Scottish Government’s Draft Budget 2015-16

NHS Borders

1. Are targets for health, as set out in the National Performance Framework, appropriate and are they being progressed?

The targets are being progressed, however greater alignment between these and the 2020 vision would be welcomed.

2. Is the allocation of resources in line with the Scottish Government’s stated aspirations?

The draft budget is consistent with the direction that has highlighted in previous budget settlements. It is to be welcomed that the commitment that NHS frontline resource budget will be protected and will increase at least in line with inflation.

3. Is variance between targets and outcomes being assessed?

Boards continue to strive to achieve outcomes and agree targets which move towards the national outcomes.

4. How are we mitigating pressures on health spending?

Increasing the efficiency and productivity of our services. Working in a more integrated way with other agencies particularly colleagues in local authorities.

5. How are we ensuring the quality of outcomes for patients?

- Patient safety remains NHS Borders number one corporate priority. This year we have focussed on embedding the 10 patient safety essentials reliably across the organisation and have used the ‘BETTER’ campaign to engage staff, patient, families and visitors. The safety programme has extended to the 9 priority areas and we continue to enhance our model of recognition of deterioration across the service extending our work on Sepsis to the out of hours GP service and Scottish Ambulance Service. Leadership of the safety agenda remains a key priority and this year we moved to a new structure for leadership walkrounds and leadership inspections increasing visibility and dialogue with front line staff and patients. Leadership walkrounds have a focus on the delivery of person centred care and involve speaking directly with patients and observing care. A new policy on adverse event management was launched in January 2013 and the organisation has worked to embed this in practice in line with the national framework on the management of adverse events. We have a well developed mortality review systems which seeks to find learning from all deaths in hospital. The focus for the coming year is on continuing to build our
learning and safety culture within multidisciplinary teams and across the organisation.

- NHS Borders are working to continually improve the quality of care provided for older people in acute hospitals and have worked with Healthcare Improvement Scotland this year to test the revised inspection methodology. Assessment of cognitive impairment and delirium has been embedded in admission processes and the adult unitary record and work is underway to enhance the care planning element of our documentation. Advances have been made in the use of anticipatory care planning and DNACPR and these areas will continue to form the focus of our work in the coming year.

- The organisation has advanced in its use of improvement methodology, particularly in the use of data to drive continual improvement which is evidence throughout the acute services within the improvement zones which bring together clinical, managerial and administrative teams on a weekly basis, and within our mental health inpatient areas and community hospitals in their testing of person centred care initiatives such as ‘what matters to me’ and ‘playlist for life’.

- At Board level the focus on quality and safety has been further strengthened through enhancements to the Board scorecard and by the introduction of patient stories at every meeting. Patient feedback is important to us and on this front we have continued to advance our means of collected feedback proactively across the organisation and have also sustained our performance in relation to the timely management of complaints. Indicators of all these quality measures are built into ward based dashboards and the overall board scorecard giving a strong focus on outcomes for patients. This data is scrutinised and acted upon through the organisations decision making groups including clinical boards and the NHS Board itself.

6. How are we planning for change (particularly health and social care integration)?

Creation of a shadow integrated joint board. Writing a health and social care integrated strategic plan

7. What will be the impact of the health budget on (i) equality groups (ii) health inequalities and (iii) climate change policy?

(i) Equality Impact Assessments are utilised to manage this risk

(ii) Addressing Health Inequalities remains a priority for the Board.

(iii) The investment in this area is welcomed

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