its website and social media pages, leaflets, and posters and through stakeholder channels.

Public information

- 28 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 lower level of urgent and acute appointments (789 appointments per day) compared to the all-Wales average (809 appointments per day). Furthermore, these appointments are only available during the day. In times of high demand and out of hours, patients need to be signposted to alternative services that can meet their urgent care needs.
- 29 Our review of the Health Board's website found that it offers a range of helpful information to the public on accessing a variety of services, including how to register and access primary care services, and the roles of different healthcare professionals. Webpages also focus on common minor illnesses, the NHS 111 service, as well as its out of hours provision. The Health Board's website advises patients that their primary care team is the first port of call for healthcare needs in the community. In instances where a patient cannot wait for their GP surgery to open, there is an urgent out of hours service webpage that signposts patients to the NHS 111 Wales website. The Health Board also provides information relating to its pharmacy services through its Primary Choice webpage, including a video explaining the role of a community pharmacist, as well as the type of minor ailments that they can treat.
- 30 We also considered what information is available to the public via GP and dental practices to assess whether there is 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 answer phone messages of 22 GP practices and 24 dental practices⁵.

³ Primary Choice is a campaign launched by Cardiff and Vale University Health Board to help members of the public choose the right health advice within their local community, so they see the right person, first time.

⁴ 111 Press 2 is an urgent service offering assessment and signposting advice for anyone experiencing a mental health crisis or requiring support to manage their symptoms.

⁵ The sample included a mix of NHS and private dental practices.

Exhibit 3: results of the review of GP and dental practice websites and phone lines (October 2024)

Indicator	This Health Board	All-Wales position
% of GP practice websites with clear signposting	57.1	56.8
% of GP practice answer phone messages with clear signposting	100.0	89.5
% of dental practice websites with clear signposting	50.0	36.7
% of dental practice answer phone messages with clear signposting	100.0	86.7

Source: Audit Wales

- 31 All GP and dental phonelines sampled in the region provided clear signposting to urgent or emergency care services out of hours. This is considerably better than the all-Wales position for both services. Clear signposting from GP and dental practice websites was less prevalent, although better than the all-Wales position.
- 32 Across Wales, between 450,000 and 500,000 people access the 111 website each month. The top five reasons for 111 calls across the Health Board and Wales, more generally, are set out in **Exhibit 4**.

Exhibit 4: top five reasons for calling 111 (February 2024)⁶

This Health Board	% of all calls	All-Wales position	% of all calls
Abdominal pain	1.9	Dental problems	4.1
Chest pain	1.7	Abdominal pain	2.4
Cough	1.0	Chest pain	1.6
Rash	0.8	Cough	1.4
Fever	0.7	Rash	1.0

Source: Ambulance Services Indicators

- 33 Across Cardiff and Vale, abdominal pain is the top reason for calling the 111 service, followed by chest pain. Whilst the Health Board's website has information

⁶ 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.

about how to access the NHS 111 Wales service, as well as links to a symptom checker and a skin rash tool, there is no clear information on these two symptoms.

- 34 Across Wales, the most common reason for calling the 111 service is dental problems. This does not feature as one of the top five reasons for calling 111 in Cardiff and Vale, despite the Health Board having a lower number of NHS dental contracts⁷ per 100,000 head of population when compared to the all-Wales average (14.2 and 16.8 respectively). However, the Health Board has taken positive steps to mitigate emergency dental needs in its population.
- 35 During 2023-24, the Health Board made 300 emergency dental appointments available to patients per week (Monday to Friday), with around 65 to 70% of these appointments used. The Health Board's primary care team run these appointments through the Health Board's New Urgent Patient Slot (NUPS) scheme. Appointments are accessed by patients by calling the CAV Dental Helpline. Patients are triaged by experienced dental staff and then allocated an available appointment in participating dental practices. The Health Board aims to continue with this scheme into 2025-26 and has successfully increased the number of dental practices taking part in the scheme.

Patient awareness

- 36 Despite the Health Board's Communication Plan and information via websites and social media, the staff we spoke to indicated that more work needs to be done to strengthen urgent and emergency care messaging to the public. This included providing clearer information on the purpose of different services and how they can navigate and access these services when needed.
- 37 This perspective is also supported by Llais⁸, whose engagement with the Health Board has also identified that there are further opportunities to strengthen public understanding of the urgent and emergency care system, so the public are better able to access the most appropriate provision for their needs. Feedback captured by Llais has raised a specific need for improved communications with the public in relation to the Health Board's out of hours service to ensure that the service is used appropriately (**Recommendation 2**).

Staff awareness and ability to refer

- 38 We found that **despite good examples of staff engagement, there remains confusion about the different urgent care services available and how staff can access them via referral processes.**

⁷ StatsWales, [data on dental contracts and practices, 2022-23](#)

⁸ Llais 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.

