

NHS Wales Performance and Improvement

Urgent and Emergency Care (UEC) Improvement Plan 2026/27

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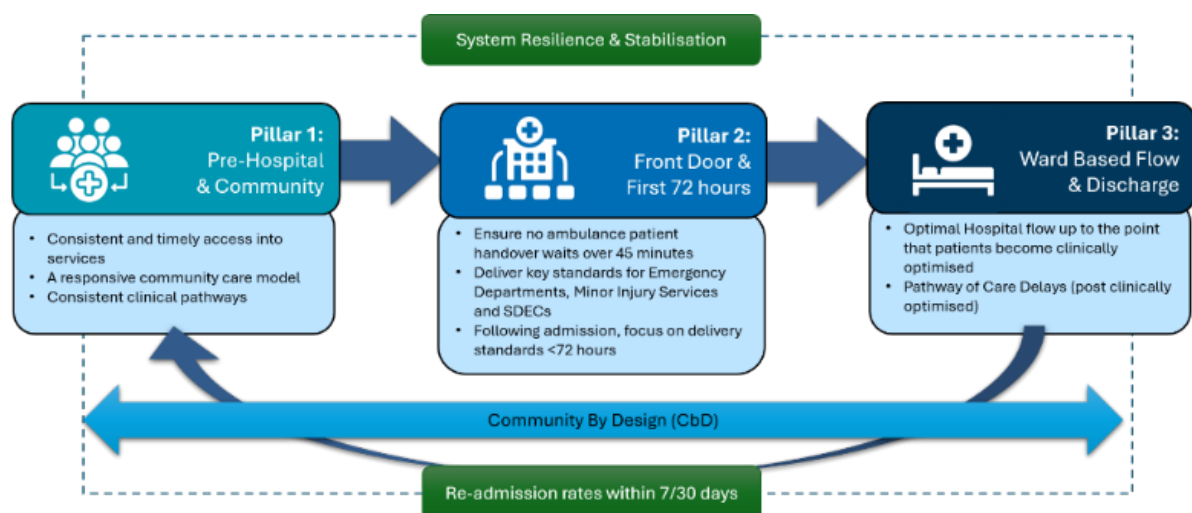
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Executive summary

The National Urgent and Emergency Care (UEC) Improvement Plan 2026/27 (the National Plan) sets out our priorities, delivery and assurance expectations needed to stabilise and improve urgent and emergency care for our patients and staff across Wales. It responds to the current unsustainable system pressure, variation in service delivery and unacceptable delays affecting patient safety, experience and outcomes. The work builds on the previous Six Goals priorities and aligns with Welsh Government direction and wider strategic expectations for delivery. This is set out in detail in **Appendix 1**.

The purpose of the National Plan is to provide a clear framework for Health Boards and partners, aligned to Welsh Government planning expectations and ministerial priorities, with emphasis on delivering ambulance patient handovers within 45 minutes, eliminating 12-hour waits in emergency departments, and tackling corridor care by improving whole-system flow. This plan has also been developed in the context of the new Welsh Government commitments linked to the 100 Day plan priorities.

The National Plan is organised through three interdependent pillars across the full Urgent and Emergency Care (UEC) pathway: **pre-hospital and community care; front door and the first 72 hours of care; and ward-based flow and discharge**.



Together, these pillars focus on strengthening alternatives to admission, improving access through local Single Point of Access, responsive community services, improving ambulance handover and emergency department flow, increasing Same Day Emergency Care and Acute Frailty Services, and strengthening in-hospital flow and discharge. National frameworks, standards and metrics underpin this

approach by reducing unwarranted variation, promoting evidence-based practice to drive consistency across Wales.

The role of NHS Wales Performance and Improvement (P&I) is to lead the development and implementation of the National Plan and support Welsh Government in holding NHS Wales to account for service delivery, performance and the effective use of resources. We will work with NHS Wales and partners to provide national oversight to improve performance, quality and safety, promote best practice and streamline accountability. NHS Wales P&I will monitor Health Board delivery against national expectations, provide targeted support with clear escalation routes where delivery is at risk, and advise Welsh Government on system performance, delivery confidence and emerging issues requiring national attention.

The National Plan sets out the national priorities, delivery requirements, governance and assurance arrangements for the year. It establishes clear actions and accountability at national, regional and local level, requiring Health Boards to produce clear operational local Urgent and Emergency Care (UEC) plans, with defined actions, milestones, deliverables and trajectories.

Overall, the plan is intended to improve timely access to safe and effective urgent and emergency care, reduce avoidable harm, strengthen resilience and support a more integrated Urgent and Emergency Care (UEC) system for the people of Wales.

