Llais response to the Emergency and Acute Care Policy Framework
August 2026

Based on your experience of emergency and acute care services, what is currently working well?

Llais has consistently heard that people want emergency and acute care services that respond to the things that matter to them. These are reflected in the People's Principles, developed through our Health and Social Care We Want conversation with thousands of people across Wales.

Across both our community engagement activity and complaints advocacy service, people tell us they want services that are accessible, dignified, joined-up, communicative, responsive, and equitable. While many examples of excellent care exist, people's experiences show these principles are not yet being delivered consistently across Wales.

People repeatedly tell us that the dedication, compassion, and professionalism of staff remain the strongest aspect of emergency and acute care services. Despite significant pressures, many people describe healthcare professionals and reception teams as kind, caring and going above and beyond to provide reassurance and quality care.

We have also heard positive experiences of:

- Rapid triage and prioritisation of the most seriously ill patients, helping people feel confident that clinical urgency is recognised.

- Minor Injury Units and community-based urgent care services, providing timely local access and helping people avoid long journeys to Emergency Departments.

- Good communication where staff take time to explain what is happening, involve people in decisions, and provide reassurance.

- Effective coordination between teams, particularly where transitions through assessment, treatment and discharge feel smooth and well organised.

- Staff making reasonable adjustments for people with additional needs, including some positive examples of support for autistic people, children and people experiencing anxiety.

What people value most is being treated as a person, with dignity, respect, and compassion. These experiences build trust and demonstrate what good emergency and acute care can look like.

Based on your experience of emergency and acute care services, what is currently not working well?

From what people have told us, emergency departments are carrying the consequences of problems elsewhere in the system. Difficulties accessing primary care, delays in diagnostics, lack of community support, workforce shortages, delayed transfers of care and challenges accessing social care have all been described as contributing to pressure within emergency and acute services.

Many people describe arriving at emergency and acute care services after struggling to access support elsewhere. Others tell us their discharge is delayed because the community, health, or social care support they need is not available when they are ready to leave hospital. As a result, people often experience a system that feels fragmented rather than joined up.

The strongest message from people is that emergency care is too often failing to provide timely, dignified, and person-centred care. While people consistently praise the commitment and professionalism of staff, they frequently describe services operating under such pressure that the quality of people's experience, dignity and sense of safety are being compromised.

Key concerns include:

- **Overcrowding and corridor care.** This is one of the most significant concerns raised with us. While services may judge these environments as clinically safe, many people tell us they do not feel safe. We frequently hear descriptions of emergency departments as chaotic, overcrowded, and overwhelmed, with some people describing them as being "like a war zone".

  People tell us that receiving care in corridors, waiting rooms and other non-clinical spaces can feel degrading, distressing, and unsafe. The loss of privacy, prolonged waits, difficulty accessing basic facilities and limited communication can undermine dignity, wellbeing, and confidence in services at a time when people are at their most vulnerable.

- **Children, young people, and their families can be particularly affected** by overcrowding and long waits. We have heard from parents who describe children becoming increasingly distressed, exhausted, and anxious after spending many hours in busy and noisy emergency and acute care environments.

  Parents have told us they felt they had nowhere appropriate to sit with a distressed child. For some children, particularly those who are autistic, have additional needs or are experiencing a mental health crisis, these settings can be overwhelming and can make an already difficult experience significantly worse.

- **Long waits throughout the pathway,** including delays for ambulances, assessment, treatment, admission, and discharge, with some people waiting many hours or more than a day.

- **Poor communication during waits,** leaving people feeling forgotten and uncertain about what is happening, how long they may wait and what the next steps will be.

- **A lack of joined-up care,** with people often having to repeat their story, navigate through services themselves and take responsibility for coordinating various parts of their care.

- **Inadequate support for basic needs while waiting,** including access to food, drink, pain relief, comfortable seating, and appropriate facilities.

- **Poor discharge experiences,** including limited notice, difficulties arranging transport, uncertainty about available support after discharge and weak coordination between hospitals, primary care, and community services.

- **Inconsistent attention to individual needs,** particularly for disabled people, neurodivergent people, children and young people, Welsh speakers and those requiring communication support.

  Families tell us that services do not always make appropriate adjustments or provide age-appropriate environments and communication.

People repeatedly tell us that the system feels disconnected and that too much responsibility falls on individuals, families, and unpaid carers to navigate and coordinate care. For many, this creates additional stress and anxiety at a time when they are already feeling vulnerable.

What changes in acute hospitals would make the greatest difference to people needing emergency or acute care?

The most important change would be to make the People's Principles a foundation of emergency and acute care delivery and performance measurement across Wales.

People consistently tell us that success should not only be measured by throughput, waiting times and clinical measures, but by whether services are accessible, respectful, coordinated, communicative and responsive to individual needs.

People also describe significant differences in experience depending on where they live, when they attend and which team provides their care.

Greater consistency in the delivery of good practice across Wales should be a priority, so that everyone can expect the same standards of care, dignity, and communication regardless of location.

Access remains a particular concern for people living in rural communities. People tell us that access should be considered in terms of time, distance, and transport availability, not simply the existence of a service. A service may be technically available but practically inaccessible if people cannot travel to it, afford to attend it, get transport, or safely return home following treatment.

We have heard from people who were discharged from emergency care at 1.30am with no way of getting home because no public transport or taxi options were available. Future policy should place greater emphasis on rural equity and the practical realities of accessing emergency and acute care for people living in rural Wales.

People we hear from do not want corridor care to become an accepted part of emergency care delivery. They describe overcrowded and unsuitable environments that compromise privacy, dignity, and comfort, particularly for those who are already vulnerable.

