

# Urgent and Emergency Care: Arrangements for Managing Demand – Swansea Bay University Health Board

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# Summary report

## About this report

- 1 This report sets out the findings from the Auditor General's 2024 review of the arrangements for managing demand for urgent and emergency care at Swansea Bay University Health Board (the Health Board). The work is the second phase of a programme of work focused on several elements of the urgent and emergency care system in Wales. The first phase, which examined discharge planning and the impact of patient flow on urgent and emergency care, is reported separately.
- 2 Our approach recognises that the urgent and emergency care system is complex, with many different organisations needing to work together to provide urgent and emergency care and to ensure the wider system operates effectively and efficiently. The Welsh Government's [Six Goals for Urgent and Emergency Care Programme](#) (Six Goals Programme) launched in 2021, provides the context for our work. At the time of our work, the urgent and emergency care system in Wales continued to be under significant pressure.
- 3 Our work has examined the Health Board's arrangements for managing the demand for urgent and emergency care to reduce unnecessary pressure on the system. It has been undertaken to help discharge the Auditor General's statutory duties under Section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Health Board has proper arrangements in place to ensure the efficient, effective and economic use of its resources.
- 4 We undertook our work during the 2024-25 financial year. The audit methods and criteria we used to deliver our work are summarised in **Appendix 1 and 2**.

## Key facts and figures

### Primary Care Services

- |             |  |
|-------------|--|
| <b>714</b>  | Number of GP urgent and acute appointments <sup>1</sup> 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 15.0% since April 2023. |
| <b>1158</b> | 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.   |
| <b>463</b>  | Number of contacts at an Urgent Primary Care Centre (UPPC), compared with an all-Wales average of 433 per 100,000 head of GP population in March 2025.   |

### Ambulance Services

- |             |   |
|-------------|---|
| <b>128%</b> | Increase in Category A (red) ambulance calls between April 2019 and March 2025 compared with an all-Wales average of 172%.  |
| <b>48%</b>  | 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 18% from April 2019.                                  |
| <b>18%</b>  | 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 14% from April 2019. |

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

## Hospital Services

<b>0.2%</b>	Increase in the number of attendances at the Health Board's Emergency Departments between April 2019 and March 2025, compared with an all-Wales average decrease of 3.7%.
<b>1388</b>	Number of people waiting more than 12 hours in the Health Board's Emergency Departments in March 2025. This is an increase of 113% since April 2019.
<b>05:09</b>	Average time spent in the Health Board's Emergency Departments in March 2025, compared with the all-Wales average of five hours, 27 minutes. This is an increase of one hour since April 2019.
<b>179</b>	Number of attendances to the Same Day Emergency Care (SDEC) units per 100,000 head of GP population in March 2025 compared with an all-Wales average of 278.

## Funding

<b>£52.1m</b>	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.
<b>£5.7m</b>	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 **there is a clear plan for urgent and emergency care, coupled with strong oversight at operational and corporate levels. However, poor performance continues in areas including ambulance handover delays and there is a need to strengthen staff and patient engagement as well as the reporting of how the Health Board uses additional funds.**

### 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, including redeveloping its Same Day Emergency Care unit and Medical Assessment Unit. Plan's identity key risks, including those related to workforce challenges, they also include mitigating actions, although there is a need to ensure mitigating actions are sufficiently robust and that risks have identified owners.
- 7 The Health Board's Six Goals Plan sets out how it will resource its ambitions, including the use of funds from the national Six Goals Programme and core funding. However, plans do not set out the required levels of staffing and lack clarity on how new models will be funded in the medium to longer term.

#### Accessing services

- 8 The Health Board does not have a communication and engagement plan for urgent and emergency care. Although there are some arrangements in place to signpost services to the public, they are not consistent and are largely web-based, with scope to strengthen signposting on GP and dental websites. Despite the Health Board having a comparatively high number of NHS dental contracts per 100,000 people, dental problems account for a significant proportion of 111 calls in the Health Board area.
- 9 There is inconsistent staff engagement on updates to service changes and delivery. Whilst the Health Board engages effectively with the Primary and Community service group, there is tension between primary and secondary care in terms of who might be to blame for patients turning up at services inappropriately. The Health Board performs strongly in terms of its ability to signpost 999 patients to other services over the phone without the need for hospital conveyance, though the rates of referral to dental services are higher than in other health board areas. The Health Board has reported on challenges relating to its urgent dental services

and has committed to monitor demand and capacity for this need. The extent to which paramedics can signpost patients to alternative services once on scene however is lower than other parts of Wales.

- 10 The Health Board has comparatively high rates of community pharmacies providing the common ailment scheme but has lower availability of enhanced services, such as extended hours. Data suggests the Health Board is making good use of its UPCCs and staff we spoke to were eager to see this service expanded further. However, the rate of SDEC attendances per 100,000 head of GP population within the Health Board is the lowest in Wales and referrals from WAST are extremely low, reflecting a need to adhere to national referral criteria. Data shows that the Health Board has significantly increased access and treatment by the Minor Injuries Unit and improvements to waiting times within its Emergency Department in recent months. Despite this, the Health Board needs to do more to improve ambulance handover times which continue to result in significant lost hours and patient harm.

## **Scrutiny and monitoring arrangements**

- 11 The Health Board makes use of a data dashboard to demonstrate the impact that new service models are having on urgent and emergency care demand. While there are mechanisms to collect feedback from patients accessing urgent and emergency care, it is not clear which services the feedback relates to, the frequency it is sought and how it is being used to inform service changes. Whilst we found evidence of staff briefings for urgent and emergency care, we found no evidence that the Health Board collects staff feedback or engages in two-way dialogue to identify opportunities to strengthen services further.
- 12 There is regular monitoring and oversight of urgent and emergency care performance at committee and Board level. However, the oversight of the use of additional financial allocations for urgent and emergency care services is poor.