System overview

Urgent and Emergency Care (UEC) services across Wales remain under sustained pressure and continue to experience periods of **system escalation**, driven by complex demand, limited capacity and inconsistent 24/7 service models. Inefficient patient flow and discharge, leads to delayed patient care, risk of deconditioning of our acutely frail patients, causing congestion, extended waiting times for access and admission

System escalation

NHS Wales P&I will provide increased national oversight of Urgent and Emergency Care (UEC) during periods of significant escalation and will ensure decisions are informed by robust data, system-wide monitoring, risk identification and coordinated national mitigation to maintain service delivery. To strengthen front door and escalation pathways, NHS Wales will adopt the **NHS Wales Whole System Escalation Framework for Urgent and Emergency Care (UEC)**. This will ensure consistent actions are taken during periods of extreme pressure, including Business Continuity Incidents, supporting clinical and operational decision-making across EDs, acute medicine and other support services.

Roles and responsibilities of Welsh Government, NHS Wales P&I and Health Boards in the oversight and management of Urgent and Emergency Care (UEC) escalation are being refined. A standard operating procedure will be issued once agreed and signed off in late June 2026.

Following our joint Urgent and Emergency Care Summit in April 2026, there was a collective expectation across national organisations, Health Boards, Welsh Ambulance Services University NHS Trust (WAST), Local Authorities and Regional Partnership Boards, that we must increasingly operate as an integrated system, with clear accountability for delivery of priorities. From the work to date there is collective agreement on the following whole-system priorities:

- **Strengthen community capacity and alternatives to admission** enabling care closer to home through effective streaming, direct booking /scheduling and redirecting of patients into clinically safe alternatives, reducing unnecessary Emergency Departments attendances and admissions.
- **Reduce risk of harm and restore patient safety** by ensuring early clinical triage and decision making within our Emergency Departments, eliminating >12-hour Emergency Department waits, ensuring no

ambulance handovers >45 minutes and re-focus on achievement of handover within 15 minutes.

- **Deliver consistent models of care at the front door, particularly for our acute frail and elderly patients**, to avoid corridor care and patient deconditioning. We will ensure local Clinical and Operational Standards are focused on actively managing and caring for patients on the same day (Same Day Emergency Care (SDEC), acute medicine /surgery / trauma) and the first 72 hours before admission.
- **Improve access and flow across the Urgent and Emergency Care (UEC) pathway via consistent 7-day clinical pathways** for specific conditions such as falls, respiratory, stroke, crisis mental health and Palliative and End of Life Care.
- **Focus on in-hospital flow and discharge as a core driver of timely clinical care**, so that all admitted patients are on a D2RA pathway with 7-day Criteria Led discharge as standard and discharges occurring earlier in the day. This will improve our specialty length of stays for clinically optimised patients, reduce our admission rates and reduce overall Pathway of Care Delays.

The role of NHS Wales P&I and Health Boards

NHS Wales P&I will provide national leadership, coordination and assurance for urgent and emergency care improvement across Wales. This includes developing national frameworks, setting priorities and standards, supporting Welsh Government oversight, monitoring delivery against agreed trajectories, identifying system risks, and providing targeted support or escalation where progress is off track. NHS Wales P&I will also lead national enabling work, including programme governance, data and insight, escalation arrangements, implementation support, and consistent adoption of best practice to reduce variation on service delivery across Wales.

Health Boards / Welsh Ambulance Services University NHS Trust (WAST) will be responsible for delivering consistent urgent and emergency care services and implementation of best clinical practice. This includes developing local Urgent and Emergency Care (UEC) improvement plans in line with the key priorities across the three pillars, improving performance against national measures, improving consistency of approach whilst improving overall quality and clinical care to patients. Equally important will be working jointly as a system with Local Authorities, Regional Partnership Boards and others to improve 'system' flow and implementing integrated pathways.

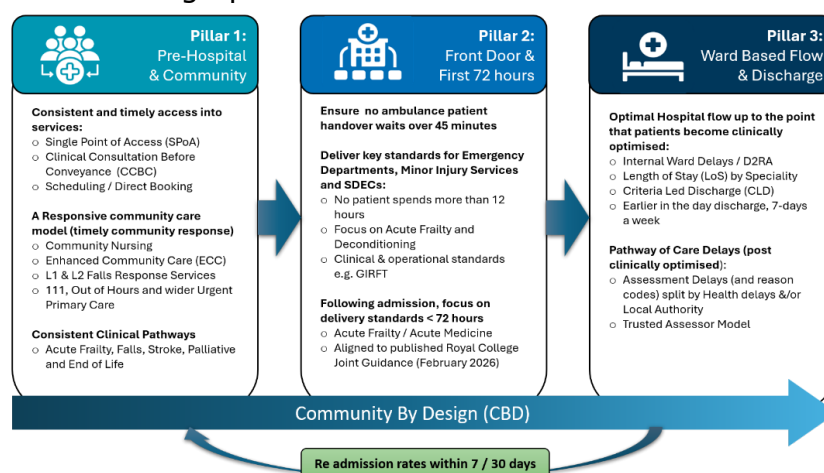
Health Boards will also be accountable for turning the national plan into operational change at site, service and system level, supported by clear milestones, trajectories and delivery actions. Section 4 provides clarity on the key deliverables and for inclusion within local Urgent and Emergency Care delivery plans in 2026/27.

