

Accident and Emergency

Briefing paper to the Public Audit Committee



← Accident & Emergency

AUDITOR GENERAL 

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Background

1. The Scottish Parliament's Public Audit Committee (PAC) published a report on A&E in December 2014.¹ This followed the committee's consideration of the Auditor General for Scotland's report in May 2014, and its subsequent inquiry.² The PAC invited the Auditor General to provide an update, by the end of 2015, on the progress made by the Scottish Government and NHS boards. This briefing paper provides an update on the performance of the NHS in Scotland.
2. There are 30 Accident and Emergency (A&E) departments across Scotland.³ Around 1.37 million patients attended these departments in 2014/15. For less serious, but still urgent injuries, there are 63 minor injury units (MIUs). In 2014/15, around 275,000 patients were treated in MIUs. To ensure patients are treated quickly at A&E and MIUs, NHS boards have a standard to treat and discharge or admit 98 per cent of patients within four hours of their arrival at the department. In April 2013, the Scottish Government introduced an interim target of 95 per cent of patients being treated within the four-hour limit by the year ended September 2014, as a step towards the 98 per cent standard.
3. We published a report on Emergency departments in August 2010 and an update report in May 2014. The update report looked at:
 - how NHS boards were performing against the A&E waiting time standard and target, and the main reasons for delays in A&E treatment
 - what the Scottish Government had done to help improve the way A&E departments perform.
4. In our 2014 update report, we found that performance against the four-hour waiting time standard had deteriorated since we reported in 2010, although there was improvement during 2013. The reasons for delays are complex and a symptom of pressures in the whole system and the way that patients flow through the system. The Scottish Government had launched the National Unscheduled Care Action Plan (NUCAP) in February 2013 but it was too early to assess the impact of it.
5. We made a number of recommendations for the Scottish Government. These included sharing best practice on:
 - GPs referring appropriate patients directly to hospital without first attending the A&E department
 - protocols that allow senior A&E staff to admit patients directly to hospital themselves
 - effective models of A&E services and use of assessment units
 - effective hospital discharge processes which support early planning of patient discharge.

¹ *Report on Accident and Emergency - Performance Update*, Scottish Parliament, December 2014.

² [Accident and Emergency, Performance Update](#), Audit Scotland, May 2014.

³ In this briefing paper we use the term A&E department to refer to Emergency Departments. These departments provide a 24-hour consultant-led service.

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6. We also recommended that the Scottish Government ensure NHS boards have access to benchmarking information on staffing levels and skill-mix in A&E departments.
 7. In 2013 and 2014, NHS boards submitted local unscheduled care action plans (LUCAPs) to the Scottish Government that set out their approach to emergency and unplanned care for years 1 and 2 of the NUCAP. In 2014, we noted that the success measures for monitoring NHS boards' progress against these plans included:
 - a reduction in the number of patients waiting longer than four hours in A&E
 - a reduction in the number of patients waiting longer than eight and 12 hours in A&E
 - a reduction in A&E attendances and hospital admissions
 - improved recruitment and retention of staff
 - patient satisfaction and a reduction in patient complaints.
 8. Our report on the NHS in Scotland 2015 comments on overall performance against a range of targets and standards. This briefing paper provides a more detailed update on NHS boards' performance against the success measures for A&E. It comments on the Scottish Government's progress against our recommendations and provides an update on NHS boards' action plans. As requested by the PAC, the paper provides an update on progress made by the Scottish Government and NHS boards against their unscheduled care plans and the extent to which LUCAPs propose action in relation to other services.
 9. We analysed data published by the Information Services Division (ISD Scotland) and reviewed documents provided by the Scottish Government to inform this briefing paper. We did not ask NHS boards for any updates on progress.
 10. In Spring 2016 we will be publishing a report on changing models of health and social care. The report will highlight some of the pressures across the wider system. It will also comment on new ways of working including those that aim to avoid unnecessary admissions to hospital and provide more care within the community.

Key findings

- Demand at A&E departments is continuing to increase, but performance against the A&E waiting time target has improved. Performance deteriorated over winter 2014/15 due to a range of pressures, but has improved since then. The NHS as a whole met the 95 per cent target in each of the three months between July and September 2015, the first time it met the target since August 2013. However not all NHS boards met the target each month, and the NHS is now moving into the more challenging winter period.
 - The Scottish Government has allocated around an additional £30 million to NHS boards since 2013/14 to help them deliver improvements in unscheduled care (emergency and urgent care). NHS boards also allocated around £20 million additional funding in both 2013/14 and 2014/15, giving total additional funding of around £70 million. This funding has been used to support NHS boards' local priorities for unscheduled care, but there is little information on how NHS boards used this funding to support specific initiatives and what impact it has had.
 - The Scottish Government has improved its approach to unscheduled care. It launched Six Essential Actions, a new national two-year improvement programme which aims to improve unscheduled care, in May 2015. This builds on the national and local unscheduled care action plans. It is a more structured approach, focusing on a range of actions that NHS boards are expected to take to improve their performance and improve patient care, with more support from a central Scottish Government team and local teams. The actions largely focus on improving how NHS boards manage patients in hospital.
 - Since we last reported, the Scottish Government has developed a more comprehensive approach to sharing best practice in a more timely way to support the Six Essential Actions. It has also developed a number of tools to help NHS boards use and understand their data better, and to help improve their planning. This includes rolling out a workload planning tool to help boards identify the staffing levels and skill mix required in emergency departments to meet their needs, including staffing levels at different times of the day.
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Performance against the A&E waiting time target has improved but some NHS boards are still not meeting it

There has been a small increase in the number of people attending A&E and MIU services in Scotland

11. Overall demand for A&E and MIU services has continued to increase over the past seven years, peaking at 1.64 million attendances in 2014/15. Since we last reported on performance in 2012/13, demand has risen by 1.3 per cent, an increase of over 21,000 patients in two years. Attendances at MIUs grew by three per cent, from 266,500 in 2012/13 to 275,000 in 2014/15. A&E attendances grew by one per cent over the same period, from 1,352,000 to 1,365,000 ([Exhibit 1](#)).
12. Attendances at A&E and MIUs increased at ten of the 14 boards between 2012/13 and 2014/15.⁴ The largest reduction was at NHS Grampian, where the number of attendances at A&E or MIU reduced by around 4,300 (three per cent). NHS Grampian advised that this was due to number of factors including:
 - improvements in their patient pathways and processes in 2012/13, following the opening of a new emergency care centre
 - a number of actions aimed at reducing the number of people attending A&E, including redirecting appropriate patients to primary care and targeting their Know Who To Turn To campaign on specific geographical areas with higher numbers of patients attending A&E inappropriately
 - improvements in the quality of their data.
13. The biggest increases were in:
 - NHS Lothian - an additional 8,800 patients, an increase of four per cent
 - NHS Forth Valley - an additional 3,900 patients, an increase of five per cent
 - NHS Highland - an additional 3,800 patients, an increase of four per cent.
14. Attendance rates at A&E vary across Scotland. In the year to June 2015, there were 241 attendances per 1,000 population at A&E departments.⁵ Attendance rates are around 51 per cent higher in NHS Ayrshire and Arran (320 per 1,000 population) compared with NHS Tayside (157 per 1,000 population).⁶
15. Attendances vary across NHS boards by the type of service and there has been little change since we last reported. In NHS Lanarkshire, almost all patients (99 per cent) are treated at the three A&E departments and one per cent at the two MIUs. NHS Highland however treats 45 per cent of all attendances at MIUs and 55 per cent at its four A&E departments.⁷

⁴ The four boards with fewer people attending were NHS Western Isles (5 per cent), NHS Grampian (3 per cent), NHS Lanarkshire (0.6 per cent) and NHS Greater Glasgow and Clyde (0.1 per cent).

⁵ Data published for A&E only (excludes MIUs).

⁶ ISD Scotland, Who attends Emergency Departments data set.

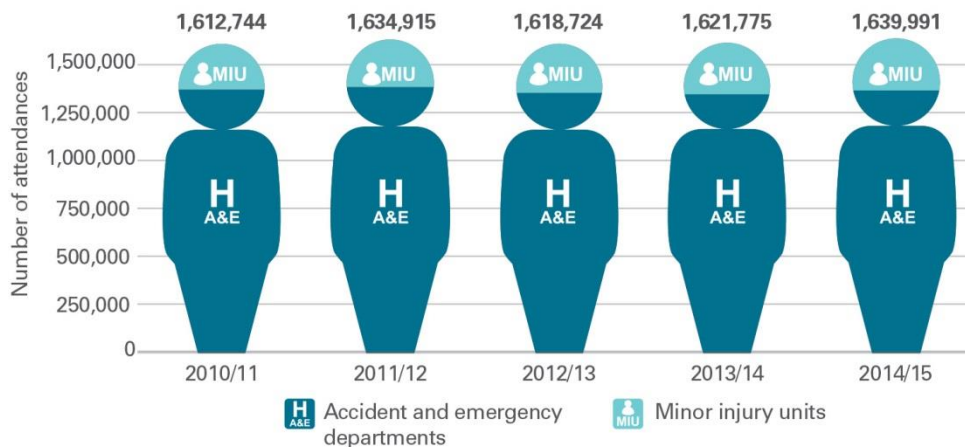
⁷ ISD Scotland, Who attends Emergency Departments data set.

16. The biggest change in A&E services since our last report has been in NHS Greater Glasgow and Clyde, with the new Queen Elizabeth University Hospital opening in May 2015. Over May and June, A&E departments from the Southern General, the Victoria Infirmary, the Western Infirmary and the Royal Hospital for Sick Children moved to the new hospital. Over 7,000 people have attended the adult A&E department and around 4,000 have attended the children's A&E each month since it opened. New MIU departments opened at the Western Infirmary and the Queen Elizabeth University Hospital, while the Victoria Infirmary retained its existing MIU department.

Exhibit 1

Attendance at A&E departments and MIUs, 2010/11 to 2014/15

A&E attendances reduced in 2013/14 then increased again 2014/15, while MIUs have had a steady increase in attendances.



Source: ISD Scotland, A&E datamart

Performance against the four-hour waiting time standard improved over summer 2015

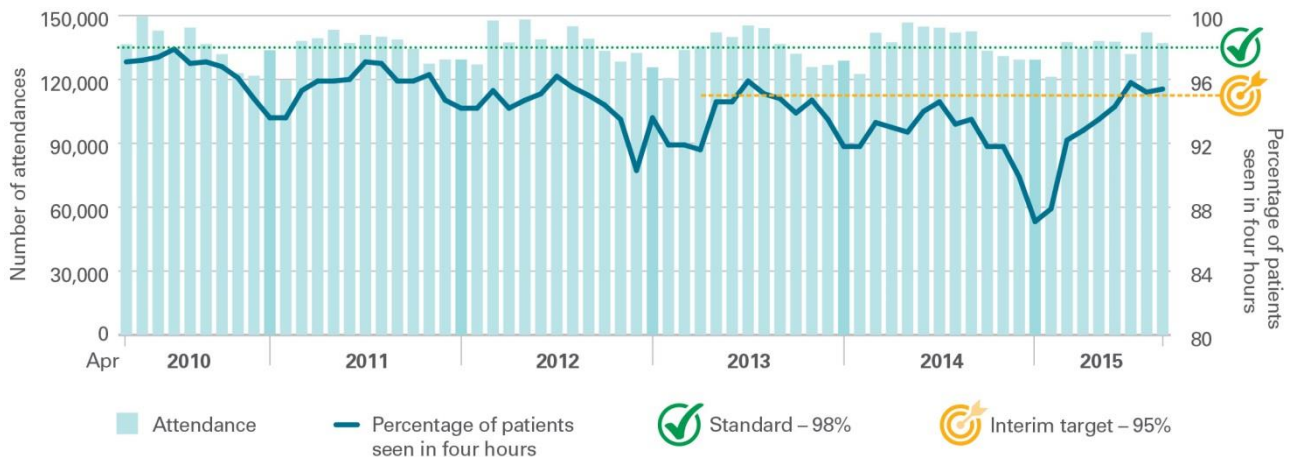
17. Performance against both the 98 per cent waiting time standard and the 95 per cent interim four-hour target was poor until July 2015. Overall, the number of people who waited longer than four hours increased since we last reported, from 104,000 in 2012/13 to 133,000 in 2014/15. The NHS missed the target of 95 per cent of patients at A&E departments and MIUs seen within four hours by the year ending September 2014; for the year to September 2014, 93.4 per cent of patients were seen within four hours. For the year to September 2015, this fell to 92.4 per cent.
18. Performance worsened over the winter of 2014/15, and fell to 87.1 per cent in January 2015, the lowest it has been since the 98 per cent standard came into effect in April 2008 (Exhibit 2). The Scottish Government has reported that this was mainly due to the impact of high levels of activity in hospital and high numbers of patients being delayed in hospital when they were

ready to be discharged.⁸ There was a similar pattern of performance deteriorating across other countries in the UK over winter 2014/15.