# Recommendations

13 **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 To strengthen risk management, the Health Board should ensure that all risks set out in urgent and emergency care plans have risk owners and that mitigating actions are regularly reviewed (**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 the current annual allocation (**Exhibit 2**).

#### Communication plan

R3 Within its plans for urgent and emergency care, the Health Board should clarify what actions it will take to communicate how services are to be used by staff and the public. This should ensure there are consistent and clear messages for accessing appropriate urgent and emergency care and reduce pressure on the system (**Paragraph 21**).

#### Signposting patients to the right services

R4 To provide greater clarity to patients, the Health Board should ensure GP and dental practices provide clear, accessible information about urgent and emergency care services on their websites (**Paragraph 26**).

#### Monitor compliance with national SDEC referral guidance

R5 To gain assurance that the Health Board is following the national SDEC referral guidance, it should conduct an audit of its SDEC data against the criteria and report the results to an appropriate committee or forum (**Paragraph 49**).

## Recommendations

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### Improving staff and patient feedback

- R6 To ensure 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**).
- R7 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

- R8 To increase transparency and strengthen assurance that monies allocated to urgent and emergency care are being spent wisely, the Health Board should include information on its use of additional funding within regular finance reports to the Finance and Performance Committee. This should include the use of Six Goals, Further Faster and Regional Integration Fund monies (**Exhibit 10**).

# Detailed report

## Planning arrangements

- 14 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.
- 15 We reviewed the Health Board’s Six Goals for Urgent and Emergency Care Delivery Plan 2024-25 (Six Goals Plan) and its Recovery & Sustainability Plan 2022-25. For 2024-25, the Health Board reviewed and ensured both the urgent and emergency care programme, and the Six Goals Plan aligned with the Health Board’s recovery plan, its escalation response as well as its urgent and emergency plans so there is a consistent message across all.
- 16 We found that **there are clear plans for urgent and emergency care, supported by investment from the Six Goals Programme and the Health Board. However, plans do not set out the required levels of staffing and lack clarity on how new models will be funded in the medium to longer term.**
- 17 The findings that have led us to this conclusion are summarised in **Exhibit 2**.

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

Audit question	Yes/ No/ Partially	Findings
Plans are informed by relevant and up to date information?	Yes	Health Board plans are informed by relevant and up to date information, including demand and capacity and forecasting data. Plans also reflect key ministerial and local priorities, including strengthening urgent and emergency care service resilience and improving outcomes, with a specific focus on improving frailty services.
Plans identify and seek to address key risks	Partially	The Six Goals Plan identifies risks to individual projects, such as availability of mainstreamed funding and staff resources. The plan also includes broader

Audit question	Yes/ No/ Partially	Findings
associated with urgent and emergency care services?		<p>risks, such as failing to improve the planned service improvements and addressing staff vacancies to drive the programme forward. However, the review dates for the risks we reviewed were significantly overdue and they did not have identified risk owners (<b>Recommendation 1</b>).</p> <p>Risks are also reflected within the Health Board's Corporate Risk Register. The risk of access to urgent and emergency care services is one of the highest Health Board risks at a score of 25 and the Health Board's assessment of its mitigating actions was summarised as providing 'limited assurance' to the Board during 2024.</p>
Plans align with requirements of the <a href="#">Six Goals for Urgent and Emergency Care Programme</a> , and clearly setting out how the alternative clinical pathways will work?	<b>Yes</b>	<p>The Six Goals Plan sets out the details of existing and future initiatives to support the delivery of the Six Goals Programme.</p> <p>Under each of the Six Goals, the Health Board has provided details regarding its four programmes. Programme two of the Six Goals Plan includes the development of a frailty strategy, redevelopment of its Same Day Emergency Care (SDEC) unit and Medical Assessment Unit as well as forward planning for a mental health Accident and Emergency service.</p>
Plans identify the current and required levels of resource and staffing to achieve the intended ambitions?	<b>Partially</b>	<p>The Health Board was allocated £2.7 million by the Welsh Government in 2024-25 to support delivery of the Six Goals Programme. The Health Board's Six Goals Plan set out how this allocation would be spent alongside the Health Board's core contribution of £2.2 million to achieve a total budget of £4.9 million. Each programme has an identified predicted spend.</p> <p>The Six Goals Plan provides some information related to funding allocations and monies spent on staffing. However, more detail could be provided regarding the levels of staffing and resourcing required beyond March 2025 for the initiatives described (<b>Recommendation 2</b>).</p>

Source: Audit Wales

## Accessing services

- 18 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.
- 19 We found that **despite methods to encourage and enable access to the right care, first time, there remain barriers to public awareness, staff engagement and referral processes which limit the impact of changes in managing urgent and emergency care demand.**

## Signposting of services to the public

- 20 We found that **methods to signpost services to the public are in place but are not accessible to those who are not digitally literate, and feedback suggests there is more work to be done to improve public awareness of services.**

## Communication plans

- 21 The Health Board does not have a communications plan to outline how it ensures staff and patient awareness of how and when to access urgent and emergency care. Whilst programme two of the Health Board's Six Goals Plan is termed 'co-ordination, signposting and alternatives to admission' the plan did not describe any activity to communicate or signpost patients to the right urgent and emergency care services (**Recommendation 3**).
- 22 The Health Board uses its social media and website pages to signpost patients to services and inform them of potential lengthy waiting times at its main Emergency Department at Morriston Hospital. The Health Board has engaged in previous national campaigns, such as Choose Well, as well as promoting the use of the 111-service following its national roll-out. The communications team are invited to daily situation report meetings to help manage the message out to the public via media. Social media and website posts however are not accessible for those who are not digitally literate or choose not to use social media.

