

# Bury Health Scrutiny Committee



BURY  
**INTEGRATED CARE**  
PARTNERSHIP

## Urgent and Emergency Care Update and Winter Planning - November 2024

**Presentation by:**

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**Part of** Greater Manchester  
Integrated Care Partnership



# Urgent Care Update

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This presentation is intended to provide members with an update on the following areas:

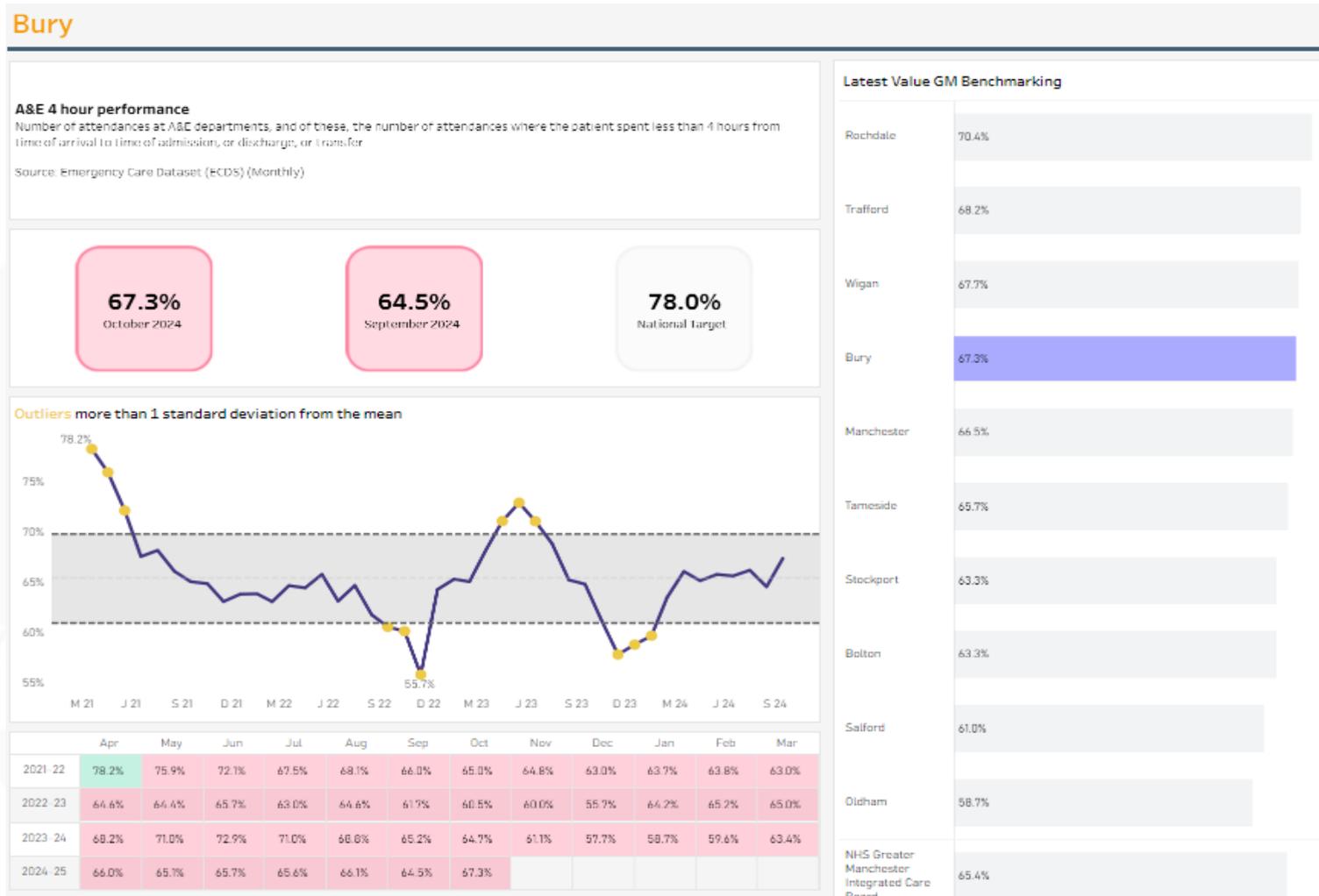
- 1. Current UEC Performance Slides**
- 2. Winter Planning Update**
- 3. Further actions and plans**

