Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: ....23 April 2018.....

Report By	Robert McCulloch-Graham, Chief Officer
Contact	Philip Lunts, General Manager, Unscheduled Care
Telephone:	01896 826704

SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERHSIP
2017/18 WINTER PERIOD EVALUATION REPORT

Purpose of Report:	To update the Board on key activity relating to the 2017/18 winter period and present the evaluation of the Winter Plan 2017/18

Recommendations:	The Health & Social Care Integration Joint Board is asked to: **note** the learning and improvement opportunities for next year which will now be taken forward by the Winter Planning Board.

Personnel:	Resource and staffing implications were addressed within the Winter Plan.

Carers:	Planning for all activity for all Groups across the Winter Period.

Equalities:	Planning for all activity for all Groups across the Winter Period. Performance against the Winter Plan has been presented at numerous committees and groups within NHS Borders and Scottish Borders Council. Debriefs of both the Festive Plan and the Winter Plan have taken place. Feedback from these sessions has influenced this evaluation.

Financial:	Resource and staffing implications were addressed within the Winter Plan.

Legal:	Request from the Scottish Government that all Health Boards produce a Winter Plan signed off by their Board. This report will inform the Winter Planning Process 2018/19.

Risk Implications:	The Winter Plan is designed to mitigate the risks associated with the winter and festive periods.

Summary

This winter has been one of the most challenging for the past 4 years. In addition to the normal winter pressures, there were 3 major challenges during the course of this winter;

- Norovirus outbreak. There was a major norovirus outbreak in October 2017, which continued into the early part of November, resulting in a loss of beds
- Flu outbreak. The flu outbreak this year was one of the most significant in recent years and this impacted on front door activity and admissions
- Snow. We experienced the worst snow weather for the past 8 years during February and into March with major disruption to health systems.

This winter, the normal provisions for additional winter activity were put in place. In addition, the following new measures were taken;

- A range of initiatives within social care to reduce delays to discharge
- A number of actions to better support patients within primary care
- An increase in assessment and ambulatory care capacity, including a test of a Surgical Assessment Unit and the expansion of the Acute Assessment Unit
- Additional surge capacity in Community Hospitals
- Planned reduction in inpatient elective operating during January 2018

Feedback from primary care suggests that GP practices were busy but made arrangements that allowed them to cope with additional demand. Activity data indicates that the front door of the BGH was much busier than in previous years. BECS activity increased by 9% and Emergency Department by 8%. Both departments saw 30% or greater increases in patients requiring urgent assessment. This suggests more patients presenting acutely unwell. Despite these challenges, both departments reported that the planning for additional activity had worked well.

Although admissions to the BGH reduced by 8% overall and by 10% for adults over the winter period, the length of stay increased by 6% from an average 4.3 days to 4.7 days, but with the greatest increase from 1st January onwards. As a result, there was a 10% increase in occupied beddays for medical patients during this period. This is likely to be due to two factors

- front-door services were very effective at managing patients to avoid admission, meaning patients who were admitted were sicker or more complex than previous years.
- There was a 30% increase in delayed discharge occupied beddays in the period up to beginning of January

This increase in length of stay outbalanced the reduction in admissions and resulted in very high demand for inpatient beds. In addition, there were a number of peaks in admissions which caused increased impact on patient flow.

The demand for acute medical beds exceeded capacity on a regular basis over this period. As a result, numbers of boarding patients increased by two-thirds. Operationally, there were major challenges in the ability to identify suitable patients to board to non-medical wards and the time and resource required to manage this resulted in delays and increased length of stay. This further exacerbated the challenges in managing patient flow.

An additional 44 surge beds were open over this period across the BGH, Community Hospitals and Social Care. However 10 of these beds were open before the winter period began. These were insufficient to accommodate demand from the New Year, resulting in

the Planned Surgical Admissions Unit opening as inpatient beds for 28 days and the Acute Assessment Unit for 38 days. There were 16 days during this period when there were insufficient beds to accommodate all patients and some patients were cared for overnight in ED.

There was a consequent deterioration in performance against the Emergency Access Standard, with breaches increasing from 584 last year to 982 this winter. We experienced 109 eight-hour breaches during this period, of which 58 were overnight.

Elective operating was impacted with total number of procedures undertaken falling from 1457 last year to 1336 this year and numbers of patients exceeding their Treatment Time Guarantee as a result of cancellations rising from 63 at beginning of November to 254 at end of February.

On a positive note, uptake of staff flu vaccination was higher than last year at 54% and vaccination of over-65s in the community increased compared to last year.

It is a credit to staff across health and social care that delivery of care was maintained and patients were cared for appropriately and safely. Data and feedback suggests that the tried-and-tested operational provisions within the Winter Plan worked well to minimise the impact of additional activity. Although new initiatives to support the management of the increased demand, mainly additional social care capacity, had a positive impact, especially on delayed discharges, they did not have sufficient time to be established and did not address the demand for acute medical beds. As a result, there was a heavy reliance on short-term contingency arrangements, with a resulting impact on maintenance of routine services.

A range of recommendations for future winter planning are contained at the end of this report.