

Health, Social Care and Sport Committee

22nd Meeting, 2023 (Session 6), Tuesday, 20 June 2023

NHS Boards Scrutiny

Note by the clerk

Background

1. At its meeting on 17 January 2023, the Committee agreed to invite a series of frontline NHS boards to give evidence on their performance, financial sustainability and recovery from the COVID-19 pandemic as well as key issues related to workplace culture and workforce.
2. For the purposes of this exercise, frontline NHS boards were determined as comprising Scotland's 14 territorial boards as well as the Scottish Ambulance Service, NHS24, the Golden Jubilee Hospital and the State Hospital.
3. For each evidence session, it was agreed that one representative of each frontline board would be invited to give evidence and that these evidence sessions would be scheduled as and when other work programme commitments allow.

Today's meeting

4. At today's meeting, the Committee will continue taking evidence from frontline NHS board, taking evidence separately from a representative of:
 - NHS24; and
 - The Scottish Ambulance Service
5. Submissions from these NHS boards, received in advance of this session, are included as annexes to this paper.
6. As for previous sessions, these sessions will have a focus on scrutinising these NHS boards' performance against NHS recovery plans as well as medium term financial planning, workforce planning (both at board and national level) and any specific current performance issues.
7. On 23 February 2023, Audit Scotland published its [NHS in Scotland 2022 report](#) which provides an assessment of progress in the first year of the Scottish Government's NHS Recovery Plan 2021-2026.

Clerks to the Committee
15 June 2023

Q1: A read-out of the Board's current financial status and its strategic plan (including specific actions, allocated resources and how outcomes are being evaluated) for addressing financial sustainability

2022/23 out-turn position

NHS 24 has just completed the annual accounts process for year ending 2022/23, reporting a £0.795m underspend for the year (99.25% of budget spent in-year).

The organisation was in recurring financial balance in 22/23 with savings targets fully achieved. The underspend was due to vacancies during the year. External Audit have reported an unmodified opinion.

Finance Plan 2023/24 to 2025/26

The 3-year finance plan was formally approved at the NHS 24 April Board meeting after a dedicated March Board Workshop. The Workshop enabled a more indepth discussion on the financial challenges facing the health sector at present; the impact on NHS 24; and the inflationary and efficiencies assumptions, including scenario planning.

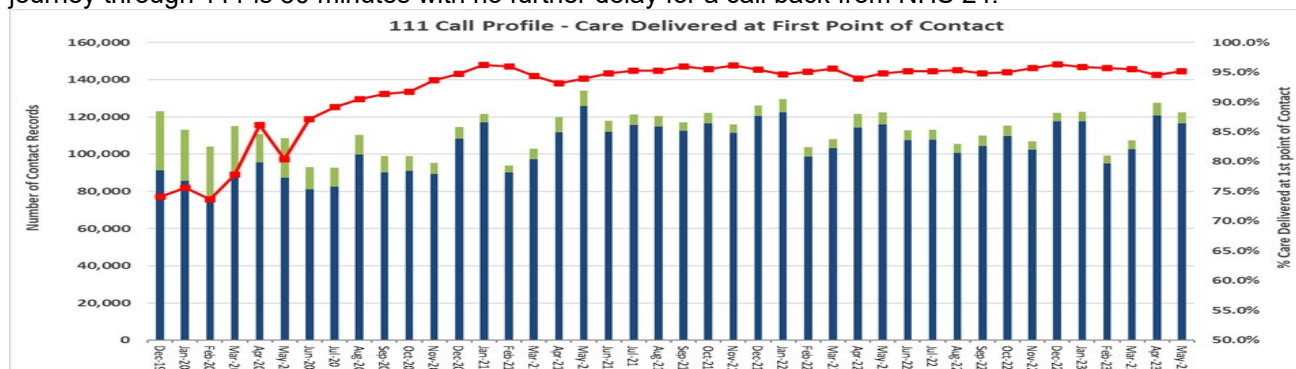
The Board signed off a 3-year finance plan which demonstrates that the organisation can breakeven each year. The main points to note are:

- There will be a reliance on non-recurring funding to breakeven in 23/24 (£0.9m) and in 24/25 (£0.6m) before the Board returns to recurring financial balance.
- Inflation is having a significant impact on the finance plan in 23/24 before returning to lower levels. Funding uplift of £6.3m is offset by predicted inflationary increases of £8.0m. The £1.7m forecast gap will be monitored throughout the year and detailed as follows:
 - £0.2m energy price increases
 - £1.0m on supplier contracts (£0.7m on Managed Service Contracts RPI indexation)
 - £0.1m anticipated rates increases
 - £0.4m incremental moves up the pay scales
- Efficiencies of £2.9m are required in-year to breakeven with plans in place to achieve this.
- An investment fund of £0.3m recurring and £1.6m non-recurring has been set aside to prioritise current commitments and pump prime invest to save opportunities that will support the organisation and its future finance plan. The focus is on digital and workforce improvements that can help streamline our technology and improve our recruitment.
- A Sustainability & Value (S&V) Group has been established to review additional opportunities for efficiencies, linking these closely to the climate emergency agenda. To date investments in LED lighting have improved the working environment for staff while reducing our carbon footprint and helping reduce the cost pressure on energy bill increases.

Q2: A summary of your most recent performance against organisational KPIs

Performance

As shown below, NHS 24 began moved to an inbound call model from 2019, accelerated through the pandemic, to deliver care at first contact for all but dental and some pharmacy calls to the 111 service. This has reduced the overall patient journey through 111 and any delay in onward referral to other services, such as out of hours, where this is required. That means patients access care faster and, on average, their patient journey through 111 is 30 minutes with no further delay for a call back from NHS 24.

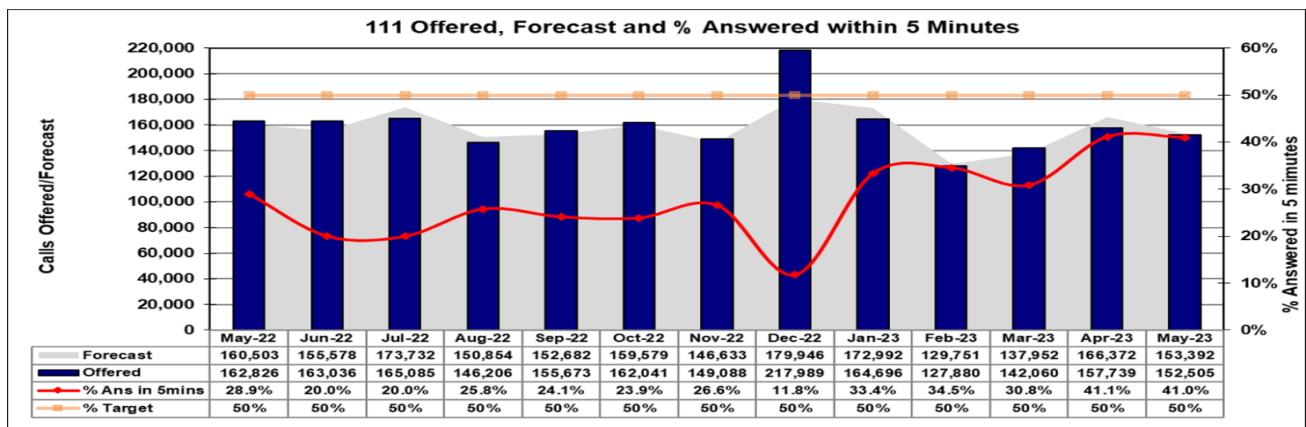


111 now operates 24/7, specifically offering access to our mental health hub and urgent care pathway for those previously self-presenting to A&E during the in hours period. Since 2020, over 300,000 callers have accessed the mental health hub within the 111 service with c60% of those calls managed by the specialist

staff in the team with no onward referral. Collaboration with SAS and Police Scotland also supports an alternative to A&E attendance. Where contact is through 101 or 999 and transfer into the NHS 24 mental health hub over 15,000 callers have been able to access distress brief intervention (DBI) support since 2020, with NHS 24 accounting for around one third of all referrals nationally.

