



Scottish Borders Health and Social Care Winter Plan 2017/18

NHS Borders Board
7th December 2017

Winter Plan – Aims

- Maintain normal delivery of services – no disruptions
- Work within footprint of existing bed resources – nobody cared for in an area that is not the right specialty and minimised delayed discharges
- Make transformational changes
- Flexibility to manage peaks in demand

Winter Plan – Areas of work

Implementation status

75 actions to deliver



50



10



2



13





Category

- Reduce admissions
- Maintain Services
- Improve Flow
- Reduce delays
- Surge capacity



Winter Plan

Performance status

Aims	Risk Status
Maintain normal delivery of services – no disruptions	
Work within footprint of existing bed resources	
Make transformational changes	
Flexibility to manage peaks in demand	 <p>Current predicted deficit in surge capacity in January</p>

Implementation Actions – Reduce admissions



Status



Highlights

- COPD – ‘winter MOT’ – project launched
- Care Home Anticipatory Care Plans – ongoing work in Central Borders
- Surgical Assessment Unit – reduced admissions by approx 6 per day

Implementation Actions – Maintaining Services



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Status

Highlights

- Intensive recruitment programme for staff
- Staffing arrangements for festive period
- Resilience plans in place

Issues

- Confirmation of festive arrangements for all services

Implementation Actions – Improve Flow Status



Highlights

- BECS and ED additional staffing plans in place
- Dynamic Daily Discharge rolled out
- Site and Capacity Team model launched

Issues

- Morning Discharges – plan to be firmed up
- Weekend discharges – testing Hospital at Weekend model for coordination of medical activity

Implementation Actions – Reduce Delays



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Highlights

- Berwickshire supported discharge project starting early Dec
- Moving On booklet being implemented

Issues

- Planning housing cover over festive period
- Discharge transport arrangements
- Access to equipment for discharge

Risks

- Care Home capacity during Festive period/January - Currently no plan for block-booked capacity
- Dementia care home capacity – no additional capacity established

Implementation Actions – Surge Capacity Status



Highlights

- Craw Wood Discharge to Assess facility opening 4th December

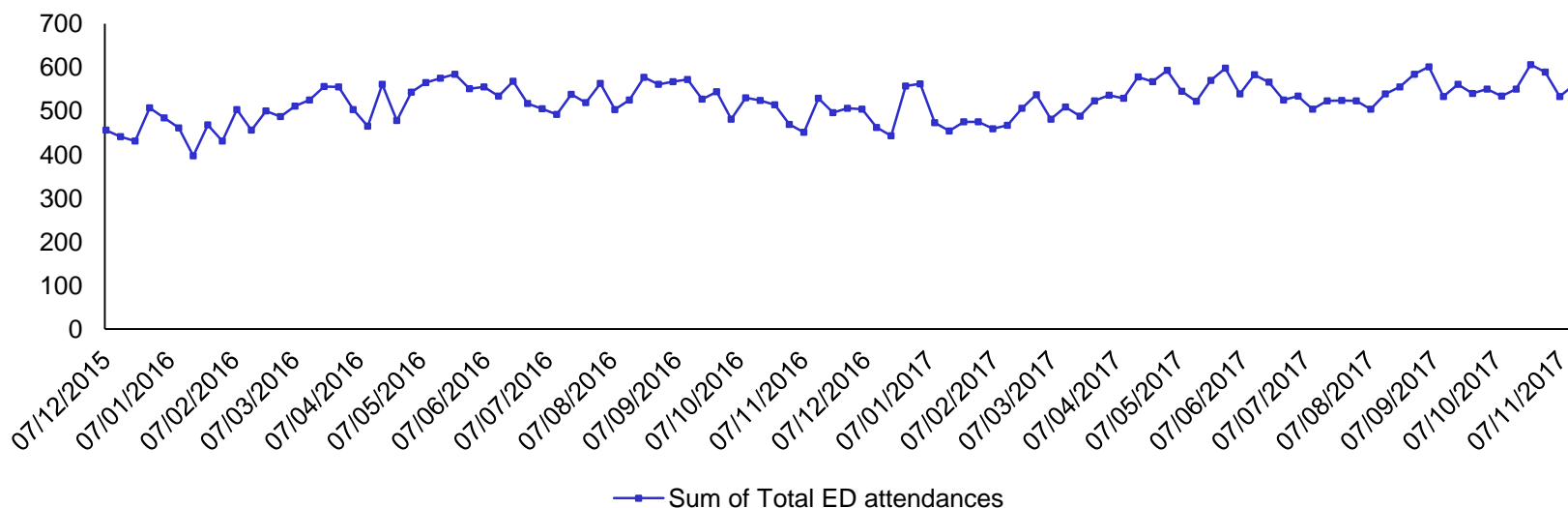
Issues

- Developing staffing plans for Borders Stroke Unit and Knoll/Hawick extra beds
- Progress with works to Haylodge Day Hospital

