NHS BORDERS 2016/17 FESTIVE PERIOD REPORT

Aim

To update the Board on performance over the festive period only: 16th December 2016 until 3rd January 2017. This period was 19 days long with 3 weekends, which is the same as covered last year, 17th December 2015 until 4th January 2016, making the periods comparative.

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. The 2016/17 plan was discussed and subsequently approved at the 27th October 2016 NHS Borders Board meeting.

After each winter period the Winter Planning Group 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 2017.

Assessment

Strengths:

The following initiatives appeared to support the strong performance over the festive period 2016/17:

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 and pre-emptive recruitment of additional nursing staff through recruitment events along with HR working with Managers as early as possible have meant that vacancies have been filled quickly helping ensure staffing levels are adequate for 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 over the festive period (16th December to 3rd January), including additional senior medical staff presence at weekends and public holidays to enable senior decision-making and patient progress

What didn't work well from previous years - recommendations

Last year, the following actions were recommended that were not achieved this year:

- It was recommended that whole system work was undertaken to manage delayed discharges. Delayed discharges increased this year compared to last year
- It was recommended that elective operating should be reviewed for the first week in January. Elective operating was planned to recommence the first week in January this year, as it was felt that the impact of the Planned Care redesign would minimise the demand for elective beds.

Recommendations for Future Winter Planning:

Feedback has been sought from managers, clinicians and front-line staff on issues identified over the festive period. Although these are still being discussed, early suggestions for further work to build upon are:

- The need for all services to be operational over the New Year weekend and public holidays. Although there was a higher level of clinical support service provision (specialist nurses, AHPs etc) than in previous years on 3rd January, this was too late to support timely discharge. Enhanced services over the New Year public holidays next year would help maintain patient flow into January
- Increased social work services over the festive period, including access to both home care and care home providers
- A sustained Community Hospital Length of Stay of 18 days should be delivered.
- Implement learning from the project on discharge flow, including Delayed Discharges, working with Professor John Bolton.
- Consideration should be given in planning for the festive period next year as to whether elective operating should be restricted for the first 2-3 weeks of January based on the experience of elective operating that has occurred over previous festive periods
- Review of arrangements for annual leave allocation for all services, not just nursing staff over the festive period; and a review of the allocation of staff annual leave for the period immediately after the festive period – this year, there were significant staffing gaps from 4th January, as staff took annual leave. This needs to be agreed early in 2017 to allow time to plan rosters, annual leave allocation and ensure level loading.
- Although feedback suggests that messages about winter pressures were picked up well within social media, reach could be increased by working more closely with GP practices, community pharmacies and social work to ensure effective communication of winter messages

Emergency Department (ED) Activity Summary

Attendances at the Emergency Department over the festive period rose by 10.3% (130) this period compared to last year (Table 1). There was a small increase in Flow 1 (minor injuries and illness) patients this year of 5% (35) reflecting a similar increase the previous year. There was a combined increase in Flow 2 & 3 attendances through ED and AAU compared to last year of 10%. This breaks down as an increase of 20% (29) for attendances in Flow 2 (acute assessment) and 26% (65) for attendances in Flow 3 (medical admissions) seen in ED, with a 39% (68) reduction in Flow 2 & 3 patients seen in the Acute Assessment Unit (Table 5).

The busiest days for ED this festive period were Wednesday 28th December (89 attendances) and the public holidays following New Year: Monday 2nd January (101 attendances) and Tuesday 3rd January (96 attendances).This compares with the previous year, when the busiest 2 days were the Mondays immediately following Christmas and New Year.

There was a decrease of 42 (9%) in attendances at the weekends this year. 6% of this reduction is accounted for by the fact that Christmas Day, when there are traditionally lower attendances, fell on a Sunday, but there were also lower attendances on each Saturday compared to the previous year.

Attendances during the public holidays increased by 52 (17.1%) compared to last year. This year the public holidays landed on the days immediately after Christmas and New Year, when higher levels of activity are expected and did not include Christmas Day, which was a public holiday the previous year.

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		72		454		10		248		7	
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%
2016/17	1,389	(+130) 10.3%	51	(+15) 41.7%	426	(-42) -8.97%	15	(+3) 25%	356	(+52) 17.1%	20	(+13) 185.7%

*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.

