NHS Lothian

Internal Audit 2024/25

Redesign of Urgent Care

May 2025

FINAL REPORT

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Contents

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- Oliver Campbell, Programme Director

For Information:

- Caroline Hiscox, Chief Executive
- Craig Marriott, Director of Finance
- Andrew Mackay, Site Director
- Audit and Risk Committee

Executive summary

Background

The Redesign of Urgent Care (RUC) programme, launched by NHS Scotland in December 2020, aims to improve urgent care by directing patients to appropriate services. The objective is to reduce unnecessary A&E visits by encouraging individuals with non-life-threatening conditions to contact NHS 24 via the 111 service. Patients are then advised or redirected to suitable providers, such as GPs or Flow Navigation Centres, ensuring timely care and reducing pressure on A&E.

To maintain scope, our review assessed the implementation of the RUC programme at St John's Hospital. The review evaluated whether governance structures were appropriate, implemented and supported by defined roles and responsibilities. We also examined governance arrangements for collaboration with health and social care partners, focusing on joint working arrangements such as formal meetings and information-sharing forums.

We reviewed the mechanisms for identifying, assessing and mitigating risks that could have undermined the RUC's objectives. We also assessed whether evidence was collected to evaluate the RUC's impact, focusing on data and reporting mechanisms that demonstrated reductions in A&E attendances through redirection to more suitable care settings.

Executive summary

Objectives

The objective of this review was to provide an independent assessment of the design and operational effectiveness of NHS Lothian's Redesign of Urgent Care arrangements.

Our review focused on the following potential risk areas:

- Lack of a project governance framework may lead to unclear oversight, poor decision-making, and ineffective implementation of redesign initiatives.
- Informal joint working structures risk misalignment with health and social care partners, risking non-achievement of redesign objectives.
- Lack of risk management processes jeopardises the redesign's sustainability and long-term success.
- Insufficient data collection and reporting may hinder the ability to demonstrate reductions in A&E attendances and evaluation of redesign outcomes.

The findings and conclusions from this review will feed into our annual opinion to the Audit and Risk Committee on the adequacy of the overall internal control environment.

Limitations in scope

Our findings and conclusions are limited to the risks identified above. The scope of this audit does not allow us to provide an independent assessment of all risks and controls linked to the Redesign of Urgent Care Programme.

Where sample testing was undertaken, our findings and conclusions are limited to the sample tested only. Please note that there is a risk that our findings and conclusions based on the sample may differ from the findings and conclusions we would reach if we tested the entire population from which the sample is taken.

This report does not constitute an assurance engagement as set out under ISAE 3000.

Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.

Headline messages

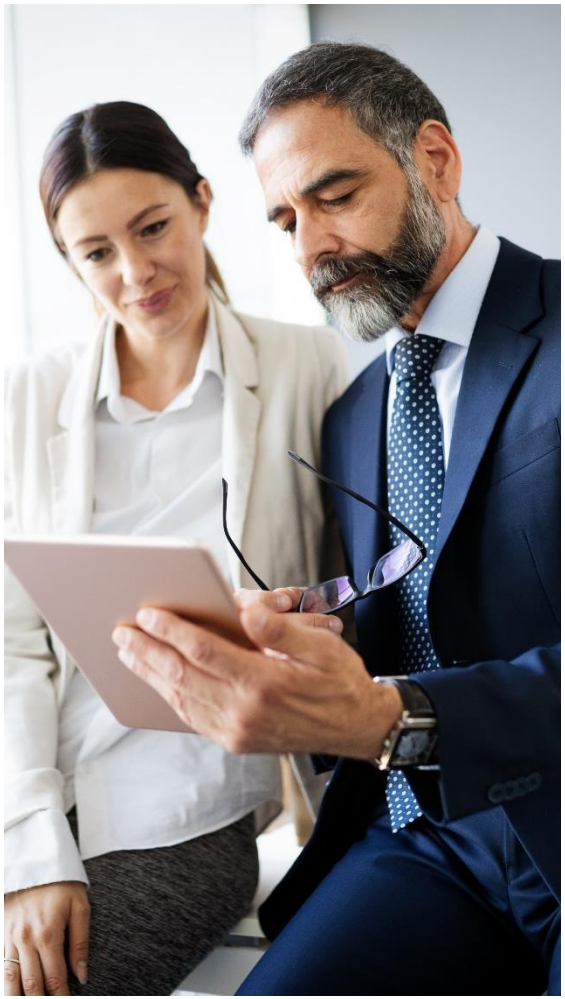
Significant Assurance

We have reviewed the processes and controls relating to the Redesign of Urgent Care (RUC) programme and concluded that they provided **Significant Assurance**. This was confirmed through testing in specific areas of the organisation and through discussions with management.

The RUC programme forms part of Scotland's national strategy to deliver urgent care closer to home, reduce pressure on A&E departments and improve patient outcomes by expanding alternatives to emergency department attendance. Within NHS Lothian, performance against RUC objectives is tracked through key indicators such as redirection rates, self-care advice volumes and four-hour A&E compliance via weekly and monthly data packs and committee reports. Impacts are quantified and discussed in Programme Board and Tactical Committee meetings, ensuring active monitoring and timely adjustment of services.

Governance arrangements for the RUC programme were assessed to be adequate. Defined terms of reference have been established with membership details, meeting schedules and decision-making powers documented for the Unscheduled Care Programme Board, the Acute Unscheduled Care Operational Programme Board and the Unscheduled Care Tactical Committee. This clarity ensures each Committee has a clear remit and that roles are understood. Committees review performance metrics on a weekly or monthly basis using standardised data packs. By comparing performance against targets, issues are identified and addressed with agreed actions that have named leads. Health and social care partners sit on all forums, ensuring strategic plans and initiatives are aligned across services. Risks are discussed and managed at system level, though a dedicated risk register for the RUC programme would further strengthen assurance.

Two low-risk recommendations have been identified. First, while arrangements for data collection and reporting are established, there are gaps in outcome recording within the FNC data, where some activities are marked as "other" or "not recorded." This limits the ability to fully evidence the effectiveness of alternative pathways. Secondly, we identified that there is currently no dedicated risk register specific to the Redesign of Urgent Care programme, which may limit the early identification and management of programme specific risks.



Headline messages

Conclusion

We have raised two recommendations. The grading of this recommendation, based on risk, is summarised in the table below.

Objectives	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
Lack of a project governance framework may lead to unclear oversight, poor decision-making, and ineffective implementation of redesign initiatives.	Significant Assurance	-	-	-	-
Informal joint working structures risk misalignment with health and social care partners, risking non-achievement of redesign objectives.	Significant Assurance	-	-	-	-
Lack of risk management processes jeopardises the redesign's sustainability and long-term success.	Significant Assurance	-	-	1	-
Insufficient data collection and reporting may hinder the ability to demonstrate reductions in A&E attendances and evaluation of redesign outcomes.	Significant Assurance	-	-	1	-

Summary of findings

Examples of where recommended practices are being applied

- NHS Lothian has an appropriate governance framework for the Redesign of Urgent Care, with defined roles and responsibilities set out in approved Terms of Reference.
- The Unscheduled Care Programme Board and supporting Committees meet regularly, with pre-circulated agendas, approved minutes, and action logs that assign responsibilities and deadlines.
- Performance against key urgent care objectives is measured using set indicators, with weekly and monthly reports enabling ongoing review and adjustments to service delivery.
- Health and social care partners, including Integration Joint Board members, are formally represented on key decision-making bodies, supporting alignment across services.
- Key programme aims and national objectives are clearly documented and used to guide decision-making, performance measurement, and service improvement activity.
- Programme-level impacts, such as reductions in A&E attendances and increases in alternative care pathways, are quantified and reported in management papers.
- Action logs and meeting minutes are used to monitor follow-up on data-driven actions and escalate under-performance where required.
- Regular risk discussions are held at Programme Board and Tactical Committee meetings, with corporate risk papers addressing issues such as bed occupancy, staffing, and financial pressures.

Summary of findings

Areas requiring improvement

- While the Flow Navigation Centre (FNC) and related urgent care pathways are supported by established data collection and reporting processes, there are ongoing gaps in how alternative pathway outcomes are recorded. Some activities are categorised as “other” or “not recorded,” which limits the ability to fully track patient journeys and evaluate the impact of FNC interventions. Ensuring all staff consistently select the most appropriate and specific outcome for each patient, rather than using broad categories would improve data completeness and usefulness, support more accurate evaluation of service effectiveness and aid decision-making.
- Although NHS Lothian’s governance bodies regularly discuss system-wide risks such as bed capacity, staffing, and financial constraints, there is currently no dedicated risk register that focuses on risks unique to the Redesign of Urgent Care (RUC) programme. Risks specific to the RUC programme such as changes in referral behaviour, digital system failures, and data quality issues may therefore be underreported or identified later than is optimal. This limits the ability to ensure early and consistent mitigation of issues that could affect programme sustainability and outcomes. Developing and maintaining a separate risk register for the RUC programme would support clearer oversight, prompt escalation, and a more structured approach to managing and monitoring these specific risks as the programme evolves.

Detailed findings & action plan

3.1	Significant Assurance	Lack of risk management processes jeopardises the redesign's sustainability and long-term success.

