

Urgent and Emergency Care: Arrangements for Managing Demand – Aneurin Bevan University Health Board

Date issued: May 2025

Document reference: 4916A2025

This document has been prepared for the internal use of Aneurin Bevan University Health Board as part of work performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

© Auditor General for Wales 2025. No liability is accepted by the Auditor General or staff of the Wales Audit Office in relation to any member, director, officer or other employee in their individual capacity, or to any third party, in respect of this report.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Contents

About this report	4
Key facts	5
Key findings	7
Recommendations	9
Detailed report	
Planning arrangements	12
Accessing services	14
Scrutiny and monitoring arrangements	27
Appendices	
Appendix 1 – audit methods	32
Appendix 2 – audit criteria	34
Appendix 3 – management response	38

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 Aneurin Bevan University Health Board (the Health Board). The work is the second phase of a programme of work focused on several elements of the urgent and emergency care system in Wales. The first phase, which examined discharge planning and the impact of patient flow on urgent and emergency care, is reported separately.
- 2 Our approach recognises that the urgent and emergency care system is complex, with many different organisations needing to work together to provide urgent and emergency care and to ensure the wider system operates effectively and efficiently. The Welsh Government's Six Goals for Urgent and Emergency Care Programme (Six Goals Programme) launched in 2021, provides the context for our work. At the time of our work, the urgent and emergency care system in Wales continued to be under significant pressure. Under the Welsh Government's escalation and intervention framework, the Health Board is also in enhanced monitoring¹ for performance and outcomes related to urgent and emergency care at the Grange University Hospital.
- 3 Our work has examined the Health Board's arrangements for managing the demand for urgent and emergency care to reduce unnecessary pressure on the system. It has been undertaken to help discharge the Auditor General's statutory duties under Section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to ensure the efficient, effective and economic use of its resources.
- 4 We undertook our work between May and November 2024, with further data analysis in March 2025. The audit methods and criteria we used to deliver our work are summarised in **Appendices 1 and 2**.

¹ Under the Joint Escalation and Intervention Arrangements, Welsh Government officials meet Audit Wales and Healthcare Inspectorate Wales at least twice a year to discuss the performance of each health body. There are five escalation levels: routine arrangements, area of concern, enhanced monitoring, targeted intervention, and special measures.

Key facts and figures

Primary Care Services

629	Number of GP urgent and acute appointments ² available per day per 100,000 head of GP population in September 2024 compared with the all-Wales average of 731. This is a decrease of 31.6% since April 2022.
1,015	Number of GP out-of-hours contacts per month per 100,000 head of GP population in June 2024 compared with an all-Wales average of 973.
266	Number of contacts at the Urgent Primary Care Centre per 100,000 head of GP population in November 2024 compared with an all-Wales average of 447.

Ambulance Services

163%	Increase in Category A (red) ambulance calls between February 2019 and February 2025 compared with an all-Wales average of 178%.
53%	Category A (red) ambulance calls responded to within eight minutes in February 2025, compared with the all-Wales average of 51% and a national target of 65%. This is a reduction of 24% from February 2019.
12%	Patients handed over from ambulance crews to the emergency department within 15 minutes of arrival in February 2025, compared with the all-Wales average of 15% and a national target of 100%. This is a reduction of 16% from February 2019.

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

Hospital Services

2%	Increase in the number of attendances at the Health Board's Emergency Departments between February 2019 and February 2025, compared with an all-Wales average increase of 1%.
1,109	Number of people waiting more than 12 hours in the Health Board's Emergency Departments in February 2025. This is an increase of 59% since September 2019.
04:32	Average time spent in the Health Board's Emergency Departments in February 2025, compared with the all-Wales average of 5 hours, 31 minutes. This is an increase of 39 minutes since February 2019.
226	Number of attendances to the Same Day Emergency Care units per 100,000 head of GP population in February 2025 compared with an all-Wales average of 233.

Funding

£77.2m	Additional monies allocated to the Health Board for the period 2022-2025 to recover planned and urgent and emergency care over and above the Health Board's core funding.
£5.7m	Additional in-year monies received by the Health Board in 2023-24, and 2024-25 to support delivery of the ambitions of the Six Goals Programme.

Key messages

Overall conclusion

- 5 Overall, we found **the Health Board is altering its urgent and emergency care services to better meet demand, supported by strong plans and oversight. Whilst changes are leading to improvements in some areas, there is a need to make better use of other alternatives to its Emergency Department and to undertake stronger engagement with patients and staff to inform plans.**

Key findings

Planning arrangements

- 6 We found that the Health Board has detailed and well-structured plans in place to manage the demand on urgent and emergency care services, including the development of new service models which provide alternative provision to the Emergency Department if appropriate for a patient's needs.
- 7 Plans demonstrate a good understanding of the key challenges affecting urgent and emergency care services, are informed by data and reflect the Welsh Government's ministerial priorities. However, more detail could be provided within plans regarding how it mitigates and monitors risks as well as the levels of resourcing and staffing required for the delivery of the Six Goals Programme.

Accessing services

- 8 We found that there is a range of activity to signpost urgent and emergency care services to the public. Despite this, feedback suggests there are further opportunities to strengthen public awareness of services, including ensuring GP and dental websites provide clear signposting to urgent services when required.
- 9 There are good examples of engagement with staff to raise awareness of services, supported by the flow navigation model. The Health Board is also developing its directory of services, and, as it progresses this work, it should ensure there are effective arrangements to ensure the directory remains up to date and is accessible to key staff, including staff working in care homes. We also heard that staff in secondary care find it difficult to communicate with GPs in a timely manner due to having to access the public phoneline.
- 10 Services have been developed to help manage demand, including some community pharmacies providing additional enhanced services. However, there remain opportunities to identify further referral mechanisms that could stream patients to their required service in a more efficient manner. The Health Board is making good use of its Minor Injuries Units, but there is more work to do to

maximise the use of Same Day Emergency Care units and Urgent Primary Care Centres, with the lowest rate of attendances in these provisions across Wales.

- 11 Despite some of the recent changes made by the Health Board, data indicates that it continues to struggle to meet demand. Ambulance handover delays continue to be at unacceptably high levels, and waiting times continue to be challenging. Performance against the 12 hours wait however is improving and the rate of discharge from the Emergency Department is comparatively high.

Scrutiny and monitoring arrangements

- 12 The Health Board utilises a range of data to monitor urgent and emergency care performance, but more work is needed to analyse this data to inform strategic planning, as well as ensure evaluative practices for monitoring project investments are consistent. However, whilst the Health Board is gathering patient feedback, it is unclear how it is using this intelligence to inform its strategic planning, and we found no evidence of how the Health Board hears from its staff about the running of urgent and emergency care services.
- 13 There is effective oversight and scrutiny of plans and performance at a corporate and operational level. The Six Goals for Urgent and Emergency Care Improvement Programme Board provides effective scrutiny and assurance on six goal workstreams as well as urgent and emergency care plans and associated expenditure. The Health Board could strengthen its reporting of the use of funding further by providing guidance for staff on how to evaluate projects funded through additional money for urgent and emergency care services.

