Issues for non-executive NHS board members

Emergency departments

AUDIT SCOTLAND

Prepared for the Auditor General for Scotland
August 2010

Auditor General for Scotland

The Auditor General for Scotland is the Parliament's watchdog for ensuring propriety and value for money in the spending of public funds.

He is responsible for investigating whether public spending bodies achieve the best possible value for money and adhere to the highest standards of financial management.

He is independent and not subject to the control of any member of the Scottish Government or the Parliament.

The Auditor General is responsible for securing the audit of the Scottish Government and most other public sector bodies except local authorities and fire and police boards.

The following bodies fall within the remit of the Auditor General:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Enterprise.

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

Introduction

1. Audit Scotland published its national report, Emergency Departments on 12 August 2010. This paper accompanies that report and sets out some issues that non-executive members may wish to consider in relation to how emergency departments are managed within their own boards. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local service delivery.

2. Copies of the national report can be downloaded from our website www.audit-scotland.gov.uk

Page references to main report	Issue	Questions for non-executive board members to consider
Part 1: Emergency departments		
Page 7 Page 11	There are differences in the terminology used by the various emergency services in Scotland. This has consequences for professionals who need to direct patients to appropriate services and contributes to a lack of understanding among patients and staff about what type of emergency care service is most appropriate. With resources under increasing pressure, the Scottish Government and NHS boards must work together to establish the appropriate level of emergency care services and identify where these services should be located in Scotland, based on patient needs, given the current location of hospitals. The current national data are not comprehensive enough to support this analysis therefore a review of the approach to planning emergency care is needed.	▪ Has the board worked with the Scottish Government to develop robust benchmarking data to ensure available resources are being used effectively and ensure consistency in terminology and standards across services?
Page 10	Some emergency departments accept planned attendances, where staff have asked a patient to come back to the department to check on their condition. Differences in whether emergency departments accept planned attendances impact on their workload.	▪ Has the board reviewed the effectiveness of holding planned clinics within emergency departments?
Page 12	There are inconsistencies in the way emergency departments record self-referrals. Given the focus on reducing attendances at emergency departments and that self-referrals account for the vast majority of attendances, it is a concern that they are not consistently recorded.	▪ Is the board accurately applying ISD Scotland emergency department data definitions, including the definition for self-referral, and ensured that staff are trained and apply the definitions appropriately?
Page 10 and Page 16	There is wide variation in attendance rates at emergency departments across Scotland. Nearly a quarter of patients attending emergency departments are admitted to a hospital ward or transferred to another hospital for further care. However, the rate of admission is higher in some hospitals in Scotland, and in eight departments over 30 per cent of patients who attended were then admitted to hospital or transferred to another hospital for further care.	▪ Has the board worked with ISD Scotland to explore variation in attendance rates and rates of admission?
Pages 16 and 17	There is significant variation in the percentage of GP referrals to emergency departments who are then admitted to hospital, ranging from 21 per cent at Perth Royal Infirmary in NHS Tayside to almost three quarters at Dumfries and Galloway Royal Infirmary. Admitting patients directly to a ward may provide better care for patients and free up capacity in emergency departments in some areas, but NHS boards must carefully assess the potential impact of any changes in admission policies on their inpatient wards.	▪ Has the board examined the scope for GPs to refer emergency patients direct to the relevant admission unit in the hospital without first attending the emergency department?

