**Borders NHS Board**

## NHS BORDERS 2012/13 WINTER PERIOD REPORT

### Aim

To update the Board on key activity relating to the 2012/13 winter period, specifically focussing on the festive period from 17 December to 6 January.

### Background

NHS Borders like all Scottish Health Boards are required on an annual basis to produce a Winter Plan which outline potential risks and contingency planning relevant to the to the winter season, with a particular focus on the festive period. The 2012/13 was discussed and subsequently approved by the NHS Borders Board at the 6 December 2012 NHS Borders Board.

The winter plan is an overarching plan which signposts other relevant protocols, which may be required over the winter period, for example sever weather policy, pandemic influenza plans, infection control plans. The winter plan also has a specific focus on service provision, staffing and patient flow over the festive period to ensure that NHS Borders continues business as usual as much as possible over the holidays.

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. The key recommendations from 2011/12 can be found in **Appendix 1**.

### Assessment

The key challenges over the winter period have been norovirus which at certain times has significantly impacted on bed availability and staffing. The Infection Control and Patient Flow Action Team (PFAT) meetings assisted greatly in terms of coordinating planning, keeping everyone well briefed and maintaining system wide focus on the problems and resolution.

Across the main adult wards[1] in December sickness absence was around 7.7%, as a result of these issues the bank struggled to cope. There has been a lot of focus within the Executive Team and the Clinical Boards in regards to coordinating staffing and ensuring wards/services are safely staffed whilst trying to avoid incurring excessive agency costs.

Over the festive period itself the general sense was that despite the pressures/restrictions detailed above the system coped relatively well. The proposed staffing numbers for key service areas was seen as sufficient to meet expected demand, however because of

[1] Wards 4, 5, 6, 7 (inc PSAU), 9, 10, MKU and 16

sickness/absence some areas like nursing and AHPs struggled to provide the planned levels.

Having increased levels of Emergency Department (ED), Borders Emergency Care Service (BECS) and Allied Health Professional (AHP) cover at key times helped deal with immediate pressures, also having the Red Cross available to support transport, assisted in terms of patient flow although this could have been utilised more effectively. The informal meetings between Discharge Liaison, Physio, OT and Social Work on the Public Holidays were again productive in terms of focussing resource and prioritising discharge.

Data shows us that this year over the Christmas and New Year week there was no significant drop in admission rates compared to a normal week. The discharge profile demonstrates peaks and troughs in discharge rates on certain days, however overall we managed to keep the admissions and discharges in balance during the festive period. However, the Emergency Access Standard is generally a good indicator that our system is working well or otherwise, we reported multiple breaches in the days following the first public holiday on both weeks. Again this is a year round issue, however we need to ensure that the number of admissions and discharges are more aligned or the system is put under pressure.

More detailed activity data for the ED, BECS, BGH and the Community can be found in **Appendices 2 - 5**

Key Lessons

The pattern of discharging patients has been identified as a key issue, as referred to above discharge numbers peaked at certain times over the holiday period, specifically Christmas Eve and New Years Eve. The Winter Planning Group reported that this put significant pressure on services such as Transport and Pharmacy. Not having a level loaded discharge profile when beds are tight means that the system will struggle to cope at certain points as evidenced by the number of breaches over the 2 week holiday period (68, 93% performance).

Feedback from the Winter Planning Group suggested that although still valuable there were a number of areas that perhaps didn't have as significant impact or didn't work as well as in previous years:

- The daily mini Patient Flow Action Team (PFAT) - Was perhaps not as effective as in previous years as much of the focus of the BGH Site/Hospital Managers was resolving staffing issues.
- Multi Disciplinary Team meetings (MDT) - Although they did take place, in the Community Hospitals they were reported to have mixed effectiveness mainly down to attendances
- Daily Snap Shots – Anecdotal evidence that these weren't utilised in all areas because Pharmacy reported a number of staff who advised them they weren't aware they were open.
- Staffing – Struggled over the festive period, this is not specific to the festive period and something the BGH and P&CS have been struggling with for sometime now (this is being addressed through the Supplementary Staffing Group)

There were no areas of activity or levels of cover that were assessed as being not required in future years, following discussion within the Winter Planning Group.

**Recommendations for Future Winter Planning**

1. The booking of transport needs to be more effectively managed especially 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.

2. 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.

3. 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.

4. Ensure the daily PFATs are appropriately attended and re-focussed on patient flow.

5. 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).

6. 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.

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

**Recommendation**

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. |
| **Consultation** | Feedback was provided by the Winter Planning Group |
| **Consultation with Professional Committees** | The original Winter Plan was originally approved by the Chief Executive and the Chief Operating Officer and subsequently 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 | | |

**Author(s)**

| Name | Designation | Name | Designation |
|---|---|---|---|
| Tim Cameron | Acting Planned Care Service Manager | | |

## Appendix 1

## 2011/12 – Key Recommendations

**Early planning and communication around managing minimal levels of annual leave over the festive period (week before, during and after) – particularly within physiotherapy and occupation therapy services in BGH and the community in order to ensure normal non-festive period levels of cover.**
Nursing and AHP Services across the organisation identified cover levels required across the festive period, communicating with staff the need for restricted annual leave during the festive period.

