

Grŵp Iechyd a Gwasanaethau Cymdeithasol
Dirprwy Brif Weithredwr, GIG Cymru

Health and Social Services Group
Deputy Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

To Health Board and Trust ADIs

Cc Health Board Chief Executives
Stephen HARRY Director NPUC
Jo Mower Clinical Lead NPUC
Helen Thomas Director of Information Services, NWIS

Our Ref: SD/LD

3 September 2019

Dear Colleagues

Welsh Emergency Care Data Set (WECDS)

The current Emergency Department Data Set (EDDS) has been in place since 2009. The data set should be used to ensure both national and local stakeholders have relevant information to: ensure that they can understand what is happening in Welsh EDs; plan effectively for the changes in demand; to enable measurement against the standards and targets set through the National Delivery Framework etc.

There is recognition by managers, clinicians and informatics staff that the data set and the data contained is not fit for purpose. It doesn't provide the appropriate levels of information required to better understand and modernise this key area of the unscheduled care service. It also fails to recognise that emergency assessments are undertaken in areas other than EDs. The policy objective is for more patients to be assessed and treated without the need to transport them to hospital, or where this is necessary, for them to be discharged home, for ongoing care in the community rather than an admission. The existing data set needs to be changed to reflect the changes in the way the service has evolved and to provide a more holistic picture of a patient's pathway and experience through the system.

The Parliamentary Review and a *Healthier Wales* recommended more integrated working between health and social care, promoting greater seamless care, and the need to align systems design to achieve results. Modernising the data set for EDs is a key opportunity to obtain better and more appropriate information that can help the understanding of unscheduled care and planning both at the national, regional and local level.



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Alongside this, the quality of clinical data currently collected in EDDS in Wales is poor with as many as 50% of records having unhelpful values (e.g. unspecified, unknown - equating to nearly half a million records). Furthermore there is a wide variance in consistency of clinical data reporting giving rise to concerns about overall usability.

It is clear that we need to improve the quality of the ED data set and I am therefore letting you know that a number of DSCNs relating to ED data will be published over the coming months and we expect these to be implemented. Amongst other things, the requirements within the DSCNs will be pivotal in supporting the work being undertaken on the Emergency Department Quality Framework.

Yours sincerely

A handwritten signature in black ink, appearing to be 'SD', written in a cursive style.

Simon Dean