## 1. Current Urgent Care System Performance

# Urgent Care Update – Current Performance



- 4 Hour A&E Target – All Bury Patients any Hospital



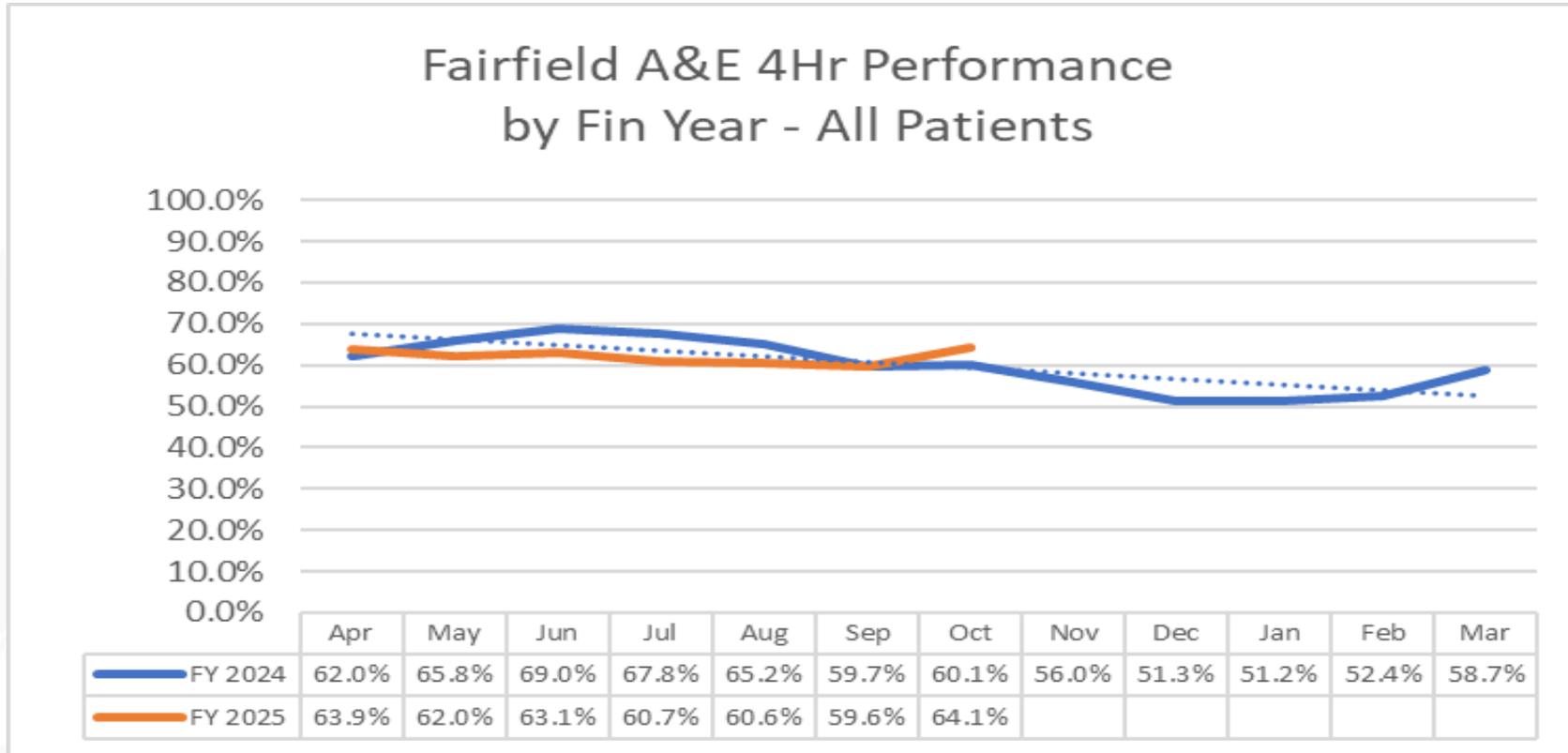
Based on the Locality Board Reports on GM Tableau, in October the Bury 4 hour position was 67.3% (4<sup>th</sup> best in GM). Actually, second best as HMR and Trafford are not fully functioning A&E departments.