Promoting staff awareness of services

- 39 The Health Board has mechanisms to raise staff awareness of its plans to manage demand for urgent and emergency care. For example, the Health Board undertook a range of roadshows in 2023 for staff and its partners, both online and at various sites across the Health Board, with the aim of communicating its ambitions for the Six Goals Programme.
- 40 Despite this activity, we found that staff find the urgent and emergency care system complex and confusing, with significant variability in the understanding of what services are available and a lack of knowledge of service changes. Various staff we spoke to describe the Health Board's internal referral system as confusing. This is leading to specialities setting their own parameters for referrals, creating a lack of standardisation across services (**Recommendation 3**).
- 41 Furthermore, 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 also holds a directory of service for each Health Board area which contains details of services and referral pathways. It is the responsibility of the Health Board to ensure that this directory is kept up to date with accurate information. However, information within this directory is not always up to date, and also does not include some pathways that are provided by services run by staff within the community and the third sector (**Recommendation 4**).

Referring to services

- 42 Despite some issues with the maintenance of information on the directory of service, our review found that 111 and ambulance staff had a good awareness and knowledge of referral pathways, with the Health Board providing a range of alternative routes, many of which can be accessed through the Consultant Connect system⁹.
- 43 The Health Board has a slightly higher rate of patients who call 999 who are dealt with through 'hear and treat' than the all-Wales average (15% compared with 14.2% in March 2024). Of those calls, a significant and higher proportion are directed to alternative services when compared with the all-Wales average (77.3% compared with 73.5%).
- 44 The 111 service is also directing a higher 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.

⁹ Consultant Connect is a phone app which connects NHS clinicians, including GPs and paramedics, to a range of hospital consultants for advice and guidance.

Exhibit 5: referral to other services from 111 (February 2024)

Indicator	This Health Board	All-Wales position
% of 111 calls referred to GP out of hours	50.2	41.0
% of 111 calls referred to another health profession	1.9	2.4

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

- 45 During 2023-24, 111 staff consistently directed a higher proportion of calls to GP out of hours in the Health Board area than the all-Wales position, but lower levels to another health profession. However, it is difficult to know whether patients took up that advice, or whether those services ultimately still referred patients onto the Emergency Department.
- 46 The extent to which ambulance crews are able to 'see and treat' patients at scene is just below the all-Wales average (10% compared with 10.9% in March 2024) although this rate is increasing. The percentage of these patients who are referred to alternative care services is in line with the all-Wales position but is low at 7.2% (compared with the all-Wales average of 7.7% in March 2024).
- 47 Successes in alternative referral pathways including the Paramedics on Bikes scheme, the Physician Response Unit¹⁰ and the Health Board's Alcohol Treatment Centre have each contributed to diverting patients away from the Emergency Department. Despite the pathways available, staff did express the need for further alternative pathways to be developed to support patients, with ideas expressed during interviews including an early pregnancy pathway, an Ear, Nose and Throat pathway, greater numbers of community pathways and pathways to support mental health conditions.
- 48 The lack of shared information systems is an obstacle to WAST being able to increase its referrals to alternative services. Some ambulance staff have restricted access to the Welsh Clinical Portal, depending on their staff grade, which means staff cannot access the patient's full medical history to understand other medical conditions they may have or any medications they take. This creates a challenge as it inhibits staff from making fully informed decisions regarding the most appropriate referral pathway for patients, leading to a reliance on more traditional referrals such as conveyance to hospital or referral to GP out of hours.

¹⁰ The Physician Response Unit (PRU) is a joint consultant-led service between the Health Board and the Welsh Ambulance Service NHS Trust (WAST) where the call handler may choose to dispatch the PRU to treat the patient at the scene, rather than taking them to hospital.

Services to help manage demand

- 49 We found that the Health Board has expanded some community pharmacy services and SDEC units and UPCCs are generally working well to help manage urgent care demand. However, a significant proportion of SDEC capacity is being used for patients who require admission, which is preventing other patients being directed to SDECs and away from the Emergency Department.

Community pharmacy services

- 50 All but one of the Health Board's community pharmacies signed up to provide the common ailment scheme in 2023-24. This scheme allows pharmacists to assess and treat a common list of minor ailments¹¹. However, should antibiotics be required, then patients would still need to be referred to their GP. The number of common ailment consultations per 100,000 head of GP population for 2023-24 was below the all-Wales average (10,290 compared with 10,472). The most common ailments reported were conjunctivitis, dermatitis, and hay fever.
- 51 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.
- 52 The uptake of these additional enhanced services in the Health Board is set out in Exhibit 6.

