

A: Budget setting process

Performance budgeting

1. Which of the following performance frameworks has the most influence on your budget decisions:
 - National Performance Framework
 - Quality Measurement Framework (including HEAT targets)
 - Other (please specify)

The Quality Measurement Framework (including HEAT targets) exerts the greatest influence on budget decisions.

2. Please describe how information on performance influences your budget decisions:

Our local Quality Scorecard, which combines a number of national and local performance targets, would be used to identify areas of potential underachievement and overachievement in relation to agreed targets and this may result in a subsequent examination of delivery models which in turn may result in a re-prioritising of budget spend. It is unlikely that budget realignment decisions would be made on the basis of performance measures only.

3. Do you consider the performance framework(s) to reflect priorities in your area?

The Scottish Ambulance Service is committed to achieving the nationally agreed Quality Measurement Framework HEAT targets. The Service also utilises a broader range of measures internally through its Quality Scorecard to ensure a balanced and robust monitoring of performance and service quality with the Scottish Ambulance Service monitoring these measures on a weekly and monthly basis. Priorities are reassessed every year as part of the Local Delivery Plan process and local targets will be amended to reflect the changing nature of Service priorities. As part of the recently agreed Service strategy *Towards 2020: Taking Care to the Patient*, the Service will be discussing the future nature of targets as they relate to ambulance services with a desired aim of moving away from the current series of time based targets to a range of outcome based measures that could more appropriately measure performance and outcomes.

4. Where allocations are made in relation to specific targets, are you able to spend this effectively in the required areas? (please provide examples where relevant)

Generally the Scottish Ambulance Service does not receive allocations targeted at specific targets. However we have received, and will receive additional funding in the future, specific allocations in relation to cardiac arrest patients, the relevant HEAT targets would be SAS H1 Save more lives Return of Spontaneous Circulation and SAS H3 Save more lives Return of Spontaneous Circulation for VF patients. For 2015/2016 the Service will receive £420,000 to support Out of Hospital Cardiac Arrest

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(OHCA). OHCA will be developed through the establishment of a substantive Consultant Paramedic post to lead on this service internally. Additional staff training within Ambulance Control Centres in early recognition of cardiac arrest, telephone CPR and additional MPDS functionality with regard to 'key phrases' and other modules. The Community Resilience staffing model will be developed to support the Scottish OHCA strategy and dedicated data support will be put in place to progress the cardiac arrest registry. Community resilience will be a vital component in the delivery of the out of hospital cardiac arrest strategy and the Service will work to ensure this contribution is maintained in 2015/16.

Integration of health and social care

5. Please set out, as per your integration plans/schemes with each of your partner local authorities, the method under which funding for the joint boards will be determined?

Not applicable to Scottish Ambulance Service

6. What functions will be delegated via the integration plan/scheme? Please explain the rationale for these decisions

Not applicable to Scottish Ambulance Service

7. How much is being allocated to the Integration Joint Board for 2015-16?
- by the health board
 - by local authority partners?

Not applicable to Scottish Ambulance Service

8. Please provide any further comments on budgetary issues associated with integration:

Not applicable to Scottish Ambulance Service

Specific challenges

9. Please provide details of any specific challenges facing your board in 2015-16 in respect of your budget:

Specific budget challenges the Service will face in financial year 2015-16 include the implementation of paid Parental Leave estimated to cost around £2.2m in the initial year, the increase in Employer's Superannuation Contributions from 13.5% to 14.9% at a modelled cost of £1.6m recurring and potential dual running costs for the replacement emergency services radio network which have initially been indicated to require a Service contribution of upwards of £0.4m.

B: Increase the proportion of babies with a healthy birth weight

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Indicator measure: The proportion of new born babies with a weight appropriate for gestational age

This section is not applicable to Scottish Ambulance Service

1. How does performance in your area compare with the national performance?

	% of new born babies with a weight appropriate for gestational age	
	Board	Scotland
2009		89.6%
2010		90.0%
2011		90.1%
2012		89.9%
2013		90.1%

Source: <http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/birthweight>

2. What factors can help to explain any observed differences in performance?
3. How does performance against this indicator influence budget decisions?
4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)
5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the **three** main areas of activity in the table below.

Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000

6. What statutory partners or other partners (if any) contribute towards performance in this area?
7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

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C: Improve end of life care

Indicator measure: Percentage of the last 6 months of life which are spent at home or in a community setting

This section is not applicable to Scottish Ambulance Service

1. How does performance in your area compare with the national performance?

	% of last 6 months of life which are spent at home or in a community setting	
	Board	Scotland
2008-09		90.4%
2009-10		90.5%
2010-11		90.7%
2011-12		91.1%
2012-13		91.2%

Source: <http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/endoflifecare>

2. What factors can help to explain any observed differences in performance?
3. How does performance against this indicator influence budget decisions?
4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)
5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the **three** main areas of activity in the table below.

Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000

6. What statutory partners or other partners (if any) contribute towards performance in this area?
7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

Palliative care and hospice funding

8. Please provide an estimate of spending on palliative care services (as defined by the Scottish Partnership for Palliative Care, [here](#))

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	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000
Specialist palliative care services		
General palliative care services		

In May 2012, the Scottish Government published new [guidance](#) for NHS Boards and independent adult hospices on establishing long-term commissioning arrangements. It stated that funding of agreed specialist palliative and end-of-life care (PELC) should be reached by NHS Boards and independent adult hospices on a 50% calculation of agreed costs. Funding should be agreed for a 3 year period, though this could be longer if appropriate. In addition it indicated intent for NHS Boards and local authorities to jointly meet 25% of the running costs of the independent children's hospices which provide specialist palliative care and respite services for children with life-limiting conditions.

9. Please provide details of funding agreed by your Board for hospices:

	2014-15	2015-16
Agreed funding for hospice running costs for specialist PELC (£000)		
£000		
As % of total hospice funding		
Agreed funding for running costs of independent children's hospices (including local authority funding where relevant)		
£000		
As % of total independent children's hospice running costs		

10. Please provide any further comments on palliative care / hospice funding that you consider to be relevant:

D: Reduce emergency admissions

Indicator measure: Emergency admissions rate (per 100,000 population)

This section is not applicable to Scottish Ambulance Service

1. How does performance in your area compare with the national performance?

	Emergency admissions rate (per 100,000 population)	
	Board	Scotland
2009-10		9,849
2010-11		9,874
2011-12		10,090
2012-13		10,130
2013-14 (p)		10,188

Source: <http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/admissions>

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2. What factors can help to explain any observed differences in performance?
3. How does performance against this indicator influence budget decisions?
4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)
5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the **three** main areas of activity in the table below

Programme/service area	Expenditure 2014-15 £000	Planned expenditure 2015-16 £000

6. What statutory partners or other partners (if any) contribute towards performance in this area?
7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance