



LLAIS POSITION STATEMENT TIME FOR URGENT ACTION ON EMERGENCY CARE IN WALES



Llais position statement: Time for urgent action on emergency care in Wales

Llais exists to make sure that the voices and experiences of people and communities across Wales are heard and acted upon in health and social care. As set out in the Health and Social Care (Quality and Engagement) (Wales) Act 2020, we have a statutory duty to reflect the views and represent the interests of people in their health and social care services.

By engaging with over 700 people, including through 42 visits to hospitals, minor injury and medical assessment units, people and communities have told us that emergency care in Wales is falling short of the standards they expect and deserve.

In recent weeks as the effect of the winter have taken hold, there has been widespread public interest in the challenges facing NHS Wales emergency departments, with bodies such as the Royal College of Nurses expressing serious concerns about the effect stretched services are having on people's care.

The crisis in emergency care

This crisis must not be accepted as "just how things are." The voices of people and communities have reflected how the system is under immense pressure, and too many people are waiting too long, in uncomfortable, crowded, undignified and unsuitable spaces.

Too often, people are not receiving the very basic elements of good quality care, leaving them stressed and anxious. In these conditions, its unsurprising that many people lack confidence in the safety of their NHS care in an emergency.

There are lots of requirements, strategies, plans, commitments and projects underway. The framework of legislation such as the Duty of Quality, and the Well-being of Future Generations Act, along with the principles set out in A Healthier Wales and the Six Goals for Urgent and Emergency Care set clear ambitions. Despite this, people are not seeing change happen quickly enough.



The reality of urgent and emergency care in Welsh hospitals

People across Wales shared stories that highlight what's working, what isn't, and what needs to change. Their stories paint a vivid picture of the challenges they face and how they are not getting safe, equitable, and person-centred care:

Challenges in accessing emergency care

Ambulance delays left some people driving themselves to hospital while unwell. When they got there, many people faced more challenge finding somewhere to park and knowing where to go because of poor signage. One person told us "I had no choice but to drive myself, even though I felt terrible".

These experiences undermine the commitment to ensuring the right care, in the right place, at the right time and add stress to already difficult situations.

Long waits

Many people reported waiting between 8 – 24 hours to be seen, often in overcrowded corridors or makeshift spaces, causing unnecessary pain and anxiety. This goes against the zero-tolerance standard for people spending over 12 hours in emergency departments.

The problem was summed up by one person who told us "I waited all night in a corridor with bright lights and noise. I felt like no one cared."





Overcrowded and inaccessible waiting areas

Waiting rooms were described as overwhelming and unsuitable for people in more vulnerable situations, including children, neurodivergent people, and disabled people.

This lack of equity and tailored support does not meet the principles of person-centred care and inclusivity. One parent shared, "My autistic son found the waiting room unbearable. There was nowhere quiet or calming."

Strain on staff

We heard lots of praise for the dedication and professionalism of healthcare staff, but it was clear to people that staff are stretched beyond capacity.

"They're doing their best, but it's clear they don't have enough support." This directly impacts their ability to deliver safe and effective care, a cornerstone of the Duty of Quality.

When people are seen, care generally feels good

Many people told us that once they were seen by a healthcare professional, the quality of care was good, and they felt well looked after. However, the long waits, lack of communication, and overcrowding make the overall experience stressful, frustrating, and often feeling unsafe.

More detail on what we heard can be found in our report 'Getting urgent and emergency healthcare in Welsh hospitals'.

Building on what exists — but faster

We know there are lots of things in place to try and make things better for people – the Six Goals for Urgent and Emergency Care, The Duty of Quality, Care in Emergency Departments: A Quality Statement, and The Well-being of Future Generations Act all call for long-term, integrated, people-centred solutions.

The reality of what we've heard and seen over recent months is that these plans are not having the desired effect – emergency care in Wales isn't working for far too many people, and despite the range of improvement efforts, change is too slow.

People need to know:

- What is being done to fix it?
- When will things start improving?
- Who is responsible for making sure this happens?

We know that things are happening nationally to focus on improving things. For example, the Ministerial Advisory Group on performance and productivity is looking at what can be done to make things better in urgent and emergency care in Wales.

We know that the problems we've heard about in emergency care are further impacted by capacity challenges in primary care. Many of the people we heard from described being unable to see a GP, leading them to call 111, who then directed them to emergency care.

We know that some health boards have trialled new approaches, such as additional walk-in services and minor injury units to ease the pressures on emergency departments. Others have worked to speed up triage or improve transport options.

But the real issue is that these efforts appear to us to be fragmented, do not seem to be part of a single, coordinated programme, don't have clear leadership, and are not making a difference quickly enough.



Uned Derbynfa Achosion Brys Emergency Unit Reception





Llais is calling on the Welsh Government and NHS Wales to:

Act on what can be changed now, while laying the foundations for long-term transformation.

Focus on joined up action and accountability. People want:

- visible improvements showing that changes are being made, not just discussed.
- clear timelines so people know when things will improve and what steps are being taken now.
- co-ordinated action making sure all parts of the system are working together and delivering results.

Provide clear leadership and accountability

- Use existing partnerships, oversight and escalation mechanisms to drive real improvements.
- Make responsibilities clear for everyone who is making sure emergency care improves, and what happens when standards are not met.

Reduce waiting times and overcrowding

- Improve coordination across health and social care to prevent system bottlenecks.
- Make sure emergency care spaces are accessible for everyone, focused on meeting people's individual needs.

Prioritise dignity and comfort

- Make sure everyone is cared for and treated in appropriate, dignified spaces.
- Provide and maintain clean, safe, and comfortable environments that respect people's dignity.
- Do the small things that make a big difference to people's experience,
 like food and drinks and comfortable chairs.

Embed people's voices in change

- Use real-time feedback to drive on-going action and improvement.
- Introduce new measures of performance that focus on the things that matter most to people needing emergency care.
- Make emergency care data on people's experiences and outcomes publicly available so it's easy to see what people are saying and what action is taken in response.

Spread what works

- Share and implement what works well for people across Wales, not just in individual health boards.
- Introduce a "justify or adopt" approach, so changes that make things better happen faster across Wales.



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