Exhibit 6: uptake of additional 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	76	79
% of community pharmacies providing the independent prescribing service	36	28
% of community pharmacies providing additional hours services	0	16

Source: StatsWales

¹¹ [Common ailments scheme](#), 2021.

- 53 The Health Board has a slightly lower percentage of community pharmacies that provide the sore throat treat and test service compared with the position across Wales, but has the highest uptake of the independent prescribing service. The number of community pharmacies signing up to these services, however, has increased from the previous year. The number of community pharmacies offering the additional hours service has reduced from 2022-23 and the Health Board is now the only one in Wales with no community pharmacies providing the additional hours services. The Health Board also has one of the lowest numbers of community pharmacies per head of population in Wales, at 18.7 (compared to 20.9 at an all-Wales level).

Same Day Emergency Care and Urgent Primary Care Centres

- 54 In line with the ambitions of the Six Goals Programme, the Health Board has established two Same Day Emergency Care (SDEC) units. The principle of the SDEC is to provide same day assessments and treatment; without the patient needing to be admitted into hospital overnight. The Health Board's Medical and Surgical SDEC units currently operate seven days per week. The Health Board has also established two cluster led Urgent Primary Care Centres and two CAV 24/7¹² Urgent Primary Care Centres.
- 55 **Exhibit 7** sets out the extent to which the SDEC and UPCC model services are being used across the Health Board.

Exhibit 7: contacts per 100,000 head of GP population in UPCCs (September 2024) and SDECs (July 2024)¹³

Indicator	This Health Board	All-Wales position
Total number of UPCC contacts per 100,000 head of GP population	589.0	338.2
Total number of SDEC attendances per 100,000 head of GP population	314.6	233.3

Source: DHCW Urgent and Emergency Care Dashboard

- 56 The Health Board has higher rates of UPCC contacts compared to the all-Wales position, as well as higher rates of SDEC attendances, suggesting good use is made of these services. As of March 2024, the Health Board's UPCC service

¹² CAV 24/7 is a 'phone first' system adopted by the Health Board in 2021 as a way of managing demand on the Emergency Department and reducing waits in the Emergency Department by offering patients a timeslot to attend. The model also now incorporates urgent care and is linked in with the 111 service.

¹³ Data only available for SDEC units up until July 2024.

covered 86% of the Health Board's geographical area, with 90% utilisation of the available appointments and work in progress to further increase redirections from the Emergency Department. The UPCCs can accept referrals from GP practices, the out of hours service (via the CAV 24/7 model) and the Emergency Department. Plans for developing the Health Board's Enhanced Community Care model¹⁴ also indicate that referrals will be able to be made between the out of hours service, UPCCs, Safe@Home¹⁵ and CAV 24/7.

- 57 While the number of SDEC attendances per 100,000 head of GP population has fluctuated between October 2023 and July 2024, with a low of 300.7 and a high of 343.1, it has consistently remained above the all-Wales level. 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 region, the percentage of patients discharged from the SDEC units has remained relatively stable, with an average rate of 77.4% between October 2023 and July 2024. However, this is the lowest rate in Wales with just under a quarter of patients routinely being admitted. This is not the intention of SDEC and indicates that some patients are being routed through the SDEC units while waiting for a hospital bed to become available.
- 58 GPs and staff from the Emergency Department are able to directly refer into the SDEC units. Feedback from staff suggests that these referral pathways are generally working efficiently. SDEC staff told us that GPs and emergency departments are referring appropriately to SDEC in most cases, with supportive clinical conversations being undertaken before a referral is made. The Health Board told us that WAST staff (both 111 and 999) are able to directly refer patients to the SDEC units, but data shows that less than 0.5% of WAST's demand is referred to SDEC each month. It is not clear why the SDEC units are not accepting higher levels of referrals from WAST. However, a February 2024 workstream progress report indicated that the Health Board's Medical SDEC had been affected by an inconsistent medical and nursing workforce, with locum agency staff providing coverage.
- 59 Within its Annual Plan (2024-25) increasing SDEC attendances is a key priority, with plans to increase its SDEC provision by introducing SDEC services for Trauma and Gynaecology, and a Respiratory Ambulatory Unit (RACU). The opening hours of the Medical SDEC will also be expanded to 10 pm on weekends, creating an additional four hours of service. For patients who require hospital admission and are therefore not appropriate for an SDEC referral, the Health

¹⁴ The Enhanced Community Care model is part of the Health Board's whole system approach to deliver the right care in the right place, first time. It is coordinated multi-agency and multi-professional support for someone in crisis and at possible risk of hospital admission.



¹⁵ Safe@Home was launched in January 2024 and is a multidisciplinary team aimed at assessing, treating and caring for patients safely in their place of residence, preventing WAST conveyances and hospital admissions.

Board is planning to develop a 25-bed acute surgical admissions unit. This additional unit will support the Health Board to further manage emergency surgical demand, reducing instances of patients requiring admission being inappropriately referred through the SDEC unit.

