

Validation of Emergency Department Waiting Time Data

Final Internal Audit Report 2025/26

Hywel Dda University Health Board



Limited Assurance

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Review Reference

HDU-2425-07

Fieldwork

August 25

Executive Sign Off

30 September 25

Audit Committee

October 25

Executive Lead

Andrew Carruthers, Chief Operating Officer

Audit Team

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit

Executive Summary

Purpose

The NHS Wales Performance Framework 2025-26 sets out performance measures mapped to the 'A Healthier Wales' quadruple aims, with aim 2 focusing on the measures for urgent and emergency care. This audit has focused on measure 23 and implementation of the Emergency Department (ED) 4-hour Breach Validation Standard Operating Procedure.

23. Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission transfer or discharge [target = 95%]

Overview

Time spent in the ED is captured and accurately calculated within the WPAS system although data quality issues were identified with the completion of casualty cards, with some missing the information required to determine whether or not a breach is exempt from reporting.

We were provided with a copy of a Standard Operating Procedure for breach validation although issues were identified which require addressing for it to adequately meet operational requirements. Additional guidance is available to support staff in the correct application of breach reasons.

Arrangements are in place for validation of breaches at each site reviewed and the approach to validation is consistent although the level of clinical involvement varied. Our testing found the validation to be effective at GGH, WGH and PPH. Validation at BGH only commenced in April 2025 and we identified that nearly 40% of breaches¹ had not been validated due to an unresolved system access issue, so there is a risk of under/over-reporting of breaches both internally and externally to Welsh Government.

A record of breaches validated is not maintained so there is no source of assurance that all breaches are validated. An audit trail of validation amendments is maintained by the system but this information is not fed back to EDs to facilitate learning and improve data quality.

Performance monitoring arrangements are inconsistent, with no evidence of service-level monitoring at two sites. However, good arrangements were observed within the Carmarthenshire System which is also demonstrating an improving trend in 4-hour breaches (see page 3). There is evidence of ED waiting time data reported within both the operational governance and Health Board assurance committee structures.

We have concluded **Limited** assurance overall. The matters requiring management attention include:

- Completion of casualty cards with requisite information to facilitate breach validation [*Medium*]
- The SOP requires updating and formal dissemination to relevant staff [*Medium*]
- No source of assurance that all breaches are validated [*Medium*]
- Inconsistency in clinical involvement in the validation process [*Medium*]
- Significant proportion of breaches at BGH are not subject to validation [*High*]
- Inconsistent performance monitoring arrangements [*High*]

Full details of matters arising are detailed within the Findings & Agreed Action plan.

¹ During the period 1 May – 7 August 2025

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

		Related Findings	Assurance
1	Waiting time data is accurately captured and calculated.	1	Reasonable
2	Data validation processes ensure that reported data is complete, accurate and timely with appropriate and consistent application of the SOP and breach exemption rules.	2 - 5	Limited
3	Timely monitoring and review of performance takes place at appropriate forums within the Health Board.	6	Reasonable