The redesign of urgent care pathway has been accessed by over 1 million callers since December 2020, with 60% of these calls managed through primary care or self-care, with no onward referral. Working with NHS Scotland partners, this pathway offers alternative to self-presentation to A&E, including further virtual consultation from Board clinicians through the flow navigation centres, with an overall reduction across Scotland of self-presentation to A&E of c11% since its full introduction.

Despite the increase in demand that has resulted from this expanded role for 111, there has been a continued improvement in performance, and an increase in workforce and focus on improving access. The graph below shows the % of calls answered within 5 minutes, showing an increase over the last 12 months against underlying increase in demand.



Performance Summary against the full suite of key performance measures below shows ongoing improvement in all of primary service areas.

Patient Experience							
Measure	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Care Delivered at First Point of Contact	90%	96%	96%	96%	96%	95%	95%
Patient Journey - Unscheduled Care*	30 mins	56:15	38:28	31:59	33:33	30:18	30:01
Patient Journey - Mental Health Hub	30 mins	26:40	25:35	25:07	25:04	26:07	25:52

Telephony Access							
Measure		Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
% Calls Answered in 5 minutes	Unscheduled Care*	9%	32%	33%	29%	40%	40%
	Mental Health Hub	60%	58%	54%	50%	62%	55%
	Breathing Space	44%	35%	23%	23%	27%	41%
% Abandoned After 5 Minutes	Unscheduled Care*	32%	14%	9%	11%	7%	8%
	Mental Health Hub	9%	8%	10%	10%	7%	8%
	Breathing Space	8%	10%	14%	14%	13%	8%
Median Time to Answer (mm:ss)	Unscheduled Care*	43:38	09:32	09:25	11:57	06:19	05:58
	Mental Health Hub	00:06	00:06	00:06	00:09	00:06	00:07
90th Percentile TTA (mm:ss)	Unscheduled Care*	1:56:58	59:34	34:48	42:00	26:57	26:30
	Mental Health Hub	14:37	14:15	16:29	16:52	13:05	16:03
Access to Health Information (% answered in 5 minutes)		99%	97%	96%	94%	95%	96%

Staff Wellbeing						
Measure	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Staff Attendance	89.5%	89.0%	92.2%	91.5%	92.4%	92.5%

NHS 24 monitors iMatter complaints as a proportion of call demand where this sits between 0.1% and 0.2% of total calls received.

Q3: Latest status and trends in relation to staff turnover, vacancy numbers (broken down by discipline and length of time positions have been unfilled) and workforce planning (including up-to-date figures on numbers of staff choosing to leave the profession)

Recruitment and Retention

Workforce planning

The NHS 24 Workforce Strategy and Plan was published on 31st October 2022. The strategy sets out 5 strategic priorities which underpin NHS 24's workforce transformation - Sustainable workforce; Inclusive culture; Effective leadership and management; Enhanced learning and development; Collaboration and engagement

In order to achieve a sustainable workforce some of the areas of work include:

- New establishment control process and panel to provide robust strategic planning. The process includes vacancy management, redeployment, agency use, secondments and the allocation of bursary and external funding.
- New recruitment microsite was launched in January 2023 to drive traffic vacancies, develop employer brand and position NHS 24 as an employer of choice.
- Management dashboards launched in September 2022, giving managers the ability to manage staffing, turnover, and absence.
- Attrition Improvement Action Plan includes introduction of stay conversations, revamp of exit interview process, piloting of mandatory exit interviews, introduction of feedback mechanisms throughout 1st year of employment and implementation of Once for Scotland Retiree Returner Programme.

Vacancy numbers

Posts	NHS 24	Call Handler and 111/Dental Call Operator	Psychological Wellbeing Practitioner	Nurse Practitioner / Clinical Supervisor / Mental Health Nurse practitioner	Team Managers	Senior Charge Nurses	Other Clinical	Other Non-Clinical	Total Business & Administrative
Budget (WTE)	1637.9	583	114	221	85.55	96.5	93.53	105.77	338.56
In post (WTE)	1392.2	538.68	92.39	157.43	76.97	77.58	84.78	76.26	288.14
Vacancies (WTE)	245.68	44.32	21.61	63.57	8.58	18.92	8.75	29.51	50.42
Heads	1924	834	105	246	88	89	136	115	311

The focus for NHS 24 in 22/23 was on its frontline roles – specifically call handlers, call operators and clinical supervisors with shift patterns linked to service demand. In the last 6 months, NHS 24 committed to recruiting an additional 200 frontline staff to get closer to target. This was exceeded with the appointment of 251 frontline staff. This has resulted in NHS 24 having the highest ever headcount of 1924 heads with a direct positive impact on patient access times.

