



Llywodraeth Cymru
Welsh Government

Right care, right place, first time

Care in Emergency Departments

A Quality Statement



4

Rapid response in a
physical or mental
health crisis



Background

Introduction: Why is this important?

The Six Goals for Urgent and Emergency Care ('six goals') **policy handbook** seeks to support delivery of the right care, in the right place, first time for better outcomes and experiences for people who need to access care in minutes and hours.

A key part of the six goals approach is to support people with urgent care needs to remain in their local community when safe to do so. However, people will always need to access emergency care services and a key commitment in the policy handbook is to provide timely, effective and quality care to those people in emergency department settings.

Six Goals for Urgent and Emergency Care





Typically, emergency care services encompass emergency ambulance services and services delivered in an emergency department. There are 12 emergency departments across Wales – these are known as ‘**major**’ or ‘**type one**’ departments and provide consultant-led services with appropriate resuscitation facilities which can be accessed 24/7 with or without an appointment.

The level and nature of demand on emergency departments – which includes a wide spectrum of ages, acuity and complexity – can be unrelenting and, despite this challenge being compounded by issues caused by lack of flow further into the hospital system, clinical and non-clinical staff provide safe and timely care to the majority of people who attend.

Last year, most emergency departments across Wales saw record high attendances (or close to record levels), although over time annual attendances seen through **activity trends** have been relatively stable.

While activity has not significantly changed, the time people are spending within emergency departments has generally increased, with the longest overall time on average spent in departments experienced by people over 85 years old. Departments are becoming increasingly crowded as people wait longer for admission, which presents an increased risk of harm and further impacts experience.





Context:

How does this fit with wider policy?

Quality statements are being developed by the Welsh Government, aligned to the commitment in **A Healthier Wales** (2018) to define the outcomes and standards we would expect to see in high-quality, patient focused services delivered by Welsh health boards and NHS trusts.

The National Clinical Framework (2021), written in response to A Healthier Wales, sets out the purpose of quality statements in providing the vision for specific clinical services, underpinned by more detailed service specifications, which enable a long-term and consistent approach to improving outcomes.

In order to help emergency department teams to do what they do best, and deliver optimal outcomes for patients who need assessment and treatment in minutes and hours, this quality statement provides a framework for health boards to support improvement at each emergency department, focusing on consistent high-quality delivery across Wales.

This document should be considered alongside the six goals policy handbook and read in the context of broader national and local programme plans intended to:

- safely reduce presentations at emergency departments through interventions like NHS 111 Wales enhanced pathways; provision of remote clinical advice, guidance and streaming services; and same day emergency care (i.e. the goals two and three elements of national and local six goals programme plans); and
- improve timeliness of flow through hospital systems through improved discharge planning and integrated health and social care action plans to reduce pathways of care delays (i.e. the goals four, five and six elements of national and local six goals programme plans).

Approach:

How has this document been developed?

This quality statement has undergone robust engagement, including through national public surveys, events and a national task group, with contributions from leaders in emergency medicine, executive and operational leaders from across NHS Wales, the Royal College of Emergency Medicine, the third sector and academia.

While it is recognised that a whole system approach is needed to drive transformational change in urgent and emergency care and this is the basis of the six goals framework, the scope of this quality statement is the emergency department, from the point of entry to the point of exit.

The quality attributes are shaped around the **12 Health and Care Quality Standards** which are intended to provide a clear framework to help plan, deliver and monitor healthcare services in Wales.

The national six goals programme plan for 2024/25 will include enabling delivery of the quality statement as a core part of its 'goal four' plan.



Delivery: What is expected of health boards?

It is expected that health boards undertake a review of their current status against each of the quality attributes described in the quality statement using and aligning to their existing local six goals programme structures. This will act as a baseline and contribute to the development of emergency department improvement plans for each site (or alignment to existing plans).

Priority actions will be set by the Welsh Government and the NHS Wales Executive, aligned to the existing NHS Wales planning and performance frameworks. These will be reviewed on an annual basis as part of local six goals programme plans.

Health boards will be supported to deliver the expectations set in this document by the NHS Wales Executive. This will mainly be discharged through the national six goals programme and, where appropriate, the national clinical strategic network for critical care, trauma and emergency medicine.

Given the cross-cutting nature of care and treatment delivered within an emergency department, the national programme and clinical network will work collaboratively to develop a robust service specification for emergency

departments in Wales with consideration of national clinical pathways, aligned to the quality attributes of other services or condition-specific groups where appropriate.

The NHS Wales Executive will use data to benchmark emergency department services against the expectations set out in the quality statement to support accountability discussions with the Welsh Government and support public transparency of service delivery.

While this quality statement describes the ambitions to be delivered consistently within emergency departments across Wales, it should be recognised that a number of the attributes may be directly transferable to other services, namely:

- **minor injuries units;**
- **same day emergency care services; and/or**
- **acute or assessment units.**

The NHS Wales Executive and health boards will consider how learning and improvements can be shared across other front-door services.





Quality attributes of Emergency Department services in Wales



Safe

1. Risk held within departments is systematically assessed, communicated and escalated within the organisation, with appropriate measures taken to proactively reduce the potential for harm to patients and staff through safe care practices such as infection prevention and control. There is a heightened focus on reducing risk associated with crowding within departments.
2. Systematic monitoring of demand and capacity information, with consideration of acuity and complexity of needs, to enable high-quality and highly reliable service delivery through appropriate facilities, informatics and workforce (based on numbers, skills and experience).
3. An environment which prioritises the safeguarding of adults and children, and considers the specific management of patient groups such as those who live with frailty and those with complex conditions, including mental health, substance use and intellectual disabilities or vulnerabilities.

Timely

4. Timely and robust triage or initial assessment is undertaken within 15 minutes of arrival, using a recognised process, and overseen by a skilled and experienced professional, to enable effective clinical prioritisation.

5. Assessment processes are consistent and evidence-based, with clinical decision makers assessing people in order of clinical priority, with the intent to undertake this within 60 minutes of arrival.
6. There is a zero tolerance for people spending over 12-hours in a department. Clear, high-quality communication and reassurance, provided on an individual and collective (i.e. waiting room) basis, around waiting times for assessment and for the next stage of care.

Effective

7. Consistent use of nationally agreed evidence-based pathways, with ease of access to diagnostics and follow-up, to enable best possible outcomes for people accessing the service 24/7.
8. Internal professional standards agreed to enable the acceptance and timely review of referrals, and the direct streaming of people to appropriate specialties to significantly reduce the risk of harm to people waiting in crowded emergency departments.
9. Consideration of opportunities for 'teachable moments' for health promotion and optimal use of health services, including information on safe alternatives to emergency departments (aligned to national communications campaigns).



Efficient

- 10.** Strong commitment to decarbonisation plans with staff empowered to use sustainable working practices to reduce the environmental and financial impact of emergency medicine. There is consideration of early engagement of senior clinicians to provide timely clinical decisions about investigations and associated treatments, avoiding duplication and reducing waste.
- 11.** Sustainable workforce plans designed to release the time of clinical staff and support timely admission of patients; use of partner organisations, third sector and volunteer services to maximise efficiencies, including timely discharge and/or transport home from departments where appropriate.

Equitable

- 12.** Care and treatment are determined by clinical priority to enable equitable provision across services in Wales and avoid inappropriate variation. This is supported by nationally agreed acuity tools and processes for directing people to the right place for their needs.
- 13.** Process in place to align to the Welsh language active offer and recognise protected characteristics and circumstances, including parts of the community at most risk, to provide tailored care to people who attend emergency departments and support equitable outcomes.
- 14.** People with mental health, substance use, and intellectual disabilities or vulnerabilities receive a timely, coordinated assessment in line with their needs; promotion of the parallel assessment of physical and mental health needs.

Person centred

- 15.** Clean, comfortable environments and 24/7 provisions that meet basic needs and uphold safety and dignity. There are dedicated spaces for children and appropriate amenities for people with mental health and intellectual disabilities, and those who are at the end of their life.
- 16.** Safe avoidance of unnecessary emergency admissions and early consideration of discharge arrangements; with a focus on returning people to their place of residence in a timely manner and preventing deconditioning. People and their families or carers are kept at the centre of decision-making throughout.
- 17.** Real-time person reported experience measures are collected, acted upon in a timely manner and triangulated with other quality metrics, including feedback from external bodies and learning from concerns, patient stories and compliments. These inform local improvement plans and support a partnership between individuals and the workforce when considering service design and delivery.

Leadership

- 18.** Visible, strong and resilient multidisciplinary emergency department leadership, with proactive planning for future leaders and regular reviews of roles and responsibilities. Clear quality governance structures and lines of communication and accountability to senior management and executive director teams (from floor to Board).
- 19.** Mechanisms for clinical leaders and those delivering services to have their voices heard and acted upon; actions connect to local improvement plans and feed into national programme and clinical network planning and development.



