ISD A&E Data Quality Meeting with NHS Boards  
**Date:** Thursday 15th November 2018  
**Time:** 13.30pm  
**Venue:** Gyle via VC  
**ISD Attendees:** Elaine Pauline, Elizabeth Cole, Katherine McGregor, Kirstin McNicol  
**NHS Board Attendees:**  
NHS Ayrshire & Arran: Laura Train, Elaine Stewart, Carol Sloan, Katy Purdie & Laura Kelso  
NHS Fife: Scott Wilson, Daryl Main  
NHS Grampian: Christine Small, Greg Cook, Hilary Hastings  
NHS Greater Glasgow & Clyde (GG&C): Kevin Begbie, Brian Reilly  
NHS Orkney: Gillian Woods  
NHS Shetland: Stuart Hubbard, Aimee Sutherland  

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Welcome and Introductions</strong></td>
</tr>
<tr>
<td><strong>2. Items for discussion (all)</strong></td>
</tr>
<tr>
<td>Compliance with 4 hour target/ Questions or concerns over the interpretation of the national A&amp;E guidance</td>
</tr>
</tbody>
</table>
| Issues raised last year regarding the quality of A&E 4hour waiting times data at NHS Lothian, have led to ISD making changes to their web pages and they will be revising current guidance regarding recording clock stops –this is currently with the SG. 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. Karen asked for greater clarity regarding nursing home care, and transfer back to the nursing home following A&E attendance. There is ambiguity around types of clinical care - what forms clinical care? – is this medical nurse checking the patient, a medical intervention, a cup of tea being given, or a level of support given as the patient is not independent and waiting for transport. Elaine offered to take this query back and will get back to Karen.  
Elaine also informed the group that the guidance around when the clock starts and stops had been updated and that this is currently with the SG for sign off. Once this has been approved it will be made available on the ISD web pages, and all Boards will also be contacted to inform them that the revised guidance is now available. |  
| Internal Audits relating to A&E |  
| Elaine checked whether each board has a schedule for audits;  
NHS Shetland- Stuart looks at 4 hour waits on a daily basis and checks any issues with Aimee.  
NHS Grampian – looks at 4 hour waits on a daily basis, they also check that there is a valid removal reason later in the morning, they have a couple of data quality reports which are checked. Dr Gray's is potentially more up to date with the process at this point in time. They also update clinicians about recording data.  
NHS Ayrshire & Arran – data is checked every day, then weekly for management group.  
NHS Fife – they look at every breach, every day and also have a live dashboard which can be looked anytime.  
NHS Orkney – they check breaches daily and have someone to check monthly data, not aware of any other audits.  
NHS Lanarkshire – have a live dashboard which is constantly scrutinised, half a dozen reports checked on a daily basis and also checks before the monthly submissions. This applies to all |  
|}
sites with daily data quality reports run. NHS GG&C— they also have a live dashboard for ED and AAU, a weekly transformation report which reports on internal stage times (e.g. registration time to 1st clinical assessment). There is also a monthly quality assurance report which validates the summary monthly figures and checks long waits with the operational managers involved in providing the service.

**ECDS adoption and submission of RCEM diagnosis list**
Elaine explained that three boards are now using the ECDS/RCEM diagnosis list, this is a list of just over 600 diagnoses specific to ED that are coded to ICD10 and also have a SNOMED classification — NHS Fife, NHS Lothian and NHS Tayside have implemented successfully. Kathy described the breakdown of the list and that the analysts are getting a lot more information requests regarding diagnosis, so they are hoping to enhance what ISD currently have in the datamart. Kathy offered to email out some more information about it, Scott suggested this would best directed at the service managers and clinicians. NHS Shetland struggle with diagnosis because it is hard for junior doctors to work through the ICD10 manual so the code most used is other/not classified. NHS Shetland has discharge letters but they have to input the data in the first place. NHS Ayrshire & Arran don’t use Trak so it was asked if there was a similar thing they could use for Symphony – Elaine replied that ISD could investigate this, most boards are using Trak so how the coding list would be applied to Symphony is unknown at this time. NHS Ayrshire & Arran suggested they would be able to make this item mandatory in Symphony.

NHS Lanarkshire asked if it was mandatory on Trak for some boards as it is not on theirs. Elaine replied that for those boards where diagnosis is not mandatory on Trak, this would have to come from the SG.

NHS Lanarkshire can alter their local configuration to enable recording of diagnosis, but this would have to be agreed by all three sites before it could be implemented. Stuart commented that they are not always going to know diagnosis whilst in A&E if needing tests – so it’s more about the presenting symptoms than diagnosis in ED. ISD will need to have further discussions with the Boards after they have reviewed the coding list.

NHS GG&C – Kevin advised that a recent snapshot of diagnosis completion rates as ED / MIU’s had shown an overall figure just above 80% with a range across the sites of 65%- 91% completion. There will always been an element of non completion related to patients not receiving the ED discharge documentation (patients not completing treatment and patients referred to the ED for specialist assessment). Kevin suggested uniform adoption of a simplified diagnosis list would be helpful but this would have to be clinically driven.

**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, ISD would like some feedback so they can look at improving recording.
NHS Fife default to no rather than blank. They also had it queried because it is not a mandatory value; and they will be looking to drop this item from their local system.
NHS GG&C – it’s not a mandatory field so very few recorded. The percentage should probably be around 30%.
NHS Ayrshire & Arran – they do ask the question but the staff don’t always know if alcohol is involved.
NHS Lanarkshire- predominantly filled in as no, their pop up field becomes not recorded if filled in as no.

**Patient Flow**
ISD are interested in how patient flow is calculated within the boards.
NHS GG&C – calculated on location in department, diagnosis and outcome of the patient’s treatment. Anyone who goes to medical ward is flow 3/surgical is flow 4, MIU- flow 1. For ED, flow 1 and 2 are split between diagnostic group. ACAD would be flow 1.
NHS Lanarkshire – based on what happens/where they go and triage category.
NHS Fife – based on location and triage.
NHS Ayrshire & Arran – unable to confirm as analyst not attending meeting.

19/11/18 – Laura advised that flow is calculated from discharge destination, admittance to med ward would be flow 3, surgical ward would be flow 4, and assessment unit or transfer to another site would be flow 2, discharges would on the whole be flow 1 but we combine this...
with the triage category so if someone was triaged as red or amber but then actually ended up being discharged they would be a flow 2. Blue, green and yellow triage with a discharge would be flow 1.

NHS Orkney – unsure, probably based on destination but would need to check. Will check with Gillian following meeting.

NHS Grampian – Presentation as major/minor, then where the patient goes.

NHS Shetland – based on discharge destination, also a tick box on triage/the registration screen whether it's major.

Elaine also asked whether the codes for flows in the A&E manual are still fit for purpose. Only NHS Fife are using flow 5 (of the boards at this meeting). Daryl said they were using flow 5 to record Out of Hours services. Scott added they did have artificially high number of flow 5 but this has now been corrected.

Kevin suggested agreed it would be a good idea to review the flow group allocation guidance given the increasing role of medical / surgical assessment units over the past few years.

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. The other Boards also suggested that it was interpretation issues by staff as to what is then recorded – if the patient is accompanied by the care home staff then they might be recorded as referral by associated person. It may be that the A&E data recording manual should be updated to include clearer definitions of when each code should be used. Elaine asked about use of code 01B associated person which appeared to have a high use in Orkney/Shetland and Grampian, with some in Fife. NHS Fife had only a few hundred which was thought to be probably accurate and affected by staff interpretation.

16/11/18 – Shetland codes were investigated by Stuart and ISD after the meeting and found to be an issue with the ISD report used which has now been amended.

Use of GP referral – low for Fife but felt accurately reflected, Daryl thought probably also due to staff interpretation and they tend also to go straight to AAU not through A&E.

FCA Time band recording
Main query was for NHS Fife and Orkney as they don’t submit this item.

NHS Orkney – Gillian did not think there are system issues as they are on the same as Grampian who inputs the data. Gillian agreed to feedback that it should be populated.

NHS Fife – Daryl was not sure why and would need to look into it.

The report has a breakdown of timeframes and Elaine queried time periods where not recorded well for NHS Ayrshire & Arran, NHS Lanarkshire & NHS Fife. Laura M thought these might be times when they don’t record patients if fast tracked straight to a bed and patients at night might leave without being seen.

Arrival Mode
Elaine noted that NHS Ayrshire & Arran, NHS Lanarkshire & NHS GG&C have higher than average recording of private transport and asked if that seemed accurate.

NHS Ayrshire & Arran – seems likely as rural area.

NHS GG&C – not sure, figures look reasonable but would need to audit to find out.

NHS Lanarkshire – Wishaw in town centre so higher walking to this location is probably accurate but other hospitals are further out. Depends also what is said to reception staff.

NHS Fife – Not 100% sure on the figure for walk ins, Just carried out an audit of patients and found out most came in by private transport.

3. Data Management update

Submission/data issues
Elizabeth checked whether anyone had any recent submission/validation issues.

A&E Weekly data - due to the public holidays, the deadlines for A&E weekly sign off over Christmas and New year will move to Thursday 27th Dec & Thursday 3rd Jan at 3pm. The figures will be sent out as early as possible on those days. ISD will get in touch nearer the time to confirm any contacts for cover.

