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Audit Wales

Urgent and Emergency Care: Arrangements for Managing Demand – Betsi Cadwaladr University Health Board

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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 Betsi Cadwaladr University Health Board (the Health Board). The work is the second phase of a programme of work focused on several elements of the urgent and emergency care system in Wales. The first phase, which examined discharge planning and the impact of patient flow on urgent and emergency care, is reported separately.

2 Our approach recognises that the urgent and emergency care system is complex, with many different organisations needing to work together to provide urgent and emergency care and to ensure the wider system operates effectively and efficiently. The Welsh Government's Six Goals for Urgent and Emergency Care Programme (Six Goals Programme) launched in 2021, provides the context for our work. At the time of our work, the urgent and emergency care system in Wales continued to be under significant pressure.

3 Our work has examined the Health Board's arrangements for managing the demand for urgent and emergency care to reduce unnecessary pressure on the system. It has been undertaken to help discharge the Auditor General's statutory duties under Section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to ensure the efficient, effective, and economic use of its resources.

4 We undertook our work during the 2024-25 financial year. The audit methods and criteria we used to deliver our work are summarised in **Appendices 1 and 2**.

Key facts and figures

Primary Care Services	
809	Number of GP urgent and acute appointments[1] available per day per 100,000 head of GP population in March 2025 compared with the all-Wales average of 751. This is a reduction of 7.6% since March 2023.
901	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.
341	Number of contacts per month at the Urgent Primary Care Centre per 100,000 head of GP population in March 2025 compared with an all-Wales average of 433.

Ambulance Services	
100%	Increase in Category A (red) ambulance calls between March 2019 and March 2025 compared with an all-Wales average of 127%.
48%	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 37% 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 reduction of 125% from March 2019.

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

Hospital Services	
9%	Increase in the number of attendances at the Health Board's Emergency Departments between March 2019 and March 2025, compared with an all-Wales average increase of 8%.
3763	Number of people waiting more than 12 hours in the Health Board's Emergency Departments in March 2025. This is an increase of 79% since March 2019.
07:46hrs	Average time spent in the Health Board's Emergency Departments in March 2025, compared with the all-Wales average of 5 hours, 27 minutes. This is an increase of 2 hours, 56 minutes since March 2019.
241	Number of attendances to the Same Day Emergency Care units per 100,000 head of population in March 2025 compared with an all-Wales average of 278.

Funding	
£92.6m	Additional monies allocated to the Health Board for the period 2022-25 to recover planned and urgent and emergency care over and above the Health Board's core funding.
£5.7m	Additional in-year monies received by the Health Board in 2023-24, and 2024-25 to support delivery of the ambitions of the Six Goals Programme.

Key messages

Overall conclusion

5 Overall, we found that **whilst plans for managing urgent and emergency care demand continue to develop, performance remains extremely challenging and arrangements for managing risks, demonstrating the use of additional funding and patient and staff engagement need strengthening.**

Key findings

Planning arrangements

6 The Health Board is developing its planning approach for implementing the Six Goals Programme to better manage urgent and emergency care demand. Plans align with the requirements of the Six Goals Programme by setting out actions such as developing its Same Day Emergency Care units and further strengthening pathways for high volume demand such as breathing problems. However, whilst the Health Board has access to a range of operational data, plans do not show how data has been used to inform its strategic plans for urgent and emergency care services.

7 Plans identity key risks, including those related to workforce and resource challenges, as well as mitigating actions, although there is a need to ensure mitigating actions are sufficiently robust and that risks have identified owners and targets. However, plans are not sufficiently clear about how they will be resourced. Plans do not set out the required levels of staffing and lack clarity on how new models will be funded in the medium to longer term. There is also scope to ensure that actions taking place at more local Integrated Health Community (IHC) levels are aligned to the Health Board's corporate Six Goals Plan.

Accessing services

8 We found that the Health Board does not have a formal communications plan for its interaction with the public, staff, and stakeholders regarding urgent and emergency care. The Health Board does provide information to the public through its website and social media platforms. However, feedback during our review, as well as from Llais, indicates that there is a need to further strengthen public messaging of the purpose of services and how to access them. For example, we found scope to strengthen information available via the Health Board, GP and dental websites.

9 We also found inconsistent staff engagement regarding updates to service changes and delivery. Ambulance staff deal with lower rates of 999 and 111 calls across the Health Board remotely compared to other areas in Wales. There also

remain opportunities to identify further referral mechanisms that could direct patients to their required service in a more efficient manner. In addition, the Health Board does not currently have a mechanism to keep the Welsh Ambulance Services NHS Trust (WAST) directory of service up to date. However, paramedics treat higher rates in the community within the Health Board area than across Wales.

10 The Health Board has established Same Day Emergency Care (SDEC) units to provide urgent assessments and treatments without overnight admissions. Between April 2024 and March 2025, for those attending SDECs there are broadly high rates of discharge, which indicates effective use of the units. However, referrals to SDEC via ambulance crews is low, indicating lack of compliance with national SDEC referral criteria. The Health Board has also established Urgent Primary Care Centres (UPCCs) to treat patients with primary urgent needs and create additional capacity for GPs. Whilst the development of UPCCs has been welcomed in the Health Board, there remains opportunities to maximise contact rates, which are lower in the Health Board compared to the all-Wales rates.

11 Data shows that demand is increasing in relation to red calls to 999 as well as through attendances to Emergency Departments. Conveyance rates have remained largely static, which suggests that the Health Board's activity is maintaining performance levels despite increased demand. However very few patients are conveyed to Minor Injuries Units, with low visibility of this metric at a corporate level. Handover delays continue to be at unacceptably high levels, which is likely to be causing patient harm, both for the patients waiting to be transferred to the hospital, as well as for patients in the community who are awaiting an ambulance response. Data shows increasing levels of attendance to the Health Board's emergency departments, and subsequently longer waiting times for patients to be seen. Despite a general decrease in acuity levels for patients accessing emergency departments, the Health Board admit higher rates of patients than other regions in Wales, suggesting further opportunities to meet some patients needs through alternative services.

