



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

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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.

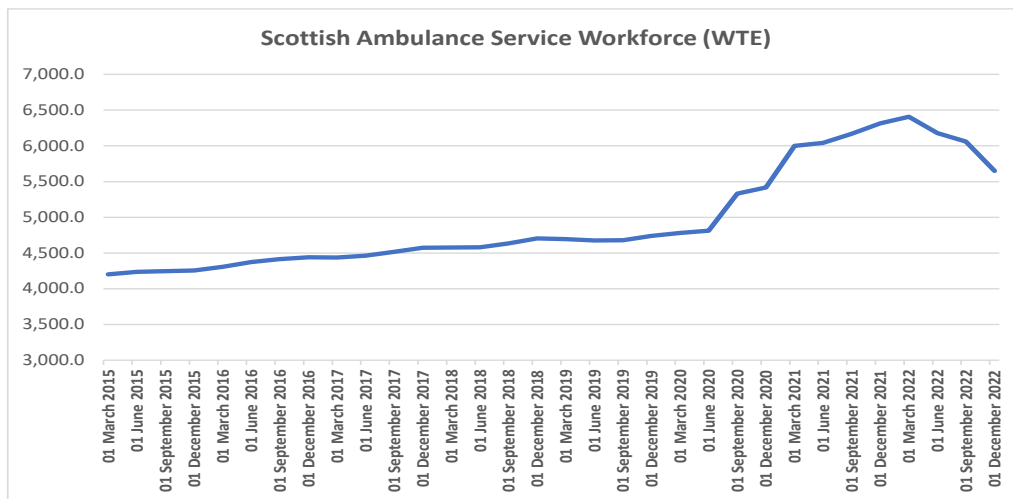
Sickness absence continues to be challenging, running higher than the 5% HEAT target finishing on 8.9% for the 22/23 financial year. This increase from 8.1% in 21/22 is directly attributable to the Scottish Government directive to re-classify COVID-19 special leave within sickness absence reporting from 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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