 ISD A&E Data Quality Meeting with NHS Boards  
**Date:** Tuesday 5th March 2019  
**Time:** 13.00pm  
**Venue:** Gyle via VC  
**ISD Attendees:** Elaine Pauline, Elizabeth Cole, Katherine McGregor, Ewout Jaspers  
**NHS Board Attendees:**  
NHS Borders: Meriel Carter, Fiona Kali, Alison Roebuck  
NHS Forth Valley: Donald Cummings (attended at Gyle)  
NHS Highland: Gwen Devine, Teresa Rayson, Beth King, Edith Jude-Eze, Doris MacLeod  
NHS Lothian: Eddie Irvine, Robyn Pascoe  
NHS Tayside: Nadine Halliday  
NHS Western Isles: Kathy Jennings, Nicola Walsh, Susan Macaulay, Raechelle Martin

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<td><strong>1. Welcome and Introductions</strong></td>
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**2. Items for discussion (all)**

*Move to weekly A&E submissions*

Plans are underway to move from monthly to weekly data collection method. This has been asked for by the SG as they want to see more timeous data than what is currently being submitted to ISD. This has also provided ISD with the opportunity to collect some new data items around journey points that are of particular interest to the SG - date and time of; triage, first diagnostics, decision to discharge, admit or transfer, treatment start and wait to; cubicle, bed request, bed available and also ECDS Diagnosis category. It is envisaged that all Boards will be moving towards submitting weekly A&E data by late summer this year. The new data items will be added at the end of the record and the old file format (monthly) will still be available for those boards that cannot make the changes to weekly submissions quickly. The A&E data recording manual will be updated with these new data items and their definitions.

The file specification was sent out the day before the meeting; ISD would like feedback on what challenges boards face making the transition, timescales and issues with Trak or other systems affecting this.

NHS Highland – use EDIS, they advised there are a couple of items that they potentially can’t populate but generally don’t see the change as a huge issue. They have not had time to look at the specification in depth.

NHS Western Isles – use TOPAS. They do record time of triage and first assessment (asked if this different to first clinical assessment?). *EP-This should be clinical assessment*. Time to first diagnostics – they have two investigation fields which could be used but they are not heavily populated. Treatment start time is collected but they don’t collect time of decision to discharge, admit or transfer. Bed request and bed available are not collected. ECDS is not in the system at all, it would require going back to Cambirc to put in the codes. It would help if there was a letter from SG to smooth the way to making these changes. ISD to feed this back to the SG.

NHS Lothian – use Trak. They can collect the majority of the time points except treatment start and time of decision to discharge, admit or transfer. They currently use time to first HCP as a proxy for first assessment, otherwise would need to make changes to Trak.

NHS Tayside – use Trak. Nadine has not seen the documents sent out, Kathy will forward on. Nadine also asked regarding the frequency of the new submissions - the data will be submitted each Tuesday to ISD and will contain all data for the previous week, Monday to Sunday.

NHS Borders- use Trak. They haven’t been able to discuss this yet. Date and time of diagnostics, decision to admit – would need to make decisions on what time that actually was. ECDS Diagnosis category - system is not set up for that at the moment. Elaine explained the
move to ECDS is due to current diagnosis codes being too high level. Meriel asked if this is part of the Take 10 work, Kathy confirmed it was (Alison is involved in this).
NHS Forth Valley – moving to Trak at the end of the month, Donald thought this wouldn’t affect the data they are providing. NHS Forth Valley asked to confirm what issues the new data items may generate. 04/04/19 – Donald emailed to advise there are fields in Trak for recording the Time of Triage (TRTIME), the Time to First Assessment (TIME_TO_1ST_ASSMNT) and the Time to Bed Request (BEDREQ). The other data items listed in the ‘Items A&E’ file do not appear to be held in the database (although proxy times may be available).

**Compliance with 4 hour target**
Questions or concerns over the interpretation of the national A&E guidance

Guidance around when the clock starts and stops has been updated and this is currently with the SG for sign off. ISD are also planning to update the A&E Data Recording manual as it has not been revised for many years. Elaine asked if any of the boards had any questions or concerns regarding complying with the 4 hour target or interpretation of the national A&E guidance.