Performance – Emergency Department (ED)/Acute Assessment Unit Attendances



Weekly ED and AAU attendances



There has been a 3% increase in ED and AAU attendances between 2016 and 2017, but a 6% increase since August 2017

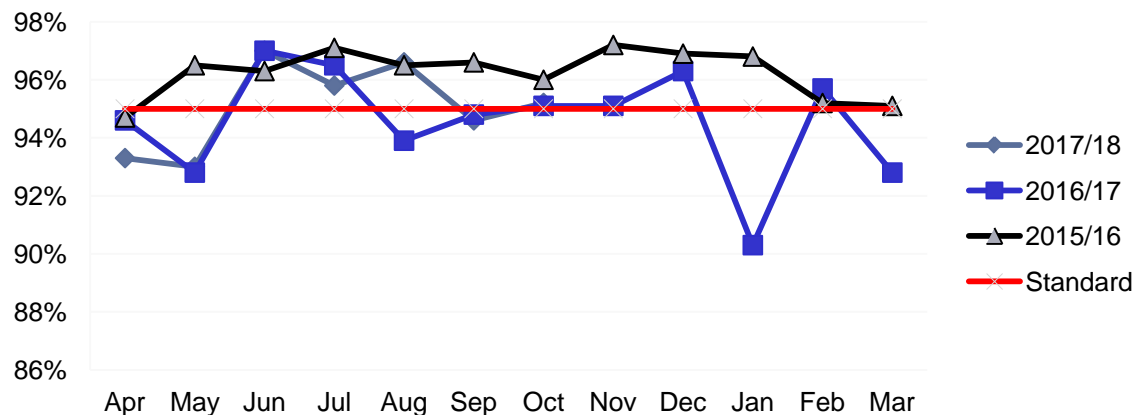
Performance - Emergency Department (ED)/Acute Assessment Unit Breaches



AIM: The number of patients breaching the 4-hour ED standard will not increase in the winter period compared to the previous summer.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017/18	93%	93%	97%	96%	97%	95%	95%		
2016/17	95%	93%	97%	97%	94%	95%	95%	95%	96%
2015/16	95%	97%	96%	97%	97%	97%	96%	97%	97%

Emergency Access Standard Performance

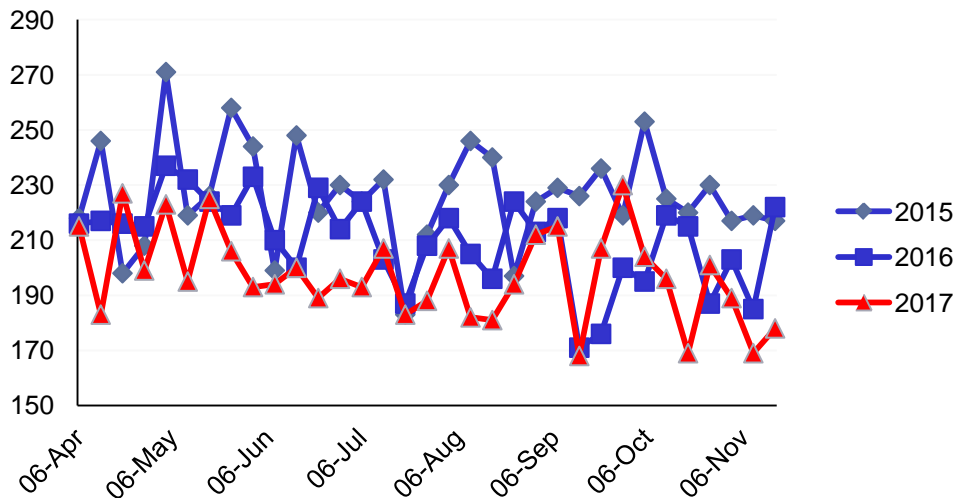


Current performance is just above the 95% standard

Admissions and Average Length of Stay



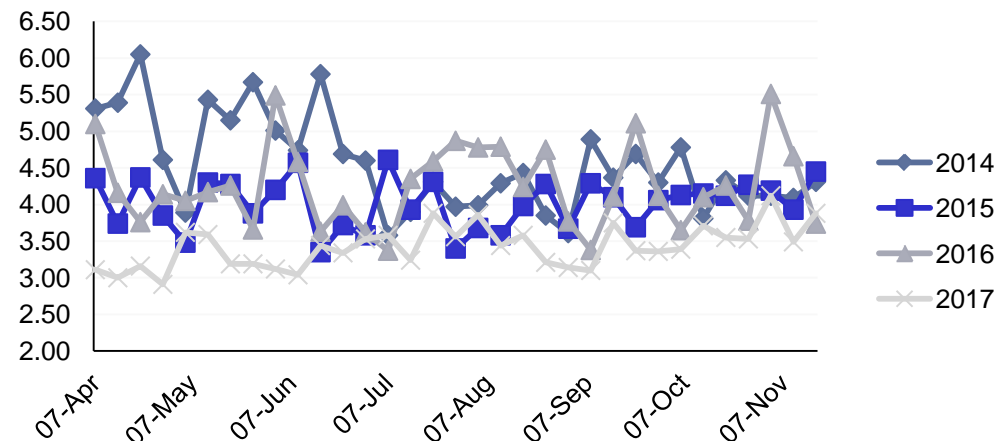
Emergency admissions per week



- There has been a 6% fall in emergency admissions between 2016 and 2017

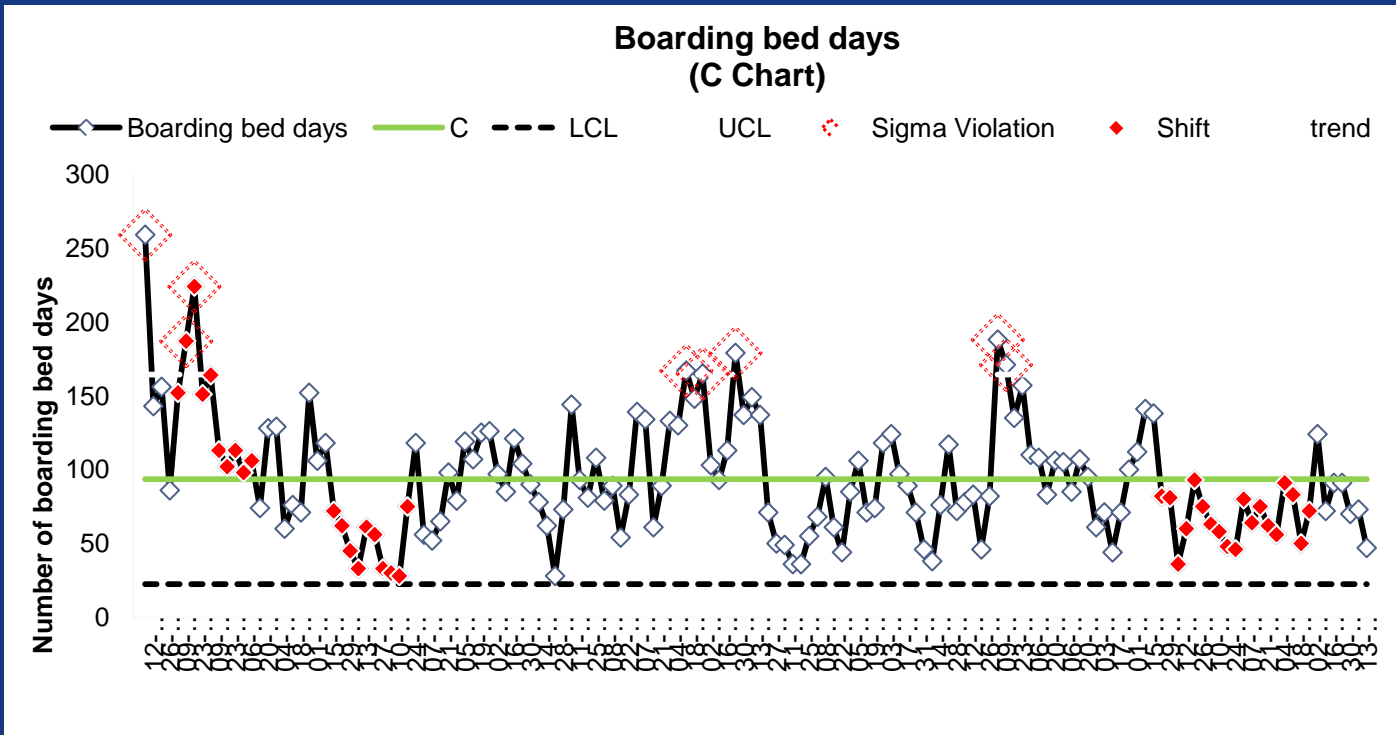
- General Medical Length of stay has fallen by 12% in 2017 compared to 2016

General Medical Length of stay April - Nov



Boarding Patients

AIM: We will intend to have zero boarding patients



There was an average of 5% of patients boarded between August and Nov 2017. This is the same as for the same period last year.

This represents an average of 11.2 beds occupied by boarders each day

BGH Bed Occupancy and surge beds

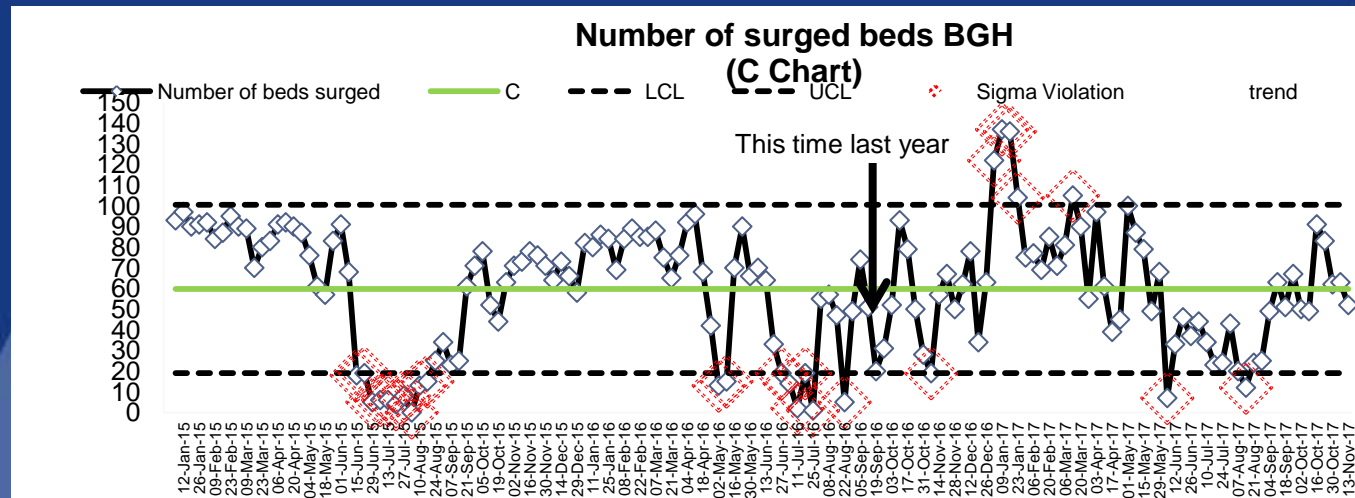
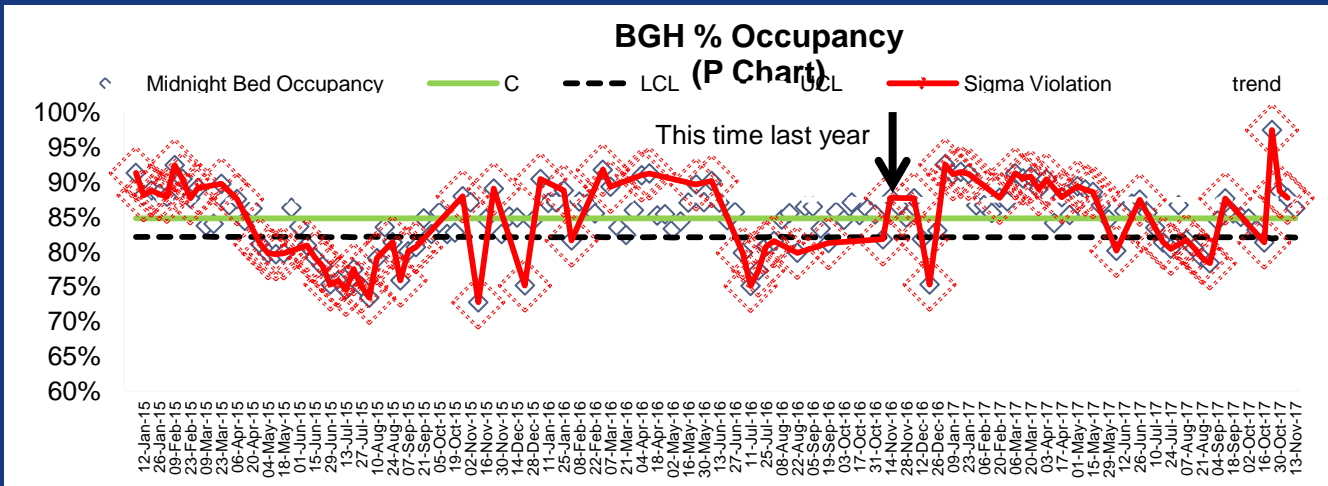


Borders

AIM: we will maintain bed occupancy rates as close as possible to the 85% target.

