

Buckinghamshire Urgent and Emergency Care Winter Evaluation 2023/24

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Report Sponsor: Philippa Baker, Buckinghamshire Place Director

Consideration: **Information** **Discussion**
 Decision **Endorsement**

Please indicate to which priority in the Joint Local Health and Wellbeing Strategy, [Happier, Healthier Lives Strategy \(2022-2025\)](#) your report links to.

Start Well	Live Well	Age Well
<input type="checkbox"/> Improving outcomes during maternity and early years	<input checked="" type="checkbox"/> Reducing the rates of cardiovascular disease	<input checked="" type="checkbox"/> Improving places and helping communities to support healthy ageing
<input type="checkbox"/> Improving mental health support for children and young people	<input checked="" type="checkbox"/> Improving mental health support for adults particularly for those at greater risk of poor mental health	<input checked="" type="checkbox"/> Improving mental health support for older people and reducing feelings of social isolation
<input type="checkbox"/> Reducing the prevalence of obesity in children and young people	<input checked="" type="checkbox"/> Reducing the prevalence of obesity in adults	<input type="checkbox"/> Increasing the physical activity of older people

1. Purpose of report

1.1 In September 2023 the Health and Wellbeing Board was presented with the Buckinghamshire Urgent and Emergency Care (UEC) Winter Plan, developed across partners to provide a comprehensive response to health and care pressures in the system and ensure the best quality care for our patients and residents during this period. It was built on work that had been done through the year on Urgent and Emergency Care Improvement, national guidance and learning from last year.

2. Recommendation to the Health and Wellbeing Board

2.1. The Health and Wellbeing Board is asked to note the content of this report and acknowledge the system collaboration to support this winter period.

