



Llywodraeth Cymru  
Welsh Government

Right care, right place, first time

# Six Goals for Urgent and Emergency Care

Two Years On: a snapshot  
of progress in 2023/24



# Cabinet Secretary Foreword

This report reflects on progress made in 2023/24 against the objectives set out in the **'Six Goals' for Urgent and Emergency Care (UEC) Policy Handbook 2021-2026**, following the establishment of a national programme to support health boards to deliver the right care, in the right place, first time.

In this second year of the programme, we have continued to support NHS organisations with access to £25m in additional funding. This was predominantly used to drive forward delivery of my priorities to increase urgent care capacity as part of a move towards a 24/7 integrated urgent care model and to expand same day emergency care services at the front door of hospitals to help more people to safely avoid admission to hospital.

We published a **Quality Statement for Care in Emergency Departments (ED)** last year. This complements the commitments made in the handbook, setting out the outcomes and standards people should expect to receive when accessing care in high-quality emergency departments throughout Wales. To kick-start progress we launched a national 'Green ED' accreditation framework across all our emergency departments, in collaboration with the Royal College of Emergency Medicine. We are the first part of the UK to roll this out nationally, embedding sustainable working practices and positively impacting the reduction of emissions, waste and costs.

Projects across the six goals continue to be established to target support towards key populations during year two of the programme. For example, services designed to help frail adults who have experienced fractures to prevent future urgent or emergency care episodes; wearable devices to support people to safely avoid hospital or return home from hospital when they are ready for further monitoring; and a new NHS 111 Wales pathway to provide advice to parents of young children to help safely avoid unnecessary trips to the emergency department.

Over the second year of the programme, NHS data shows we have seen:

- **11,000 people on average every month accessing urgent primary care centres**, with 85% being managed without needing to access an emergency department;\*
- **time to triage performance in major emergency departments stabilising at around 20 minutes**, helping to support safer patient episodes for more than three-quarters of a million people, despite ongoing and relentless pressure on ED staff;\*
- **a national 24/7 mental health single point of contact** (NHS 111 Wales press 2) has been in place for a year, receiving more than 6,000 calls a month;\*
- more than 7,500 people access same-day emergency care services every month and nearly **80% of people are discharged home on the same day** according to health board management information;\*
- **a reduction in the average length of hospital stay** over the calendar year from 8.5 days (January 2023) to 7 days (December 2023).\*

\* NHS management information.

This progress should be seen in the context of ongoing and relentless pressure on urgent and emergency care staff, which is not unique to Wales. These challenges are characterised by shifting demand, periods of industrial action and capacity constraints in key parts of the urgent and emergency care pathway.

Some of these are deep rooted and complex problems that will take time to overcome but we are committed to holding our nerve through our support to health boards, NHS trusts and Regional Partnership Boards through this and other national transformation programmes designed to manage more people in the community and support people to return home from hospital when they are ready.

However, moving into the third year of the programme, I expect a renewed vigour, determination and a collective resolve to make tangible inroads against some of the most ingrained issues.

---

**I expect to see a greater focus on high-value interventions, which makes better use of the available funding in securing better outcomes.**

---

There will need to be more focus on proactively supporting populations to stay well, preventing deterioration, and enabling them to safely receive acute care in community settings, preventing inappropriate use of ambulance or emergency department services and hospital admission. And there will be more rigorous expectations for improvement against key system markers, like ambulance patient handover performance and unsafe long stays in emergency departments.

For urgent care, as part of the clinically safe alternatives to admission, health boards will be expected to demonstrate an increase in the number of people who receive level 4 enhanced community care by September 2025 to enable care closer to home, wherever clinically appropriate.

The public can play a vital role in helping us achieve our vision. By leading healthier lives, we can improve health outcomes, wellbeing and patient experience for all.



A handwritten signature in black ink that reads "M. E. Morgan".