Finding and implication	Audit recommendation	Management response, including actions
<u>Lack of Dedicated Risk Register for RUC</u> NHS Lothian has established governance structures that identify and monitor key risks across the urgent care system. The Unscheduled Care Programme Board and Tactical Committee regularly review high-level risks, including hospital bed occupancy, staffing shortages, service capacity, and compliance with national standards. These risks are discussed in meetings, with actions assigned and progress tracked through corporate risk papers and committee minutes. However, our review found that these risk management processes focus on system-wide challenges rather than risks unique to the Redesign of Urgent Care (RUC) programme. While general urgent care risks are captured, there is limited evidence that programme-specific risks, such as general practitioner non-compliance with new referral workflows, digital failures in flow navigation, data quality gaps, or challenges integrating health and social care, are being recorded and monitored in a way that supports early intervention. Without a specific register for the RUC programme, there is a risk that issues unique to the redesign programme may not be fully identified or tracked. This could delay the management of emerging risks or make it harder to provide assurance on the sustainability of the programme.	**Recommendation 1** NHS Lothian should develop and maintain a dedicated risk register for the Redesign of Urgent Care programme to ensure specific risks are identified, monitored, and mitigated effectively throughout the programme's delivery.	**Actions:** It has been agreed to review the structure and function of the entirety of the Unscheduled Care Programme. Upon completion, relevant risk registers will be created (building on those already in existence) and be incorporated into programme and meeting documentation. **Responsible Officer:** Oliver Campbell **Executive Lead:** Fiona Wilson **Due Date:** 01/08/25

Detailed findings & action plan

4.2	Significant Assurance	Insufficient data collection and reporting may hinder the ability to demonstrate reductions in A&E attendances and evaluation of redesign outcomes.

Finding and implication	Audit recommendation	Management response, including actions
<u>Incomplete Recording of Alternative Pathway Outcomes</u> There are limitations in the completeness and specificity of recorded outcomes for patients redirected by the Flow Navigation Centre (FNC) to alternative pathways. Outcome fields labelled as "other" or "not recorded" indicate that certain activities are not being captured in sufficient detail. The reported data includes total calls, the number and proportion of patients redirected, and performance against key indicators. However, gaps in outcome recording reduce the reliability of these metrics and may obscure important trends. Action logs and committee minutes confirm that improving data quality remains a focus. Work is ongoing to review ambiguous categories, improve data entry, and clarify definitions of outcome fields. Planned actions include enhancements to dashboards and standardised reporting formats. While the current framework provides a basis for monitoring, addressing these data quality issues would enable a more accurate assessment of the FNC's performance, support clearer reporting, and provide a robust evaluation of service redirection effectiveness.	**Recommendation 2** Introduce clear, standard outcome options for all alternative pathways (such as minor injuries unit, pharmacy, GP, self-care) in Flow Navigation Centre records, and require staff to record the selected outcome at the point of entry. This will improve data quality and support accurate evaluation of patient redirection and service impact.	**Actions:** The Flow Centre are undergoing significant expansion and redesign as part of the recent investment made into Lothians unscheduled care system. Whilst there is some standardisation of "outcoming" in regards to alternative pathways, this should be improved in line with a concurrent workstream that seeks to expand the "directory" of alternatives available to the Flow Centre. **Responsible Officer:** Gillian Cunningham **Executive Lead:** Michelle Carr **Due Date:** 01/09/25

Appendices

Appendix 1:
Staff involved and documents reviewed

Staff involved

- Andrew MacKay, Site Manager
- Andrew Jackson, Associate Director – Analytical Services
- Gillian Cunningham, Service Director of Outpatient and Associated Service
- Niall Carey, Clinical Service Manager - Flow Navigation Centre

Documents reviewed

- Flow Centre data for St John's Hospital
- Lothian FNC KPI data sets
- NHS Scotland urgent care redesign second staging report
- Urgent care redesign evaluation main report January 2025
- Unscheduled Care Tactical Committee meeting notes
- Tracker of UCTC actions to August 2024
- Tracker of Programme Board actions to June 2024
- Unscheduled care measurement framework
- Terms of reference for the Unscheduled Care Programme Board (March 2024)
- Terms of reference for the USC Tactical Committee (2024)
- Terms of reference for the Acute USC Programme Board
- UCTC meeting notes, 30 August 2024
- Programme Board meeting minutes, 17 June 2024

Appendix 2:
Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Description
Significant Assurance	The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. There may be an insignificant amount of residual risk or none at all. There is little evidence of system failure and the system appears to be robust and sustainable. The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)
Moderate Assurance	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk. In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant". The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)
Limited Assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken. This may be used when: • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk. The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance a number of HIGH rated recommendations)

Appendix 3:
Our recommendation ratings

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	• Key activity or control not designed or operating effectively • Potential for fraud identified • Non-compliance with key procedures/standards • Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	• Important activity or control not designed or operating effectively • Impact is contained within the department and compensating controls would detect errors • Possibility for fraud exists • Control failures identified but not in key controls • Non-compliance with procedures/standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	• Minor control design or operational weakness • Minor non-compliance with procedures/standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	• Information for management • Control operating but not necessarily in accordance with best practice