Recommendations

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

Exhibit 1: recommendations

Recommendations

Risk Management within plans

- R1 The Health Board should ensure that in future Six Goals for Urgent and Emergency Care Plans, all identified risks have clear risk owners and that mitigating actions have clear target dates (**Exhibit 2**).

Six Goals Programme funding

- R2 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**).

GP and dental public signposting via websites

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

Communicating and engaging with patients and staff

- R4 To strengthen access and understanding of key services within the urgent and emergency care system, the Health Board should review the communication and referral process between secondary care and GPs to identify a more time-efficient channel to discuss patient cases (**Paragraph 36**).

Recommendations

Directory of services

- R5 To ensure health and care staff can adequately signpost and refer people to the right urgent and emergency services, the Health Board should:
- 5.1 Establish a mechanism to ensure the WAST Directory of Services remains up to date, which includes the identification of an officer with lead responsibility for this task.
 - 5.2 Establish a mechanism to share the Directory of Service with community and care home staff which should include referral routes to support their cohort of patients (**Paragraph 37**)

Referral pathways

- R6 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 39**).

Use of patient feedback

- R7 To ensure the Health Board is building on feedback from patients, plans for urgent and emergency care should demonstrate how they have considered patient feedback (**Exhibit 9**).

Staff feedback on service changes

- R8 To identify potential weaknesses or learning in relation to recent changes to its urgent and emergency care services, the Health Board should introduce regular mechanisms for staff feedback. This should include feedback from key partners including primary care and WAST (**Exhibit 9**).

Primary care representation at the Six Goals for Urgent and Emergency Care Improvement Programme Board

- R9 To ensure the Health Board has a broad understanding of demand pressures and the interaction of urgent and emergency care services, it should ensure there is primary care representation at the Six Goals for Urgent and Emergency Care Improvement Programme Board (**Exhibit 10**).

Recommendations

Evaluating project benefits

- R10 To strengthen its reporting of the benefits achieved from its Six Goals Programme work and associated use of funding, the Health Board should develop and communicate guidance for staff on how to evaluate the effectiveness of projects, initiatives and service changes relating to urgent and emergency care services (**Exhibit 10**).

Detailed report

Planning arrangements

- 15
- This section considers whether the Health Board has robust plans in place to manage the demand on urgent and emergency care services. We were specifically looking for evidence of plans:
- being informed by relevant and up-to-date information;
 - identifying and seeking to address key risks associated with urgent and emergency care services;
 - aligning with requirements of the Six Goals Programme, and clearly setting out how alternative clinical pathways will work; and
 - identifying the current and required levels of resource and staffing to achieve the intended ambitions.
- 16
- We reviewed the Health Board’s Six Goals for Urgent and Emergency Care Health Board Delivery Plan (2024-25) and relevant sections of its Annual Plan: Three-year intent (2024-27).
- 17
- We found that **there are strong 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.**
- 18
- 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	Health Board plans are well-structured and comprehensive with clear alignment between their ambitions. Plans are informed by relevant and up-to-date information, contain meaningful data such as baseline performance measures and reflect key Ministerial and local priorities.
Plans identify and seek to address key risks associated with urgent and emergency care services?	Partially	Key risks are identified in the plan, particularly risks that could affect the delivery of each workstream underpinning the Six Goals Programme. Risks include demand increasing beyond expectations, risks related to recruitment, and financial risks.

Audit question	Yes/ No/ Partially	Findings
		<p>Whilst mitigating actions have been identified for some of the risks, others do not have identified actions, and, therefore, the plan does not provide adequate assurance that they will be resolved. Responsible officers have been assigned for each of the Six Goals, but there are no clear target dates for the mitigating actions (Recommendation 1).</p>
<p>Plans align with requirements of the <u>Six Goals for Urgent and Emergency Care Programme</u>, and clearly setting out how the alternative clinical pathways will work?</p>	<p>Yes</p>	<p>Plans set out details of existing and new initiatives/service models to support the delivery of the Six Goals Programme. Under each Goal, the Health Board has provided details regarding several workstreams, with single point of access development being the primary focus of Goal 2, and Same Day Emergency Care (SDEC) services, the implementation of a 24/7 Urgent Care Service and Accelerated Cluster Development being the areas of focus for Goal 3.</p>
<p>Plans identify the current and required levels of resource and staffing to achieve the intended ambitions?</p>	<p>Partially</p>	<p>The Health Board was allocated £2.96 million to support its delivery of the Six Goals Programme for Urgent and Emergency Care in 2024-25. Plans provide costings related to how these monies will be allocated between the three required areas. The predicted spending falls within the Welsh Government funding total, with £2.8 million of the monies being allocated to staffing, and a note states that any overspend in 2024-25 will be met by the Health Board. The Health Board's monthly monitoring return for month 12 of 2024-25 shows that spending was on track.</p> <p>The plan also contains some detail related to spending on other initiatives/programmes that would further enhance the delivery of the Six Goals Objectives, including e-triage development from the Six Goals Innovation Fund and regional Telecare and Acute Frailty Response from the Further Faster fund.</p> <p>However, more detail could be provided within the plan regarding the levels of</p>

Audit question	Yes/ No/ Partially	Findings
		resourcing and staffing required for the delivery of the programme, in addition to where additional monies will be allocated from, if an overspend occurs. Plans do not set out any funding or staffing needs beyond March 2025 for the initiatives (Recommendation 2) .

Source: Audit Wales

Accessing services

- 19 This section considers whether the Health Board has robust arrangements in place to encourage and enable people to access the right care, in the right place, at the right time, and whether these are working. We were specifically looking for evidence of:
- effective signposting of patients to the urgent and emergency care services that best meets their needs;
 - staff having good knowledge of, and information on, the range of services available to patients, and 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.
- 20 We found that **despite significant activity by the Health Board to engage patients and staff on how to access urgent and emergency care services, staff feedback and data suggest there is scope to further strengthen awareness and the utilisation of some services.**

Signposting of services to the public

- 21 We found that **there is a range of activity to signpost urgent and emergency care services to the public, however, feedback suggests there are further opportunities to strengthen public awareness of services.**

Communication plans

- 22 The Health Board has established a Communications and Engagement Strategy 2023-26 and is strengthening its arrangements to hear from patients, service users and staff. The strategy's aims have been aligned within the Health Board's IMTP

and one of the key external objectives within it is to communicate and engage the public, patients and stakeholders regarding 'Accessing Healthcare Services.' While a section of the strategy is focused on urgent and emergency care priorities, more detail could be included relating to the campaigns/activities to be employed to engage and inform members of the public regarding the services available, how these are to be accessed, as well as more information explaining alternative services to the Emergency Department.

