The Cabinet secretary for Health and Wellbeing has made the delivery of the 4 hour emergency access target a ministerial priority and tasked the members of the Unscheduled Care Steering Group, including the Academy of Royal Colleges and Scottish Government, with identifying 6 Essential Actions to improve Unscheduled Care.

This programme aims to deliver a sustainable improvement in performance through collaboration between a team of Scottish Government National Improvement Advisers, the local Unscheduled Care performance Improvement Teams and staff in each hospital and Health Board. These teams are tasked with co-ordinating focused actions to rapidly improve the timeliness and quality of patient care. This may take the form of short term performance support or longer term work around the underlying causes of poor performance. The national team’s underpinning philosophy is to dynamically spread best practice and learning nationally to ensure optimum benefit across Scotland.
Deliver:  
safe, person-centred, effective care to every patient, 
every time, without waits, delays and duplication

In order to:  
improve the experience of patients and staff

The 6 Essential Actions:

**Clinically Focused and Empowered Hospital Management**
The operation of basic hospital and facilities management, visible leadership and ownership through of managerial, nursing and medical triumvirate team, creation of clear escalation policies and improved communication supported by safety and flow huddles.

**Capacity and Patient Flow Realignment**
Establishing and then utilising appropriate performance management and trend data to ensure that the correct resources are applied at the right time, right place and in the right format. This will include Basic Building Blocks, Bed Management Toolkit, Workforce Capacity Toolkit and alignment with Guided Patient Flow Analysis.

**Patient rather than Bed Management**
Operational Management of the patient journey (flow) rather than about bed management. Managing the patient journey requires multi-disciplinary approach to care management and dynamic discharge processes: access to diagnostics, appropriate assessment, alignment of medical and therapeutic care; home when ready, discharge in the morning, transfer care to GP.

**Medical and Surgical Processes arranged for optimal care**
Designed to pull patients from ED through assessment/receiving units, provide access to assessment and clinical intervention, prompt transfer to specialist care in appropriate place designed to give care without delay, move to downstream specialty wards without delay and discharge when ready, utilising Criteria Led Discharge where appropriate.

**7 Day Services**
The priority will be to reduce evening, weekday and weekend variation in access to assessment, diagnostics and support services focussed on where and when this is required to; avoid admission where possible, shift emergency to urgent care, reduce length of stay and improve weekend and early in the day discharges safely.

**Ensuring Patients are cared for in their own homes**
Will consider how someone who has an unscheduled care episode can be optimally assessed without need for full admission, if required they will be cared for and discharged to their own home as soon as ready. Anticipatory Care Plans, redirection to appropriate Health Care Practitioner and shift from emergency to urgent care will be a focus of the Essential action for sustainability.