Healthcare Improvement Scotland

Emergency Care Provision TrakCare Pilot

Project Closure Report

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1.0 Project Purpose

Healthcare Improvement Scotland (HIS) has a legal duty under section 12IR of the Health and Care (Staffing) (Scotland) Act 2019 to monitor the effectiveness of Staffing Level Tools (SLT). The Healthcare Staffing Programme (HSP), on behalf of HIS, lead on the delivery of these statutory duties.

In 2024/25, HSP conducted a review of all SLTs, which identified the Emergency Care Provision (ECP) SLT as the least effective tool across NHS Scotland. Users of the ECP SLT reported a significant data burden and substantial challenges in sourcing robust data required to complete the tool.

The primary purpose of this project is to demonstrate a reduction in data burden and an improvement in data quality by recording patient acuity levels directly within the Patient Management System (PMS), i.e. TrakCare.

2.0 Objectives

The project brief set out the following headline objectives:

- **Significantly reduce data burden and improve data quality** by collecting patient numbers and levels of acuity directly within TrakCare.
- **Improve the accuracy of SLT outputs**, particularly recommended Whole Time Equivalents (WTE), to better support workforce planning within NHS Boards.
- **Reduce staffing costs associated with running the ECP SLT**, as many Boards currently report the need for additional nursing and administrative support to run this tool.
- **Test and validate the concept of using SafeCare for Emergency Department SLTs** ahead of its planned go-live date in April 2026. This is crucial because SafeCare will change how patient numbers are captured—moving from individual patient entries to total daily patient numbers.
- **Develop a 'blueprint' for national adoption**, enabling all NHS Boards to implement a consistent, ‘Once for Scotland’ approach to data collection for ECP SLTs.

3.0 Context

3.1 HSP's 2024/25 SLT review highlighted that the ECP SLT was NHS Scotland's least effective tool. Users reported significant data burden and challenges in sourcing robust data relating to patients' levels of care.

3.2 In March 25, HIS published its review of NHS Greater Glasgow and Clyde Emergency Department, this report stated, 'the review has identified that the tool for appropriate staffing levels with regard to emergency departments are not sufficiently robust'.

3.3 Anecdotal evidence from Board staff, e.g. Workforce Leads, has provided more evidence of the data burden and challenges in data collection relating to patients' level of care.

3.4 This will form one part of several mitigation HSP plans to implement in 25/26 to support Boards with the ECP SLT.

3.5 HSP has prioritised the development of a new ECP SLT with this work commencing April 25. However, it is likely that this new ECP SLT will take over 2 years to develop. It is hoped that the learning from this pilot can be carried forward and applied to the new SLT.

3.6 It is anticipated that the current ECP SLT will be hosted on SafeCare from April 26 onwards. The new ECP SLT will also be hosted on SafeCare when it goes live.

3.7 It has been agreed with Scottish Government that participation in the pilot would negate the requirements under the Health and Care (Staffing) (Scotland) Act 2019 for participating Emergency Departments to complete the ECP SLT on the Scottish Standard Time System (SSTS) platform, as set in The National Health Service (Common Staffing Method) (Scotland) Regulations 2024.

4.0 Project Scope

The pilot was based on the current ECP SLT hosted on SSTS. Patient acuity levels were captured in TrakCare, extracted via local Business Intelligence (BI) solutions, and entered manually into SafeCare.

The ECP SLT is designed for 'Type 1' core Emergency Departments as per Public Health Scotland's classification *i.e.* ***'these are 24/7 Service and Consultant led. They include full resuscitation and other facilities to treat serious and life-threatening conditions.'***

Participating Emergency Departments (2025/26 SLT Run)

Health Board	Emergency Department	Start Date	End Date
NHS Lothian	Royal Infirmary of Edinburgh	03/11/2025	16/11/2025

Health Board	Emergency Department	Start Date	End Date
NHS Lanarkshire	University Hospital Hairmyres	17/11/2025	30/11/2025
	University Hospital Monklands	17/11/2025	30/11/2025
	University Hospital Wishaw	17/11/2025	30/11/2025

Health Board	Emergency Department	Start Date	End Date
NHS Greater Glasgow & Clyde	Inverclyde Royal Hospital	01/12/2025	14/12/2025
	Royal Alexandra Hospital	01/12/2025	14/12/2025
	Royal Hospital for Children Glasgow	01/12/2025	14/12/2025
	Glasgow Royal Infirmary	01/12/2025	14/12/2025
	Queen Elizabeth University Hospital	01/12/2025	14/12/2025

4.0 Pilot Overview

4.1 NHS Lanarkshire, NHS Lothian, and NHS Greater Glasgow & Clyde were identified as suitable pilot sites and agreed following internal consultation.

4.2 The first pilot group meeting took place on 17 June 2025.

4.3 The group was led by HSP and included Workforce Leads, TrakCare representatives, BI teams, and clinical ED representatives.

4.4 All pilot boards were able to configure TrakCare internally without incurring external supplier costs.

4.5 InterSystems, the provider of TrakCare, attended meetings to provide guidance on configuration options.

4.6 A standardised approach to configuration was initially sought, but agreement was not reached on this, partially due to variations in customisations made to TrakCare within each board.

4.7 Given the variation in business intelligence solutions, example reports and reports filters were shared with boards.

4.8 Each board determined the number of EDs participating.

4.9 The pilot ran alongside the completion of the Professional Judgement tool in SSTS and counted as each unit's SLT run for 2025/26.

5.0 Pilot Evaluation

A survey was shared with participating Boards, targeting staff who entered acuity data into TrakCare and those who entered data into SafeCare. Eight responses were received across all Boards.

Key Findings

(Percentages preserved. Table recommended for final formatting.)

- 75% reported less resource required compared to previous ECP SLT runs.
- 88% found data entry into TrakCare less time consuming.
- 38% reported increased confidence in accuracy of acuity data.
- 100% found SafeCare easier to use than SSTS.
- 100% reported reduced data burden using SafeCare.

Summary

- Staff generally found TrakCare data capture less labour intensive, though additional training and reminders were required.
- Benefits noted included reduced paper waste and lower data burden.
- Some concerns were raised about staff cognitive load and occasional confusion between triage levels and acuity levels.
- Confidence in the SLT outputs did not notably improve.
- All respondents found SafeCare easier than SSTS, and 100% had a better experience overall when using TrakCare and SafeCare.
- 88% intend to complete future ECP SLT runs using this approach.

6.0 TrakCare Configuration

6.1 HSP met with InterSystems (the developer of TrakCare) along with clinical and e-Health representatives from each pilot health board with the aim of identifying solutions for configuring TrakCare to record patient acuity.

6.2 The group identified that any solution should be:

- 6.2.1 Possible to implement without development time from InterSystems.
- 6.2.2 Accessible to staff at multiple time points throughout the patient's time in ED.
- 6.2.3 Based on a code table which could be aligned with HSP's description of the ECP SLT's levels of care and managed locally.
- 6.2.4 Could be updated to reflect changes in a patient's acuity.
- 6.2.5 If possible, the field should be made mandatory during a staffing level tool run.

6.3 InterSystems proposed a solution based on the requirements set out by the group:

- 6.3.1 An additional field held on the Handover screen which would be accessible to staff at multiple time points throughout a patient's time in an emergency department.
- 6.3.2 However, it was not possible to make this field mandatory without additional input from InterSystems.

6.4 This solution was implemented by NHS Lothian; however, the field was not mandatory.

6.5 NHS Greater Glasgow & Clyde developed a solution where an additional questionnaire was made available at discharge, and the field could be made mandatory.

- 6.5.1 Note however that in practice this field was not made mandatory as it missed patients who were being transferred to Acute Assessment units within TrakCare ED. To mitigate these incidents, BI reports were scheduled daily that highlighted missed patients to allow for retrospective entry. In addition to this quick reference guides for staff were created.

6.6 NHS Lanarkshire developed a questionnaire available on the discharge screen.

6.6.1 In addition to the 4 levels of care specified by HSP, NHS Lanarkshire provided an additional level of care option “Medical Ambulatory Care Patient” which was used for patients out of the scope of the ECP SLT (e.g. patients referred to ambulatory care).

6.7 The configuration of each boards TrakCare was discussed after the pilot whereby it was felt that the approach taken by NHS Lanarkshire, as outlined in 6.6.1, would have benefitted NHS Greater Glasgow & Clyde whereby their Acute Assessment Units are part of their ED screens, as such patients moved between units are not discharged which presented challenges when it came to reporting based on discharge from ED.

7.0 Business Intelligence Specification

7.1 A report must calculate the number of patients per day at each level of acuity.

7.2 Each patient episode should only be counted once only.

7.3 Discharge date should be used to allocate the count of each patient to a specific date, i.e. the date the patient is discharged is the date the patient is counted against.

7.4 Daily totals must be provided by acuity level.

7.5 The report must include the total number of patients over the period and average per day.

7.6 The table below gives you an example of the output required to enable a unit to enter the patient numbers into SafeCare.

