



BURY
INTEGRATED CARE
PARTNERSHIP

UEC Plan Refresh, Current Performance Update and Bury Winter Planning 2025-26

Part of Greater Manchester
Integrated Care Partnership



Bury Health Scrutiny Board 25.9.25

Summary



Given the refresh of the Bury Care Organisation Collaborative programmes of work and recent planning guidance, it is timely to review our urgent care change programme. The refreshed plan has considered:

- 10 year plan and the national neighbourhood planning guidance
- National and GM UEC planning guidance
- The previous BCO Collaborative work plan and the BCO Performance Improvement Plan and A-TED report
- Live Well: Whitefield Exemplar

The plan on the following slide demonstrates the change work to be undertaken. In addition to this we need ensure our system is resilient over the winter period. There are also core commissioning decisions that we may also need to make over this time period eg OOH contract

Neighbourhood Domain	Existing work prog.	Priority change work
Population health management using risk stratification	HWBB Plan	<ul style="list-style-type: none"> Risk stratification Live Well
Modern General Practice	GP Board – LCS contract	<ul style="list-style-type: none"> Work of MC Board – CVD and diabetes Early cancer identification
Standardising community health services	6 progs change – NC A Mental health community transformation	<ul style="list-style-type: none"> Service connectivity to neighbourhoods- mental and physical (including children's) Reducing duplication Falls/frailty review Rochdale pathways
Neighbourhood Multi-disciplinary Teams	ACM and existing arrangements	<ul style="list-style-type: none"> Neighbourhood development plan – adults and children HIU's Care homes EPAAC implementation Consultant outreach
Integrated intermediate tier with a 'home first ' approach	Rapid response performance Hospital at home utilisation DKAF Falls pick up	<ul style="list-style-type: none"> Review of IMC bed capacity Empower review of reablement
Urgent neighbourhood services	Rapid response performance Falls pick up Hospital at home utilisation and relationships to SDEC ICCC and call before convey	<ul style="list-style-type: none"> Front door streaming



Neighbourhood and BCO plan



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BCO workstream	Programme of work
Neighbourhood delivery	Neighbourhood work plan including the 6 domains
Stroke "Rehab -Right Place, Right Time"	Length of Stay Number of Escalation beds/ assessment beds/outliers/waits in ED DKAFH numbers Capacity and Demand – hospital and community services
7 Day Working "More People Home Same Day"	Admission Avoidance (on site) Robust Staffing Model - Hospital and Community services LOS TTO's
Understanding Length of Stay Wards Why not home? why not today?	Earlier discharge Ward processes >21 days LOS DKAFH Principles and Care Delays Long LoS Reviews My Next Patient

Mental Health capacity on site - TBC

Method of delivery

	Lead	Governance
Population health management using risk stratification	Jon Hobday	Population Delivery Group / HWBB
Modern General Practice	Zoe Alderson / Kiran Patel	Bury GP Board
Standardising community health services	Karen Richardson / Nina Parekh	4LP Steering Group / Bury Elective and Community Board
	Ian Trafford/ Sarah Preedy	Mental Health Programme Board
Neighbourhood Multi-disciplinary Teams	Ian Trafford / Nina Parekh	Neighbourhood Development and Delivery Group
Integrated intermediate tier with a 'home first ' approach	Adrian Crook / Katy Alcock	UEC Board
Urgent neighbourhood services	Adrian Crook / Katy Alcock	UEC Board
BCO collaborative	Kelly McLellan	BCO Collaborative Programme Board / UEC Board

*Quarterly neighbourhood delivery collaborative workshops to be held to bring together teams working on delivery of Different components