**Clarification around current position in instances where service leads have deemed a requirement for service cover on public holidays (i.e. due to service demand) – by June 2012.**
A guidance note was developed by Human Resources detailing the position for service managers in terms of providing service cover during public holidays. This was discussed and approved by the Area Partnership Forum in May 2012.

**Ensure that full MDTs take place each week over the festive period in all wards – with particular focus on ward 10 and within each Community Hospital.**
MDTs were conducted across the Community Hospitals and in Ward 10 across the holiday period. Primary & Community Services (P&CS) reported that the MDTs in the Community Hospitals had mixed effectiveness as a result of different level of attendances

**Organise contingency arrangements for nursing cover in the BGH and Community Hospitals on key dates over the festive period – include links to nurse bank.**
It was agreed that annual leave would not be approved within any of the ward areas over the festive period. Plans were in place to provide additional nursing staff in the BGH (2 on during the day and 1 in the evening to provide some flex capacity to enable us to better react to any surge in activity or cover last minute sickness absence (across the BGH and P&CS). This wasn't possible at all times because of wider staffing issues.

**Widen the remit of the winter planning group to inform planning around other in-year periods which have similarities to the challenges faced over the festive period (e.g. long public holiday weekends etc).**
The Winter Planning Group extended its remit to include planning for the Golden Jubilee weekend.

## Appendix 2

## Emergency Department Activity

There were a total of 248 attendances to the Emergency Department (ED) over the four public holidays. The New Year period was busier than the Christmas public holidays with 2nd January busiest day overall, however attendance rates on 2nd January 2013 were down on the same period as last year. Table 3 indicates the cumulative festive activity in ED and the number of breaches of the Emergency Access Standard (EAS) over the periods in question*.

Table1: ED Festive Activity Cumulative

| Date | Attendances | Variance on previous year | Breaches of EAS | Variance on previous year |
|---|---|---|---|---|
| 2009/10 | 520 | n/a | 6 | n/a |
| 2010/11 | 586 | +66 (11.3%) | 31 | +25 |
| 2011/12 | 605 | +19 (3%) | 12 | -19 |
| 2012/13 | 248 | n/a* | 7 | -5 |

***Please note:** The figures for 2012/13 cover 2 days Public Holidays 2009/10, 2010/11 and 2011/12 data covered the Public Holidays and the weekend prior to the public Holiday

39.5% (98) of ED attendances were admitted to BGH, 3.6% (9) were discharged to BECS, 0.8% (3) were transferred to another Hospital and 0.4% (1) other. The remaining 55.7% (138) were discharged home.

Table 2: Destination of ED attendees

| Date | No of attendances | Admissions | Transfer to other hospital | Referral to BECS | Other |
|---|---|---|---|---|---|
| 25/12/12 | 41 | 18 | 0 | 0 | 0 |
| 26/12/12 | 57 | 21 | 2 | 3 | 0 |
| 01/01/13 | 74 | 32 | 0 | 1 | 1 |
| 02/01/13 | 76 | 27 | 0 | 5 | 0 |

NHS Borders failed to achieve compliance with the 4-hour Emergency Access Standard for December 2012. There were 7 breaches of the EAS over the Christmas and New Year public holidays with norovirus continuing to impact on available admission beds over the period.

The presence of a Specialty Dr in the ED each day between 0900hrs and 2100hrs had a positive impact during a difficult time with bed availability curtailed because of norovirus and large number of patients reporting with respiratory conditions.