	Full Date	Level 1 patient	Level 2 patient	Level 3 patient	Level 4 patient	Total Number of Patients
	Average:	**49.1**	**86.1**	**21.5**	**3.5**	**160.1**
	Total Number of Patients:	**687**	**1205**	**301**	**49**	**2242**
Monday	03/03/2025	28	80	11	2	121
Tuesday	04/03/2025	81	130	41	4	256
Wednesday	05/03/2025	32	74	22	0	128
Thursday	06/03/2025	83	134	37	3	257
Friday	07/03/2025	62	115	32	8	217
Saturday	08/03/2025	86	92	32	2	212
Sunday	09/03/2025	47	78	12	3	140
Monday	10/03/2025	39	71	20	3	133
Tuesday	11/03/2025	29	83	21	4	137
Wednesday	12/03/2025	25	76	14	4	119
Thursday	13/03/2025	58	65	13	10	146
Friday	14/03/2025	51	51	10	2	114
Saturday	15/03/2025	28	77	17	2	124
Sunday	16/03/2025	38	79	19	2	138

8.0 Project Closure

8.1 Objectives Review.

8.1.1 **Significantly reduce data burden and improve data quality** by collecting patient numbers and levels of acuity directly within TrakCare.

Achieved: Evaluation survey responses (see Section 5.2) demonstrate a significant reduction in data burden. Anecdotal evidence also indicated a marked improvement in data completeness, particularly noting that patients were less likely to be missed when data was captured through TrakCare.

8.1.2 **Improve the accuracy of SLT outputs**, particularly recommended Whole Time Equivalents (WTE), to better support workforce planning within NHS Boards.

Partially Achieved: Improved data completeness is expected to have had a

positive impact on output accuracy. However, the current ECP SLT methodology is being redeveloped following the 2024/25 review, which identified limitations in tool effectiveness. As such, the model's inherent calculation constraints remain.

8.1.3 **Reduce staffing costs associated with running the ECP SLT,** as many Boards currently report the need for additional nursing and administrative support.

Achieved: Pilot Boards confirmed that no additional staff were required for participation. This represents a significant saving in supplementary staffing costs compared with previous ECP SLT runs.

8.1.4 **Test and validate the concept of using SafeCare for Emergency Department SLTs ahead of its planned go-live date in April 2026.** This is crucial because SafeCare will change how patient numbers are captured, moving from individual patient entries to total daily patient numbers.

Achieved: As detailed in Sections 5.2 and 5.7, Boards reported that data entry in SafeCare was straightforward, supported by BI reports that produced the necessary dataset. Manual entry into SafeCare was not considered burdensome due to the low volume of required data points.

8.1.5 **Develop a 'blueprint' for national adoption,** enabling all NHS Boards to implement a consistent, 'Once for Scotland' approach to data collection for ECP SLTs.

Partially Achieved: Sections 6.6, 6.7, and 7 outline a proposed specification for adoption. However, significant variation in local TrakCare configurations across Boards, and the likelihood of further variation nationally, suggests that achieving a fully standardised, 'Once for Scotland' approach may require considerable additional resources.

8.2 Lessons Learned

8.2.1 TrakCare configuration varies between Boards, creating challenges in implementing a uniform national configuration.

8.2.2 InterSystems could support future 'Once of Scotland' deployments, though this would likely incur costs for Healthcare Improvement Scotland.

8.2.3 Strong digital engagement throughout the process is critical to success.

8.2.4 With the TrakCare contract ending in 2029, NHS Scotland may need to go out to market for a new Patient Management System (PMS). This may reduce the willingness to invest in further TrakCare configuration in the interim.

8.2.5 A three-month lead-in time is considered sufficient for Boards to adopt TrakCare for this purpose, provided all stakeholders are fully committed.

8.3 The pilot group agreed that any future ECP Staffing Level Tool would benefit from a Once for Scotland deployment within TrakCare to support consistent collection of patient acuity.

8.4 The pilot group agreed *not* to pursue a Once for Scotland approach for the extant ECP SLT due to configuration variability and resource implications.

8.5 The pilot group formally agreed to stand down at a meeting held on 11 February 2026.

8.6 The Healthcare Staffing Programme recommends project closure.

8.7 Handover/Next Steps

The Project Closure Report will be shared with all Health Boards via the Workforce Leads Collaborative. The Healthcare Staffing Programme, along with pilot Boards, will be available to support any Boards wishing to adopt TrakCare for the extant ECP SLT.

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