

Borders NHS Board



NHS BORDERS 2015/16 FESTIVE PERIOD REPORT

Aim

To update the Board on performance over the festive period only: 17th December 2015 until 4th January 2016.

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 2015/16 plan was discussed and subsequently approved at the October 2015 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 in April 2016.

Assessment

Strengths:

The following initiatives appeared to support the strong performance over the festive period 2015/16:

1. A focus on managing patient flow
 - a. Repeat of cover arrangements for front door (BECS/ED) festive period that were implemented last year
 - b. Robust patient flow management infrastructure – regular patient flow meetings, Hospital Safety Brief, Weekend and public holiday duty management team
 - c. Cover at festive period – medical cover, support services
2. Staffing
 - a. The proactive recruitment of additional nursing staff meant that staff were mostly in place to provide additional cover during the festive period
 - b. The decision not to roster ward nursing staff annual leave over the festive period provided resilience in supporting areas of high demand. There was little dependence on bank or agency staffing
3. Medical staffing arrangements were effective with additional medical staff on duty over the period to enable senior decision-making and patient progress
4. Acute Assessment Unit – implemented in time to bed in before Christmas. This was one of the significant service changes identified in the Winter Plan that was implemented.

5. Discharge planning – a focus on emptying beds before Christmas, Discharge Hub and focus on moving patients on
6. The use of Flex beds.

Recommendations for Future Winter Planning:

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

- Continued work on Delayed Discharges on a whole system basis
- Continuing to ensure early planning when preparing the winter plan with partners for festive period planning, especially Social Work, and the Scottish Ambulance Service.
- Forward planning during the festive period for the January activity peaks – we need to pay particular attention to planning for peaks in activity there was a delay between full staff returning from holidays and increased patient flow. We should have had a more detailed plan to ensure services are able to continue to respond to service demand over the festive period.
- Review scheduling of elective operating in the first week of January. We did cancel procedures due to patient flow pressures.

Emergency Department (ED) Activity Summary

Attendance at the Emergency Department over the festive period has returned to a similar level as activity in 2012/13, after an increase of 14.7% between 2012/13 and 2014/15, see Table 1. ED attendances decreased overall by 15.2%; over the festive weekends by 1.47%; and Public Holiday attendance decreased by 1.62% compared to 2014/15. Please see Table 1 below for attendance numbers.

This was the first year where a fully functioning acute assessment (AAU) and ambulatory care (ACU) service was operational (see below). This service assessed patients who would formerly have been seen in ED.

Christmas Day and New Years Day fell on a Friday, and GP surgeries were closed for 2 periods of 4 consecutive days over the festive period, both incorporating weekends, which was the same as last year. However, ED had a marked decrease in breaches compared to the high levels of 2014/15. Only 2 cases breached due to bed availability during the period, see Table 2. The overall number of breaches in ED during this period was 65% less than in 2014/15. . There were breaches in AAU which are considered below.

Reported performance against the 4 hour standard (EAS) has improved this year compared to 2014/15, with 97.1% of patients seen within 4 hours compared to the standard of 95%, see table 4. Public holiday performance improved to 97.7%, compared to 92.9% in 2014/15 and weekend performance also increased at 97.4% compared to 88.6% in 2014/15.

Table 1: ED Attendances

Year	Total Attendance		Total Breaches		Weekend Attendance ²		Weekend Breaches ²		Public Holiday Attendance		Public Holiday Breaches	
2012/13	1,266	(+111) 9.6%	72	(+36) 100%	454	(+225) 98.3%	10	(+7) 233.3%	248	(-48) -16.2%	7	(0) 0.0%
2013/14	1,320	(+54) 4.3%	16 ¹	(-56) -77.8%	439	(-15) -3.3%	6	(-4) -40.0%	297 ¹	(+53) 19.8%	1	(-6) -85.7%
2014/15	1,484	(+164) 12.4%	176	(+160) 1000%	475	(+36) 8.2%	54	(+48) 800%	309	(+12) 4.0%	22	(+22) 2200.0%
2015/16	1,259	(-225) -15.2%	36	(-140) -79.5%	468	(-7) -1.47%	12	(-42) -77.78%	304	(-12) -1.62%	7	(-15) -68.18%

^{*}Variance from previous year

¹ Previously reported data to the board included dates out with the reporting period which have now been updated.