**Eluned Morgan MS**  
Cabinet Secretary for  
Health and Social Services

# Contents

<b>Update from the Chair of the programme board</b>	
Reflecting on progress in year two and look forward to 2024/25	5
<b>Goal 1: Snapshot of year two progress</b>	<b>7</b>
<b>A case study:</b> Swansea Bay University Health Board: Accelerated Cluster Development	8
<b>Goal 2: Snapshot of year two progress</b>	<b>9</b>
<b>A case study:</b> Aneurin Bevan University Health Board: 24/7 Urgent Primary Care	11
<b>Goal 3: Snapshot of year two progress</b>	<b>12</b>
<b>A case study:</b> Velindre University NHS Trust: Same Day Emergency Care Service	14
<b>Goal 4: Snapshot of year two progress</b>	<b>15</b>
<b>A case study:</b> Cardiff and Vale University Health Board: Ambulance Patient Handover	16
<b>Goal 5: Snapshot of year two progress</b>	<b>17</b>
<b>A case study:</b> Cwm Taf Morgannwg University Health Board: Patient Flow	18
<b>Goal 6: Snapshot of year two progress</b>	<b>19</b>
<b>A case study:</b> Hywel Dda University Health Board: Care Closer to Home	21

## Update from the Chair of the programme board

### Reflecting on progress in year two and look forward to 2024/25

As Chair of the Six Goals programme board, I am encouraged by progress made by the Six Goals for UEC programme over the second year. The report highlights many improvements and also the opportunity for further progress.

UEC services continue to see record levels of demand and are under constant pressure to meet those demands. Our staff have continued to respond to these challenges and engage with the programme, and I am really grateful for their ongoing commitment.

Despite the high levels of activity which have resulted in increased operational escalation, the challenges of responding to industrial action alongside workforce, financial and operational challenges; the programme has delivered change and improvement in year two.

In this context, health and social care staff should be praised for their collective efforts and for improving outcomes for people in Wales, as highlighted in the case studies in this document. It is clear that these improved experiences and outcomes will not have been delivered without the support offered through the national six goals programme.

#### For example:

1. The Cwmtawe Pathway service in Swansea Bay University Health Board, **supporting people with substance misuse, domestic abuse and mental health needs** has resulted in a 60% reduction in urgent demand on GPs as well as a 98% increase in patients having improved access to other sources of support.\*
2. Cardiff and Vale University Health Board has significantly **improved ambulance patient handover performance** over the past 18 months; eliminating 4-hour patient waits entirely, and reducing the number of 2-hour waits for transfer to the care of ED staff to less than 1% of overall patient arrivals.\*
3. An integrated nurse practitioner led co-located model for UPCC and MIU was launched at Ysbyty Ystrad Fawr in November 2023. Since then, **866 patients have been supported by the service**. This enables patients to access the right care, reduces avoidable attendances at the Grange University Hospital ED and supports primary care sustainability.\*

\* NHS management information.



Collectively we know there is still much work to be done. In 2024/25, in addition to the Cabinet Secretary's priorities, I expect to see:

- faster development of 24/7 integrated urgent care models by each health board that helps more people to access consistently available pathways every day of the week;
- health boards working with Local Authorities to establish more accessible pathways for the Welsh Ambulance Services NHS Trust to support people who have fallen but can be safely cared for in the community; as well as robust pathways for people in stroke and with acute respiratory complaints;
- clear delivery plans aligned to our quality statement for care in EDs;
- further development of SDEC services with a particular focus on frail older people with acute care needs; and
- ownership by health board executives of joint integrated plans to support timely discharge from hospital, to help reduce long hospital stays for our most vulnerable populations.

Local, integrated programme plans are fundamental to turning policy priorities into action and further improvement for local populations, and I expect to see real acceleration in their maturity and delivery across all health boards in 2024/25. We will enhance monitoring of progress against key priorities, and support where necessary.

**Nick Wood**

*Deputy Chief Executive NHS Wales,  
Chair Six Goals for UEC Programme Board*



## Goal one: year two progress



### Goal 1:

Co-ordination, planning and support for populations at greater risk of needing urgent or emergency care

#### Our vision:

Health and social care organisations should work in collaboration with public service and third sector partners to deliver a coordinated, integrated, responsive health and care service, helping people to stay well longer and receive proactive support, preventative interventions, or primary treatment before it becomes urgent or an emergency.

#### Six Goals Programme progress in 2023/24:

##### • ‘Pan-Cluster Planning Groups’

- 20 Pan Cluster Planning Groups have been established with membership that covers health boards, Local Authorities, Voluntary Sector and Llais, Allied Health Professionals, Community Nurses and Cluster Leads.
- Population Needs Assessments are being used to consider priorities for specific areas, these will mature over time and become integral to the Integrated Medium-Term Plans and Regional Partnership Board plans.