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3. Content of report

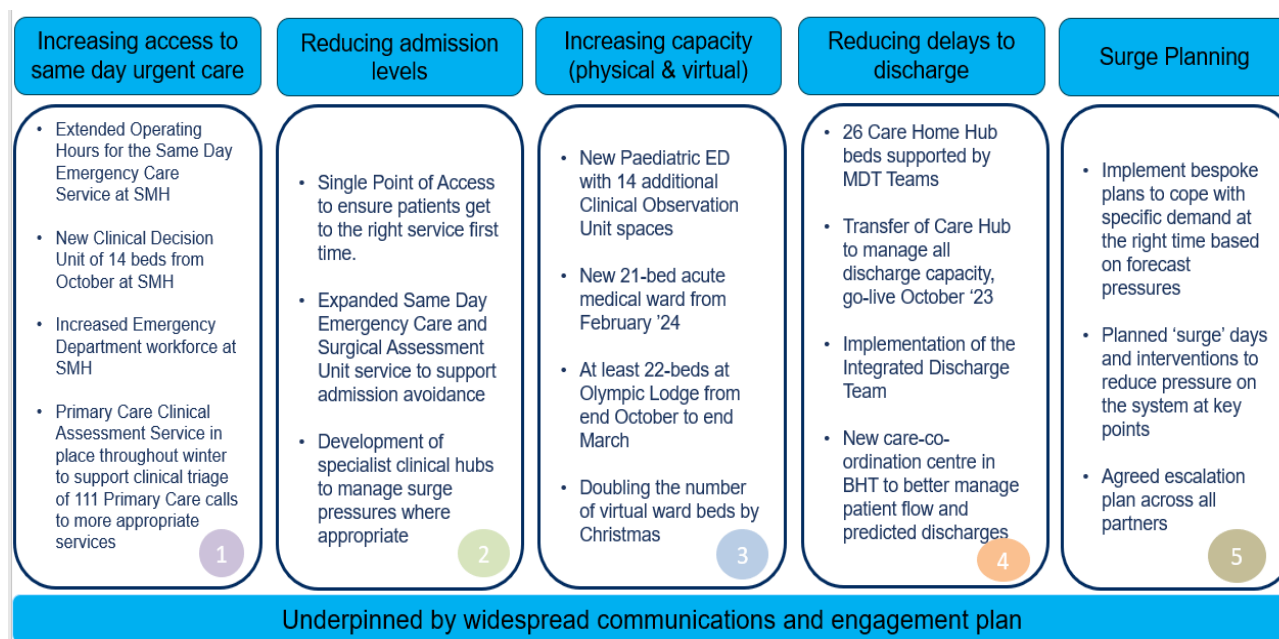
3.1 Winter Planning

The Buckinghamshire UEC System Winter Plan for 2023 / 24 was developed and approved with all system partners across Buckinghamshire. Key Buckinghamshire partners also contributed to a separate Frimley Winter Plan. For 2023 / 24 the winter period was defined as Monday 30th October 2023 to Sunday 7th April 2024, recognising the higher demand periods were historically between the months of December to February.

The Buckinghamshire UEC System Winter Plan aimed to define how the Buckinghamshire System would manage demands through the winter period, and covered the whole population of Buckinghamshire, including all ages and all conditions, who would have a direct impact on the Buckinghamshire System.

The Buckinghamshire Winter Plan was treated as a high-level, iterative plan to support the Buckinghamshire Health and Social Care System across Winter 2023/24 recognising that there were also detailed local winter plans in place at provider level.

The Buckinghamshire Winter Plan was broken down into five key challenges and how we wanted to address them as a system:



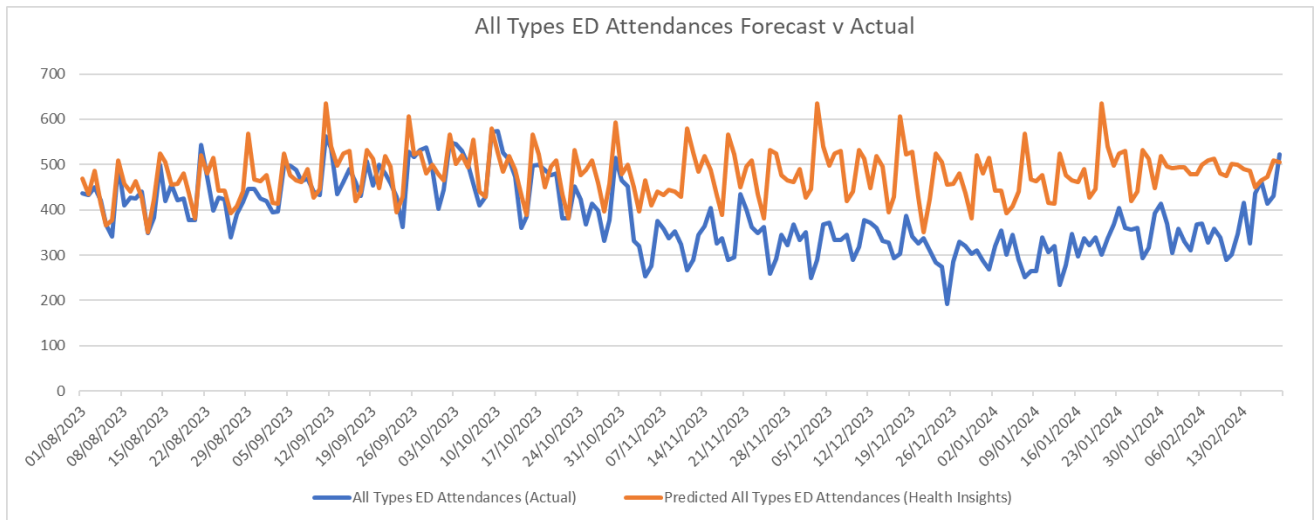
To help provide assurance to partners and the wider system throughout the winter period, a weekly tracker was circulated with a 'Key Message of the Week' highlighting any specific likely impact such as Industrial Action or anticipated surges.

The next sections highlight the winter plan impact in further detail.