Scrutiny and monitoring arrangements

12 The Health Board has a wealth of information to enable it to track and report the use of urgent and emergency care services. Whilst the Health Board does seek some patient feedback, response rates are low which make the findings unreliable. It is also not clear how the Health Board uses this feedback to improve services. Furthermore, we found no evidence that the Health Board collects staff feedback.

13 There is regular operational and corporate oversight of performance and plan progress. However, there is a need to report on the use of additional funding more clearly within the Health Board.

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
Identifying data used to inform plans for urgent and emergency care R1 To ensure that priorities reflect and align to up to date information such as service demand, service capacity and future demographic pressures, the Health Board should clearly indicate the data used to inform its plans for urgent and emergency care (**Exhibit 2**).
Risk management within plans R2 To strengthen risk management, the Health Board should ensure that all risks set out in urgent and emergency care plans have risk owners, clear scores and targets as well as robust mitigating actions (**Exhibit 2**).
Alignment between IHC and corporate urgent and emergency care plans R3 To ensure that the actions taking place within Integrated Health Communities align with the corporate vision of the Health Board, it should develop IHC delivery plans to implement the vision of the corporate Six Goals Plan which sets out a consistent approach to track performance of the overarching urgent and emergency care plan delivery across each IHC area (**Exhibit 2**).
Resourcing urgent and emergency care plans R4 To provide clarity on how initiatives will be funded beyond the annual plan cycle, the Health Board should ensure its plans for urgent and emergency care clearly identify funding needs for current and future years, as well as identifying the sources of funding (**Exhibit 2**). R5 To support achievement of the ambitions of its urgent and emergency care plans, the Health Board should clearly set out the current and future workforce requirements (**Exhibit 2**).
Improving information on alternative services

R6 To help guide patients to the most appropriate service for their needs, the Health Board's website should include advice on key urgent conditions, such as breathing difficulty, chest pain or rashes (**Paragraph 26**)

R7 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**).

R8 To support staff and public understanding of the breadth of urgent and emergency services within the Health Board, and how to access them, the Health Board should develop a communications plan for urgent and emergency care services (**Paragraph 33**).

R9 To help health and care staff adequately signpost and refer people to the right urgent and emergency care services, the Health Board should establish a mechanism to keep the WAST Directory of Services up to date, which includes the identification of an officer with lead responsibility for this task (**Paragraph 37**).

Maximising use of SDECs and UPCCs

R10 To ensure compliance with the national SDEC referral criteria and guidance, the Health Board should conduct an audit of its SDEC data and report the results to the appropriate committee (**Paragraph 52**).

R11 To ensure Urgent Primary Care Centres are being maximised, the Health Board should:

9.1 Work with key partners, including GPs and Emergency Department leads, to review the UPCC referral criteria.

9.2 Ensure the UPCC referral criteria is well-communicated and accessible to relevant staff, once agreed (**Paragraph 56**)

Maximising use of Minor Injuries Units

R12 To understand how well it is utilising Minor Injuries Units and to identify further opportunities to maximise this service, the Health Board should include metrics on attendance and conveyance rates to its minor injuries units and medical assessment units in reports to the Finance and Performance Committee **(paragraph 62)**.

Improving staff and patient feedback

R13 To ensure future plans for urgent and emergency care are informed by patient experience, the Health Board should clearly demonstrate within the narrative how it has considered patient feedback (**Exhibit 9**).

R14 To improve the understanding of how services are working, and identify potential weaknesses or learning from recent changes, the Health Board should introduce regular mechanisms for staff feedback on urgent and emergency care services. This should include feedback from key partners including primary care and WAST staff (**Exhibit 9**).

Reporting of expenditure of additional funding for UEC services

R15 To increase transparency and strengthen assurance that monies allocated to the Health Board for urgent and emergency care is being spent wisely, the Health Board should include information on its use of additional funding within regular finance reports to the Performance, Finance and Information Governance Committee. This should include the use of Six Goals, Further Faster and Regional Integration Fund monies (**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 two versions of the Health Board's draft Six Goals for Urgent and Emergency Care Delivery Plan 2024-25[2] (the Six Goals Plan), one which was developed in April 2024 and an updated version from November 2024. We also reviewed the Health Board's Annual Plan 2024-25 and its winter resilience plan, both of which were approved by the Board (in March and November 2024 respectively).

17 We found that **whilst plans for managing demand continue to develop, the Health Board needs to strengthen its approach to managing risks and describing how it will resource its plans.**

18 The findings from our review of these plans are summarised in **Exhibit 2**.

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

Audit question	Yes/ No/ Partially	Findings
Are plans informed by relevant and up-to-date information?	**Partially**	Plans provide a snapshot of the regular data available to inform operational decisions. This snapshot shows evidence of good data at an operational level to inform day-to-day decision making and management of flow within hospitals, such as the 'Patient Journey' dashboard. However, there is little to no data included within plans to inform the strategic changes identified (**Recommendation 1**).

[2] At the time of our fieldwork, Betsi Cadwaladr University Health Board was the only health board in Wales without an approved Six Goals Delivery Plan.

Audit question	Yes/ No/ Partially	Findings
Do plans identify and seek to address key risks associated with urgent and emergency care services?	**Partially**	The Health Board's plans identify a set of risks to the delivery of its Six Goals Programme. Risks listed include a lack of resource to deliver, specifically relating to leadership and ineffective use of investment funding. However, the risks we reviewed did not have risk scores, owners, or targets. Furthermore, some of the mitigating actions listed were undeveloped when the Health Board submitted the draft plan, with the narrative for several risks stating the Health Board would review processes or discuss further during the year (**Recommendation 2**). Strategic risks for urgent and emergency are better detailed. The Health Board's Board Assurance Framework and Corporate Risk Register have risks relating to the urgent and emergency care services more broadly. Risks include the Health Board's inability to meet demand leading to delays which could cause severe or catastrophic harm to patients. There are a range of mitigating actions in place for these risks which align to the Health Board's Six Goals Programme. However, the effectiveness of these mitigating actions is dependent on how well risks can be managed at the programme level.
Do plans align with requirements of the Six Goals for Urgent and Emergency Care Programme, and clearly setting out how the alternative clinical pathways will work?	**Partially**	The Health Board's plans align with the Six Goals Programme. The Health Board has combined the six goals into four workstreams. Plans set out a commitment to implementing alternative clinical pathways in line with the Six Goals Programme, including strengthening arrangements for its Same Day Emergency Care (SDEC) services, Urgent Primary Care Centres (UPCCs) and reducing handover delays. However, the Six Goals Plan we reviewed is high-level and largely provides an update on the current position of these pathways without setting clear expectations for how new clinical pathways will operate in future. This is in part due to the different structures and processes in place across the Health Board's three Integrated Health Communities (IHCs) which means that different models have been implemented. The Performance, Finance and Information Governance committee received separate reports from each of the three Integrated Health Communities (IHCs) during 2024 to provide assurance on performance, finance, and workforce issues within their areas, which included urgent and emergency care performance. The reports highlighted

Audit question	Yes/ No/ Partially	Findings
		how different services and actions are in place across the Health Board reflecting the different IHC plans that are in place (**Recommendation 3**).
Do plans identify the current and required levels of resource and staffing to achieve the intended ambitions?	**No**	The Health Board's draft Six Goals Plan was costed for 2024-25 but the figures quoted far exceeded the Health Board's £1.6m Six Goals funding allocation for 2024-25. The Six Goals Plan did not show where additional money for the identified costs would be sourced from, such as Further Faster or core funding. In addition, the plans did not set out how initiatives set out in the plan would be funded in future years (**Recommendation 4**). In addition, whilst the Six Goals Plan references a risk related to the lack of leadership and programme support, plans provide no detail on how the risk will be mitigated. None of the plans we reviewed clearly identified the current and future required levels of staffing to achieve their intended ambitions (**Recommendation 5**).

Source: Audit Wales

Accessing services

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

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

20 We found that **urgent and emergency care performance remains extremely challenging, worsened by a lack of consistent engagement with staff and stakeholders to ensure reliable referrals and guide patients to the best service for their needs.**

Signposting of services to patients

21 We found that **there are some arrangements are in place to signpost services to the public, but arrangements are not strategic or consistent with feedback suggesting a need to improve public awareness of services**.

Communication plans

22 The Health Board does not have a standalone communications plan setting out how it communicates urgent and emergency care messages to the public, its staff, and other agencies.

23 The Health Board undertakes communications activity specific to its winter and summer plans. The winter resilience plan 2024-25 included a section on communication and engagement which commits to delivering the national 'Help Us to Help You' campaign by amplifying the national messaging on a local basis and working with regional partners to ensure consistent messaging. However, the plan did not set out how the Health Board would achieve this action.

24 More generally, the Health Board uses its social media pages to provide information on specific services, including the 'Mental Health 111 Press 2' service, and for potentially high-demand days, such as bank holidays. Whilst this approach allows flexibility, it also creates a significant risk that public messaging will not reach those without access to social media.

Public information

25 The first point of call for most patients with an urgent need may be their GP. Our review of available data suggests that, between April 2024 and March 2025, the Health Board's GP practices provided a level of urgent and acute appointments per day per 100,000 head of GP population that is in line with the all-Wales average (787 and 777 appointments per day respectively). The level of provision has decreased from 812 appointment per day in 2023-24, despite one of the Health Board's Six Goals workstreams providing cluster funding for additional urgent appointments at a full year cost effect of £600,000. These appointments are only available during the day, and in times of high demand and out of hours, patients need to be signposted to alternative services that can meet their urgent care needs.

26 The Health Board's website is not easy to navigate to access advice on how to best manage common illnesses. The website has a 'Health Advice' section, but this does not hold clear information relating to urgent care needs and mainly includes information around wellbeing and prevention. In December 2024, a section on seasonal information was added which provides useful advice on managing winter viruses, chest infections and information on the urgent dental service. However, the website does not have advice on several other key urgent conditions, such as breathing difficulty, chest pain or rashes (**Recommendation 6**).

27 We also considered what information is available to the public via GP and dental practices to assess whether there was clear signposting for patients if they have urgent or emergency care needs out of hours. **Exhibit 3** sets out the results of this work, which reviewed the websites and out of hours phone messages of 25 GP practices and 19 dental practices[3].

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	36.0	56.8
% of GP practice answer phone messages with clear signposting	80.0	89.5
% of dental practice websites with clear signposting	36.8	36.7
% of dental practice answer phone messages with clear signposting	78.9	86.7

Source: Audit Wales

28 The Health Board is broadly in line with the all-Wales position in terms of having clear signposting on its GP and dental phonelines. Whilst the Health Board is also in line with the all-Wales average in relation to clear signposting on dental websites, there appears to be scope to strengthen the signposting available through its GP and dental websites. This would help ensure the public can access relevant and up to date information on where they can access help when experiencing an urgent care need (**Recommendation 7**).

29 Across Wales, between 450,000 – 500,000 people access the 111 website each month. The Health Board has a lower rate of 111 calls per head of GP population, with 111 calls made by Health Board residents accounting for 18.4% of all calls in February 2024. The top five reasons for calls are set out in **Exhibit 4**.

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

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

This Health Board	% of all calls	All-Wales position	% of all calls
Dental problems	3.8	Dental problems	4.1
Abdominal pain	3.1	Abdominal pain	2.4
Chest pain	1.8	Chest pain	1.6
Cough	1.8	Cough	1.4
Rash	1.2	Rash	1.0

Source: Ambulance Services Indicators

30 Dental problems is the most common reason for contacting 111 in the region, though this is at a lower frequency than at a national level. The Health Board has a slightly higher number of dental contracts per 100,000 of population compared to the all-Wales figure (18.5 and 16.8 respectively) which is positive. As mentioned in **paragraph 26**. the Health Board's website holds useful information in relation to the urgent dental service. The rate of calls for abdominal pain, chest pain and rashes are slightly higher for the Health Board than at an all-Wales level, which reinforces the need for clear information on the website to provide patients with advice on a broader range of conditions.

Patient awareness

31 There are differences in urgent and emergency care services in place across the Health Board's three IHCs. These differences can make it more difficult for patients and staff to understand how to access services.

32 The Health Board does not collect feedback from patients to understand whether they have a good awareness of the availability of services. Feedback from Llais[5] has also identified that there are further opportunities to strengthen public understanding of the urgent and emergency care system, so the public are better able to access the most appropriate provision for their needs.

33 As such, the Health Board would benefit from developing a communications plan for its urgent and emergency care services. A communications plan would support the Health Board to mitigate the risk of disjointed and confusing public messaging about the availability and access routes to urgent and emergency care services

[4] 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.

[5] 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.

across the Health Board's footprint. It would also support the Health Board to identify gaps in information and hard-to-reach audiences, such as those with limited access to digital resources (**Recommendation 8).**

Staff awareness and ability to refer

34 We found that **despite good arrangements for ambulance staff to treat patients in the community, staff engagement on the range of alternative pathways for urgent and emergency care is inconsistent.**

Promoting staff awareness of services

35 In the absence of a communications plan, it is unclear how the Health Board engages its staff on plans to manage demand for urgent and emergency care. Interviews with a range of staff as part of this review indicated that the methods used are inconsistent.

36 Interviews also indicated that engagement between senior leaders within urgent and emergency care with key staff and partners, such as primary care and ambulance staff has been poor in the past. Lack of engagement has led to a lack of a shared understanding of the range of alternative services available to patients with urgent and emergency care needs. This was made worse by having numerous urgent and emergency care plans in place at IHC and Health Board levels which were both operational and strategic in nature. This historically has led to variation in the application of new models and services, as well as confusion about the services available for staff and key partners.

37 We often heard that information to capture the alternative pathways that are in place is also unreliable. WAST holds a directory of service for each Health Board area which holds details of referral pathways. The Health Board has responsibility for keeping the directory up to date. However, we heard from a range of staff that the information held in the directory of service is unreliable. Issues cited included listed services that were no longer available, new services missing and the directory not reflecting the differences in services across the IHC areas (**Recommendation 9**).

38 However, during our fieldwork we saw examples of the Health Board taking steps to improve its engagement with key stakeholders to inform its operational urgent and emergency care work. For example, following the re-draft of its Six Goals Plan in November 2024, the Health Board shared its plans with local authority partners via the Regional Partnership Board.

Referring to services

39 The Health Board consistently has a lower rate of patients that call 999 who are dealt with through 'consult and close' over-the-phone advice or signposting, compared to the all-Wales average (13.9% compared with 15.1% in April 2024). Of

those calls, the proportion that are directed to alternative services is in line with the all-Wales average (75% compared with 73%).

40 The 111 service is also directing a lower proportion of patients to alternative services. **Exhibit 5** sets out the extent to which the 111 service has been able to refer patients to other services.

Exhibit 5: referral to other services (February 2024)

Indicator	This Health Board	All-Wales position
% of 111 calls referred to GP out of hours	42.7	41.0
% of 111 calls referred to another health profession	2.9	2.4
% of 111 calls referred to dental services	13.3	9.9

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

41 During 2023-24, the rate at which 111 staff referred patients to GP out of hours and to other health professions has been broadly consistent with the all-Wales level. However, 111 staff have consistently referred higher proportions of calls to urgent dental care than the all-Wales average. This is in line with the data contained in **Exhibit 4** and shows a need to ensure sufficient access to dental pathways across the Health Board.

42 In addition, 5.2% of 999 calls within the Health Board area were transferred to the 111 service during 2023-24. However, 29% of these were returned from 111 back to the 999 phoneline to be considered for an ambulance dispatch. This is higher than the all-Wales average, which was 27.6% for the same period. This suggests that, although the triage software has identified that the caller has a less severe urgent care need and therefore does not require a 999-call response, there is an absence of a suitable alternative service for that patient, and they have needed to be diverted back to the emergency 999 service as a result.

43 Lack of a sufficient range of alternative pathways was a common concern expressed in our discussions with a range of professionals across the Health Board area. This included representatives from GP clusters who felt they had limited pathway options to refer patients to, meaning that they refer to the emergency department by default. Analysis of the top three incidents leading to conveyance across the Health Board identified that the most frequent incidents between April 2023 and August 2024 were due to falls, breathing problems, and chest pain. Lack of frailty pathways was a commonly cited area where there are insufficient available pathways. A focus on high impact pathways for both falls in the community and breathing problems is the main aim of workstream one under the Health Board's Six Goals Delivery Board, although the Health Board's Six

Goals Plan lacked clarity on timescales and specific actions for achieving these aims.

44 The extent to which ambulance crews however can ‘see and treat’ patients at scene within the Health Board area is higher than the all-Wales average (16.8% compared with 14.3% in March 2025). The ‘see and treat’ rate has consistently been higher than the all-Wales average for the past 12 months. In addition, the percentage of patients who were referred to alternative care services was higher than the all-Wales position in February 2025 (14.5.% compared with 11.9%).

45 In 2019, working collaboratively with the ambulance service, the Health Board implemented a clinical assessment service, SICAT (single integrated clinical assessment and triage). Under the model, GPs and Advanced Paramedic Practitioners work together to review 999 calls that are waiting to receive a response, gain further clinical history from the patient/patient's representative or carer and where safe and possible offer an alternative route than conveyance to hospital. A review at the end of the pilot period (June 2019) showed that the service had successfully directed 72% of its cases away from an emergency department to a more appropriate pathway of care. Whilst there have been no more recent reviews of the service, the staff we spoke to during our fieldwork said that this service has become a highly valued area of core business.

Services to help manage demand

46 We found that **expanded and new services are generally working well to help manage increased urgent and emergency care demand, although there is a need to ensure that SDECs and UPCCs are consistently used in line with referral criteria.**

Community pharmacy services

47 For 2023-24, the Health Board had a slightly lower number of community pharmacies per 100,000 head of GP population compared to the all-Wales position, at 20.2 (compared to 20.9 at an all-Wales level). 98% of the Health Board’s community pharmacies had signed up to provide the common ailment scheme in 2023-24, which was slightly below the all-Wales average. This scheme allows pharmacists to assess and treat a common list of minor ailments[6]. However, should antibiotics be required, then patients would need to be referred to their GP. The number of common ailment consultations per 100,000 head of GP population for 2023-24 was above the all-Wales average (10,685 compared with 10,472). The most common ailments reported were conjunctivitis, hay fever, sore throat, and dermatitis.

[6] Common ailments scheme, 2021.

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

49 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	89	79
% of community pharmacies providing the independent prescribing service	28	28
% of community pharmacies providing additional hours services	17	16

Source: StatsWales

50 As shown above, uptake of additional enhanced services in the Health Board's community pharmacies is broadly in line with the all-Wales position. The Health Board has a higher percentage of community pharmacies that provide treat and test services for sore throats, increasing from 84% in the previous year. The uptake of community pharmacies providing independent prescribing services has also increased although fewer pharmacies are now providing additional hours services.

Same Day Emergency Care and Urgent Primary Care Centres

51 In line with the ambitions of the Six Goals Programme, the Health Board has established three Same Day Emergency Care (SDEC) units. The SDEC units are each co-located with the Health Board's three main Emergency Departments. The principle of the SDEC is to provide same day assessments and treatment for patients needing urgent medical attention, without the patient needing admission into hospital overnight.

52 Between April 2024 and March 2025, the Health Board's rate of attendance to its SDECs per 100,000 head of GP population was in-line with the all-Wales level (250 compared to 249). The Health Board's rate has gradually decreased since October 2023.

53 GPs and staff from the Emergency Department can directly refer into SDEC units. The Health Board also told us that WAST staff (including remote clinicians and paramedics) can directly refer patients to the SDEC units. Data from WAST

indicates that the Health Board has extremely low rates of SDEC referrals from ambulance staff each month. We were told that, due to technical issues with the dedicated telephone, ambulance staff are unable to communicate with SDEC staff. As a result, they will revert to conveyance to the Emergency Department.

54 We also heard that SDEC staff are reluctant to accept referrals later in the day as it limits their ability to discharge before the service closes. In April 2022, Welsh Government issued an all-Wales policy[7] to encourage direct paramedic referral to same day emergency care. The data above along with intelligence gathered through our fieldwork indicates that the Health Board is not currently adhering to this policy (**Recommendation 10**).

55 During our fieldwork, we found that staff working within SDEC felt it was an extremely valuable service that can successfully undertake rapid diagnostics and treatment. However, we also heard that when the Emergency Department becomes under pressure, patients are referred to the SDEC to alleviate that pressure. When this is the case, the SDEC often becomes full of unsuitable patients who can be difficult to discharge. This is poor use of the service which has a negative impact on patients and staff.

56 Good practice says that there should be high rates of discharge from SDEC units to ensure that they are used effectively and appropriately. Within the Health Board, the percentage of patients discharged from the SDEC units has been relatively stable, with an average rate of 84% between April 2024 and March 2025. This is in line with the all-Wales average, which was also 84% for the same period.

57 The Health Board has also set up Urgent Primary Care Centres, with four centres in place across the Health Board[8]. The centres are open between 9am and 6pm. The UPCCs in the West and East IHCs use a hub and spoke model[9]. UPPCs treat patients with urgent primary care needs on the same day, creating capacity to support GP surgeries and reducing unnecessary emergency department attendances.

58 The rate of UPCC contacts per 100,000 head of GP population in the Health Board has fluctuated since April 2022, ranging between a high of 386 and a low of 95. Between April 2024 and March 2025, the average number of monthly contacts to the Health Board's UPCCs per 100,000 head of GP population was lower than the all-Wales average (319 and 425 respectively). Patients access UPCCs via GP or emergency department referrals. Whilst many of the staff we spoke to, including representatives from primary and secondary care, felt there was significant

[7] Direct paramedic referral to same day emergency care: All Wales policy, April 2022

[8] Two UPCCs are co-located with the emergency departments at Ysbyty Gwynedd and Wrexham Maelor Hospital. There are also two community UPCC sites in both the east and west IHC areas.

[9] The hub and spoke model (also referred to as Health Board managed) is staffed by a mix of professional staff and places a greater emphasis on managing demand away from out of hours services, emergency departments and minor injury units.

potential for UPCCs to alleviate pressure on emergency departments, we also heard concerns that current referral criteria are narrow and not well-communicated. This means GPs and other health professionals do not find it to be an easily accessible pathway (**Recommendations 11.1 and 11.2**).

Impact of service changes on urgent and emergency care performance

59 We found that **urgent and emergency care performance, particularly in the emergency departments, is still extremely challenged and is not yet showing improvement from service changes.**

Ambulance performance

60 Since the pandemic, 999 calls to the ambulance service across the Health Board have continued to rise and have now passed the level experienced by the service pre-pandemic. There was an average of 415 red calls per month between April 2018 and March 2019, compared to an average of 1,214 red calls per month between April 2024 and March 2025. Though still representing the bulk of calls to the 999 service, amber calls have declined slightly since prior to the pandemic with an average of 6,395 calls per month between April 2024 and March 2025, compared to 6,964 between April 2018 and March 2019.

61 The rate at which ambulance crews convey patients in the Health Board to hospital is consistent with pre-pandemic levels, with an average monthly rate of 63.3% between April 2024 and March 2025 compared to 66.1% between April 2018 and March 2019. Performance for the Health Board is in line with the all-Wales average (63.3% between April 2024 and March 2025). This shows that some of the work to avoid conveyance is enabling the Health Board to maintain performance despite increasing demand. **Exhibit 7** sets out further detail in relation to conveyance to hospital.

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	97.4		88.8
% of patients conveyed to minor injuries units	0.1		6.2
% of patients conveyed to major acute medical admissions unit	0.0		3.1

Indicator	This Health Board	Trend	All-Wales position
% of patients conveyed to other unit e.g. mental health or maternity unit	2.5		1.8

Source: Ambulance Services Indicators

62 Ambulance crews convey a higher percentage of patients to the Health Board's Emergency Departments than the all-Wales average. Conveyance rates for minor injuries units (MIUs) within the Health Board are the lowest in Wales and there is no conveyance to a medical assessment unit within the Health Board, which would include SDEC units. This data shows that the Health Board could do more to treat patients in settings other than the emergency department, where appropriate (**Recommendation 12**).

63 Analysis of presentations to the Health Board's Emergency Departments between July 2023 and June 2024 showed that the most frequent causes were due to minor head injuries, lower respiratory tract infections and urinary tract infections. Analysis showed that whilst demand for the Emergency Departments had increased by 3% during the same period, the complexity of cases had changed. The proportion of patients with high acuity had decreased with a correlating increase in patients with urgent but not life-threatening, or semi-urgent and not life-threatening issues. Whilst these patients require treatment, the data shows that there is further potential to treat them through MIUs, freeing up emergency department capacity.

64 There are issues with the availability of alternative services which deter paramedics from using alternatives to emergency departments. For example, paramedics told us that they will bypass MIUs to go directly to emergency departments. This is because the services available in, and the operating hours of, MIUs vary. The Health Board has nine MIUs, although seven were closed temporarily at the time of our fieldwork. Opening hours vary between 9 and 24 hours a day, with some open on weekends. There is also variation with the opening times of the X-ray departments within the units, which limit access for some conditions.

65 We also heard that MIUs have refused to receive patients from an emergency ambulance due to the unit being full of walk-in patients. In extreme cases we heard how units have had to close temporarily because of a walk-in patient presenting with severe urgent care needs, including cardiac arrest. In these examples often the patient has chosen to present to the MIU due to fears about waits within the Emergency Department. However, MIUs are not staffed or equipped to treat patients with cardiac arrest, which means that staff must close the units to await arrangements to transfer the patient to an Emergency Department.

66 The Health Board has analysed a range of urgent and emergency care metrics from June 2024, termed the Summary Emergency Department Indicatory Table (SEDIT). This analysis has found several gaps in provision which was influencing

how patients access urgent and emergency care across the Health Board. For example, it found that there are higher levels of ambulance conveyances to Ysbyty Glan Clwyd, crucially due to a lack of an MIU nearby. The data showed that just under half of the minor presentations to the Emergency Department at Ysbyty Glan Clwyd were from Rhyl postcodes, suggesting a need for increased minor injury provision in that area.

67 Data shows that ambulance handover delays across the Health Board continue to be at unacceptably high levels. The percentage of ambulance handovers completed within 15 minutes between April 2024 and March 2025 was just 10.8%, against a national target of 100%. This performance is the worst in Wales, set against an all-Wales average of 15.5%. Poor handover performance is resulting in a high number of lost hours due to handover delays. The Health Board lost on average 8,251 hours every month between April 2024 and March 2025. This equates to 687 12-hour shifts where patients were waiting in an ambulance outside of hospital for treatment and paramedics were unable to respond to other calls. In January 2025, Wrexham Maelor Hospital reported its highest number of lost hours on record (4,080), and Ysbyty Gwynedd reported its second highest number of lost hours (3,082).

68 A clinical review developed by the Association of Ambulance Chief Executives (AACE)[10] discovered that the rate at which harm occurs for patients increases when their handovers take over an hour to complete. This review showed 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 March 2025 showed that 72% (2118) of handovers in the Health Board took over one hour to complete, and 26% (776) of handovers took over four hours to complete. Using the AACE model, it is possible that 201 Health Board patients came to severe harm following long handover delays during March 2025.

69 Handover delays also 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 (**Exhibit 8**). The percentage of red calls responded to within eight minutes between April 2024 and March 2025 was in line with the all-Wales average but was significantly below the target of 65%. During the same period, the response time to amber calls was one hour 42 minutes, which was below the all-Wales average of one hour 52 minutes. The patients who waited the longest (that is, the 95% percentile of patients) waited an average of nine hours 17 minutes for a response against an all-Wales average of nine hours 57 minutes. This performance has deteriorated over the last 12 months.

[10] 'Delayed hospital handovers: Impact assessment of patient harm' Association of Ambulance Chief Executives, November 2021.

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	48.0		48.7
Median response to amber calls (minutes)	102		112

Source: Ambulance Service Indicators

Emergency Department performance

70 Within the Health Board, the rate of attendance at an emergency department per month per 100,000 head of GP population has increased during the past two years and is slightly higher than the all-Wales average (2,071 and 1,989 respectively).

71 Performance in relation to emergency department waiting times continues to be challenging. The percentage of patients spending less than four hours in the Health Board's Emergency Departments deteriorated slightly during 2024-25 with an average monthly rate of 62.6%. Performance dipped to 57.2% in March 2025, the lowest rate since the pandemic with performance at Ysbyty Glan Clwyd and Wrexham Maelor Hospital the second lowest on record.

72 The percentage of patients spending less than 12 hours in the Emergency Departments has also deteriorated in recent months, with an average monthly rate of 84% between April 2024 and March 2025. The number of patients who spent longer than 12 hours in March 2025 (3,763) was the highest number on record for any Welsh health board. A HIW Hospital Inspection Report, published in March 2025 found that some patients had spent over 36 hours at the Wrexham Maelor Hospital Emergency Department.

73 Once assessed, the rate of admission for the Health Board (27.0%) was higher than the all-Wales average (22.3%) between March 2024 and February 2025. As said in **paragraph 63**, data collected by the Health Board shows that whilst emergency department attendances have increased, acuity levels of patient needs have decreased. These higher levels of admission therefore suggest further opportunities for the Health Board to redirect or better signpost patients to more appropriate services for their needs.

Scrutiny and monitoring arrangements

74 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.

