

NHS Board Accounts: 2014-15 questionnaire

The Scottish Ambulance Service

Service development

1. Please give THREE examples of services that:

(a) you plan to develop in 2014-15 (territorial boards should list local service developments, rather than national programmes)

Service	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000
Urgent demand	£4.1m	+£1m
3 RU		+ £200k
Community Paramedics	£235k	£235k

Urgent Demand: This currently represents 33% of our overall Emergency unscheduled care demand, where as we currently resource this by 3.3% of our resources. We are redesigning services to resource this appropriately by creating additional urgent tier resources. This will help with hospital discharges and improve the flow of patients for the wider NHS. Also it will free up Paramedic resources that can be used for treat and refer this also impacting the wider NHS by reducing hospital admissions.

3 RU : we have been able to demonstrate in the Edinburgh area that return of spontaneous circulation in the event of a cardiac arrest has improved from 15- 20% (national average) to 30% by sending 3 resources instead of 2 to a witnessed cardiac arrest. We now wish to upscale this across Scotland and are moving firstly to Lanarkshire and then Greater Glasgow during 2014/15. The funding identified is non recurrent and will enable training and support to be provided to these areas.

Community Paramedics: We currently have 3 pilots running across Scotland (Borders, Lanarkshire and Shetland) whereby we have up skilled our paramedic staff to deal with more out of hours patients in their own homes thus preventing hospital attendance and possible admission. These pilots are supported by effective professional to professional support provided by the Health Boards. Continuation of this pilot and its evaluation in 14/15 could form an innovative model to be taken up across Scotland. Currently SAS has 25 Community practioners in training at Glasgow Caledonian University to enable a

greater roll out of this programme. We also have trained 12 critical care paramedics as part of the delivery of the Specialist Retrieval Service (ScotSTAR).

- (b) You would like to develop if you had additional funding i.e. what is next on your list of priorities? (territorial boards should list local service developments, rather than national programmes)

Out of hours services as part of wider unscheduled care redesign – we are experiencing significant increases in OOH activity and are increasingly being asked to contribute to new workforce models. A substantial investment in paramedic practitioners would provide more sustainability to the whole system to be used not just in the OOH period but in hours too.

Remote and Rural emergency responder frameworks

Enhancing clinical skills and increasing the number of paramedic practitioners to resource the future clinical model

Specialist Trauma Services – work with Boards to develop a national coordination function for tasking and triage supported by coordinated by pass protocols

- (c) you plan to withdraw, restrict or reform in 2014-15 (please provide reason(s) and anticipated savings in 2014-15) (territorial boards should list local service developments, rather than national programmes)

Continue the redesign of Scheduled care services to better manage demand and work in partnership with NHS Boards to support acute patient flow. £1.8m savings to be derived from efficiency and productivity gains through the introduction of enhanced technology whilst delivering a more effective and responsive service to patients

Redesign Specialist retrieval services – no savings anticipated in 2014/15 however has potential for £500k savings by 2019/20 through examination of skills mix and ensuring the correct resources are used where they can maximise impact on outcomes for patients.

Rationalisation of property with predominantly territorial boards which should enable service redesign to flow more effectively by collocating staff

2. During 2014-15, do you plan to consult on the delivery of any specific services i.e. those resulting in significant service change?

We are currently consulting on our overall service strategy that would take us to 2020. This will complete the consultation phase in June 2014, thereafter we will be engaging with a range of stakeholders when we progress to design and implementation phases to ensure that our services are aligned to the Governments 2020 Vision and we enable more care to be delivered locally and in patient's homes.

Preventative spending - This does not apply to Special Health Boards

3. What specific preventative health programmes are included in your budget plans for 2014-15? (please give details of planned NHS board expenditure **over and above any ring-fenced allocations** in 2014-15 compared with 2013-14 within the categories shown)
4. With regard to assessment of preventative spend programmes:
 - (a) What savings do you anticipate that these preventative spend programmes will deliver over the next 5-10 years (please provide specific examples)
 - (b) Are the results of any such assessments reflected in your financial planning? (Please give any specific examples of how financial plans have been adjusted to reflect potential savings)

Change Fund / Integration Fund – As a special health Board we do not have access to these funds

5. With regard to the Change Funds:
 - (a) Please give examples of THREE services that will be funded using Change Funds in 2014-15? (Please include details of Change Fund spending on these services in 2013-14 and 2014-15 and related outcomes)
 - (b) Have these programmes/services been evaluated? (If so, please provide details)
 - (c) Do you plan to continue to fund these services in 2015-16 through the Integration Fund?
6. Can you give examples of any specific services that you are developing with local authority and/or third sector parties as a result of the planned Integration Fund (please provide details of the service, along with planned investment by each partner)?

Reducing inequalities

7. What specific programmes are aimed at reducing inequalities? (please include details of THREE services in the format shown below)

Our Medical Director is Lead Officer for Equalities and will work with NHS Boards and other partners to develop plans to reduce inequalities faced by people in Scotland and ensure this informs our strategy refresh towards 2020. In 2014/15 we will particularly focus on people with a learning disability. This work will focus on determining the usage of ambulance services, waiting times, proportion taken to hospital and whether users were flagged as having learning disabilities. Scottish Ambulance Service will work in partnership with regional health boards, SCOTPHO and the SLDO to develop this work. A SMART action plan to reduce inequalities faced by this population will be available by 2015/16.

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
Youth employment			Increased numbers of 16-24 yo in our employment	56% increase in 2012/13

Backlog maintenance

8. Please provide details of the THREE main actions in 2014-15 that will address backlog maintenance, providing:

- (a) Details of the action (investment/disposal etc.);
- (b) Planned expenditure/receipts from this action in 2014-15; and
- (c) The impact this will have on your overall level of backlog maintenance (high/medium/low risk)
- (d) What proportion does your planned spending on backlog maintenance in 2014-15 represent of your total capital budget?

SAS will be able to invest in £5m of replacement or renovation to 4 Ambulance Stations in 2014/15 totaling £5m of Capital Investment this represents 35% of our total Capital budget for 14/15.

Our planned disposals represent £155k this is for 2 stations Falkirk and Fort William, both of these disposal proceeds are being used to offset the investment in the 4 stations above.

We will also invest £508k in revenue backlog maintenance over a range of urgent actions predominantly to address Health and Safety risks.

All of these actions are designed to reduce our current backlog maintenance of £3.051m (£1m (33%) being high risk) as well as improve the environment for staff and ensure our property is fit for purpose and set in the most appropriate area to enhance service delivery. This should reduce our backlog maintenance by 7%.

Brokerage

9. (a) Did you have any brokerage in 2013-14? **NO**

(b) If YES, was this brokerage anticipated at the start of the accounting period or did the requirement emerge during the year?

10. (a) Do you anticipate the need for any brokerage in 2014-15? **Hopefully not** but we have a challenging efficiency saving programme to deliver.

(b) If YES, how much would you anticipate requiring and for what purpose?

NRAC formula

11. What are your views on progress towards achieving NRAC parity?

Special health Boards are not directly impacted by NRAC, however as a Board covering the whole Scottish Population we do suffer from increasing complex demands from an increasing aging and co morbidity workforce and therefore this should be factored into the distribution of Health spending.

Equalities

12. Please provide up to THREE specific examples of how the use of an equality and diversity impact assessment has influenced budget decisions.

The overall budget went through an EQIA which enabled decisions to be taken that either did not adversely impact the public or it provided positive benefits.

With scarce resources available for investment we had difficult choices to make between investing in additional urgent resources that could respond to a

larger population base right across Scotland or invest in the Emergency responder framework to better support remote communities. On the balance of tackling health inequalities and allowing access to health care for a larger percentage of the population the urgent tier resources are being progressed. However we hope to continue with the emergency responder framework by engaging with stakeholders in these communities to try within a cost neutral base to take this forward.

Sustainable development

13. Please provide up to THREE specific examples of how the NHSScotland sustainable development strategy has influenced budget decisions.

- 1- As part of our efficiency programme and freeing up time to care we have enabled staff to use video conferencing and have installed wifi in all our buildings. This has enabled efficiencies to be delivered through reduction in travel costs, which also reduces our Co2 emissions.
- 2- As part of the good corporate citizenship we now have over 2000 volunteers across Scotland as either Community First Responders or Volunteer car drivers. We have been enabled to train and develop the community first responders by the introduction of Community Resuscitation development officers these members of staff work right across Scotland with communities looking at how they can enhance resilience within communities.
- 3- During 2014/15 we are investing in developing our front line leaders and managers not only will this provide 20% additional clinical time to spend on developing the patient safety agenda it will also enable staff to take forward the sustainability agenda in terms of good corporate citizen and engagement with communities on health and social care issues.