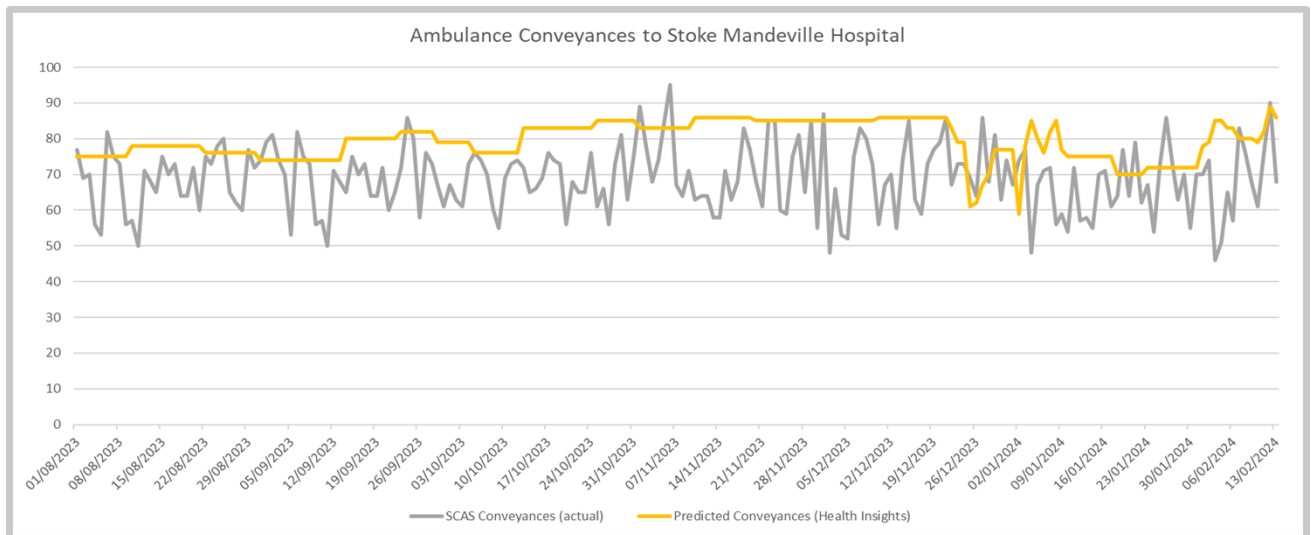
3.2 Winter Activity – Emergency Care and Ambulance Conveyances

During the winter period this year, Buckinghamshire has been able to forecast the likely winter demand in our Emergency Departments and for ambulance conveyances into Stoke Mandeville Hospital. We mapped this and monitored it against actuals. The graphs below highlight the actual and predicted for the Emergency Dept and for the Ambulance conveyances into Stoke Mandeville Hospital:

Graph 1: All Types ED attendances at Stoke Mandeville Hospital, this includes Type 1 attendances (Emergency Dept) and Type 3 attendances (Urgent Treatment Centre) combined



Graph 2: Predicted SCAS ambulance conveyances to Stoke Mandeville Hospital compared to actual numbers.