The 3 pillars of Urgent and Emergency Care (UEC) delivery

Building on the Urgent and Emergency Care Summit recommendations and previous actions from the Six Goals National Programme, the 2026/27 National Plan provides a clear structure for delivery around **3 key pillars** each representing a critical stage in the patient pathway. These include:

- Timely and consistent access into **community-based services** to prevent admission; with an ambition to have responsive urgent care services within 2 hours;
- Timely clinical and operational services at the '**Front door**' of acute sites including Emergency Department (ED), Same Day Emergency Care (SDEC) acute frailty / medicine and the management of care in the first 72 hours of admission. This includes addressing Handover 45 and 12 hr waits in Emergency Department (ED) and the wider GIRFT standards; and
- Greater emphasis on improved **ward-based flow and discharge** as a core driver of performance, quality and risk, with a clear focus on de-escalating the system and reducing corridor care. Health Boards must ensure that all admitted patients have a clear discharge plan and, once clinically optimised, are discharged safely, without unnecessary delay with discharges occur earlier in the day and over 7 days, in line with Home First principles.

These are illustrated in the graphic below:



This work is intended to compliment and contribute to the emerging principles and direction of travel within the Community by Design (CbD) National Transformation Programme. We anticipate and are planning to increasingly align and merge a number of key work areas between Urgent and Same Day care (Community by Design) and Urgent and Emergency Care (UEC) Pillar 1 Pre-Hospital and community-based services as this work matures.

The Urgent and Emergency Care (UEC) Ministerial Enabling Actions 2026-27, as set out in the NHS Planning Guidance, are integrated into each of the 3 Pillars alongside National Frameworks to support delivery.



Pillar 1: Pre-Hospital & Community

Pillar 1 focuses on supporting patients to remain safe and well at home, and when required, accessing the right care closer to home with a timely urgent care response (ideally within 2 hours). Ensuring patients are supported, assessed, signposted or treated by the right service. This helps to prevent unnecessary hospital attendance and admission and to provide a 'scheduled' urgent care response when required.

Priority areas for Health Board delivery in 2026/27

- **Consistent and timely access into services:** which will include Single Point of Access (SPoA), Clinical Call before Convey (from care homes), and improvements in scheduling / direct booking. [National Single Point of Access \(SPoA\) Framework, 2025](#)
- **A Responsive community care model:** which will include timely community response into e.g. community nursing, enhanced community care, L1 and L2 falls response services, NHS 111 Wales, Out of Hours (OOHs) and wider Urgent Primary Care
- **Consistent clinical pathways:** which will include acute frailty, falls, stroke, Palliative and End of Life.

NHS Wales P&I Urgent and Emergency Care (UEC) Team will support delivery and implementation of Pillar 1 by providing National oversight and leading the consistent implementation of key elements of delivery, such as Single Point of Access (SPoA), Clinical Call before Convey and coordination of clinical pathways through a national delivery infrastructure that is recognised and supported jointly with Health Boards and Welsh Ambulance Services University NHS Trust (WAST). To support implementation, the NHS Wales P&I Urgent and Emergency Care (UEC) Team will work directly with Health Boards to implement consistent clinical pathways, alignment with Local Authorities (IAAs) and provide direction /guidance and monitor delivery against key standards **by the end of Q1**.

***There will also be an opportunity to compliment and blend delivery with the CbD Programme in the Urgent and Same Day workstream during Q2-Q4. NHS Wales P&I will work directly with Welsh Government and CEO Leads to align this work and avoid duplication of effort.*

Health Board priorities:

- **Implement a Single Point of Access (SPoA)** led by a senior clinical decision maker, supported by a Multi-Disciplinary Team (MDT), who can assess, treat, and direct patients to appropriate care. This will enable health and care professionals to efficiently coordinate patients and scheduled /direct booking into hot clinics / Same Day Emergency Care (SDEC) etc. Local Single Point of Access (SPoA)s will also support robust co-ordination, planning, and advice for populations at greatest risk of needing urgent care especially patients with acute frailty residing in Care Homes. Regional Clinical Support Hubs (CSH) will continue to provide enhanced urgent care support during peak periods of high demand especially at weekends and bank holiday period until such time that Health Boards can enhance local Single Point of Access (SPoA) models across 7 days. **Health Boards must deliver a consistent 12 hour, 5-days a week Single Point of Access (SPoA) models by Q2 (moving to 7 days) and improve integrated solutions with Local Authority partners, by the end of Q4.**
- **Implement Clinical Consultation Before Conveyance (CCBC)** to enable Care Providers to have direct contact with a senior clinician, when a Care Provider has dialled 999 or 111 to seek healthcare support for a resident. This service aims to provide timely clinical decision making and access to appropriate alternative pathways to reduce unnecessary conveyance to Emergency Departments (EDs). **Single Point of Access (SPoA)s must provide care homes with consistent clinical advice and improved direct access through the professional line, enabling greater use of safe alternatives to emergency admission, by the end of Q4.**
- **Implement Scheduling and Direct Booking:** all LHB systems are expected to be able to introduce direct booking and/or patient scheduling safely and consistently. Initially, this is likely to involve multi-professional referral into hot clinics, Same Day Emergency Care (SDEC), or other same-day urgent care services (co-ordinated through Single Point of Access (SPoAs). Over time, this could be through technology-enabled care, supported by a local Directory of Services and opportunities available via the NHS App. **Health Boards must introduce direct booking and/or patient scheduling safely and consistently, by the end of Q4.**
- **Aim to achieve a timely 2-hr Response for Urgent Care** as set out in NICE guidelines which are evidence-based recommendations developed by the National Institute of Health and Care Excellence (NICE). Urgent Care services should ensure a maximum response time of two hours for Urgent