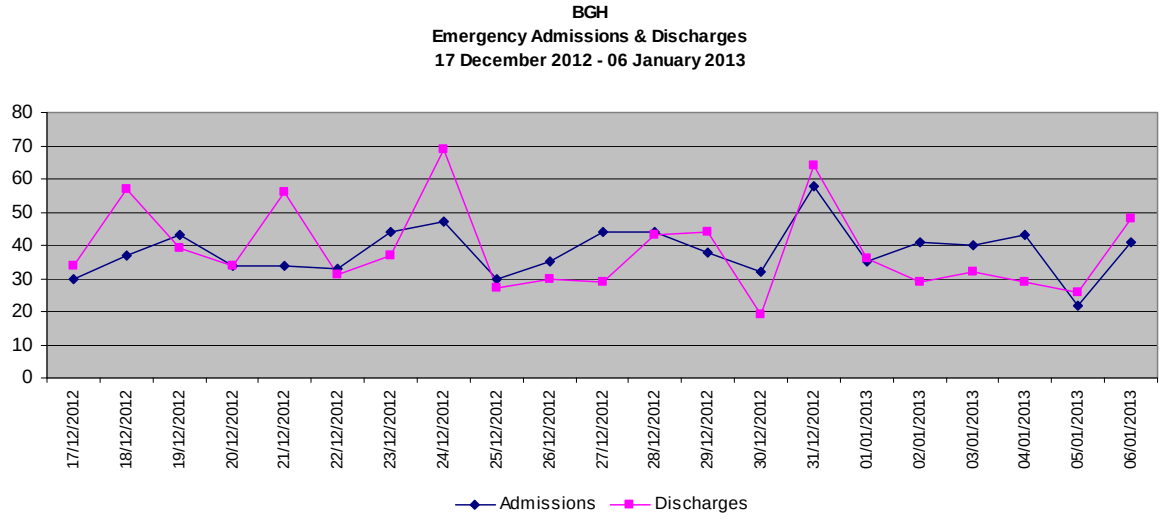
## Appendix 3

## BGH Activity Summary

The emergency admissions into the BGH over the 3 week period remained relatively static compared to the same period 2011/12, with a total of 805 emergency admissions compared to 827 last year. This figure represents a change in the recent trend of increased admissions over the festive period that we have witnessed since 2009/10.

As per 2011/12 the number of discharges over the festive period almost exactly mirrored the number of admissions with 805 discharges over the same time period, representing in numerical terms, 99.7% of the total volume of admissions. This is an increase from the previous years, when discharges represented 98% (2011/12) 93% (2010/11) and 90% (2009/10) of the volume of admissions. Peaks in the number of discharges were experienced on Monday 24th December (69) and Monday 31st December (64).

Graph 1:




The trend of achieving markedly higher numbers of discharges compared to the number of admissions in the week prior to Christmas, peaking on 24 December was again repeated this year. The other peak in discharges over this period came on 31 December. Historical data show's us that on average over any given weekend we would discharge around 47 patients, however on the weekends prior to Christmas and New Year we discharged 66, which is an increase of almost 30%.

Over the two public holiday period the attendances at ED were far greater on 1 and 2 January, however the percentage of patients admitted was significantly lower, 51% compared to 66% on 25 and 26 December.

## Appendix 4

## Borders Emergency Care Service Activity Summary (BECS)

The call activity predicted by Simul8 (NHS24 software) was considerably lower than the actual activity experienced, with a total of 505 calls being taken over the two public holiday weekends, compared to a prediction of 347. The volume of calls was significantly higher than in the previous year, however on further investigation last year seemed to be a dip in the usual trend of around 1,000 – 1,200 calls over the public holiday weekends.

Table 3: BECS Activity Predicted v Actual

| Date | PH/WE | Predicted Activity | Actual Activity | Variance |
|---|---|---|---|---|
| 24/12/11 | WE | 66 | 54 | -12 |
| 25/12/11 | WE | 33 | 63 | +30 |
| 26/12/11 | PH | 91 | 86 | -5 |
| 27/12/11 | PH | 90 | 81 | -9 |
| 31/12/11 | WE | 72 | 76 | +4 |
| 01/01/12 | WE | 75 | 62 | -13 |
| 02/01/12 | PH | 121 | 77 | -44 |
| 03/01/12 | PH | 82 | 82 | 0 |
| | | | | |
| 25/12/12 | PH | 71 | 79 | +8 |
| 26/12/12 | PH | 109 | 156 | +47 |
| | | | | |
| 01/01/13 | PH | 66 | 104 | +38 |
| 02/01/13 | PH | 101 | 166 | +65 |

Similar to ED activity, the busiest day over the public holidays was 2 January; similar levels of activity were experienced on 26 December however unlike the second New Year Bank Holiday the activity levels were not mirrored in ED. Where as last year the Simul8 predictor was relatively accurate most days with the biggest variance being Christmas Day, this year the trend has been totally reversed with the predicted and actual Christmas day activity very similar with the predicted and actual activity for all the other days being significantly different.

As previous years, there was a planned increase of actual GP capacity to cope with the predicted demand within the service during both the Christmas and New Year breaks. This worked relatively well especially given demand was far higher than originally predicted.

## Appendix 5

## Community Activity Summary

No significant issues were reported from primary care or district nursing teams over the festive period. In relation to Community Hospitals, numbers of admissions were significantly higher than over the festive period the previous year (69 admissions compared to 38 last year), as were discharges (67 compared to 49). Like the BGH the admissions and discharge profiles almost directly mirrored each other during this time in terms of overall numbers. The increased levels of admission and discharge into the Community Hospitals may be attributable to the BGH reliance on Community Hospital beds because of the presence of norovirus within the BGH. (Please note that last years figures also included admissions to and discharges from Teviot Bank).

Graph 2: