

Borders NHS Board



NHS Borders 2013/14 Winter Period Report

Aim

To update the Board on key activity relating to the 2013/14 winter period.

Background

NHS Borders like all Scottish Health Boards is required on an annual basis to produce a Winter Plan which outlines potential risks and contingency planning relevant to the winter season, with a particular focus on the festive period. The 2013/14 Winter Plan was discussed and subsequently approved by the Board at its 7th of November 2013 meeting.

The winter plan is an overarching plan which signposts other relevant plans, which may be required over the winter period, for example the severe weather plans, pandemic influenza plans and infection control policies and protocols. The overall aim of the planning process is to ensure that the Health Board prepares effectively for winter pressures so as to continue to deliver high quality care as well as national and local targets.

The Winter Plan also has a specific focus on the levels of staffing resource, patient flow and service provision over the festive period, with the aim of ensuring that NHS Borders delivers business as usual as much as possible over the festive period.

After each winter period the Winter Planning Group convenes to assess what worked well and what did not over the previous period and key recommendations are made, which are taken forward in preparation for the next winter period. The key recommendations from 2012/13 can be found in Appendix 1.

Assessment

The key elements of the 2013/14 Winter Plan were staffing (including detailed plans for over the festive period), bed capacity, service provision and communications. The other elements of the plan relate to existing plans such as Infection Control and Severe Weather.

November and December 2013

Performance over November and December was good with relatively few issues to report.

Sickness absence was relatively low in the BGH and Primary & Community Services during this period. The BGH was 3.81% and 3.68% in November and December respectively and Primary & Community Services was 3.74% and 3.49%. This compared to BGH 5.13%, 4.16%, and Primary & Community Services 4.5% and 5.0% during the same time periods in 2012/13.

Over the festive period performance was again good with the patient flow improvements implemented over the previous year continuing to work well. NHS Borders delivered the Emergency Access Standard of 98% during both months despite an increase in activity of 4% compared to 2012/13 and 13% compared to 2011/12.

Norovirus is regularly a specific winter time challenge and there were no Norovirus infection control issues during November and December. This compares starkly to 2012/13 when 8 beds were lost over this time.

January and February 2014

During 2013 work was carried out to improve the nursing vacancy fill-rate which had been problematic over the previous winter period, There was a significantly reduced number of vacancies going into the Winter Period in 2013 compared to the previous year; 27 WTE (with 18 scheduled to be filled) compared to 60 WTE in the BGH alone. This ensured a more robust position going into the winter period.

The sickness absence levels increased during January and February, 4.72% and 4.38% in the BGH and 4.81% and 3.98% in Primary & Community Services. However this was an overall improvement on the same time period in 2012/13 when the BGH reported 5.33% and 4.19% and Primary & Community Services reported 5.76% and 3.72%.

Our Winter Plan gave us a surge capacity of 8 beds in Ward 6 Annex, 2 in the Borders Stroke Unit, 4 in Ward 16 (increasing to 14 at the weekend) and 1 in Hawick Community Hospital. There emerged a difficulty in providing medical cover in the Knoll Community Hospital leading to a reduction of 5 Community beds fewer than we expected to have.

Norovirus impacted in January and February and led to a reduced bed complement available of approximately 6 beds during January and February compared to 1 bed during the same time period last year. As mitigation to this and the Knoll bed reductions, when demand dictated it necessary the Pre Surgical Admissions Unit (PSAU) was activated as an inpatient unit.

Delivery of the Emergency Access target proved more challenging although NHS Borders performed above the national Emergency Access target (95%) by achieving 96% in January and 97% in February despite an increase in activity of 11.2% compared to January and February 2012/13.

There were operating cancellations arising from the position outlined above, 75% of which were Orthopaedic patients. The majority of the cancellations were focussed over a period of 3 weeks (weeks beginning the 27th January, 3rd February and 17th February). During one of these weeks, the elective operating bays in Ward 9 had been entirely closed as a result of Norovirus and during at least part of the other weeks the elective bays were used to accommodate demand for trauma/unscheduled care.

The average length of stay across Orthopaedics and some of the other larger specialities such as General Medicine was higher in January and February compared to November and December which contributed to the pressure during this time.

Delayed Discharges have also played a part with an increase of 10 cases or 5 beds compared to January and February 2012/13

Overall Assessment

In terms of staffing resources, sickness and absence has reduced, which has supported the system. Also contributing to improving the resilience of the staffing situation were the improvement in establishment fill-rates and the level loading of annual leave (including the festive period) meaning we have not experienced spikes in annual leave during January and February. The majority of Senior Charge Nurses were also supervisory during this period.

The system responded well to the increase in activity flowing through A&E, reducing the number of breaches compared to last year by 33.1% over the four winter months.

The system was responsive to unplanned reductions in bed capacity as they emerged, by activating the PSAU.

The majority of operating cancellations occurred during the same time period as the main Norovirus outbreak. This is a concern to be worked upon to improve resilience.

