

Borders NHS Board**NHS BORDERS 2013/14 FESTIVE PERIOD REPORT****Aim**

To update the Board on performance over the festive period only, specifically 16 December 2013 – 03 January 2014.

Background

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

After each winter period the Winter Planning Group convenes to assess what worked well and what didn't over the previous period and key recommendations are made, which are taken forward in preparation for the next winter period. This full report will come to the Board on 03 April 2014.

Assessment**Strengths:**

The patient flow improvement initiatives implemented throughout the year continued to function well over the festive period. In particular the 11am Charge Nurse Flow meeting and the individual ward Board Rounds provided additional value this year. Despite an increase in ED attendance our performance against the Emergency Access Standard has improved (See Table 1 and Table 2).

The availability of Bed Busters on the Public Holidays, Evenings and Weekends to support patient flow and the additional ENP and Medical Hours in the ED over this period seem to have contributed to supporting the system during this period.

Recommendations for Future Winter Planning:

These are still being discussed but early suggestions for further work to build upon are:

- Availability of carers, this is not a problem specific to the festive period or winter period but needs to be addressed
- The consistent availability of someone familiar with co-ordinating community hospital transfers available throughout the festive period.
- Better coordination of Senior Management availability throughout the festive period.

Emergency Department Activity Summary:

Attendance at the ED over the festive period has increased significantly since 2011/12 (+14%) and again since 2012/13 (5%), however performance against the EAS has improved. The tables below demonstrate activity levels over the 3 week festive period taking into account the week prior to Xmas.

A local media campaign 'Know where to turn to when you're ill' was launched the week before Christmas encouraging patients to get their care from the most appropriate provider and only use the ED 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 since 2012/13 by around 5%, however attendances over the weekend periods (during the festive fortnight) demonstrated a reduction of around 7%.

Table 1: ED Attendances

Year	Total Attendance		Total Breaches		Weekend Attendance		Weekend Breaches		Public Holiday Attendance		Public Holiday Breaches	
2011/12	1,155		36		229		3		296		7	
2012/13	1,266	(+111)	72	(+36)	297	(+68)	7	(+4)	248	(-48)	7	(0)
2013/14	1,332	(+66)	29	(-43)	277	(-20)	2	(-5)	301	(+53)	1 (-6)	(-6)

*Variance from previous year

Table 2: EAS Performance

Year	Total EAS Performance	Weekend EAS Performance	Public Holiday EAS Performance
2011/12	96.9%	98.7%	97.7%
2012/13	94.4%	97.7%	97.2%
2013/14	97.9%	99.2%	99.9%

BGH Activity Summary:

Admissions and discharges in the BGH were in balance and very much in line with what we saw last year. Admissions over the weekend period were down (22%) compared to 2012/13, which may also be an impact of the media campaign.

Table 3: 3 BGH Admissions & Discharges

Year	Total Admissions		Total Discharges		Weekend Admissions		Weekend Discharges		Public Holiday Admissions		Public Holiday Discharges	
2011/12	850		841		159		176		184		134	
2012/13	742	(+108)	758	(-83)	147	(-14)	131	(-45)	153	(-29)	161	(+27)
2013/14	732	(-10)	761	(+3)	116	(-31)	119	(-12)	156	(+3)	113	(-48)

*Variance from previous year

Community Activity Summary:

Table 4: Community Hospital Admissions & Discharges

Year	Total Admissions		Total Discharges		Weekend Admissions		Weekend Discharges		Public Holiday Admissions		Public Holiday Discharges	
2011/12	38		49		4		8		2		4	
2012/13	68	(+30)	63	(+14)	6	(+2)	5	(-3)	9	(+7)	7	(+3)
2013/14	54	(-14)	55	(-8)	5	(-1)	5	(0)	3	(-6)	5	(-2)

*Variance from previous year

BECS Activity Summary:

BECS activity was significantly reduced compared to last year. Where demand for telephone advice remained relatively consistent there were reductions in those actually attending BECS (27%) and home visits (28%). This is relatively consistent with the 23% reduction on workload noted by NHS24.

Staffing was identified as a major concern for BECS in the run up to the festive period however appropriate and safe levels of cover were provided.

Table 5: BECS Activity Summary

Year	Telephone Advice Provided	Attendances	Visits	Total
2011/12				
2012/13	293	763	432	1,488
2013/14	321	559	313	1,193

Summary

Despite the increased level of activity coming through ED and a similar demand for beds the system performed relatively well when using the EAS as a proxy measure. There are however learning points to take forward to improve performance and resilience next year.

Recommendation

The Board is asked to **note** the 2013/14 Festive Period Report, the good performance of the system during this period and the outline recommendations for future winter planning

The Board is asked to **note** that a full Winter Period Report will be brought to the Board on 4 April 2014.

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	
Resource/Staffing Implications	Resource and staffing implications were addressed within the Winter Plan

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Operating Officer		

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