BGH Bed Occupancy has averaged **86.45%** over 2017 compared to **85.31%** for the previous year.

It is currently **87.54%**



BGH surge beds have averaged **62.7** beddays/week (**9 beds**) in 2017 compared to **56.3** beddays/week (**8 beds**) in 2016.

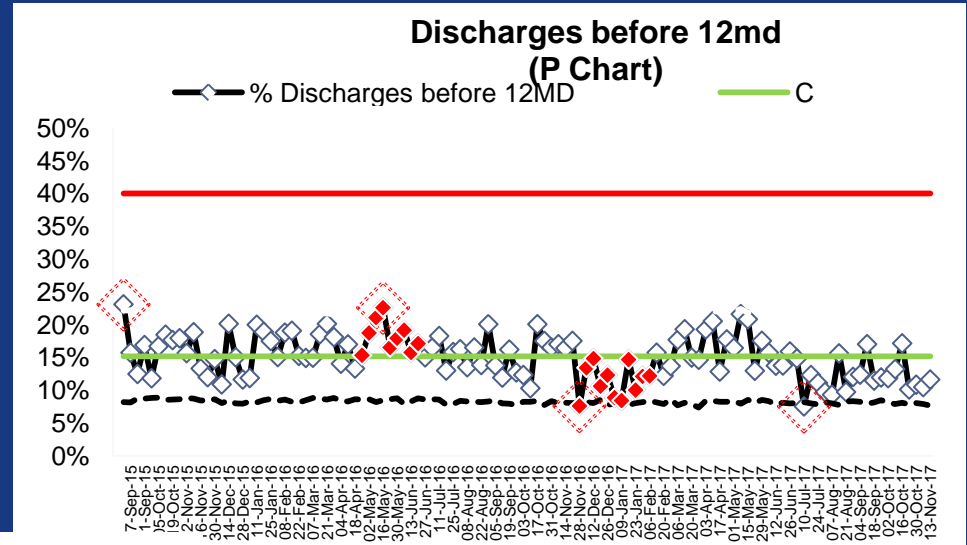
Current position: **52** beddays (**7.5 beds**)

Morning and Weekend Discharges



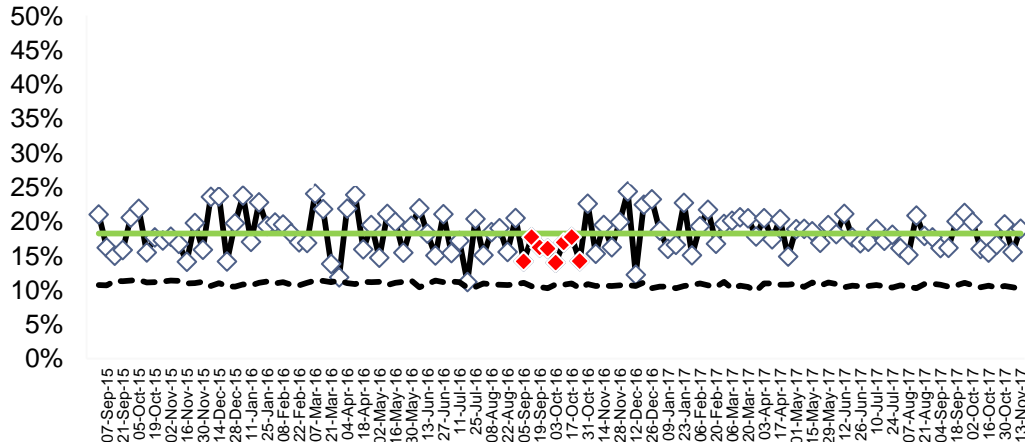
AIM: to achieve the national standard of 40% of discharges taking place in the morning and to increase average discharges at the weekend by 25%.

Morning Discharges are running at 13% against a target of 40%.



Weekend Discharges (P Chart)

Legend:
 -◇- % Discharges at Weekend
 — C



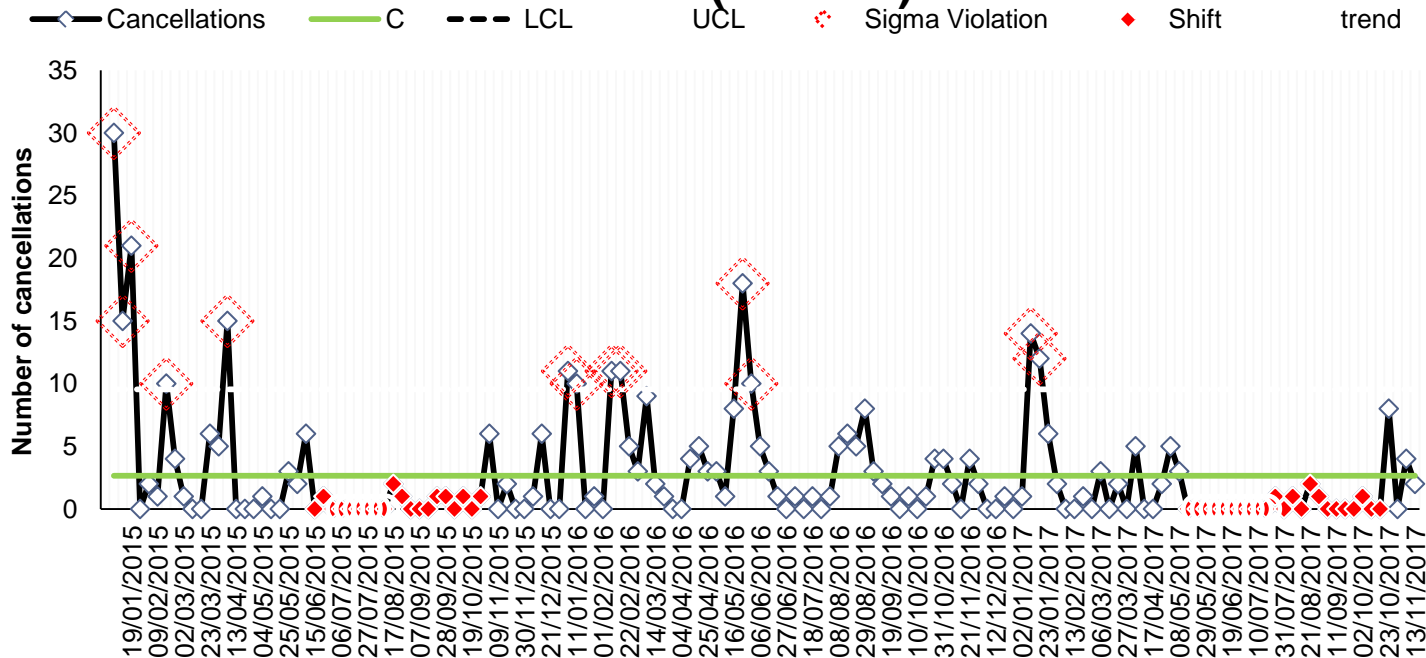
Weekend discharges are running at 18% of weekly discharges against a target of 28%

Cancellations



The aim of the Winter Plan is to have no elective procedures cancelled due to availability of beds.

Cancellations due to bed availability (C Chart)