In relation to recruitment planning and forecasting, a 12-month integrated recruitment plan has been developed. The plan incorporates operational requirements, training and recruitment planning, and is fully aligned with the financial plan. This will ensure continued progress towards recruitment targets.

The figures set out below are based on the actual recruitment pipeline (May to July 2023), and from August onwards forecasting assumptions based on previous recruitment outcomes.

Total 111 Call Handlers and Call Operators	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Average WTE
Target	583	583	583	583	583	583	583	583	583	583	583	583	
Actual/Predicted Call Handlers based on pipeline	538.68	553.31	561	590.95	588.76	588.98	603.81	593.3	576.67	577.24	577.85	579.67	577.52
Recruitment Actual/Predicted Starters	18.99	28.84	21.06	41.06	16.57	17.92	25.6	0	0	11.52	11.52	11.52	

Total Nurses	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Average WTE
Establishment Target	185	185	185	185	185	185	185	185	185	185	185	185	
Actual/Predicted Nurses based on pipeline	133.77	133.86	134.31	136.77	140.27	145.29	152.83	147.73	144.61	145.93	148.55	152.55	143.04

*It is worth noting that there is no recruitment in November and December as this is used for training contingency and also to ensure that staff are available to support front line services at this busiest time of the year.

There are a range of measures to improve the recruitment pipeline and to onboard and retain more frontline staff and a number of new actions are being taken forward. These include: measures to support talent acquisition and staff retention, the development of open sessions at centres for clinical staff to understand job roles, the implementation of a new recruitment model which focuses on the quality of candidates and the development of career pathways for clinical staff.

Staff turnover

Rolling staff turnover has declined by 2.58% in the last 12 months, moving from 26.75% to 24.17%. Included in this figure are those that have retired or have had contracts ended which make up 3.41% of leavers. This shows that rolling turnover is sitting at 20.76% with month-on-month reporting showing a declining trend. It is worth noting that the majority of clinical staff and Psychological Wellbeing Practitioners leave NHS 24 for employment elsewhere in the NHS.

	NHS 24	Call Handler	111/Dental Call Operator	Nurse Practitioner / Clinical Supervisor	Psychological Wellbeing Practitioner	Mental Health Nurse Practitioner	Non-Frontline
May-22	1.93%	2.61%	4.55%	1.24%	3.49%	4.17%	0.66%
Jun-22	2.38%	2.51%	0.00%	2.48%	8.54%	4.00%	1.99%
Jul-22	2.46%	2.84%	0.00%	3.42%	4.44%	0.00%	1.95%
Aug-22	2.41%	2.86%	0.00%	2.16%	4.26%	0.00%	1.31%
Sep-22	2.89%	3.06%	16.67%	3.57%	2.15%	3.85%	1.66%
Oct-22	1.77%	1.39%	11.11%	2.22%	2.08%	0.00%	3.31%
Nov-22	1.86%	2.20%	12.50%	3.14%	3.13%	3.70%	0.33%
Dec-22	2.48%	3.52%	30.43%	1.36%	3.09%	3.85%	0.98%
Jan-23	1.71%	1.95%	5.88%	2.23%	3.03%	0.00%	1.31%
Feb-23	1.12%	1.63%	0.00%	0.90%	2.06%	0.00%	0.64%
Mar-23	2.11%	2.93%	1.75%	2.75%	0.00%	3.85%	0.96%
Apr-23	1.30%	1.86%	1.28%	0.46%	1.90%	0.00%	1.29%

Q4: A brief overview of key issues facing your Board and priority actions you would like to see the Scottish Government taking to address these.

20% of NHS 24's financial allocations in 22/23 were received on a non-recurring basis. Building capacity to meet increased demand for NHS 24 services remains a priority. Baseline funding for redesign of urgent care and mental health enhanced services is still to be confirmed, however, both pathways are now fully embedded within the 111 service. Recruitment, retention and wellbeing of staff is a key priority and delivering demonstrable improvement in call answering. NHS 24 is currently supporting the evaluation of the RUC pathway and working to maximise the value of the flow navigation centres within Boards to reduce A&E attendance.

NHS 24 is launching its strategy for the next 5 years in July of this year. With a focus on digital transformation of current services, but also building the platform to maximise the value add that NHS 24 can bring across the wider system – for instance, how we better link pathways, share data for better care outcomes, and make it easier for people to access and navigate to the right care for them. NHS 24 is well positioned as a 'front door' to care, be that digital or telephony or through online information, and has demonstrated effectiveness in helping people to manage their care closer to home and would want to continue to build on this role across in support of wider health and care reform agendas.

NHS 24 is also working with Scottish Government to review the commission for NHS inform as a national asset for NHS Scotland, following the significant and sustained increase in public access as a result of the pandemic. This has become a valued and trusted source of information, advice and support and we would want to ensure this continues to evolve and enhance opportunities for people to manage their own care and support increased proactive and preventative care and wellbeing.



Health, Social Care and Sport Committee: 20 June 2023

Introduction

The Scottish Ambulance Service is on the front line of the NHS, answering over 1.5 million calls for help per year, dispatching immediate medical assistance or providing critical clinical advice to citizens of Scotland.

As a category 1 emergency responder, we have a statutory obligation under the Civil Contingencies Act, to deliver immediate patient care in the event of an operationally challenging event or major incident in order to protect and save lives.

Our role has developed over the last 5 years to include the provision of Paramedics and Advanced Paramedics in Primary and Urgent Care, in and out of hours and we continue to enhance our provision and contribution to shifting the balance of care into people's homes.

We also provide non-emergency ambulance care to patients who need support to reach healthcare appointments, or for their admission to and discharge from hospital due their medical or clinical needs.

Our vision is to save more lives, reduce inequalities and improve health & wellbeing.

Finance

Current Financial Status and plan for addressing financial sustainability

The Scottish Ambulance Service has continued to maintain financial performance, delivering a balanced budget in 2022/23. Our 3 year Financial Plan (2023-2026) has been developed, approved by the Board and submitted to Scottish Government outlining detailed forecasts for the next 3 years. The financial plan describes a very challenging 3 years ahead as a result of legacy covid pressures and unprecedented inflation relating to non-pay costs. Given the current pressures and no confirmation at this stage around further COVID funding, SAS are currently forecasting a financial gap across the first 2 years of the plan, with a balanced position predicted over the 3 year life of the plan. Our planning assumptions are working to a 3% efficiency programme.

Table 1 – Financial Summary 2023/24- 2025/26

Summary RRL Position	23-24	24-25	25-26
Deficit brought forward	£10.0m	(£4.5m+30% of £12m) £8.1m	(30% of £12m) £3.6m
Pressures – Pay	£5.8m	£6.0m	£6.5m
Pressures – Non Pay	£7.3m	£5.5m	£2.7m
Baseline Funding Uplift	(£6.6m)	(£7.6m)	(£7.7m)
Net Gap	£16.5m	£12.0m	£5.1m

Efficiency Savings assumed at 3% (assumed 70% recurring at this stage)	(£12.0m)	(£12.0m)	(£12.0m)
Gap after 3% efficiencies implemented	£4.5m deficit	breakeven	£6.9m surplus
COVID and related system pressures	£14.5m	£8.75m	£7.25m
Total deficit in 23-24 including operational commitments and COVID	£19.000m deficit	£8.75m deficit	Breakeven

The need to focus on financial control and value based decision making while balancing risks of patient safety and staff welfare has never been greater. Within our plan there is a real focus on reducing cost, improving efficiency and delivering better value healthcare. We aim to

- Get 'back to balance' post COVID-19 by reviewing our cost control, approval processes, and quick actions we put in place during the pandemic, to ensure they continue to deliver value for money, maximum impact and quality improvements.
- Manage demand through better integration across the whole system. In delivering our clinical hub and other initiatives, we need to develop processes and plans to make best use of alternative patient pathways, and develop our systems for anticipatory and preventative care, all with the aim of reducing unnecessary emergency and urgent incidents.
- Support the reduction of variation across the wider system, and share best practice both across the health and care sector, and within our Service.
- Focus on staff health and wellbeing, with the aim to support staff to be well and reduce absence.