The framework should support a clear ambition to eliminate corridor care across Wales, recognising it as both a symptom of wider system pressures and a significant issue in its own right. Addressing corridor care requires action across the whole pathway, including patient flow, community capacity, discharge processes, workforce planning, and social care provision.

While people understand that services are under significant pressure, they want meaningful support while they wait, including regular updates,

pain management, access to food and drink, comfortable environments, and reassurance that they have not been forgotten.

Based on what we have heard, the biggest improvements in people's experience would come from focusing on the things that matter most to people:

Improve communication

People want honest, regular updates throughout their journey, even when there is no immediate change. Clear information reduces anxiety and helps people feel safe and respected.

Reduce delays and overcrowding

People want action to reduce ambulance delays, emergency department waits, corridor care and delayed discharge. This requires better coordination across hospital, community, social care, and primary care services.

People need confidence that overcrowding and corridor care are being meaningfully measured, monitored and acted upon. Greater transparency around patient experience, patient safety and the prevalence of corridor care would help make sure improvement efforts reflect what matters most to people and communities.

Create more joined-up care

People should not have to repeat their story or act as the link between services. Better information sharing, integrated pathways, and coordinated discharge planning would significantly improve experiences.

People also tell us that family members and unpaid carers should be recognised as partners in care and involved appropriately in decision-making and communication.

Prioritise dignity and comfort

People expect appropriate spaces to wait and receive care, access to food, drink, pain relief, toilets and comfortable seating, and care that protects privacy and dignity.

Embed person-centred care

Services should recognise the whole person, their communication needs, family circumstances, culture, language, disabilities, and neurodiversity, rather than focusing solely on the presenting condition.

Use people's voices to drive improvement

Real-time feedback, transparent reporting, and visible action in response to people's experiences should be embedded into service improvement.

Are there any particular groups of people whose needs require greater attention within emergency and acute care services?

Llais consistently hears that some groups face greater barriers and poorer experiences and require particular attention:

- Older people, including those living with frailty.
- People living with dementia or cognitive impairment.
- Disabled people and people with sensory impairments, communication needs, or long-term conditions.
- Neurodivergent people, particularly autistic people, who may find busy emergency environments overwhelming and need reasonable adjustments.
- Children, young people, and families.
- People in mental health crisis.
- Welsh speakers and people who require communication support or translation services, including BSL.

- People from minority ethnic communities and people experiencing socio-economic disadvantage.

- People living in rural communities where travel, transport and access to services create additional challenges.

People repeatedly tell us that family members and unpaid carers play a critical role in emergency and acute care, often providing communication support, transport, advocacy, reassurance, and ongoing care following discharge.

However, carers often feel overlooked by services despite carrying significant responsibility. Greater recognition, communication, and support for carers should be embedded throughout emergency and acute pathways.

Some groups of people are affected more severely by corridor care and overcrowding than others. Older people living with frailty, people with dementia, people in mental health crisis, autistic people, children and young people, those approaching the end of life, and people with communication or sensory needs may experience particular distress and harm when cared for in overcrowded and unsuitable environments.

We have also heard from people who are immunocompromised, including many who are undergoing treatment for cancer, who describe the anxiety of waiting for lengthy periods in crowded spaces alongside people who may be infectious.

People tell us that these environments can undermine their dignity, wellbeing, and sense of safety at a time when they are already feeling vulnerable. Some felt they had no choice but to accept a level of risk that caused considerable anxiety to access the care they needed.

Do you have any examples of services, innovations or approaches that work particularly well and should be spread more widely across Wales?

People tell us that they judge the quality of emergency and acute care not only by how quickly and effectively they are treated, but by whether they are treated with dignity, kept informed, involved in decisions and supported through joined-up care that works around them, not around the system.

We have heard positive examples of innovative approaches that are helping to achieve these aims, and which should be identified, evaluated, and spread more consistently across Wales. These models demonstrate how better coordination, earlier intervention and alternatives to hospital attendance can improve both patient experience and system flow.

The Clinical Navigation Hub model developed in Cwm Taf Morgannwg demonstrates how specialist advice, effective triage, and access to alternatives to admission can help avoid unnecessary attendance at Emergency Departments, particularly for care home residents. This approach supports people's preference to receive care closer to home and in familiar environments where it is safe and appropriate to do so.

Similarly, the continued development of Same Day Emergency Care services and direct referral pathways demonstrates how services can work together to help people receive the right care in the right place first time, reducing unnecessary admissions, delays, and transfers through Emergency Departments.

The NHS 111 Wales Press 2 service provides a further example of an alternative pathway that can help people access more appropriate support when experiencing mental health crises while reducing pressure on Emergency Departments.

People highlighted several approaches that should be strengthened and adopted more consistently across Wales:

- Local Minor Injury Units and community urgent care services, which often provide quicker access, reduce pressure on Emergency Departments and are highly valued by local communities.

- Rapid triage models that ensure people are assessed quickly on arrival and that those most in need receive early intervention.

- Services that proactively communicate with patients and families throughout their care journey, keeping people informed and involved.

- Models that provide coordinated discharge planning from the beginning of a hospital stay, involving community and social care partners earlier.

- Approaches that make reasonable adjustments for those who need it, including for example autistic people, people with disabilities and those with individual communication needs.

Overall, what people want is not complicated. They want emergency and acute care that is accessible, timely, coordinated, and compassionate. They want to be treated with dignity and respect, kept informed, supported while they wait and cared for through seamless pathways that work around people rather than service or organisational boundaries.

These themes are consistent across both our community engagement activities and complaints advocacy relating to emergency and acute care, and the wider Health and Social Care We Want conversation.

The People's Principles provide a clear description of what good care looks like from the public's perspective and should form a foundation of the new Emergency and Acute Care Framework for Wales.