Table 2: ED Attendances by Flow

	Attendances					Percentage Difference on Previous Year			
Patient Flow Description	2012/13	2013/14	2014/15	2015/16	2016/17	2013/14	2014/15	2015/16	2016/17
Flow 1: Minor Injury & Illness	685	538	692	729	764	-21%	29%	5%	5%
Flow 2: Acute assessment - includes major injuries	102	249	192	146	175	144%	-23%	-24%	20%

Flow 3: Medical Admissions	361	371	466	248	313	3%	26%	-47%	26%
Flow 4: Surgical Admissions	118	162	134	136	137	37%	-17%	1%	1%
Total	**1266**	**1320**	**1484**	**1259**	**1389**	**4%**	**12%**	**-15%**	**10%**

There were 18 more breaches in ED this year compared to last year (Table 3). 28 (60%) of all breaches were related to bed availability. There were no increases in the number of breaches related to delays in assessment in ED. This suggests that measures taken to ensure adequate staffing within ED were effective.

Table 3: ED Breaches by Reason for Wait Description

Breach Reason for Wait Description	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Wait for bed	31	1	137	2	28
Wait for 1st ED Assessment	20	5	17	11	4
Other reason	2	2	6	8	3
Wait for Senior Review			6	1	1
Wait for treatment to end	5	1	5	1	1
Wait for transport	5	4	2	3	3
Clinical reason(s)	2		1	5	6
Wait for diagnostics test(s)	4	1	1	3	2
Wait for a specialist	3	2	1	2	3
Total	**72**	**16**	**176**	**36**	**51**

Despite the increase in breaches, ED performance against Emergency Access Standard for ED remained above the national standard of 95% (Table 4). Combined AAU and ED performance over this period was 95.05% compared to 95.7% last year.

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%
2016/17	96.3%	96.5%	94.4%

[1]Please 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

There were 68 fewer attendances through the Acute Assessment Unit during this period compared to last year - a 39% reduction. Almost half of this reduction was due to the earlier closure of AAU compared to last year. During this festive period, AAU closed at 18:00 hours compared to a 24hour service last year. There were 39 attendances after 1800 hours in 2015/16.

Of the patients seen in the Acute Assessment Unit this year, 45% of them were discharged home, compared to a 39% discharge rate in 2015/16.

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	
2016/17	107	(-68) -39%	17	(-8) -32%	18	(-22) -55%	15	(+12) +400%	18	(-2) -10%	6	(3) 100%

There was an increase of 18 attendances through the Ambulatory Care Unit during this period with a 91.8% discharge rate. This compares to 81 patients attending Ambulatory Care in 2015/16 with a 92.6% discharge rate.

Table 6: Acute Assessment Unit Admissions

Year	Total Admissions		Weekend Admissions		Public Holiday Admissions	
2015/16	107		22		13	
2016/17	61	(146) -43%)	14	(-8) -36%	11	(-2) -15%

Table 7: Ambulatory Care Unit Attendances

Year	Total Attendances		Weekend Attendance		Public Holiday Attendance	
2015/16	81		14		14	
2016/17	98	(+17) 21.0%	17	(+3) 21.4%	20	(+6) 42.9%

Table 8: Ambulatory Care Unit Admissions & Discharges

Year	Total Admissions from ACU into Hospital		Total Discharges from ACU (not admitted)		Weekend Admissions from ACU into Hospital		Weekend Discharges from ACU (not admitted)		Public Holiday Admissions from ACU into Hospital		Public Holiday Discharges from ACU (not admitted)	
2015/16	6		75		0		14		2		12	
2016/17	6	(0) 0%	90	(+15) 20.0%	0	(0) 0%	16	(+2) 14.3%	1	(-1) -50%	19	(+7) 58.3%

There was a reduction in overall number of breaches of the Emergency Access Standard in AAU of 5, from 25 to 20, over this period compared to last year.

Table 9: AAU EAS Performance

Year	Total EAS Performance	Weekend EAS Performance	Public Holiday EAS Performance
2015/16	85.7%	92.5%	85.0%
2016/17	95.5%	96.5%	93.0%

BECS Activity Summary

The 2016-17 Festive Period for BECS showed a slight increase in volumes of patient care episodes compared to last year, with 28% activity as telephone advice, 45.9% patient attends and 26.2% home visits.

81.2% of patients requiring a face to face consultation within the Primary Care Emergency Centre at Borders General Hospital were seen within the timeframe advised from NHS24 triage (includes patient travel time into BGH). 22.49% of patients seen were children.

87.1% of patients requiring a home visit were seen within their designated triage times. This sees a deterioration in performance from last year when the service was less busy. The geographical spread of home visits (Central 30.41%, South 18.36%, West 21.37%, East 28.49%) presented a challenge in light of peak workload between 9am and 1pm, and unpredicted reduced driver availability/staff sickness.

It is likely that reduced performance against time priorities, compared to last year, is a direct consequence of 5% increased overall service activity. Detailed festive planning meant that the service entered the festive period with full staffing, and additional clinician resource for the predicted busiest days (data provided by NHS24). However, when the flu-like cough virus hit it was evident that there was going to also be increased demand over the New Year, and for this reason additional clinician shifts were also added in response to this, to improve resilience that weekend.

Performance data against time priorities set by NHS24 is shown below:

Attends -

4 hours	92.9%
2 hours	63.6%
1 hour	31.8%

It should be noted that timeframes for assessment are set by NHS24 triage, and the clock starts running from that point. So, for example, a 2-hour urgent priority call would require the patient to travel in to BGH (from wherever they live in the Borders) and have been seen by a BECS doctor within that time frame. This can obviously be a challenge with our large geographical area.

Home visits -

4 hours	86.7%
2 hours	70.9%
1 hour	66.7%

Unforeseen driver shortages and staff illness meant that there were several key shifts when only two vehicles were able to go out to do visits instead of the usual three and this will have impacted on waiting times for visits. 1-hour visits to the periphery of our area (e.g. Eyemouth, Newcastleton, West Linton) are always a challenge even in the best circumstances.

BECS performance can also be measured against admission rates. Total admissions (includes 999 and refer to ED) for the festive period were 205 = 14.4% which compares favourably with the overall 2016 mean of 15.6%.

The top 10 conditions seen were coded as lower respiratory tract infection (141), urinary tract infection (115), upper respiratory infection (67), abdominal pain (67), attention to urinary catheter (65), medication requested (44), palliative care (41), skin infections (39), sepsis (36) and medication advice (34).

Table 10: 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%
2016/17	397	(+63) +18.9%	651	(+31) +5%	371	(+8) +2.2%	1419	(+73) +5.4%

*Variance from previous year

BGH Activity Summary

Total emergency admissions to the BGH increased by 1.4% (9) compared to the previous year (data excluding AAU attendances). Weekend admissions decreased by 14% (30), partially due to the fact that Christmas Day, with low numbers (27) of admissions, fell on a Sunday this year. There was an increase of 15.3% (20) in Public Holiday admissions, due to the fact that the immediate post-new year days, which traditionally have high levels of admissions, fell on public holidays. See Table 11 below.

The number of discharges increased by 4.8% (29), compared to the previous year; weekend discharges fell by 2.1% (3) and Public Holiday discharges increased by 37.4 % (34). However, the actual percentage of patients discharged compared to numbers admitted increased from 68% in 2015/16 to 78% this period for weekends and from 75% to 83% performance for Public Holidays. Patients' average length of stay for this period increased by 0.4 days to 3.32 days compared to 2.95 days last year, see Table 13 below.

There were 14 fewer emergency discharges than emergency admissions over this period, but an increase of 29 discharges compared to the 2015/16 festive period. Although total weekend discharges fell by 3 from the previous year, the actual percentage of patients discharged compared to numbers admitted increased from 68% to 78% for weekends and from 69% to 83% performance for Public Holidays. Patients' average length of stay for this period increased by 0.4 days to 3.32 days compared to 2.95 days last year, see Table 13 below.

Table 11: BGH Emergency Admissions & Discharges

Year	Total Admissions		Total Discharges		Weekend Admissions[1]		Weekend Discharges[1]		Public Holiday Admissions		Public Holiday Discharges	
2012/13	742		758		233		192		153		161	
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	760	(+28) 3.8%	759	(-2) -0.3%	230	(+111) +93.3%	185	(+62) 50.4%	159	(+3) 1.9%	128	(+15) 13.3%
2015/16 Inc AAU	745	(-15) -2.0%	685	(-74) -9.7%	234	(+4) 1.7%	167	(-18) -9.7%	142	(-17) -10.7%	102	(-26) -20.3%
2016/17 Inc AAU	754	(+26) 3.6%	751	(+135) 21.9%	200	(-31) -13.4%	164	(+15) 10.1%	169	(+42) 33.1%	150	(+59) 64.8%

Figures below exclude AAU activity (which opened 02/12/2015) that is now reported separately												
2015/16 (exc AAU)	638		604		212		145		131		91	
2016/17 (exc AAU)	647	(+9) 1.4%	633	(+29) 4.8%	182	(-30) -14.2%	142	(-3) -2.1%	151	(+20) 15.3%	125	(+34) 37.4%

* Figures in grey show the variance from previous year [1]Please 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 12: Emergency Admissions and Discharges by ward

