

Y gofal iawn, yn y lle iawn, y tro cyntaf:

**Chwe Nod ar gyfer Gofal Brys
a Gofal mewn Argyfwng**

Right care, right place, first time:

**Six Goals for Urgent and
Emergency Care**



Llywodraeth Cymru
Welsh Government

**All Chief Executive Officers
All Chief Operating Officers
All Directors of Digital**

25 April 2024

Dear Colleagues,

Implementing a new data set for emergency care – the Welsh Emergency Care Data Set (WECDS)

As you will all be aware, the current national Emergency Department Data Set (EDDS) which was introduced in 2009, is out of date and does not provide the level of data and information to support a modern urgent and emergency care system.

We are writing to set out an early national directive for the implementation of the new Welsh Emergency Care Data Set (WECDS) by all health boards with major emergency departments, minor injuries units and same day emergency care services, with a stretch target to deliver by the end of March 2025.

Current data is inconsistent and of poor quality, this presents a significant challenge for both providers and commissioners in ascertaining the required service development and resourcing levels to enable improvements in patient safety, quality and engagement.

The lack of a consistent and complete data presents a challenge to the development of effective interventions by policy makers, health boards and multi-agency partners. For example, on 15 March 2024, the Minister for Health and Social Services published a [Quality Statement for Care in Emergency Departments](#). Delivery of this policy is highly reliant on accurate measurement of key processes across emergency departments in Wales.

A more detailed description of the rationale for, and the opportunities presented by WECDS is included for information at Annex 1.

In recognition of the risks and issues set out above, we will be issuing a formal WECDS data standards mandate in quarter one 2024-2025. This will require health boards to:

- Implement arrangements to routinely collect data against the WECDS standard in all emergency departments, minor injuries units and same day emergency care services, by 31 March 2025;
- Contact the DHCW standards team to support preparation for the implementation of WECDS.

A significant amount of work has already been undertaken by DHCW to prepare for WECDS implementation and the scope and detail of the required data inputs. This work indicates some health boards will be able to implement WECDS more quickly than others ('vanguard' sites) and, as such, we will review any implementation plans and related timescales in that context.

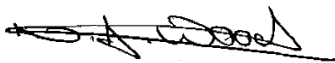
Where health boards believe it is not practical to demonstrate and validate the routine collection of timely, accurate, comprehensive data against the WECDS standard by 31 March 2025, we will expect early conversations to take place in quarter one of 2024-2025 to agree appropriate milestones for delivery in 2025-2026.

Support for implementation will be provided by DHCW and the national Six Goals for Urgent and Emergency Care programme. We will seek to monitor progress with DHCW through the NHS Executive.

If you have any questions, please contact Dr Jo Mower (Jo.Mower2@wales.nhs.uk) from the Six Goals programme or the urgent and emergency care policy team (SixGoals.UrgentAndEmergencyCare@gov.wales).

We look forward to your support.

Yours faithfully



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Welsh Emergency Care Data Set (WECDS): background

1. The current national Emergency Department Data Set (EDDS) was developed to collect data to support quantitative measures such as the 4 and 12-hour waiting times target. Much of the quality the clinical data collected via EDDS is not fit for purpose.
2. From a national perspective EDDS data, does not describe: the reason most patients attend emergency departments (ED) or minor injuries units (MIU) services across Wales, their complexity/acuity, or what treatment they receive while they are there. The position in same day emergency care (SDEC) is similarly problematic where data has to be manually collected and collection of the full suite of a nationally agreed standards is not currently possible.
3. The national Six Goals for Urgent and Emergency Care programme has recognised the inadequate quality of emergency care data as a substantial risk, leaving the programme and wider system unable to measure and understand success and/or failure points. Consequently, the programme has identified the need to successfully collect data using the Welsh Emergency Care Data Set (WECDS) as their top data and digital priority. It is also a key policy action within the recently published ED Quality Statement.
4. WECDS is derived from the English Emergency Care Data Set (ECDS) and is designed for use across emergency care. NHS England undertook a significant amount of work, testing the dataset, looking at process, and working with clinicians (RCEM), DoH, PHE (at that time), system suppliers and NHS Digital. We are using this work as part of the Welsh Data Standards process.
5. To get to a stage where we are taking intelligent actions as policy makers, we need timely data of accurate, complete, and consistent quality that enables us to answer the following basic questions, which we are currently unable to consistently answer:
 - Why did patients attend ED/MIU/SDEC?
 - What was the provided care and treatment and in what time scales?
 - What was the outcome of the attendance/contact?
 - Who were those involved in a patient's care?
 - What were the volumes of patients presenting with similar or related conditions/reasons?
 - Could anything have been done to help avoid/prevent the attendance?
6. Applying these questions to good quality data will drive better information and reporting, supporting the development of policies and deployment of resources in and around the urgent and emergency care system.
7. The urgent and emergency care policy team have engaged with colleagues from across Welsh Government and the broader Welsh public sector to identify their requirements of emergency care data. This data is cross cutting and is required for use in many policy areas including, but not limited to,

violence prevention, adult/child protection, mental health, self-harm, accident prevention, road traffic injuries, sports injuries, substance misuse, dental, optometry, infectious diseases and mortality by condition.

- 8.** For example, in April 2018, the UK government published its Serious Violence Strategy in response to increases in knife crime, gun crime and homicides. This introduces a statutory duty, including the requirement for local partners to work together across different sectors, including the police, local authorities, health services and the voluntary sector, to adopt a multi-agency approach to reduce violence in their area.
- 9.** There are unacceptable risks and missed opportunities associated with inaccurate and insufficiently detailed patient level data within the emergency care system. These include missed prevention opportunities, patient safety, planning and performance risks. Not having usable and accurate emergency care data does not support assurance and evidence-based decision and/or policy making at any level.
- 10.** It is acknowledged that a new data set will not unilaterally improve the quality of the data and that there must be an 'OD wrap' around this work. In this context, RCEM Wales, HEIW, the WECDS clinical group and the Six Goals programme have already expressed strong support for implementing WECDS to help enable ED improvement and transformation. It is expected that local six goals programme teams work with these groups to develop implementation and delivery plans and move at pace, aligning with their local programme plans and organisational responses to the ED Quality Statement.