Impact of service changes on urgent and emergency care performance

- 60 We found that while several ambulance performance measures have improved and the Health Board compares favourably to others, further work is needed to reduce lost hours due to handover delay, as well as ensuring optimal use of minor injury unit capacity.
- 61 Ambulance response times continue to be challenging and below performance targets, although the Health Board has seen sustained improvements in some areas and performance is generally better than the all-Wales position (Exhibit 8). 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.

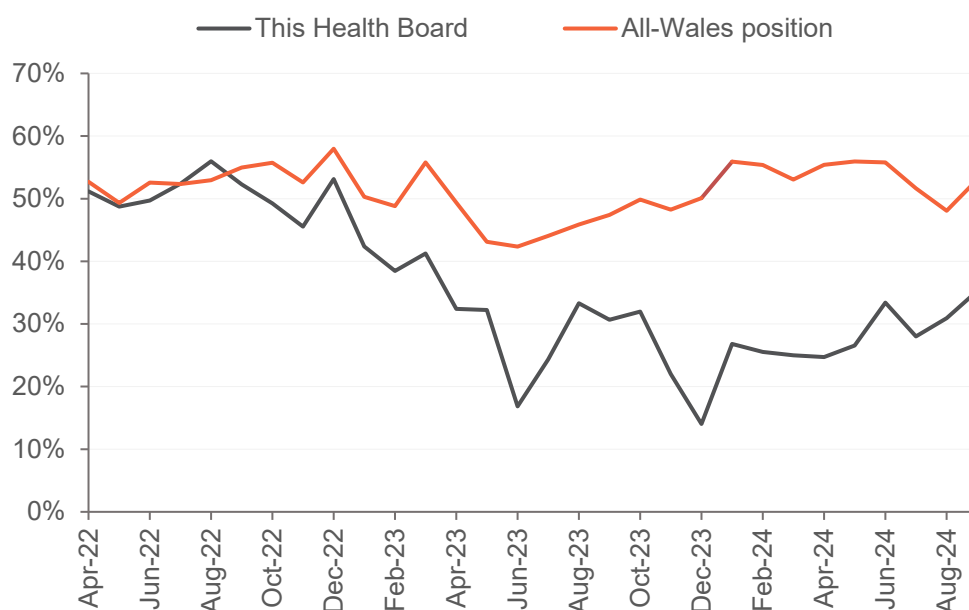
Exhibit 8: red and amber call response times (October 2023 – September 2024)

Indicator	This Health Board	Trend	All-Wales position
% of red calls responded to within eight minutes	52.2		48.5
Median response to amber calls (minutes)	79		90

Source: Ambulance Service Indicators

- 62 Reducing ambulance handover waits and safely reducing ambulance conveyances to the Emergency Department is the third key priority within the Health Board’s Six Goals Plan. Over an 18-month period, the Health Board has achieved significant improvements in its ambulance handover performance and is the best performing health board in Wales for ambulance patient handover delays over one hour (Exhibit 9). These improvements support WAST’s ability to respond to other patients in the community in a timely way.

Exhibit 9: % of handovers taking over one hour to complete (April 2022 – September 2024)








Source: Ambulance Service Indicators

- 63 The improvements to handover performance have, in part, been achieved by the Health Board taking an active decision to manage the clinical risk associated with patients waiting in the Emergency Department rather than holding patients in ambulances. However, whilst the Health Board's ambulance handover delays have been significantly better than the rest of Wales, performance has been deteriorating since December 2023. There was an average of 794 lost hours between October 2023 and September 2024. This equates to 66 12-hour shifts where patients were waiting in an ambulance outside of hospital for treatment and paramedics were unable to respond to other calls.
- 64 During our review we also heard of further opportunities to increase efficiency within the handover process. Whilst the ambulance handover process was generally efficient and coordinated, we heard of occasions where staff are inhibited by technical issues. Examples cited to us included the Ambulance Arrival System (which provides Emergency Department staff with information on the patients due to arrive via ambulance) not working effectively, as well as the method for recording the start of the ambulance handover period being affected by IT and logistical issues. Whilst it was beyond the scope of our review to examine these technical issues, the Health Board and WAST may benefit from examining these issues further.

- 65 Once assessed, the rate at which ambulance crews convey patients in the Health Board to hospital is in line with the all-Wales average. Between October 2023 and September 2024, 64.7% of patients were taken to hospital, with the all-Wales average at 65.0%. **Exhibit 10** sets out the destination for all conveyances.

Exhibit 10: conveyance destination as a proportion of total conveyance (October 2023 – September 2024)

Indicator	This Health Board	Trend	All-Wales position
% of patients conveyed to major emergency departments	87.3		88.4
% of patients conveyed to minor injuries units (MIU)	0.1		6.6
% of patients conveyed to major acute medical admissions unit	11.3		3.2
% of patients conveyed to other unit eg mental health or maternity unit	1.4		1.7
% of patients conveyed to hospital following a 999 call from a care home	61.3		61.2

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

- 66 Ambulance crews convey a slightly lower proportion of patients to the Health Board's Emergency Department than the all-Wales average, but rates still remain high. The rate of conveyance to major acute medical admissions units, including SDECs is one of the highest in Wales. Ambulance staff confirm that the referral criteria for the acute medical admissions unit is clear and accessible. However, whilst paramedics can convey patients to the minor injuries unit, in practice very few are. The Health Board's minor injuries unit is currently situated at Barry Hospital and plans indicate that this service will become an Urgent Treatment Centre (UTC) in future. One of the key aims of this change is to allow for a greater volume of patients being directed from WAST.
- 67 Conveyances to hospital following a 999 call from a care home fluctuated significantly between October 2023 and September 2024 as shown in **Exhibit 10**. The Health Board's Six Goals Plan does demonstrate that the Health Board supports care homes through its Safe@Home and Enhanced Community Care models, with data from the plan suggesting that 208 conveyances of the care home cohort to the Emergency Department are avoided annually. Paramedics interviewed during this review stated that this work will need to continue to further raise awareness and understanding of the urgent and emergency care system to reduce unnecessary 999 calls.

- 68 Between October 2023 and September 2024, the rate of major Emergency Department attendances per 100,000 head of GP population in the region was slightly higher than the all-Wales average (2,019 compared to 1,980). However, the Health Board has seen a 12% decrease in the number of attendances between September 2019 and September 2024. This was a bigger decrease than the all-Wales average decrease of 1% and suggests the Health Board is diverting patients to alternative services. The Health Board however has consistently had the lowest percentage of patients admitted from the Emergency Department in Wales (16.2% for the region compared with 22.5% across Wales in November 2024) which could indicate that there is still a proportion of patients turning up to the Emergency Department who could be treated elsewhere.
- 69 Despite the decrease in attendances, patients are waiting long periods of time within the Emergency Department. The average time spent in the Health Board's Emergency Department in September 2024 was 4 hours, 47 minutes although this compares positively to the all-Wales average of 5 hours, 18 minutes. The number of patients waiting over 12 hours in the region's Emergency Departments however has increased a staggering 604% compared to September 2019, with 979 patients waiting more than 12 hours in September 2024.

Scrutiny and monitoring arrangements

- 70 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.
- 71 We found that **there are strong arrangements to monitor and scrutinise urgent and emergency care performance and plan delivery, however, arrangements to evaluate projects are inconsistent and there is a need to strengthen the use of staff and patient feedback to inform planning.**

Monitoring impact

- 72 We found that **whilst data monitoring of the use of alternative clinical pathways is strong, the Health Board is not capturing staff feedback, and patient feedback is limited.**
- 73 The findings that underpin this conclusion are set out in **Exhibit 11.**

Exhibit 11: approach to monitoring the impact of alternative pathways 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	<p>The Health Board has a good range of data which provides it with insight into how the new service models are working. This includes the utilisation of UPCCs, SDEC attendances and redirections from the Emergency Department, which is reported to Board and the Finance and Performance Committee.</p> <p>However, data relating to other alternative clinical pathways is less prevalent in reporting. For example, the Health Board's Elderly Care Assessment Service (ECAS)¹⁶ and the impact of the Physician Response Unit (PRU).</p>
Is regular patient feedback being sought and used to inform and improve plans?	Partially	<p>One of the key methods the Health Board is using to gather patient feedback is through the CIVICA¹⁷ system, which it rolled out in October 2022. The Health Board currently surveys up to 1,000 patients daily via text, with 200 patients surveyed from the Emergency Department, 200 from Mental Health activity, and a further 600 chosen randomly. The response rate however is low, with 14% reported in December 2024. CIVICA provide a useful method of collecting intelligence on a patient's journey and their experience. However, it is unclear to what extent the survey measures the effectiveness of alternative clinical pathways.</p> <p>Llais also gather patient feedback, with a recent report focused on the Health Board's out of hours services in Barry Hospital and Cardiff Royal Infirmary.</p>

¹⁶ The Elderly Care Assessment Service (ECAS) aims to provide rapid access to assessment for people who are at risk of deteriorating, for whom early multidisciplinary input is likely to avert hospital admission. Patients are referred to this service by their GP or through the Health Board's Medical Emergency Assessment Unit (MEAU).

¹⁷ CIVICA is a software platform designed to measure patient feedback within healthcare organisations.

Audit question	Yes/ No/ Partially	Findings
		We could not find evidence to show how patient feedback is used to inform and improve plans (Recommendation 5).
Is there regular staff feedback on the impact of changes to services and pilots to identify and apply lessons?	No	We found that there are opportunities for greater engagement with staff, including seeking feedback on the impact of changes on the urgent and emergency care system and how well individual service models are working. As well as staff working in the services, it is particularly important for the Health Board to seek feedback from primary care and ambulance staff.

Source: Audit Wales

Oversight and scrutiny

- 74 We found that **there is effective oversight and scrutiny of plans and performance, but there is scope to evaluate projects more consistently.**
- 75 The findings that underpin this conclusion are set out in **Exhibit 12.**

Exhibit 12: 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?	Yes	There is regular operational oversight of urgent and emergency care performance. The Six Goals Delivery Board, chaired by the Chief Operating Officer, has clear representation from executive, operational and clinical leadership and receives monthly reports and provides scrutiny and assurance on key urgent and emergency care workstreams. However, there is no WAST representation at these meetings which limits the Health Board's ability to join up

Audit question	Yes/ No/ Partially	Findings
		<p>strategic plans relating to urgent and emergency care services (Recommendation 6).</p> <p>In addition, the Chief Operational Officer led Operational Delivery Group reviews Emergency Department and inpatient data and undertakes deep dives following periods of exceptional pressure on the system.</p> <p>In relation to specific projects within the Six Goals workstreams, monthly 'Flash' performance updates/reports are submitted for scrutiny to the Six Goals Delivery Board which provide information on project progression, targets and programme risks and mitigations.</p>
<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>Partially</p>	<p>The Board and its committees are well informed on urgent and emergency care performance and actions being taken to better manage demand.</p> <p>Reporting on urgent and emergency care milestones and ministerial targets is through the Health Board's Integrated Performance Report, which the Board and Finance and Performance Committee receive at every meeting.</p> <p>However, our review of data indicates there are opportunities to increase conveyance to its minor injuries unit (Paragraph 66).</p> <p>Activity in relation to the utilisation of the minor injuries unit is not currently reported to a committee or the Board (Recommendation 7).</p>
<p>Are there arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment</p>	<p>Partially</p>	<p>The Health Board's Six Goals Programme Lead actively monitors the use of the Welsh Government six goals funding allocations, although it is unclear how other monies allocated to recovering urgent and emergency care are monitored.</p>

Audit question	Yes/ No/ Partially	Findings
from the Welsh Government?		<p>The Health Board has internal processes in place to evaluate projects and initiatives for value for money, however we found inconsistent application across the organisation. Some interviewees suggested a need for more guidance to support staff to develop the skills to evaluate projects effectively and consistently</p> <p>(Recommendation 8).</p>

Source: Audit Wales

Appendix 1

Audit methods

Exhibit 13 sets out the audit methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Exhibit 13: audit methods

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Six Goals Plan for Urgent and Emergency Care, 2024-25• Annual Plan, 2024-25• Integrated Medium Term Plan and quarterly update reports• Urgent and Emergency Care Communications Plan, 2024-25• HIW Inspection Report of the Emergency Department at the University Hospital of Wales, 06/06/24• Integrated Commissioning Plan 2024-25• Finance and Performance Committee Meeting papers• Audit and Assurance Committee Meeting papers• Six Goals Clinical Board Update• Six Goals Executive Summary Update• Six Goals for Urgent and Emergency Care performance reports• Six Goals Delivery Board Terms of Reference• Risk Logs• Llais Cardiff and Vale Region Engagement Report
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Chief Operating Officer• Director of Operations, Medicine Clinical Board• Senior Programme Manager, Urgent and Emergency Care• Clinical Director for Emergency Medicine• Clinical Director for Cardiff and Vale Out of Hours Urgent Primary Care Service• Transformation Lead, Emergency and Acute Medicine• Head of EMS Operations, Southeast• Llais Interim Regional Director

Element of audit approach	Description
Group discussions	<p>We held group discussions with the following:</p> <ul style="list-style-type: none"> • Members of the Primary, Community, and Intermediate Care (PCIC) Clinical Board <ul style="list-style-type: none"> – Director of Operations Primary Care (Interim) – Director of Nursing – Clinical Board Director of PCIC – Head of Planning – PCIC Clinical Board • Heads of the Emergency Department, MIUs, SDEC and UPCCs • GP Cluster Leads and Out of Hours Leads
Observations	<p>We visited the Ambulance Service Station in Pentwyn, Cardiff and observed the ambulance handover process at the Emergency Unit in the University Hospital of Wales. We spoke with the following staff:</p> <ul style="list-style-type: none"> • Locality Manager • Duty Managers • Advanced Paramedic Practitioners • Ambulance Care Assistants • Senior Staff Nurse
Data analysis	<p>We analysed data relating to urgent and emergency care services, using the following sources:</p> <ul style="list-style-type: none"> • Ambulance Services Indicators; • DHCW Urgent and Emergency Care Dashboard; • StatsWales; • Data provided by the Welsh Government in relation to GP out of hours services; and • Monthly Monitoring Returns.
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"> • a sample of 22 GP practices; and • a sample of 24 dental practices.