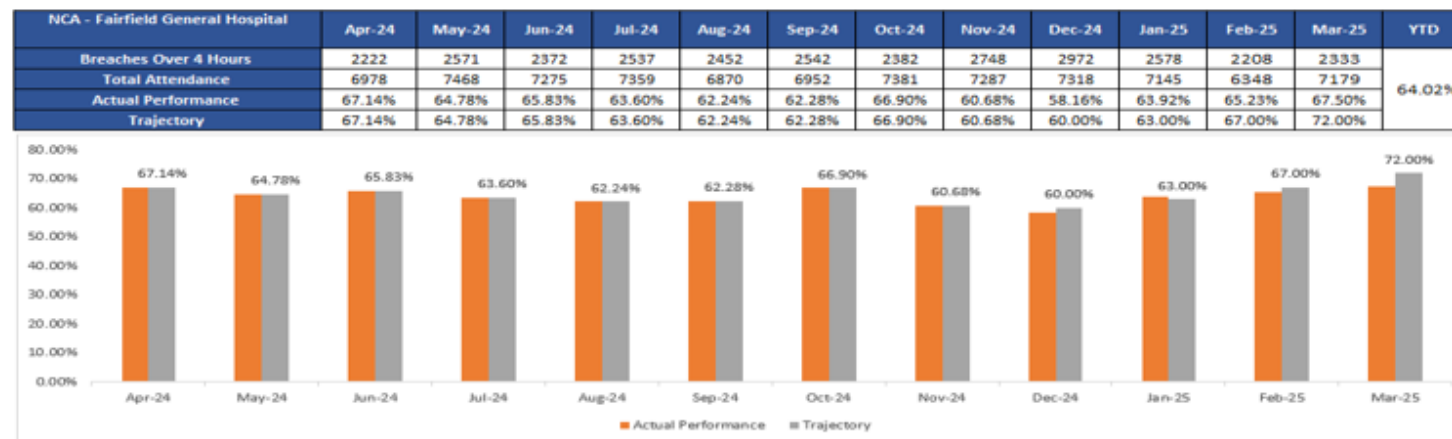
Current Performance Update and Bury Winter Planning 2025 - 26



Current Performance Update

(Performance at the FGH not just Bury registered patients as, reported by NCA)

4 Hour Performance 2024/25

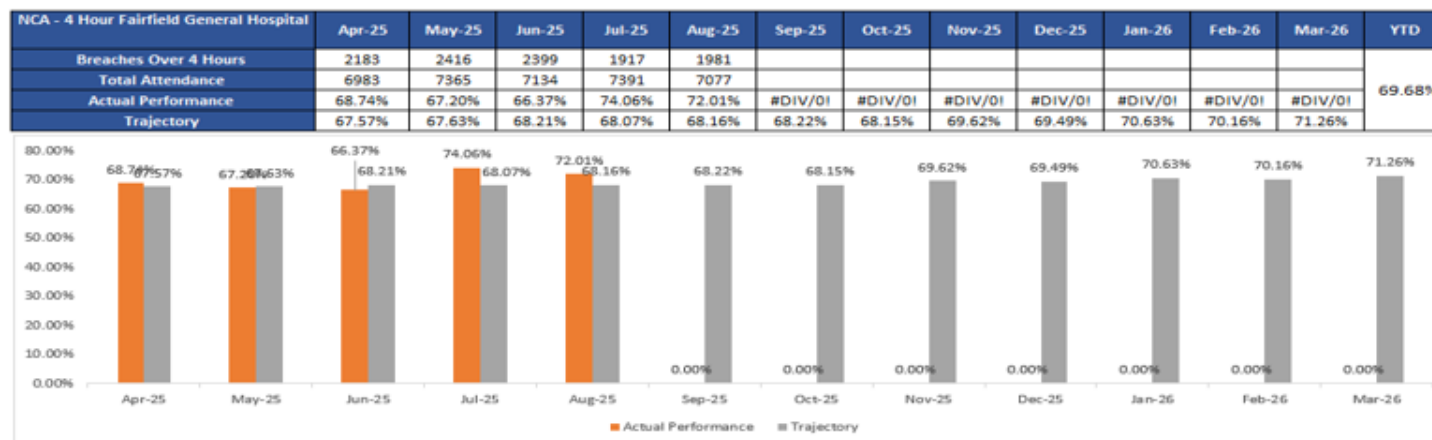


4 Hour Performance (All FGH Patients)

National Target (78% or less)

- Year to date improvement for every month compared to the same period in the previous year,
- Performance ahead of trajectory for the last two months,
- July 74.06% - Improved performance in month of 8%,
- August 72.01% but circa 4% above trajectory,