75 We found that **while there is significant activity to monitor urgent and emergency care performance, there is an absence of staff and patient feedback and there is a need to provide assurance on the use of funding to improve services.**

Monitoring impact

76 We found that **the Health Board collects useful data relating to the use of alternative clinical pathways, however it is not using this data to drive improvements, and activity to collect and analyse staff and patient feedback is poor.**

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

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

Audit question	Yes/ No/ Partially	Findings
Is the Health Board tracking and reporting data to show whether patients are accessing urgent and emergency care services appropriately?	**Partially**	The Health Board routinely collects a wealth of data to monitor demand and performance. This data provides insight into how existing services are used, such as its Emergency Departments, as well as new services, such as UPCCs and SDECs. The data includes the source of referrals for UPCCs and SDECs, as well as outcome data for UPCC patients. The data can be reported by IHC area and has the potential to provide valuable intelligence. However, whilst we could see that this data informs day-to-day decision-making, it is not clear how it is used to inform plans which aim to improve access and outcomes for urgent and emergency care (**Recommendation 1**).

Audit question	Yes/ No/ Partially	Findings
Is regular patient feedback is being sought and used to inform and improve plans?	**Partially**	The Health Board gathers some patient feedback on its urgent and emergency care services, including via a CIVICA[11] patient survey. The survey is specific to patient experiences within emergency departments and questions are scored according to the percentage of positive responses. However, response rates are very low which makes the findings unreliable. It is not clear what actions the Health Board is taking to increase participation for this survey. Whilst our review of the Health Board's Six Goals Delivery Board meeting papers did show that they routinely hear patient stories, the sample of papers we looked at did not clearly show how the Health Board was using this feedback to inform and improve plans (**Recommendation 13**).
Is there regular staff feedback on the impact of changes to services and pilots to identify and apply lessons?	**No**	Our review found no evidence of the Health Board proactively collecting staff feedback. Interviews with a range of staff showed a need for more regular mechanisms for feedback, such as between urgent and emergency care services and primary care services, to ensure service changes are working as intended (**Recommendation 14**).

Source: Audit Wales

Oversight and scrutiny

78 We found that **while urgent and emergency care performance is routinely monitored, a lack of alignment between area plans and the Health Board vision, alongside poor financial oversight, undermines the effectiveness and sustainability of improvement initiatives**

79 The findings that have led us to this conclusion are summarised in **Exhibit 10**.

Exhibit 10: oversight and scrutiny of urgent and emergency care services.

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

Audit question	Yes/ No/ Partially	Findings
Is there effective oversight of urgent and emergency care performance operationally, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?	**Yes**	There is regular operational oversight of urgent and emergency care performance. There are weekly urgent and emergency care reviews with IHCs which include representatives from WAST. At the time of fieldwork, the Health Board was renewing its Six Goals Programme Board to oversee plans and delivery in relation to urgent and emergency care and the Six Goals Programme. This group feeds into the Health Board's internal reporting structures directly to the Chief Executive, as well as externally to the Regional Partnership Board and the National Six Goals Programme Board. Corporately, the Health Board's Executive Finance and Performance Group monitors urgent and emergency care performance and progress against the relevant plans.
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?	**Partially**	The Performance, Finance, and Information Governance (PFIG) Committee routinely monitors urgent and emergency care performance. Urgent and emergency care has been an escalated performance measure for the PFIG Committee since February 2024. The reports highlight ongoing challenging performance and provide benchmark information for specific metrics with other Health Boards in Wales.
Are there arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from Welsh Government?	**No**	There is a need for better scrutiny on finance and to receive assurance that the Health Board spends money allocated for urgent and emergency care effectively. The PFIG Committee finance report includes reference to the £1.6 million provided through the Six Goals Programme to the Health Board. However, our review of papers found no clear reporting of how this money is being spent on improving urgent and emergency care. The Health Board also receives additional funding by way of the Regional Integration Fund and Further Faster funding, as well as contributing money from its core funding. However, there was also no reporting of

Audit question	Yes/ No/ Partially	Findings
		this expenditure within reports to the committee or the Board (**Recommendation 15**).

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: • Strategic and operational plans relating to urgent and emergency care services; • Performance reports; • Escalation protocols; • Referral criteria; and • Internal audit reports.
Interviews	We interviewed the following: • Interim Chief Operating Officer; • Programme Director, Urgent and Emergency Care Improvement; • Assistant Director of urgent and Emergency Care; • Urgent and Emergency Care Lead; • Director of Communications; • IHC Directors (East, West and Central); • Director of Primary Care; • WAST Head of Service for the Health Board region; • Local Llais Lead;
Group discussions	We held group discussions with the following: • Leads for Emergency Departments, Same Day Emergency Centres, Urgent Primary Care Centres and Minor Injuries Units; and • GP cluster leads and GP Out of Hours leads East;
Observations	We observed the following meeting(s): • Performance, Finance, and Information Governance Committee.

Element of audit approach	Description
Data analysis	We analysed data relating to urgent and emergency care services, using the following sources: • Ambulance Services Indicators; • DHCW Urgent and Emergency Care Dashboard; • StatsWales; • Data provided by Welsh Government in relation to GP out of hours services; and • Monthly Monitoring Returns.
Website and practice reviews	We reviewed the Health Board's website and social media accounts relating to the provision of information to the public on accessing urgent and emergency care services. We also reviewed practice websites and phonelines for: • a sample of 25 GP practices; and • a sample of 19 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?	• Strategies and/or plans relating to urgent and emergency care: – are based and grounded in rich and up-to-date information, informed by urgent and emergency care demand data (past and future), including peaks in activity at certain times/days and months, demographics, and conditions of patients. – identify and seek to address key risks associated with demand for urgent and emergency care services. – align with the requirements of the Welsh Government Six goals for Urgent and Emergency Care for better managing demand. – include documented information on alternative clinical pathways, including how and when they should be accessed.
Do plans identify the current and required levels of resource and	• Strategies and/or plans detail the: – resource requirements and identified funding to support any changes to service delivery included within the strategy/plan.

