Archwilio Cymru
Audit Wales

Urgent and Emergency Care: Arrangements for Managing Demand – Powys Teaching Health Board

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Summary report

About this report

1 This report sets out the findings from the Auditor General's review of the arrangements for managing demand for urgent and emergency care at Powys Teaching 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 The audit methods and criteria we used to deliver our work are summarised in **Appendices 1 and 2**.

Key facts and figures

Primary Care Services[1]	
759	Number of GP urgent and acute appointments[2] available per day per 100,000 head of GP population in December 2025 compared with the all-Wales average of 660. This is a decrease of 28% since December 2024.
954	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.
0	Number of contacts at an Urgent Primary Care Centre (UPCC), compared with an all-Wales average of 433 per 100,000 head of GP population in March 2025.

Ambulance Services	
152%	Increase in Category A (red) ambulance calls between March 2019 and March 2025 compared with an all-Wales average of 159%.
47%	Category A (red) ambulance calls responded to within eight minutes in March 2025, compared with the all-Wales average of 50% and a national target of 65%. This is a reduction of 19% from March 2019.
10%	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 decrease of 80% from March 2019.

[1] The Health Board does not have Urgent Primary Care Centres as it has considered them impractical due to its rurality.

[2] Urgent and acute appointments are defined as appointments for urgent or acute conditions which have occurred over the short-term.

Hospital Services	
22%	Decrease in the number of attendances at the Health Board's Minor Injuries Departments between March 2019 and March 2025, compared with an all-Wales average decrease of 1%.
00:41	Average time spent in the Health Board's Emergency Departments in March 2025, compared with the all-Wales average of five hours, 27 minutes. This is a decrease of six minutes since March 2019.

Funding	
£18.1 million	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.
£1.7 million	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 the Health Board plans services using comprehensive data, but further action is needed to improve access to alternative pathways, strengthen patient and staff engagement and clarify resource requirements.

Key Findings

Planning Arrangements

6 The Health Board has used comprehensive information to inform its urgent and emergency care plans. Plans draw on data such as population needs and wellbeing assessments. This information has shaped the Health Board's clear strategic vision for a home-first approach and strengthened recovery, rehabilitation and reablement services. Plans recognise key risks affecting urgent and emergency care, though the Health Board could more clearly align these risks to the urgent and emergency care workstreams.

7 Whilst plans align with the Six Goals Programme and outline workstreams such as an Integrated Flow Hub and enhanced Minor Injuries Units, they remain high-level and do not describe how new pathways will operate. Plans also lack detail on workforce and training needs as well as how Six Goals funding will be used in-year and what future funding requirements are.

Accessing Services

8 There are some arrangements in place to encourage people to access appropriate care. For example, a useful Health Board website, social media campaigns, and navigation training to staff. However, there is limited analysis of whether this communication is effective in ensuring patients are accessing the correct services or reducing demand on emergency services. GP practices generally offer strong signposting, but dental practices provide limited guidance, contributing to high 111 demand for dental issues. Public awareness is not routinely evaluated, and the impact of communication initiatives is unclear.

9 Community pharmacies deliver enhanced services but face workforce and capacity constraints. Rising emergency demand and high-acuity presentations continue to place pressure on the system, although Minor Injury Units perform well and some preventative activity, such as falls work in care homes, are showing early signs of improvement.

Scrutiny and monitoring arrangements

10 Scrutiny and monitoring arrangements for demand management initiatives are variable. Health Board plans include measures and key deliverables which the Health Board monitors through quarterly performance reports to Board and Committees. However, they do not routinely include specific detail on whether alternative clinical pathways are effective. Work to gather direct patient and staff feedback on service changes is also inconsistent. There are examples where scrutiny and monitoring of an alternative pathway have been successful such as the temporary service changes to Minor Injuries Unit opening times in autumn 2024. But the Health Board would benefit from a much stronger approach to monitoring the impact of arrangements. This should demonstrate whether clinical pathways are having the desired impact on managing urgent and emergency care demand.

11 The Health Board has integrated oversight of the Six Goals Programme into its existing governance processes. While the Board receives narrative updates against the actions to deliver the Six Goals Programme priorities, reports do not show the impact on demand or capacity. Although financial reports outline Six Goals Programme expenditure, they do not evaluate efficiency or effectiveness, and learning from pilots is not reflected in formal financial reporting.

Recommendations

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

Exhibit 1: recommendations

Recommendations
Identifying future resources
R1 The Health Board's plans should identify required levels of resource and staffing to achieve its Six Goals ambitions. This should include how the Health Board will manage any underspends or any future funding requirements and any workforce and training requirements (**Exhibit 2**).