Exhibit 2

Number of attendances at A&E and MIUs and performance against the four-hour standard

The worst performance against the four-hour standard was in January 2015 but it has improved since then.



Source: ISD Scotland, A&E datamart

19. Since winter 2014/15, performance has improved. In July 2015, 95.8 per cent of patients across Scotland were seen within 4 hours. This was the first month that the NHS as a whole achieved the 95 per cent interim target since August 2013. Performance remained above the target in August (95.2 per cent) and September 2015 (95.4 per cent).
20. While the NHS as a whole met the target, nine of the 30 A&E departments did not achieve the 95 per cent target in September 2015.⁹ Of the 21 departments that did meet it, seven also met the 98 per cent standard. The worst performing department in September 2015 was Ayr Hospital, where 89 per cent of patients were seen in four hours.
21. Some departments have performed consistently well against the 98 per cent standard over the past year. Others have continued to perform poorly, even against the 95 per cent interim target. Four hospitals have never met the interim target since it was introduced in April 2013 (Glasgow Royal Infirmary, Royal Alexandra Hospital, Western Infirmary/Gartnavel General, and Wishaw General).¹⁰

⁸ *Health & Social Care: Winter in Scotland 2014/15*, Scottish Government, August 2015.

⁹ Ayr Hospital, Crosshouse Hospital, Edinburgh Royal Infirmary, Forth Valley Hospital, Glasgow Royal Infirmary, Hairmyres Hospital, Royal Alexandra Hospital, Queen Elizabeth University Hospital and Wishaw General Hospital.

¹⁰ The Western Infirmary/Gartnavel General A&E department closed in May 2015.

In 2014/15, significantly more people waited in A&E for long periods than in previous years although performance improved during 2015

22. The number of people who waited longer than 12 hours in A&E departments has increased by 55 per cent since we last reported, from 1,430 in 2012/13 to 2,215 in 2014/15. It reduced in the interim, to 565 people in 2013/14, but it then increased by 292 per cent over the last year. The number of patients who waited longer than eight hours also increased substantially over the same period, from 8,737 in 2012/13 to 14,084 in 2014/15.
23. The number of patients waiting longer than eight and 12 hours in A&E departments peaked in January 2015, when 3,000 patients waited longer than eight hours and 608 patients waited longer than 12 hours. When compared to January 2014, these figures show an increase of 263 per cent and 438 per cent respectively.
24. Performance improved during 2015. In September 2015, 307 patients waited longer than eight hours and seven waited longer than 12 hours. Only NHS Ayrshire and Arran had patients who waited longer than twelve hours, five in University Hospital Crosshouse and two in University Hospital Ayr. While 21 departments had patients who waited longer than eight hours, the numbers of patients was low in most. Six departments had higher numbers waiting longer than eight hours ([Exhibit 3](#)).
25. In September 2015, 92 patients were recorded as having waited longer than 12 hours at MIU departments across Scotland. All of these patients attended the Western General Hospital in Edinburgh. The Western General is different to other MIUs. It has three unscheduled care units: a MIU, a surgical assessment unit and an acute receiving and assessment unit (ARAU). The ARAU receives patients who have been referred to hospital by their GP. As such, the patients who attend the ARAU tend to require hospital admission.¹¹ The ARAU at the Western General Hospital has been performing badly against the four-hour waiting time standard for the last six months. Since March 2015, the Western General Hospital as a whole has contributed to over 19 per cent of patients waiting longer than 12 hours despite only seeing three per cent of all patients. The Scottish Government and NHS Lothian have advised us that one of the main reasons behind these long waits is delayed discharges, preventing new patients from being admitted. The Scottish Government is working with NHS Lothian to reduce these long waits for patients.

¹¹ Patients waiting to be admitted to a bed in the ARAU and surgical assessment unit are recorded against the four-hour A&E waiting time target.

Exhibit 3

A&E departments that had higher numbers of patients waiting longer than eight hours, September 2015.

Edinburgh Royal Infirmary in NHS Lothian had the most people waiting for long periods in September 2015.

A&E Department	Patients waiting longer than eight hours
Edinburgh Royal Infirmary	53
Wishaw General Hospital	41
University Hospital Ayr	40
Queen Elizabeth University Hospital	36
University Hospital Crosshouse	34
Hairmyres Hospital	28

Source: ISD Scotland, A&E DataMart

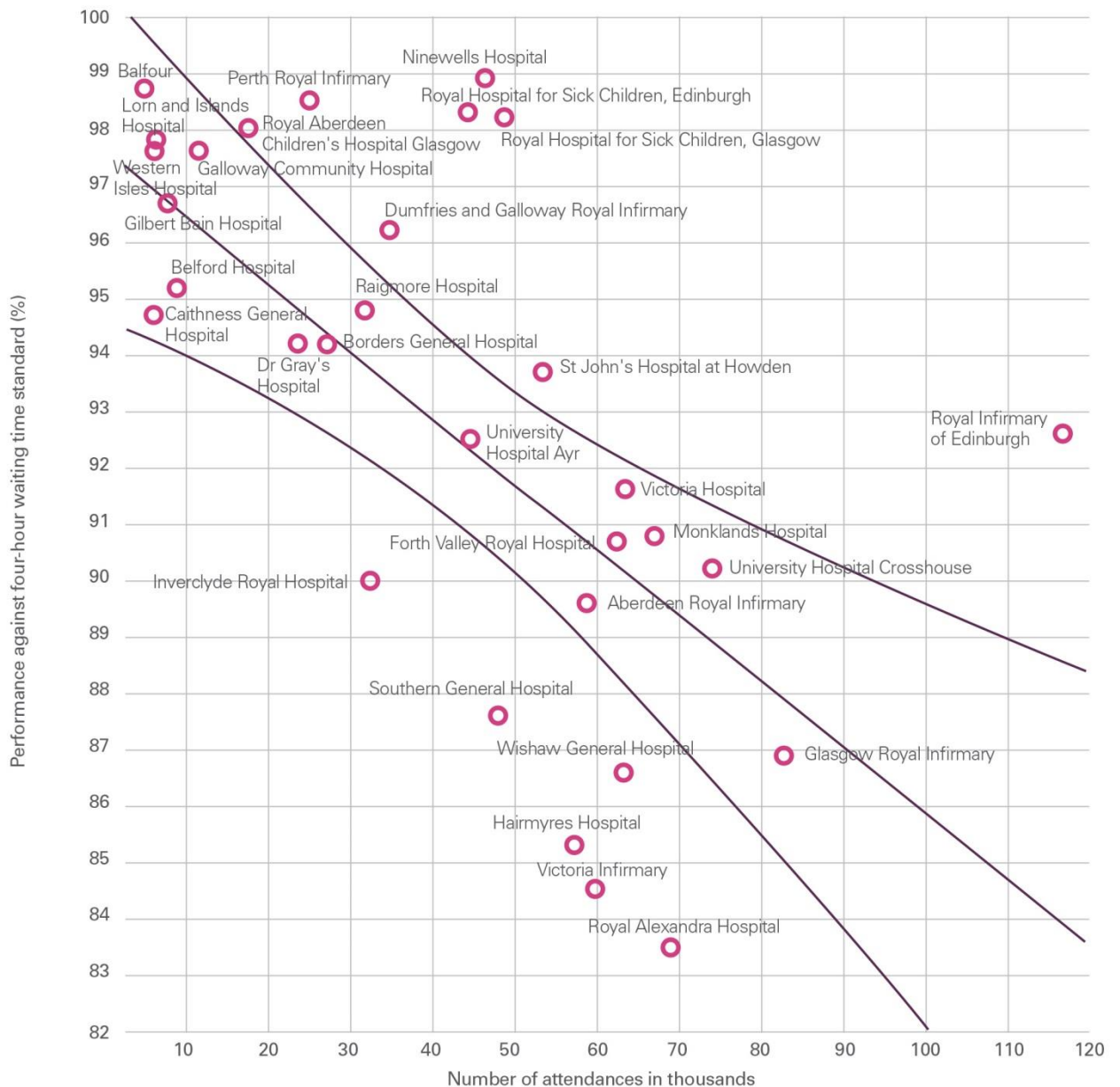
Many inter-related factors affect how A&E departments perform against the waiting time standard and target

26. As we highlighted in our 2010 and 2014 reports, no single factor explains the deterioration in waiting time performance. Each unscheduled care system is complex. As we reported in 2014, the following factors can affect how A&E departments perform against the waiting time target and standard:
- pressure on the availability of hospital beds from an increasing number of patients being admitted as emergencies and delays in patients being discharged from hospital
 - increasing complexities of care
 - local policies on emergency admissions
 - local policies on informing patients about alternative services
 - the time of day that patients are discharged from wards
 - staffing pressures.
27. We reported in 2014 that A&E departments that perform better against the 98 per cent standard generally have fewer attendances, but that this alone does not explain the variation in attendances. This was still the case in 2014/2015 ([Exhibit 4](#)).

Exhibit 4

Annual attendances at A&E against the four-hour waiting time standard in 2014/15

Generally, hospitals with lower attendance perform better against the four-hour waiting time standard.



Note: The lines show a trend line and confidence bands.

Source: ISD Scotland, A&E Datamart

The proportion of people admitted to hospital from A&E has continued to increase

28. In 2014/15, 386,357 patients were admitted to hospital from A&E, a six per cent increase from 2012/13. This increase is higher than the overall increase in people attending A&E. In

2012/13, 27 per cent of people who attended A&E were admitted to hospital. In 2014/15, this had increased to 28 per cent.

29. Older patients are still more likely to be admitted to hospital. In 2014/15, 57 per cent of people aged 65 and over who attended A&E were admitted to hospital, compared to 21 per cent of people under 65.¹²

Recruiting and retaining staff in A&E departments continues to be a challenge for boards

30. Our 2015 report on the NHS in Scotland found that boards are under pressure from rising staff vacancies due to difficulties recruiting and retaining staff on permanent contracts.¹³
31. Since 2012, the number of consultant established posts in emergency medicine in Scotland has increased by 82, from 142 whole time equivalent (WTE) posts in June 2012 to 224 in June 2015, an increase of 58 per cent. Although the number of consultants in post has increased by 61, from 139 in June 2012 to 200 in June 2015, the number of vacant posts has also increased from three to 24 in the same period. Of the 24 vacant posts, 67 per cent (16 posts) had been vacant for longer than six months, compared to 42 per cent across all specialties ([Exhibit 5](#)).
32. In June 2015, six of the 14 boards had vacancies for emergency medicine consultants and in five of these boards, there had been posts vacant for longer than six months.¹⁴ NHS Fife had the most vacancies in June 2015; 48 per cent of their 14.2 (WTE) consultant posts were vacant in June 2015 and 6.8 (WTE) had been vacant for longer than six months. Data for nursing staff is not broken down to a category we can use to determine vacancies in A&E departments.
33. In their LUCAP progress reports to the Scottish Government in March 2015, nine of the 14 NHS boards mentioned challenges with recruitment across their boards. In some cases, initiatives to improve care were on hold because of staffing levels. For example, a pilot to extend the acute medicine model in NHS Ayrshire and Arran was on hold because two consultants had resigned and their positions were vacant.

¹² ISD Scotland, Who attends emergency departments data set, 29 September 2015 - this does not include patients where a valid Community Health Index number was not recorded.