Ward	Total Admissions	Total Discharges	Weekend Admissions[1]	Weekend Discharges[1]	Public Holiday Admissions	Public Holiday Discharges
MAU	303	110	96	30	69	19
ITU	6	3	3	1	1	
Ward 5	42	26	12	3	9	11
Ward 7	122	120	26	32	26	26
Ward 9	43	37	9	10	13	10
MKU	1	9		2		
Ward 12		25		3		5
Ward 15	98	101	28	30		18
Ward 16	24	39	5	6	25	11
Ward 17	1	1			7	1
SCBU	2	2			1	
Ward 4	2	58	1	16		9
BSU	2	18	1	4		2
Discharge Lounge		62				10
DME	1	22	1	5		3
Total	647	633	182	142	151	125

Table 13: BGH December 2016 Activity

	December Activity				Percentage Increase on Previous Year		
Month	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%
Dec-16	1647	1953	6477	3.32	-13.0%	-11.7%	-0.8%
Percentage Increase December 2016 compared with 2012					**-0.8%**	**11.1%**	**6.4%**

To improve patient flow in the BGH the aim is to discharge as many patients as possible before 11am and 12 mid day. The number discharged before both 11am and 12am was lower this year compared to last, at 22 (3.5%) and 46 (7.3%) respectively (Table 14).

Table 14: 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 (8.0%)	103 (15.0%)	18 10.8%)	30 (18.0%)	9 (8.8%)	16 (15.7%)
2015/16	48 (7.9%)	71 (11.8%)	20 13.8%)	28 (19.3%)	6 (4.6%)	7 (5.3%)
2016/17	22 (3.5%)	46(7.3%)	14(9.9%)	22(15.5%)	2(1.6%)	5(4.0%)

An indicator that beds are under pressure is the number of boarders that are in the hospital at any one time. There were between 5 and 6 more boarders in the BGH on the days before Christmas this year compared to last year, with 17 more boarders in the days after Christmas. This reflects the pressure experienced after the Christmas public holidays. Please note that this data is based on weekly snapshots only (Table 15).

Table 15: Boarders Comparison 2016/17 with 2015/16

Total Boarders	As at 16/12/2016	As at 23/12/2016	As at 30/12/2016	As at 04/01/2017
Total	**15**	**8**	**29**	**30**

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

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

Table 16: Boarders by Ward

Total Boarders	As at 16/12/2016	As at 23/12/2016	As at 30/12/2016	As at 04/01/2017
Ward 4	**1**	**1**		
Ward 5				
Ward 7	**2**	**1**	**5**	**12**
Ward 9	**2**	**1**	**4**	**3**
MKU		**1**		
Ward 16	**6**		**11**	**12**
Ward 15			**1**	
BSU	**1**	**2**	**6**	**3**
DME	**3**	**2**	**2**	
Total	**15**	**8**	**29**	**30**

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

There were 146 days of surge beds used during this period compared to 170 bed days for 2015/16, a fall of 14%.

Table 17: Overnight Transfers (8pm – 8am) by Ward

Total Boarders	As at 16/12/2016	As at 23/12/2016	As at 30/12/2016	As at 04/01/2017
MAU	**4**	**6**	**3**	**4**
Ward 4	**1**	**1**		
Ward 5			**2**	
Ward 7		**1**		**1**
Ward 9	**1**			**1**
MKU				
Ward 16				
BSU				
Ward 12-DME				
Ward 10-DME				
Total	**6**	**8**	**5**	**6**

Please note: these data show a snapshot of overnight transfers on each day as specified

Infection Control

During the festive period (16th December 2016 – 3rd January 2017), Kelso and Hay Lodge community hospitals were affected by bed closures due to influenza. During this period, Hay Lodge had one bay closed for 13 days and Kelso had two bays closed for 2 days. This equates to 90 blocked bed days in total of which 22 were blocked empty bed days. During the festive period in 2015/16, there were no closures for infection control reasons.

Elective Theatre Cancellations

9 patients' procedures were cancelled over the festive period. 3 of these were for a non-clinical reason (2.3%) which is over the local target set of 1.5% however is an improvement on the performance from the previous year (5.5%). This local target is based on the Scottish Board average for May – August 2015. Two cases were cancelled in order to accommodate an emergency and one was cancelled as there were no ITU beds available.

