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Dear Scrutiny Panel

I am currently National Clinical Director for the 6 Goals for Urgent and Emergency Care as well as SRO for two projects within DHCW.

 These are the

1. Welsh Emergency Department System (WEDS) essentially an interoperability platform linking different IT systems for the 12 Type 1 emergency departments, minor injury units and same day emergency care services and

2. Welsh Emergency Care Data Set (WECDS) which are a set of data standards definitions to improve operational grip on the activity of the emergency department beyond 4 and 12 hour measures as well as understanding the conditions and final diagnosis of patients attending emergency departments. In addition WECDS will give us details of vulnerable groups for e.g. victims of domestic violence, patients will frailty and their clinical frailty scores as well as acuity using triage scores and early warning scores. Knowing the diagnosis for all patients attending the emergency departments, minor injury units and same day emergency care we will be able to have a dashboard similar to the Emergency Department Syndromic Surveillance System in England (EDSSS) so will know very quickly if there is a reduction in attendance for patients with heart attacks and strokes or respiratory symptoms such as Covid. When I was asked this at the beginning of the pandemic it was very difficult to reply. Although some Health Boards have great data from national perspective the top 3 presenting complaints are not known, not coded and not specified. Another application would be to understand our frailty activity so we can better resource our services to improve patients experience and outcomes too. There are so many more applications and potential for collecting good data to inform knowledge for service improvements for our population.

 There are many other pieces of digital work either in train or yet to be considered to support the 6 Goals for Urgent & Emergency Care – e Triage, Welsh Ambulance Service electronic patients records and connecting these with WEDS (currently ePCR's are printed off in emergency departments), real time bed capacity dashboards including when patients are medically optimised, connecting WEDS with e prescribing, e requesting for radiology requests, linking to the Digital services for Patients and Public (DSPP) programme, anticipatory care planning and what matters to the patients. Another example would be the artificial intelligence and predictive analysis work developed within DHCW and AB UHB to predict emergency department attendances and admissions – this needs to be rolled out at scale and pace but also needs investment in informaticians in Health Boards. There are many

more examples of artificial intelligence that we could use to prevent admissions and accelerate discharges but monitoring people at home as well apps to support people's health and wellbeing.

I have given you some examples of my work as you can see there is much to do in the digital context within DHCW. From my perspective they are achieving and delivering lots but there is so much more to do and the organisation has so much more potential. I work with an excellent team within DHCW, supporting my scope of work, but there needs to be radical investment in the workforce to develop an organisation fit for today and the future if we are truly going to realise the full potential. The team I work with is very small.

My understanding is that DHCW are partially reliant on a Digital Priorities Investment Fund (DPIF) for future development. I was surprised to hear earlier in the year that the WEDS was not considered a priority within this fund. Since then we have appealed and now have the WEDS programme as a priority 3. There are issues with WEDS implementation and IT issues with the initial Health Board, partially related to funding.

I would be happy to go into more detail of any of the points I have mentioned above but I wanted to reply to support the need for further investment in DHCW so we have a digital environment that is needed for current practices.

Best wishes

Dr Jo Mower

Cyfarwyddwr Clinigol Cenedlaethol: Chwe Nod ar gyfer Gofal Brys a Gofal Brys ·
National Clinical Director: Six Goals for Urgent & Emergency Care

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

Croeso i chi gyfathrebu �'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.

You are welcome to correspond with the health board in Welsh or English. We will respond accordingly and this will not delay the response.

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