4 Hour Performance 2025/26



Current Performance Update and Bury Winter Planning 2025 - 26

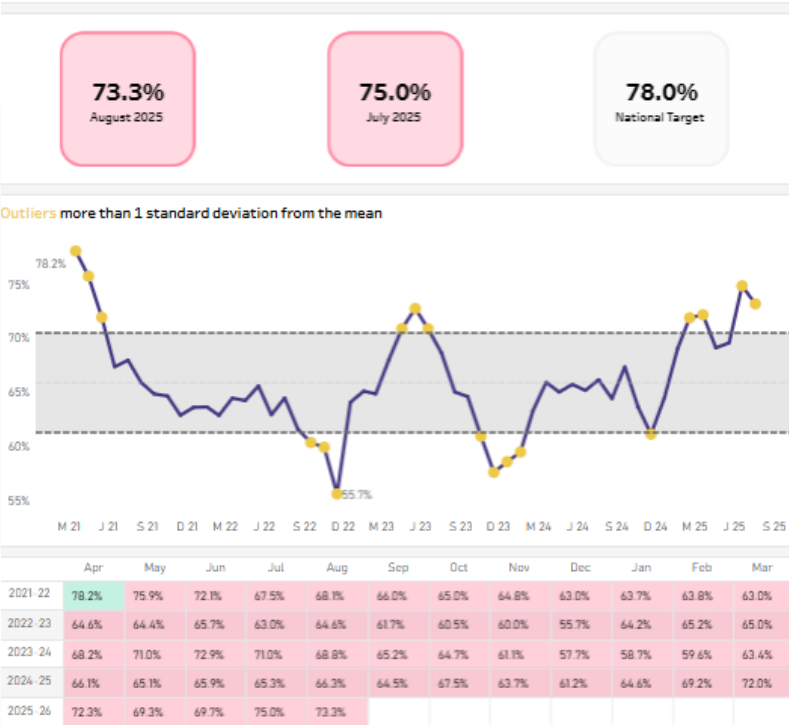


Current Performance Update (Performance for any Bury patient anywhere in the country, as reported in the Locality Board Report)

A&E 4 hour performance

Number of attendances at A&E departments, and of these, the number of attendances where the patient spent less than 4 hours from time of arrival to time of admission, or discharge, or transfer.

Source: Emergency Care Dataset (ECDS) (Monthly)



Latest Value GM Benchmarking

Rochdale	76.1%
Wigan	73.6%
Bury	73.3%
Trafford	71.0%
Manchester	70.5%
Oldham	67.8%
Tameside	67.4%
Stockport	66.8%
Bolton	66.7%
Salford	63.4%
NHS Greater Manchester Integrated Care Board	69.8%

4 Hour Performance (Bury patients anywhere)

National Target (78% or less)

- Year to date improvement for every month compared to the same period in the previous year,
- Discounting Rochdale Bury is the second best performing locality in GM.
- July 75%,
- August 73.3%,
- August performance is 3.5% ahead of the GM average.

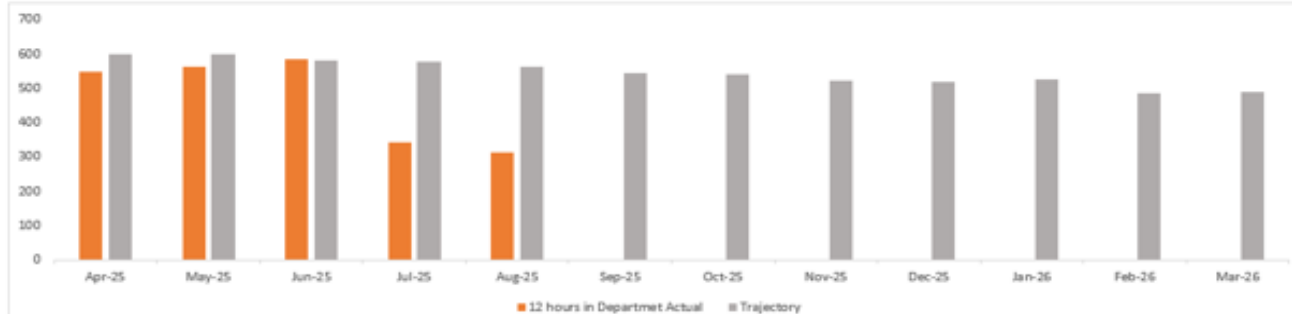
Current Performance Update and Bury Winter Planning 2025 - 26