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

Appendix 2

Audit criteria

Exhibit 14 sets out the audit criteria that we used to deliver this work.

Exhibit 14: 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?	<ul style="list-style-type: none">• Strategies and/or plans relating to urgent and emergency care:<ul style="list-style-type: none">– 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	<ul style="list-style-type: none">• Strategies and/or plans detail the:<ul style="list-style-type: none">– 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?	<ul style="list-style-type: none"> – 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?	<ul style="list-style-type: none"> • 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 Welsh Government 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?	<ul style="list-style-type: none"> • 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. • 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?	<ul style="list-style-type: none"> • 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
	<ul style="list-style-type: none"> • 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?	
<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"> • 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.
<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"> • 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. • 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.

Appendix 3

Management response to audit recommendations

Exhibit 15 sets out the Health Board's management response to the recommendations made because of this audit.

Exhibit 15: management response

Recommendation	Management response	Completion date	Responsible officer
Six Goals Programme Funding R1 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).	The Six Goals 2025-26 funding allocation letter was received from the Welsh Government on 14 March 2025. We are currently reviewing this allocation and aligning it with the development of the Health Board's Six Goals delivery plan for 2025-26, which is in progress. An essential aspect of this planning is confirming the funding arrangements, in line with the ministerial priorities.	May 2025	Director of Operations for Medicine/ Six Goals through Six Goals Delivery Board
Signposting patients to the right services R2 To ensure that patients receive the urgent and emergency care that is	Thank you for your recommendation. As a Health Board, we work closely with Llais and regularly seek their advice and support to identify areas for	June 2025	Director of Operations Community

Recommendation	Management response	Completion date	Responsible officer
<p>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 37).</p>	<p>improvement. We will take this recommendation forward as an action. Llais also independently work around our clinical areas and engage with patients directly to gather feedback.</p> <p>In terms of strengthening signposting, we have made significant progress with the creation of a Single Point of Access for all urgent primary care-related issues. This development follows the merger of CAV24/7 with our UPCC programme, where CAV24/7 clinicians now serve as clinical leads for the UPCC models. This integration has enabled us to establish a seamless referral system, available both during and outside of regular hours, seven days a week, 24 hours a day. These services are already interconnected with our Medical and Surgical SDECs, Safe@home, and Community Resource Teams.</p> <p>ED Triage nurses also have access to the UPCC system via an agreed access pathway, so all self-presenting patients to ED who fit the criteria can be referred for UPCC clinician telephone triage.</p> <p>The UHB supports a robust signposting and patient communication campaign named 'Primary Choice'. This has been developed in collaboration with internal and external stakeholders and has evolved to consider particular groups who may access urgent and emergency care with targeted campaigns such as students.</p>		<p>Services/ Director of Operations PCIC</p>
<p>Referral Pathways</p>			

Recommendation	Management response	Completion date	Responsible officer
<p>R3 To improve access and utilisation of referrals for appropriate alternative urgent and emergency care services, the Health Board should work with key staff, including WAST to develop referral mechanisms that are clear, well-communicated and easily accessible (Paragraph 40).</p>	<p>Building on the progress made with the implementation of a robust Single Point of Access (highlighted above) our ambition is to further enhance these capabilities by developing a Navigation Centre and Digital Hub. This will enable consistent, quality-assured triage and facilitate onward referrals, ensuring that patients receive the right care quickly and safely, regardless of where they present. This will continue to interconnect with our SDECs, Safe@Home, and Community Response Team. WAST, as well as other stakeholders will also be considered as part of this work.</p> <p>The Health Board has also implemented Community and Health Pathways to assist clinicians by providing access to a range of locally agreed pathways, which cover the assessment, management, and referral of patients.</p> <p>WAST currently have access to our MSDEC via an agreed pathway for a number of patient conditions, as well as telephone access via Consultant Connect to an Emergency Department Consultant to discuss options for alternative treatment and referrals.</p> <p>Physician Response Unit (PRU) is a collaborative initiative between the ED and WAST which brings emergency physicians to a patient's home – this service keeps patients in their own home safely and helps avoid admissions with potentially long hospital stays.</p> <p>Cyfannol is a multi-agency hub based within ED that has collocated services that support patients attending due to adult and adolescent domestic</p>	<p>May 2026 for Navigation Hub. Ongoing development for component parts of this.</p>	<p>PCIC and Director of Operations for Medicine</p>

