

Borders NHS Board



Meeting Date: 4 April 2019

Approved by:	Nicky Berry, Director of Nursing, Midwifery & Acute Services Rob McCulloch-Graham, Chief Officer Health and Social Care
Author:	Gareth Clinkscale, General Manager Unscheduled Care Meriel Carter, Planning and Performance Officer
NHS BORDERS 2018/19 FESTIVE PERIOD REPORT	
Purpose of Report:	
<p>The purpose of this report is to update the Board on performance over the festive period only: 15th December 2018 until 2nd January 2019. This period was 19 days long with 3 weekends, which is the same as covered last year, 15th December 2017 until 2nd January 2018, making the periods comparative.</p>	
Recommendations:	
<p>The Board is asked to note the 2018/19 Festive Period Report and the performance of the system during this period.</p>	
Approval Pathways:	
<p>Feedback was provided by the Winter Planning Group, Clinical Services and Managers and Partner organisations in the preparation of this report.</p>	
Executive Summary:	
<p>The period represented a significant improvement in performance when comparing to the previous winter; there were 97 fewer Emergency Department Access breaches for this period, a reduction of 66.4%. There were a number of factors behind this improved performance. Since summer 2018, an improvement programme has been delivered through the BGH aiming to improve safe patient flow and therefore 4-hour performance. This programme has delivered several key changes including a new BGH Escalation policy, process work to improve how flow is managed at the Safety Huddle and afternoon bed meeting, the development of a monthly patient flow improvement programme, the re-launch of Daily Dynamic Discharge, the implementation of Hospital to Weekend and a new Site & Capacity Team across seven days. This strengthening of process in the BGH has been complemented through key developments by the Health and Social Care Partnership including the development of a Hospital to Home service, focussed work to reduce length of stay in Community Hospitals and the Rapid Assessment and Discharge (RAD) service moving to seven days. In addition Scottish Borders Council increased the number of step down beds, intermediate care as well as increasing the number of high end Nursing care beds. All of these additional resources increase capacity significantly and improved patient flow. These system-wide developments have improved patient flow through the hospital and into the community.</p>	
Impact of item/issues on:	

Strategic Context	Request from Scottish Government that all Health Boards produce a Winter Plan signed off by their Board in support of quality patient care. This report will inform the Winter Planning Process 2019/20.
Patient Safety/Clinical Impact	Delivery of patient safety, increased effectiveness and person centred care have all been assessed and included as part of the Winter Plan.
Staffing/Workforce	Resource and staffing implications were addressed within the Winter Plan.
Finance/Resources	Resource and staffing implications were addressed within the Winter Plan.
Risk Implications	The Winter Plan is designed to mitigate the risks associated with the winter and festive periods.
Equality and Diversity	Any impact has been assessed and included as part of the Winter Plan.
Consultation	Feedback was provided by the Winter Planning Group, Clinical Services and Managers and Partner organisations
Glossary	

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 winter season, with a particular focus on the festive period. This year the plan was developed jointly with the Scottish Borders Health and Social Care partnership as a whole system plan. The 2018/19 plan was discussed at both the Health Board and Integrated Joint Board and subsequently approved at the 9th September 2018 NHS Borders Board meeting.

After each winter period the Winter Planning Board convenes to assess what worked well, what could have been improved, the learning from the period, and key recommendations are taken forward in preparation for the next winter period. A full report on the winter period will come to the Board in April 2019.

Performance Summary

The period represented a significant improvement in performance when comparing to the previous winter; there were 97 fewer breaches for this period, a reduction of 66.4%. There were a number of factors behind this improved performance. Since summer 2018, an improvement programme has been delivered through the BGH aiming to improve safe patient flow and therefore 4-hour performance. This programme has delivered several key changes including a new BGH Escalation policy, process work to improve how flow is managed at the Safety Huddle and afternoon bed meeting, the development of a monthly patient flow improvement programme, the re-launch of Daily Dynamic Discharge, the implementation of Hospital to Weekend and a new Site & Capacity Team across seven days. This strengthening of process in the BGH has been complemented through key developments by the Health and Social Care Partnership including the development of a Hospital to Home service, focussed work to reduce length of stay in Community Hospitals and the Rapid Assessment and Discharge (RAD) service moving to seven days. In addition Scottish Borders Council increased the number of step down beds, intermediate care as well as increasing the number of high end Nursing care beds. All of these

additional resources increase capacity significantly and improved patient flow. These system-wide developments have improved patient flow through the hospital and into the community.

Emergency Department (ED) and Acute Assessment Unit (AAU) Activity Summary

There were was a slight reduction in total attendances this festive period with 10 less patients arriving through the BGH front doors compared to last (equal to 0.6% less). A significant factor in the reduction in breaches was the work undertaken to protect the Gynaecological and Surgical Assessment (GSAU) and Acute Assessment Unit (AAU) areas from being bedded. These areas were protected through the festive period. Last winter GSAU was bedded before the festive period and AAU was bedded during the festive weeks. The improvement activities described above enabled this, with a new surge capacity plan developed that increased the site threshold for bedding these areas. This protected the site from the adverse impact that bedding GP assessment areas bring.

Table 1: ED, AAU and SAU Total Attendances

Year	Total Attendance		Total Breaches		Weekend Attendance ²		Weekend Breaches ²		Public Holiday Attendance		Public Holiday Breaches	
	Value	Variance	Value	Variance	Value	Variance	Value	Variance	Value	Variance	Value	Variance
2015/16	1,444		60		512		14		325		10	
2016/17	1,496	(+52) 3.6%	68	(+8) 13.3%	444	(-68) -13.3%	19	(+5) 35.7%	374	(+49) 15.1%	26	(+16) 160.0%
2017/18	1,698	(+202) 13.5%	253	(+185) 272.1%	542	(+98) 22.1%	61	(+42) 221.1%	372	(-2) -0.5%	62	(+36) 138.5%
2018/19	1,601	(-97) -5.7%	85	(-168) -66.4%	519	(-23) -4.2%	19	(-42) -68.9%	347	(-25) -6.7%	7	(-55) -88.7%
2018/19 (inc SAU) ³	1,688	(-10) -0.6%	85	(-168) -66.4%	538	(-4) -0.7%	19	(-42) -68.9%	355	-17 (-4.6%)	7	(-55) -88.7%

*Figures in grey show the 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.

³ The Surgical Assessment Unit in Ward 7 was open throughout the festive period – but the 4 hour clock has not been applied to these attendances.

Chart 1: Total ED and AAU Attendances by Day in the Festive Period

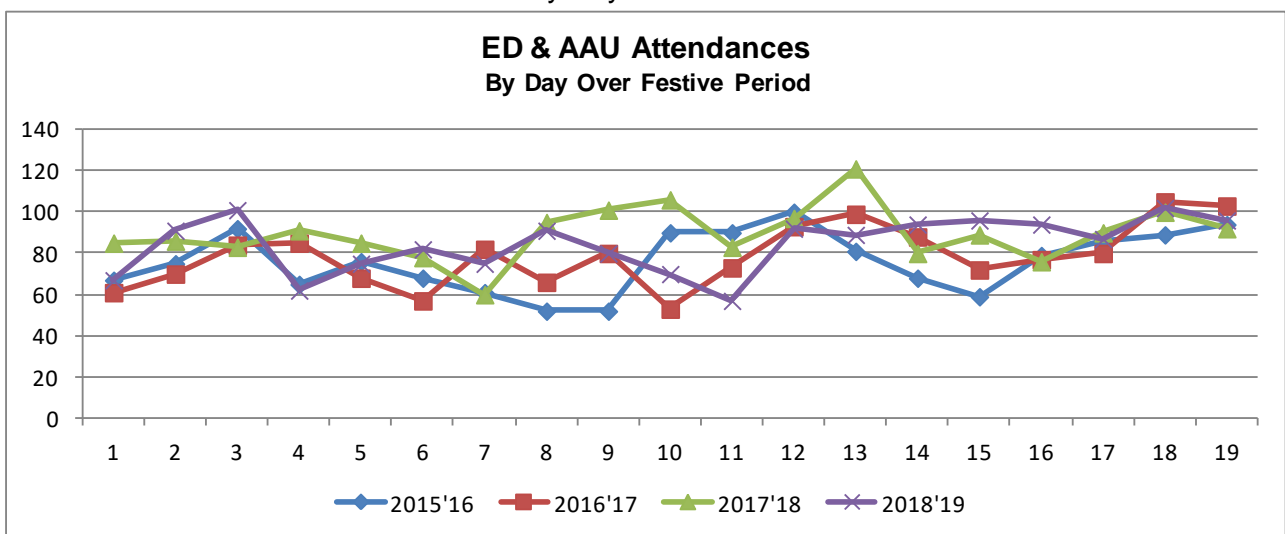


Table 2: ED, AAU and SAU Split of Total Attendances

Area	Total Attendance	Total Breaches	Weekend Attendance	Weekend Breaches	Public Holiday Attendance	Public Holiday Breaches
ED	1457	67	499	17	326	6
AAU	144	18	20	2	21	1
SAU	87	-	19	-	8	-
Total	1688	85	538	19	355	7

Total 4-hour performance, weekend performance and public holiday was significantly higher than last winter. Total performance was 4.8% higher, weekend performance 7.6% higher and public holiday increased by 11.7%. There was one day in-between the weekend and public holiday days this year which will have been a factor in the improved performance.

Table 3: EAS Performance (ED and AAU)

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%
2016/17	96.3%	96.5%	94.4%
2017/18	89.9%	88.7%	83.3%
2018/19	94.7%	96.3%	98.0%

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.

There will be a full whole-system review of the winter period at the end of March inviting stakeholders from across all of Health and Social Care. This forum will provide the basis of feedback on the 2018/19 winter period and explore what more can be done to prepare for winter 2019/20.

BGH Activity Summary

There were 10 fewer admissions this period compared to previous and 6 more discharges. There was no change in weekend discharges and Public Holiday discharges increased by 7.1% (5 more).

Table 4: BGH Adult Emergency Admissions & Discharges

Year	Total Admissions		Total Discharges		Weekend Admissions ¹		Weekend Discharges ¹		Public Holiday Admissions		Public Holiday Discharges	
	2015/16	2016/17	2015/16	2016/17	2015/16	2016/17	2015/16	2016/17	2015/16	2016/17	2015/16	2016/17
2015/16	657		529		203		120		124		80	
2016/17	605	(-52) -7.9%	574	(+45) 8.5%	168	(-35) -17.2%	118	(-2) -1.7%	138	(+14) 11.3%	111	(+31) 38.8%
2017/18	561	(-44) -7.3%	529	(-45) -7.8%	151	(-17) -10.1%	145	(+27) 22.9%	119	(-19) -13.8%	70	(-41) -36.9%
2018/19	551	(-10) -1.8%	535	(+6) 1.1%	151	(0) 0%	123	(-22) -15.2%	117	(-2) -1.7%	75	(+5) 7.1%

* Figures in grey show the variance from previous year¹Please note: Weekend figures have been adjusted for all years to include 3 full weekends (6 days) to enable an accurate year on year comparison.

Chart 2: Discharges Comparison by day, 2015/16, 2016/17, 2017/18 and 2018/19

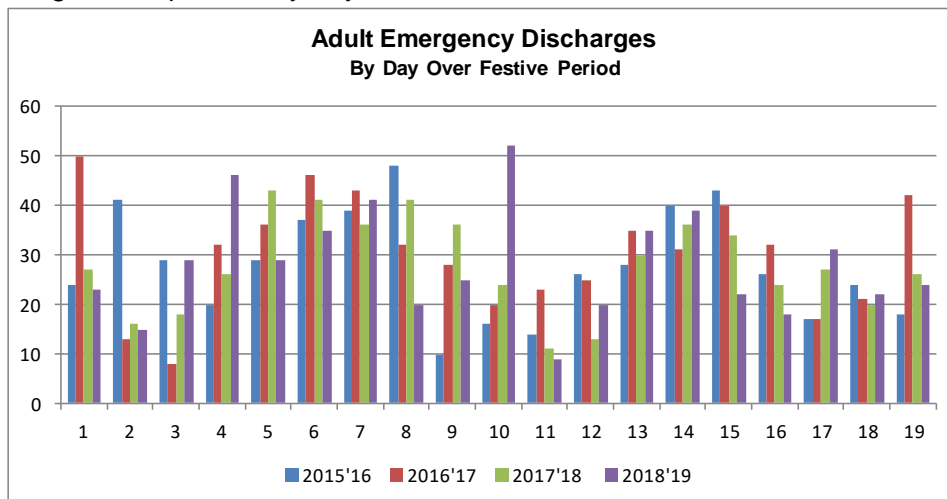
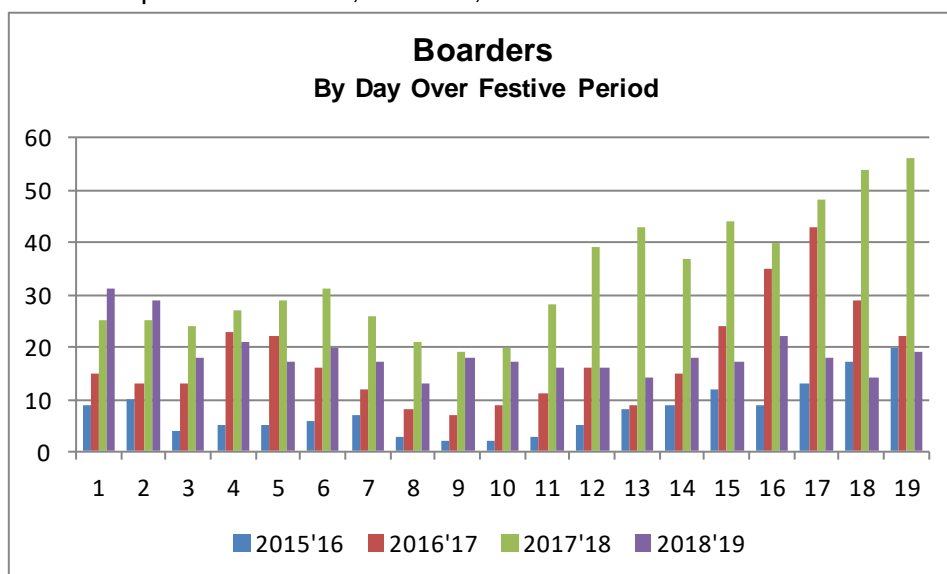