##### • Accelerated (Primary Care) Cluster Development

- A self-reflection toolkit has been developed for Clusters to evaluate their maturity level, cross sector working, leadership and more to focus on the gaps in services and improve operational methods.
- This will lead to Clusters being better prepared and able to play a crucial role in the planning and decision making within their area ensuring that they are able to strongly articulate and advocate for the local population.

##### • Health inequalities

- Extensive work has been undertaken to develop a consistent All Wales specification for the delivery of services to Vulnerable and Marginalised groups based upon a tiered model. This will shortly be issued to health boards along with a suite of supporting resources.
- Adoption of this specification will lead to improved health and care outcomes for these groups, a consistent offer across Wales and from a health economics perspective a more efficient and effective delivery of treatment and care.



## Goal 1: Case Study

### Swansea Bay University Health Board: Accelerated Cluster Development

“The Cwmtawe Pathway Service offers support to people struggling with substance misuse, mental health and domestic abuse, including sexual violence – as well as their affected family members.

In 2023, the service received an NHS Wales Award in the ‘Delivering Person-Centred Services’ category. The service works in partnership with Swansea Council for Voluntary Service (SCVS) to provide patient-centred care, agreeing meaningful interventions for every individual to tackle their unmet needs or issues.

Patients are assessed before a bespoke package of support is put together targeting their needs and goals. One-to-one support is provided including education around trauma, sleep and nutrition, help with getting support from Local Authorities or mental health teams and help to navigate appropriate services.

**The introduction of the service has resulted in a 60% reduction in the demand on GPs, as well as a 98% increase in patients having improved access to other sources of support.”\***

\* NHS management information.





## Goal two: year two progress



### Goal 2:

Signposting to the right place, first time for people with urgent care needs

#### Our vision:

When people need or want urgent care they can access a 24/7 urgent care service via the NHS 111 Wales online or telephone service where they will be given advice and, where necessary, signposted or referred to the right community or hospital-based service, first time. This will be achieved through the development of an integrated 24/7 urgent care service.

#### Six Goals Programme progress in 2023/24:

##### • NHS 111 Wales stability

- 111 is now a consistent national service, allowing the people of Wales easier access to urgent care services and advice. In 2023/24, the service averaged 79,000 calls, over 500,000 web visits and up to 18,000 completed symptom checkers per month. A range of services are now more easily accessible for patients with specific needs through use of 111, these include:\*

##### • Palliative care pathway

- An enhanced pathway has been developed to transform the 111 offer for patients, their families/carers and health professionals with palliative end of life care needs, the 111 service press 0 option has been in place since Easter 2023 and has received 2,963 calls within the first year of operation, ensuring palliative care calls are prioritised and answered sooner.\*

##### • Mental health support

- 111 press 2 service is available nationally and transforms how urgent mental health support is accessed in Wales and is available to all ages, 24 hours a day, 7 days a week. Management information suggests for year one over 6,000 calls every month, less than 10% require onward referral to 999 or an ED.\*

\* NHS management information.

- **Urgent Primary Care Centre bookings**

- In January 2024 a pilot began in two health board areas that allows patients to be booked directly into an Urgent Primary Care Centre (UPCC) through 111. A set of criteria was developed and has been kept under review, ensuring patient satisfaction has been positive. Work is underway to widen to other sites.

- **111 offer for children under the age of 16**

- Paediatric Consultants are working to provide timely access for children under 16 to an appropriate clinician, helping to reduce onward referrals to EDs and Primary Care. During the first 15 weeks over 500 children were supported, with 64.9% of cases being closed by offering advice.\*

\* NHS management information.



## Goal 2: Case Study

### Aneurin Bevan University Health Board: 24/7 Urgent Primary Care

“In November 2020 Aneurin Bevan University Health Board launched its first 24/7 UPCC within the Royal Gwent Hospital. This was shortly followed by the UPCC within Nevill Hall Hospital. Both UPCCs directly link to the GP out of hours service and have pathways from ED and Minor Injuries units (MIU), in addition to a 24/7 flow of calls from NHS 111 Wales.

Development of these pathways over a 24/7 basis has helped to signpost people with urgent care needs to the right place, quickly, supporting the flow of patients during peaks in demand. Within a set criteria, ED and MIU staff can book slots for patients directly with UPCCs.