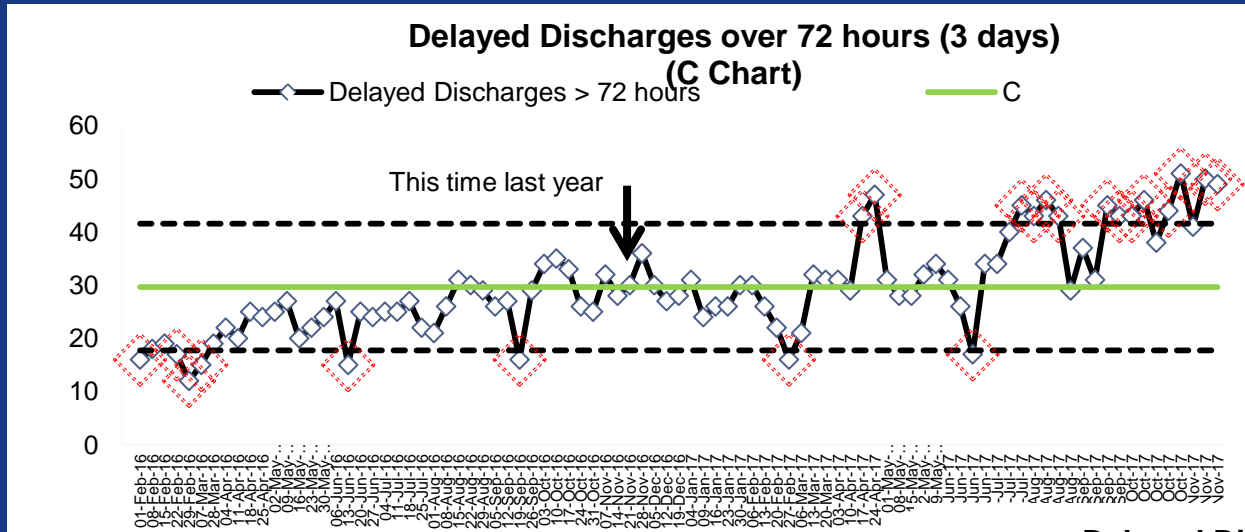


Cancellations due to bed availability have fallen from an average 3.5 per week in 2016 to an average 1.65 per week in 2017

Delayed Discharges

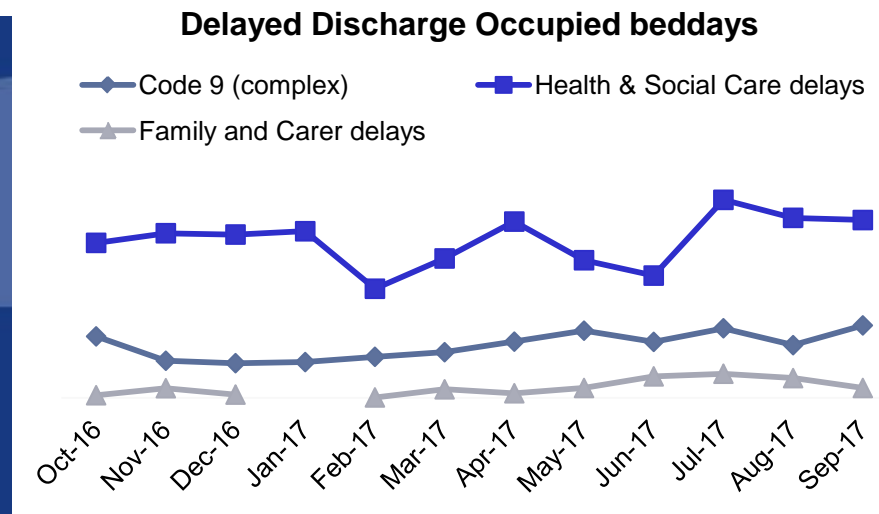


The aim of the Winter Plan is to achieve and maintain zero delayed discharge patients over 72 hours



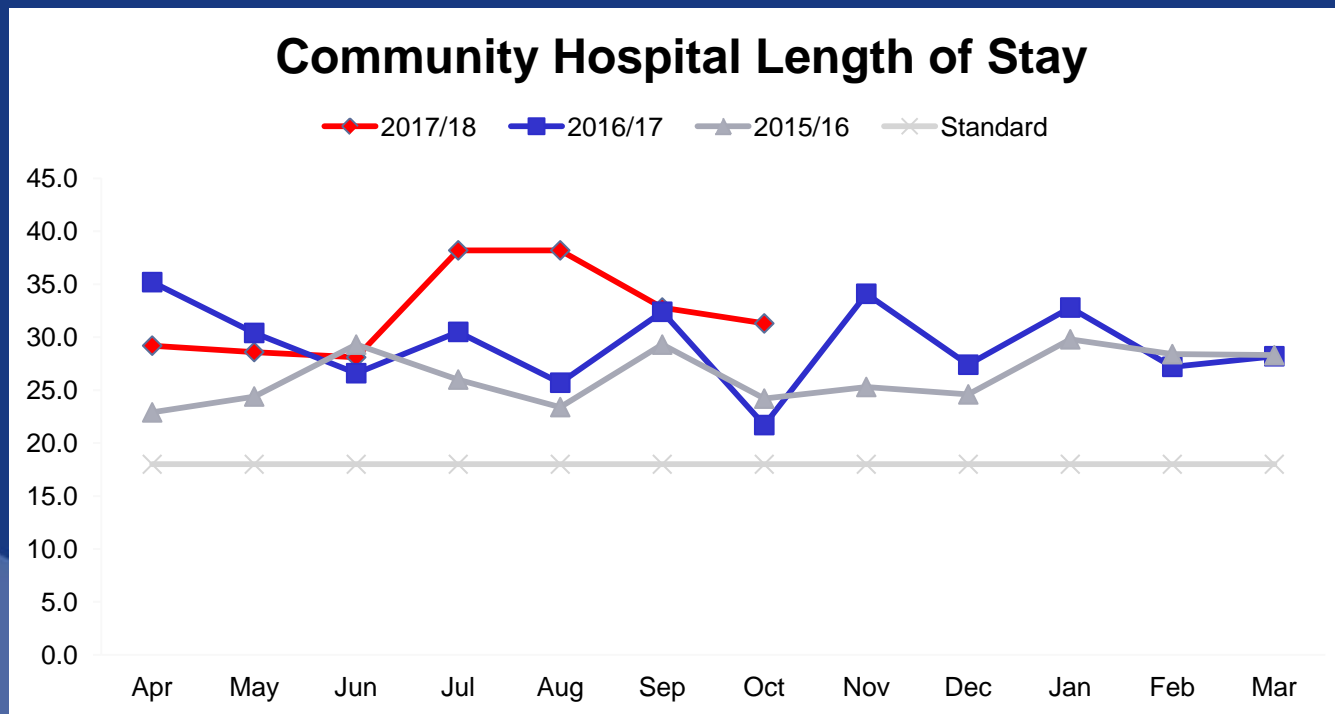
There has been a 27% increase in delayed discharge occupied beddays between Quarter 4 2016 and Quarter 3 2017. The number of beds lost has increased from 31.5 to 40 – an increase of 8.6 beds.