² Please note: Weekend figures have adjusted for all years to include 3 full weekends (6 days) to enable an accurate year on year comparison.

Table 2: ED Breaches by Reason for Wait Description

Breach Reason for Wait Description	2012/13	2013/14	2014/15	2015/16
Wait for bed	31	1	137	2
Wait for 1st ED Assessment	20	5	17	11
Other reason	2	2	6	8
Wait for Senior Review- Orthopaedics			6	1
Wait for treatment to end	5	1	5	1
Wait for transport	5	4	2	3
Clinical reason(s)	2		1	5
Wait for diagnostics test(s)	4	1	1	3
Wait for a specialist	3	2	1	2
Total	72	16	176	36

Table 3: ED Attendances by Flow

Patient Flow Description	Attendances				Percentage Difference on Previous Year		
	2012/13	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
Flow 1: Minor Injury & Illness	685	538	692	729	-21%	29%	5%
Flow 2: Acute assessment - includes major injuries	102	249	192	146	144%	-23%	-24%
Flow 3: Medical Admissions	361	371	466	248	3%	26%	-47%
Flow 4: Surgical Admissions	118	162	134	136	37%	-17%	1%
Total	1266	1320	1484	1259	4%	12%	-15%

Table 4: EAS Performance

Year	Total EAS Performance	Weekend EAS Performance ¹	Public Holiday EAS Performance
2012/13	94.3%	97.8%	97.2%
2013/14	98.8%	98.6%	99.9%
2014/15	88.1%	88.6%	92.9%
2015/16	97.1%	97.4%	97.7%

¹Please note: Weekend figures have been adjusted for all years to include 3 full weekends (6 days) to enable an accurate year on year comparison.

Acute Assessment Unit and Ambulatory Care Unit Summary

The Acute Assessment Unit opened on the 2nd December 2015. Over the Festive period there were 175 attendances, with 40 seen during the weekends and 20 on the public holidays. In total there were 25 breaches of the 4 hour target, an overall percentage of

85.7% seen within target. During the three weekends there were 3 breaches of 40 attendances, a rate of 92.5% within target. Over the 4 public holiday days there were 3 breaches of the 20 attendances: a rate of 85% within target. As this is a new unit comparative data is not available from previous years. Breach reasons are unavailable as these are not reliably recorded on the data recording sheets at this current time.

On adding the AAU activity to the ED attendances, it can be seen that there was an overall fall of 4% on 2014/15 ED attendances. The establishment of the AAU is reflected in a 47% decrease in Flow 3 attendances at ED (these are patients who now attend AAU directly), please see Table 3 above.

Table 5: Acute Assessment Unit Attendances

Year	Total Attendances		Total Breaches		Weekend Attendance		Weekend Breaches		Public Holiday Attendance		Public Holiday Breaches	
2015/16	175		25		40		3		20		3	

Table 6: AAU EAS Performance

Year	Total EAS Performance	Weekend EAS Performance	Public Holiday EAS Performance
2015/16	85.71%	92.50%	85.00%

Table 7: Ambulatory Care Unit Attendances

Year	Total Attendances		Weekend Attendance		Public Holiday Attendance	
2015/16	80		16		14	

Table 8: Ambulatory Care Unit Admissions & Discharges

Year	Total Admissions		Total Discharges		Weekend Admissions		Weekend Discharges		Public Holiday Admissions		Public Holiday Discharges	
2015/16	25		55		3		13		2		12	

BECS Activity Summary

The Festive Period for BECS showed a return to similar volumes of patient care episodes last seen in 2013/2014. This has meant a 9.6% decrease in volume from activity last year. Telephone advice has decreased by 22.1%, attendances by 4.6%, and Visits by 11.6%.

91.6% of patients requiring a face to face consultation within the Primary Care Emergency Centre at Borders General Hospital were seen within the 4 hour request time advised by NHS24. 90.3% of patients requiring a home visit were seen within their designated triage times of 1, 2 or 4 hours.

Table 9: BECS Activity Summary

Year	Telephone Advice Provided		Attendances		Visits		Total	
2012/13	293		763		432		1488	
2013/14	321	(+ 28) +9.6%	559	(-204) -26.7%	313	(-119) -27.5%	1193	(-295) -19.8%
2014/15	429	(+108) +33.6%	650	(+91) +16.3%	411	(+98) +31.3%	1490	(+297) +24.9%
2015/16	334	(-95) -22.1%	620	(-30) -4.6%	363	(-48) -11.6%	1346	(-144) -9.6%

*Variance from previous year

BGH Activity Summary

Emergency admissions to the BGH decreased by 28.4% during 2015/16 compared to the previous year, whilst weekend admissions decreased by 15.9% and public holiday admissions decreased by 34.8%, see Table 10 below. This drop matches with the lower ED attendance rate seen this year than in 2014/15 (a decrease of 15.2%).

The number of discharges reduced by 29.1% during the 2015/16 festive period, compared to the previous year; and weekend and Public Holiday discharge performance decreased compared to the previous year at 28.4% and 37.9% respectively. Patients' average length of stay has dropped below 3 days this year, see Table 12 below.

A drop in emergency admissions and discharges was seen even if the number of patients admitted to the Acute Assessment Unit (175 in the period), rather than being admitted directly to the Medical Assessment Unit, are included. If these figures are included there is a decrease in admissions from 2014/15 to 2015/16 of 5.7% and a decrease for discharges of 17.1%.

In the BGH there was a median of 15 more empty beds available at 7am each day than the previous year, see Table 13 below. There was just one day over this period when there were less beds available than the previous year. This means that bed availability in the hospital was better during this festive period than in 2014/15.

To improve patient flow in the BGH the aim is to discharge as many patients as possible before 11am and 12 noon. The number discharged before 11am has increased from 7.4% to 8.8% (48 cases), although those discharged before 12 noon has decreased by 0.9% to 13% (71 cases). At the weekend those discharged before noon increased to 21.4% (28 cases), but those discharged before noon on the public holiday days dropped 3.6% to 8.5% (7 cases).

An indicator that beds were under pressure is the number of boarders that are in the hospital at any one time. There was an average of 15 less boarders each day in 2015/16 than in 2014/15. On 31st December there were 12 boarders, which had increased to 20 on 4th January. 81% of boarders were medical this year compared to 89% in 2014/15.

Stroke bundle performance was strong in the period with 100% of patients being admitted to the Stroke Unit within 24 hours (6/6) and receiving a CT scan (8/8), a swallowing assessment (8/8) and aspirin (5/5) on time.

Table 10: BGH Emergency Admissions & Discharges

Year	Total Admissions		Total Discharges		Weekend Admissions ¹		Weekend Discharges ¹		Public Holiday Admissions		Public Holiday Discharges	
2012/13	742	(-108) -12.7%	758	(-83) -9.9%	233	(-74) -24.1%	192	(+16) 9.1%	153	(-29) -15.9%	161	(+27) 14.4%
2013/14	732	(-10) -1.4%	761	(+3) 0.4%	119	(-114) -48.9	123	(-69) -35.9	156	(+3) 2.0%	113	(-48) -29.8%
2014/15	772	(+40) 5.5%	743	(-18) -2.4%	227	(+111) +90.7%	183	(+60) 48.8%	164	(+8) 5.1%	132	(+19) 16.8%
2015/16	553	(-219) -28.4%	547	(-225) -29.1%	191	(-36) -15.9%	131	(-52) -28.4%	107	(-57) -34.8%	82	(-50) -37.9%
2015/16 Inc AAU	728	(-44) -5.7%	616	(-127) -17.1%	231	(+4) 1.8%	149	(-34) -18.6%	127	(-37) -22.6%	91	(-41) -31.1%

*Variance from previous year ¹Please note: Weekend figures have been adjusted for all years to include 3 full weekends (6 days) to enable an accurate year on year comparison.

Table 11: Emergency Admissions and Discharges by ward

Ward	Total Admissions	Total Discharges	Weekend Admissions ¹	Weekend Discharges ¹	Public Holiday Admissions	Public Holiday Discharges
MAU	260	96	84	29	51	18
ITU	4	4	2	2		
Ward 5	40	27	16	7	7	4
Ward 7	91	81	32	18	13	14
Ward 9	36	32	21	11	8	3
MKU	2	11		5	1	1
Ward 12	2	33		12		3
Ward 15	86	87	29	28	17	13
Ward 16	29	42	7	4	9	11
SCBU	3	1			1	
Ward 4		36		8		4
BSU		14		3		
Discharge Lounge		66		2		10
DME		17		2		1
Total	553	547	191	131	107	82