Alongside the UPCCs, the team also facilitate the ‘Think 111 First’ model, where senior clinical decision makers signpost patients who contact NHS 111 Wales to the most appropriate setting for their needs. This could be an appointment at an UPCC, signposting to the relevant MIU, closest to the patients’ home, or patients may be signposted to community pharmacy, dental or optometry.

In November 2023, an integrated nurse practitioner co-located model for UPCC and MIU was launched at Ysbyty Ystrad Fawr. **Since commencement of the model, 866 patients have been supported by the integrated UPCC. This has avoided re-direction off site, attendance at GUH ED and supported primary care sustainability to ensure patients access the most appropriate care, in the right place, first time.**”\*

\* NHS management information.



## Goal three: year two progress



### Goal 3: Clinically safe alternatives to hospital

#### Our vision:

People access appropriate and safe care close to home, and with as much continuity of care, as possible. Admission for ongoing care to an acute hospital bed should only occur if clinically necessary. Linked to Goals 1 and 2, and the establishment of an integrated 24/7 urgent care service.

#### Six Goals Programme progress in 2023/24:

##### • Same Day Emergency Care Services (SDEC)

- Last year saw the opening of additional SDEC facilities with 24 services now in place across Wales which treat and discharge patients on the same day, avoiding unnecessary admissions to hospital. These include:
  - › 14 Medical SDEC services; 8 Surgical SDEC services; 1 Trauma & Orthopaedics service SDEC and 1 Specialist SDEC service based in Velindre University NHS Trust.
- NHS data provided by health boards suggest over 7,500 people access SDEC services across Wales each month and nearly 80% of people are discharged home on the same day.\*
- There has been a national review of the definitions and methodology for SDEC and associated services such as acute units to support ongoing development.

##### • Safe alternatives to attendance at ED and admission to hospital for children and young people in crisis: Sanctuary Pilot Project

- Under commitment 43 of the Welsh Government / Plaid Cymru Co-operation Agreement for Mental Health, health boards are testing projects, supported by Co-operation Agreement funding, that aim to prevent or reduce the deterioration in a young person's emotional, behavioural or wellbeing in crisis.
- To date, over £6m in capital and revenue funding has been allocated to health boards. All pilots will be evaluated, the results of which will help to understand the impact of each of the models piloted and help shape our thoughts on the longer-term provision required.

\* NHS management information.

## • Enhanced Community Care (ECC)

- The Community Infrastructure component of the Strategic Programme for Primary Care aligns to Goal 3, an over-arching model for community services to enable people to live well at home through prevention, choice, wellbeing, and independence.
- Work has focused on Level 4, ECC, to deliver a multi-agency team around the person, avoiding crisis and acute escalation where feasible. This includes a Once for Wales definition, core standards, underpinning quality statements and an evaluation framework. Reporting metrics are in development (reporting will begin in June 2024) and will provide a baseline of service activity, the first of its type for these services in Wales. The full evaluation framework will demonstrate activity, value and impact.



## Goal 3: Case Study

### Velindre University NHS Trust: Same Day Emergency Care Service

“The Immunotherapy (IO) Toxicity Service provides a central vision of providing streamlined effective services for patients who develop toxicity as a result of immunotherapy treatment. The Immunotherapy Service works closely with the Ambulatory Care Unit team to jointly manage patients.

A real-life example of the service in action:

- Patient A presented with symptoms of head pain, nausea and vomiting. They have stage 4 melanoma and had undergone immunotherapy treatment.
- Velindre NHS Trust staff booked Patient A into the Ambulatory Care Unit to have a range of bloods taken and discuss the case with the radiology team.
- Following this a CT (head scan) was completed which revealed acute IO related hypophysitis.
- Symptoms were resolved following two doses of intravenous steroids and patient A was booked to an adrenal education workshop.

Patient A was seen in the Ambulatory Care Unit for same day assessment & discharged home following diagnosis.

**Patient A was able to go home so quickly because of highly specialised knowledge, robust follow up, ambulatory capacity and an efficient pathway.**

Demand for ambulatory care services has increased significantly, during 2023/24 there were more than 5,000 attendances in the Ambulatory Care Unit.