Page references to main report	Issue	Questions for non-executive board members to consider
Page 18	There is some confusion over the different status of short-stay wards, observation units, clinical decision units and assessment units and there is a risk that the four-hour waiting time standard is not applied appropriately.	▪ Has the board worked with the Scottish Government to review the benefits of the use of short stay wards/observation units and worked together to develop guidance on best working practice to inform how services should be configured?
Page 21	Information on the types of procedures and investigations carried out in emergency departments is not recorded consistently, therefore it is not possible to calculate how much of the difference in cost reflects the complexity of work (case-mix).	▪ Has the board worked with ISD Scotland to develop measures of case-mix to help with benchmarking services?
Part 2: Waiting times and quality of care		
Page 26	People waiting for treatment in emergency departments often reflects problems with the way that the wider health services work together to meet the needs of these patients.	▪ Has the board worked with the rest of the hospital and other services to further reduce delays at emergency departments, for example reviewing bed management arrangements and reducing length of stay?
Page 28	Just under half of departments treat children in a separate area from adults. Seventy-three per cent of emergency departments have a child-friendly treatment area, for example, with appropriate décor and toys. It is particularly important that emergency departments are child friendly as they may be the first point of contact for children who have suffered an injury or been abused.	▪ Has the board ensured that appropriate facilities for children are in place within emergency departments?
Page 28	Emergency departments are a key point of contact for many people with mental health problems and NHS boards must do more to meet the needs of patients with mental health problems. In 2008/09, around 15,000 patients who attended emergency departments had a primary diagnosis relating to psychiatry. Our *Overview of mental health services* report noted that ambulance service and emergency department staff are being trained in suicide prevention but that a focus group of people with mental health problems felt that non-specialist staff did not always understand how best to deal with their problems.	▪ Has the board improved services for people attending emergency departments with a mental health problem?
Page 28	Facilities for people with a disability are variable. While all departments reported they are accessible by wheelchair users, only seven of the 30 emergency departments audit facilities for disabled people and none of them involve people with a disability in the audit. Only 63 per cent have signs that are suitable for patients or visitors with a visual impairment and 73 per cent have hearing loops in place but only around 60 per cent of department with hearing loops regularly test them. Half of departments have information for patients in an easy-to-read format suitable for people with learning disabilities.	▪ Has the board ensured that services at emergency departments meet the needs of patients with a disability?

Page references to main report	Issue	Questions for non-executive board members to consider
Part 3: Working together		
Page 32	In our survey, staff working in emergency departments expressed concern about inappropriate referrals from other services but not all departments monitor and feedback on inappropriate referrals.	▪ Has the board carried out work to understand local variation in referrals to emergency departments and reviewed and fed back any concerns about referrals to partner services to help manage demand?
Page 33	There is limited evidence that the NHS has explored real alternatives to emergency department attendances and assessed whether other services could accommodate additional activity and the cost of this work. Almost three-quarters of staff we surveyed feel that a policy of redirecting patients who do not require treatment at an emergency department would be an effective way of reducing attendances. However just under half of departments report that they have not investigated whether any patients could have been seen in a more suitable setting.	▪ Has the board worked with other boards to ensure that there is consistency in the approach to out of hospital initiatives? ▪ Has the board ensured that initiatives for reducing attendances at emergency departments are underpinned by evidence of their effectiveness and the impact on patient care, costs and the wider health and social care system?
Page 36	There are 59 nurse or GP-led minor injury sites across 11 NHS boards. The work of these units and the staffing involved varies across Scotland. Over half of respondents to our staff survey said that the ambulance service and NHS 24 should refer more patients to minor injuries units. There may be potential for more patients to be referred and we did not look in detail at the efficiency of these units. However there is significant variation in the services available at these sites, which makes it challenging for the ambulance service to know where best to take patients depending on their condition and for NHS 24 to know where to refer patients.	▪ Has the board worked with the Scottish Government to ensure that clear guidelines are available to partner services and the public on the services provided at minor injury units? ▪ Has the board identified the scope for referring patients to minor injuries units, using clinically appropriate guidelines
Page 36	Over 1,000 patients across Scotland attended emergency departments more than ten times in 2008/09, but just over half of emergency departments monitor these patients to help improve the care they receive.	▪ Has the board ensured that there are systems in place for tracking patients who frequently attend emergency departments and explored the opportunities to improve the experience for these patients?

Issues for non-executive
NHS board members

Emergency departments

If you require this publication in an alternative format and/or language, please contact us to discuss your needs.

You can also download this document at:
www.audit-scotland.gov.uk

AUDIT SCOTLAND

Audit Scotland, 110 George Street, Edinburgh EH2 4LH
T: 0845 146 1010 E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

Printed on Revive 100 Uncoated, a Forest Stewardship Council (FSC) certified recycled grade containing 100% post consumer waste and manufactured at a mill certified with ISO 14001 environmental management standard. The pulp used in this product is bleached using an Elemental Chlorine Free process (ECF).