Management Actions

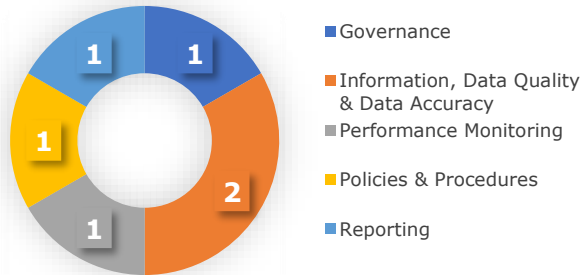


High Priority



Medium Priority

Themes



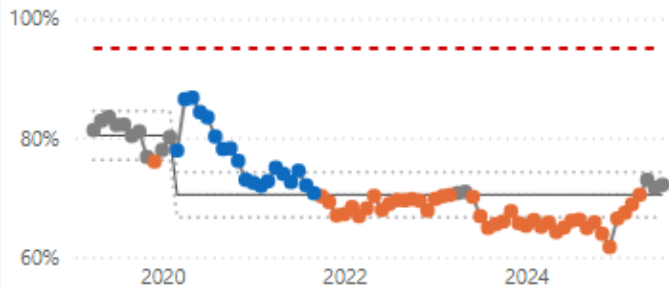
Risk Types

Financial Loss
 Quality or Safety Issues
 Public Perception & Reputational Risk

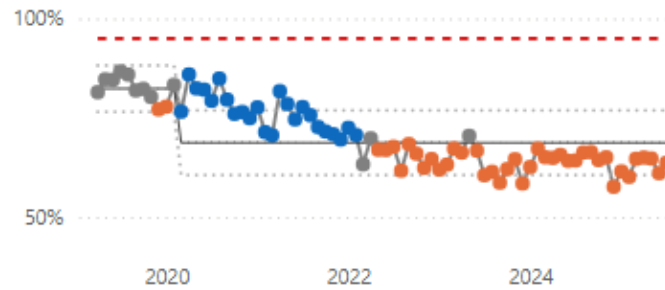
ED Waiting Time Data

A&E / MIU waits under 4 hours

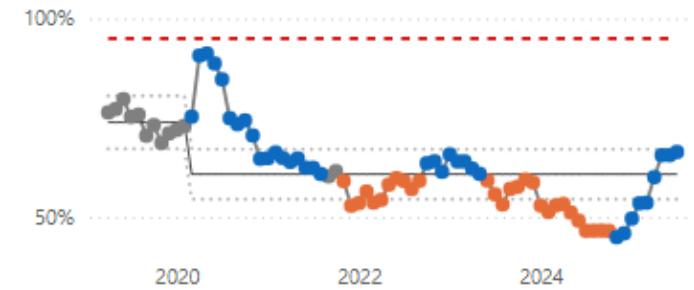
% patients spending less than 4 hours in A&E / MIU



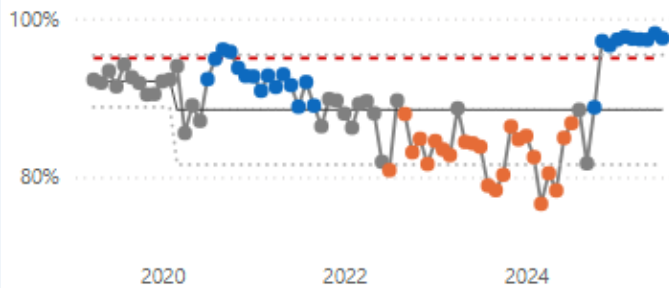
% patients spending less than 4 hours in A&E / MIU -
Bronglais Hospital



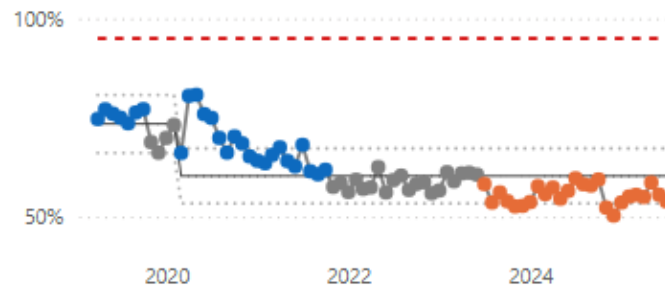
% patients spending less than 4 hours in A&E / MIU -
Glangwilli Hospital



% patients spending less than 4 hours in A&E / MIU -
Prince Phillip Hospital



% patients spending less than 4 hours in A&E / MIU -
Withybush Hospital



Source: [HDUHB IPAR as at 31st July 2025](#)

Findings & Agreed Action Plan

Objective 1: Waiting time data is accurately captured and calculated Reasonable

Overview

Waiting time data is captured and calculated within the Welsh Patient Administration System (WPAS) based on the time the patient presents at ED reception and when the attendance is closed on return of the casualty card to reception. Review of WPAS data for ED attendances during the period 1st May – 7 August 2025 confirmed that the requisite fields had been populated, and consequently the time in department calculated, in all cases. Re-performance of a small sample confirmed accuracy of this system calculation.

Time in department of 4 hours or more is considered a breach, unless one of the Welsh Government breach exemptions applies. Additional information about the patient journey is required from the casualty card to determine whether a breach is exempt. Sample testing of ED visits identified that 52% of casualty cards reviewed had time stamps missing. In all cases reviewed the information was available elsewhere within WPAS, but this relies on the validator investigating and searching for it which hinders the efficiency and effectiveness of the validation process. **[Finding 1]**

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Completion of Casualty Cards</p> <p>Sample testing of 40 ED visits during the period May – August 2025 identified 21 instances where the casualty card was incomplete, with information such as the time of referral for diagnostics or request for a bed not recorded.</p> <p>Gaps in completion were more evident in WGH and BGH where there is greater reliance on locum medical staff, and some individuals we spoke with cited limited clinician engagement with the 4-hour target.</p>	<p>Breaches are not validated or are validated incorrectly, resulting in under/over-reporting of performance against the 4-hour target.</p> <p style="background-color: yellow; text-align: center;">Medium Priority</p>	<p>Agreed Action:</p> <p>Escalation to the Medical Director to reinforce with clinical teams the significance of the 4-hour target and importance of fully documenting the patient journey on the casualty cards.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Correspondence to clinical teams</p> <hr/> <p>Officer: Peter Skitt, Community & Integrated Medicine Clinical Care Group Service Director</p>
<p>Theme: Information, Data Quality & Data Accuracy</p>	<p>Control Design</p>	<p>Target Implementation Date: 31st October 2025</p>