Chart 3: Boarders Comparison 2015/16, 2016/17, 2017/18 and 2018/19



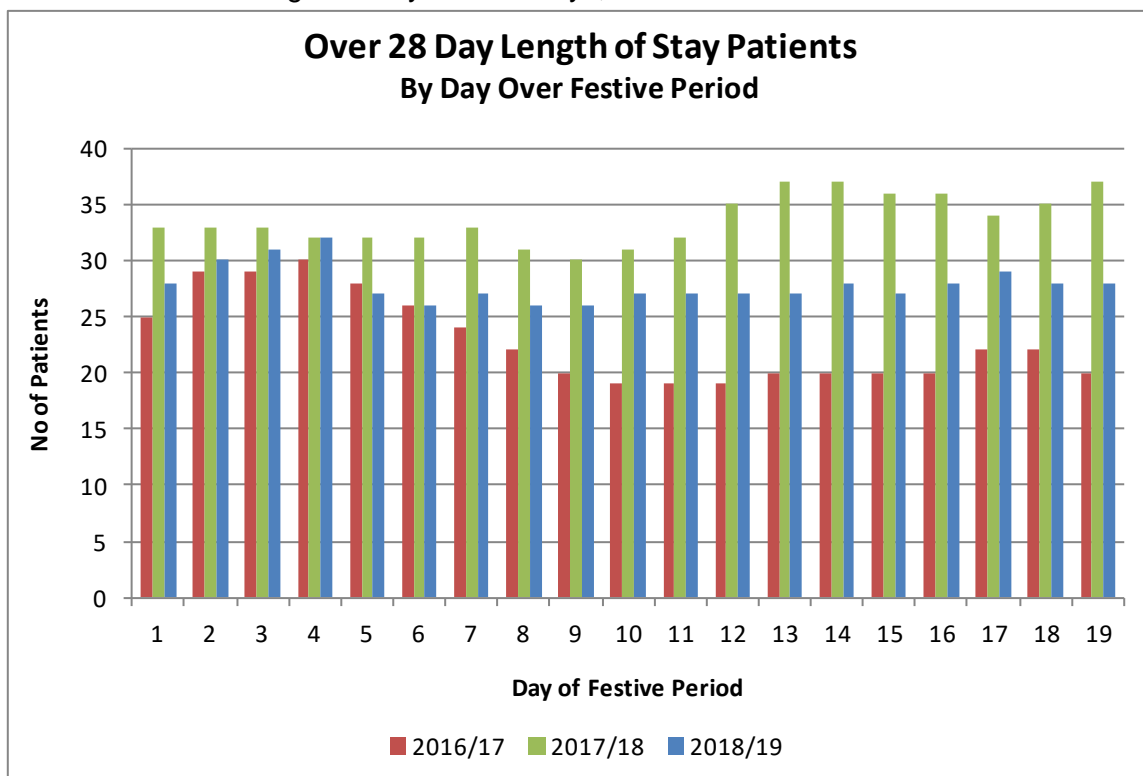
Delayed Discharges

There were 152 fewer delayed discharges compared to the previous festive period which was 20% less than last year. This reflects the development of Hospital to Home and process work undertaken across both the BGH and Community Hospitals to reduce delays. The increase from 2016/17 to 2017/18 is in part due to a change in recording delays.