Current Performance Update (Performance at the FGH not just Bury registered patients, as reported by NCA)

FGH 12 Hours in Department

NCA - Fairfield General Hospital	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD
12 hours in Department Actual	548	562	586	341	314								2351
Trajectory	600	601	580	577	564	546	540	523	517	525	486	490	6549



	April	May	June	July	August (MTD)
Fairfield	8.1%	8%	8.9%	4.8%	4.3%
Oldham	13.4%	11.4%	13.1%	11.1%	10.1%
Salford	16.4%	14.9%	15%	14.6%	16.8%

FGH 12 Hours in Department

National Target and GM Ambition (10% or less)

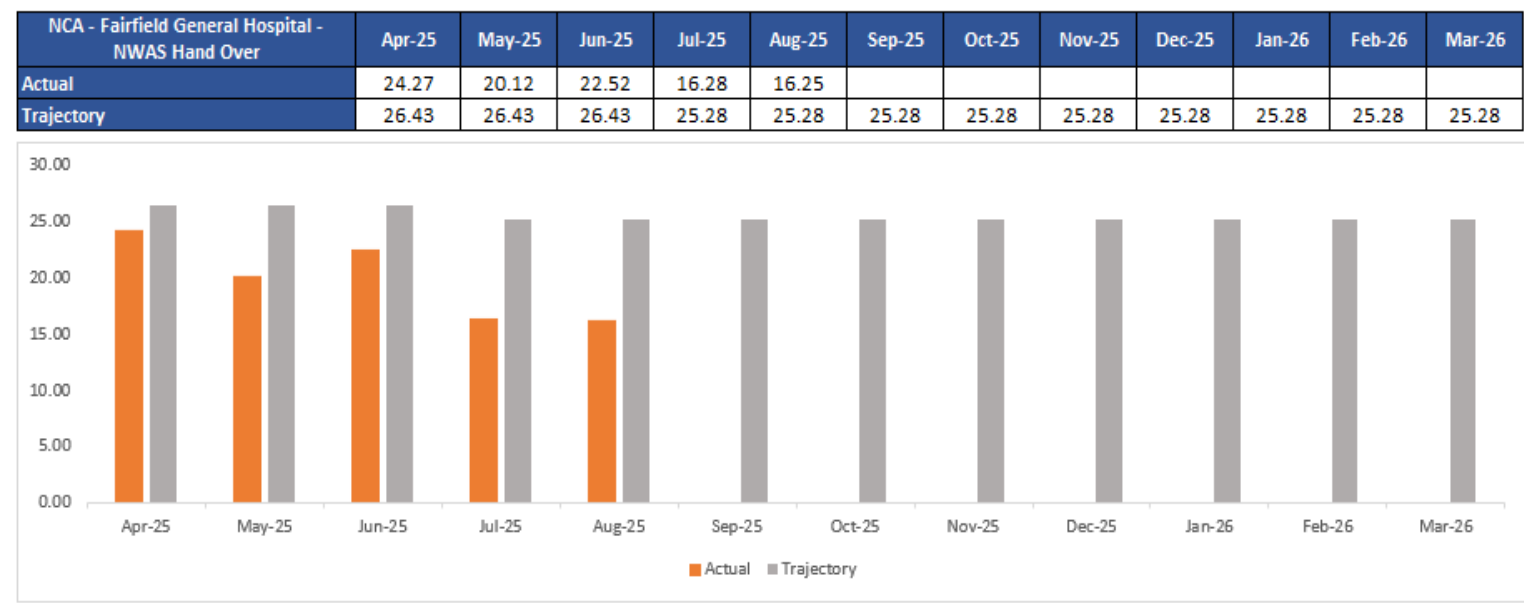
- Actual performance is below trajectory for four out of the 5 months reported.
- FGH reported figures show significant reduction in numbers for the last 2 months, July and August.
- FGH percentage of patients in the department for 12 hours or more is best for NCA Type 1 A&E Departments.
- Actual percentage performance is achieving below the national/GM ambition year to date.