Recommendations

Communication plans

R2 The Health Board should develop a formal communication plan for Urgent and Emergency Care Services which sets out how the Health Board will communicate any service changes and alternative clinical pathways to staff and the public. This will ensure that patients are accessing the right care at the right time and help manage demand (**Paragraph 20**).

Signposting patients to dental services

R3 The Health Board should ensure dental practices provide clear and accessible information about urgent and emergency dental provision on their websites and phonelines (**Paragraph 25**).

Direct line referrals for WAST

R4 The Health Board should work with GPs to ensure WAST can access a direct line for referrals and queries into a patient's GP practice rather than having to use the main triage line (**Paragraph 41**).

Reporting data on access to services

R5 The Health Board should strengthen tracking and reporting data to show if patients are accessing services appropriately. This includes how alternative clinical pathways are reducing demand on emergency departments (**Exhibit 9)**.

Use of patient feedback to inform plans

R6 The Health Board should demonstrate how it uses feedback from patients to inform and develop plans and activity to manage demand for urgent and emergency care services (**Exhibit 9**).

Staff feedback on impact of service changes

R7 The Health Board should introduce regular mechanisms for staff feedback to identify potential weaknesses or learning in relation to the provision of urgent and emergency care services. This should include feedback from key partners including primary care and WAST (**Exhibit 9**).

Recommendations

Oversight of urgent and emergency care at committee and board level

R8 The Health Board should ensure reports about Six Goals Programme activity are detailed enough to allow for scrutiny and oversight of urgent care performance including assurance on the effectiveness of plans and actions taken to better meet demand (**Exhibit 10**).

Oversight of economy, efficiency, and effectiveness of project investments

R9 To increase transparency and strengthen assurance that monies allocated to urgent and emergency care are being spent wisely, the Health Board should include information within regular finance reports to the Finance and Performance Committee to provide oversight on whether investments provide value for money (**Exhibit 10**).

Detailed report

Planning arrangements

13 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.

14 We reviewed the Heath Board's plan to deliver the Six Goals for Urgent and Emergency Care Programme. The Health Board has integrated this within its Integrated Plan (2024-2029) and Annual Plans (2024-25 and 2025-26). This approach is different to other health boards which have a standalone Six Goals Plan.

15 We found that plans are underpinned by strong data and understanding of the Powys population, however, they do not clearly set out the workforce and funding requirements or the detailed delivery structures necessary to achieve the intended ambitions for urgent and emergency care.

16 The findings that have led us to this conclusion 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**	The Health Board's plans draw on population needs and wellbeing assessments, alongside insights from the 'Better Together' discovery phase[3]. These inform long-term transformation priorities within the Integrated Plan (2024–2029), which promotes a home-first approach with stronger recovery, rehabilitation and reablement services.

[3] The Health Board's 'Better Together' programme involved gathering insights and understanding challenges of the Powys population to inform transformation in the medium to longer term.

Audit question	Yes/ No/ Partially	Findings
		Plans contain demand and activity assumptions, which include a predicted rise in emergency activity. Plans also provide performance trajectories for provider and commissioned services against ministerial priorities.
Do plans seek to address key risks associated with urgent and emergency care services?	**Partially**	The Health Board's plans acknowledge the key risks affecting urgent and emergency care. For example, the reliance on other providers to provide emergency care services. The Integrated Plan (2024-29), and Annual Plan 2025-26, has a key area of delivery to expand community based urgent care to prevent hospital conveyance. Demand for dental services is also a key risk within the region, and the Annual Plan 2025-26 includes a long-term ambition to develop a Dental Collaborative with other stakeholders across Powys to deal with rising demand. The Health Board's Strategic Risk Register highlights overarching risks, including challenges in realising the benefits of transformation and pressures on primary care capacity, but the Health Board has not explicitly aligned these risks to the specific workstreams designed to improve urgent and emergency care services.
Do plans align with the requirements of the Six Goals for Urgent and Emergency Care Programme, and clearly set out how the alternative clinical pathways will work?	**Partially**	The Health Board's plans largely align with the requirements of the Six Goals Programme but do not clearly set out how alternative clinical pathways will work. The Integrated Plan (2024-2029) outlines how the Health Board will deliver the Six Goals Programme under 'Strategic Priority 9: Deliver the Six Goals Programme'. The Annual Plan (2025-26) reflects this under 'Strategic Priority 10: System Resilience'. A series of delivery plans and workstreams underpin the priorities, including developments such as an Integrated Flow Hub to improve clinician access and enhanced Minor Injuries Unit provision to support care closer to home. However, these delivery plans are high level and do not set out how the new pathways will operate in practice.

