Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND



Health & Sport Committee
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The Scottish Parliament
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5 March 2021

**FAO Lewis Macdonald, Convener**

Dear Mr Macdonald

**Re: Evidence to the Health & Sport Committee on Tuesday, 2 February 2021**

Thank you for your correspondence of 17 February 2021 following our evidence session to the committee on Tuesday, 2 February 2021.

With regards to the follow-up questions from the evidence session, I attach a completed template detailing our responses for your consideration.

Yours sincerely

Pauline Howie, OBE
Chief Executive

Encl. Annexure 1 – responses

**Health and Sport Committee - Follow up questions from the evidence session**

Request received 17 February (for response to Committee by 5 March 2021)

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| **Service Demand -**<br>You told the Committee that at the start of the first lockdown that the SAS workload dropped dramatically including from April 2020 a decrease of around 13% in unscheduled 999 demand. (COL 1) | What assessment has been done of the reasons for this drop in demand? Are you assured it was because there was a reduction in need for your service? | The reduction in demand is in keeping with societal changes relating to various versions of lockdown, in terms of less travel, less socialising and less sporting participation.<br>At the early stages when hospital activity was reduced markedly, we reviewed our calls for chest pain and stroke symptoms and found no significant reduction, suggesting that patients with priority symptoms were still accessing SAS for a response to serious illness. |
| | Has there been an assessment of whether a reduction in unscheduled 999 demand resulted in an increase in individuals presenting to other NHS services for example Emergency Departments or GP services? | This has not been formally reviewed; however we know that ED attendance has reduced so it is unlikely that reduction in SAS demand has caused pressures on ED.<br>Regarding GP activity, GP use of SAS remains significant. We cannot take a clear view re this as primary care (GP) activity data remains challenging to access. We do know from data that OOH activity has also reduced during the pandemic. We do direct small numbers of patients to contact their own GP, but this is following a remote consultation and therefore this will still be reflected within SAS activity. |
| **Performance measures**<br>At the evidence session we explored the continuing challenge of response times. You emphasised the importance of considering response times within the context of other performance measures. | When does the SAS expect performance measures will be in place to enable a comprehensive assessment to be made of the services role within a system wide approach and the impact the service has on outcomes? When will this data enable comparisons to be made on annual performance? (Col 14-15) | SAS are using these new indicators to measure performance internally, whilst still reporting to SG on existing measures (alongside some new indicators), whilst discussions continue on replacing some of the measures currently in place that do not sit neatly with the new clinical response model. Changes will require a cycle of two full years in order to enable fully contextualised comparisons to be made. |

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| **British Association for Immediate Care Scotland responders and community first responders**<br><br>You told the Committee the use of British Association for Immediate Care Scotland responders and community first responders was briefly suspended as a result of COVID-19 but they have now been retrained and are ready to assist (Col 12) | Why has the approach to using community first responders changed during the course of the pandemic? | CFR response was withdrawn due to concerns regarding the risk of exposure of responders to Coronavirus. |
| | Have community first responders been considered patient-facing staff in terms of being prioritised for vaccination? | Community First responders have been offered vaccinations by SAS and take up has been very positive |
| **Staffing**<br>The SAS has consistently been a poor performer in relation to staff satisfaction and sickness levels. At the evidence session there was some suggestion that the SAS position was inevitable given the nature of the services it provides making it unfair to compare against other territorial boards and other special health boards. You suggested the SAS position was reflective of similar services across the UK. (Col 16) It was encouraging to hear you tell the Committee that the Non-Covid related absence rate has declined and that it is currently 2 per cent lower than the figure for last year. (Col 8,19). | We note that in other areas of the UK ambulance service rates of sickness do not appear as high as they have been for Scotland. On what basis do you place your assessment of SAS performance being reflective of other areas of the UK? | The Scottish Ambulance Service covers an urban/rural geography greater in scale to any other Ambulance Service/Trust in the UK and as an operational emergency responder organisation is very different to other special health boards in Scotland, The nearest comparator is the Welsh Ambulance Service in terms of geography and per capita staff coverage.<br><br>In 2019/2020 NHS Sickness Absence statistics show that Ambulance Services in the UK had the highest rates of sickness absence when compared to other Boards/Trusts.<br>NHS England: Total Rate 4.48%<br>Ambulance Trusts: 5.87%<br>NHSScotland: Total Rate 5.3%<br>SAS: 8.3% - Welsh Ambulance service 7.5% |
| | If it is not appropriate to compare the SAS with other NHS boards performance should more comparisons be made between it and the performance of other Ambulance services in the UK? | Yes, as suggested above the best comparators for SAS would be Wales.<br>The Scottish Ambulance Service is an associate member of the Association of Ambulance Service Chief Executives and engages with them to identify good practice to managing sickness absence. In addition the Service published a new Health and Wellbeing strategy in February 2021 which built on good practice from international ambulance, emergency and health care services. |

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| Reference was made to steps being taken to improve communication and engagement with leaders and managers including foundation training plans for leaders and managers. (Col 17) | Have you identified particular areas of your service, regions across Scotland or a particular management level where concerns lie in relation to management performance? If so how have these been targeted? | There are no particular service areas or management levels of concern. Our priority is to ensure a system-wide co-ordinated and consistent approach to leadership and management practice which will be evidenced through improved staff experience in future. To this end we have developed a Foundation Leadership & Management Development Programme that all existing first line managers or those newly in a management position will undertake in phases. It is a one-year programme and the content has been tested with our middle managers to ensure it meets their needs and that they can support their direct reports through the programme. Senior leaders and managers will also be engaged in the programme by becoming mentors to participants and providing development opportunities to participants. The programme which began in January 2020 was paused for the pandemic and will restart as soon as possible. |
| | How will you assess whether the steps taken to improve management performance are working and have led to improvements in staff experience? | We will be assessing the effectiveness of the programme and improvement in staff experience through a number of measures.<br>These include ::<br>• Feedback from Line Managers and mentors regarding application of learning in to practice<br>• Staff feedback regarding how supported they feel in the workplace<br>• An improvement in staff survey scores<br>• Leadership & Management portfolio completion rate<br>• Foundation Leadership & Management Programme completion rate<br>• Number of appraisal conversations and personal development plans recorded on Turas |

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| You referenced some reduction in dignity at work grievances in the past 6 months but were unsure if this was the result of COVID. | What are rates? What would you expect them to be? | The total Dignity at Work cases are as follows :<br><br>2018/19 : 17<br>2019/20 : 22<br>2020/21 : 10<br><br>It is difficult to compare this unprecedented year with a typical non-COVID year, but there has been a reduction in formal DAW grievances and other processes. This is partly due to an agreement with staff side partners to suspend all but absolutely essential formal processes to enable a focus on the pandemic response. During the pandemic there has been ongoing and intensive communications with staff side and this has supported a culture of informal resolution. |