## Public information

- 23 The first point of call for most patients with an urgent need may be their GP, and our review of available data suggests that between April 2024 and March 2025, the Health Board's GP practices provided a slightly lower level of urgent and acute appointments (770 per day) compared to the all-Wales average (777 per day) per 100,000 head of GP population. However, the level has been decreasing during that time, dropping from 938 appointments per day in April 2024 to 714 in March 2025. Furthermore, these appointments are only available during the day, and in times of high demand and out of hours, patients need to be signposted to alternative services that may be better placed to meet their urgent care needs.
- 24 Our review of the Health Board's website and social media pages found good information on urgent and emergency care services. The website contained information relating to GP out of hours/111 telephone service, Minor Injuries Units, primary care services and the Mental Health '111, Press 2' provision. The website encourages patients to access help through alternative services, emphasising that patients should only attend the Emergency Department if they have specific severe symptoms. The Health Board's website also contains information on suitable services and their opening hours.
- 25 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 11 GP practices and 15 dental practices<sup>2</sup>.

### 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	72.7	56.8
% of GP practice answerphone messages with clear signposting	90.9	89.5
% of dental practice websites with clear signposting	53.3	36.7
% of dental practice answerphone messages with clear signposting	80.0	86.7

Source: Audit Wales

<sup>2</sup> The sample included a mix of NHS and private dental practices.

- 26 All but one of the GP practices we sampled in the Health Board area provided clear signposting to urgent or emergency care services out of hours on their telephone lines, slightly higher than the all-Wales position. Signposting via GP and dental websites in the Health Board also compared favourably to the all-Wales position. However, clear signposting via dental practice phonelines was lower than the all-Wales position, although still comparatively high. The results show that the Health Board has implemented some effective messaging on its GP phonelines, but there is scope to strengthen clearer signposting on GP and dental websites (**Recommendation 4**).
- 27 Across Wales, between 450,000 – 500,000 people access the 111 website each month. In relation to 111 calls, the Health Board has a higher rate of 111 calls per head of GP population compared to the all-Wales position (2,404 calls and 2,203 calls respectively) with 111 calls made by Health Board residents accounting for 13.3% of all calls in February 2024. The top five reasons for calls are set out in **Exhibit 4**.

**Exhibit 4: top five reasons for calling 111 (February 2024)<sup>3</sup>**

This Health Board	% of all calls	All-Wales position	% of all calls
Dental problems	6.7	Dental problems	4.1
Abdominal pain	2.9	Abdominal pain	2.4
Chest pain	2.0	Chest pain	1.6
Cough	1.8	Cough	1.4
Rash	1.2	Rash	1.0

Source: Ambulance Services Indicators

- 28 The biggest reason for calling the 111 service in the Health Board area is for dental problems, with the percentage the third highest of all health boards in Wales. The Health Board’s website contains information for patients about its urgent dental service, under the ‘Community and primary care’ section, including clear signposting to a patients’ own dental provider in the first instance if they have one. If the patient does not have a regular dentist or an urgent dental problem outside of working hours, they are signposted to calling 111 for advice and help in finding an urgent dental appointment. The website also has advice on managing dental problems, frequently asked questions and general advice on how to look after teeth and gums.

<sup>3</sup> 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.

## Patient awareness

- 29 The Health Board does not currently have regular mechanisms in place to assess whether public information is changing public behaviour in the way they access urgent and emergency care. During our review, feedback from some interviewees suggests that the Health Board could do more to improve the public's awareness and understanding of urgent and emergency care services, with views that the system is complex and can be confusing for patients to navigate.
- 30 Furthermore, feedback from Llais<sup>4</sup> indicated that patients do not have a good understanding of what services pharmacies can offer and when. Llais also raised concerns about the fact that a lot of communication from the Health Board is via its website and social media which could cause issues in communicating effectively with people who are not digitally literate.

## Staff awareness and ability to refer

- 31 We found that **whilst the Health Board engages with staff on urgent and emergency care services, there remains scope to improve shared ownership across staff groups, and to ensure that staff have a sufficient range of alternative services to refer patients to.**

## Promoting staff awareness of services

- 32 The Health Board engages with staff via briefings on urgent and emergency services. For example, the Health Board conducted a staff briefing on the new acute frailty unit. Senior leaders for the Health Board's urgent and emergency care services meet regularly with the Welsh Ambulance Service University NHS Trust (WAST) and the Primary and Community Service Group to discuss urgent and emergency care services. Despite this, we heard from staff that learning is not always captured and disseminated.
- 33 However, some of our interviews indicated that there is a level of blame culture related to patients who present at the Emergency Department, with services blamed for not diverting patients away earlier in the patient journey through alternative services. There appear to be tensions particularly between primary and secondary care staff on this issue. These tensions can then negatively affect engagement and joint working to address common issues in providing urgent and emergency care that is a positive experience for patients.

<sup>4</sup> [Llais](#) is an independent statutory body established by the Welsh Government to give the people of Wales a stronger voice in the planning and delivery of their health and social care services.

## Referring to services

- 34 The Health Board consistently has the highest rate of patients that call 999 who receive 'consult and close' over-the-phone advice or signposting, compared to the all-Wales average (22.4% compared with 15.1% in April 2024). Of those calls, the proportion that are directed to alternative services is above the all-Wales average (75.7% compared with 72.9%) and the second highest in Wales.
- 35 The 111 service also directs patients to alternative services to meet their urgent and emergency care needs. **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	39.1	41.0
% of 111 calls referred to another health profession	2.1	2.4
% of 111 calls referred to dental services	14.5	9.9

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

- 36 During 2023-24, the rate at which 111 staff referred patients to the Health Board's GP out of hours service and to other health professionals was broadly consistent with the all-Wales position. However, 111 staff have consistently referred higher proportions of calls to urgent dental care within the Health Board area 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.
- 37 The Health Board has a higher number of NHS dental contracts<sup>5</sup> per 100,000 of population, and the second highest in Wales compared to the all-Wales figure (17.7 and 15.6 respectively). In line with the rest of Wales, the Health Board position has declined from 2022-23. There is currently no available data on how many people are on waiting lists to receive dental services in Wales.
- 38 A report to the Health Board's Quality and Safety Committee in March 2025 highlighted challenges around decreasing dental activity, recruitment and retention issues within dental surgeries, non-recurrent funding and higher demand (320 patients each week) than available capacity for urgent dental care (82 appointments each week). The report detailed some of the Health Board's planned actions to mitigate these challenges, including encouraging greater use of digital

<sup>5</sup> [StatsWales, data on dental contracts and practices, 2023-24](#)

systems, encouraging greater acceptance of new urgent patients and monitoring demand.

- 39 During 2023-24, 4.9% of WAST 999 calls were transferred to the 111 service, indicating they were less urgent. However, of those calls, just under a third, 29.7% were returned from 111 back to the 999 phonenumber 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.
- 40 The extent to which ambulance crews can 'see and treat' patients at scene within the Health Board area is below the all-Wales average (12.8% compared with 14.3% in March 2025). The percentage of patients who were referred to alternative care services was also lower than the all-Wales position in February 2025 (9.1% compared with 11.9%).
- 41 During our interviews, we heard of the success of Advanced Paramedic Practitioners (APP) in diverting patients away from the Emergency Department. APPs provide triage services to patients by reviewing the 999 calls awaiting an ambulance dispatch, providing treatment within the community, and referring patients onto appropriate services. However, APPs are limited by the types of community services which they can refer to and their opening times and capacity. Some of the ambulance staff we spoke to said they would benefit from having access to a greater suite of pathways, and in particular a method to directly access patient information via their GP.

## Services to help manage demand

- 42 We found that **there is reasonable access to services to manage urgent and emergency care demand, though there remains scope to increase the availability of enhanced community pharmacy services as well as increase access to SDEC and ensure compliance with national referral criteria.**

### Community pharmacy services

- 43 For 2023-24, the Health Board had a level of community pharmacies per 100,000 head of GP population that was higher than the all-Wales level (22.6 and 20.9 respectively). Every one of the Health Board's community pharmacies had signed up to provide the common ailment scheme in 2023-24. This scheme allows pharmacists to assess and treat a common list of minor ailments<sup>6</sup>. Should antibiotics be required, patients would need to be referred to their GP. Some people we interviewed reported that while pharmacies had signed up to the

<sup>6</sup> [Common ailments scheme](#), 2021.

common ailment scheme, it was dependent on whether certain pharmacists were working so it was difficult for patients to know when services might be available.

- 44 The number of common ailment consultations per 100,000 head of GP population for 2023-24 was slightly above the all-Wales average (10,494 compared with 10,472). The most common ailments reported were conjunctivitis, sore throat, hay fever and dermatitis.
- 45 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. The uptake of these is set out in **Exhibit 6**.

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

Indicator	This Health Board	All-Wales position
% of community pharmacies providing the sore throat treat and test service	70	79
% of community pharmacies providing the independent prescribing service	20	28
% of community pharmacies providing additional hours services	8	16

Source: StatsWales

- 46 The percentage of community pharmacies that provide the additional services are below the all-Wales average and some of the lowest in Wales. Although the percentage of pharmacies providing the independent prescribing service is low, numbers have increased in 2023-24 compared to the previous year, when 15% of community pharmacies offered this service. However, the percentage of community pharmacies providing additional hours decreased from 15% in 2022-23 to 8% in 2023-24 which represents a poor provision of service. Low availability of additional hours services is likely to increase pressure on other out of hours' services.

**Same Day Emergency Care and Urgent Primary Care Centres**

- 47 In line with the ambitions of the Six Goals Programme, the Health Board has established a Same Day Emergency Care (SDEC) unit in Morriston Hospital. The principle of the SDEC is to provide same day assessments and treatment, without

the patient needing to be admitted into hospital overnight. The Health Board has also established two Urgent Primary Care Centres (UPCCs) at Morriston and Neath Port Talbot hospitals which are open between 10am and 6.30pm Monday to Friday.

48 **Exhibit 7** sets out the extent to which SDEC and UPCC model services are being used across the Health Board.

**Exhibit 7: contacts per 100,000 head of GP population in UPCCs and SDECs (March 2025)**

Indicator	This Health Board	All-Wales position
Total number of SDEC attendances per 100,000 head of GP population	178.5	278.2
Total number of UPCC contacts per 100,000 head of GP population	462.7	446.7

Source: DHCW Urgent and Emergency Care Dashboard

49 The rate of SDEC attendance per 100,000 head of GP population in the Health Board has increased during the past two-year period, from a low of 120.2 in December 2023 to a high of 178.5 in March 2025. Despite this, the rate remains the lowest in Wales. Both primary and secondary care clinicians can refer patients directly into the SDEC unit. WAST staff (both 111 and 999) are also able to directly refer patients to the SDEC unit, but data shows that less than 0.2% of WAST’s demand is referred to SDEC each month. In April 2022, Welsh Government issued an all-Wales policy on direct paramedic referral to same day emergency care, setting out the different expectations of WAST and Health Board staff to support effective referrals into SDECs and emphasising the importance of access. However, during our fieldwork we heard that some ambulance crews have been repeatedly turned away from the SDEC due to the unit being full. As a result, WAST staff are reluctant to attempt to access the service again. This data and evidence suggest an urgent need to jointly commit and adhere to the national referral criteria (**Recommendation 5**).

50 Whilst the limited capacity of the Health Board’s SDEC appears to be impacting its ability to ease pressure on urgent and emergency care services, data suggests that the cohorts of patients that are being routed through the unit have appropriate needs for the service. Good practice indicates that there should be high rates of discharge from SDEC units to ensure that they are being used effectively and appropriately. Within the Health Board, the percentage of patients discharged from the SDEC units has remained relatively stable, with an average rate of 90.5% between April 2024 and March 2025. This is the second highest rate in Wales and

has increased significantly since March 2024. Having less than 10% of SDEC patients being admitted to the hospital indicates effective use of the SDEC.