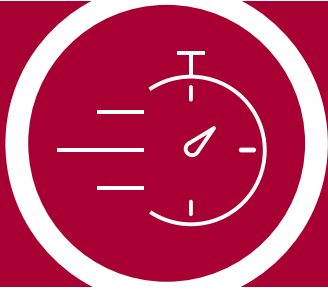
The IO service has worked collaboratively with the ambulatory unit over the past year and have reviewed 199 patients in person during the period April 2023 – April 2024.

The service has won two Velindre Employee excellence awards for Improving Patient Experience and Education Research & innovation. As well as the national Macmillan Professionals Excellence award for Innovation in Glasgow 2023.”\*

\* NHS management information.



## Goal four: year two progress



### Goal 4:

## Rapid response in a physical or mental health crisis

### Our vision:

Individuals who are seriously ill or injured or in a mental health crisis should receive the quickest and best response commensurate with their clinical need – and, if necessary, be transported to the right place for definitive care to optimise their experience and outcome.

### Six Goals Programme progress in 2023/24:

#### • St John 999 Welfare Responder Scheme

- Linked to the WAST ‘Connected Support Cymru’ initiative, St John responders attend patients at their home, take a full history and set of clinical observations and work with the WAST 999 remote clinical support desk to signpost people away from EDs where possible.
- This year the responders referred 37% of patients to pathways other than ED, with 17% avoiding conveyance to hospital entirely.\*

#### • Quality Statement for Care in the Emergency Department

- The **Quality Statement for Care in EDs** is a national policy which outlines the outcomes and standards people should expect to receive when accessing care in EDs throughout Wales.
- The Quality Statement is shaped by the input from the public and reflects the core concerns of service users, as well as the priorities of dedicated staff working within EDs across Wales. It builds upon the commitments outlined in the Six Goals handbook and offers clear guidance to health boards on areas to prioritise for improvement work.

#### • Established an Emergency Department Clinical Network

- The National Clinical Lead for Emergency Care has established a large network of ED consultants, senior nurses and managers to share learning and drive improvement activity. This network aligns to the National Clinical Strategic Network structure within the NHS Wales Executive and is already delivering improvements to ED processes.
- Supported by additional Welsh Government funding and network engagement, Wales is the first UK nation to have all EDs the Royal College of Emergency Medicine’s ‘GreenED’ Accreditation Framework – a structured approach to reducing emissions, limiting waste and saving costs. This will support the delivery of health boards’ local decarbonisation plans and contribute to achievement of net zero by 2030.

\* NHS management information.



## Goal 4: Case Study

### Cardiff and Vale University Health Board: Ambulance Patient Handover

**“Cardiff and Vale University Health Board has significantly improved ambulance handover performance over the past 18 months; eliminating 4-hour ambulance delays and reducing the number of 2-hour delays to less than 1% of arrivals.\***

This meaningful reduction in the average time ambulances wait to handover patients to our ED team has improved patient experience and released ambulance resource out to the community.

This change in performance has been achieved through refreshing processes such as ‘onboarding’ which allows patients to be moved to a ward environment, balancing the risk across the organisation, improving access to alternatives to hospital admission, and coordinating the organisational response when demand for beds is high.

\* NHS management information.

The ED have also improved ambulance patient handover times through the use of the ‘Rapid Assessment Treatment Zone’, allowing senior clinical decision makers to make early assessments of patients ensuring best use of clinical areas in the department, improving prioritisation of the most urgent patients and allowing patients to get the right care, in the right place, first time.

In Cardiff and Vale University Health Board the aspiration is to continue improving ambulance patient handover performance with zero tolerance for 2-hour ambulance waits in 2024/25, and then for 1-hour waits.”





## Goal five: year two progress



### Goal 5:

Optimal hospital care and discharge practice from the point of admission

#### Our vision:

Optimal hospital-based care provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice.

#### Six Goals Programme progress in 2023/24:

##### • Patient Flow Framework Plans

- All regions have launched ‘Optimal Hospital Patient Flow’ implementation plans, building on the framework that launched in December 2022. Training has been provided to support implementation.
- There has been a national reduction in the average length of hospital stay over the calendar year, from 8.5 days (January 2023) to 7 days (December 2023).\*

##### • Preventing deconditioning

- Campaigns such as ‘Move it May’ and ‘Active August’ are being used alongside smaller scale ward-based improvements to promote movement and prevent hospital acquired patient deconditioning.
- The Goal 5 team worked with the Centre for Healthcare Evaluation, Device Assessment and Research to commission an academic review of hospital acquired deconditioning and develop a deconditioning matrix.
- The Goal 5 action group produced an audit of patients with the longest lengths of stay in hospitals across Wales which has been presented to a range of senior leader and a Round Table discussion subsequently took place to agree a high-level action plan to tackle culture and mindset.