Recommendation	Management response	Completion date	Responsible officer
	<p>violence and other violent incidences, those who frequently attend ED, CAMHS/psych liaison patients, homeless services and the Red Cross – this team support patients into services away from ED and admission by co-creating clinical support plans, engaging in networks and providing individualised support.</p>		
<p>Directory of Services</p> <p>R4 To ensure health and care staff are able to adequately signpost and refer people to the right urgent and emergency care services, the Health Board should:</p> <p>4.1. ensure the WAST Directory of Services contains the most up to date information on urgent and emergency care services;</p> <p>4.2. ensure the WAST Directory of Services includes information on relevant community based and third sector services;</p> <p>4.3. establish a mechanism to keep the WAST Directory of Services up to date, which includes the identification of an officer with lead responsibility for this task (Paragraph 41).</p>	<p>We acknowledge the potential for greater collaboration with WAST to review and enhance the Directories of Service. Our goal is to work closely with WAST colleagues to review the existing service directories and create a plan to ensure they are regularly maintained and kept up to date.</p>	<p>June 2025 and ongoing</p>	<p>Delivered through Director of Operations for Medicine and Director of Operations for PCIC through Six Goals Board</p>

Recommendation	Management response	Completion date	Responsible officer
<p>Patient feedback</p> <p>R5 To ensure it is using patient feedback to understand and improve access to urgent and emergency services, the Health Board should:</p> <p>5.1 ensure surveys ask respondents about the effectiveness of alternative clinical pathways;</p> <p>5.2 work to increase response rates; and</p> <p>5.3 clearly respond to findings within future plans for urgent and emergency care services (Exhibit 11).</p>	<p>The Health Board has created a patient feedback framework that covers all areas of care, both clinical and non-clinical. This includes the care environment, staff attitude and communication, teamwork, access to services, involvement in treatment decisions, and our ability to respond promptly and resolve issues. We use an electronic platform called CIVICA to collect feedback, and a QR code is available within patient waiting areas throughout the Health Board. This includes areas such as SDEC, UPCC, and Safe@Home, which serve as alternatives to the Emergency Department. Subsequently, feedback is shared with the Senior Team for each of the areas, for review and to inform future improvement planning. Feedback is utilised in our improvement plans within ED.</p> <p>There is however room to strengthen the review process in some areas, to ensure patients' feedback is being acted upon and used to implement changes. We will aim to include patient feedback into our project plans and work closely with the Senior teams and Patient Experience Team to implement a more robust process for increasing response rates and action planning.</p>	Ongoing	Director of Nursing for Medicine and Director of Nursing for PCIC
<p>Oversight and Scrutiny</p> <p>R6 To strengthen its ability to join up strategic plans and service changes for its urgent and emergency care</p>	<p>As part of our recent review of the Six Goals Delivery Board membership, WAST has been identified as a key stakeholder and therefore will be added to the invitation list from April 2025.</p>	April 2025	Six Goals Delivery Board administration

Recommendation	Management response	Completion date	Responsible officer
services, the Health Board should include WAST as a member of its Six Goals Delivery Board (Exhibit 12).			
Maximising use of alternative services R7 To understand how well it is utilising Minor Injuries Units and to identify further opportunities to maximise this service, the Health Board should include metrics on attendance and conveyance rates to its Minor Injuries Unit in reports to the Finance and Performance Committee (Exhibit 12).	<p>We hold metrics on attendances to our MIU and minors. No WAST conveyance to our standalone MIU as it is appointment only via CAV247, however, well utilised as demand avoidance for main ED. We stream self-presenting patients to minors, as well as ambulance patients who are fit to sit - happy to give reporting feedback to committee as required. We have further expanded our minor injuries offering via the safe to return clinic.</p>	<p>April 2025 and ongoing</p>	<p>Director of Operational Planning and Performance</p>
Evaluating project benefits R8 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 12).	<p>All projects progressed under the Six Goals Programme have clearly defined metrics and objectives, which are reported monthly as part of the National Goals. To support this and the effective evaluation of other projects and initiatives, the Health Board has developed and utilises several dashboards that assist in tracking progress and measuring impact.</p> <p>We have also developed a Six Goals Dashboard within Lightfoot, which is shared and discussed at each of the Six Goals Delivery Board. This data and information are used to support further planning and future modelling.</p>	<p>April 2025 will start the new focused structure for Six Goals.</p>	<p>Six Goals Delivery Board chaired by Chief Operating Officer and delivered by Director of Operations for Medicine and Director of Operations for PCIC</p>

Recommendation	Management response	Completion date	Responsible officer
	As part of the implementation of the 2025-26 Ministerial Priorities we will ensure all Project Leads are familiar with these tools.		

Source: Audit Wales



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.