- 51 The Health Board established an SDEC improvement programme in 2021 and this was expanded as part of the Acute Medical Services Redesign in May 2022. However, at the time of the audit the Health Board was planning a further review of this service due to recognition that the current model is not functioning as intended. Issues cited included limited capacity and staff reporting concerns relating to the timeliness of follow up test results and diagnostics.
- 52 The Health Board has the second highest rate of UPCC contacts per 100,000 head of GP population in Wales. At the time of our fieldwork the Health Board was continuing to work towards implementing a 24/7 urgent care service and the rate of contacts per 100,000 head of GP population has increased significantly during the past two-year period. Current rates suggest that the Health Board is making good use of this service.
- 53 The UPCC service can accept referrals from GPs, the Emergency Department, Minor Injuries Units, GP out of hours, 111 and WAST. Data for 2024-25 shows that most referrals into the service come from GPs (90% in March 2025), with very few coming via other sources. Despite this, some of the primary care staff we spoke to wanted to see further expansion of the UPCC model to increase capacity. Staff also expressed frustration that UPCCs become full early in the day or that the geographical distance between the GP practice and the UPCC location will mean that patients are unhappy to be referred to the service.

## Impact of service changes on urgent and emergency care performance

- 54 We found that **recent service changes appear to be positively impacting conveyance rates and waiting times within the Emergency Department, however, there remains a need to address and reduce ambulance handover delays.**





### Ambulance performance

- 55 Since the pandemic, 999 calls to the ambulance service across the Health Board have continued to rise and have now passed the level experienced by the service pre-pandemic with an average of 721 red calls per month between April 2024 and March 2025, compared to an average of 359 calls between April 2019 and February 2020<sup>7</sup>. Whilst continuing to account for most 999 calls, the number of amber calls has decreased since the pandemic with an average of 2,805 calls per month between April 2024 and March 2025 (compared to an average of 3,315 between April 2019 and February 2020).

<sup>7</sup> March 2020 not directly comparable to March 2025 due to the COVID-19 pandemic.

56 Despite the overall increase in ambulance demand, the rate at which ambulance crews convey patients in the Health Board to hospital has reduced since pre-pandemic levels from 66.3% (April 2019 - February 2020), to 58.9% (April 2024 – March 2025). The Health Board had the lowest average conveyance rate per month of all health boards for 2024-25. The improving trend indicates that some of the work to avoid conveyance is having an impact. **Exhibit 8** sets out the destination for all conveyances.

**Exhibit 8: 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	96.7		88.8
% of patients conveyed to minor injuries units	2.2		5.8
% of patients conveyed to major acute medical admissions unit	0.2		3.1
% of patients conveyed to other unit e.g. mental health or maternity unit	0.9		1.8

Source: Ambulance Services Indicators

57 Ambulance crews convey a significantly higher proportion of patients to the Health Board’s Emergency Department than the all-Wales average, with the average rate during 2024-25 the second highest in Wales. This may be reflective of the fact that only 2.2% of patients were conveyed to the Health Board’s Minor Injuries Unit, which is lower than the all-Wales average. The Health Board also conveyed significantly less patients to its Medical Assessment Units, with only 0.2% of patients conveyed compared to the all-Wales average of 3.1%.

58 The Health Board has one Minor Injuries Unit, located at Neath Port Talbot Hospital. In August 2023 the unit reduced its opening hours due to ongoing staffing pressures, from 7:30am until 11pm to 8am until 9pm, seven days a week. Whilst the reduced hours were originally intended for a nine-month period, the Health Board has not yet been able to resume the extended hours. Attendance at the Minor Injury Unit is mostly via walk-in presentations, though GPs can refer patients to the service and the Health Board has an arrangement with the 111 service to provide time slots to callers with appropriate needs. The Health Board has stated that patients being conveyed by ambulance are generally not appropriate for the Minor Injuries Unit.

59 Conveyances to hospital following a 999 call from a care home were at 59.9% in March 2024, lower than the all-Wales average of 62.1%. This lower-than-average

figure could be because of the work of the Care Home Rapid Response project. This project involves the Health Board providing wrap around support to five high conveyancing care homes within the Swansea Bay region.

- 60 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 16.1%, against a national target of 100%. Performance however is the second best in Wales, compared to an all-Wales position of 15.5%. Except for seasonal fluctuations, handover performance has deteriorated since October 2023. Handover performance is resulting in a high number of lost hours due to handover delays. The Health Board lost on average 2,944 hours every month between April 2024 and March 2025.
- 61 A clinical review developed by the Association of Ambulance Chief Executives<sup>8</sup> 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 March 2025 showed that 64.9% (896) of handovers within the Health Board took over one hour to complete, and 34.5% (477) of handovers took over four hours to complete.
- 62 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. The average percentage of red calls responded to within eight minutes between April 2024 and March 2025 was 47.5% compared to an all-Wales average of 48.7% and against a target of 65%. On average, the response time to amber calls between April 2024 and March 2025 was three hours 18 minutes, rising to 13 hours 44 minutes for those who waited the longest. Performance has declined over the last 12 months.
- 63 Since our audit, the Health Board has implemented the Tests of Change programme. This has piloted specific improvements with the aim of improving the experience and outcomes of patients with urgent and emergency care needs. This has included providing a 7-day SDEC service and criteria led discharge. A paper presented to the Board in July 2025 showed the positive impact of the programme. The Health Board reports that improvements made are resulting in reduced handover delays, as well as fewer deaths and lower waiting times for patients in the Emergency Department.

<sup>8</sup> ['Delayed hospital handovers: Impact assessment of patient harm'](#) Association of Ambulance Chief Executives, November 2021.