Care, [adopted from NHS England [2-hour urgent community response standard guidance](#)]. Initial focus should be on all Single Point of Access (SPoA)'s delivering the 2-hr response for all patients on their caseloads. **Health Boards must achieve and evidence that the 2-hr response is consistently delivered consistently by the end of Q4.**

- **Implement Community Falls Response services for L1 (non-injury) and L2 (Falls) incidents**, coordinated by the Single Point of Access (SPoA) and delivered in collaboration with public sector partners, as set out in [Community Based Falls Response Framework \[2025\]](#). A timely response will reduce the harm and deconditioning patients experience from a long lie and subsequently reduce length of stay for patients admitted into hospital following a fall. **Health Boards must ensure a reduction in ambulance conveyance and hospital admission of level 1 and level 2 fallers by 10-15% on the 2025 /2026 baseline, by the end of Q4.**
- **Ensure Resilient Urgent Primary Care** – by prioritising demand / capacity alignment 7 days a week, supporting Enhanced Community Care working (in part linked to Single Point of Access (SPoA)), enhancing NHS 111 Wales and out-of-hours responsiveness, and exP&Ing same-day community-based care.... All these actions will reduce avoidable Emergency Department (ED) attendances and admissions and need to be mapped and aligned with local UandEC plans (**in Q2**).

**Pillar 1 actions will increasingly align with Community by Design Programme (Urgent and Same Day) as this work matures.*



Pillar 2: Front Door & First 72 hours

Pillar 2 focuses on all acute front door services including Minor Injury Services (MIS), Emergency Department (ED), Same Day Emergency Care (SDEC), Acute Frailty Services (AFS), ensuring early senior clinical decision making, timely assessment, streaming and redirection, effective treatment and coordination of care, with teams working seamlessly together for patients up to the first 72 hours of attendance or admission. **Health Boards are required to have clear site-level accountability for ambulance handovers and for reducing Emergency Department (ED) overcrowding through embedded clinical and operational standards, with a strong emphasis on risk management and harm reduction.** Timely management of acute frail patients is critically important, noting deconditioning, mortality and morbidity.

Priority areas for Health Board delivery in 2026/27

- Ensure no ambulance patient handover waits over 45 minutes
- Deliver key standards for Emergency Departments, Minor Injuries Services and Same Day Emergency Care (SDEC). This will ensure no patient spends more than 12 hours in any unit from arrival until admission, transfer or discharge, with a specific focus on acute frailty, deconditioning, wider clinical and operational standards; GIRFT
- Following admission, focus on delivery standards < 72 hours with a specific focus on acute frailty and acute medicine, aligned to the published Royal Colleges Joint Guidance (02 2026) [NHS England » The Model Acute Pathway: standards for care of acutely unwell patients in their first 72 hours in hospital](#)

NHS Wales P&I Urgent and Emergency Care (UEC) Team will support delivery and implementation of Pillar 2 by providing national oversight and leading the consistent implementation of key areas of delivery for Handover 45, elimination of 12 hour waits and Corridor Care, that is led through a national delivery infrastructure, recognised and supported by Health Boards and Welsh Ambulance Services University NHS Trust (WAST). To support implementation, **in Q2**, NHS Wales P&I Urgent and Emergency Care (UEC) Team will work directly with LHB Service Teams to monitor and drive local delivery to implement national standards for patient care up to the first 72 hours, Acute Frailty and Same Day Emergency Care (SDEC) and consistent standards for Minor Injury Services, during **Q3** onwards.