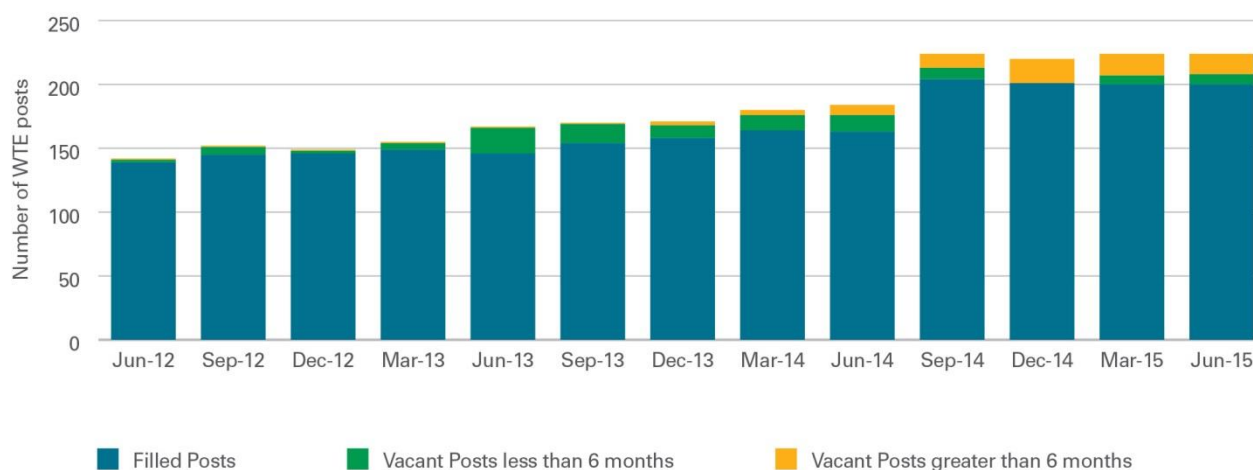
¹³ [NHS in Scotland 2015](#), Audit Scotland, October 2015.

¹⁴ These were NHS Ayrshire and Arran, NHS Borders, NHS Fife, NHS Grampian and NHS Lanarkshire. NHS Greater Glasgow and Clyde had two vacant posts, and these had been vacant for less than six months.

Exhibit 5

Number of emergency medicine consultant posts in Scotland since June 2012

There are more emergency medicine consultant posts across Scotland than in 2012, but a higher proportion are vacant and have been for longer than 6 months.



Source: ISD Scotland, Consultant Vacancies

NHS boards now have a tool which should give them better information to improve their workload and workforce planning

34. In June 2015, a short-life working group set up by the Scottish Government released the Emergency Department / Emergency Medicine Workload Tool. All NHS boards are expected to apply this tool. It uses data entered by the board over a two-week period, along with data on quality of care and professional judgement, to calculate recommended staffing levels and skill mix for nursing and medical staff. The tool also identifies needs at different times of the day, such as in the evenings. The data entered by NHS boards includes number of patients, level of care required, the time that they presented at A&E and the length of their waiting time.
35. This tool is a positive development. While it is still too early to assess the impact on services, it provides NHS boards with better intelligence about their own activity and staffing requirements. NHS boards can use the reports that it produces to compare with their current workforce information to better understand their capacity and the flows of patients, including peaks in activity. They can use this information to help plan their workforce to provide sustainable, safe and effective management of patients.
36. The tool does not currently provide benchmarking information, allowing NHS boards to compare their staffing levels. It only allows NHS boards to access their own information and each board would need to agree to provide another board with access to their information. However the tool allows each board to consider its current staffing with the recommended numbers and skill mix for its own specific needs, as produced by the model.

Patients are more positive about their time in A&E

37. The NHS carried out patient surveys in 2010, 2011, 2012 and 2014. In January 2014, 21,000 patients who had spent a night in hospital between April and September 2013 completed questionnaires about their experience.^{15, 16}
38. The survey found that 87 per cent rated their experience at A&E positively - 48 per cent said their A&E care was excellent, 39 per cent said it was good, 9 per cent said fair and 3 per cent poor. At the time of the previous survey in 2012, 83 per cent of patients rated their experience in A&E positively. In 2011, the percentage was 82 and in 2010, it was 83. Over the period of the 2014 survey, 66 per cent of patients who came to A&E were not admitted to hospital, and therefore were not covered by the survey. The experience of patients during winter 2014/15, when waiting times performance dropped significantly, was also not covered by the survey, as it covered admissions in 2013.
39. The 2014 survey asked additional questions about the patient's time in A&E. While responses were generally positive, 23 per cent of patients were not told how long they would need to wait to see a nurse or doctor and 17 per cent thought the time it took to see a nurse or doctor was too long.

Complaints about unscheduled care have reduced since 2012/13

40. In 2014/15, the NHS received 55 complaints about unscheduled care. This was three fewer than the previous year, and down from 61 in 2012/13. Complaints about unscheduled care have been reducing while complaints about the NHS in general have been increasing ([Exhibit 6](#)). These complaints also make up a small percentage of complaints about the NHS, 0.4 per cent of all complaints received by the NHS in 2014/15.¹⁷

¹⁵ [Scottish inpatient patient experience survey 2014.](#)

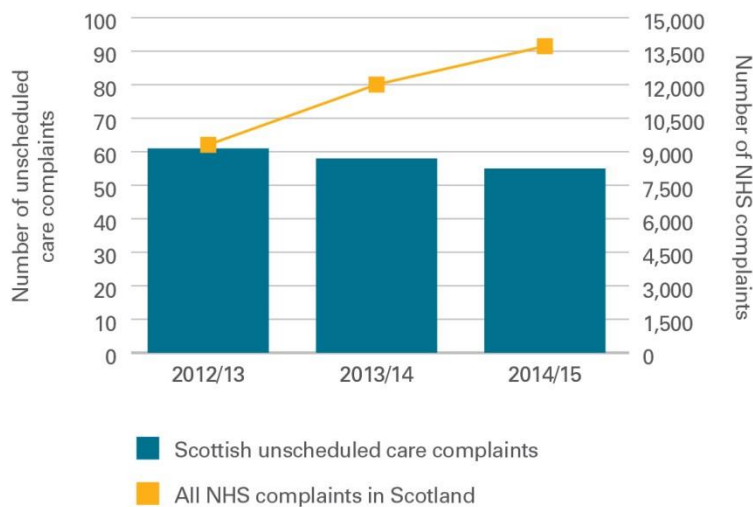
¹⁶ The 2010, 2011 and 2012 surveys were over the whole year period instead of the six month summer period. The Scottish Government found that patients were slightly more positive in the summer months but this was not statistically significant.

¹⁷ NHS Scotland complaints, [ISD Scotland.](#)

Exhibit 6

Number of complaints about the NHS in Scotland and unscheduled care

Complaints about unscheduled care have reduced since 2012/13



Source: ISD Scotland, NHS Scotland Complaints

There is not enough information to assess the impact of additional funding for unscheduled care

41. The NHS in Scotland is investing more than £70 million additional funding in unscheduled care between 2013/14 and 2015/16. NHS boards invested £22 million in the first year from their cash-releasing savings. The Scottish Government has reported that NHS boards invested around a further £20 million in 2014/15, and figures for 2015/16 are not yet available.¹⁸ The Scottish Government made £8.6 million available to boards in 2013/14, £9.4 million in 2014/15 and £9.7 million in 2015/16.¹⁹ The Scottish Government allocated the funding in line with the national resource allocation formula.
42. The Scottish Government also invested £10 million for winter 2014/15 resilience and £10 million to help boards improve discharge times. It allocated a further £30 million in 2015/16, as part of additional funding to reduce delayed discharges of £100 million over the three years from 2015/16. A further £10.7 million will be allocated to boards for winter 2015/16 at the end of October 2015. This funding is expected to improve unscheduled care.
43. NHS boards provided quarterly progress reports to the Scottish Government in 2014/15. These reports were expected to include information on how NHS boards used their unscheduled care funding. While the reports contain a lot of information about NHS boards' initiatives to improve unscheduled care, they contain variable detail on how NHS boards used the funding, such as how much funding was allocated to different initiatives. The Scottish

¹⁸ Shona Robison's response to Parliamentary Question s4W-23885, asked on 7 January 2015.

¹⁹ £2 million of the 2015/16 funding was not allocated to boards; instead, it will be allocated on a targeted basis.

Government does not request any other information on how NHS boards have used the funding. We would expect the Scottish Government to monitor this spending and the outcomes that it delivered more closely in order to ensure that it was used most effectively. Given the lack of information, we are unable to report how NHS boards used the funding and what the additional funding has achieved.

NHS boards' final LUCAP progress reports include some areas of good practice identified in our reports

44. In February 2013, after a winter of poor performance against the four-hour waiting time standard, the Cabinet Secretary for Health and Wellbeing launched the National Unscheduled Care Action Plan (NUCAP). This aimed to improve urgent and emergency care in Scotland. As part of the action plan, NHS boards were required to submit Local Unscheduled Care Action Plans (LUCAPs) to the Scottish Government in June 2013. These were three-year rolling plans on how each board would deliver unscheduled care in their area, and how they would progress towards achieving the four-hour standard.
45. In 2014, we found that NHS boards had set out a range of actions in their local plans to help tackle delays in A&E. We recommended that the Scottish Government shared best practice and benchmarking information with NHS boards to help them to improve unscheduled care and performance against the waiting time standard. All 14 NHS boards submitted updates to the Scottish Government in March 2015 on progress against their LUCAPs. The quality and reporting of these plans varied, and it is difficult to get a clear picture of what NHS boards have achieved. For example:
 - while all the updates included a range of initiatives, none of them clearly identified which actions the NHS board expected to have the most impact on improving performance
 - most of the updates were not clear about the expected benefits and costs of initiatives
 - some updates were not up to date, instead reporting actions that had been completed in previous periods.
46. The LUCAP progress reports showed that similar initiatives were being trialled or rolled-out across the country. A number of these relate to areas of good practice identified in our report ([Exhibit 7](#)). However, the majority of actions in the LUCAP reports related to hospitals.

Exhibit 7

Summary of initiatives reported by NHS boards in their LUCAP updates

Many boards were trialling similar initiatives to improve A&E services

Summary	
Joint working with other services	<p>All but one of the boards' progress reports (NHS Shetland) mentioned some aspect of joint working. This was mostly with the Scottish Ambulance Service (SAS) and in some cases with GPs, community services and the third sector.</p> <p>Our 2014 report highlighted that LUCAPs were not looking at A&E departments in isolation but instead considering the wider emergency care system.</p>
Delayed Discharges	<p>Most progress reports (11) had actions related to improving patient discharges and therefore the flow of patients through the hospital. Six boards had implemented or were considering discharge hubs (to co-ordinate discharges across the hospital) or discharge lounges (to provide a comfortable space away from the ward for patients to wait for transport home).</p> <p>There are also initiatives to improve patient discharge from hospital such as:</p> <ul style="list-style-type: none">• huddles - a daily opportunity for teams from across the hospital to discuss issues that will impact the hospital that day• multi-disciplinary team meetings - with teams across the hospital to ensure a better understanding of roles and pressures• estimated discharge date - to begin planning a patient's discharge earlier to avoid delays• step-down beds - residential care home beds for patients stable enough to leave hospital but not able to return home because care or facilities are not in place• ward rounds - with senior doctors on the team to allow earlier decisions about discharging patients. <p>We identified that NHS boards need effective hospital discharge processes to help boards improve patient flow.</p>
Assessment Units or Ambulatory care units	<p>Six progress reports mentioned either an assessment unit or ambulatory emergency care unit.²⁰ We previously highlighted the potential benefits of these units, and recommended that the Scottish Government share examples of effective models of A&E services and the use of assessment units.</p>
Senior Decision makers	<p>Seven boards have recruited additional staff to ensure better cover by senior decision makers in the department, especially in the evenings and at weekends. However, recruitment has been problematic in places.</p>
Anticipatory Care Planning	<p>Eight progress reports mentioned key information summaries and anticipatory care plans.²¹ Most boards had encouraged greater use of them.</p>
Rapid Response teams ²²	<p>Four boards mentioned trials of a rapid response team, with varying degrees of success.</p>
GPs admitting patients directly to wards without going through A&E	<p>In 2014, we recommended that the Scottish Government share good practice on GPs admitting patients directly to wards instead of going through A&E. However, only two LUCAP progress reports mentioned GPs admitting patients directly to the hospital. These were NHS Forth Valley and NHS Greater Glasgow and Clyde.</p>

Source: Audit Scotland analysis of NHS boards' LUCAP progress reports to Scottish Government, March 2015^{20, 21, 22}

²⁰ Ambulatory emergency care (AEC) is a way of managing patients who would usually be admitted from A&E. Instead, they are treated in the AEC unit and discharged the same day.

The Scottish Government improved its approach to unscheduled care in May 2015

47. In May 2015, the Scottish Government introduced a revised approach to unscheduled care. This is a two-year programme which focuses on six essential actions that NHS boards should undertake to help improve performance. Because of this new initiative, NHS boards will no longer produce or report on their LUCAPS.
48. The Six Essential Actions is a more structured approach to improving unscheduled care, with a clearer set of requirements and more targeted support. It focuses on promoting key actions, and provides NHS boards with practical support, both from a national and local teams, and through developing tools and guidance. It also has more focus on NHS boards using and understanding their data. There is a strong focus on sharing best practice on a timely and on-going basis underpinning the new approach. The Scottish Government has set out guidance on what it expects NHS boards to do in relation to the essential actions. It is also sharing examples of how NHS boards have been doing this, and the impact.
49. The Scottish Government has said that the key focus of the six essential actions is to improve patient flow in hospitals in order to meet the A&E waiting time targets, while ensuring patient safety and quality of care.²³ The six essential actions are:
- A shift from board-wide management to a site-based approach
 - Understanding and improving emergency and elective (planned) hospital capacity and patient flow
 - A focus on patient management as opposed to bed management
 - More collaborative working between surgical and medical teams and A&E
 - Seven-day services targeted to increase patient discharges at the weekend and earlier in the day
 - Ensuring patients are cared for in their own homes or homely setting.
50. The Scottish Government provided £9.7 million unscheduled care funding to support NHS boards in implementing these actions in 2015/16. It has already allocated £7.7 million of this funding to NHS boards. As a condition of receiving a share of the funding, the Scottish Government required NHS boards to establish an unscheduled care improvement team.²⁴ This team should include a programme manager, clinical lead, data analyst and an

²¹ Anticipatory Care Plans (ACPs) are used to support patients living with a long-term condition. They are a record of the patient's preferred actions and interventions that care providers should take if their condition deteriorates or there is a crisis in their care or support. Key information summaries (KIS) contain the key information for people with an ACP and are shared with NHS 24, out-of-hours services, A&E departments and the Scottish Ambulance Service to ensure patients wishes are followed.

²² Rapid response teams assess, treat and support patients in their home. This enables them to stay at home instead of being admitted to hospital or a care home.

²³ Correspondence with the Scottish Government, October 2015.

²⁴ NHS Tayside, NHS Orkney, NHS Shetland and NHS Western Isles did not have to establish local teams as long as they continued to improve. This is because they consistently meet the 98 per cent four-hour waiting time standard.

improvement advisor as a minimum. All NHS boards are also expected to have an executive lead for unscheduled care. The Scottish Government reports that NHS boards have now filled these posts, which will be in place for the duration of the two-year programme.

51. The Scottish Government has established a national improvement team to support NHS boards. The team of four expert staff, with additional analytical support from ISD Scotland, works with NHS boards that are facing the most difficulties with their A&E performance; the remaining £2 million of the £9.7 million funding in 2015/16 has been allocated to providing additional support for these NHS boards. In October 2015, the improvement team was supporting NHS Ayrshire and Arran, NHS Fife, NHS Greater Glasgow and Clyde, NHS Lanarkshire and NHS Lothian.
52. The Scottish Government will be tracking the impact of the six essential actions by monitoring NHS boards' performance against four, eight and 12 hour waiting times, and using the data provided by local teams. If the Scottish Government identifies areas of poor performance, the national team will investigate the issues and target improvement. These high-level monitoring arrangements will not allow the Scottish Government to differentiate the impact of different actions and of the additional funding. However as a key feature of the improvement programme is sharing good practice that has been shown to have an impact on improving performance locally, this should provide some information on the impact of initiatives. It is not yet clear how the Scottish Government and NHS boards will assess the impact of different initiatives in order to ensure that improvements are sustainable after the two-year programme and the additional funding ends.

A number of the essential actions are intended to improve patient flow in hospital

53. The Scottish Government has said that the initial focus of the two-year improvement programme will be on essential actions one (EA1) and two (EA2). These two actions focus on improving hospital services. EA1 requires NHS boards to shift from board-wide management to a site-based approach. This action aims to improve management across hospital sites at all times, and ensure that this is clinically focused. Each hospital will have a site director, responsible for managing the whole hospital, as opposed to managing services across a number of hospital sites. The model set out by the Scottish Government involves a site director supported by a medical director and a nursing or allied health professions director, and duty managers across all services. NHS boards are expected to fund the site director posts through restructuring, rather than creating new posts.
54. EA1 also focuses on patient safety. The Scottish Government has issued guidance on actions to improve patient safety, such as huddles. This is an opportunity for teams from across the hospital to discuss issues that will affect the hospital that day. The Scottish Government has also developed guidance with the Royal College of Emergency Medicine to help NHS boards identify trigger points and actions at times when demand is high, in order to avoid A&E departments getting too busy (referred to as crowding). This was launched at the end of September 2015.

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55. EA2 requires NHS boards to understand and improve their hospital capacity and patient flow. The Scottish Government expects hospital sites to understand patient flows across the whole hospital, including both emergency and planned hospital visits. It also expects them to develop plans to match the demand for services to the hospitals' ability to provide them.
 56. The Scottish Government has developed Basic Building Blocks, a comprehensive suite of analysis tools and supporting guidance to help NHS boards understand and better plan their patient flows. The tool allows boards to model different scenarios for changing an aspect of their service, and see the impact on their performance. It will be rolled out to NHS boards later this year. The Scottish Government has also developed a workforce planning toolkit and a bed planning toolkit to help NHS boards.
 57. A number of the other essential actions also relate to improving patient flow. For example, EA3 includes a focus on more timely discharge of patients, for example discharging more patients in the morning to free up beds in wards so that patients can be admitted to the most appropriate ward.

The six essential actions have a clear focus on sharing good practice

58. As the six essential actions is an improvement programme, there is an emphasis on sharing good practice between boards and support from the national improvement managers for sites with issues. Since the programme was introduced, the Scottish Government has shared good practice in a number of ways including:
 - A national knowledge sharing event in August 2015 on huddles, where staff shared their experience and challenges.
 - A workshop on improving the discharge process which was attended by 300 people.
 - NHS Lanarkshire piloted guidance on avoiding crowding in A&E. It reported its key tips to NHS boards at a national launch event, and will be publishing a case study of its experience in November 2015.
 - The Scottish Government has produced newsletters with guidance on issues relating to the six essential actions for all NHS boards.
 - NHS Dumfries and Galloway has invited interested boards to visit and see how it approaches seven-day services as part of EA5. NHS Fife will visit NHS Borders to learn about their approach to patient discharges.

The initial focus of the essential actions is on hospitals

59. The Scottish Government and NHS boards recognise that a range of factors across the health and social care system contribute to patients experiencing delays in A&E. They also recognise that reducing delays requires improvements across hospitals, primary and community care and social care. The initial focus of the LUCAPs was on improving hospital services, and the Scottish Government expected them to focus more on the system as a whole, including community and primary care, in later years.

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60. As highlighted in para 46 and [exhibit 7](#), the final LUCAP progress reports mainly focused on actions in hospitals and in conjunction with other services. There was very little focus on actions in primary care, for example as an alternative to A&E.
61. The six essential actions are also largely focused on improving hospital services by improving the flow of patients around the hospital and allowing more timely discharge. EA6 requires NHS boards and their partners to ensure patients are cared for at home or in a homely setting. This includes specific recommendations on:
- supporting people to remain at home at the end of their life
 - avoiding admissions, for example through teams providing additional support in the community
 - redirecting people to more suitable alternatives to A&E.
62. The Scottish Government developed the 'Know who to turn to' (KWTT) campaign to educate the public on alternatives to A&E. Nine boards currently have links to the campaign on their website, five of these are on the front page. NHS boards also promote the campaign using leaflets, posters, social media and local radio campaigns, although the approach varies by board.
63. We have previously commented that the Scottish Government and NHS boards need to ensure that alternative services have enough capacity to deal with these additional patients.²⁵ The Public Audit Committee subsequently asked the Scottish Government what NHS boards are doing to ensure there is capacity in other parts of the health service for patients who are redirected away from A&E.²⁶ The Scottish Government has not yet provided this information, and this is not part of the six essential actions. We have not seen evidence to show that the Scottish Government has taken action to fully understand capacity elsewhere in the system, particularly in primary care, and to consider the implications on other services. The Scottish Government is due to publish the findings of a review of out-of-hours primary care at the end of November 2015.

The Scottish Government published its 2015 winter guidance earlier than in previous years

64. In August 2015, the Scottish Government published guidance to NHS boards on providing health and social care in the winter months.²⁷ At the same time, NHS Scotland's Chief Operating Officer wrote to all NHS boards with detailed guidance about preparing their unscheduled care services for winter 2015/16. The more detailed guidance identified critical actions, outcomes and local indicators to help NHS boards with their planning and monitoring. It included an eighteen-page self-assessment checklist to help boards understand where

²⁵ [Accident and Emergency, Performance Update](#), Audit Scotland, May 2014.

²⁶ *Report on Accident and Emergency - Performance Update*, Scottish Parliament, December 2014.

²⁷ [National unscheduled care programme: Preparing for winter 2015/16](#), Scottish Government DL 2015 20, August 2015.

actions are required. NHS boards need to submit their winter plans to the Scottish Government by the end of October 2015; they do not need to include the completed checklist.

65. The winter guidance was developed based on the poor performance of winter 2014/15 and the pressures experienced by the NHS. It highlights the critical areas that should be covered by NHS boards in their 2015/16 plans. The guidance and checklist are comprehensive, and includes some areas of best practice that we highlighted in our recommendations such as:
- NHS boards should produce out-of-hours plans, and these should include reference to direct referrals between services, such as MIUs and A&E
 - a number of actions relating to improving the way patients flow through the system and improving the hospital discharge process.

ISD Scotland is improving unscheduled care data although referral data is still inconsistent

66. At PAC in May 2014, we highlighted inconsistencies in the data used by the Scottish Government, NHS boards and ISD Scotland to monitor where patients are referred from before they arrive at A&E. People who arrived by ambulance were sometimes categorised as self-referral and sometimes as 999 depending on the NHS board. In its report, the PAC considered it important to understand the impact the different sources of referrals had on A&E attendances and requested an update from ISD Scotland on how they were improving these datasets.
67. Since our report, ISD Scotland has taken action to improve the reliability of the data on source of referral which is collected as part of the national A&E data. It has also made broader improvements to data on unscheduled care. Improvements include:
- issuing a reminder letter to NHS boards in November 2015 about how to record source of referral
 - a review of the national A&E data set by the dataset review board; a revised data set will be issued for consultation by April 2016²⁸
 - placing an emphasis on the importance of good quality recording in meetings with NHS boards
 - cross-referencing data on source of referral in the A&E data set against other data sources such as the new Unscheduled Care Datamart. This new datamart links data on patients' pathways from NHS 24, Scottish Ambulance Service, A&E and Emergency Admissions. This has been available to NHS boards since April 2015. It provides a greater understanding of and intelligence about patients' journeys through unscheduled care services, including how they arrive at A&E and where they go afterwards.
 - a plan to include an analysis of referral source combined with mode of arrival data in a future publication to remove cases where patients are recorded as self-referral but brought to A&E by ambulance. It is likely this analysis will be included in the second of

²⁸ This group is organised by ISD Scotland, with representatives from Scottish Government, NHS boards and the Scottish Branch of the College of Emergency Medicine.

ISD Scotland's series of in-depth reports on Emergency Care, due for publication in early 2016.


68. Analysis of source of referral data on its own has not yet improved to a point where it is reliable for all NHS boards. It is still difficult to assess how many patients are self-referrals although combining the referral source and mode of arrival data is expected to provide more reliable data from early 2016. In addition, there is no national data on why patients choose to come to A&E. Therefore, it is not possible to estimate the impact of redirection campaigns such as 'Know who to turn to'.

Accident and Emergency

Briefing paper to the Public Audit Committee

This report is available in PDF and RTF formats, along with a podcast summary at:

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