NHS Western Isles – no issues, times are recorded correctly and any data quality problems are picked up on a weekly basis. There was previously a bit of ambiguity around breach reason; this was readjusted for staff which has made a difference. Also had clarification on wait for transport which has also cleared up issues, with better recording. They get some breaches due to waiting for air ambulances due to their location.
NHS Highland – no issues. If they have 12 hour breaches then forms are completed to explain why
NHS Tayside – no issues, following the same process as other boards.
NHS Lothian – Eddie mentioned he had not seen any new guidance, Elaine advised it is still with the SG. Due to the issues around recording last year at NHS Lothian, no data is made visible until it has been checked by the data quality team. They would welcome more clarity around the guidance as they had to come up with this locally. It was thought that there may be differences between Lothian and other Health Boards with how clock stops are recorded.
NHS Forth Valley – no issues, should be recording the same way as other boards and should be no change with move to Trak.
NHS Borders – no issues with guidance, they have been recently investigating some differences in weekly and monthly figures due to recording the AAU on significant facility since August 2018. This is being looked at with the ISD analysts.

**Internal Audits relating to A&E**

Elaine checked whether each board is undertaking any internal audits relating to A&E data;

NHS Highland – weekly data quality checks, not aware of other audits.
NHS Lothian – the data quality team does extensive checks, they don’t have audits.
NHS Western Isles – weekly data quality checks and deeper analysis of breaches.
NHS Tayside – weekly data quality checks, no internal audits.
NHS Forth Valley – Donald not aware of any audits, he can go back and check. They do data quality checks on the data before submission. 04/04/19 Donald confirmed the only audits being carried out are the monthly data quality checks prior to each submission.
NHS Borders – Analysis on a weekly basis for the weekly AE sign off, they also do breach analysis on an ongoing basis.

**Submission of episode level data**

NHS Borders- MIU’s are currently still recorded on paper, Elaine asked if there was any update on plans to roll out Trak to them. Some services are now using EMIS which could be a potential development but there is no appetite for rolling out Trak just now. ISD will follow up with NHS Borders regarding whether EMIS could be potentially used by the MIU’s.
NHS Highland – No plans for MIU’s to go onto Trak just now but was some discussion of moving to Adastra. There is quite a mix of different systems at the moment. Evan Beswick was looking into it previously, ISD will contact him to see if any further update on use of Adastra.
NHS Tayside – Brodie had said last year that rolling Trak out to MIU’s was planned but left on hold as more problematic than first thought. Nadine hasn’t heard any update, so ISD will email Brodie and cc Nadine in.
NHS Western Isles – No plans at present in St Brendan’s to move to episode level data. It is
not classed as an A&E unit, more urgent care so it has been questioned if appropriate. All mostly GP referrals and OOH – Elaine wondered whether it should in fact be removed from the A&E figures. NHS WI informed that there are ongoing internal discussions regarding this and ISD will be updated as soon as there is a conclusion.
NHS Forth Valley – n/a
NHS Lothian – Eddie raised a recent query regarding recording of the new MIU facility at the Edinburgh Royal Infirmary. This was previously dealt with at the Western General by prefixing the CRN with a W. The analysts had considered a new location code for the analysis – Elaine to check with Dougie Ferguson at ISD for advice.
06/03/19 - Dougie advised against a new location code. so Elaine contacted Eddie to ask for a prefix such as 'R' to be added to the CRN number so that ISD can identify the attendees at the MIU.

ECDS adoption and submission of RCEM diagnosis list
NHS Fife, NHS Lothian and NHS Tayside are now successfully using the ECDS/RCEM diagnosis codes; this is a list of just over 650 diagnoses codes specific to A&E. The ECDS has now been fully adopted by HB’s in England and Wales – though whether Scotland will adopt the ECDS is still for discussion. ISD would like for all Boards to move to recording diagnosis using the RCEM list as at present diagnosis is not well recorded within A&E as Boards are using either a high level code that does not give an insight into exactly what the patients condition is or there is a mixture of ICD10 and diagnosis text used which makes it difficult to perform any comparisons across Scotland. The RCEM diagnosis list is ICD10 and SNOMED compatible.
Elaine asked Donald if he could check regarding the diagnostic categories for NHS Forth Valley.