The introduction of the DEWI tool to support deconditioning and the introduction of the clinical frailty score (pre-admission) will be mapped out jointly with Welsh

Ambulance Services University NHS Trust (WAST) and LHB in **Q2-Q3 with rollout from Q4.**

Health Board priorities:

- **Ensure no ambulance patient handover waits over 45 minutes.**
Reducing delays, enabling Welsh Ambulance Services University NHS Trust (WAST) to respond more effectively to emergencies. Consistent, effective handover processes, will strengthen and support whole-system flow and accountability, improving patient outcomes. Working with Welsh Ambulance Services University NHS Trust (WAST) to reduce conveyances, maximising the use of alternative pathways e.g. falls response pathways via Single Point of Access (SPoA)s and direct access to Same Day Emergency Care (SDEC). **Health Boards must ensure that 100% of ambulances are handed over within 45 minutes**, aiming for achievement of >90% handover within 15 minutes, **by the end of Q4**, as set out in the NHS Planning Technical Guidance 2026-29. Health boards must ensure spaces are appropriately designed for clinical investigation, management and treatment to maintain patient safety and dignity to prevent corridor care.
- **Ensure timely, high quality emergency care by** delivering the core GIRFT clinical standards, eliminating **12-hour waits and corridor care**. Health Boards will develop delivery plans and trajectories for elimination of waits over 12 hours, **by the end of Q2**. Ref: [NHS England: Corridor care improvement guide](#).
- **Utilising Getting it Right First Time (GIRFT) / Summary Emergency Department Indicator Table Wales (SEIT-W)** Health Boards will implement the GIRFT standards and recommendations, using data to drive improvements, best practice and reduce unwarranted variation in clinical practice, **by the end of Q4**.

Note: New Emergency Department (ED) clinical standards for 2026/27 anticipated subject to ministerial approval

- **Implement the National Minor Injury Services (MIS) Standards and Framework (publication to follow)** to standardise Minor Injury Services (MIS), reducing the amount of variation in redirection practices and increasing the proportion of patients seen in Minor Injury Services (MIS) achieving 95% performance **by the end of Q4**
- **All Acute Sites must have ringfenced Same Day Emergency care (Medical Same Day Emergency Care SDEC) and Acute Frailty Services (AFS)** integrated with community frailty services. Patients will

be discharged same day or admitted into an Acute frailty service, for treatment up to 72 hours and discharged safely, without admission.

- **Health Boards must** increase the total number of patients seen in an Same Day Emergency Care (SDEC (directly, without first attending an Emergency Department (ED))), increasing the utilisation of Same Day Emergency Care by Welsh Ambulance Services University Nhs Trust (WAST) as a direct access pathway with support from Single Point of Access (SPoA), **by the end of Q4.**
- **Health Boards must consistently achieve a discharge rate of 80%.** The Model Acute Pathway Clinical and Operational Standards for acutely unwell patients in their first 72 hours, adopted from the published Royal Colleges Joint Guidance (February 2026) will be applied to all areas **by the end of Q3.**
- **Utilising the Deconditioning Early Warning Indicator (DEWI) tool** will enable hospital-acquired deconditioning to be identified, measured, monitored and prevented from the point of arrival, enabling patients to maintain functional independence, accelerate recovery, with earlier discharge when utilised upon arrival at hospital, or at the first point of contact. NHS Wales P&I Urgent and Emergency Care (UEC) Team will work with Welsh Ambulance Service Trust (WAST) and LHB pilot sites with national rollout **by end of Q4.**
- **Acute Crisis Mental Health.** Health Boards working with key partners will establish clear pathways to alternatives to Emergency Department (ED) where physical needs are not present. Patients requiring mental health admission, escalation processes must enable timely transfer from Emergency Department (ED), drawing on the GIRFT Mental Health Operational Standard, RCEM Mental Health in Emergency Department (ED) guidance and Psychiatric Liaison Accreditation Network (PLAN) Standards. Mental Health Liaison teams must respond to an Emergency Department (ED) referral within 1 hour of presentation and complete a biopsychosocial assessment within 4 hours, **by the end of Q4.**



Pillar 3: Ward Based Flow & Discharge

Pillar 3 focuses on **hospital flow as a core driver of performance, quality and risk**, with a clear focus on de-escalating the system and reducing corridor care. Health Boards must ensure that all admitted patients have a clear discharge plan and, once clinically optimised, are discharged safely, without unnecessary delay with earlier in the day discharges over 7 days, in line with Home First principles.

Priorities should include **strengthening ward-based processes**, reducing unwarranted variation in specialty length of stay, improving discharge efficiency including early and seven-day discharge, and reducing post-clinical optimisation delays through clear system-wide accountability. Pillar 3 also recognises the importance of bed capacity modelling, the risks associated with sustained high bed occupancy, and the need to monitor 7-day and 30-day readmission rates. Delivery will require integrated core IT systems, including the Welsh Emergency Care Data Set (WECDS), aligned with WPAS.