Audit questions	Audit criteria
staffing to achieve the ambitions?	– workforce and skills required to meet demand, including for changes in models of delivery such as winter peaks. The plan is clear about the required resources of clinical and non-clinical skills/staff.
Are arrangements in place to encourage and enable people to access the right care, in the right place, at the first time, and are these working?	
Is the Health Board effectively signposting urgent and emergency care services to the public, so they know how to access services appropriately?	• The Health Board provides clear information on available services and alternatives to emergency departments to the public through various avenues – websites, call handlers, posters/leaflets, advertisements, GP/dentist websites and phone lines, social media, videos etc. • Strategies and/or plans on public communication align to requirements of goals 2 and 3 of the WG Six goals for Urgent and Emergency Care (Right care, right place, first time) • There is evidence to suggest patients have a good understanding of how to access urgent and emergency care services that are appropriate to their needs
Do staff have good knowledge of, and access to, information regarding the range of other services available to their patients and at what times they are available?	• There is engagement between Health Boards and GP clusters / dentists / paramedics / pharmacists about alternative pathways in place and the future of urgent and emergency care services. Information on these pathways and services are accessible for staff. • Staff can refer directly / divert patients to more appropriate settings for their needs, including Urgent Primary Care Centres (UPCC) and Same Day Emergency Centres (SDEC).
Is there evidence that changes to service delivery are resulting in better demand management?	• Referrals into new service models are in line with the ambitions of the six goals for urgent and emergency care policy handbook. • WAST can refer at least 4% of cases to SDEC. • Calls to 111 are answered quickly and abandonment rates are low.

Audit questions	Audit criteria
	• Emergency ambulance response times, ambulance handover delays and waits within Emergency Departments and Minor Injury Units are improving. • Data shows decreasing volumes of patients with low acuity / minor complaints presenting at Emergency Departments. • Data indicates a good range of GP appointment availability. • Data indicates that calls diverted between 999 and 111/NHS Direct Wales are appropriate with low levels of calls diverted back and low numbers of re-contact rates.
Is the Health Board doing enough to monitor the performance of its urgent and emergency care services and apply lessons learnt to improve the services further?	
Is the Health Board monitoring the effectiveness of alternative clinical pathways, including by seeking feedback from staff and service users?	• The Health Board tracks and reports data to show whether patients are accessing urgent and emergency care services appropriately. • The Health Board can evidence that it seeks patient feedback regularly and uses it to inform and improve plans. • Regular feedback is sought from various staff on the impact of changes to services and pilots to identify and apply lessons
Is there effective scrutiny and assurance in relation to delivering plans for urgent and emergency care and alternative clinical pathways?	• 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 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 [insert name of audit committee]].

Exhibit 13: management response

Recommendation	Management response	Completion date	Responsible officer
Identifying data used to inform plans for urgent and emergency care R1 To ensure that priorities reflect and align to up to date information such as service demand, service capacity and future demographic pressures, the Health Board should clearly indicate the data used to inform its plans for urgent and emergency care (**Exhibit 2**).			
Risk management within plans			

Recommendation	Management response	Completion date	Responsible officer
R2 To strengthen risk management, the Health Board should ensure that all risks set out in urgent and emergency care plans have risk owners, clear scores and targets as well as robust mitigating actions (**Exhibit 2**).			
Alignment between IHC and corporate urgent and emergency care plans R3 To ensure that the actions taking place within Integrated Health Communities align with the corporate vision of the Health Board, it should develop IHC delivery plans to implement the vision of the corporate Six Goals Plan which sets out a consistent approach to track performance of the overarching urgent and emergency care plan delivery across each IHC area (**Exhibit 2**).			
Resourcing urgent and emergency care plans R4 To provide clarity on how initiatives will be funded beyond the annual plan cycle, the Health Board should ensure its plans for urgent and emergency care clearly identify funding needs for current and future years, as well as			

Recommendation	Management response	Completion date	Responsible officer
identifying the sources of funding (**Exhibit 2**). R5 To support achievement of the ambitions of its urgent and emergency care plans, the Health Board should clearly set out the current and future workforce requirements (**Exhibit 2**).			
Improving information on alternative services R6 To help guide patients to the most appropriate service for their needs, the Health Board's website should include advice on key urgent conditions, such as breathing difficulty, chest pain or rashes (**Paragraph 26**) R7 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**). R8 To support staff and public understanding of the breadth of urgent and emergency services within the Health Board, and how to access			

Recommendation	Management response	Completion date	Responsible officer
them, the Health Board should develop a communications plan for urgent and emergency care services (**Paragraph 33**). R9 To help health and care staff adequately signpost and refer people to the right urgent and emergency care services, the Health Board should establish a mechanism to keep the WAST Directory of Services up to date, which includes the identification of an officer with lead responsibility for this task (**Paragraph 37**).			
Maximising use of SDECs and UPCCs R10 To ensure compliance with the national SDEC referral criteria and guidance, the Health Board should conduct an audit of its SDEC data and report the results to the appropriate committee (**Paragraph 52**). R11 To ensure Urgent Primary Care Centres are being maximised, the Health Board should: 11.1 Work with key partners, including GPs and Emergency Department leads, to review the UPCC referral criteria.			

Recommendation	Management response	Completion date	Responsible officer
11.2 Ensure the UPCC referral criteria is well-communicated and accessible to relevant staff, once agreed (**Paragraph 56**)			
Maximising use of Minor Injuries Units R12 To understand how well it is utilising Minor Injuries Units and to identify further opportunities to maximise this service, the Health Board should include metrics on attendance and conveyance rates to its minor injuries units and medical assessment units in reports to the Finance and Performance Committee **(paragraph 62)**.			
Improving staff and patient feedback R13 To ensure future plans for urgent and emergency care are informed by patient experience, the Health Board should clearly demonstrate within the narrative how it has considered patient feedback (**Exhibit 9**). R14 To improve the understanding of how services are working, and identify potential weaknesses or learning from recent changes, the Health Board should introduce regular mechanisms			

Recommendation	Management response	Completion date	Responsible officer
for staff feedback on urgent and emergency care services. This should include feedback from key partners including primary care and WAST staff (**Exhibit 9**).			
Reporting of expenditure of additional funding for UEC services R15 To increase transparency and strengthen assurance that monies allocated to the Health Board for urgent and emergency care is being spent wisely, the Health Board should include information on its use of additional funding within regular finance reports to the Performance, Finance and Information Governance Committee. This should include the use of Six Goals, Further Faster and Regional Integration Fund monies (**Exhibit 10**).			

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.