Audit question	Yes/ No/ Partially	Findings
		The Six Goals Programme has set ambitions for health boards to establish Same Day Emergency Care (SDEC) units and Urgent Primary Care Centres (UPCCs) to help manage urgent and emergency care demand. As the Health Board does not provide acute surgical and medical care, SDEC units are not applicable, but UPPCs are. Due to rurality, the Health Board has decided not to set up UPCCs.
Do plans identify the current and required levels of resource and staffing to achieve the intended ambitions?	**Partially**	The Health Board was allocated £835,000 annually in 2023-24 and 2024-25 to support its delivery of the Six Goals Programme. The Executive Committee received an options paper at the end of 2024 outlining three potential levels of financial commitment for 2025-26. This paper offers a useful insight into how the Health Board intended to resource and staff its Six Goals ambitions. An additional £835,000 has been allocated for 2025-26. However, relevant information is not included in the Health Board's Annual Plan 2025-26 or the Integrated Plan (2024-29). Plans contain no information on whether the allocation is sufficient to achieve its workstreams, how the Health Board will manage any underspends, or any funding requirements in future years. Plans also lack any information on the workforce and training requirements. (**Recommendation 1**).

Source: Audit Wales

Accessing services

17 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 meet 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.

18 We found that the Health Board signposts services, but activity is fragmented and it needs to widen pathway access. Despite strong performance within community pharmacy provision and access to minor injury units, urgent and emergency care performance remains challenging.

Signposting of services to the public

19 We found that the Health Board provides some useful information, but lacks a strategic communications plan, resulting in inconsistent signposting and limited assurance that public messages are effective.

Communication plans

20 The Health Board does not have a communication plan which sets out how it ensures staff and patient awareness of how and when to access urgent and emergency care services **(Recommendation 2).**

21 The Health Board uses its social media and website to provide information about services across Powys including how to access them and opening times. The Health Board also works collaboratively at a local level to try to signpost the public to appropriate services. For example, the Powys Association for Voluntary Organisations (PAVO) are based in clusters across the Health Board. PAVO engage with the community to ensure people are aware of service changes and hold awareness days for certain conditions.

Public information

22 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 December 2025, the Health Board's GP practices provided a higher level of urgent and acute appointments per day (875 appointments per day) than the all-Wales average (732 appointments per day) per 100,000 head of GP population. However, the rate has steadily deceased since December 2024. Furthermore, these 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 urgent care needs.

23 Our review of the Health Board's website found some useful information on urgent and emergency care services. The website has an accessible 'Help Us, Help You' section on the homepage. This provides links for a tool for skin rashes, information on the common ailments scheme and what urgent care services are on offer. The Health Board delivers its urgent care provision through ShropDoc[4] and Minor Injuries Units (MIUs). The website contains comprehensive information in relation to MIUs, including the updated opening hours introduced in November 2024, contact numbers and examples of conditions the MUIs can treat, as well as advising patients to phone first to ensure the units are the right setting for their needs. There is advice on when to call 999 in an emergency, and the website also includes information on NHS 111, and the Mental Health '111, Press 2' service.

24 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 answer phone messages of five GP practices and four dental practices[5].

[4] A collaborative of GPs providing urgent primary care services for patients across Powys.

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

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	60.0	56.8
% of GP practice answerphone messages with clear signposting	100.0	89.5
% of dental practice websites with clear signposting	50.0	36.7
% of dental practice answerphone messages with clear signposting	25.0	86.7

Source: Audit Wales

25 All the GP practices we sampled provide strong signposting to urgent and emergency care, with all sampled phonelines and most websites offering clear information, performing slightly above the all-Wales position. Signposting through dental practices is much weaker. Only half of the sampled dental websites offered clear information, and two practices had no website at all. There was limited signposting via dental practice phonelines, with only a quarter offering clear guidance and some having no answerphone service. Whilst the Health Board has implemented some effective messaging via GP practices, much more work needs to be done to ensure clear signposting via dental practices, particularly via answerphones (**Recommendation 3)**.

26 Across Wales, between 450,000 and 500,000 people access the 111 website each month. The Health Board has a lower rate of 111 calls per 100,000 head of GP population, with 111 calls made by Health Board residents accounting for 3% of all calls in February 2024. The top five reasons for calls 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
Dental problems	14.8	Dental problems	4.1
Abdominal pain	3.5	Abdominal pain	2.4
Chest pain	1.9	Chest pain	1.6
Cough	1.6	Cough	1.4
Rash	1.4	Rash	1.0

Source: Ambulance Services Indicators

27 By far, the biggest reason for calling the 111 service in the Health Board area is for dental problems, with the percentage the second highest across Wales. This is despite data showing that the Health Board had the highest average number of dental contracts per 100,000 head of GP population (20.5) compared to the all-Wales average (14.7) during 2024-25. As discussed in **paragraph 25**, our sample of dental phonelines and websites showed that there is scope to strengthen public signposting to urgent dental care services.