Current Performance Update and Bury Winter Planning 2025 - 26



Current Performance Update (Performance at the FGH not just Bury registered patients, as reported by NCA)

Release to Rescue – Ambulance Handover Performance



Release to Rescue – Ambulance Handover Performance

National Target (35 minutes or less)
GM Ambition (25minutes 24 seconds or less)

- FGH has achieved the nation target every month this year to date.
- FGH has achieved the GM ambition every month this year to date.
- FGH has been below trajectory every month to date in 2025-26.

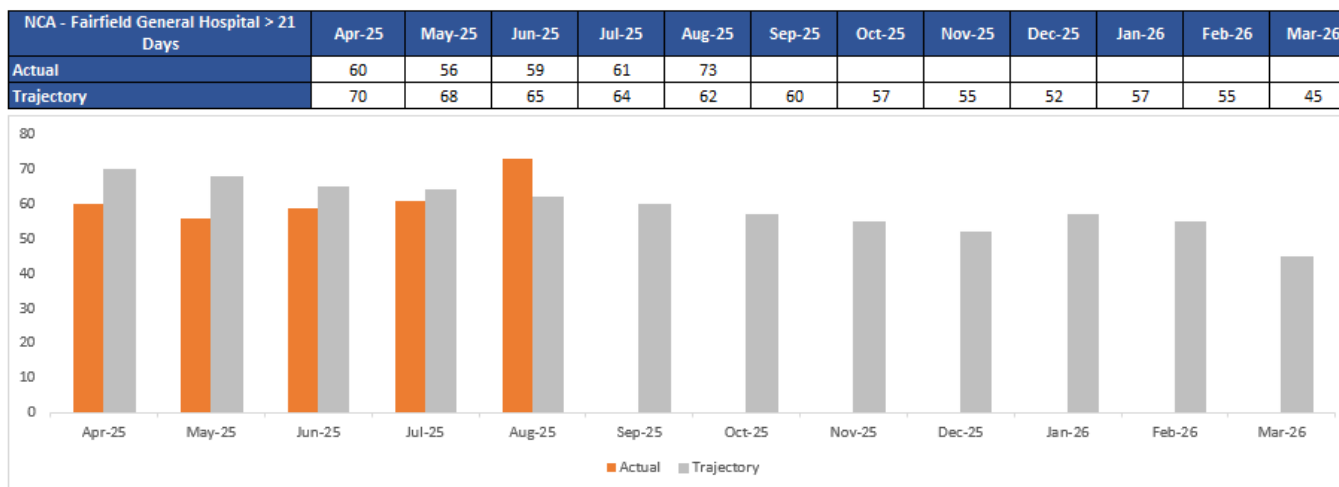
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Current Performance Update

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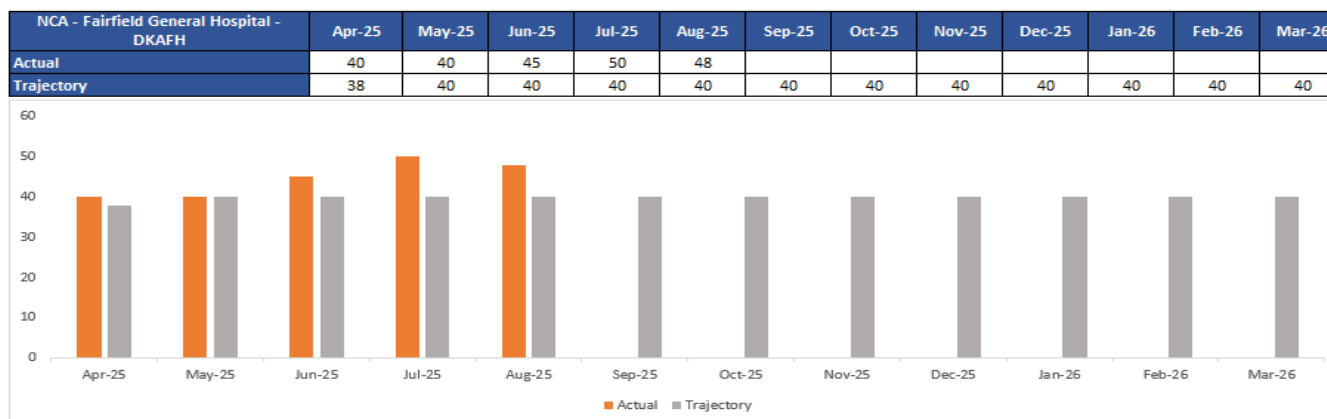
21 Days LOS