Performance against organisational KPIs

In relation to early access to care, 91.2% of 999 calls were answered within 10 seconds against a target of 90%.

Every year, over 3000 people in Scotland experience an Out of Hospital Cardiac Arrest (OHCA). Over the last 6 years, we have contributed to a significant improvement in survival rates and our Return of Spontaneous Circulation (ROSC) for VF/VT patients continues to perform well. In 2022/23 ROSC was achieved for 50.7% of VF/VT patients against an aim of >46%. The benefits of this can also be seen in 30 day survival rates for critically unwell patients which is up from 33.7% in 2018/19 to *55.6% last year. Scotland's Out of Hospital Cardiac Arrest strategy 2021-2026 sets out a programme of collaborative work to further improve survival rates.

We also continue to perform well in shifting the balance of care into people's homes, thus avoiding unnecessary hospital attendance. 48.6% of Scottish Ambulance Service patients were managed at point of call or on scene against a target of >46%, up 1.2% from last year. The enhanced provision of GPs, Advanced Practitioners and Paramedics within our Integrated Clinical Hub has been a key factor in this, with GP's safely discharging around 60% of patients over the telephone.

Our median response time for purple calls was 7 minutes 20 seconds in 22/23, an improvement of 4 seconds on the previous year.

Whilst there has been some improvements in response times since last year as a result of the growth of our workforce, response times continue to be impacted by wider pressures in the healthcare system. Pressures in Accident & Emergency departments and hospital capacity have continued to impact patient handover times this year, reducing the availability of crews to respond to patients. Average hospital turnaround time has increased from under 30 minutes pre-covid to over 56 minutes in 22/23. The implementation of the Principles for Safe Transfer of Patients between Ambulance

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and Hospitals across all boards is expected to reduce delays at hospital which will increase availability of ambulance resources and improve response time to patients.

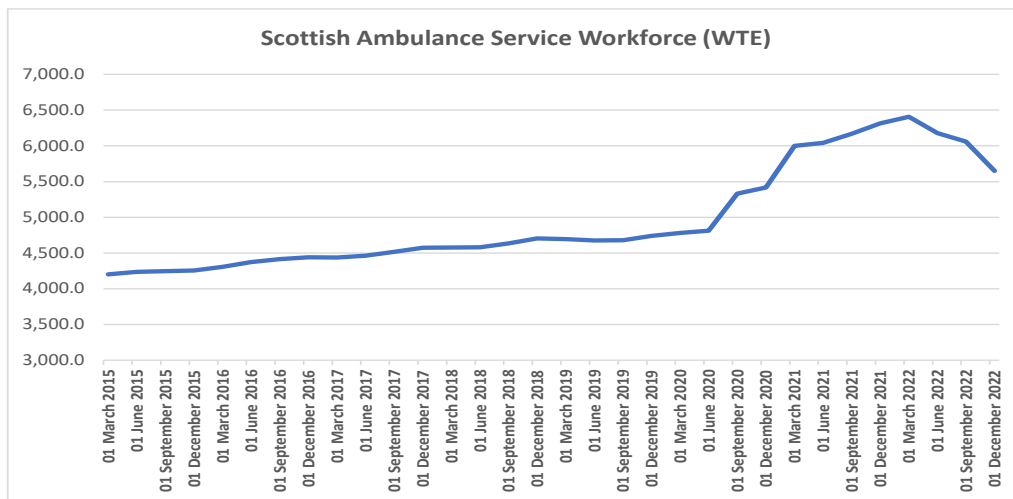
Sickness absence continues to be challenging, running higher than the 5% HEAT target finishing on 8.9% for the 22/23 financial year. This increase from 8.1% in 21/22 is directly attributable to the Scottish Government directive to re-classify COVID-19 special leave within sickness absence reporting from 1 September 2022. Our Health & Wellbeing Strategy sets out a number of measures that we are taking to improve the wellbeing of our workforce and reduce our sickness absence. Delivery of this is monitored through our 2030 Workforce & Wellbeing Portfolio Board and Board Governance arrangements.