28 Although Powys still has relatively high dental contract provision, the number of contracts fell from 24.1 in 2022–23 to 20.5 in 2024-25 because several practices closed. A Llais[7] update to the Board in May 2025 highlighted significant difficulties for residents in accessing NHS dentists, leading many to access private provision or face long waiting lists.

29 To increase capacity for unregistered patients, the Health Board introduced a temporary mobile dental unit at Bronllys Hospital in February 2025, operating five days a week. It actively promoted this service through its website and social media. This initiative has been popular with the public and the Health Board intend to add another mobile dental unit in Newtown. It is not clear whether these are intended as permanent fixtures. While this helps in the short term, the Health Board recognises that it needs a sustainable solution. Plans to develop a Dental Collaborative as set out in the Annual Plan 2025-26, however, have a ‘low’ delivery confidence rating due to the Health Board’s reliance on actions from external organisations.

[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.

[7] Llais is an independent statutory body set up by the Welsh Government to give the people of Wales a stronger voice in the planning and delivery of their health and social care services.

Patient awareness

30 The Health Board does not currently evaluate how effective its public communication is. This makes it difficult for the Health Board to assure itself that its messages are reaching the right audiences and effectively influencing how people choose and access urgent and emergency care services.

31 Primary care services recognise managing patient behaviour is important to prevent them accessing the wrong service for their condition, for example, going to the GP for dental pain. One of the primary care cluster priorities for 2026-27 is a communications project to provide a patient handbook for better care navigation for their needs. This is helpful but should be part of a much more broad and strategic approach to communication planning.

Staff awareness and ability to refer

32 We found that whilst some arrangements support staff awareness of community pathways, the Health Board needs to broaden access to alternative urgent care services and improve pathway communication.

Promoting staff awareness of services

33 In the absence of a communications plan, it is not clear how the Health Board engages its staff on plans to manage demand for urgent and emergency care.

34 It does, however, provide mandatory training for new staff on care navigation, as well as training for Minor Injury Unit staff on urgent care provision. As of October 2025, the Health Board was reporting good compliance rates with mandatory and statutory training at 89% against a target of 85%.

35 The Welsh Ambulance Services NHS Trust (WAST) holds a directory of service for each health board area which has details of available referral pathways for urgent and emergency care. It is the responsibility of the Health Board to ensure that this directory is kept up to date with accurate information. The Health Board effectively supports this directory by providing monthly oversight and input to ensure the information is up to date and accurate. However, our review noted that this process is manual and depends on staff keeping up to date on new or evolving services and initiatives.

Referring to services

36 The Health Board consistently has a low rate of patients that call 999 dealt with through ‘consult and close’ over-the-phone advice or signposting, compared to the all-Wales average (10.3% compared with 15.1% in April 2024). Of those calls, the proportion directed to alternative services is also lower than the all-Wales average (62.9% compared with 72.9%).

37 The 111 service also directs a low 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 emergency departments.

Exhibit 5: referral to other services (February 2024)

Indicator	This Health Board	All-Wales position
% of 111 calls referred to GP out of hours	39.9	41.0
% of 111 calls referred to another health profession	3.5	2.4
% of 111 calls referred to dental services	11.7	9.9

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

38 During 2023-24, the rate at which 111 staff referred patients to the Health Board's GP out-of-hours service was broadly in line with the all-Wales position. However, 111 staff have consistently referred higher proportions of calls to other health professionals and urgent dental services. This aligns with the data in **Exhibit 4** and shows a need to strengthen access to dental pathways.

39 In the same period, an average of 74 calls per month (4.8%) were downgraded by 999 and transferred to 111, indicating they were less urgent. However, of these calls, 32.3% were returned from 111 back to the 999 phoneline to be considered for an ambulance dispatch. This is higher than the all-Wales average of 27.6%. This suggests there is scope to increase the availability of alternative pathways for patients with urgent but non-life-threatening needs.

40 The extent to which ambulance crews can 'see and treat' patients at scene within the Health Board area is below the all-Wales average (11.7% compared to 14.3% in March 2025). The 'see and treat' rate has generally been in line with the all-Wales average for the past 12 months. In addition, the percentage of patients who were referred to alternative care services was higher than the all-Wales position in February 2025 (14.5.% compared with 11.9%).

41 From our work, it is clear the Health Board and WAST are trying to work together to keep people at home to prevent conveyance to hospital. Currently WAST can refer cases to a patient's GP for treatment, but there is no direct phone line for them to do this. This means ambulance crews must use the main triage line and wait in a queue like the rest of the public. This does not make referrals easy or quick, and it would be useful and more efficient if WAST had a direct line to use to refer to GPs **(Recommendation 4)**.

42 During 2023-24. the Health Board piloted the use of Advanced Paramedic Practitioners (APPs) within GP practices to enable more complex and acute patients to be treated in the community and reduce conveyance to hospital. This

was funded through Six Goals Programme money. We were told there was mixed feedback on the pilot, but it ended when funding was not continued into 2025-26.

Services to help manage demand

43 We found that there is good uptake of enhanced pharmacy services despite limited numbers, but low use of the common ailment scheme, and difficulties securing prescribing supervisors constrain their full potential in supporting urgent care access.

Community pharmacy services

44 For 2024-25, the Health Board had the lowest number of community pharmacies per 100,000 head of GP population in Wales, at 16.2 (compared to 20.8 at an all-Wales level). Each one of the Health Board's community pharmacies signed up to provide the common ailment scheme in 2024-25. This scheme allows pharmacists to assess and treat a common list of minor ailments[8]. 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 2024-25 was the lowest in Wales (9,536 compared with an all-Wales average of 14,000). The most common ailments reported were conjunctivitis, hay fever, and threadworms.

45 To supplement the scheme, some community pharmacies 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 services, which allows them to extend their opening hours and provide bank holiday cover. The uptake of these is set out in **Exhibit 6**.

[8] Common ailments scheme, 2021.

Exhibit 6: uptake of enhanced services in community pharmacies (2024-25)

Indicator	This Health Board	All-Wales position
% of community pharmacies providing the sore throat treat and test service	96	89
% of community pharmacies providing the independent prescribing service	35	39
% of community pharmacies providing additional hours services	65	8

Source: StatsWales

46 The Health Board's community pharmacies deliver higher levels of enhanced services than the all-Wales average. Powys' rural geography places greater emphasis on locally accessible services, and enhanced community pharmacy services are well used. Since the introduction of the new community pharmacy contract in April 2022, nearly all pharmacies provide the Sore Throat Test and Treat Service. The Health Board has the highest number of pharmacies providing the additional hours service, although the number has fallen since 2022-23. The uptake of the independent prescribing service has increased since 2022–23, with the proportion of pharmacies offering the service just below the all-Wales position.

47 A Community Pharmacy Performance Report presented in December 2025 highlighted significant growth in activity, with 7,140 common ailments consultations completed in the first four months of 2025-26 – already more than half of the previous year's total. The Health Board views community pharmacies as a key part of local service delivery but continues to face challenges securing Designated Prescribing Partners to supervise pharmacists undertaking independent prescribing training.

Impact of service changes on urgent and emergency care performance

48 We found that rising emergency demand and persistent handover delays continue to challenge urgent care performance, although minor injury units continue to perform well.

Ambulance performance

49 Since the pandemic, 999 calls to the ambulance service across the Health Board have continued to rise. The number of red calls received is now substantially higher than the level experienced by the service pre-pandemic with an average of

198 calls per month between April 2024 and March 2025[9], compared to an average of 80 between April 2018 and March 2019. Whilst continuing to account for most 999 calls, the number of amber calls has decreased slightly since the pandemic with an average of 1,135 calls per month between April 2024 and March 2025 (compared to 1,146 between April 2018 and March 2019).

50 Despite the overall increase in ambulance demand, the rate at which ambulance crews convey patients to hospital has reduced since pre-pandemic levels from 64.8% (April 2018 – March 2019), to 62.3% (April 2024 – March 2025). The rate is consistent with the all-Wales average (63.3%). **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	91.4		88.8
% of patients conveyed to minor injuries units	1.9		6.2
% of patients conveyed to other unit eg mental health or maternity unit	6.8		1.8

Source: Ambulance Services Indicators

51 Ambulance crews convey a higher proportion of patients to major Emergency Departments than the all-Wales average. During 2024-25, the Health Board conveyed a significantly lower percentage of patients to its minor injuries units, but higher rates of patients to other units. We heard that Powys patients often delay seeking help, self-managing their conditions, or using lower-acuity services for longer, which means they tend to present with more complex needs when they do contact emergency services.

52 There has been some evidence that the Health Board has taken preventative measures to reduce the impact on the front door. In 2022-23, the Health Board along with Powys County Council and WAST secured some funding to train care home staff to safely lift residents who have fallen by using a specialised cushion. Initial outcomes were positive. Between November 2022 and April 2023, the data showed there were 25% less attendances by WAST for falls in care homes which attended familiarisation sessions compared with care homes that did not. Over the same period, data showed a 3% higher conveyance rate for homes which attended

[9] From July 2025, the way in which ambulance calls and responses were categorised changed. As a result, ambulance service indicators have changed.

familiarisation sessions (60%) versus homes which did not attend (57%). The project ended in March 2023 due to non-recurrent funding. It is the Health Board's intention to take the learning from this into the design of its falls pathway.