Table 5: Delayed Discharge Occupied Bed Days – Comparison between festive periods 2016/17, 2017/18 and 2018/19

Delayed Discharge Occupied Bed Days	Festive Period 2016/17			Festive Period 2017/18			Festive Period 2018/19		
	Standard	Complex	Total	Standard	Complex	Total	Standard	Complex	Total
BGH	93	0	93	210	70	280	154	36	190
Community Hospitals	307	54	361	348	68	416	250	18	268
Mental Health	81	38	119	17	34	51	101	36	137
Total	481	92	573	575	172	747	505	90	595

Chart 4: Patients with a length of stay over 28 days, 2016/17 to 2018/19



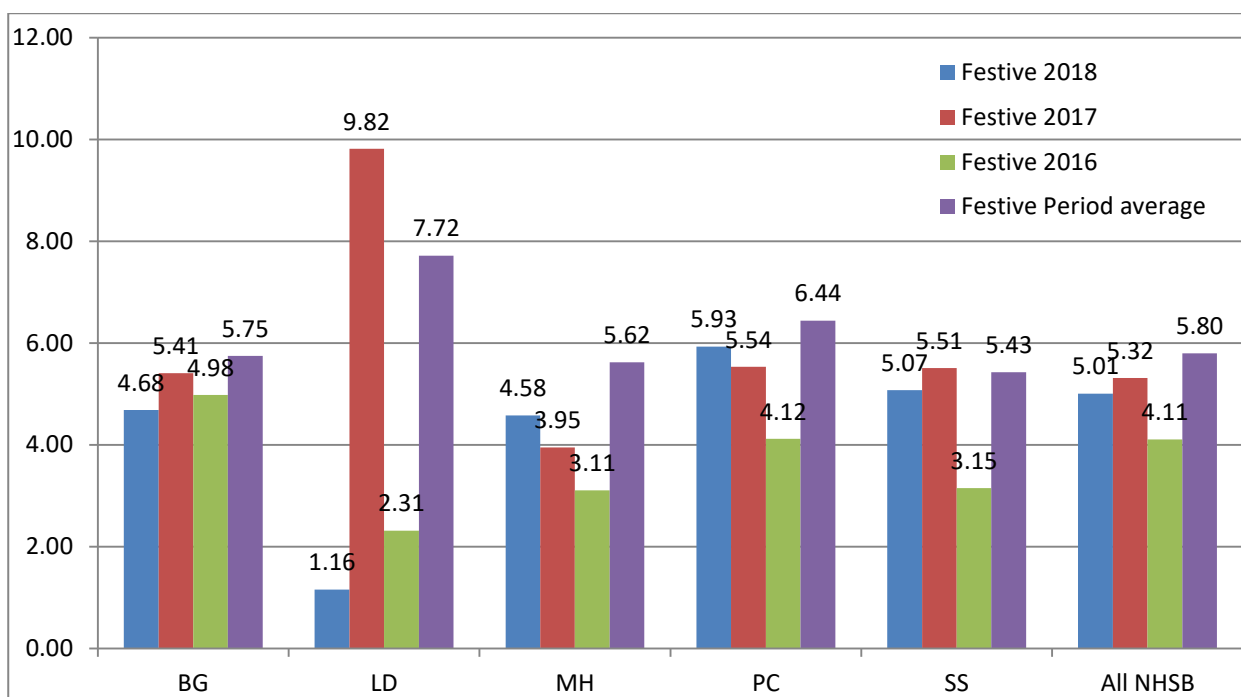
Infection Control

During the festive period (15th December 2018 – 2nd January 2019), there were closures over 6 days for infection control reasons. Ward 4 had 1 bay (6 beds) closed due to confirmed Norovirus for 4 days; and Ward 12 had 1 bay (6 beds) closed for 2 days due to the same reason.

Staff Sickness Absence

The sickness absence rate over the festive period for 2018/19 was 5.01%. This rate saw a decrease of 0.31% on the sickness absence rate from the festive period of the previous year (2017/18) where the rate was 5.32%. On average over the festive period the absence rate sits at approximately 5.80%.

Chart 5 Sickness Absence comparison by area, 2015/16 to 2018/19



This Festive period saw an increase in rate of absence for only two directorates, MH & P&C compared to last year's festive period where all of the directorates had an increase. All directorates reported a lower rate of sickness absence during this period compared to their average rate of sickness absence during the Festive Period.

Div SA %	Festive 2018	Festive 2017	Festive 2016	Festive Period average
BG	4.68	5.41	4.98	5.75
LD	1.16	9.82	2.31	7.72
MH	4.58	3.95	3.11	5.62
PC	5.93	5.54	4.12	6.44
SS	5.07	5.51	3.15	5.43
All NHSB	5.01	5.32	4.11	5.80