Kathy also advised that there has been a proposed change to A&E submissions frequency at the recent National Information Leads meeting. The submissions may move from monthly to weekly and it is hoped this would help avoid duplication of data/streamline processes. Lorraine
T confirmed there had been concerns regarding duplication of data sent to the SG and ISD, and that it was hoped that one report could be used to provide all information. There was some discussion over the weekly A&E report to the SG that all Boards currently submit, there had been some discussion about this potentially stopping. Kathy to speak to Robert Williams for an update. Kathy also said that IT resource within ISD had been identified for the changes and it is hoped that a few other data items can be added around journey points. This more frequent data and additional items will support other things such as Boards pointillist charts etc. This would also lead to an update of the A&E data recording manual to take into account any additional items or updates to guidance. Kathy informed the group about a phone call with Jonathan Todd (GG&C) and Jennifer Woods (Tayside) re GG&C and Tayside expressing interest in being a pilot site, for the proposed changes. Kathy asked if anyone else would like to be involved to let ISD know. ISD will be in touch to let everyone know the timescales involved when it is known (probably next financial year).

A&E Metadata
ISD thanked to everyone for submitting their Metadata templates for 2018. ISD have been chasing up on a few queries and then the templates will be published on the secure area of the ISD website.

Submission of episode level data
NHS Ayrshire & Arran – Elaine asked if an upgrade to Symphony would go out to the MIU’s. Laura replied that there has been no feedback recently, Arran do have Symphony but don’t use it – so Laura will contact Arran again to discuss. It is thought that an electronic PAS system will not be rolled out to Girvan/Lady Margaret hospital in the immediate future as the numbers are too small. 19/11/18 – Laura updated that Arran are exploring roll out of EMIS, but this would not be till 2019 at some point.
NHS Lanarkshire – Lorraine confirmed that training was currently underway within the MIU’s in order to move them onto Trak.
NHS Grampian – Elaine asked if any update on the potential for getting data from Adastra or rollout of Trak to go the big sites, Christine said they were not any further forward with this at this time. The MIU’s would also need to make a case in order to have an electronic PMS.

Planned changes to sites or systems
NHS Ayrshire & Arran – Elaine asked if taking on Trak was on the horizon. Laura T said that there had been no more discussions around that but she could chase up to find out.
NHS Orkney- Gillian confirmed the completion of the new hospital will be next year and she has just finished the paperwork request for a new location code.

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 is to replace the A&E learn pro module - 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 next year and once developed, links to the hub could be placed within current ISD web pages and will also circulate it out to the boards for feedback.

4. Service Access Analyst Team Update

Publications & Use of data
A&E publications are produced weekly and monthly – ISD thanked the boards for their contribution. The analysts are also considering going back to doing some more topics for quarterly publication and would like feedback if there are any areas the boards would like to be looked at. Kevin thought it would be interesting to see some work on the Unscheduled care dataset, with whole front door service rather than just A&E. Kathy replied that ISD have published work on USC a couple of years ago but probably timely to revisit that.
Systemwatch has now moved to tableau – NHS GG&C much prefer the new tableau update. They will be moving to use it for predictive analysis from their own previous predictive bed
model. NHS Fife use it daily for predictive data. Laura from NHS Ayrshire & Arran asked if they could have only access to the new system as having old system still there is confusing - Kathy confirmed that her team would draft an email to be sent out that clearly identifies what system should be used by Board analysts.
Kathy also advised that data use has increased significantly as there are now a lot of LIST analysts, so a big increase in demand of the A&E data.

5. Any other business

As NHS GG&C had earlier sound issues, Kevin raised a couple of issues which he would have mentioned in relation to section 2; it might be useful to revisit / reconfirm the guidance on flow group allocation and discharge timings for deceased patients and for the discharge timings of patients who have completed treatment but are waiting in the department for relatives/ transport.

NHS Lanarkshire followed up with a query regarding discharging a patient when waiting for a relative, whether the time should be back tracked.
There was also a request made regarding the UCD and that data that could be pulled out to enhance publications – to include NHS24/SAS/OOH’s by month and time of day also.
Systemwatch was also briefly discussed with regards to the bed modelling tool, and that ISD are looking to get weekly data into systemwatch in order to have more timely information.
Elaine asked if there were other queries that the boards should email these in.

Elaine also advised that it is intended to put the minutes to this meeting on the ISD website as UKSA have asked for more transparency. The minutes will be sent out for preview first and amendments made where requested. There were no objections raised. ISD will also ask for feedback on the meeting.