Objective 2: Data validation processes ensure that reported data is complete, accurate and timely, with appropriate and consistent application of the SOP and breach exemption rules

Limited

The standard operating procedure (SOP) outlines the high-level process and requirements for validating breaches of the 4-hour target. We identified issues with the SOP which require addressing – these are detailed at **[Finding 2]**. Information Services have developed a WPAS ED Breach Reason Guide to support in the correct application of breach reasons.

Visits to the EDs in Glangwili (GGH), Withybush (WGH) and Bronglais (BGH) General Hospitals, and the Minor Injury Unity (MIU) at Prince Philip Hospital (PPH) confirmed that arrangements are in place at each site to undertake breach validation. Validation has only been undertaken at BGH since April 2025 when there was a change in General Manager. We were advised that validation is undertaken at all sites every weekday however validation is not documented so there is no evidence to confirm this. **[Finding 3]**

The SOP states that “all relevant ED clinical notes and information will be reviewed by an ED Unit Manager” (a band 7 clinical role). This is case in GGH and PPH, but in WGH and BGH validation is undertaken by administrative (non-clinical) staff. **[Finding 4]**

Validation was reperformed for a sample of 40 breaches across the four sites. Instances were identified where the breach flag and/or reason stipulated by the clinician at the time of ED attendance was incorrect but there was evidence that this had been corrected as part of the validation process, confirm that validation is taking place. No issues were identified for GGH, PPH or WGH. However, our testing revealed a wider issue at BGH where due to a system access issue nearly 40% of records cannot be amended by the validator and are therefore not subject to validation, so there is a risk of under/over-reporting of breaches. **[Finding 5]**

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Standard Operating Procedure</p> <ul style="list-style-type: none"> the SOP does not identify the author, implementation or review dates and we have been unable to identify the source of the SOP. it is not clear if or when the SOP has been communicated to or how it is accessible to staff. During our site visits some staff were of unaware of the document. the SOP requires “validated non-breaches” (i.e. where an exemption applies) to be changed to 3:59 wait time but this is not done in practice and not necessary because breach reporting is based on the selected breach flag rather than the time in department. <p>Theme: Policies & Procedures</p>	<p>Breaches are not validated or are validated incorrectly, resulting in under/over-reporting of performance against the 4-hour target.</p> <p>Medium Priority</p> <p>Control Design</p>	<p>Agreed Action:</p> <p>The SOP will be updated to address the issues identified, and approved by an appropriate forum. The revised SOP will be formally communicated with relevant staff and accessible on the intranet.</p> <p>Expected Evidence of Implementation:</p> <p>Updated SOP. Evidence of dissemination to relevant staff.</p> <p>Officer: Peter Skitt, Community & Integrated Medicine Clinical Care Group Service Director</p> <p>Target Implementation Date: 28th November 2025</p>
<p>3 Audit Trail</p> <p>WPAS does not have the functionality to evidence or record where an ED attendance/breach has been validated, although</p>	<p>Poor data quality</p> <p>Inefficient use of resources</p>	<p>Agreed Action:</p> <p>The ED attendance reports used for validation will be annotated to identify the records subject to validation.</p>