53 Data shows that ambulance handover delays for the Health Board's patients have improved in recent months but continue to be unacceptably high. The average percentage of ambulance handovers completed within 15 minutes between December 2024 and November 2025 was 15.2%, against a national target of 100%. This performance was lower than the all-Wales position of 21.1%. However, this does show improvement compared with the previous 12-month period, where performance was 12.6% for Powys against an all-Wales average of 16.3%.

54 The Health Board lost on average 696 hours every month between December 2024 and November 2025. This equates to 58 12-hour shifts where patients were waiting in an ambulance outside of hospital for treatment and paramedics were unable to respond to other calls. The July 2025 Integrated Quality and Performance Report at Board did note ongoing work with WAST and the Joint Commissioning Committee to develop an improvement plan for Powys to improve handover delays. The report noted all emergency department providers have been asked to improve flow but there is limited information on what this looks like in practice.

55 Handover delays inhibit the ability of ambulance staff to respond to other urgent calls in the community. Ambulance response times continue to be challenging and below performance targets, although they are slightly better than or in line with the all-Wales average (**Exhibit 8**).

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	47.3		48.7
Median response to amber calls (minutes)	62		112

Source: Ambulance Service Indicators

56 The percentage of red calls responded to within eight minutes is significantly below the target of 65%. On average, the response time to amber calls between March 2024 and February 2025 was one hour and two minutes, rising to six hours 32 minutes for those who waited the longest. Performance had deteriorated since the previous 12-month period.

Emergency Department/Minor Injury Unit performance

57 The Health Board does not have acute emergency departments. Patients needing this level of service will access the nearest relevant site. Due to the geographical nature of Powys, this could be any of the Welsh health boards or English providers such as Shrewsbury and Telford Hospital NHS Trust or Wye Valley NHS Trust.

58 The Health Board operates four Minor Injury Units across Powys. Emergency Nurse Practitioners lead these units and can treat a range of injuries and problems such as broken bones, wounds and minor burns and sprains. The MIUs are walk-in services but the public are encouraged to phone before attending in case they can be referred to a more suitable service.

59 Within the Health Board, the rate of attendances at its Minor Injuries Units per 100,000 head of GP population has been consistently higher than the all-Wales position, with 903 average attendances a month between December 2024 and November 2025 (compared to an all-Wales average of 792). Except for seasonal fluctuations, the levels of attendance have remained consistent since April 2023. Waiting time performance at Minor Injuries Units has been consistently positive with between 99% and 100% performance against a target of 95% in the last few years.

60 Responding to financial challenges, in October 2024 the Health Board adjusted opening hours at Brecon and Llandrindod Wells Minor Injuries Units to 8am to 8pm to create a more sustainable service for staff and patients. A review of these changes in July 2025 identified no increases at GP surgeries because of the service change, and no substantial changes in the number of patients attending MIUs since the same period last year.

Scrutiny and monitoring arrangements

61 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.

62 We found that while governance structures are in place, limited monitoring and feedback constrain assurance on the impact of urgent and emergency care services.

Monitoring impact

63 We found that there is limited monitoring and feedback of urgent and emergency care services, which limits assurances of whether services and pathways are working effectively.

64 The findings that have led us to this conclusion are summarised in **Exhibit 9**.

Exhibit 9: approach to monitoring 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**	The Health Board has robust data on the number and volume of patients accessing services in Powys and other Welsh health boards but less information on whether those services are appropriate for their needs. Accessing information for those who have attended English emergency departments is more problematic. Receiving and analysing data from English NHS Trusts is a time consuming and a largely manual task. The Health Board monitors measures and key deliverables for urgent and emergency care each quarter, but this reporting does not demonstrate whether alternative clinical pathways are effective. The exception is Minor Injuries Units, which have recently undergone a more detailed analysis. The Health Board could benefit from collecting more detailed data for its patients and use this information to determine if those patients are accessing services appropriately **(Recommendation 5)**.
Is regular patient feedback being sought and used to inform and improve plans?	**No**	The Health Board does not routinely seek direct patient feedback to inform and improve urgent and emergency care services. While feedback has been gathered for specific service changes, such as adjustments to Minor Injury Unit opening times in October 2024, and additional insight is provided through Llais, the approach is not consistent or systematic. The Health Board recognises this gap and has recently appointed a People's Experience Framework Coordinator to strengthen how patient feedback is collected and used. The impact of this role will need to be demonstrated to show how feedback is informing and improving plans (**Recommendation 6**).
Is there regular staff feedback on the impact of changes	**Partially**	The Health Board does not routinely seek staff feedback to capture how services are working, including primary care. In relation to changes to Minor

Audit question	Yes/ No/ Partially	Findings
to services and pilots to identify and apply lessons?		Injuries Unit opening times, in October 2024 the Health Board held a staff workshop to gather feedback. Staff feedback contributed to the decision to extend the opening hour changes. The Health Board should apply these processes to broader changes to urgent and emergency care services and include key partners such as primary care and WAST **(Recommendation 7)**.