The Borders Emergency Care Service (BECS) was a particular concern over the winter period and issues around recruitment and staffing have been well rehearsed with the Board and remain a recognised issue across NHS Scotland. The BECS Team has worked well to plan ahead and provide safe levels of cover over the winter period.

A local media campaign 'Know where to turn to when you're ill' was launched in the week before Christmas and ran up until the end of January. This encouraged patients to access care from the most appropriate provider and only use A&E in a real accident or emergency. The radio campaign ran on a Thursday and Friday so there was a focus on the weekend periods. Attendances as a whole have increased compared to 2012/13 and 2011/12 by 7.6% and 10.8%. Weekend attendance increased at a reduced rate of 4.1% compared to weekday increases of 9.1%.

There are a number of key lessons that will be taken forward next year.

Key Lessons:

1. When activating the PSAU as a contingent inpatient area, a Standard Operating Procedure should be established. Bed stocks should be reviewed.
2. It has been a more challenging year in terms of protecting elective activity for which a resilience plan will be required.
3. Planning our staffing for our surge bed capacity should be improved.
4. Understanding the implications on other services when activating contingency capacity is important.

Recommendations for Future Winter Planning:

1. Availability of Home Care must continue to be improved and linked to the delayed discharges group to establish an early response mechanism.
2. Finalise the proposal for the emergency bed store and how it will be managed.
3. Update escalation policy adding in Standard Operating Procedures to activate surge capacity.
4. Improve planning around staffing to flex capacity to respond to demand.
5. Improve planning in order to optimise elective activity

6. Ensure there is a presence throughout the festive period of experience of co-ordinating community hospital transfers.
7. Earlier planning of Hospital Senior Management annual leave and on-call rota throughout the festive period

Summary

The Board is asked to consider the report and note the learning and improvement opportunities for next year which will now be taken forward by the Winter Planning Group.

Policy/Strategy Implications	Request from Scottish Government that all Health Boards produce a Winter Plan signed of by their Board. This report will inform the Winter Planning Process 2014/15
Consultation	Feedback was provided by the Winter Planning Group, Clinical Services and Managers.
Consultation with Professional Committees	The original Winter Plan was approved by the NHS Borders Board.
Risk Assessment	The Winter Plan is designed to mitigate the risks associated with the winter and festive periods
Compliance with Board Policy requirements on Equality and Diversity	Planning for all activity for all groups across the Winter Period
Resource/Staffing Implications	Resource and staffing implications were addressed within the Winter Plan

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Operating Officer		

Author(s)

Name	Designation	Name	Designation
Tim Cameron	Clinical Executive Project Manager		

Appendix 1**2012/13 – Key Recommendations**

The booking of transport should be more effectively managed especially in the weekends prior to Christmas and New Year. We had trouble accessing transport specifically on Monday 24 December because we had not proactively booked the previous week.

Effective pre-booking of patient transport is an important element of the patient flow improvement work that has been ongoing in 2013. Patient transport is discussed at ward board rounds on a daily basis. Over the past year we have seen a significant rise in the number of pre-bookings. To support this, there is a daily dial-in with SAS to outline requirements for that day and beyond.

We used patient discharge data from previous years when liaising with the voluntary sector in regards to the run up to Christmas and New Year to bolster transport availability.

Daily Snap Shots – Although these have been in place for a number of years, there is evidence that staff still aren't consulting them and accessing all the services that are available, communication needs to be improved for the next festive period.

The purpose of the snap shots is to clarify what services are available, when they are available and how to access them over the festive period, the benefit is patients aren't unduly delayed during any part of their pathway because assumptions are made that the services won't be available. Communication is now made directly with the Senior Charge Nurses, Hospital Bleep Holders and On-call Managers to ensure that they are fully aware of the snapshots and that they should be referring to them on a daily basis .

Ensure that full MDTs take place each week over the festive period in all wards, ensuring that they are appropriately attended so as to be of value.

The P&CS Management team identified attendees prior to scheduling to ensure these were well attended and of value.

Ensure the daily Patient Flow Action Teams (PFATs) are appropriately attended and re-focussed on patient flow.

PFATs were undertaken on a daily basis during the week before Christmas and continued through to the end of January focussing on the patient's next stage of treatment. The Ward Board Rounds and 11am Charge Nurses meeting continue to support patient flow.

Resolve staffing issues, this is not an action specific to winter planning, however the difficulties over the festive period would have been greatly reduced if staffing had not been such an issue. (Supplementary Staffing Group).

Significant improvements have been made around vacancy management and leave planning.

Investigate how discharges can be level loaded over the festive period, including looking at providing normal levels of AHP and Social Work cover on the 2nd Public Holiday each week and in the days following.

In line with the work started during 2013 around patient flow, the BGH and Community Hospitals continued to manage this consistently on a daily basis over the festive period through the board rounds in each ward.

Improve links with Borders Ability Equipment Store (BAES) availability over the festive period. Specifically the satellite stores are appropriately stocked and accessible.

The satellite stores were stocked with the items identified on 24 December and 31 December.