- 23 The Health Board has employed a good range of methods to provide members of the public with information on its urgent and emergency care services including communication campaigns relating to winter pressures, 111 Press 2³, the 'Think 111 First' service and the national 'Help Us Help You' campaign. Other public communication methods include information provided on the Health Board's website and social media pages, including videos, leaflets, posters, flyers and through stakeholder channels.

Public information

- 24 The first point of call for most patients with an urgent need may be their GP, and our review of available data shows that between October 2023 and September 2024 the Health Board's GP practices provided a lower level of urgent and acute appointments (727 appointments per day) than the all-Wales average (809 appointments per day) per 100,000 head of GP population. The level has also been decreasing over time, dropping from 774 appointments per day in October 2023 to 629 in September 2024, which was the lowest in Wales. 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.
- 25 Our review of the Health Board's website and social media pages found that they offer a range of helpful information to the public on accessing services, including how to register and access primary care services and the roles of different healthcare professionals. Webpages also focus on the NHS 111 service, out of hours provision, common ailment scheme and the Gwent Health Guide which provides advice to patients regarding choosing the right service for their needs. The Health Board also provides information relating to its pharmacy services, including videos explaining the different job roles.
- 26 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,

³ 111 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.

which reviewed the websites and out of hours answer phone messages of 17 GP practices and 18 dental practices⁴.

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

Indicator	This Health Board	All-Wales position
% of GP practice websites with clear signposting	41.2	56.8
% of GP practice answerphone messages with clear signposting	94.1	89.5
% of dental practice websites with clear signposting	11.1	36.7
% of dental practice answerphone messages with clear signposting	100	86.7

Source: Audit Wales

- 27 Almost all GP and dental phonelines sampled across the Health Board provided clear signposting to urgent or emergency care services out of hours. This is better than the all-Wales position for both services. However, clear signposting on GP practice websites is less prevalent, and signposting from dental practice websites was poor, with only 11.1% of the sample providing clear information. Findings indicate that the Health Board has implemented some effective messaging via its GP and dental practice phonelines, but more work needs to be done to strengthen clear signposting on GP and dental websites (**Recommendation 3**).
- 28 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 14.9% 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)⁵

This Health Board	% of all calls	All-Wales position	% of all calls
Abdominal pain	2.7	Dental problems	4.1
Chest pain	1.9	Abdominal pain	2.4
Cough	1.5	Chest pain	1.6

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

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

This Health Board	% of all calls	All-Wales position	% of all calls
Rash	1.1	Cough	1.4
Fever	1.0	Rash	1.0

Source: Ambulance Services Indicators

- 29 Abdominal pain and chest pain are the top reasons for calling the 111 service in the Health Board area, accounting for 2.7% and 1.9% of calls respectively, which are both slightly higher than the all-Wales percentage for this symptom. Whilst the Health Board's website contains information about how to access the NHS 111 Wales service, advice on accidents and minor injuries and a hyperlink to a symptom checker, there is no clear information provided on the symptoms associated with the top two most frequent 111 calls across the Health Board.
- 30 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 the Aneurin Bevan area, accounting for 0.7% of calls between March 2023 and March 2024. This may be because the Health Board has a slightly higher number of dental contracts per 100,000 head of GP population compared to the all-Wales average (17.8 and 16.8 respectively). The Health Board also provides an urgent dental care service which is available during weekdays. One of the Health Board's key priorities within its urgent and emergency care services is to increase access to its dental services and plans to support this are evident within its Ministerial Priorities 2023-26 document, including the recruitment of more staff and increasing dental pathways.

Patient awareness

- 31 Despite the Health Board's Communications and Engagement Strategy and the various methods in place to communicate with the public, staff we spoke to indicated that the Health Board could do more to improve the public's awareness and understanding of urgent and emergency care services. We heard views that the system is complex and can be confusing for patients and some public service organisations (for example, care homes) to navigate within. Staff called for more work to be done to improve the public's understanding of the purpose of these services, explain how they are accessed, and keep the public up to date when there are service changes.
- 32 This perspective is supported by work from Llais⁶. In their Engagement Report in March 2023, Llais assessed patient's experiences within the Emergency Department at the Grange University Hospital and at the Health Board's four Minor

⁶ 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.

Injury Units. Several people surveyed stated that they had not contacted a health professional before attending the Emergency Department and Llais also reports that some patients were unaware of the option to contact 111. Following receipt of the report, the Health Board engaged with Llais to make improvements, including raising awareness with the public regarding its 'Choose Well' communications campaign through weekly information sent out to partners and stakeholders and by placing patient information screens in waiting areas. In February 2025, Llais published a national report⁷ on accessing urgent and emergency care, which captured mixed positive and negative patient experiences from within the Health Board as well as across Wales.

Staff awareness and ability to refer

- 33 We found that **there are some good examples of engagement with staff to raise awareness of services, supported by the flow navigation model, however, there is scope to further raise awareness of the availability and accessibility of some services, particularly those provided by third sector organisations.**

Promoting staff awareness of services

- 34 The Health Board uses a range of methods to raise staff awareness of urgent and emergency care services. These methods include staff bulletins, presentations and staff consultations. Flyers aimed at staff to explain the purpose of the Flow Centre navigation model⁸ can also be found on the Health Board's website, as well as a 'Care Navigation' training resource, which guides staff through the various urgent and emergency care services available to signpost patients to. The Health Board has also met with a number of volunteer groups to raise awareness of services available. The Health Board's Communication and Engagement Strategy (2023-2026) also emphasises the importance of working with Urgent and Emergency Care teams.
- 35 However, evidence from some interviewees suggests that some staff continue to find the urgent and emergency care system complex and confusing, with variable understanding of what services are available to patients.
- 36 Communication and engagement between the Health Board and primary care staff have been found to be variable. The development of an urgent primary care workstream within the Health Board's Six Goals programme has strengthened

⁷ Llais national report, '[Getting Urgent and Emergency Healthcare in Welsh Hospitals](#)' February 2025

⁸ The Flow Centre navigation model facilitates referrals for urgent and emergency care. Health professionals access this model via telephone. The Flow Centre is supported by a multidisciplinary team (MDT) and is aimed at improving patient flow, providing specialist advice regarding referral routes and reducing conveyance to the Emergency Department.

some relationships, with closer links forged between GP clusters and the Flow Centre and Minor Injury Units. Meetings with the Local Medical Council were also highlighted by interviewees as an effective forum for communication, as well as Professional Collaboratives and weekly updates from the Deputy Medical Director to primary care staff. However, interviews highlighted opportunities to improve the communication channel between secondary care and GPs, as secondary care staff stated they can only contact GPs via phone lines that are also being used by patients to book appointments (**Recommendation 3**).

- 37 In addition, information to capture pathways and guide staff can be inconsistent and information on how and where staff can refer patients to intermediary services run by the third sector and services within the community are not easily accessible. The Welsh Ambulance Services University NHS Trust (WAST) holds a directory of services for each Health Board area which contains details of referral pathways. It is the responsibility of the Health Board to ensure that this directory is kept up to date for accurate information. As of May 2025, the Health Board were working to further develop the directory of service to create a combined version which pulls together information into a single warehouse. In completing this work, the Health Board should consider how to ensure there is broad access to the information on this directory of service, including to community and care home staff (**Recommendation 4**).

Referring to services

- 38 The Health Board aims to strengthen referral processes for urgent and emergency care through its flow navigation model. This is supported by the implementation of a single telephone number, which health professionals can use to access three services: frailty, urgent primary care and the Flow Centre itself. Through this phone line, paramedics and GPs can seek advice when making referrals, including information on alternative pathways such as the Community Resource Team and SDEC services.
- 39 Ambulance staff interviewed and observed possessed a good awareness and knowledge of referral pathways. Several of the alternative pathways implemented in partnership with WAST have been described as successful, including the Physician Response Unit, a Falls pathway and the use of Consultant Connect. However, several WAST interviewees expressed the need for more direct referral routes into alternative services, rather than accessing these through the Flow Centre. As well as this, ambulance staff suggested the need for further alternative referral pathways to be developed, including for health conditions such as chest pain, breathing problems and abdominal pain, in addition to an early pregnancy pathway and more alternative pathways to support patients with mental health conditions (**Recommendation 6**).
- 40 The Health Board has a slightly lower rate of patients who call 999 who are dealt with through 'hear and treat' than the all-Wales average (14.1% compared with

15.1% in April 2024). Of those calls, the proportion directed to alternative services is broadly in line with the all-Wales average (73.1% compared with 73.9%).

- 41 The 111 service is also directing a higher proportion of patients from the region to alternative services. **Exhibit 5** sets out the extent to which the 111 service has been able to direct patients away from the Emergency Department.

Exhibit 5: referral to other services (February 2024)

Indicator	This Health Board	All-Wales position
% of 111 calls referred to GP out of hours	48.1	41.0
% of 111 calls referred to another health profession	2.0	2.4

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

- 42 During 2023-24, the rate at which 111 calls were referred to the Health Board's GP Out of Hours service was higher than the all-Wales position, with the rate being considerably higher during the winter period. Referrals to another health profession were broadly consistent with the all-Wales average. However, it is difficult to know whether patients took up that advice, or whether those services ultimately still referred patients onto the Emergency Department.
- 43 In addition, 4.6% of calls to the 999 service were transferred to the 111 service, indicating they were less urgent. However, of those calls, 30.6% were transferred back to the 999 phoneline to be considered for an ambulance dispatch. This is higher than the all-Wales average, which was 27.6% for the same period. This higher rate suggests there is scope to increase the availability of appropriate pathways for calls which are urgent but not life-threatening across the Health Board.
- 44 The extent to which ambulance crews are able to 'see and treat' patients at scene within the Health Board area is just higher the all-Wales average (15.8% compared with 11.8% in February 2025). The percentage of these patients who are referred to alternative care services is lower than the all-Wales position (7.4% compared with the all-Wales average of 11.9% in February 2025).

Services to help manage demand

- 45 We found that **services have been developed to help manage demand, including some community pharmacies providing additional enhanced services. However, the utilisation of these services is lower when compared with other Health Boards, which suggests opportunities to strengthen access.**

Community pharmacy services

- 46 For 2023-24, the Health Board had a below average number of community pharmacies per 100,000 head of GP population in Wales, at 19.9 (compared to 20.9 at an all-Wales level). Each 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 ailments⁹. However, should antibiotics be required, then patients would need to be referred to their GP. The number of common ailment consultations per 100,000 head of GP population for 2023-24 was the lowest in Wales (8,556 compared with an all-Wales average of 10,471). The most common ailments reported were conjunctivitis, hay fever and dermatitis.
- 47 To supplement the scheme, some community pharmacies have also signed up to provide additional enhanced services, which further increase the ability of community pharmacists to respond to minor ailments. This includes providing the sore throat treat and test service, and the independent prescribing service. Both 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.
- 48 The uptake of these is set out in **Exhibit 6**.

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

Indicator	This Health Board	All-Wales position
% of community pharmacies providing the sore throat treat and test service	63	79
% of community pharmacies providing the independent prescribing service	30	28
% of community pharmacies providing additional hours services	23	16

Source: StatsWales

- 49 While nearly two thirds of the Health Board's community pharmacies provide the sore throat treat and test service, an increase from 53% in 2022-23, uptake is the lowest in Wales. Provision of the independent prescribing service has also increased since 2022-23, with uptake slightly higher than the all-Wales position. Although the percentage of community pharmacies providing the additional hours service is well above the all-Wales average, the rate has significantly reduced from 54% of practices in 2022-23.

⁹ [Common ailments scheme](#), 2021

Same Day Emergency Care and Urgent Primary Care Centres

- 50 In line with the ambitions of the Six Goals Programme, the Health Board has established Same Day Emergency Care (SDEC) units. The principle of the SDEC is to provide same day assessments and treatment for patients needing urgent medical or surgical attention, without the patient needing to be admitted into hospital overnight. The Health Board has both Surgical and Medical SDEC units which currently operate five days a week between 8 am and 8 pm, except for the Ysbyty Ystrad Fawr SDEC which closes at 4 pm on Fridays.
- 51 Between March 2024 and February 2025, the Health Board had the second lowest rate of attendances to its SDEC units per 100,000 head of GP population across Wales (191.9 compared to the all-Wales average of 246.3). Referrals to SDEC can be made through the flow navigation model or via the Consultant Connect system¹⁰. The Six Goals Plan 2024-25 outlined the ambition to ensure that patients are seen in the right place first time. This includes increasing the volume of acute medical patients who are seen within an SDEC unit, with a predicted forecast of 400 patients a week across SDEC/Ambulatory services (plus 240 more predicted via Medical Assessment Units). A Board paper in January 2025 reported that following an initial pilot of providing medical patients with an initial assessment in SDEC, as opposed to the Medical Assessment Unit, the Health Board has seen a substantial increase in patient throughput through the SDEC. This is supported by the data which shows that attendance levels have increased significantly since October 2024.
- 52 Good practice indicates that there should be high rates of discharge from SDEC units to ensure that they are being used effectively and appropriately. The number of patients that were discharged from the Health Board's SDECs was also lower than the all-Wales position in July 2024 (77.4% compared to the all-Wales average of 82.5%). These figures suggest there may be potential to ensure the patients being referred to SDEC have the appropriate needs for the service ie that they can receive diagnosis and treatment and be discharged the same day. This perspective was supported by focus groups held which indicated that there is more work to be done to improve the interface between SDEC and the Emergency Department.
- 53 The Health Board also has two Urgent Primary Care Centres (UPCC) which provide 24/7 services and are based at the Royal Gwent and Nevill Hall Hospitals. The rate of UPCC contacts per 100,000 head of GP population in the Health Board has fluctuated significantly since April 2022, ranging between a high of 351 and a low of 100. The average number of monthly UPCC contacts per 100,000 head of GP population during that period has been the lowest in Wales at 220, compared to an all-Wales average of 375. Referrals to the UPCC can be made from the GP Out of Hours service, Minor Injuries Units and the Emergency Department, as well as from NHS 111 Wales. The implementation of a 24/7 urgent care service is a key

¹⁰ Consultant Connect is a phone app which connects NHS clinicians, including GPs and paramedics, to a range of hospital consultants for advice and guidance.

workstream within the Health Board's Six Goals Plan. To support this, the Health Board launched an integrated nurse practitioner co-located model for a third UPCC and Minor Injuries Unit at Ysbyty Ystrad Fawr in November 2023. This service was identified as a case study by the Welsh Government, which stated the service had supported 866 patients avoid an Emergency Department attendance, therefore improving the utilisation of the UPCC and creating a more sustainable model of delivery. Despite this, there remains more to do to ensure the Health Board is maximising the value of UPCCs to bring the volume of public contacts in line with the all-Wales average.





Impact of service changes on urgent and emergency care performance

- 54 We found that **the Health Board is making good use of its Minor Injuries Units, but there is more work to do to maximise the use of SDECs. Waiting times within the Emergency Department are problematic and handover delays continue to be at unacceptably high levels.**

Ambulance performance

- 55 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 1,015 red calls per month between March 2024 and February 2025, compared to an average of 374 calls per month between March 2018 and February 2019. Whilst continuing to account for most 999 calls, the number of amber calls has decreased since the pandemic with an average of 4,523 calls per month between March 2024 and February 2025 (compared to 4,782 between March 2018 and February 2019).
- 56 Despite the overall increase in ambulance demand, the rate at which ambulance crews convey patients to hospital has reduced since pre-pandemic levels from 68.4% (March 2018 to February 2019), to 63.3% (March 2024 to February 2025). The rate is consistent with the all-Wales average (63.4%). **Exhibit 7** sets out the destination for all conveyances.

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

Indicator	This Health Board	Trend	All-Wales position
% of patients conveyed to major emergency departments	68.3		88.7
% of patients conveyed to minor injuries units	29.9		6.3
% of patients conveyed to major acute medical admissions unit	0.2		3.1
% of patients conveyed to other unit eg. mental health or maternity unit	1.6		1.8

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

- 57 Ambulance crews convey a lower proportion of patients to its major Emergency Department than the all-Wales average. This is likely due to the comparatively high rate of conveyance to minor injuries units, which is much higher than the all-Wales average and the highest across Wales. There are four minor injuries units within the Health Board, all situated within hospital sites and referrals are primarily made through the Flow Centre. Two of the units had previously been emergency departments prior to the opening of the Grange Hospital in 2020. After a period of public engagement between September and December 2023, the Health Board altered the opening hours of the different minor injuries units to better meet demand. As a result, three of the four units are open seven days a week, with the unit at the Royal Gwent Hospital open for 24 hours.
- 58 However, conveyance to major acute medical admissions units (which include SDECs) as well as conveyance to other units is low. This is because the primary referral source into these services is via the Flow Centre, including for those by WAST.
- 59 Conveyances to hospital following a 999 call from a care home were at an average rate of 53.8% per month between October 2023 and November 2024, lower than the all-Wales average of 60.5% and the lowest in Wales. This may reflect the work of the Health Board's Frailty Response Team, as well as the new Falls Pathway that has been implemented. The Health Board is also planning on undertaking a programme of work co-produced with care homes to help further reduce conveyances to the Emergency Department, as well as supporting a 'Luscii' ¹¹ pilot led by WAST.



¹¹ The 'Luscii' pilot involves remote monitoring technology designed to communicate patient clinical information to WAST staff, in order to safely prioritise the appropriate response.

- 60 Two key aims within the Health Board's Six Goals Plan are to improve ambulance handover performance and reduce ambulance conveyance to the Emergency Department. Key actions put in place to support these aims are a collaborative programme between the Health Board and WAST and an Emergency Medicine action plan. However, data shows that ambulance handover delays across the Health Board continue to be at unacceptably high levels. The percentage of ambulance handovers completed within 15 minutes between March 2024 and February 2025 was just 15.9%, against a national target of 100%. This performance was in line with the all-Wales position of 15.8%. Most handover delays are experienced at the major Emergency Department at the Grange University Hospital, although handover delays can be problematic at Minor Injuries Units. This was evident between March 2024 and February 2025, as only 15.0% of handovers at the Health Board's Minor Injuries Units were completed within 15 minutes (against an all-Wales average of 31.4%).
- 61 During our observations, we saw some of the flow issues that result in handover delays at the Health Board's hospitals. At the Grange University Hospital, where we saw between eight and ten ambulances waiting on the hospital forecourt, Paramedics indicated that they sometimes spend an entire 12-hour shift waiting to hand over one patient. Concerns were also expressed from both nursing and WAST staff regarding the current dual pin handover system, which staff said was not always fully completed as expected. 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.
- 62 Handover performance has been steadily declining within the Health Board since September 2023 and is resulting in a high number of lost hours. The Health Board lost on average 3,214 hours every month between March 2024 and February 2025. This equates to 267 12-hour shifts where patients were waiting in an ambulance outside of hospital for treatment and paramedics were unable to respond to other calls.
- 63 In 2021, a clinical review developed by the Association of Ambulance Chief Executives¹² discovered that the rate at which harm occurs for patients increases when their handovers take over an hour to complete. This review indicated that the likelihood of a patient experiencing severe, or permanent, harm was 7% for handovers taking between an hour and an hour and a half, 10% for handovers taking between two and three hours and 27% for handovers taking over four hours to complete. Data from February 2025 showed that 40.5% (771) of handovers within the Health Board took over one hour to complete, and 20% (380) of handovers took over four hours to complete. By this methodology, there is a potential that 103 patients came to severe harm because of handover delays during February 2025.

¹² 'Delayed hospital handovers: Impact assessment of patient harm' Association of Ambulance Chief Executives, November 2021

- 64 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 (March 2024 to February 2025)

Indicator	This Health Board	Trend	All-Wales position
% of red calls responded to within eight minutes	51.1		48.6
Median response to amber calls (minutes)	112		111

Source: Ambulance Service Indicators

- 65 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 1 hour 52 minutes, rising to 9 hours 6 minutes for those who waited the longest. Performance has declined over the last 12 months.

Emergency department performance

- 66 Within the Health Board, the rate of attendances at an Emergency Department per 100,000 head of GP population has been consistently lower than the all-Wales position, with 1,174 average attendances a month between March 2024 and February 2025 (compared to an all-Wales average of 1,976). Conversely, attendances at the Health Board's Minor Injuries Units have been significantly higher than the all-Wales average (1,262 and 756 respectively). Members of staff we interviewed suggested that some patients with needs that should not be treated at Minor Injuries Units are self-presenting due to long ambulance waits, inappropriate referrals from primary care or because the patient has not been able to access a GP appointment.
- 67 Waiting times in the Health Board's emergency departments have been broadly consistent over recent months, and above the all-Wales average, ranging between 73% and 79% of patients waiting more than four hours. Performance, however, continues to be a challenge at the Emergency Department at the Grange University Hospital. Over the last 12 months, performance has been around 52% which is below the all-Wales average for a major emergency department. The percentage of patients spending less than 12 hours in the Emergency Department has, however, improved, at 82.2% but is still below the all-Wales average. Once assessed, the average rate of admission is higher than at an all-Wales level, at 25.6% compared to 22.3% between March 2024 and February 2025.

Scrutiny and monitoring arrangements

- 68 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.
- 69 We found that **there is a range of urgent and emergency care performance data which is regularly monitored and scrutinised, however, there is scope to strengthen staff feedback, more clearly demonstrate the use of patient feedback to inform plans, and to consistently evaluate project investments.**

Monitoring impact

- 70 We found that **there is a range of available data on the use of urgent and emergency care services, including patient feedback, however, it is not clear how this intelligence is used to improve performance and inform plans, and staff feedback is limited. The Health Board also needs to expand its use of data when reporting on alternative pathways.**
- 71 The findings that have led us to this conclusion are summarised in **Exhibit 9**.

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

Audit question	Yes/ No/ Partially	Findings
Is the Health Board tracking and reporting data to show whether patients are accessing urgent and emergency care services appropriately?	Partially	<p>The Health Board has a good range of system-wide data to show how services are being used, for example, emergency department and SDEC units, Flow Centre referrals and the new Falls pathway. The Health Board's Six Goals Plan and programme updates are also data driven, and have been used to inform workstream planning, including changes within the Flow Centre model.</p> <p>However, data related to other alternative clinical pathways was less prevalent in reporting, for example, the impact of the Health Board's UPCCs and its Physician Response Unit. Staff we spoke to suggested the Health Board could do more to regularly drill down into</p>

Audit question	Yes/ No/ Partially	Findings
		<p>data to analyse specific service performance, such as, patient acuity.</p> <p>Increased data analysis related to GP activity and community services was also a suggestion as to how demand management could be further enhanced, although this data is routinely available.</p>
Is regular patient feedback being sought and used to inform and improve plans?	Partially	<p>The Board receives regular updates regarding patient experience and engagement. The Health Board regularly seeks public feedback through the CIVICA system¹³, launched in 2023, as well as reports from Llais.</p> <p>In a March 2023 Llais survey, while 73% of the 399 patients surveyed rated their experience within the Health Board's Emergency Department or Minor Injuries Unit as either 'very good' or 'good', there were many negative responses regarding the length of waiting times. The survey report notes that, despite this more negative feedback, changes made since the previous survey have improved patient satisfaction. Evidence suggests that the Health Board has actively shared the survey findings with staff and WAST.</p> <p>The Health Board has also sought feedback relating to specific service changes, such as the opening hours of Minor Injuries Units and their experience of care received by an SDEC unit. However, it is unclear how the Health Board is using patient feedback to inform and improve plans (Recommendation 7).</p>
Is there regular staff feedback on the impact of changes to services and pilots to identify and apply lessons?	No	<p>There is no evidence of the Health Board proactively collecting feedback from staff related to urgent and emergency care services.</p> <p>Whilst the Health Board provided us with some good examples of how it communicates with staff to raise awareness of the range of</p>

¹³ CIVICA is a software platform designed to measure patient feedback within healthcare organisations.

Audit question	Yes/ No/ Partially	Findings
		available services, we did not find evidence of the Health Board seeking staff feedback related to recent changes in services or urgent and emergency care services more generally (Recommendation 8).

Source: Audit Wales

Oversight and scrutiny

- 72 We found that **there is effective oversight and scrutiny of performance, but there is scope to evaluate projects more consistently.**
- 73 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	<p>The Six Goals for Urgent and Emergency Care Improvement Programme Board, provides scrutiny and assurance on key urgent and emergency care workstreams. The Executive Director of Nursing chairs the Programme Board. The Programme Board has clear representation from executive, operational and clinical leadership and includes attendance from WAST. However, minutes indicate that there are currently no representatives from primary care in attendance at these meetings, which could limit the Board's understanding of broader demand pressures and the interaction of urgent and emergency care services (Recommendation 9).</p> <p>Minutes from the Programme Board demonstrate updates and reporting on all key workstreams, as well as the analysis of Six Goals metrics. Scrutiny of planning and</p>

Audit question	Yes/ No/ Partially	Findings
		<p>actions is also evident in a range of performance reports.</p> <p>Urgent and emergency care operational performance is also scrutinised through Enhanced Monitoring Meetings¹⁴ and Safety Flow Meetings¹⁵, which provide very detailed information focused on a range of service areas, with some data analysis produced from the Lightfoot system¹⁶.</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?	Yes	<p>Our review of papers found effective scrutiny and oversight of urgent and emergency care at Board and Committee level, including performance, priorities and plans. Reporting on urgent and emergency care milestones and ministerial targets occurs through the Health Board's quarterly Integrated Performance Reports and Dashboard. These reporting mechanisms provide an overview of performance as well as trends, but more detail could be provided regarding the actions taken to improve performance and their impact. Monitoring of progress against the Six Goals for Urgent and Emergency Care Plan occurs within the Six Goals Programme Board meetings, which are held monthly.</p>
Are there arrangements in place for monitoring and oversight of economy, efficiency and	Partially	<p>The Health Board is monitoring project investment within its Six Goals Programme and is on track according to recent Monthly Monitoring Returns. However, more work</p>

¹⁴ Enhanced Monitoring Meetings were introduced by the Health Board to monitor and scrutinise service areas that have been placed under escalation status by the Welsh Government. Meetings monitor performance metrics, targets and actions.

¹⁵ Safety Flow Meetings have been set up by the Health Board to monitor flow through the urgent and emergency care system, with a particular focus upon improving ambulance handover performance.

¹⁶ Lightfoot is a data analytics platform designed to improve healthcare and operational efficiency. It provides Health Boards with real-time data which, for example, can be utilised to manage patient flow.

Audit question	Yes/ No/ Partially	Findings
effectiveness of project investment from the Welsh Government?		needs to be done to develop consistent evaluative practices across the organisation. We found that while the Health Board has internal processes in place to evaluate urgent and emergency care projects and initiatives for effectiveness and value for money, this is inconsistent across the organisation (Recommendation 10).

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	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Six Goals for Urgent and Emergency Care Delivery Plan, 2024-25• 2024-27 Annual Plan: Three-year intent• Integrated Medium Term Plan (2022-25)• Quarterly Outcome and Performance reports• Health Board Ministerial Priorities 2023-26• Communications and Engagement Strategy 2023-2026• Strategic Risk and Assurance Reports• Public Board Meeting papers• Finance and Performance Committee papers• Safety Flow Meeting papers• Enhanced Monitoring Meeting papers• Divisional Assurance Meeting papers• Six Goals for Urgent and Emergency Care Improvement Programme Board papers• Six Goals for Urgent and Emergency Care Programme Update• Care Navigation. Urgent and Emergency Care at Aneurin Bevan University Health Board (staff training resource)• CIVICA Once for Wales Patient Feedback presentation• Llais Gwent region briefing document
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none">• Chief Operating Officer• Programme Lead for Urgent and Emergency Care• Director of Primary and Community Services• General Manager for Urgent Care at the Grange University Hospital• WAST Head of Service Operations (South-East)

Element of audit approach	Description
Group discussions	<p>We held group discussions with the following:</p> <ul style="list-style-type: none"> • GP Cluster Leads and Out of Hours Leads • Leads for the Emergency Department, SDECs, UPCCs and Minor Injuries Units
Observations	<p>We also observed the ambulance handover process at the Emergency Department in the Grange University Hospital. We spoke with the following staff:</p> <ul style="list-style-type: none"> • Locality Manager • Paramedic x 2 • Senior Nurse • Triage Nurse • Emergency Unit Receptionist
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 17 GP practices; and • a sample of 18 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 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?	<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's 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	<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, 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's 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 (UPCCs) and Same Day Emergency Centres (SDECs).

Audit questions	Audit criteria
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. • 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?	<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.

Audit questions	Audit criteria
<p>Is there effective scrutiny and assurance in relation to delivering plans for urgent and emergency care and alternative clinical pathways?</p>	<ul style="list-style-type: none"> • 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 13 sets out the Health Board's management response to the recommendations made because of this audit.

Exhibit 13: management response

Recommendation	Management response	Completion date	Responsible officer
Risk Management within plans R1 The Health Board should ensure that in future Six Goals for Urgent and Emergency Care Plans, all identified risks have clear risk owners and that mitigating actions have clear target dates (Exhibit 2).	<p>The Six Goals Programme maintains a centralised risk register and action log; to strengthen our assurance process the register will be reviewed and updated regularly, with escalation routes clearly defined for significant risks.</p> <p>In addition, risk management will be strengthened across the Six Goals for Urgent and Emergency Care Programme, in the following ways:</p> <ul style="list-style-type: none">• all identified risks within the Programme will have named owners accountable for ongoing oversight, escalation, and resolution. This will be reflected consistently in the risk register and programme documentation.• each mitigating action will have clear target dates and associated leads. This will ensure timely intervention and provide a basis for tracking progress at Programme Board level.	September 2025	Executive Director of Nursing

Recommendation	Management response	Completion date	Responsible officer
	<p>These improvements will be in place ahead of the September 2025 Programme Board meeting. Progress will be monitored by the Programme Team and reported to the Board quarterly to ensure sustained compliance.</p>		
<p>Six Goals Programme funding</p> <p>R2 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).</p>	<p>To ensure the continued delivery and sustainability of Six Goals-related initiatives, the Health Board is taking the following steps:</p> <ul style="list-style-type: none"> • national programme funding has been secured and allocated to support the ABUHB Six Goals Programme through to March 2026. • a structured evaluation process will be undertaken for all projects funded up to March 2026. This will assess impact, outcomes, and alignment with strategic priorities to inform future funding decisions. • internal planning is underway to identify ongoing funding requirements for services expected to continue beyond 2025-26. This will include engaging with operational leads, finance colleagues, and strategic planning teams to ensure sustainability and alignment with health board priorities. • funding needs for continuing schemes will be incorporated into the Health Board's medium-term financial plan and business planning 	December 2025	Executive Director of Nursing

Recommendation	Management response	Completion date	Responsible officer
	processes, ensuring early visibility of any investment gaps or reallocation needs.		
<p>GP and dental public signposting via websites</p> <p>R3 To help address demand for urgent care, the Health Board should ensure GP and dental practices provide clear, accessible information about urgent and emergency care services on their websites and conduct a future audit to ensure compliance (Paragraph 28).</p>	<p>The Health Board recognises the importance of providing consistent and accessible information about urgent and emergency care, however, the Health Board notes that the majority of GP and dental practices operate as independent contractors to the NHS, with the Health Board commissioning these services in accordance with The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 and the NHS General Dental Services (GDS) Contracts (Wales) Regulations 2006, respectively.</p> <p>The Health Board is authorised to require only those provisions stipulated within the relevant regulations regarding the provision of patient information and online resources, and compliance with these regulations is assured through standard contract monitoring processes. Beyond these statutory requirements, the Health Board will communicate these findings and ensure that the matter is raised with providers through the appropriate professional collaborative forums.</p>	October 2026	Chief Operating Officer

Recommendation	Management response	Completion date	Responsible officer
<p>Communicating and engaging with patients and staff</p> <p>R4 To strengthen access and understanding of key services within the urgent and emergency care system, the Health Board should review the communication and referral process between secondary care and GPs to identify a more time-efficient channel to discuss patient cases (Paragraph 36).</p>	<p>To enhance communication and referral pathways between secondary care and primary care, and to support more efficient patient case discussions, the Health Board is taking the following actions:</p> <ul style="list-style-type: none"> • ABUHB was the first Health Board in Wales to introduce a 24/7 single point of access (SPOA) for clinical referrals and advice between primary care, WAST, and secondary care. The service consistently achieves average call answer times of under three minutes, even during periods of high demand. • recognising the need for clearer referral routes into services such as Frailty, Ambulatory Emergency Care, and Urgent Primary Care, we have established a Navigation Hub Project Group. This group is tasked with streamlining access to these pathways and improving the user experience for referring clinicians. • we are actively engaging with primary care and WAST to understand pain points and gather feedback on the current system. This input will directly inform the redesign of SPOA functionality and referral protocols. <p>The Navigation Hub Project Group will deliver recommendations and system refinements over the next nine months, with regular reporting to the Six Goals Programme Board. Improvements will be</p>	October 2026	Chief Operating Officer

Recommendation	Management response	Completion date	Responsible officer
	assessed using agreed KPIs, including response times, referral accuracy, and user satisfaction.		
<p>Directory of services</p> <p>R5 To ensure health and care staff can adequately signpost and refer people to the right urgent and emergency services, the Health Board should:</p> <ul style="list-style-type: none"> establish a mechanism to ensure the WAST Directory of Services remains up to date, which includes the identification of an officer with lead responsibility for this task; and establish a mechanism to share the Directory of Service with community and care home staff which should include referral routes to support their cohort of patients (Paragraph 37). 	<p>To strengthen the accessibility and accuracy of urgent and emergency care service information, the Health Board is taking the following actions:</p> <p>5.1 A named lead officer will be appointed to oversee all Health Board contributions to the WAST Directory of Services. This individual will act as the central point of contact for service updates, ensuring timely and coordinated entries across departments.</p> <p>5.2 The appointed lead officer will also coordinate dissemination of the directory to community and care home staff, supported by clear guidance on referral pathways relevant to their patient populations.</p> <p>As part of a wider digital improvement initiative, the Health Board is developing a comprehensive, centralised digital Directory of Services which will be accessible to Health Board staff and external partners.</p> <p>In addition, our professional line has been made available to care homes where clinical advice is required particularly in the out of hours periods.</p>	<p>November 2025</p> <p>November 2026</p>	<p>Chief Operating Officer</p> <p>Executive Director of Nursing</p>

Recommendation	Management response	Completion date	Responsible officer
Referral pathways R6 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 39).	<p>To improve access to appropriate urgent and emergency care services, and to support more efficient use of alternative referral options, the Health Board is taking the following steps:</p> <p>ABUHB was the first Health Board in Wales to implement a 24/7 SPOA for referrals and advice between primary care, WAST, and secondary care. While this system is functioning well for direct secondary care access, we recognise the need to further strengthen pathways to alternative services. We have established a Navigation Hub Project Group specifically to improve the clarity and accessibility of referral routes to services such as Frailty, Ambulatory Emergency Care, and Urgent Primary Care. This group is reviewing existing referral mechanisms and identifying opportunities to streamline processes for front-line staff.</p>	March 2026	Chief Operating Officer
Use of patient feedback R7 To ensure the Health Board is building on feedback from patients, plans for urgent and emergency care should demonstrate how they have considered patient feedback (Exhibit 9).	<p>To ensure patient feedback actively informs the planning and improvement of urgent and emergency care, the Health Board is strengthening its approach in the following ways:</p> <ul style="list-style-type: none"> patient stories are regularly incorporated into Six Goals Programme Board discussions. We recognise the value these narratives provide and are committed to expanding their use to inform strategic planning and service redesign. 	December 2025	Executive Director of Nursing

Recommendation	Management response	Completion date	Responsible officer
	<ul style="list-style-type: none"> • we have recently implemented CIVICA, the national patient-reported experience measure tool, across our services. This will provide robust, real-time data on patient experience in urgent and emergency care. Insights generated will be regularly reviewed and presented to the Programme Board to guide evidence-based decision-making. • we have secured ongoing representation from our regional Llais partner on the Six Goals Programme Board. This ensures that the patient voice is present and that external scrutiny supports continuous improvement. • we are developing a framework to ensure that patient feedback from CIVICA is thematically analysed, tracked, and linked to specific service improvement actions. We will report progress through the Programme Board and publish summary findings to close the feedback loop with patients and the public. 		
Staff feedback on service changes R8 To identify potential weaknesses or learning in relation to recent changes to its urgent and emergency care services, the Health Board should introduce regular mechanisms for staff	The Health Board recognises the value of staff and partner feedback in identifying potential weaknesses and learning opportunities related to urgent and emergency care (UEC) service changes.	April 2026	Executive Director of Nursing

Recommendation	Management response	Completion date	Responsible officer
<p>feedback. This should include feedback from key partners including primary care and WAST (Exhibit 9).</p>	<p>Staff engagement currently forms a core part of our project methodology for strategic initiatives such as Same Day Emergency Care (SDEC) and Urgent Primary Care (UPC), with structured involvement before, during, and after implementation. Feedback from these engagements directly informs project evaluation and service improvement.</p> <p>To strengthen this approach and ensure more regular and structured feedback, we will:</p> <ul style="list-style-type: none"> • introduce periodic roundtable engagement sessions. These sessions will include representation from across the organisation and key partners, such as, Primary Care and WAST, and will be focused on reviewing recent and ongoing UEC service changes. <p>Feedback gathered will be logged, thematically analysed, and shared with relevant service leads and governance groups to support continuous learning and inform future service planning.</p>		
<p>Primary care representation at the Six Goals for Urgent and Emergency Care Improvement Programme Board</p> <p>R9 To ensure the Health Board has a broad understanding of demand pressures and the interaction of urgent and emergency care services, it should</p>	<p>The Health Board recognises the importance of ensuring that primary care perspectives are fully integrated into the Six Goals for Urgent and Emergency Care Improvement Programme Board to enable a comprehensive understanding of system pressures and interdependencies.</p>	<p>September 2025</p>	<p>Executive Director of Nursing</p>

Recommendation	Management response	Completion date	Responsible officer
<p>ensure there is primary care representation at the Six Goals for Urgent and Emergency Care Improvement Programme Board (Exhibit 10).</p>	<p>Current board membership includes broad representation from partners such as WAST, Llais, NHS Executive, and Local Authorities. Primary and Community Care (PCC) Division is represented by two Senior Responsible Officers who are part of the PCC divisional leadership team. In addition, primary care clinicians aligned to transformation initiatives are invited to participate.</p> <p>However, we acknowledge that regular clinical commitments can limit attendance and input from practising primary care clinicians. To address this, we will:</p> <ul style="list-style-type: none"> • extend a standing invitation to all Neighbourhood Care Network (NCN) Leads, ensuring broader clinical representation across the geography; • review scheduling and format of board meetings to improve accessibility for primary care participants; • explore alternative models of engagement. <p>These changes will be implemented by the end of Q2 2025, and the effectiveness of this enhanced representation will be reviewed at the end of the year as part of the Programme Board's annual effectiveness review.</p>		

Recommendation	Management response	Completion date	Responsible officer
<p>Evaluating project benefits</p> <p>R10 To strengthen its reporting of the benefits achieved from its Six Goals Programme work and associated use of funding, the Health Board should develop and communicate guidance for staff on how to evaluate the effectiveness of projects, initiatives and service changes relating to urgent and emergency care services (Exhibit 10).</p>	<p>The Health Board recognises the importance of consistently evaluating the impact and benefits of projects funded and delivered through the Six Goals Programme. Clear, structured evaluation not only supports continuous improvement but also ensures accountability for use of resources and alignment with patient needs.</p> <p>Strategic projects currently undergo a pre-investment panel review, where proposals are assessed by a multidisciplinary team and escalated to the Executive Committee. Project delivery and evaluation are supported by the Transformation and Delivery team in collaboration with clinical leads.</p> <p>In addition, Quality Improvement (QI) training is promoted across clinical services, delivered by the Patient Quality and Safety team, and includes core methodologies such as the Plan-Do-Study-Act (PDSA) cycle.</p> <p>To strengthen our approach to benefits reporting, we will:</p> <ul style="list-style-type: none"> • develop clear and practical guidance for staff on how to evaluate urgent and emergency care projects, aligned to best practice in benefits realisation and QI; • incorporate tools and templates to support data collection, outcome measurement, and post-implementation reviews; 	November 2026	Executive Director of Nursing

Recommendation	Management response	Completion date	Responsible officer
	<ul style="list-style-type: none"> ensure the guidance is communicated and embedded through QI training. <p>This guidance will be developed by the end of Q3 2025, and its implementation will be monitored through the UEC Programme Board.</p>		

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.