Source: Audit Wales

Oversight and scrutiny

65 We found that whilst governance arrangements are in place, they currently provide limited insight of the impact or effectiveness of investment into urgent and emergency care services.

66 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?	**Yes**	Governance of the Six Goals Programme sits within the Health Board's Frailty and Community Programme Board. The Director of Primary, Community Care and Mental Health chairs the work of this Programme Board. Bi-monthly papers to the Programme Board provide updates against each of the ministerial priorities which resource and shape delivery of the Six Goals themselves. This includes key achievements for the month, impact, and outcome data if available, a RAG status, delivery risks and mitigations and key performance measures and trajectories. However, this detailed information is internal.

Audit question	Yes/ No/ Partially	Findings
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?	**Partial**	Oversight of urgent and emergency care is undertaken as part of the quarterly Integrated Plan Progress Report updates to Executive Committee, Finance and Performance Committee and Board. Urgent and emergency care activity falls under the Health Board's strategic theme of 'Joined Up Care'. There is a range of supporting activity in the Annual Plan 2025-26 which includes 'Enhancing the provision of the Health Board's urgent care services' with deliverables including 'Conducting a review of current clinical practices and processes to establish key insights to inform the transformation of urgent care services' and 'Review and scope key clinical pathways to improve the delivery of urgent care and inform future service design'. It is unclear how these are different or why these has not already been done. It is also unclear how committees and Board can take assurance these high-level actions are effective to better meet demand. Oversight is limited to these reports and includes no specific detailed updates against the internal Six Goals Plan. Whilst scrutiny in the Health Board is generally effective, it is difficult for committees and Board to undertake detailed scrutiny of such high-level information (**Recommendation 8**).
Are there arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from the Welsh Government?	**No**	The Health Board produces monthly highlight reports specific to the Six Goals Programme which are shared internally. These provide a useful insight into key achievements each month, performance trajectories and some risk and mitigations. However, they do not include any insight into value for money of investments. There is no information in the monthly Finance Performance Report to the Finance and Performance Committee about urgent and emergency care funding. The Monthly Monitoring Returns 2025-26 show at Month 10 the Health Board has underspent on its allocation of urgent and emergency care funding in every month except for January 2026 and was behind profile by £141,000. The Health Board was forecasting that it would spend the remaining budget by 31 March although this would require spending in the last two months of the year to have more than doubled that spent monthly in the previous 10 months.

Audit question	Yes/ No/ Partially	Findings
		Whilst we heard that pilots are evaluated and a business case created for successful ones, this activity is not included in the financial or performance reporting to provide oversight of whether investments are value for money (**Recommendation 9**).

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: • Integrated Plan and Annual Plans • Six Goal Programme Plan and progress reports, including submissions to the Welsh Government • Performance reports on urgent and emergency care to Board and committees • Papers relevant to appropriately managing urgent and emergency care demand
Interviews	We interviewed the following: • Executive Medical Director • Welsh Ambulance Service Operations Manager • Assistant Director of Primary Care Services • Clinical Change Manager (Unscheduled Care) • Senior Manager for Unscheduled Care • Assistant Director, Community Services Group • Interim Assistant Director, Community Services Group • Head of Primary Care • Llais Regional Director
Group discussions	We held group discussions with the following: • GP Cluster Leads
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; and

Element of audit approach	Description
	• Data provided by the Welsh Government and ShropDoc in relation to GP out of hours services.
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 five GP practice websites and answerphones and four dental websites and answerphones in the region.

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; and – 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 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?	• 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).