There has been a 46% increase in beddays lost due to complex cases.



Community Hospitals – Average Length of Stay

AIM: to maintain Community Hospital bed occupancy at 95% and achieve an average length of stay of 18 days.



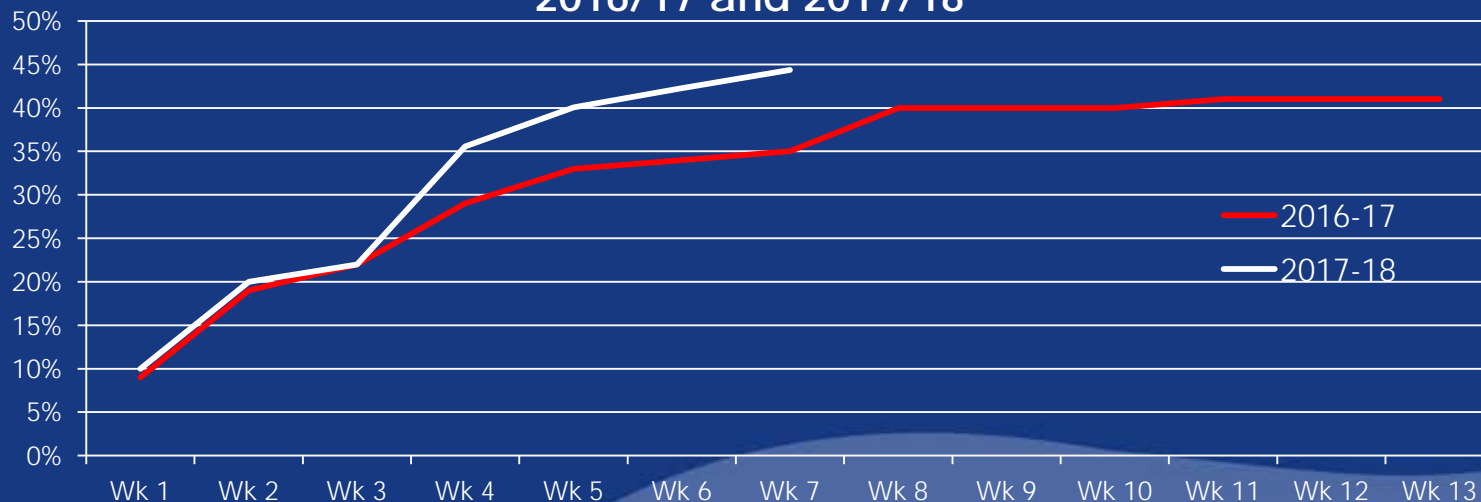
•Average length of stay in Community Hospitals for 2017 was 32.3 day - 12% increase on the previous year

Flu Vaccination Uptake



AIM: to achieve the same or better levels of flu vaccination uptake compared to last year.

Staff Flu Vaccine Uptake Rate
2016/17 and 2017/18



ACHIEVEMENT: As at 18th November 2017, uptake was at 44%.

Any Questions?