\* NHS management information.



## Goal 5: Case Study

### Cwm Taf Morgannwg University Health Board: Patient Flow

“The Cwm Taf Morgannwg University Health Board and Cwm Taf Morgannwg Regional Partnership Boards mission is to transform healthcare journeys, ensuring every moment counts for service users. From acute illness, to discharge, to full recovery, staff are committed to guiding patients with care and compassion every step of the way.

With the support of the Six Goals for UEC national programme, the Regional Partnership Board, third sector and Local Authority partners, health board staff have developed a quality and safety driven improvement framework, encompassing the four pillars of effective flow and discharge: multidisciplinary board rounds using SAFER Patient Flow bundle; in conjunction with the ‘Red to Green Days’ approach; Discharge to Recover then Assess model; and digital enablers to support integrated approach to the delivery of optimal

flow, safe and appropriate discharge.

The focus is on home first for every service user and optimising their journey through reducing days lost and away from home and families.

In December 2023, staff launched the ‘Optimise’ framework to deliver improvements to the patient journey from admission to discharge. **These improvements have increased overall engagement, given staff the sense of empowerment for change and the ability to focus on patient-centred care with a ‘home first’ approach.** We have successfully embedded D2RA and R2G days – **since October we have seen a 58% increase in patients being embedded on D2RA pathways – this will help ensure our patients are supported and discharged safely in a timely manner.”**



## Goal six: year two progress



### Goal 6:

Home first approach and reduce risk of readmission

#### Our vision:

People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning.

#### Six Goals Programme progress in 2023/24:

##### • Pathways of Care Delays reporting framework (PoCD)

- The national reporting framework has now been in place for a year and records a snapshot monthly census of all discharge delays over 48 hours.
- PoCD provides a comprehensive, validated, set of data with reason codes for delays that provides health boards and their Local Authority partners with oversight of their regional discharge delays so that interventions and actions can be targeted more appropriately to help reduce delay numbers.
- In 2023/24, the first year of formal reporting, Pathways of Care Delay numbers saw an approximate 5% overall reduction.\*

##### • Joint working arrangements

- Health boards and Local Authorities are developing Action Plans to aid understanding of how each region is addressing challenges and identify where community-based services need strengthening.
- “Awaiting reablement care packages” has seen a significant reduction of 40.5% in 2023/24, indicating improvement in capacity within community-based services.\*
- The “Trusted Assessor” Model has aided a 39% reduction in cases “Awaiting allocation of Social Worker” in 2023/24 - freeing up social workers to focus on complex cases.\*

\* NHS management information.

- **Discharge to Recover then Assess (D2RA) Pathways**

- Five key measures have been developed to report on D2RA. All seven health boards and trusts have systems for recording and reporting against the measures.

- **‘Hospital to a Healthier Home’ scheme**

- The ‘Hospital to a Healthier Home’ scheme, delivered by Care and Repair continues to operate from 17 hospitals in Wales, supporting safe and timely discharge from hospital and helping to prevent readmissions by making homes safe, warm and more accessible.\*

\* NHS management information.



## Goal 6: Case Study

### Hywel Dda University Health Board: Care Closer to Home

“The Ceredigion Intermediate Bed Model commissions beds from independent care homes across Ceredigion and neighbouring counties, this enables care closer to home and allows for timely assessments in appropriate and safe environments for individuals who have been identified as needing a placement in a nursing home.

The beds are used to support discharge from acute hospitals and to prevent unnecessary hospital admission from people in the community as well as providing provision for palliative patients.

On average a total of eight beds are commissioned at any one time for up-to five weeks to enable timely assessments for long term needs and provisions are put in place to enable de-commissioning before the end of the five-week period.

**Over the past year, 96 beds have been commissioned: 60 people have been discharged, 37 people moved into a nursing home placement and 23 individuals were assessed as not requiring this level of care with 6 people returning to their own homes, 4 moving into a residential home placement, and 13 people were enabled to pass away in their place of choice.”\***

\* NHS management information.