Table 18: Cancellations by type

Cancellation Type (Scottish Average)	**Total Procedures**	**Total cancellations**	**Hospital (Target 1.5%)**	**Clinical (Target 2.8%)**	**Patient (Target 3.7%)**	**Other (Target 1%)**
Cancellation Numbers (17/12/15–04/01/16)	**110**	**11**	**6**	**2**	**3**	**0**
Cancellation Numbers (16/12/16–03/01/17)	**133**	**9**	**3**	**1**	**5**	**0**
Cancellation Rate (17/12/15–04/01/16)	**-**	**10.0%**	**5.5%**	**1.8%**	**2.7%**	**0%**
Cancellation Rate (16/12/16–03/01/17)	**-**	**6.8%**	**2.3%**	**0.8%**	**3.8%**	**0%**

Table 19: Cancellations by Reason

Reason	2015/16	2016/17
No surgeon/anaesthetist to cover list		
Emergency took priority		2
Out of time	2	
Inappropriately listed		
Contaminated trays		
Scheduling Issue		
No theatre staff		
No nursing staff – DPU		
No beds (inc ITU beds)	3	1
Equipment Issue	1	
Total	**6**	**3**

Waiting Times

Treatment Time Guarantee/ Referral To Treatment / Stage of Treatment

There was reduced elective activity during the festive period due to the public holidays and consultant availability between Christmas and New Year. Orthopaedic joint operating was stopped from Tuesday 20th December for the festive period due to lack of AHP cover required for patient recovery and discharge over the weekend and public holidays. 4 full days of elective operating were lost due to public holidays and there were reduced lists on the 29th and 30th December.

There were 10 inpatient cancellations during November due to lack of bed capacity. In a normal month we would have expected to be able to accommodate most of these patients however the reduction in elective capacity over the festive period contributed to the 15 patients waiting over 12 weeks at the end of December.

18 Week Referral to Treatment performance is continuously over 90% for combined activity. There was reduced outpatient activity over the festive period due to the public holidays and consultant leave but this did not have a significant impact on patient journeys and the Referral to Treatment Target.

31 and 62 day Cancer Waiting Times

The festive period has not had an impact on Cancer Waiting Times performance; targets continue to be met.

Community Activity Summary

Total community hospital admissions decreased by 7 (12%) for the festive period 2016/17 compared to 2015/16. Overall numbers of discharges fell by 4 (7.5%). Weekend admissions decreased by 5 and there were increases in weekend discharges (up by 4) and public holiday admissions (up by 13) and discharges (up by 5). All these changes reflect low numbers.

Table 20: Community Hospital Admissions & Discharges

Year	Total Admissions		Total Discharges		Weekend Admissions[1]		Weekend Discharges[1]		Public Holiday Admissions		Public Holiday Discharges	
2012/13	68		63		6		10		9		7	
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%
2016/17	52	(-7) -11.9%	49	(-4) -7.5%	5	(-6) -54.5%	12	(+4) 50%	13	(+8) 160%	5	(+1) 25%

* Variance from previous year given in grey

[1]Please 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 21: Community Hospital December 2016 Activity

	December Activity				*Percentage Increase on Previous Year*		
Month	**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%
Dec-16	88	94	2572	27.4	-12.9%	-5.1%	5.5%
Percentage increase December 2016 compared with 2012					-19.3%	-11.3%	5.4%

This performance reflects the low number of discharges within community hospitals and the increasing length of stay. The average length of stay for patients in December 2016 increased by 3 days to 27.4 days compared to December 2015, with wide variations in length of stay between community hospitals. Some of this increase reflects the increased number of standard delayed discharges (from 16 in 2015/16 to 25 in 2016/17, an increase of 56%) within the hospitals.

External consultancy work has been commissioned through the Health & Social Care Partnership to improve Delayed Discharges and Patient Flow across the system; this will include reviewing community hospital activity and will support planned work to reduce Length of Stay. The learning from this will be used in the year ahead to plan for the festive period in 2017/18.

Table 22: Community Hospital December Length of Stay Comparison

Hospital	December 2015 Average Length of Stay (Days)	December 2016 Average Length of Stay (Days)
Hawick	15.5	19.3
Hay Lodge	30.7	20.4
Kelso	32.1	40.0
The Knoll	27.3	56.4
Total	24.6	27.4

Delayed Discharges

There was a 73% increase in average delayed discharge cases over the festive period in 2016 (27) compared to 2015 (16). The number of cases over 2 weeks as at 6th January 2017 was 23, compared to 12 in 2016. 14 of these delays were in Community Hospitals, but there were increases in the numbers delayed in the BGH and Mental Health. The numbers over 72 hours as at 6th January 2017 was 28, compared to 17 in 2016.

The top 3 reasons for delay were:

- wait for care package (average 6.75 patients per week - unchanged since last year)
- completion of social work assessment (11 compared to 4.25 last year)
- wait for care home placements (5 compared to 0.25 last year). This latter issue may be due to the cessation in use of flex beds this winter. 6 patients were in flex beds during the 2015/16 festive period, with occupied bed days of 98 days.

There was a significant reduction in the number of complex cases on the list from an average of 12.5 in 2015/16 to an average of 4.25 this year.

Actions currently being undertaken to reduce delayed discharges include:

1. Revised, action-focused and time-bound Delayed Discharge review process, including action tracker and escalation
2. Senior Manager allocated to manage each delayed discharge
3. Tests of change to develop systems for addressing delays in patient pathways to prevent individual patients becoming delayed discharges and at key points once delayed
4. Range of work to increase homecare capacity, including testing of the use of Health Care Assistants to support rapid access to home care
5. Establishment of transitional care capacity to support patients not yet ready to return home

Learning from these actions will be taken forward to inform festive period planning for 2017/18.

Table 23: Delayed Discharges comparison by week

Total Delayed Discharges	As at 16/12/2016			As at 23/12/2016			As at 29/12/2016			As at 06/01/2017		
	Total	>3 days	>2 wks	Total	>3 days	>2 wks	Total	>3 days	>2 wks	Total	>3 days	>2 wks
BGH	6	2	2	6	6	1	4	4	2	6	6	3
Community Hospitals	14	8	7	16	10	5	18	18	7	17	16	14
Mental Health	4	2	2	6	1	0	6	6	1	6	6	6
Total	**24**	**12**	**11**	**28**	**17**	**6**	**28**	**28**	**10**	**29**	**28**	**23**

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

Table 24: Delayed Discharges by reason for delay

Total Delayed Discharges	As at 16/12/2016			As at 23/12/2016			As at 29/12/2016			As at 06/01/2017		
	Total	**>3 days**	**>2 wks**	**Total**	**>3 days**	**>2 wks**	**Total**	**>3 days**	**>2 wks**	**Total**	**>3 days**	**>2 wks**
Delay reasons												
11B Awaiting completion of post-hospital social care assessment (including transfer to another area team)	8	2	1	10	4	1	12	12	3	14	13	9
24B Awaiting place availability in Independent Residential Home	1	1	1	2	2	0	5	5	1	4	4	4
24C Awaiting place availability in Nursing Home (not NHS funded)	6	4	4	9	7	4	2	2	1	3	3	2
25D Awaiting completion of social care arrangements to live in their own home - awaiting social support (non-availability of services)	7	5	5	5	2	1	8	8	4	7	7	7
25F Awaiting completion of social care arrangements - Re-Housing provision (including sheltered housing and homeless patients)	2	0	0	2	2	0	1	1	1	1	1	1
Total	**24**	**12**	**11**	**28**	**17**	**6**	**28**	**28**	**10**	**29**	**28**	**23**

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

Overall bed days lost to delayed discharges rose from 480 for the festive period in 2015/16 to 573 for this festive period, an increase of 19%. There were 26 more breaches due to waits for beds this period compared to last year.

Table 25: Delayed Discharge Occupied Bed Days – Comparison between festive period 2015/16 and 2016/17

Delayed Discharge Occupied Bed Days	Festive Period 2015/16			Festive Period 2016/17		
	Standard	Complex	Total	Standard	Complex	Total
BGH	14	51	65	93	0	93
Community Hospitals	155	160	315	307	54	361
Mental Health	83	17	100	81	38	119
Total	252	228	480	481	92	573

Table 26: Complex Delayed Discharges by area

Delayed Discharges	As at 16/12/2016	As at 23/12/2016	As at 29/12/2016	As at 06/01/2017
	Complex	Complex	Complex	Complex
BGH	0	0	0	0
Community Hospitals	3	3	3	3
Mental Health	2	1	1	1
Total	**5**	**4**	**4**	**4**