Priority areas for Health Board delivery in 2026/27

- **Optimal Hospital flow** up to the point that patients become clinically optimised. This will include Internal Ward Delays / D2RA, and improvements in Length of Stay (LoS) by specialty, Criteria Led Discharge earlier in the day, over 7 days [Optimal Hospital Flow Framework](#)
- **Pathway of Care Delays (post clinically optimised)** to include assessment of delays (and reason codes) split by Health delays and/or Local Authority supported by the Trusted Assessor model

NHS Wales P&I Urgent and Emergency Care (UEC) Team will support delivery and local implementation of consistent implementation of Optimal Hospital Flow Framework (OHFF) including national Criteria led discharge arrangements to support same day and weekend discharge. This will improve overall patient flow and directly support Operational and Clinical Staff from the **early Q2 onwards**. This will be led by NHS Wales P&I Urgent and Emergency Care (UEC) Team with the direct support of the Chief Nursing Officer, Executive Director of Nursing (EDoN), Medical Directors and clinical leads.

Our work will also include the national implementation of key priorities such as Trusted Assessor, aligning jointly agreed MOUs between Health /Local Authorities and working with all partners to agree critical actions to improve clinically optimised pathways and wider delivery of Pathways of Care Delays – which will include Mental Health and Learning Disabilities in 2026 /27.

Health Board priorities:

- **Implementing the Optimal Hospital Flow Framework (OHFF) by fully adopting the principles of D2RA, SAFER and R2G** embedded as standard practice to ensure a consistent approach to hospital flow, timely decision-making and a Home First approach with discharges earlier in the day, over 7-days. **Health Boards must commence formal monitoring and reporting of R2G, including constraint codes, to establish a baseline to drive improvements by end of Q2.**
- **Health Boards should continue to drive improvements in** Pathway of Care Delays by taking a whole-system approach that aligns clinical and operational delivery, ensuring patients have a clear discharge plan and that discharges are proactively managed to reduce avoidable delays, support safe earlier discharge across 7-days, focused on patient outcomes and experience **by end of Q2.**
- **Health Boards must work with partners to continue to achieve a reduction in Pathway of Care Delays** (including a reduction in total delays, days delayed and assessment delays), **aiming to discharge before midday 7-days a week consistently throughout Q2-Q4.**

Note: Any POCD improvement trajectories to be achieved in 2026/27 will be issued via Welsh Government

- **Implementation of National discharge standards**, using D2RA pathways and proportionate assessment with discharge planning starting at admission, prioritising home-first recovery, and ensuring patients are discharged safely without avoidable delay through coordinated multi-agency working. **By end of Q3**
- **Implement Interim Criteria Led Discharge (CLD) guidance** (*Information to follow*) aligned to the core principles OHFF, which will support and facilitate earlier patient discharge, reduce length of stay, with daily monitoring of criteria, empowering registered Health Care Professionals (HCPs) and medical clinical leadership to expedite discharge **by end of Q2**
- **Increase Trusted Assessor (TA) roles** to enable trained professionals to collaborate across organisations to complete proportionate assessments, that will reduce duplication, prevent delay, and support safe, timely discharge in line with Home First and D2RA principles. **By end of Q2**
- **Review Speciality Length of Stay (LoS)** with a view to develop condition-specific expected lengths of stay to inform estimated discharge dates aligned to a patient pathway. This will require more robust and

integrated data systems to accurately measure but will seek alignment with GIRFT standards **by end of Q4**

- **Monitor 7-day and 30-day readmission rates** by tracking the proportion of patients who are re-admitted to hospital as an emergency within 7 and 30 days of discharge, using real time dashboards, linked patient-level and national datasets to assess early discharge outcomes and system effectiveness. Health boards should strengthen oversight through targeted action to improve discharge planning, follow-up, and community support. **To accurately capture this information, this will require the implementation and integration of core IT systems, with priority focus on the Welsh Emergency Care Data Set (WECDS),** and in the interim, Health Boards are required to proactively work towards improving data quality and data collection.

Strategic digital enablers – nationally led

NHS Wales P&I Annual Plan sets out the key deliverables and outcomes that NHS Wales P&I will deliver to provide system leadership, national coordination and support, to enable Health Boards to deliver the requirements set out in the National plan, [NHS Wales P&I Annual Plan - 2026-2027](#)

To support the implementation of the National Urgent and Emergency Care (UEC) Improvement Plan 2026-27, there are some critical digital enablers to support delivery across the three pillars, and where appropriate be delivered in collaboration with key national organisations:

- **An Integrated Urgent Care System** with appropriate digital infrastructure to support and facilitate seamless, real-time sharing of patient records, clinical triage and direct booking appointments across providers. This includes (but not limited to) electronic prescribing, the NHS App and integrated patient health record.
- **Digital Transformation and Data standards:** including Wales Emergency Care Data Set (WECDS) (see below) in collaboration with DHCW and Directory of Services (DOS), including the work that Welsh Ambulance Service NHS Trust is progressing on updating the NHS 111 Wales website content, clinical algorithms and remote consultation links.
- **Data development and real-time information:** Daily Urgent and Emergency Care (UEC) and Flow Dashboard