## Emergency Department performance

- 64 The Health Board declared five business continuity incidents<sup>9</sup> during 2024. Business continuity incidents have been communicated to the public via social media and the Health Board website, with the website providing advice to the public on how to access required services whilst avoiding placing extra pressure on the Emergency Department. No business continuity incidents have been declared to date during 2025, which indicates that some of the service changes and efforts to improve patient flow at the front door are having a positive impact in supporting the Health Board to manage demand.
- 65 Within the Health Board, the rate of attendance at an Emergency Department per 100,000 head of GP population has remained steady during the past two years, except for during times of seasonal pressure. The rate was slightly below the all-Wales average for 2024-25 (1,757 and 1,988 respectively). Conversely, the rate of attendance at the Health Board's Minor Injuries Unit is significantly above the all-Wales average (1,137 and 773 respectively).
- 66 The Health Board has seen improvements in waiting times within the Emergency Department during recent months. The percentage of patients spending less than four hours in the Emergency Department between April 2024 and March 2025 was 75.3%, compared to an all-Wales average of 68.9%. The percentage of patients spending less than 12 hours in the Emergency Department was 89.8% between April 2024 and March 2025, compared to an all-Wales average of 89.1%. Once assessed, the rate of admission is higher than the all-Wales average at 27.0% between March 2024 and February 2025 (compared to an all-Wales average of 22.3%).
- 67 In November 2024, Health Inspectorate Wales published a report on the ongoing challenges within the Emergency Department at Morriston Hospital<sup>10</sup>. The report found that the Emergency Department is consistently over capacity, with patients treated in corridors and surge areas not designed for clinical care with some patients facing very long waiting times for assessment. The report was positive of changes the Health Board has made to divert patients, including the establishment of the Older Persons Assessment Unit (OPAU) and direct admission pathways to allow paramedics and GPs to bypass the Emergency Department for certain patients. The report highlighted several areas that required urgent improvement, and the Health Board developed actions in response.

<sup>9</sup> Business Continuity Incidents are triggered only under exceptional circumstances generally when there is an extremely high number of acutely unwell emergency patients waiting for beds

<sup>10</sup> [Hospital Inspection Report \(Unannounced\), Emergency Department, Morriston Hospital, Swansea Bay University Health Board, Published March 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 **arrangements to monitor and oversee urgent and emergency care services are reasonable. However, the Health Board could do more to utilise patient and staff feedback to strengthen its strategic plans for urgent and emergency care and demonstrate how it has spent additional funding.**

### Monitoring impact

- 70 We found that **a data dashboard provides operational insights into demand, however, it is unclear how the Health Board is maximising patient and staff feedback to inform plans for urgent and emergency care services**
- 71 The findings that have led us to this conclusion are summarised in **Exhibit 9**.

#### Exhibit 9: approach to monitoring impact of alternative pathways on urgent and emergency care services.

Audit question	Yes/ No/ Partially	Findings
Is the Health Board tracking and reporting data to show whether patients are accessing urgent and emergency care services appropriately?	Yes	The Health Board uses a tactical dashboard which contains live information relating to demand at the Morriston site. This dashboard provides operational teams with live service data to support them to respond appropriately. Some interviewees reported that they have several analysts and informatic teams working on various projects to help understand the effect of service changes and whether they are successfully diverting patients away from the front door.

Audit question	Yes/ No/ Partially	Findings
Is regular patient feedback being sought and used to inform and improve plans?	Partially	<p>Part of the Health Board's de-escalation criteria<sup>11</sup> for moving from targeted intervention for urgent and emergency care is to consider patient feedback.</p> <p>The Health Board collects patient feedback via CIVICA<sup>12</sup>, complaints information, clinical incidents and comments left on its social media posts. It is not clear however at what stage in a patient's journey through urgent and emergency care they are being asked about their experience. It is also unclear how feedback is being used to inform and improve plans (<b>Recommendation 6</b>).</p>
Is there regular staff feedback on the impact of changes to services and pilots to identify and apply lessons?	No	<p>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 (<b>Recommendation 7</b>).</p>

Source: Audit Wales

## Oversight and scrutiny

- 72 We found that **there is regular monitoring and oversight of urgent and emergency care performance at committee and Board level, however there is scope for greater involvement from WAST and oversight of the use of additional financial allocations for urgent and emergency care services is poor.**
- 73 The findings that have led us to this conclusion are summarised in **Exhibit 10**.

<sup>11</sup> In January 2024, the Health Board was escalated under the NHS Wales escalation and oversight framework across specific areas of its business, including escalation to Targeted Intervention (Level 4) for performance and outcomes.

<sup>12</sup> CIVICA is a software platform designed to measure patient feedback within healthcare organisations.

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

Audit question	Yes/ No/ Partially	Findings
<p>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?</p>	<p><b>Yes</b></p>	<p>There are several groups that work collectively to provide regular oversight of urgent and emergency care. On an operational basis, the Health Board has daily summits, huddles and national calls to manage performance in real-time. There are also weekly Urgent and Emergency Care Delivery Group meetings which manage urgent operational matters and fortnightly targeted intervention meetings.</p> <p>At a more strategic level, the Health Board has a Six Goals Urgent and Emergency Care Board which aims to support and implement urgent and emergency care plans and performance. This Board meets monthly and is chaired by the Chief Operating Officer.</p>
<p>Is there effective oversight of urgent and emergency care performance at the committee and board level, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?</p>	<p><b>Yes</b></p>	<p>There is regular oversight of urgent and emergency care performance at both Board and committee level. The Board receives the Health Board's monthly Integrated Performance Report, which includes metrics related to urgent and emergency care.</p> <p>Prior to its submission to the Board, the Integrated Performance Report is scrutinised by the Finance and Performance Committee, along with a quarterly report on urgent and emergency care. This report demonstrates emergency care activity and performance, including progress against the urgent and emergency care standards.</p>
<p>Are there arrangements in place for monitoring and oversight of economy, efficiency and effectiveness of project investment</p>	<p><b>No</b></p>	<p>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.</p> <p>The NHS monthly monitoring returns for month 12 of 2024-25 shows that the Health Board spent the £4.9 million Six Goals monies with an overspend of £210,000, as well as its full</p>