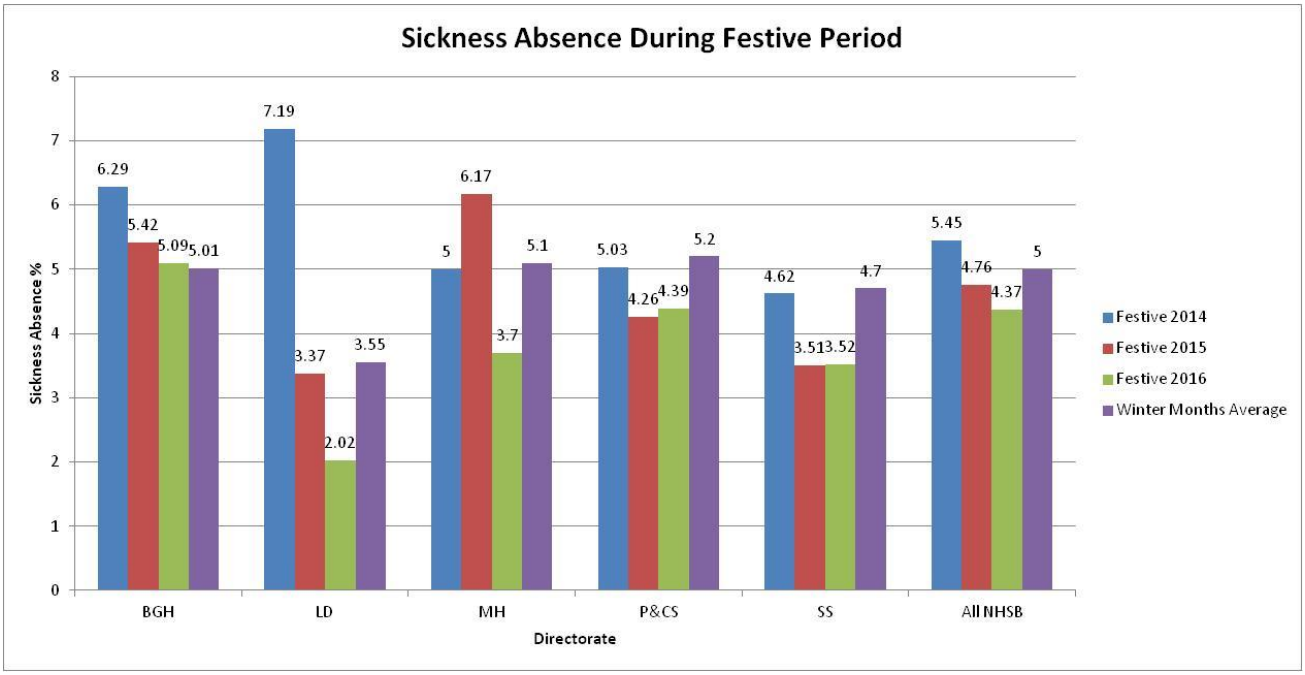
Please note: these data show a snapshot of current delayed discharges on each day as specified

Most delayed discharges continued to be in Community Hospitals – 60% compared to 76% last year; with a rise in numbers of delayed discharges in Mental Health (20% compared to 9%) and BGH (20% compared to 15%).

Staff Sickness Absence

The sickness absence rate over the festive period for 2016/17 was 4.37%. This rate saw a decrease of 8.2% of the sickness absence rate from the festive period of the previous year (2015/16) where the rate was 4.76%. On average over the winter months the absence rate sits at approximately 5.00%.

This Festive period saw BGH, LD, and MH all have a decrease in their rate of absence and P&CS and SS saw a slight increase in their level of sickness absence (<0.2%) when compared with the same period last year. The Learning Disabilities and Mental Health Services both saw a significant decrease in their rates from 3.37% to 2.02% and 6.17% to 3.7% respectively. See the chart above. All clinical boards reported a lower rate of sickness absence during this period compared to their average rate of sickness absence during the winter months. The one exception was the BGH whose rate was 0.08% higher than the winter month average.



During this festive period 7 departments (headcount > 14) report a sickness absence rate greater than 10% compared to the previous year where there were 9 departments with a sickness absence rate of greater than 10% (Table 27).

Table 27: Teams (>14 headcount) with sickness absence > 10 % during Festive 2016/17 period

Department	Headcount %	Festive 2016 %	Festive 2015 %	Festive 2014 %	Winter Months Average %
Ward 16	19	16.28	6.57	7.92	8.09
Ward 4	39	15.97	8.45	10.59	6.98
Hawick Hospital	35	14.65	3.76	4.65	6.91
Ward 12	42	12.67	2.52	3.68	4.42
Ward 9	38	12.41	7.07	8.83	6.39
Ward 7 and PSAU	48	11.51	10.91	7.32	6.93
Ward 5 - Cardiology	25	10.34	2.55		7.38

This Festive period there has been a noticeable increase of '*cold, cough, flu'* from last year although the rate was similar to that of the 2014 festive period and also the winter average rate. The *'other unknown causes'* reasons used when recording absence on SSTS was 5% lower 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 28).