<p>the system does maintain an audit trail of amendments made as part of the validation process. Reports of amendments were requested for the sample of 40 ED attendances we reviewed, but we were advised that this could not be provided.</p> <p>This information could support the identification of common errors or areas with frequent errors (both in terms of documenting the ED attendance, and the subsequent validation process) to support learning, enhance data quality and improve the efficiency of breach validation.</p>		<p>Information Services to provide routine reports of amendments to records as part of the validation process, to facilitate learning and improve data quality.</p> <p>Expected Evidence of Implementation:</p> <p>Record of breaches that have been validated. WPAS audit trail reports shared with EDs, and evidence that these are reviewed/analysed to identify learning.</p>
<p>Theme: Reporting</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Peter Skitt, Community & Integrated Medicine Clinical Care Group Service Director</p> <p>Target Implementation Date: 31st December 2025</p>
<p>4 Requirement for Validation by Clinical Role</p> <p>The SOP states that “all relevant ED clinical notes and information will be reviewed by an ED Unit Manager” (a band 7 clinical role). This is case in GGH and PPH, but in WGH and BGH validation is undertaken by administrative (non-clinical) staff.</p>	<p>Incorrect application of breach exemptions, resulting in under/over-reporting of performance against the 4-hour target.</p> <p>Medium Priority</p>	<p>Agreed Action:</p> <p>The validation process and associated roles and responsibilities as per the SOP will be reassessed to determine the extent of clinical involvement required and ensure appropriate use of clinical time. Training needs of any non-clinical roles involved will be assessed and fulfilled.</p> <p>Expected Evidence of Implementation:</p> <p>Validation undertaken by clinical roles as per the current SOP, or requirements updated in the SOP where appropriate. Evidence of training needs assessed/training provided, where applicable.</p> <p>Officer: Anna Chiffi, Assistant Director of Nursing Patient Safety & Quality</p>
<p>Theme: Governance</p>	<p>Control Operation</p>	<p>Target Implementation Date: 31st December 2025</p>
<p>5 Breach Validation at BGH</p> <p>Validation was re-performed for a sample of 40 breaches across the four sites. Our sample was selected from a WPAS report of ED attendances (pre-validation) during the period 1 May – 7 August 2025.</p> <p>Three instances were identified for BGH where a breach was incorrectly flagged as exempt by the clinician and this had not been corrected as part of validation. It transpired that in these instances the breach reason had not been stipulated by the clinician and where this is the case, the validator is unable to amend the breach flag/reason due to a system access restriction.</p>	<p>Incorrect application of breach exemptions, resulting in under/over-reporting of performance against the 4-hour target.</p>	<p>Agreed Action:</p> <p>The system access issue will be escalated to IT to resolve as a matter of urgency, to ensure that 100% breach validation can resume for BGH at the earliest opportunity. The outcome of finding/action 4 may impact on the longer-term validation arrangements.</p> <p>Expected Evidence of Implementation:</p>

<p>Analysis of WPAS data for ED attendances (pre-validation) during the period 1st May – 7 August 2025 identified 1225 instances (out of 3244 ED attendances where time in department exceeded 4 hours) where the breach reason for BGH had not been populated by the clinician and therefore the record would not be editable by the validator. We were advised that these records (37.8%) are not validated for this reason. There is a risk that these breaches have been under/over reported to WG.</p>		<p>Email correspondence with IT to confirm system access issue resolved.</p> <p>Record of breaches that have been validated (links to finding/action 3) confirming that all breaches are being validated for BGH.</p>
<p>Theme: Information, Data Quality & Data Accuracy</p>	<p>High Priority</p> <p>Control Design</p>	<p>Officer: Peter Skitt, Community & Integrated Medicine Clinical Care Group Service Director</p> <p>Target Implementation Date: 31st December 2025</p>

Objective 3: Timely monitoring and review of performance takes place at appropriate forums within the Health Board **Reasonable**

The 4-hour performance data is discussed at the Weekly Performance Escalation meeting for the Carmarthenshire System, with a recent action to investigate what can be done to address the cause of the breach reasons and improve performance. The graphs on page 3 demonstrate an improving trend for GGH and PPH. There are no such monitoring arrangements for the Pembrokeshire and Ceredigion Systems. **[Finding 6]**

ED waiting time data features in the Performance Exception Report and UEC Six Goals Programme Update to IQFPD, although these have focused on the number of patients spending over 12 hours in ED/MIU (for which there is no target) rather than the 4-hour target.

The percentage of patients spending less than 4 hours in the ED / MIU is a key metric reported within the Integrated Performance Assurance Report (IPAR) presented at each meeting of the Finance & Performance Committee and Health Board. Performance as at 31st July 2025 was reported as 72.1% against the 95% target and highlighted as an 'alert' under the 3As reporting.

Key Findings	Risk & Impact	Agreed Management Action
<p>6 Inconsistent Monitoring Arrangements</p> <p>There is no evidence that 4-hour breach data for WGH and BGH is monitored or reported to appropriate forum(s) to aid learning and to improve performance.</p>	<p>Learning is not identified and used to improve performance.</p> <p>Inconsistency across ED / MIU sites.</p>	<p>Agreed Action:</p> <p>The performance monitoring arrangements for GGH and PPH will be implemented for BGH and WGH.</p> <p>Expected Evidence of Implementation:</p> <p>Minutes/actions evidencing monitoring and reporting of 4-hour performance at appropriate service level forum(s)</p>
<p>Theme: Performance Monitoring</p>	<p>High Priority</p> <p>Control Design</p>	<p>Officer: Peter Skitt, Community & Integrated Medicine Clinical Care Group Service Director</p> <p>Target Implementation Date: 28th November 2025</p>

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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