Audit question	Yes/ No/ Partially	Findings
from Welsh Government?		<p>allocation of the Regional Integration Fund and Further Faster money.</p> <p>However, there was no reporting of this expenditure within reports to the Finance and Performance Committee or the Board to provide assurance that money was used effectively (<b>Recommendation 8</b>).</p>

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"><li>• Urgent and Emergency Care (Recovery) Plan</li><li>• Integrated Medium Term Plan and Annual Plan</li><li>• Integrated Commissioning Action Plan</li><li>• Six Goal Programme Plan and progress reports, including submissions to Welsh Government</li><li>• Performance reports on urgent and emergency care to Board and committees</li><li>• Evaluation reports aimed at initiatives appropriately managing urgent and emergency care demand; and</li><li>• Urgent and Emergency Care Board (or Six Goals Board) terms of reference, agendas for last year and papers relevant to appropriately managing urgent and emergency</li></ul>
Interviews	<p>We interviewed the following:</p> <ul style="list-style-type: none"><li>• Chief Operating Officer</li><li>• Urgent and Emergency Care Lead</li><li>• Service Group Director for Primary Care</li><li>• Minor Injuries lead, Neath Port Talbot Hospital</li><li>• Morriston Service Group Director</li><li>• WAST Head of Service for Health Board Region</li><li>• Local Llais lead</li></ul>
Group discussions	<p>We held group discussions with the following:</p> <ul style="list-style-type: none"><li>• GP cluster leads and GP OOH leads</li></ul>
Observations	<p>We conducted a site visit of the Morriston site visiting the emergency department, SDEC, waiting areas for urgent care and attended a Morriston site daily meeting.</p>

Element of audit approach	Description
Data analysis	<p>We analysed data relating to urgent and emergency care services, using the following sources:</p> <ul style="list-style-type: none"> <li>• Ambulance Services Indicators;</li> <li>• DHCW Urgent and Emergency Care Dashboard;</li> <li>• StatsWales;</li> <li>• Data provided by Welsh Government in relation to GP out of hours services; and</li> <li>• Monthly Monitoring Returns.</li> </ul>
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 reviewed a sample of 11 GP practice websites and answerphones, and a sample of 15 dental websites and answerphones.</p>

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
<b>Does the Health Board have robust plans in place to manage the demand for urgent and emergency care services?</b>	
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"><li>• Strategies and/or plans relating to urgent and emergency care:<ul style="list-style-type: none"><li>– 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.</li><li>– identify and seek to address key risks associated with demand for urgent and emergency care services.</li><li>– align with the requirements of the Welsh Government Six goals for Urgent and Emergency Care for better managing demand.</li><li>– include documented information on alternative clinical pathways, including how and when they should be accessed.</li></ul></li></ul>
Do plans identify the current and required levels of resource and	<ul style="list-style-type: none"><li>• Strategies and/or plans detail the:<ul style="list-style-type: none"><li>– resource requirements and identified funding to support any changes to service delivery included within the strategy/plan.</li></ul></li></ul>

Audit questions	Audit criteria
staffing to achieve the ambitions?	<ul style="list-style-type: none"> <li>– 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.</li> </ul>
<p><b>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?</b></p>	
<p>Is the Health Board effectively signposting urgent and emergency care services to the public, so they know how to access services appropriately?</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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)</li> <li>• 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</li> </ul>
<p>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?</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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).</li> </ul>
<p>Is there evidence that changes to service delivery are resulting in better demand management?</p>	<ul style="list-style-type: none"> <li>• Referrals into new service models are in line with the ambitions of the six goals for urgent and emergency care policy handbook.</li> <li>• WAST can refer at least 4% of cases to SDEC.</li> <li>• Calls to 111 are answered quickly and abandonment rates are low.</li> </ul>

Audit questions	Audit criteria
	<ul style="list-style-type: none"> <li>• Emergency ambulance response times, ambulance handover delays and waits within Emergency Departments and Minor Injury Units are improving.</li> <li>• Data shows decreasing volumes of patients with low acuity / minor complaints presenting at Emergency Departments.</li> <li>• Data indicates a good range of GP appointment availability.</li> <li>• 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.</li> </ul>
<p><b>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?</b></p>	
<p>Is the Health Board monitoring the effectiveness of alternative clinical pathways, including by seeking feedback from staff and service users?</p>	<ul style="list-style-type: none"> <li>• The Health Board tracks and reports data to show whether patients are accessing urgent and emergency care services appropriately.</li> <li>• The Health Board can evidence that it seeks patient feedback regularly and uses it to inform and improve plans.</li> <li>• Regular feedback is sought from various staff on the impact of changes to services and pilots to identify and apply lessons</li> </ul>
<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"> <li>• 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.</li> <li>• 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.</li> </ul>

# 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
<p><b>Risk management within plans</b></p> <p>R1 To strengthen risk management, the Health Board should ensure that all risks set out in urgent and emergency care plans have risk owners and that mitigating actions are regularly reviewed (<b>Exhibit 2</b>).</p>	<p>Work is underway re; strengthening and aligning risk management across the UEC pathway, whilst more recently there have been significant improvements in the overall UEC risk profile due to patient/ ambulance handover times and patient access significantly improving.</p> <p>It is recognised that further work is required regarding aligning risks across the organisation i.e. across the entire UEC pathway irrespective of Service Group. As such all relevant UEC (operational) risks are currently being reviewed alongside corporate and 6 Goals UEC Board to ensure there is no duplication and where appropriate a merge of risks can take place. Once this review has</p>	<p>October 2025</p>	<p>Chief Operating Officer</p>