Table 12: BGH December 2015 Activity

Month	December Activity				Percentage Increase on Previous Year		
	Admissions	Discharges	Occupied Bed Days	ALoS (Days)	Admissions	Discharges	Occupied Bed Days
Dec-12	1661	1758	6090	3.46	-	-	-
Dec-13	1751	2050	6800	3.32	5.4%	16.6%	11.7%
Dec-14	1807	2115	7006	3.31	3.2%	3.2%	3.0%
Dec-15	1893	2213	6528	2.95	4.8%	4.6%	-6.8%
Percentage increase December 2015 compared with 2012					14.0%	25.9%	7.2%

Table 13: 11am and 12 midday discharges achieved

Year	Total Discharges		Weekend Discharges		Public Holiday Discharges	
	11am	12 midday	11am	12 midday	11am	12 midday
2012/13	56 (7.4%)	95 (12.5%)	9 (1.2%)	15 (7.8%)	8 (5.0%)	21 (13.0%)
2013/14	78 (10.2%)	127 (16.7%)	14 (1.8%)	24 (19.5%)	25 (22.1%)	35 (31.0%)

2014/15	55 (7.4%)	103 (13.9%)	18 (2.4%)	30 (16.4%)	9 (6.8%)	16 (12.1%)
2015/16	48 (8.8%)	71 (13.0%)	20 (3.7%)	28 (21.4%)	6 (7.3%)	7 (8.5%)

Table 14: Boarders

Total Boarders	As at 17/12/2015	As at 24/12/2015	As at 31/12/2015	As at 04/01/2015
Total	9	3	12	20

Please note: these data show a snapshot of current boarders on each day as specified

Infection Control

During the festive period (17th December 2015 – 4th January 2016), there were no closures of inpatient areas due to outbreaks of infection.

Elective Theatre Cancellations

11 patients' procedures were cancelled over the festive period. 6 of these were for a non-clinical reason (5.5%) which is over three times the local target set of 1.5%. This local target is based on the Scottish Board average for May – August 2015. Three cases were cancelled because there was no bed available, 2 because of over-runs in theatre and 1 case because a blood analyser failed.

Table 15: Cancellations by type

Cancellation Type (Scottish Average)	Total Procedures	Total cancellations	Hospital ¹ (Target 1.5%)	Clinical ² (Target 2.8%)	Patient ³ (Target 3.7%)	Other ⁴ (Target 1%)
Cancellation Numbers (17/12 – 04/01)	110	11	6	2	3	0
Cancellation Rate (17/12 – 04/01)	-	10.0%	5.5%	1.8%	2.7%	0%

Table 16: Cancellations by Reason

Reason	2015/16
No surgeon/anaesthetist to cover list	
Emergency took priority	
Out of time	2
Inappropriately listed	
Contaminated trays	
Scheduling Issue	
No theatre staff	
No nursing staff – DPU	
No beds	3
Equipment Issue	1
Total	6

Waiting Times – Treatment Time Guarantee/ Referral To Treatment

7 patients had their planned operations cancelled during the first week of January, with the result that some of these will breach Treatment Time Guarantee, mainly within Orthopaedic Surgery. Currently we are predicting that 6 patients will be reported as breaches. Every effort has been made to rebook these patients as soon as possible.

There has been some deterioration in outpatient performance due to a planned reduction in clinics over the festive period. Dermatology and Ear, Nose and Throat are giving particular challenges at present. Plans are being developed to reduce the number of patients waiting in these specialties.

Community Activity Summary

Total community hospital admissions decreased by 3.3% for 2015/16 compared to the previous year. Weekend admissions increased by 10% whilst public holiday admissions went up by 2 (very small numbers each year).

In line with overall Borders performance Community Hospital discharge performance decreased by 20.9% during the 2015/16 festive period, compared to the previous year. Weekend and Public Holiday discharge performance also reduced compared to the previous year at 38.5% and 55.6% increase respectively (small numbers each year). The average length of stay for patients in December 2015 increased by 4 days to 24.6 days compared to December 2014, this is particularly apparent in Hay Lodge where, on the 6th January, there were 5 delayed discharge patients with delays of over 2 weeks.

Table 21: Community Hospital Admissions & Discharges

Year	Total Admissions		Total Discharges		Weekend Admissions ¹		Weekend Discharges ¹		Public Holiday Admissions		Public Holiday Discharges	
2012/13	68	(+30) 78.9%	63	(+14) 28.6%	6	(+4) 200%	10	(+2) 25.0%	9	(+7) 350.0%	7	(+3) 75%
2013/14	54	(-14) -20.6%	55	(-8) -12.7%	5	(-1) -16.7%	5	(-5) -50.0%	3	(-6) -66.7%	5	(-2) -28.6%
2014/15	61	(+7) 13.0%	67	(+12) 21.8%	10	(+5) 100%	13	(+8) 160.0%	3	0 0.0%	9	(+4) 80%
2015/16	59	(-2) -3.3%	53	(-14) -20.9%	11	(+1) 10%	8	(-5) -38.5%	5	2 66.7%	4	(-5) -55.6%

* Variance from previous year

¹Please note: Weekend figures have been adjusted for all years to include 3 full weekends (6 days) to enable an accurate year on year comparison.

Table 22: Community Hospital December 2015 Activity

Month	December Activity				Percentage Increase on Previous Year		
	Admissions	Discharges	Occupied Bed Days	ALoS (Days)	Admissions	Discharges	Occupied Bed Days
Dec-12	109	106	2448	23.1	-	-	-
Dec-13	80	82	2529	30.8	-26.6%	-22.6%	3.3%
Dec-14	118	122	2517	20.6	47.5%	48.8%	-0.5%
Dec-15	101	99	2439	24.6	-14.4%	-18.9%	-3.1%
Percentage increase December 2015 compared with 2012					-7.3%	-6.6%	-0.4%

Table 23: Community Hospital December 2015 Length of Stay

Hospital	December Average Length of Stay (Days)
Hawick	15.5
Hay Lodge	30.7
Kelso	32.1
The Knoll	27.3
Total	24.6

Delayed Discharges

December 2015 saw a 10% decrease in the number of delayed discharge cases (64) compared with December 2014 (71). The number of cases over 2 weeks as at 6th January 2016 was 12, with 10 of these waiting in community hospitals. There are a greater number of cases over two weeks comparing January 2015 with January 2016 with an increased length of stay, particularly in our Community Hospitals. The key reasons for delay experienced by patients have been influenced by a number of reasons. There are some issues relating to the unavailability of particularly complex care packages for home care in some areas; choices of care home placements; and a significant number of complex cases, specifically Adults with Incapacity related delays and one move only cases.

Actions to be taken to reduce the delays are:

1. Testing the community hospital screening out approach – through Connected Care – with dedicated care managers allocated to the CHs across the Borders
2. Senior Management input – critical friend approach to support discharge planning and flow
3. Daily review of data and delayed cases to ensure all clear plans are in place
4. Development of robust tracking to assist with co-ordination
5. Working with main provider – SBCares to ensure turnover of homecare hours is in place to assist with flow

Table 24: Delayed Discharges comparison by week

Total Delayed Discharges	As at 16/12/2015			As at 23/12/2015			As at 30/12/2015			As at 06/01/2016		
	Total	>3 days	>2 wks	Total	>3 days	>2 wks	Total	>3 days	>2 wks	Total	>3 days	>2 wks
BGH	2	1	1	0	0	0	5	0	0	3	3	0
Community Hospitals	13	4	4	11	4	2	11	7	4	12	2	10
Mental Health	2		2	1	0	1	1	0	1	2	0	2
Total	17	5	7	12	4	3	17	7	5	17	5	12

Please note: these data show a snapshot of current delayed discharges on each day as specified

Table 25: Complex Delayed Discharges by area

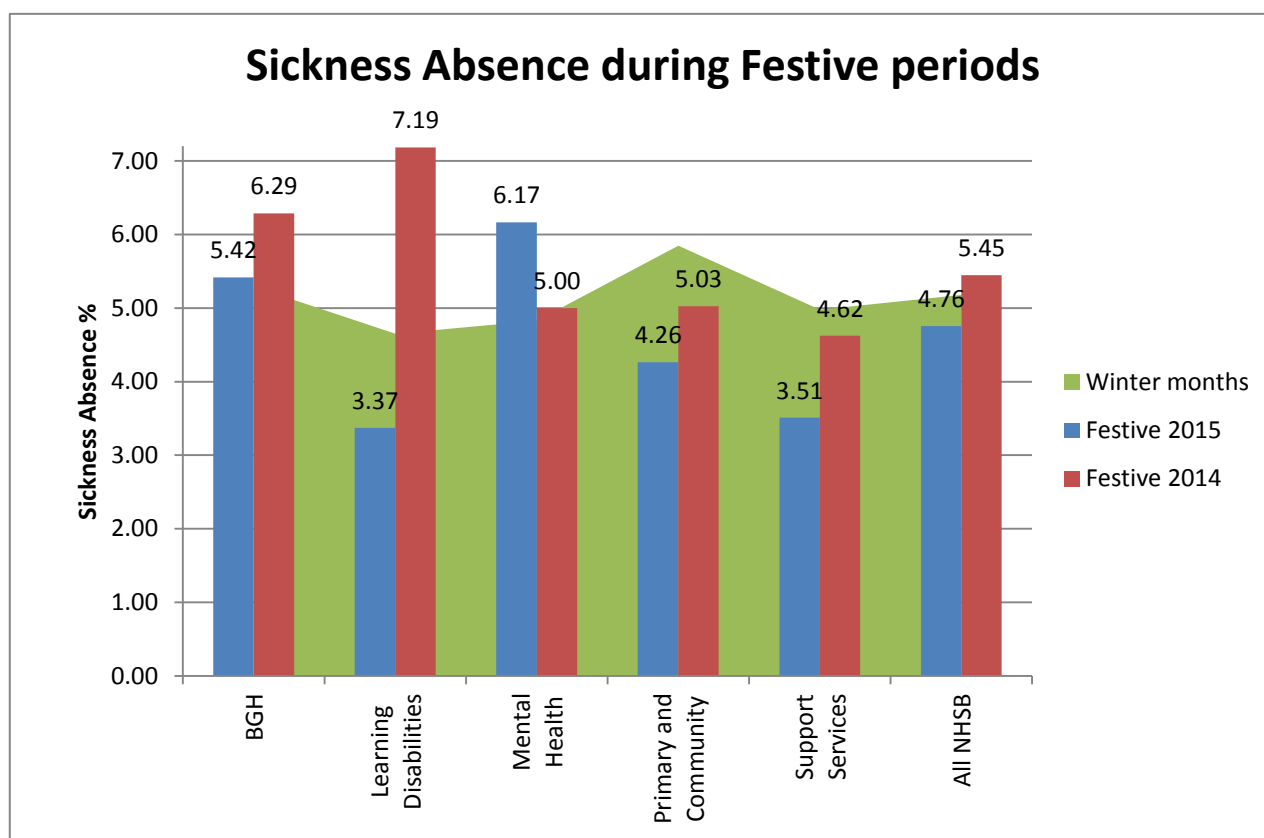
Delayed Discharges	As at 16/12/2015	As at 23/12/2015	As at 30/12/2015	As at 06/01/2016
	Complex	Complex	Complex	Complex
BGH	3	3	3	3
Community Hospitals	10	9	8	8
Mental Health	1	2	1	1
Total	14	13	12	12

Please note: these data show a snapshot of current delayed discharges on each day as specified

Staff Sickness Absence

The sickness absence rate over the festive period for 2015/16 was 4.76%. This rate saw a decrease of 13% of the sickness absence rate from the festive period of the previous year (2014/15) where the rate was 5.45%. On average over the winter months the absence rate sits at approximately 5.18%.

This Festive period all divisions had a significant decrease in the level of sickness absence when compared with the same period last year with the exception of Mental Health which saw an increase in rate of 23% to 6.17%. See the chart below and also Table 26.



This Festive period there has been a noticeable increase of 'other known causes' and 'unknown causes' reasons used when recording absence on SSTs when compared to the

same period last year. Generally, the distribution of sickness absence reasons during this year's festive period is similar to the pattern evidenced during the winter months (Table 27).

Table 26: Teams (>14 headcount) with sickness absence > 10 % during Festive 2015 period

Table 27: Most common reasons of sickness absence during 2015 Festive period

SA Reason	Festive 2015 %	Festive 2014 %	Winter months average %
Anxiety/stress/depression/other psychiatric illnesses	24.40	23.80	21.21
Other known causes - not otherwise classified	13.08	4.63	10.31
Other musculoskeletal problems	9.40	13.13	9.86
Injury, fracture	7.35	10.30	6.80
Gastro-intestinal problems	6.82	5.63	7.63
Chest & respiratory problems	6.22	6.08	5.05
Back problems	5.87	6.05	4.38
Unknown causes/not specified	5.58	3.10	7.40
Pregnancy related disorders	4.46	1.49	2.33
Benign and malignant tumours, cancers	4.25	1.67	3.03

Table 28: Nursing and Midwifery Bank and Agency Usage due to Sickness Absence – Festive Period 2015

Clinical Board	Bank Equivalent WTE	Agency Equivalent WTE
BGH	21.57	3.6
PACS	7.07	0
MH	17.45	0

Table 29: Specific Areas with Bank/Agency usage equating to more than 1wte due to Sickness Absence – Festive Period 2015

Department	Bank Equivalent > 1 WTE	Agency Equivalent >1 WTE
Theatre		1.04
DME	2.62	
MAU	6.08	

Headcount	Sub-Department SA%	Festive 2015	Festive 2014	Winter months Average %
15	Outpatients	17.65	0.00	7.20
29	Galashiels HC	16.17	7.19	7.31
21	Borders Dialysis Unit	15.04	5.76	11.32
32	East/West Brig	14.41	6.71	6.25
20	CAMH Team	11.38	13.43	6.47
45	Ward 7 and 8	11.30	7.32	6.01
20	General Surgery	11.16	0.00	3.61
65	PAU LabourSuite Ward17	10.95	15.22	8.85
19	Eye Centre	10.88	0.48	3.88

Ward 17	1.06	
Ward 7	2.30	
Ward 9	3.75	
Gala Community Nursing	3.52	
Kelso Ward 2	1.21	
Cauldshiels	2.27	
East Brig	5.96	
Huntlyburn	5.19	
Lindean	2.86	

There was no Medical Locum cover for the period for Sickness Absence.

Media Focus on Festive Period

NHS24 re-ran the popular 'Doctor Owl' campaign nationally, which signposted people to the appropriate service to meet their healthcare needs over the festive period. This campaign, which for Borders featured on local radio, in local print media and on social media, was complemented by targeted activity from the NHS Borders communications team. As both weeks of the festive period had a four day weekend, the focus of local activity was preparedness for GP surgery and pharmacy opening hours. The key messages were for people to ensure that they had adequate stocks of medicines, and familiarised themselves with availability of services over the festive fortnight. No paid for activity took place this year, instead the messages were conveyed via SB Connect (delivered to every household across the Borders), local print and radio (in response to media releases) and through social media channels.

Summary

NHS Borders performed well over the festive period 2015/16.

The key areas of success were:

- the effective nurse staffing arrangements. Proactive recruitment to staffing for additional bed capacity, and the agreement not to schedule leave for nursing staff meant that there was very good availability of staff over this period. This gave flexibility in managing patient flow
- the medical staffing arrangements. These mostly reflected similar arrangements last year that worked well and meant that senior medical decision-making continued throughout the festive period
- the support service arrangements. There was increased availability of support service staff, including diagnostic and specialist nurse staffing during the festive period and this maintained routine investigation and decision-making
- the patient flow management arrangements. The consistent presence of a duty management team across the weekends and public holidays provided strong direction each day and ensured that patient flow was effectively managed.

The establishment of the Acute Assessment Unit and the effective use of flex beds helped manage capacity.

There were challenges around the increased number of delayed discharges and complex cases. The restricted availability of support staff and ambulance transport also impacted

on patient flow during this period. Closer working with key partners in future years would assist preparations for the festive period.

Recommendation

The Board is asked to **note** the 2015/16 Festive Period Report, the performance of the system during this period and the outline recommendations for future winter planning

A full Winter Period Report is to be brought to the next Board meeting.

Policy/Strategy Implications	Request from Scottish Government that all Health Boards produce a Winter Plan signed of by their Board in support of quality patient care. This report will inform the Winter Planning Process 2016/17
Consultation	Feedback was provided by the Winter Planning Group, Clinical Services and Managers and Partner organisations
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	Compliant
Resource/Staffing Implications	Resource and staffing implications were addressed within the Winter Plan

Approved by

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