Centre for Sustainable Delivery

NHS SCOTLAND

0-Day Length of Stay Guiding Principles

A Framework for 0-Day Length of Stay, Same Day Emergency Care and Rapid Access and Care (SDEC, RAaC) Services in Scotland

Background

The Unscheduled Care Sub-SDG (Strategic Delivery Group) for Flow - Emergency, Acute and Inpatient Care was established in July 2024. As part of this work, a number of Operational Delivery Networks (ODNs) and Short Life Working Groups (SLWGs) were established, to focus on emerging themes that would support delivery of effective unscheduled care performance within Scotland. 0-Day patients are defined as patients who are assessed, investigated, diagnosed and discharged within the day of presentation to hospital.

Through this work it was agreed that there should be a national approach to:

- Maximising stream and flow through 0-Day Length of Stay (LoS) units and services
- Maximising productive time in 0-Day LoS units
- Reviewing and developing standards, frameworks, measures and definitions to ensure the most appropriate patients are streamed to same day services

A SLWG was set up to focus on key actions to progress delivery of the overall ambitions of the SDG.

The aim of the SLWG was to agree guiding principles for delivery of 0-day length of stay units, ensure that there is a standardised approach to delivering this care across Scotland and describe best practice to support reduction in variability whilst outlining barriers within the service which can impact performance.

Remit

Through broad stakeholder engagement and discussion with clinical experts, the group was tasked with understanding and outlining the current national landscape in relation to 0-Day LoS units. For the purposes of this group these principles have been developed by Acute Physicians for units managing medical complaints in adults' aged 16 years and over, however many of the guiding principles should be transferrable to allied teams in surgical, paediatric and gynaecological services.

Key areas of focus included:

- Reviewing of the current national landscape of 0-Day LoS units and pathways including variation in structure and delivery
- Location of units within hospitals and accessibility from front door
- Physical assessment space and capacity
- Workforce and relationships – Senior Clinical Decision Makers, support services
- Operating hours
- Pathways and diagnostics
- Co-ordinated access and delivery of care
- Reporting and governance
- Visible activity, data and patient experience

Core principles

Patient experience

- Patients should feel confident that they will be on a care pathway most appropriate to their presenting complaint.
- Patients should be confident they will be assessed timeously and spend as little time in hospital as possible.
- Hospital stays should be minimised to less than 12 hours where safe and appropriate.
- Patients should have early access to diagnostics in the unit or soon after discharge.

0-Day Length of Stay

- There should be clear access routes to refer patients to units and, where possible, include referrals from General Practitioners, Emergency Departments, Flow Navigation Centres and Scottish Ambulance Service.

Principle 1 – Physical Space and Location

This principle aims to improve the patient journey.

• 0-Day Length of Stay Units are areas within the front door designed to maximise the number of patients being processed within this pathway	Six to help fix: acute medicine guidance for in-improving hospital flow (GIRFT, SAM, NHS IMPACT, July 2023) Principles for acute patient care:practical guidance for services to improve patient care, flow, inter-specialty working in acute care services (GIRFT, RCP, July 2024) Clinical Consensus (SLWG)
• All acute sites should have a dedicated assessment space or area to manage 0-Day length of stay patients.	
• The assessment space must be protected from other clinical use and should never be used for bedding patients out-of-hours as this has been demonstrated to compromise functionality and impact on performance and patient experience.	

Units should be easily accessible to patients, easy to locate at the point of entry to the hospital and provide access for Emergency Departments to stream suitable patients.

Ideally units should be modelled on an expected capacity managing approximately 30% of daily medical hospital attendances.

Units should not be used for surge capacity, specifically bedding down out-of-hours to ensure that they are ready to receive patients most appropriate to their service during operating hours.

Assessment spaces are required to be fit for assessment purposes and should have prioritised access if patients require downstream admission.

Principle 2 – Workforce and Relationships

The aim of this principle is to ensure that units are resourced in the most appropriate way to fit the needs of presenting patients whilst being in line with available resources on site.

• Current units describe staffing structures which have been dependent on available resource, with appropriate clinical decision makers and units using a combination of Advanced Nurse Practitioners (ANPs), clinical fellows, specialty doctors and trainees, to deliver the required care.	www.england.nhs.uk/long-read/same-day-emergency-care/ (NHS England September 2024) Clinical consensus (SLWG)
• Oversight by a senior clinical decision maker is required and should support delivery of good governance procedures.	
• Assessment space should be supported by an independent workforce Monday-Friday 9am–5pm as a minimum, but hours should aim to be extended dependent on local demand and resource.	
• Support services should be included to improve efficiency.	

Opening hours should aim to be consistent 7 days per week however it is recognised that this may be limited by staffing resource and capabilities.

Where possible operating hours should be extended to enable a greater number of suitable patients to stream through these units, reducing the need to prolong their stay in hospital.

Principle 3 – Pathways and Diagnostics

0-Day units should be driven with clearly documented pathways and access routes for referring patients.

Criteria for pathways should be developed by the specialty in charge of the unit and will depend on the presenting complaint, acuity of illness and expected clinical course.

• Pathway led units should have clearly documented and agreed pathways and operational policies.	www.acutemedicine.org.uk/wp-content/uploads/SDEC-A-need-to-pause-and-reset.pdf (Society for Acute Medicine May 2024) Principles for acute patient care:practical guidance for services to improve patient care, flow, inter-specialty working in acute care services (GIRFT, RCP, July 2024)
• Exclusion criteria should be described and agreed at Board level.	
• Units should develop cross system relationships to co-ordinate access from primary care and Emergency Departments and ensure ongoing delivery of care following discharge.	
• Access to appropriate diagnostics should be timely and support delivery of care within timeframe that supports 0-day length of stay.	

Where possible pathways should have standardised processes and approach across units however it is recognised that currently there is variation in clinical space and workforce resource across sites and Health Boards, which impacts ability to standardise.

Use of exclusion criteria is encouraged and should be written into the pathways which outline the purpose and role of the unit.

Principle 4 – Reporting and Governance

The aim of this principle is to ensure that all 0 Day activity is counted appropriately and work within these units is visible across the system.

• 0-Day activity should be visible to local teams and reviewed regularly.
• Counted activity should be visible to Public Health Scotland (PHS) and reportable.
• Patient feedback should be gathered routinely and reviewed alongside activity data.
• Clear agreed governance processes should be in place to review:
  ○ Readmissions
  ○ Deaths
  ○ Datix
	Publichealthscotland.scot/ Resources-and-tools/health-intelligence-and-data-management/national-data-catalogue/data-dictionary/search-the-data-dictionary/zero-day-length-of-stayrapid-assessment-care-units-zdlosracu/ (Public Health Scotland February 2026)
	
	SLWG Consensus

Local targets should be agreed individually with a view to benchmarking nationally to determine upper and lower ranges once reliable data is available from PHS following implementation of the new Short Stay Urgent Care Data Group recommendations.

Data should be collected, where possible, in line with PHS guidelines.

Patient feedback is critical to understanding effectiveness of the service and informing change and redesign of units, pathways and services offered.

Projected Impact

- The Centre for Sustainable Delivery (CfSD) team in conjunction with PHS Scotland and Health Boards across Scotland have reviewed current recording guidance and reporting.
- We have updated definitions and recording guidance with a plan to ensure that there is established regular reporting by summer 2026. PHS have circulated the Short Stay Urgent Care Data Group Recommendations paper to support Boards with data collection (Appendix 2).
- It is agreed that current national data likely under-represents the patient numbers being managed through a 0-day length of stay pathway.
- Accepting the current limitations of coding, looking at 1 year of data 2024-2025 for the medical pathways only, it is anticipated that if all Boards were able to move to the Upper Quartile for their 0-day length of stay, the total reduction in bed days could be 26,983 per year, equivalent to a 4.2% reduction in total bed days (see Appendix 3 for further information)
- Improvements in 0-day length of stay pathways will support the overall reduction in bed days for acute sites, and further improve flow and access by providing appropriate care using a patient-centred approach.

Appendix 1

0-Day Length of Stay / SDEC/RAaC Guiding Principles

1. Introduction

This document consolidates the 0-Day Length of Stay (0-Day LoS) guiding principles and aligns them with national evidence from Public Health Scotland, NHS England, the Society for Acute Medicine, the Royal College of Physicians, and peer-reviewed literature. It also outlines identified gaps and proposes next steps for strengthening governance, safety, and operational delivery.

2. Guiding principles with mapped national evidence

2.1 Definition and Purpose of 0-Day LoS
Patients should be assessed, investigated, diagnosed, and discharged on the same day. Mapped evidence supports this model as outlined by Public Health Scotland, NHS England, RCP, and SAMBA data.