Welsh Emergency Care Data Set (WECDS)

Wales Emergency Care Data Set (WECDS) provides the **standardised data foundation** for urgent and emergency care across Wales, enabling consistent capture of clinically meaningful data across emergency departments and front door services. Wales Emergency Care Data Set (WECDS) supports:

- A single, standardised dataset, reducing variation in definitions and reporting
- Improved visibility of acuity, pathways and outcomes
- Development of clinically meaningful access measures
- Improved data quality, validation and assurance

Wales Emergency Care Data Set (WECDS) also aligns with wider urgent care data standards, including NHS 111 Wales telephony and Single Point of Access (SPoA) datasets. The move to patient-level data will improve understanding of demand,

triage and flow across entry points, supporting a more complete, end-to-end view of the patient journey and integration into national platforms such as the National Data Resource.

Health Boards will be expected to ensure that all local Emergency Department (ED) systems will be Wales Emergency Care Data Set (WECDs) data compliant by 31st March 2027, with MIS and Same Day Emergency Care (SDEC) units mapped for 2027/28.

NHS Wales P&I will continue to work with Welsh Government to implement Wales Emergency Care Data Set (WECDs) compliance and setting clear milestones for delivery with each LHB and DHCW.

Directory of Services (DoS)

The Directory of Services provides a single, structured source of service information across health, social care and the third sector. The Business Case proposes a **Once for Wales, cross-sector capability**, bringing together NHS organisations, local authorities and partners to support a whole-system approach to managing public and patient care.

Current service information is fragmented across multiple directories, leading to duplication, inconsistency and reduced confidence. The DoS addresses this by establishing a **single trusted, bilingual source of service information**, designed for reuse across national and local systems.

NHS Wales P&I will work with LHB /Trusts and RPBs to ensure a consistent approach to this work with the aim of having timely, updated and single source of such information by 31st March 2027.

Urgent and Emergency Care (UEC) dashboard and real-time operational insight

Work will be initiated to develop an enhanced dashboard capability to provide a **consistent, real-time view of demand, capacity** and flow across the wider health and care system.

Currently, data is fragmented across multiple sources, with no single view of system pressure and reliance on local interpretation. It reflects the opportunity to bring together existing data into a more standardised, whole-system view aligned to a consistent escalation framework.

NHS Wales P&I will work with Health Boards to develop quantitative escalation triggers for acute hospitals, alongside a refreshed framework to enable:

- A shared view of system pressure across organisations and settings
- Improved visibility of patient flow and demand across the pathway
- Earlier identification of emerging risk and pressure
- More coordinated operational decision-making and escalation responses
- A shift to timely, integrated operational insight

This supports a more consistent, data-informed approach to managing patient flow and system performance.

Local Health Board programme governance and planning

NHS Wales is committed to strengthening national, regional and local delivery across the Urgent and Emergency Care (UEC) system to ensure safe, timely and sustainable care. Health Boards are expected to collaborate proactively with national, regional and local partners—including Welsh Ambulance Services University NHS Trust (WAST), Local Authorities, RPBs, and third sector partners to design and deliver integrated pathways that respond to population need.

Each Health Board is required to establish a local Urgent and Emergency Care (UEC) Programme Board with responsibility for governance and oversight of local programme delivery. Local Boards will be Executive led with lines of accountability into the Executive Board. National funding issued to each Health Board as part of the overall funding allocation from Welsh Government, will support Senior Clinical and Operational leadership and dedicated PMO support.

Each Health Board is required to develop a local **Urgent and Emergency Care (UEC) Improvement Plan** by the end of **June 2026 which includes trajectories for improvement against H45, 12 hr waits and POCD in the first instance**. Specific actions linked to these areas including improvement trajectories for discharges for example can be worked up from Q2 onwards and be aligned with national, regional and local partners. Health Board Urgent and Emergency Care (UEC) Improvement Plans will require both Executive and Board support, and national approval for the additional ringfenced Urgent and Emergency Care (UEC) funding issued in baselines on 1st April 2026. Health Board plans will be reviewed and assessed via the wider Accountability Framework mechanisms and will receive written notification of approval.

NHS Wales P&I will establish a **National Urgent and Emergency Care (UEC) Programme Board** in Q2 with accountabilities to NHS Leadership Board, anticipated to be chaired by an LHB CEO, to provide strategic oversight of delivery, monitor progress against national priorities and trajectories, with the appropriate stakeholder input, supported by the NHS Wales P&I Urgent and Emergency Care (UEC) Team. The National Urgent and Emergency Care (UEC) Board will also provide robust financial governance for all Urgent and Emergency Care (UEC) non-pay and/or system funding that is allocated to NHS Wales P&I Urgent and Emergency Care (UEC) core staffing budget.

A Programme delivery structure will be put in place to drive delivery with a data driven, evidence-based approach supported by Senior Clinical and Operational leads.