21 Days LOS

- Achieved Trajectory for April, May 2025, June and July 2025, Slight increase for August.

DKAFH



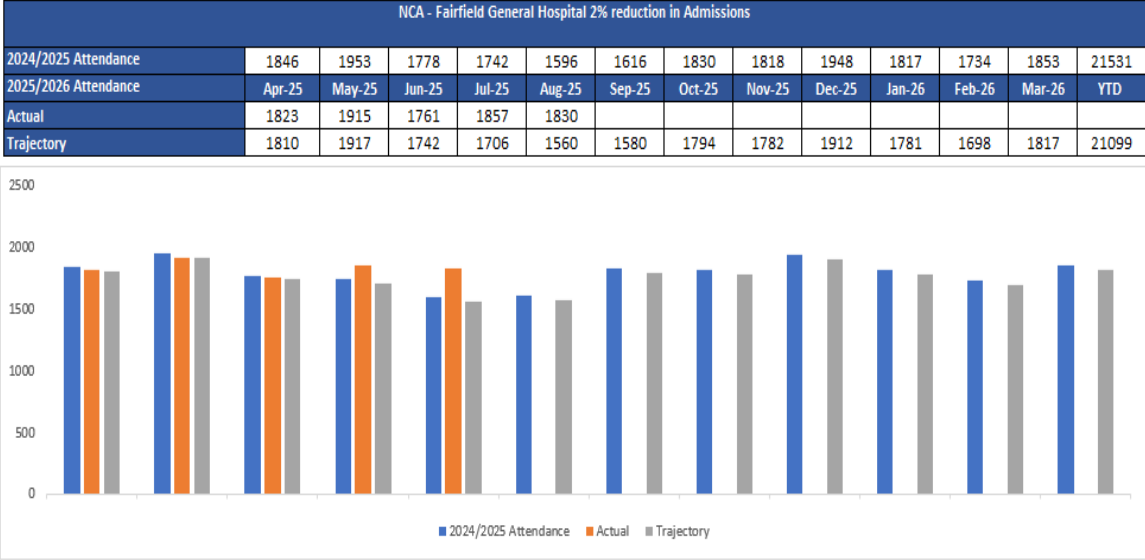
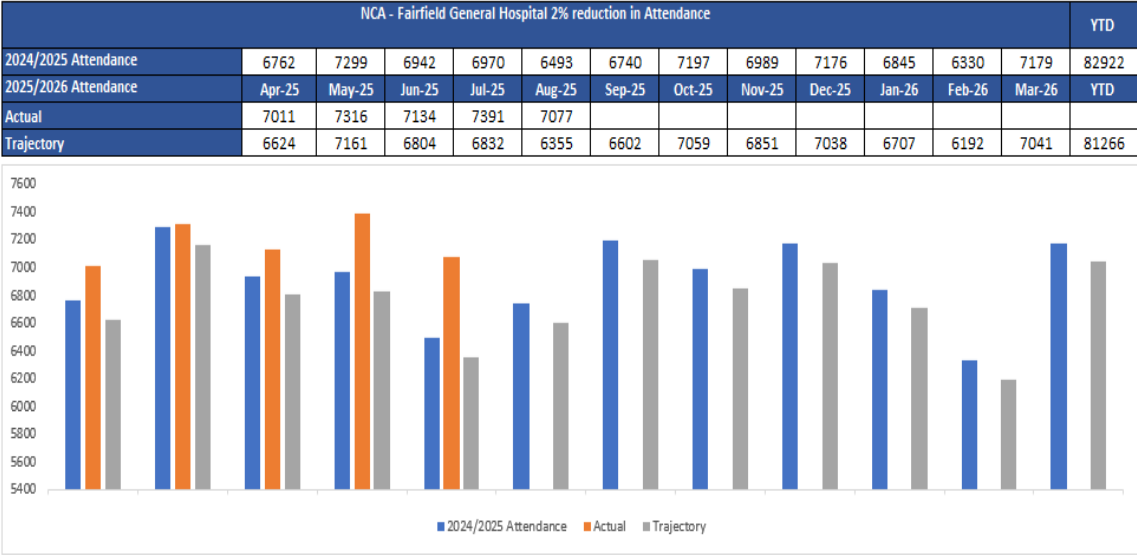
DKAFH - Commentary