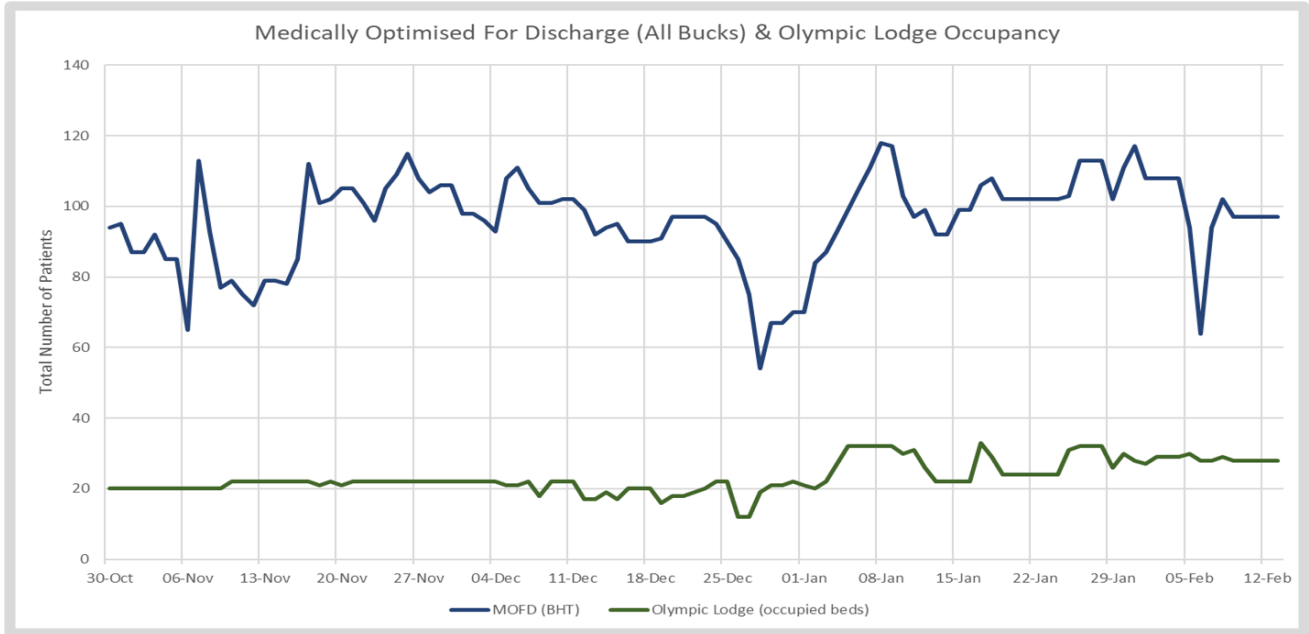


3.3 Winter Activity – Discharges

During the winter period, the Buckinghamshire system monitors the number of patients in an acute bed at Stoke Mandeville Hospital and who are 'medically optimised for discharge' (those who can go home, but require further support to enable this to happen). This includes patients who may need to go to a nursing home, need domiciliary care, or further care interventions.

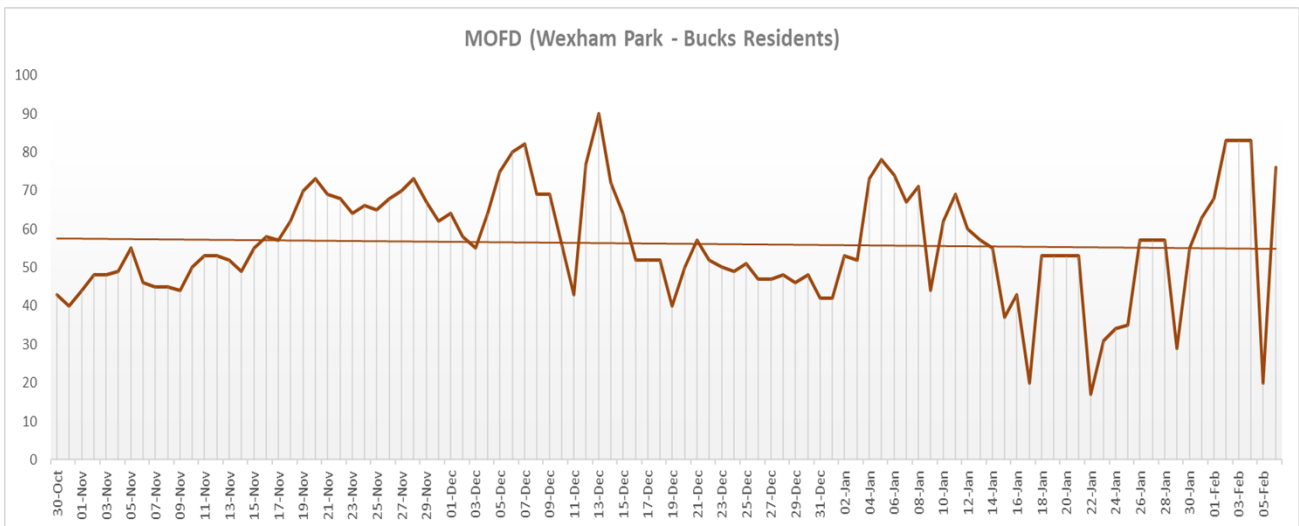
Graph 3 below highlights the number of patients who were medically optimised for discharge. The Bucks system also funded additional beds in Olympic Lodge to help reduce this pressure and to provide additional capacity. This occupancy is also highlighted in the graph below:

Graph 3: Stoke Mandeville Hospital medically optimised for discharge and Olympic Lodge occupied beds.



Graph 4 below highlights the numbers of Buckinghamshire patients medically optimised for discharge who were occupying beds in Wexham Park Hospital.

Graph 4: Buckinghamshire patients occupying beds in Wexham Park who are Medically Optimised for discharge



3.4 Winter Planning

The table below highlights the actions agreed as the Buckinghamshire UEC system to support the winter period:

Action	Description	Progress
Extend Same Day Emergency Care (SDEC) Operating hours at Stoke Mandeville Hospital	To extend the operating hours of Adult SDEC from 0800 to 2000 at Stoke Mandeville Hospital. The operating hours increased with effect from July 2023 with the new hours of 0800 to midnight.	Complete
Clinical Decision Unit (CDU) at Stoke Mandeville Hospital to be opened	To open an additional 14 beds in a CDU. These beds enable flow in ED and provide a bedded area for patients SDEC patients that require an overnight stay. This service opened in October 2023.	Complete
Emergency Dept Workforce Increase	To increase the workforce in the Emergency Dept at Stoke Mandeville Hospital and take steps to reduce vacancy rate.	Complete
Clinical Assessment Service operational	hours primary care dispositions and will take the calls and triage them prior to being booked into a GP practice. This service continued from 2023 as an ongoing service to support practice capacity and demand from 111.	Complete
Single Point of Access (SPA) live	Single Point of Access has gone live in November 2023 to support healthcare professionals to enable redirection and signposting of referrals to the most appropriate BHT services via the Community Care Co-ordination Team (CCCT).	Complete
Development of Clinical Hubs	Launch of specialty hubs to cope with seasonal demand. Now likely to be delayed until Spring 2024.	
Olympic Lodge Opening	Opened 23rd October. 22 beds to support delayed transfer of care cases and help increase escalation capacity. Extra capacity increased to 30 beds 12.02.24	Complete
Health on the High Street Hub	Opened in October, providing walk-in Health & Wellbeing advice as well as signposting for members of the public - Unit 33 located in the Friar's Square Shopping Centre, Aylesbury.	Complete
Frailty Line link to Immedicare	Work ongoing to connect services via Consultant Connect, allowing the Immedicare service helping care homes to access Frailty consultants in the hospital to support attendance avoidance from care homes.	Complete
Paediatric Clinical Observation Unit	Additional 14 beds in Paediatric Emergency Dept at Stoke Mandeville Hospital.	Complete
Acute Medical Ward	Additional 20-bedded ward at Stoke Mandeville Hospital due Spring 2024	
Increase Virtual Ward Capacity	Total of 150 beds by March 2024.	
Care Home Hubs	We have 21 care home hub beds to support system flow in Buckinghamshire spread across 3 homes to provide county-wide access.	Complete
Transfer of Care Hub	Launched on the 23rd October, supporting a system integrated approach to discharges across Bucks.	Complete
Integrated Discharge Team	Launched in June 2023, providing a joined up approach to discharge planning between Bucks Adult Social Care and BHT Discharge Team. Co-located in the Hartwell Building at Stoke Mandeville. Completed 12.02.24	Complete
Care Co-ordination Centre in BHT	Control room setup off corridor J at Stoke Mandeville Hospital, with IT infrastructure now in place to support the integrated working.	Complete
Bucks Directory Service Webpage	Specific website for Bucks providers focusing on services that are available across Bucks. Delayed to March 2024.	
UEC Winter Message of the week	Set up and distribute message of the week to Bucks System.	Complete