We continue to strive for improvement and have set our 23/24 improvement trajectory and associated work plan to make further progress towards delivery of our ultimate aims.

Workforce

As of March 2023, there were 5,623 whole time equivalents employed by the Service. Our overall workforce numbers have reduced from last year due to the provision of temporary covid mobile testing services coming to an end.

Chart 1 – Scottish Ambulance Service Workforce (WTE)



Recruitment & Retention

Recruitment and retention of staff is much less of a challenge for the Service than perhaps other areas of the Health & Social Care system. Our attrition rate is overinflated this year as a result of our temporary mobile testing coming to an end. Our frontline A&E attrition rate was 7.3% in 22/23.

Over the last 3 years, SAS has recruited a record 1,388 staff into our frontline Accident Emergency and Urgent care workforce as part of our Demand & Capacity programme, and despite the pressures of the pandemic, we have continued to see an overwhelming increase in the number of people applying to join our service. Since launching in Scotland, the Paramedic Science BSc degree programme has continued to attract a higher number of applicants than available course places.

Our workforce plan has been developed to grow our paramedic workforce numbers at pace over the next 5 years to increase our ability to further enable delivery of right care, right time and right place and to support wider reform of Health & Social Care, particularly primary and urgent care.

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Vacancies

Our vacancy levels are low and our recruitment and training plan has been developed to backfill vacancies and forecast turnover for this year and beyond. As of 31st March 23, there were 79 paramedic vacancies and recruitment plans are in place to fill these posts. We continue to run local campaigns to target remote and rural locations.

Pressures within the system continue to impact the ability to ensure that all crews receive Rest Periods within their shifts. Improving rest period compliance is a key priority for the service which we are actively working closely with our partnership colleagues to deliver.

Overview of Key Issues

Our Board is facing some of the same issues that other NHS Boards are facing throughout Scotland and UK wide, many of which have been exacerbated by the COVID -19 pandemic.

We are seeing an increase in the acuity levels of our patients, facing a rise in an ageing population, a continuing shift in the pattern of disease and growing number of people with long term conditions and complex needs. People are living longer in ill health. Mental Health, drug related harm and substance abuse also continue to drive demand for services. This increase in demand for services is against a backdrop of significant financial pressures, workforce capacity issues across the wider NHS and Social Care and environmental impacts.

The Service continues to face operational challenges arising from the legacy of COVID primarily in increased turnaround times at hospital sites reducing capacity of A&E, increased 'time on scene' due to increased acuity of patients and increased 999 demand as a result of pressures in primary and urgent care. From a financial perspective this has resulted in an increased overtime costs, supporting the shift overruns due to hospital turnaround times, increased staffing in our ambulance control centres dealing with the increased demand and ensuring 999 calls are being answered timely and an increase in ambulance care assistants staffing to manage timed admissions calls.

With 999 call demand levels up 10.3% from 2018/19 and current turnaround time delays these costs cannot be reduced without significant risk of patient harm. Work will continue within the Service to ensure the key triggers for these cost increases are being monitored and the services are being managed as efficiently as possible making best use of innovations and digital developments and will remain engaged with Scottish Government around funding discussions.

Our 2030 Strategy articulates the key role that we will play in

- Saving more lives, improving clinical outcomes and healthy life expectancy
- Improving the Health & Wellbeing of our staff and citizens
- Continuing to shift the balance of care away from acute hospitals into people's homes and local communities, improving patient experience and avoiding unnecessary hospital admissions
- Improving our care by anticipating needs and responding quickly and safely as possible, delivering the right care in the right place at the right time
- Tackling the root cause of health issues and addressing the inequalities that the COVID-19 pandemic has exacerbated

As we now transition into the Recovery and Renewal phase of the NHS Scotland Recovery Plan, we will continue at pace, to work collaboratively with citizens of Scotland, our staff, and our partners to deliver on the ambitions of our 2030 Strategy whilst supporting wider system recovery, improvements in capacity, sustainability, and performance through 2023/24 and beyond.

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