- Trajectory not achieved in August
- Numbers remain lower than August last year and slight improvement on July figure
- Days lost to DKAFH high but largely due to 1 long stay patient (200+ days, Court of Protection Issue)
- Shift to Home First model continues to put pressure on Reablement/Home Care services but transformation work has commenced within service

Current Performance Update and Bury Winter Planning 2025 - 26



FGH 2% reduction attendance and admissions



Current Performance Update and Bury Winter Planning 2025 - 26



Bury Locality Winter Plan 2025 - 26

NW Regional winter Planning

- NW Regional Winter Planning Event: Monday 8th September 2025
 - Bury attended with a multi-partner team
 - Scenario based session, 3 scenarios to test winter preparedness
 - Themes identified for further work, communications, paediatric attendance and transfers and escalations

GM Winter Planning Event

- GM Winter Planning Event set for 3.10.2025
- Team of 6 senior leads to attend from Bury
- Details of the event to follow

NCA Winter Planning Submissions



Microsoft Word
37-2003 Document

Current Performance Update and Bury Winter Planning 2025 - 26



NCA Locality Winter Plan 2025 – 26 - Background

- The Chair and Chief Executive are required to sign off a Board Assurance Statement to ensure the Trust's Board has oversight that all key considerations have been met.
- The Assurance Statement is to be submitted to NHSE by 30th September 2025.
- The Assurance Framework requires the NCA Board to be assured that winter preparedness plans have been developed with the involvement of partner organisations in the local health and care systems.
- Surges in demand can impact the organisation at different periods across the year. The most sustained period of demand is generally from October – March. This demand presents in waves and is largely driven by three key pathways; **paediatrics, respiratory and trauma**.
- Our Winter preparedness must focus on creating capacity to deal effectively and safely with this additional demand recognising that winter escalation capacity is dependent upon our people availability.
- Keeping our staff healthy and in work will be essential to delivery of our plan. Vaccination is the single best preventative measure against the flu virus that circulates each winter.
- Ensuring we keep our staff in work reduces the financial burden that the winter period often brings. We must ensure that we continue to improve our absence rates in order to deliver on our winter plans, keep our patients safe and support our performance and financial recovery.
- Our plans have been developed with partners across our localities and with the North West ambulance service. The plan have been tested at a NW Region-led event and will be tested further at in an EPPR NCA exercise focussing on the key pathways where demand is likely to rise.

Current Performance Update and Bury Winter Planning 2025 - 26



NCA Locality Winter Plan 2025 – 26 - Structure

- The NCA plan is structured to take account of NCA wide actions, Care Organisation specific actions (inclusive of locally developed system plans), and those specific to corporate functions such as vaccination, Infection Prevention Control, Workforce wellbeing, and Diagnostics and Pharmacy.
- The plan is structured into the following;
 - Planning and preparation activities and pre-winter implementation – this includes services or interventions that have been put in place since the previous winter, and any data planning and prep that may have been done in your care Orgs or systems.
 - Daily rigour – these are the activities we have in place to manage flow and sites on a daily basis
 - Escalation interventions – this includes policies and activities we undertake when escalating/in escalation
 - Scheduled developments – these are being introduced over the winter period
- Following the NW Winter Aegis exercise on 8th September, additional themes and activities have been identified where we could strengthen our plans and responses. This includes use of retrospective data to support surge prediction, and strengthening support for paediatrics.
- Further stress testing of the plans will take place across the NCA on 3rd October.
- Financial provision has been aligned to the winter plan, specifically for staffing of escalation areas when in high Opel scores and for our vaccination programme. Risks and mitigations have been outlined and continued attention must be paid to the actions outlined to control those risks.
- A full QIA and EIA has been approved by the CMO and Deputy CNO ahead of Quality assurance committee.