Data quality focus items
ISD have produced recording analysis reports showing selected data items and comparing number and percentage of attendances for the NHS Boards attending the meeting.

Alcohol Involved
Majority of boards are recording alcohol as not involved, there has been some previous debate on how to record it. ISD would like some feedback so they can look at improving recording.
NHS Lothian – This field is on Trak but they are not yet recording it due to limited time available. Eddie said their new report should be ready for use in the future and alcohol involved will be populated – except for WGH.
NHS Highland – majority recorded as alcohol not involved. Gwen Devine from Lorn & Islands was not sure how the data is being recorded (if at all) as she does not have access to the information. Teresa and Beth agreed to look into whether the data is being recorded and if so, how it is being captured.
NHS Borders – 81 patients not recorded. They don’t understand why those were not recorded at all and could do some analysis on the data. ISD can check with them in 2-3 weeks to see how they are getting on with that.
NHS Western Isles – Data is validated on a weekly basis. If the alcohol field is not ticked it will default to not known. If mentioned in the free text or treatment notes they will ask for the field to be amended. Numbers are quite low but they do get something recorded every month. NHS Lothian does not have the time to check, it’s just a tick box and they have thousands of attendances a day.
NHS Tayside – majority recorded as alcohol not involved. They have options in Trak so they can look to check, if they can amend the record if alcohol is known
NHS Forth Valley – there is a flag for alcohol involved; Donald assumes Trak will be the same.
04/04/19 Donald confirmed the Trak database also includes a field for alcohol involved (ALCOHOLrelated).

Patient Flow
ISD are interested in how patient flow is calculated within the boards.
NHS Lothian – have a mix of different fields and locations. The old report uses where bed was booked, it has changed in the new report. The majority of patients admitted patients will go through a receiving unit.
NHS Western Isles – Have a flow field in the data system and use all five options and would welcome clarification on it. Some patients can go into AAU to medical/surgical wards and are in the area for just under 24 hours, but are definitely medical patients so there is a possibility that this may be masking actual flow figures. They don’t have a lot of flow 5 patients; they will mainly be OOH, GP/Dentist. Elaine suggested she could look to perhaps incorporate flow definitions that were initially updated a few years ago, but were not implemented due to the then planned dataset review into the revised A&E recording manual.

NHS Highland – EDIS does have a flow field in it, there are certain criteria based on referred out of A&E department for Flows 2, 3 & 4.

NHS Tayside – use patient management type and discharge destination for whether patients are discharged to medical or surgical ward. They use these locations to map the flows.

NHS Borders- use discharge destination then input more information such as diagnostics, minors etc. They don’t use flow 5.

NHS Forth Valley – also don’t use flow 5, again assumes no change with move to Trak, but Forth Valley to confirm if Flow calculation will change with their move to Trak. 04/04/19 Donald confirmed the flow calculation will not change. However, some of the fields used in this calculation are not currently mandatory in Trak.

NHS FV will be looking to get these fields made mandatory, and in the interim will be using data quality reports to ensure the completion of the related fields.

Referral Source
ISD are still seeing a lot of self referrals rather than 999 services so looking to see what we can do to improve that.

NHS Borders- 999 ambulance – Elaine thought the data looks like they may still be recorded as self referrals and asked if ISD needs to make the guidance a bit clearer. Fiona advised the front desk admit the patients so they perhaps need to check with the staff. Borders also confirmed there are still high GP referrals. The surgical team now have an assessment ward as well.

NHS Forth Valley — fewer GP referrals, these go through the assessment unit.

NHS Lothian – high recording of unknown. Lothian to determine if they can find out why this is the case.

NHS Tayside – GP referral lower at Ninewells than PRI but this seems reasonable.

NHS Western Isles – No issues.

FCA Time band recording
NHS Borders- 97% complete but 81 patients are not recorded, Elaine asked if Fiona could check the reason why?