Recommendation	Management response	Completion date	Responsible officer
	<p>been completed owners can be attributed with associated actions in place to provide mitigation and further planning. At present there are reviews of risks across various forums but a triangulation of all relevant UEC risks is a regular agenda item on the UEC/6G Board enabling complete line of sight between risk (and associated risk score), mitigating actions, risk owner and timeline to improve.</p>		
<p><b>Six Goals Programme Funding</b></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 the current annual allocation (<b>Exhibit 2</b>).</p>	<p>There are ongoing communications between the Health Board and Six Goals Team (within NHS Wales Performance and Assurance) re; the continuation of the Six Goals national initiative. Within 25/ 26 the 6 Goals annual plan plus associated finances have been signed off.</p> <p>Additionally, to date there has been positive communication regarding the continuation of a national initiative aimed at improving overall Urgent and Emergency Care however the continuation of funding/schemes is yet to be confirmed post financial year 25/ 26.</p> <p>Moving forward it is acknowledged that Six Goals funding will need to be used in a ‘pump priming’ fashion to test innovative methods of service</p>	<p>January 2026</p>	<p>Executive Director of Finance</p>

Recommendation	Management response	Completion date	Responsible officer
	<p>delivery and Health Board will need to allocate 'core' funding should said service wish to be continued as 'Business as Usual' and as such regular reviews of services that may require dis-investment may need to occur.</p>		
<p><b>Communication plan</b></p> <p>R3 Within its plans for urgent and emergency care, the Health Board should clarify what actions it will take to communicate how services are to be used by staff and the public. This should ensure there are consistent and clear messages for accessing appropriate urgent and emergency care and reduce pressure on the system (<b>Paragraph 21</b>).</p>	<p>There are already communications developed/ underway and shared with the public and staff re; accessing the right care first time and improvements to UEC services either planned or underway. This includes internal newsletters, initiatives such as 'resetting the clock' and communication forums (such as 'Ask Abi' – an open session for staff to directly communicate with the Chief Executive Officer) and the staff ED Open Forum where UEC issues are socialised. All UEC communications activity will be reviewed to ensure is correct/ up to date and appropriate for the audience. Where gaps exist or alterations required these will be actioned in a timely manner.</p>	<p>November 2025 (for review and gap analysis)</p>	<p>Director of Insight, Communications &amp; Engagement</p>
<p><b>Signposting patients to the right services</b></p> <p>R4 To provide greater clarity to patients, the Health Board should ensure GP and dental practices provide clear, accessible information about urgent</p>	<p>A review of current communications/ information provided within GP and dental practices re; urgent and emergency care services will be undertaken across the region. Where gaps are identified up to date information will be provided for distribution via said GP and dental practices. This will assist in directing patients in the community to right place,</p>	<p>January 2026</p>	<p>Deputy Chief Operating Officer/ Director of Primary, Community Care &amp; Therapies Service Group</p>

Recommendation	Management response	Completion date	Responsible officer
<p>and emergency care services on their websites (<b>Paragraph 26</b>).</p>	<p>first time. Work already underway re; patient direction/ redirection includes the development of an UEC Single Point of Access (SPOA) for pre-hospital triage. There are linked plans to implement a ‘ticket to ride’ initiative ensuring review of patients not deemed urgent are indeed checked as to whether conveyance to hospital is appropriate or an alternative method of treatment away from an acute setting is more appropriate.</p>		
<p><b>Monitor compliance with national SDEC referral guidance</b></p> <p>R5 To gain assurance that the Health Board is following the national SDEC referral guidance, it should conduct an audit of its SDEC data against the criteria and report the results to an appropriate committee or forum (<b>Paragraph 49</b>).</p>	<p>SDEC services are being reviewed at present as part of development of a Single Point of Access (SPOA) for UEC services. Additionally, as part of the ‘Tests of change’ programme at the Morriston Hospital site a review of data is planned. As part of said activity a review of SDEC data against national referral guidance will be completed – this will then identify areas of good practice or indeed areas for improvement.</p>	<p>November 2025</p>	<p>Assistant Director of Operations (UEC)/ Sue Moore – Service Group Director: Morriston Hospital</p>
<p><b>Improving staff and patient feedback</b></p> <p>R6 To ensure 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 (<b>Exhibit 9</b>).</p>	<p>There is regular feedback collected re; UEC services such as via the ‘voices from ED’ initiative that gathers feedback from patients and shares with UEC colleagues to aid in service redesign/ improvements. There have been regular open feedback sessions with staff re; the recent ‘Tests of change’. This being led by the Service Group Director and supported by key operational staff.</p>	<p>December 2025</p>	<p>Director of Insight, Communications &amp; Engagement</p>

Recommendation	Management response	Completion date	Responsible officer
<p>R7 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 (<b>Exhibit 9</b>).</p>	<p>Additionally there is the 'ED Open Forum' gathering feedback from staff re; ED service/ experiences.</p> <p>Furthermore, to ensure patient feedback is considered in UEC plans moving forward, a review of appropriate Clinical Reference Groups/ feedback received to date/ complaints etc will be undertaken.</p>		
<p><b>Reporting of expenditure of additional funding for UEC services</b></p> <p>R8 To increase transparency and strengthen assurance that monies allocated to urgent and emergency care are being spent wisely, the Health Board should include information on its use of additional funding within regular finance reports to the Finance and Performance Committee. This should include the use of Six Goals, Further Faster and Regional Integration Fund monies (<b>Exhibit 10</b>).</p>	<p>It is recognised that an overall view of all finances attributed to the UEC pathway is needed. This needed to note potential gaps in provision and where funds could potentially be re-allocated to bottlenecks along the pathway. As such an overall review of all finances attributed to the UEC pathway (covering core Health Board funding, Six Goals, Further faster etc) will be completed as part of the Recovery and Sustainability turnaround initiative.</p> <p>This thematic review will be reported to the Finance and Performance Committee to aid in decision making re; where additional funds are needed to improve performance or where funds require reallocation.</p>	October 2025	Assistant Director of Operations (UEC)

Source: Audit Wales





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