Workforce

- 20.** Workforce information is readily available and actively used to support optimal workforce planning, with sustainable growth to meet demand; appropriate use of extended role practitioners and allied health professionals.
- 21.** The workforce is supported and developed with iterative job planning, and effective approaches are in place to support the retention of staff, focusing on the wellbeing and support needs of individuals and teams.

Culture

- 22.** A culture of openness and transparency within departments and wider organisations with a willingness to identify and act upon learning in a timely manner to improve quality of care when things don't go to plan.
- 23.** Multi-professional and cross-speciality decision-making supported by effective clinical communication where there is a clarity of role, respect of knowledge and skill of all workforce groups, and a sharing of the burden of risk.

Information

- 24.** An intelligent emergency department information system, which integrates with other digital systems across the patient pathway and aligns to national data standards.
- 25.** Consistent use of a pertinent, high-quality, standardised data set which supports the wider public health agenda, drives service improvement and enables benchmarking of quality, outcome and experience measures.

- 26.** An intelligent suite of measures are captured and regularly scrutinised by clinical, managerial and executive teams to assess outcomes, experiences and value in emergency departments, with appropriate escalation and actions taken aligned to local and national improvement planning.

Learning, improvement and research

- 27.** The workforce is actively engaged and contributing to the national programme and clinical network to reduce unwarranted variation of access and outcomes, share learning and harness local innovation.
- 28.** Quality improvement initiatives and testing of new schemes are evidence-based, and informed by the public voice and national agencies or bodies such as Healthcare Inspectorate Wales and Llais, with consistent approaches to evaluation.

Whole systems approach

- 29.** Departments work closely with blue light partners and national agencies to support emergency preparedness, response and recovery, contributing to the safe running and protection of the whole system.
- 30.** Fostering a team approach within departments and in collaboration with colleagues in the community and across hospital systems; with agreed values, attitudes and behaviours; staff are supported and encouraged to speak up, share ideas and invest in the success of the wider urgent and emergency care system.



Next steps for health boards

Health boards are expected to adopt this quality statement locally as a framework for enabling optimal care in emergency departments.

An executive sponsor should be identified (health boards may wish to consider whether their six goals programme executive lead is most appropriate) and commence the following work in Quarter 1 of 2024/25 –

- undertake a clinically-led critical review against each quality attribute in this framework which is supported by the GIRFT (Getting it Right First Time) summary ED indicator table ('the SEDIT tool') in order to set a baseline for the organisation
- develop a measurable action plan to enable delivery of the expectations set out in this framework, prioritising the **seven priority actions** described below and aligning to the local six goals programme plan. It should be noted that these actions are all already subject to national programme support or will be factored into the national programme plan for support in 2024/25
- ensure there is definitive alignment of the action plan and the seven priority actions with the health board's local six goals programme plan; and
- connect with the national six goals programme leadership team and where appropriate strategic network leadership group to seek support where needed to enable local delivery of the framework.

Seven priority actions

- 1** A heightened focus on exit block and hospital flow approaches to reduce crowding in emergency departments (*quality attribute 1*).
- 2** Critical evaluation of department facilities, informatics and workforce to meet demand, capacity, flow and outcomes (*quality attribute 2*).
- 3** The median time of arrival to clinical decision maker is consistently 60 minutes or below with robust assessment processes in place to support clinical prioritisation (*quality attribute 5*).
- 4** Timely speciality referral processes and direct streaming is prioritised through agreement of interprofessional standards (*quality attribute 8*).
- 5** Sustainable emergency department working practices are championed and embedded aligned to national initiatives (*quality attribute 10*).
- 6** The Welsh Emergency Care Data Set (WECDS) is implemented across all emergency departments in Wales by 31 March 2026 and directly feeds into the SEDIT tool (*quality attribute 25*).
- 7** Clinically meaningful measurement strategies are considered at local level and fed into the network and programme infrastructure to inform national policy direction (*quality attribute 26*).



More information

Any general queries or to provide feedback on the quality statement:

Urgent and Emergency Care Policy



UrgentAndEmergencyCare.GovernmentBusiness@gov.wales

To seek support for implementation of the quality statement:

National Six Goals for Urgent and Emergency Care Programme



[Six Goals for Urgent and Emergency Care – NHS Wales](#)



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Strategic Clinical Network for Critical Care, Trauma and Emergency Medicine



[Meet The Team – NHS Wales Executive](#)