NHS Forth Valley –94% complete but 410 not recorded, Donald to check reasons why.

04/04/19 Donald confirmed the majority of these ‘not recorded’ cases are where the patient has an outcome of ‘Did Not Wait’ which would mean that the patient left ED without being seen by a Doctor.

NHS Highland – no issues.

NHS Lothian – 88% complete which seems a little low. 423 are not recorded for Sick Kids. Thought may be due to busyness of the department and time of day.

NHS Tayside – not recorded. Nadine confirmed they do have this on Trak – there is some data quality work going on with Brodie and it is likely to be submitted in future. ISD to follow up with Nadine as to when this may be implemented.

NHS Western Isles – no issues.

Arrival Mode
NHS Borders- no issues. Fewer walking, more reliance on ambulances—likely due to geography/rural area. A small amount of arrivals are unknown and this was queried with Fiona.

NHS Forth Valley – less walking but due to geographical location.

NHS Highland – majority arrive by private transport/less use of public transport. Highland acknowledged that the figures pointed towards the use of Private / Public Transport, ISD thought this was probably due to the geography of the area.

NHS Lothian – majority by private transport. Confirmed looks accurate, based on front door recording by admin staff. Some cases at Sick Kids and NRIE are not recorded - could not confirm reason. Eddie asked to check if he could get back to ISD with a reason.

NHS Tayside – no issues. Have more people walking to MIU’s; this is due to their location.

NHS Western Isles – More private transport and walking than ambulance. Looks correct, this
is one of their data quality items – referral source and arrival mode data needs to match up.

### 3. Data Management update

#### Submission/data issues

ISD checked whether anyone had any recent submission/validation issues. NHS Western Isles have issues accessing the error report, Elaine asked them to email in with their contact details and ISD can look into it.

#### A&E Metadata

ISD thanked everyone for submitting their Metadata templates for 2018. The next round of Templates will go out in September again with a deadline for completion within 2 weeks.

#### Planned changes to sites or systems

Donald advised the go live date for NHS Forth Valley move to Trak is 22nd March. Elaine also asked NHS Borders about past proposed plans to share Trak with NHS Lothian- Fiona advised that this is still being discussed and will update ISD if anything changes.

#### A&E Information Hub

ISD are currently developing a web-page based A&E information hub, to help all types of health board staff looking for information on the A&E data. This will be accessed from the ISD website and is intended to replace the A&E learn pro module and also some of the current ISD web pages for A&E data- it will be more interactive with a front page that allows people to select their area of interest such as data collection, submissions, data quality, analysis and publications and any current A&E developments. The hub will also pull together any other information sources such as links to A&E manuals and any relevant web sites to make them easy to find from one place. ISD hope this will be put in place later this year and once developed, links to the hub will be placed within current ISD web pages and ISD will also circulate it out to the boards for feedback.

### 4. Service Access Analyst Team Update

#### Publications & Use of data

A&E publications are still produced weekly and monthly with no current plans to change format. The analysts may do some more specific topics in six months and would like feedback if there are any areas the boards would like to be looked at. Kathy also mentioned that they were hoping to have more A&E data in System Watch and asked how frequently it was used within the Boards.

### 5. Any other business

Elaine advised that it is intended to put the minutes of this meeting onto the ISD website for transparency and due to ISD’s open data policy. The minutes will be sent out for review first and amendments made where requested. ISD will also ask for feedback on the new meeting format with a doodle poll survey.

Kathy Jennings queried whether the A&E weekly data will change from time of discharge (current SG weekly submission) to time of arrival? ISD will need to go back and clarify.

**Update – Kathy Jennings 13/03/19. My comment was that both historically and currently, ISD base all submissions on date/time of discharge (this is something I raised directly with SG when the weekly reporting was implemented). This will always lead to discrepancies in both monthly and weekly reporting between the two sources. My query was whether ISD would change current guidelines to reflect those of SG (i.e. using date/time of discharge) or whether it will remain as is.**

The new Sick Kids in Edinburgh hospital is tentatively thought to open in September 2019

**KM**