**This is not the FGH position..... It reflects any Bury patient attending any A&E department anywhere in the country, including NMGH.**

# Urgent Care Update – Current Performance



- 4 Hour A&E Target – FGH (all patients)

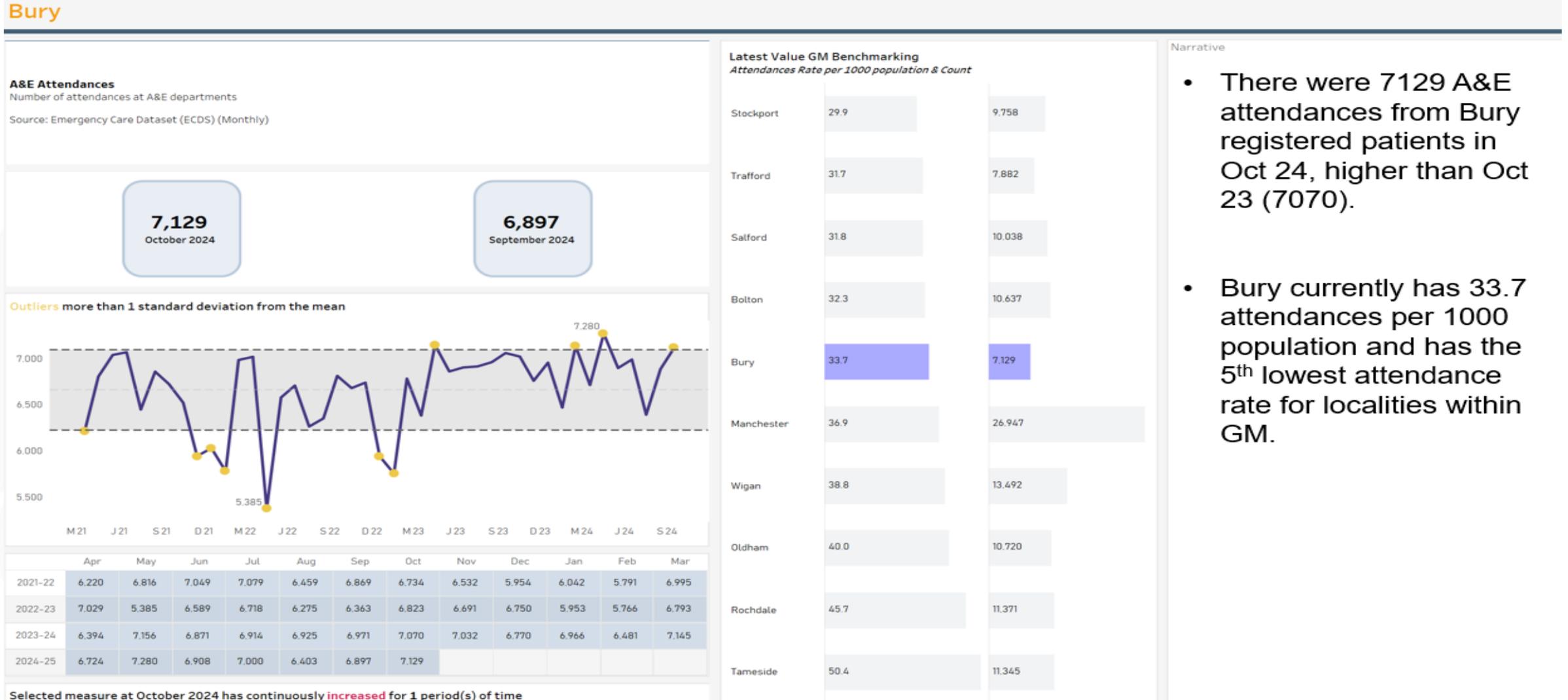


As a locality Bury is also performance managed on 4 hour performance at FGH

The performance figure for October 2024, 64.1% saw an improvement from Septembers 59.6%

# Urgent Care Update – Current Performance

- A&E Attendances – All Bury Patients any Hospital**

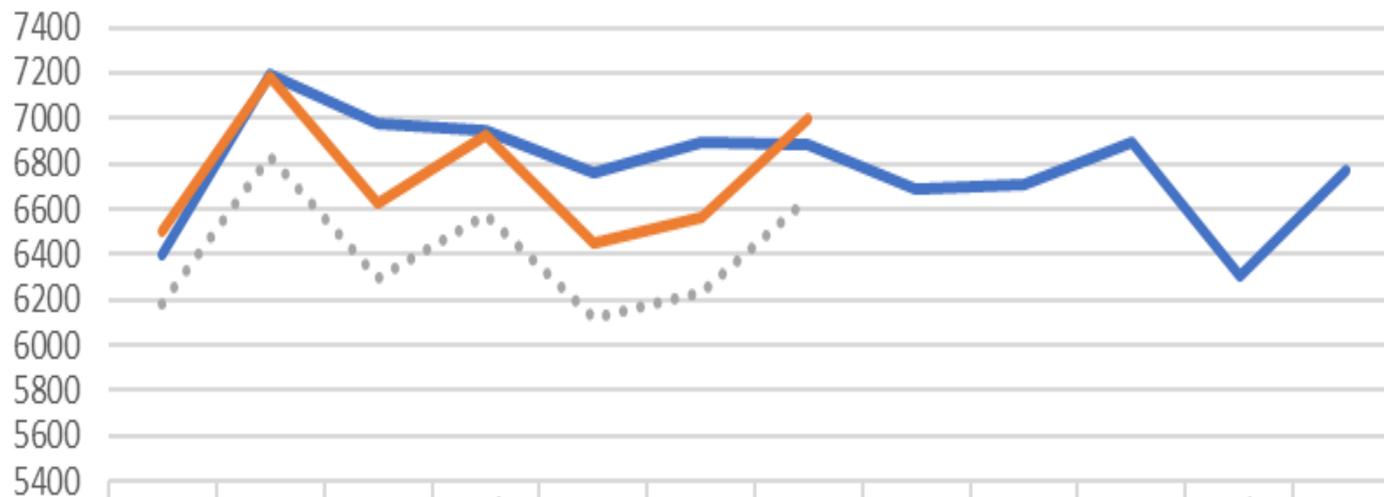


# Urgent Care Update – Current Performance



- A&E Attendances – FGH (all patients)**

Fairfield A&E Attendances by Fin Year - All Patients



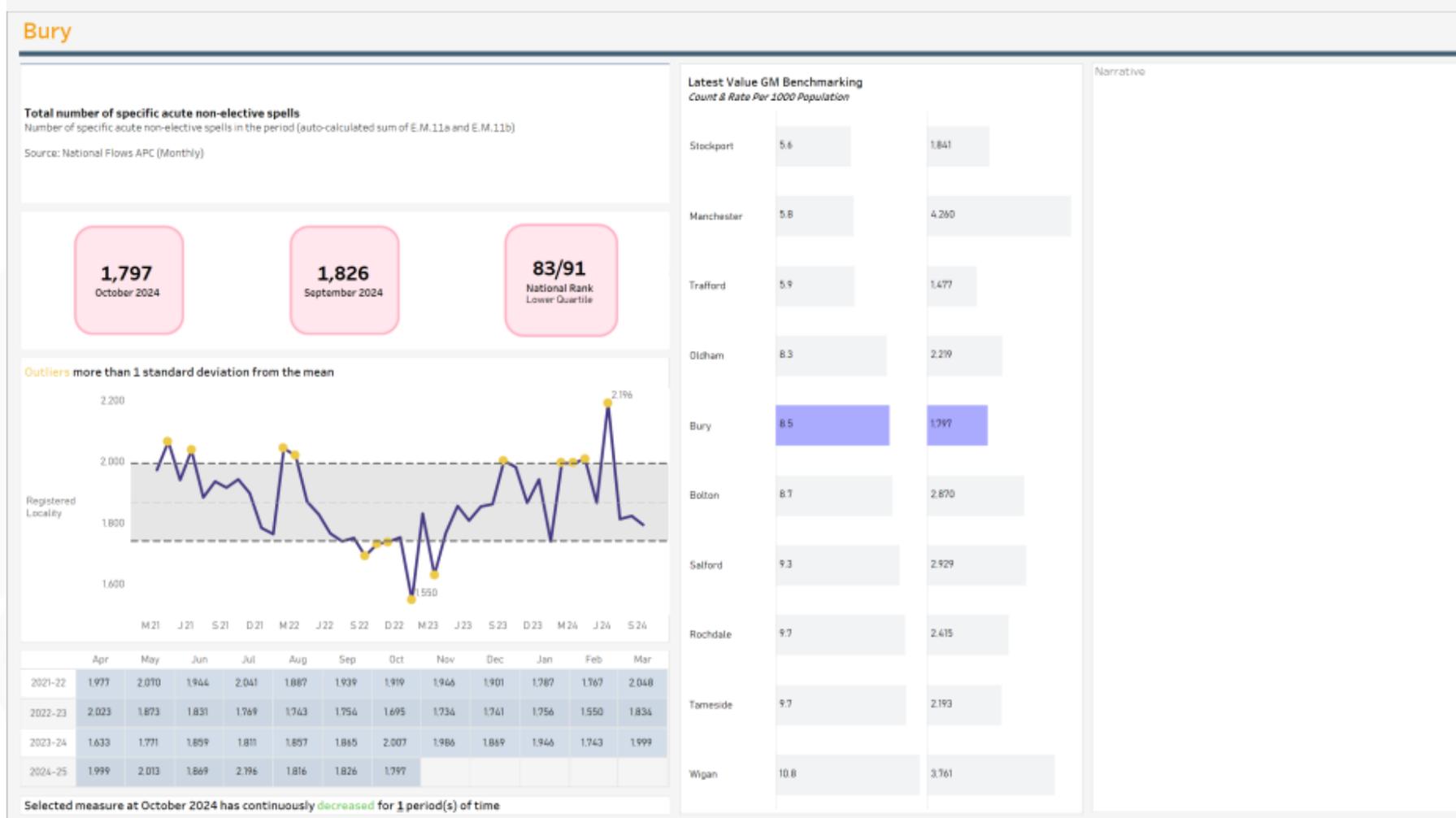
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>FY 2024</b>	6398	7199	6979	6945	6756	6892	6887	6684	6706	6894	6306	6774
<b>FY 2025</b>	6503	7187	6624	6924	6445	6561	6994					
<b>5% Reduction</b>	6178	6828	6293	6578	6123	6233	6644					

- Whilst not achieving the 5% reduction as targeted the number over all are down from the previous year
- Figures counted currently include SDEC/UTC/Stream Off Site. Once these are removed from the count numbers should show reductions greater than 5%.