Table 28: Most common reasons of sickness absence during 2016/17 Festive period

Absence Reason	Festive 2016 %	Festive 2015 %	Festive 2014 %	Winter Months Average %
Anxiety/stress/depression	21.60	23.8	23.8	20.98
Other musculoskeletal problems	9.73	8.33	13.13	9.4
Gastro-intestinal problems	9.06	8.06	5.63	7.17
Cold, cough, flu - influenza	8.76	4.19	8.02	8.39
Other known causes	8.01	13.41	4.63	10.24
Unknown causes/not specified	6.84	7.82	3.1	7.69
Back problems	6.64	5.66	6.05	5.62
Injury, fracture	6.40	6.93	10.3	6.44
Chest & respiratory problems	6.06	5.4	6.08	5.38
Pregnancy related disorders	5.27	4.31	1.49	2.97

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

Media Focus on Festive Period

Both weeks of the festive period had a four day weekend so the focus of local communications activity was information on GP surgery and pharmacy opening hours and reminding the public in advance to stock up on the prescription medicines that they would require over the festive period. These messages were enhanced by the national activity co-ordinated by NHS24 which utilised once again the 'Doctor Owl' character. The other key message was the 'know who to turn to' message, fronted by the 'Meet Ed' campaign, the key message of which is to only present at the Emergency Department in an emergency situation, and utilise instead support and advice available from GPs, Pharmacies and Minor Injury Units.

Our communications focussed on media messaging through print (primarily local press) and SB Connect (delivered to every household across the Borders), NHS Borders website and social media. There was no paid for activity by NHS Borders over the festive period. A 'Weekly Winter Update' (WWU) template was tested over the festive period which carried our key messages in a visual and easy to read format. This had a new and significant reach on social media over the period, was widely shared, and picked up by other health boards who communicated it to their followers. We also saw a near three fold increase in the number of visits to the 'know who to turn to' page on the NHS Borders website over the festive period http://www.nhsborders.scot.nhs.uk/patients-and-visitors/know-who-to-turn-to/winter/

Weekly Winter Update – December 21st 2016

There are many instances of diarrhoea and vomiting in schools, nurseries and care homes across the Borders. Please remember to stay away from hospitals and other healthcare settings for 48 hours if you have had d&v and practice good hand hygiene to help prevent the spread of infection.

Your Pharmacist can provide expert advice and treatment for a range of common illnesses such as coughs, colds and sore throats. Most pharmacies are open on Christmas Eve (Saturday opening hours apply). Please remember to keep your medicine cabinet adequately stocked up over the festive period.

The A&E department is usually very busy between Christmas and New Year. Sometimes patients who come to A&E could be treated elsewhere, for example at a minor injury unit or at their pharmacy. Please remember to save the Emergency Department for emergencies only.

from everyone at NHS Borders

Summary

Although the festive period 2016/2017 was more challenging than the same period last year (increased breaches of the Emergency Access Standard, increased boarders, increased delayed discharges), NHS Borders continued to achieve over 95% on the Emergency Access Standard, numbers of surge beds open reduced and elective cancellations decreased compared to the previous year.

However, although numbers of admissions did not increase, low numbers of discharges in community hospitals and an increased number of delayed discharges resulted in a reduction in available bed capacity, leading to delays in admitting patients as demonstrated by increased numbers of breaches of the Emergency Access Standard.

The key areas of success built on the successful changes made last year

- 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. There was additional senior medical staffing over the weekends and public holidays to avoid delays and meant that senior medical decision-making continued throughout the festive period
- ED staffing. The enhanced staffing meant that very few patients breached the Emergency Access Standard as a result of delays to assessment.

- the support service arrangements. There was increased availability of support service staff, including diagnostic and specialist nurse staffing on the public holidays after Christmas and New Year, which assisted in progressing patient care and discharge
- 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.

There was improved and closer working with both social work and Scottish Ambulance Service. There was a limited social worker presence on the weekends and the public holiday on Tuesday 3rd January. Scottish Ambulance Service provided an enhanced out of hours service on public holidays and additional vehicles on the normal working days before and after public holidays

However, there were particular challenges due to lack of any Patient Transport Service on New Years Day. The limited social work service was not able to access homecare or care homes during the public holidays. Although there was good support service presence on Tuesday 3rd January, there was very limited support at the weekends and on 2nd January, when it would have helped with progressing discharges, including social work and the Scottish Ambulance Service. A recommendation for next year is to seek to establish as far as possible, normal service availability for this period.

Projects to sustainably deliver and maintain reduced Community Hospital Length of Stay and reduced delayed discharges should be progressed and fully completed by August 2017.

Thanks to the following people for the compilation of this report:

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