2.2 Physical environment requirements
0-Day LoS units must operate within dedicated protected clinical spaces, aligned with standards from Public Health Scotland and NHS England.

2.3 Workforce and senior clinical decision-making
Units must be consultant-led with appropriate multidisciplinary teams, consistent with Public Health Scotland and SAM requirements.

2.4 Operating hours
Units should aim for extended consistent hours, aspiring to 7-day working, noting NHS Englands' ≥12 hours/day expectation as outlined in the NHS England paper - Same day emergency care – service specification (Appendix 2)

2.5 Pathways and clinical criteria
Defined condition-specific pathways and clear inclusion/exclusion criteria should guide case selection, consistent with RCP Ambulatory Care Directory and SAM guidance.

2.6 Diagnostics and timeliness
Rapid diagnostic access is essential for same-day decision-making, aligning with NHS England and SAMBA evidence.

2.7 Reporting, data, and governance
Units should maintain structured data reporting and governance processes in line with Public Health Scotland recording standards and national audit expectations.

2.8 System integration and cross-sector working
Units must integrate with community care, discharge-to-assess models, virtual wards, and ambulance/primary care referral routes.

3. Identified gaps and recommended next steps

Triage and streaming safety
Introduce formalised inclusion/exclusion criteria with red flags and mandate senior-led triage validation.

Minimum operating hours
Align with NHS England's ≥12 hours/day, 7 days/week requirement and model demand accordingly.

Senior decision-maker presence
Define explicit consultant presence requirements and supervision structures.

Diagnostic Timeliness Standards
Implement KPIs such as blood tests within 90 minutes and CT within 4 hours.

Pathway standardisation
Adopt RCP and national AEC directory clinical pathway standards.

Virtual Ward Integration
Introduce guidelines for SDEC-to-virtual-ward transfers and remote monitoring follow-up.

National data standards and audit participation
Mandate SMR01/AE2 coding and participation in SAMBA audits.

Overnight Stay Prevention
Include explicit statements preventing bedding down and define transfer protocols.

Patient Safety-Netting and Shared Decision-Making
Standardise safety-netting documentation, advice, and follow-up arrangements.

4. References and Source Links

Public Health Scotland – Zero-Day LoS / RACU Definition:
https://publichealthscotland.scot/resources-and-tools/health-intelligence-and-data-management/national-data-catalogue/data-dictionary/search-the-data-dictionary/zero-day-length-of-stayrapid-assessment-care-units-zdlosracu/

Society for Acute Medicine – SDEC: A Need to Pause and Reset:
https://www.acutemedicine.org.uk/wp-content/uploads/SDEC-A-need-to-pause-and-reset.pdf

BMJ Open – SAMBA Analysis of SDEC Services: https://bmjopen.bmj.com/content/15/4/e094580

NHS England – Same Day Emergency Care Specification:
https://www.england.nhs.uk/long-read/same-day-emergency-care/

Royal College of Physicians – SDEC Overview:
https://medicalcare.rcp.ac.uk/content-items/blog/same-day-emergency-care-sdec/

Scottish Context – SDEC Naming Review (CVS Falkirk): https://www.cvsfalkirk.org.uk/wp-content/uploads/2022/05/20220425-Patient-Support-in-Renaming-SDEC-Facility-V1.0.pdf

Appendix 2

Link to Short Stay Urgent Care Data Group Recommendations Paper (March 2026)

SSUC SLWG Recommendations_v1.1 (Final - Jan2026).docx

Appendix 3

Link to CFsD Productive Opportunities Dashboard

https://app.powerbi.com/groups/c04c715f-c96c-4...

Membership

0-day length of Stay Short Life Working Group:

- Dr Johanne Simpson, National Clinical Lead, Centre for Sustainable Delivery – Chair Person
- Elaine Jamieson National Improvement Advisor, Centre for Sustainable Delivery – CfSD Improvement Lead
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- Dr Adam Williamson, Consultant Acute Physician, NHS Ayrshire & Arran
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- Dr Mhairi Sinclair, Consultant Acute Physician NHS Lanarkshire
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- Dr Rachel Sutherland, Consultant Acute Physician, NHS Lothian
- Dr Helen Elder, Consultant Acute Physician, NHS Tayside
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