# Urgent Care Update



- **Non-Elective admissions**

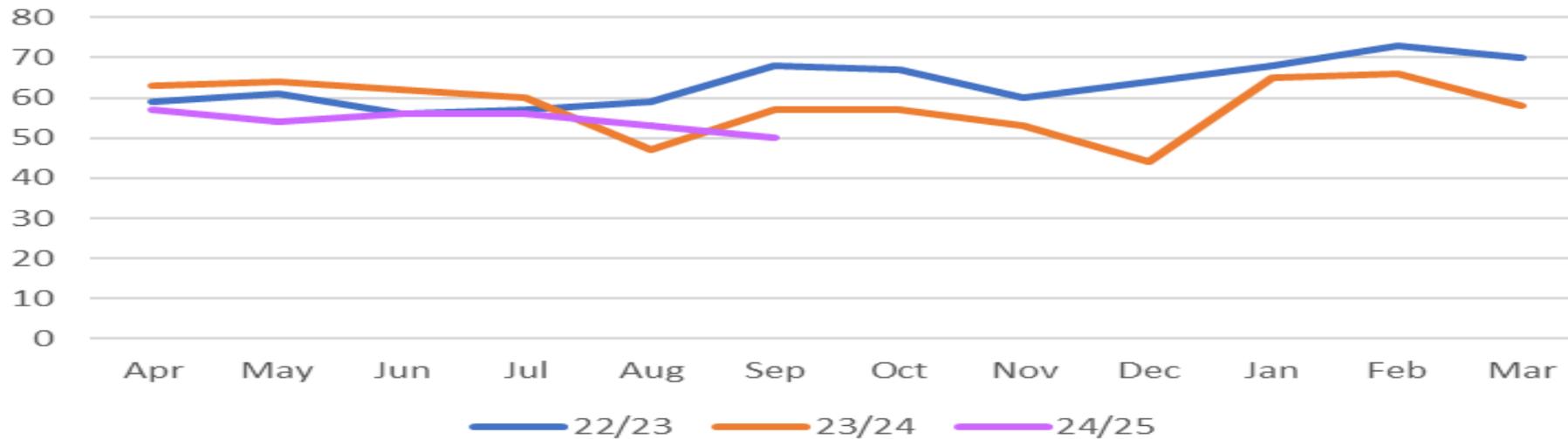


- There were 1797 specific acute non-elective spells from Bury registered patients in Oct 24, Lower than oct 23 (2007)
- Bury currently has 8.5 specific acute non-elective spells per 1000 population and has the 5th lowest rate per 1000 for localities within GM.

# Urgent Care Update – Current Performance

- Days Kept Away From Home

Yearly Comparison of mean numbers on DKAFH list at FGH per month



- With the exception of August 2024 every month since April has seen greater than a 5% reduction, year on year for the number of patient on the DKAFH list.

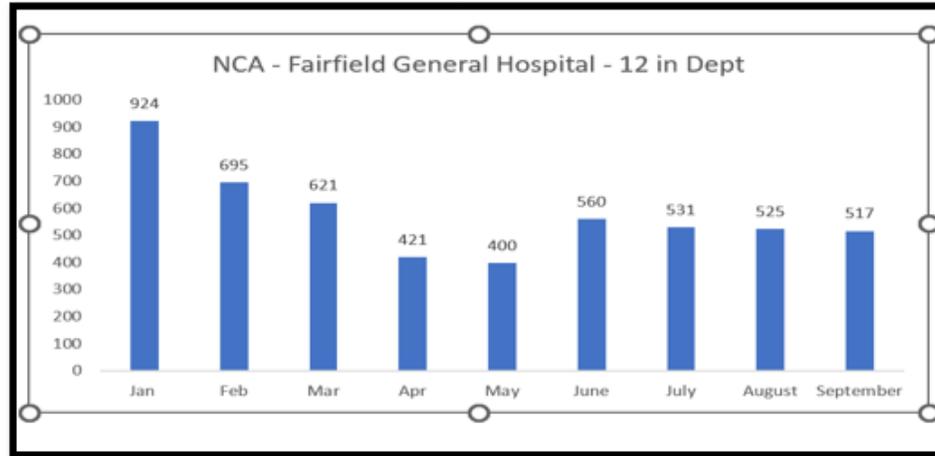
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No criteria to reside - main provider (FGH) - 23/24 (mean for month) - GM Tableau figures	63	64	62	60	47	57	57	53	44	65	66	58
No criteria to reside - main provider (FGH) - PLAN 24/25 (mean for month) = 5% reduction on previous year 24/25 - GM Tableau figures	60	61	59	57	45	54	54	50	42	62	63	55
No criteria to reside - main provider (FGH) - ACTUAL 24/25 (mean for month) - GM Tableau figures	57	54	56	*56	*53	50*						

\* Based on locally recorded figure

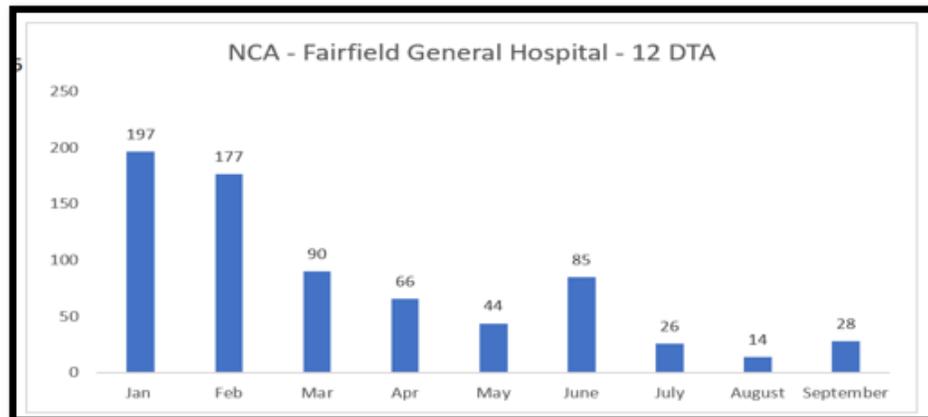
# Urgent Care Update

- 12 hour delay improvements

## FGH 12 Hours in Department



## FGH 12 Hours to Decision to Admit



## FGH 12 Hours in Department - Commentary

- 12 Hour in Dept Since Jan has reduced from 924 to 517, we have seen month on month reduction

Month	Number
Jan	924
Feb	695
Mar	621
Apr	421
May	400
June	560
July	531
August	525
September	517

## FGH 12 Hours DTA - Commentary

- 12 Hour DTA Since Jan has reduced from 197 to 28 in Sept, we have seen a month-on-month reduction, slight increase in Sept due to MH delays

Month	Number
Jan	197
Feb	177
Mar	90
Apr	66
May	44
June	85
July	26
August	14
September	28

- Internal Escalation at 10 hours of any 12 hours breaches
- Trajectory put in place to reduce 12-hour Breaches from Sept 2024

## 2. Winter Planning Update

# Urgent Care Update – Winter Planning



## 1 Bury Winter Planning Sub Group

The Bury Winter Planning Sub Group is a sub group of the Bury Locality UEC Board. The group is made up from UEC system partners and meets every two weeks on a Friday. The remit of the group is to co-ordinate across the UEC system partners, winter planning activities.

## 2 Activities of the Bury Winter Planning Sub Group

- Sharing of National and GM guidance as received.
- Co-ordination of all winter related National and GM returns where a system response is required.
- Submission of National and GM Winter Planning Return ensuring completion and submission on time.
- Production of the GM requested winter plan template.
- Production of the locality winter plan.
  - NW Winter Event. (completed and feedback shared)
- Review and refresh Bury system partners OPEL card. (nearly completed)
- Review and refresh Burys list of Alternative to Admissions Schemes. (nearly completed)
- System planning for Christmas Holiday pressure point days including pre-planned conference calls, (nearly completed)
- System partners to review and refresh Bury NHS111 Directory of Service. (commenced)
- Link to GM winter communications leads. (commenced)
- Commence monitoring Winter Capacity and Demand Schemes. (commenced)
- Review and refresh OPEL 4 Escalation card.
- NHS GM Bury Locality On Call Manager Winter Training.
- Ensure attendance and feedback from GM and Regional Winter Events.
- Share system partner organisational winter plans.

## 3 Daily System Resilience Management

- Bury System Bronze (operational) Tuesday and Fridays at 8.30am
- Increase the frequency of Bury system Bronze meetings as required
- Bury System Silver (strategic leads) as required based on system pressure

## 3. Further Actions and Plans

# Urgent Care Update – Winter Planning



## BCO collaborative focusing on:

- Ambulance conveyance
- Discharge Frontrunner (DKAFH and Dementia)
- Continuous Flow Model
- Virtual Ward
- Front door streaming & T3 flow
- SDEC Improvements
- NCTR improvement
- Further analysis of breach patterns taken place highlighting:
  - FGH average breaches over the past 12 months show that on average there were 100 breaches per day of which, 47 are related to nighttime 6pm to 12pm.
  - Of the 47 breaches, 33 were from Non-Admitted Patients and 14 were from admitted patients.
  - Admitted – Day time reduced from Jan 2024 21 to July 2024 18
  - Admitted – Nighttime reduced from Jan 2024 41 to July 2024 29
  - Non-Admitted – reduced from Jan 2024 39 to July 2024 29
  - Non- Admitted – reduced from Jan 2024 33 to July 2024 21
  - Reduction in Attendances from July to August by 477 patients
- Reduction in Breaches from July to August by 85 (reduction in dominator has seen a decline in performance)
- FGH focus is recruitment into SDEC and ED
- SDEC medical team will be fully established by Oct 2024
- FGH are in the process of recruiting additional medical staff for ED, likely to be recruited from Oct 2024, where we should start to see an impact in our performance. It's possible there maybe static performance position until recruitment has concluded.
- Relaunch at DKAFH at Bury for all wards at BCO 8<sup>th</sup> August 2024
- NCA Ambulance Conveyance next Audit 30<sup>th</sup> Sept 2024
- New RAT area opened 9<sup>th</sup> September reduce corridor care
- DKAFH – System wide DKAFH weekly meetings >20 Day Bury and Rochdale (Purple Patients)
- Senior Board Round attendance
- Structured process for Senior Therapy review for patients on bedded IMC pathways for step down
- Recruiting Home First Facilitator for discharge team to increase home discharge
- Take forward actions from GM MADE event 6<sup>th</sup> Sept 2024
- Work with MH colleagues on MH data LOS In ED
- New Streaming - Acuity tool planning for Oct 2024 successful bid from a national pilot with ECIST.
- SDEC to be relocated by Oct 2024 to increase capacity

# Urgent Care Update – Winter Planning



## •Further Actions:

### Recruitment in progress

- x2 Registrars to start in Sept 2024, awaiting recruitment of x2 Registrars
- Extend SDEC Frailty at weekend – Post are now live for 2 weeks implement before November 2024.
- Recruitment completed for x4 SCF (A&E) awaiting start dates
- Recruitment for x3 ACP for ED – Advert's being extended until Mid-Sept

### GM MaDE event outputs

- Standardise patients added to the DKAFH list across sites e.g Fastrack, function etc
- Standardise guidelines for process and timescales for patient / family choice and use of letters
- Consider NCA communications programme to highlight Home First approach and benefits of this for patients
- Discharge Pathways
- Focussed work on specific discharge pathway issues:
  - P1 – window of restart for Bury and reablement capacity
  - P3 – System Wide MDT for patients requiring residential dementia and MDT for patients moving P0 to P3
  - Review of current ED Streaming Service,
  - Including Processes, Pathways and Governance
- Escalation
  - Agree and introduce escalation processes and timescales for Bury, GM and out of GM localities e.g. East Lancs

## Further Recent Improvements Updates:

- Spoken to consultants and staff – *Implementing personal performance data sharing with clinicians at monthly meeting (bit of healthy internal competition)*
- Dedicated porter to take referrals SDEC – *yeah, correct*
- Direct referral to SDEC not needing senior clinical sign off – *Once patient identified at triage as suitable for SDEC, patient is sent direct with front sheet and clerked and seen in SDEC (removed nursing handover as delaying timely flow) by medics.*
- Detailed interrogation/validation of the figures each morning – *Yeah correct, we have tracker shortages but also clinicians discharge patients on symphony directly but not from time treatment completed, we are working with them but we implemented the validation process as extra assurance with performance accuracy.*
- Discuss relocation of SDEC to increase footprint
- SDEC is now 80% staffed with new medical workforce, just awaiting 2 x new starters (Nov)