Performance management arrangements

Performance management arrangements will be structured around a clear monthly cycle, monitored through Health Board delivery plans, trajectories and key Urgent and Emergency Care (UEC) measures. Each Health Board will be expected to demonstrate progress against its agreed plan, identify risks to delivery, and set out the actions being taken to improve performance, system flow and patient experience.

NHS Wales P&I Urgent and Emergency Care (UEC) Team will hold regular service-level performance meetings with each Health Board to review delivery against their plans and improvement actions and identify any further support required. These discussions will provide the first line of oversight and will focus on practical delivery, evidence of improvement, barriers to progress and the actions needed to maintain or recover performance trajectories.

Where performance risks cannot be resolved through service-level engagement, issues will be escalated through the agreed Accountability Framework. This will include escalation to established **NHS Wales P&I** performance meetings with Health Board and Welsh Ambulance Services University NHS Trust (WAST) Executive teams where executive ownership, remedial action and delivery timescales can be confirmed.

The monthly Urgent and Emergency Care (UEC) Board will provide programme-level oversight of delivery, support the identification of common system risks and ensure that national support is targeted where it will have the greatest impact. Regular updates will be provided to Leadership Board to maintain a national view of performance, delivery confidence and areas requiring further attention or escalation.

Next steps

The priorities contained within this plan have been refined following engagement with NHS Wales, Clinical and Operational leaders at the Urgent and Emergency Care Summit and subsequent discussions with key peer groups. Feedback from clinical and operational leaders have been supportive of the direction of travel and consistency of key priorities and actions.

NHS Wales P&I will continue to work with and support Health Boards / Welsh Ambulance Services University NHS Trust (WAST) to refine their local Urgent and Emergency Care (UEC) Plans against the requirements set out in the Remit letter, alongside wider performance trajectories.

The National Urgent and Emergency Care (UEC) Plan has been ratified by the NHS Wales P&I Senior Directorate Team (SDT) and the Six Goals National Programme Board on the 11th June 2026. The Urgent and Emergency Care (UEC) Improvement Plan was subsequently approved and endorsed by the Welsh Government and NHS Leadership Board on 30th June 2026.

Appendix 1: Strategic alignment

The National Urgent and Emergency Care (UEC) Improvement Plan 2026/27 has been developed in line with Welsh Government ministerial priorities, policy direction and wider strategic expectations for Urgent and Emergency Care. It builds on previous Six Goals for Urgent and Emergency Care delivery plans and aligns with Welsh Government accountability frameworks, NHS planning guidance (IMTPs) and emerging local planning requirements to support consistent implementation and improvement against key metrics and standards. The National Plan aligns with:

- **NHS Wales Performance and Improvement (P&I) REMIT letter 2026/27** – Requirement to produce a National Urgent and Emergency Care Improvement plan 2026-27, aligned to Community by Design Urgent and Same Day Care, 'Pillar 3' and enabling actions in the NHS Wales Planning Technical Guidance 2026-27 NHS Wales P&I will also play a key role in Urgent and Emergency Care (UEC) operational oversight and winter planning, including Urgent and Emergency Care (UEC) resilience, business continuity and emergency planning.
- **NHS Wales Performance and Improvement (P&I) Annual Plan (2026/27) Urgent and Emergency Care Deliverables** that set out NHS Wales P&I Urgent and Emergency (UEC) priorities for the year ahead
- **NHS Wales Planning Framework 2026-29**: National Outcomes for Urgent and Emergency Care. The following delivery Urgent and Emergency (UEC) outcomes aligned to '**Timely Access to Care**' and '**Community by Design**' elements:
 - Ensure no ambulance patient handover waits over 45 minutes
 - Ensure no patient spends 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge
 - Deliver a 12-month reduction trend in both the number of people who are delayed in hospital and the total days delayed for these patients, as measured by the Delayed Pathways of Care dashboard
- **Welsh Government Six Policy Goals for Urgent and Emergency Care, 2022-26**
- **Urgent and Emergency Care Ministerial Priorities Enabling Actions 2026/27**:
 - **UEC Enabling Action 1**: Community-Based Falls Response Services
 - **UEC Enabling Action 2**: Single Point of Access (SPOA)
 - **UEC Enabling Action 3**: Acute Hospital 'Front Door' Flow

- **UEC Enabling Action 4:** Same Day Emergency Care and Acute Frailty Services at the Front Door
- **UEC Enabling Action 5:** Acute and Community Hospital 'Back Door' Flow
- **Ministerial Advisory Group (MAG) recommendations (2025): specific to Urgent and Emergency (UEC)**
 - **Recommendation 14** - Health boards should make improvement in processes, partnerships and investment in specific community pathways to reduce delayed pathways of care.
 - **Recommendation 15** - Health boards should ensure that no ambulance handover exceeds 45 minutes
 - **Recommendation 17** - A consistent framework for escalation levels within the Urgent and Emergency care system should be introduced.



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