Audit questions	Audit criteria
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. • 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 the 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. The completed management response will be inserted once considered by the Health Board's Audit Risk and Assurance Committee

Exhibit 13: management response

Recommendation	Management response	Completion date	Responsible officer
Identifying future resources **R1** The Health Board's plans should identify required levels of resource and staffing to achieve its Six Goals ambitions. This should include how the Health Board will manage any underspends or any future funding requirements and any workforce and training requirements (**Exhibit 2**).	**Accepted** The Health Board has a clear six goals plan, including resourcing, notwithstanding the ongoing requirement to deliver this under a non-recurrent funding model. With a move towards possible recurrent funding, it will be possible to demonstrate a longer-term resilient staffing model which better delivers against the planning objectives.	September 2026	Clinical Change Manager, Six Goals

Recommendation	Management response	Completion date	Responsible officer
Communication plans R2 The Health Board should develop a formal communication plan for Urgent and Emergency Care Services which sets out how the Health Board will communicate any service changes and alternative clinical pathways to staff and the public. This will ensure that patients are accessing the right care at the right time and help manage demand (**Paragraph 20**).	**Accepted and Completed** Public facing communications in place to support patient access, updated locally to reflect service changes: (Help Us Help You – Powys Teaching Health Board) Alongside this, the Health Board has established the Better Together programme to shape the future of adult physical and mental health community services, including urgent care. Engagement has been undertaken on the case for change and future service models, with feedback captured in an engagement report. This insight is informing the development of options and recommendations, with formal consultation anticipated later in 2026.	April 2026	Deputy Director, Communications, Engagement & Corporate Governance
Signposting patients to dental services R3 The Health Board should ensure dental practices provide clear and accessible information about urgent and emergency dental provision on their websites and phonelines (**Paragraph 25**).	**Accepted** Clear messaging around how to access urgent and emergency dental care is not consistent across dental practices. Action plans in place to update phonelines and websites (where applicable). Non-compliance to be followed up in year-end review meetings.	June 2026	Assistant Director of Primary Care

Recommendation	Management response	Completion date	Responsible officer
Direct line referrals for WAST R4 The Health Board should work with GPs to ensure WAST can access a direct line for referrals and queries into a patient's GP practice rather than having to use the main triage line (**Paragraph 41**).	**Partially Accepted** GMS is routinely strongly encouraged to provide a direct line for professionals including WAST queries. The Health Board will revisit with individual practices to identify any barriers, noting it is not a contractual obligation to do so.	June 2026	Head of Primary Care
Reporting data on access to services R5 The Health Board should strengthen tracking and reporting data to show if patients are accessing services appropriately. This includes how alternative clinical pathways are reducing demand on emergency departments (**Exhibit 9**).	**Accepted** In addition to existing internal key performance indicators and reportable metrics, the Health Board are developing an enhanced dashboard to track the impacts of newly developing services that seek to support earlier hospital discharge and admission avoidance.	June 2026	Data and Business Intelligence Lead
Use of patient feedback to inform plans R6 The Health Board should demonstrate how it uses feedback from patients to inform and develop plans and activity to manage demand for urgent and emergency care services (**Exhibit 9**).	**Accepted** PTHB is continuing to embed the NHS Wales People's Experience Framework in our learning and improvement. A self-assessment against the People's Experience Framework has been undertaken within Unscheduled Care services and this has informed our plan for strengthening patient feedback at the heart of service improvement within these services. Key themes are drawn together into quarterly Four Quadrant Reports.	April 2026	Senior Manager, Unscheduled Care

Recommendation	Management response	Completion date	Responsible officer
Staff feedback on impact of service changes R7 The Health Board should introduce regular mechanisms for staff feedback to identify potential weaknesses or learning in relation to the provision of urgent and emergency care services. This should include feedback from key partners including primary care and WAST (**Exhibit 9**).	**Accepted** In addition to the actions at R6. The organisation is undertaking significant planning for transformation across urgent care pathways, and through engagement has received active feedback on existing pathways from local teams and system partners. Ongoing development will ensure that future changes continue to provide feedback mechanisms to actively track impacts and drive opportunities for further change.	December 2026	Assistant Director, Community Services Group
Oversight of urgent and emergency care at committee and board level R8 The Health Board should ensure reports about Six Goals Programme activity are detailed enough to allow for scrutiny and oversight of urgent care performance including assurance on the effectiveness of plans and actions taken to better meet demand (**Exhibit 10**).	**Partially Accepted** Ongoing reporting to programme board continues, with Executive sign off and where required further update to Executive committee. Available for adoption by Finance and Performance Committee and Board as required.	April 2026	Assistant Director, Community Services Group

Recommendation	Management response	Completion date	Responsible officer
Oversight of economy, efficiency, and effectiveness of project investments R9 To increase transparency and strengthen assurance that monies allocated to urgent and emergency care are being spent wisely, the Health Board should include information within regular finance reports to the Finance and Performance Committee to provide oversight on whether investments provide value for money (**Exhibit 10**).	**Accepted** To explore how existing programme Board reporting (including financial delivery) can be better used to inform the reporting via Finance and Performance Committee.	September 2026	Clinical Change Manager, Six Goals

Source: Audit Wales

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