**Presentation Summary Findings**

**Do the winter months add pressure onto the NHS?**

**Is there a real crisis?**

In summary, we are of the opinion that both the pre and post covid data does indicate that the winter months, Q1 and the first 4 weeks of January, place added pressure on the NHS.

If there was no advanced planning there would be a risk of the not being able to respond to the demand.

Crisis is subjective and NHS apply operational pressure escalation framework (OPEF) with black, red, amber and green measures of the status of the services and a planned programme of mitigation to reduce the risks associated with the current status of the service.

However, there are some changes to note post-covid as the patterns of infection/staffing/absence has fundamentally altered both the demands on the NHS and the supply side of being able to respond to both admissions and discharge rates. In addition there are other external factors (Brexit and also war in Europe) for which we have not included data in the App but have had further impact on what is unpredictable patterns of demand for the services.

Cold weather brings a potent mix of flu, winter vomiting bugs, Covid-19 and other respiratory conditions that affect patients and staff alike. The result is that hospitals get fuller, GPs have added pressures, and patients can wait longer for care

**Pre-Covid**

During the periods XX to XX all available beds were occupied on average XX and during the winter months (Q1) this rose to XX %% in the years XX and XX

On the XX week all hospitals in Scotland were operating at XX capacity

Available beds XX ??

Admissions pre covid grew from XX to XX pre covid ??

Have waiting times for operations been reduced? So if people are on a waiting list and remain untreated are they more likely to present at A&E and add the extra pressure?

**Covid Data**

In the past, the pre-winter period would be used to prepare extra capacity for emergency admissions to hospital by opening additional escalation wards and cancelling planned surgery ahead of winter.

But in XX even if beds could be opened there are not enough people to staff them, and cancelling operations is now harder if waiting lists are high.

Staffed beds were XX and the capacity driven not by the number of beds but by the numbers of staff able to service them with the complexity of the treatment provided in hospital from the consultant to the care assistant.

**Extension notes**

By 2022 sickness absence rate for NHS Scotland increased by 1 percentage point to 5.7%. This does not include COVID-19 related absence.

We have also considered staff vacancies and by 2022 the highest vacancy rate of 11.8% (June 2022) was within the Registered Nursing staff group (46,828 vacancies). This is an increase from the same period the previous year when the vacancy rate was 10.3% (38,814 vacancies). This does not include data for post that have been filled by temporary/agency staff. Due to the complex nature of how NHS vacancy data is defined and collected, all data sources should be treated with a degree of caution.

Extra Questions to consider from the brief

* The whole system: from what’s coming through the front door in A&E and then how it filters through; how many emergency admissions are there, how many electives, how does this impact the lengths of stay people have in hospital?
* What does this mean for the number of people in intensive care and the number of beds?
* Do people have longer lengths of stay from elective or emergency admissions?
* Capacity – what is happening to the number of beds over the period? Perhaps think about the specialities these are if there has been specific variation?
* Are there any demographic groups that are driving the activity? Older people – falls/breaks in bad weather? Christmas and New Year - ??
* Are there key cohorts of patient (based on their demographics) that drive the overall hospital activity?
* How significant is deprivation as a driver of hospital activity?
* Are there specialty’s that have more stable activity patterns over time and how much of an impact is stability on overall activity? Services that are stable.
* How significant are the differences in hospital activity across the country? Does urban/rural have an impact or is it related to the size and capacity of the health board?

To what extent is the ‘winter crises’ the media predicts a real? How has winter impacted NHS Scotland’s hospital system in the past? Why might it be even more critical in the coming year and might the pandemic influence the potential scenario.

<https://www.nrscotland.gov.uk/covid19stats>

Please note that this release includes Scotland going into emergency measures due to COVID-19, which is impacting on the volume of hospital activity and trends observed. For example, inpatient, day case and outpatient activity all reduced by 13% when comparing financial year 2018/19 (pre-pandemic) to 2021/22. However, activity levels have generally been recovering from July 2020 onwards but remain below pre-pandemic levels.

Admissions (excludes maternity and psychiatric services)

* Around 0.6 million Scottish residents (one in nine of the population) were admitted to hospital in 2021/22. Of these, three out of ten patients (31%) had more than one admission.
* There were just under 1.1 million admissions into hospital in 2021/22 – a 22% increase compared to last year (2020/21) and a 14% decrease compared to five years ago (2016/17).
* In 2021/22, there were around 0.9 million main procedures performed within the acute hospital care setting – a 33% increase on last year (2020/21) and a 21% decrease over the last four years (2017/18).

Beds

* The average number of available hospital beds in Scotland has generally been decreasing over the years. In 2021/22, the average number of available staffed beds for acute specialties was 13,323 – a 3.6% increase on last year (2020/21) and a 2.4% decrease when compared to five years ago (2016/17). The percentage occupancy for acute specialties rose from 74.8% in 2020/21 to 84.2% in 2021/22.

Sources

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey

<https://app.powerbi.com/view?r=eyJrIjoiZGVmM2IyZTctOTNlMy00NjM3LTg0ZWEtZWQ5OTA1Yjg3MGU2IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9>

**NHS Workforce Data**

https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/?pageid=1243

**Workforce Data**

There were just under 182 thousand staff employed by NHS Scotland, the highest reported to date and a 2% annual increase. Whole Time Equivalent (WTE) employment has grown by 3% over the same period to just under 157 thousand.

• In the year ending 31 March 2022, the WTE inflow to NHS Scotland is around 16,500 WTE, a 2% increase on the previous year. The WTE outflow increased by 66% to the highest value reported in the past 10 years, with an outflow of just under 12 thousand WTE recorded over the past financial year.

• The sickness absence rate for NHS Scotland increased by 1 percentage point to 5.7%. This does not include COVID-19 related absence.

• There were just under 14,700 WTE medical and dental staff employed, an annual increase of 2%. The number of vacant medical and dental consultant posts has increased by 2% over the past year to just under 490 WTE. • The national spend on medical agency locum staff has increased by 17% over the past year to £102 million in year ending 31 March 2022.

• The nursing and midwifery staff group is the largest in NHS Scotland, accounting for just over 65 thousand WTE (42%) of the workforce. It has increased by 2.3% over the past year. The number of vacant nursing and midwifery posts is just over 6,200 WTE, a 38% annual increase.

• The NHS Scotland spend on nursing and midwifery bank staff rose by 18% compared to the previous financial year to £232 million for the year ending 31 March 2022. The spend on nursing and midwifery agency staff in the same year was £89 million, a 126% increase on the previous year.

• There were just under 13 thousand WTE allied health professions employed in NHS Scotland, an annual increase of 4%. The number of vacant allied health professions posts has increased by 43% over the past year to 1,150 WTE.

• The number of dentists working in Scotland has decreased by 5% over the past year to around 3,500. The majority of these dentists are independent contractors and are in addition medical and dental employment figures quoted above.