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NCA Locality Winter Plan 2025 – 26 – Key Content

- **Vaccination** – Plan to increase workforce flu vaccination rates by >18% this year. Our midwives are actively engaged in offering our women who are >28 weeks pregnant the RSV vaccine to prevent respiratory syncytial virus which is a key cause of paediatric demand surge.
- We have modelled the **capacity and demand** based upon previous years to support our planning. Surge commencement dates are predictable and we are modelling bed capacity on 10/20/30% increase in admissions. Staffing in key areas and key roles has been expanded to cover Bank Holiday periods, and key winter months.
- A focus on **safe discharge** back to peoples own homes with community support forms significant content including reduction on Days Kept Away from Home, and a reduction in length of time in specific specialities of Respiratory, General Medicine and Geriatric Medicine.
- **Hospital at Home (virtual ward)** pathways will be expanded to include Paediatrics and Cardiology/Heart Failure, in the first instance.
- **Infection Prevention and Control** has a specific focus including strengthened support and visibility on our wards, our bed meetings, and weekend on-call. Our cohorting policies, daily patient reviews, microbiology and pharmacological support, staff hand hygiene and PPE are all key enablers to maintaining good patient flow, prevention of cross infection and reduced length of hospital stay.
- **Escalation policies and activities** to support surge demand are included including Full Capacity Protocol, increasing Long LoS meetings, User of Mental Health Action Cards and increased Executive level safety meetings and resolution discussions with PCFT and GMMH are included.
- Admission avoidance through the use of **Call Before Convey** to support paramedics to make best use of admission options is established across all NCA localities and continuous monitoring and improvement of the scheme is ongoing.
- Increasing **Frailty/Same Day Emergency Care** is an essential part of our winter preparedness, as is the testing and implementation of a **Care By Appointment** model for people attending A&E with minor injuries, who can safely return to hospital the following day.
- Additional support to community based **Respiratory Hubs** is reflected, whilst these are delivered by primary care, they are a key part of surge management of Respiratory conditions, and the admission avoidance and discharge pathways for secondary care.

Current Performance Update and Bury Winter Planning 2025 - 26



Bury Locality Winter Planning Sub-Group 2025 - 26

- Winter System Planning falls within the remit of the Bury Urgent and Emergency Care Locality System Board
- **The Board has established a Winter Planning Sub-Group**
 - First meeting on Friday 19.9.25
 - The group will meet until it is no longer required (usually early December)
 - Oversight for the implementation of the new GM Escalation Process
 - Co-ordination of Winter related National and GM returns where a system response is required
 - Sharing of national and GM guidance as received
 - Co-ordinating the review and refresh Bury NHS111 Directory of Service
 - Review and refresh Bury system partners OPEL cards
 - Review and refresh Burys list of Alternative to Admissions Schemes
 - Review and refresh OPEL 4 Escalation cards as required
 - Agree OPEL escalation triggers
 - On Call Manager Winter Training as required
 - System planning for Christmas holiday pressure point days including pre-planned conference calls
 - Produce a Christmas Period UEC System Guide
 - Ensure attendance and feedback from GM and Regional Winter Events (co-ordinated so far)
 - NW Exercise Aegis (8.9.25)
 - NW Winter Event (3.10.25)
- **Daily System Resilience Management**
 - Bury System Bronze (operational) Tuesday at 8.30am (increased frequency if required)
 - Bury System Bronze Update (operational) (if required) 1.30pm (Mon-Fri if required)
 - Bury System Silver (strategic leads) as required based on prolonged system pressure
 - GM SCC LG meeting (senior strategic/operational) every day (Mon-Tues-Fri)