

To: Dame Meg Hillier
Chair, Public Accounts Committee
House of Commons
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By email: pubaccomm@parliament.uk

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Dear Dame Meg,

Public Accounts Committee: access to urgent and unplanned care 3 July 2023

I am writing further to the oral evidence session of the Public Accounts Committee (PAC) on access to urgent and unplanned care where NHS England committed to writing to the panel to provide further information on staff absence rates, electronic bed capacity management systems and a national metric for ambulance services supporting patients in their own homes.

Staff absence

In terms of absence reasons calculated by days lost, the main contributors to staff sickness for February 2023 are below¹:

Contributor	Days lost	% of all days lost
Mental Health	469,754	25%
Musculoskeletal (MSK)	232,315	12%
Respiratory	349,052	18%

As was mentioned in the committee, initiatives are in place to support all staff in the NHS to ensure they receive the support necessary to stay well at work and return to work from sickness. This includes access to occupational health services, the employee assistance programme that provides a 24/7 helpline (currently available) that offers both telephone and face to face support as well as staff mental health and wellbeing hubs are in place.

¹ Source: [NHS Sickness Absence Rates, February 2023 - NDRS \(digital.nhs.uk\)](#)

The staff mental health and wellbeing hubs have been set up to provide staff rapid access to assessment and local evidence-based mental health services and support where needed. The hub offer is confidential, separate from employing organisations, and free of charge.

The hubs can offer a clinical assessment and referral to local services enabling access to support where needed, such as talking therapies or counselling. Staff can self-refer or refer a colleague (with their consent).

Electronic Bed Capacity Management Systems

NHS England are working with systems to implement digital tools that will support decision making in near real time, including mature electronic bed capacity management systems (EBCMS). The first phase of the roll out of mature EBCMS is moving forward focussed on implementing EBCMS solutions in the most challenged organisations included in tier one and two of the UEC tiering programme. NHS England are working with DHSC to develop a full business case to roll out EBCMS capability further.

The main benefits of mature EBCMS are productivity based with a reduction in the down time between a bed being available and a patient being moved to it. This maximises the utilisation of existing bed stock and the broader aspects of the systems in terms of real time internal and external visibility of capacity maximises discharge and leads to better informed decision making.

National metric: ambulance services supporting patients in their own homes

NHSE currently measures the following:

'Convey elsewhere'	Where patients are conveyed somewhere other than an Emergency Department. In May 2023 this was 5% of incidents.
'Hear and Treat'	Where incidents are resolved on the telephone. In May 2023 this was 12% of incidents.
'See and Treat'	Where incidents are resolved on the scene. In May 2023 this was 31% of incidents.

Urgent Community Response (UCR)	The standard is for 70% of UCR referrals to be responded to within 2 hours. The number of 2 hour UCR referrals and number of all UCR contacts are also monitored. 82% of UCR services have achieved the 2-hour referral standard as of March 2023, with over 37,000 referrals in that month alone.
Virtual Wards	The indicators for Virtual Wards are number of 'beds' and % of bed capacity and occupancy. As of June 2023, there are 8,787 beds. There has been an 81% increase in 'bed' capacity since May 2022

As discussed at the committee, NHSE measures the above, however there is not currently a single metric that brings this all together. The Urgent and Emergency Care Recovery Board will consider whether and how this could potentially be developed in the future.

I hope that members of the committee will find this additional information helpful.

Yours sincerely,



Sarah Jane Marsh

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Emergency Care
Deputy Chief Operating Officer