3.5 Winter System Survey

As part of our system winter evaluation, we conducted a partner survey based on our original plan and aims. The following questions were asked with the results of the survey highlighted below:

1. How have you found the pressures of this winter compared to last winter?
2. What areas do you think were the most challenging across this winter?
3. What do you think will need to happen to improve next winter?
4. Do you think the additional care home hub intervention helped manage demands across Buckinghamshire this winter?
5. Do you think the Olympic Lodge intervention helped manage demands across Buckinghamshire this winter?
6. Do you think the Clinical Assessment Service intervention helped manage demands across Buckinghamshire this winter?
7. Do you think the Consultant Connect lines (Frailty / SDEC etc) helped manage demands across Buckinghamshire this winter?
8. Do you think receiving the Winter tracker weekly helped keep track of winter?

The following highlights the results of the above questions received from our System partners:

1. How have you found the pressures this winter compared to last winter?

[More Details](#)

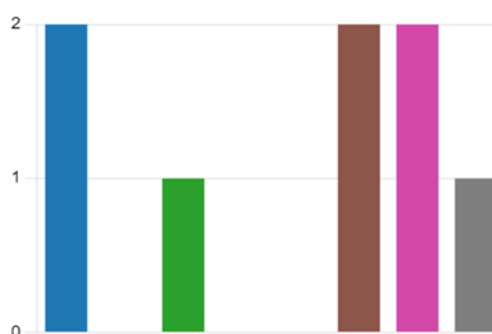
● Worse	2
● Better	6
● Same	0



2. Which areas do you believe were the most challenging across this winter?

[More Details](#)

● Acute	2
● Social Care	0
● Discharges	1
● Community	0
● Mental Health	0
● Primary Care	2
● Ambulance	2
● 111	1



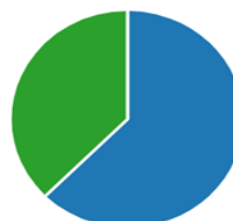
3. What do you think will need to happen to improve next winter?

1	Additional hot-clinics/ambulatory care pathways for seasonal illnesses/conditions
2	Identification of resource requirements earlier - prewinter and ensuring the resources are in place
3	Better system awareness, escalation management and response to prevent silo working and missing the impact of other services on the system as a whole.
4	Strengthen Admission Avoidance pathways. More mental health support for CAMHS and adults
5	Improve links between UCR and Emergency Floor - Link with SCAS re: HALO - Earlier opening of areas such as Olympic Lodge - Space for mental health patients awaiting assessment and more robust response times and escalation processes - Transport for 4-man crews - Sharing what worked well in the system this Winter - Preventing care home residents attending ED (working with Frailty) - Links with GPs re: high intensity users
6	<p>Provide better communication that is clear and timely to the public about available services, resources and preventative measures.</p> <p>Streamline processes and procedures to reduce wait times and improve overall efficiency during peak periods.</p> <p>Develop further strategies to address staffing shortages, such as recruitment drives, training programs, and flexible working arrangements as well invest in additional beds, equipment to handle demand.</p>
7	Direct pathways into secondary care for 111 for Buckinghamshire resident patients.

4. Do you think the additional Care Home Hubs Beds intervention helped manage demands across Bucks this winter?

[More Details](#)

● Yes	5
● No	0
● Didn't notice	3



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5. Do you think the Olympic Lodge intervention helped manage demands across Bucks this winter?

[More Details](#)

● Yes	6
● No	0
● Didn't notice	2



6. Do you think the Clinical Assessment Service intervention helped manage demands across Bucks this winter?

[More Details](#)

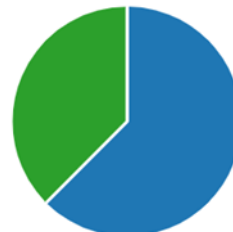
● Yes	6
● No	0
● Didn't notice	2



7. Do you think Consultant Connect Lines (Frailty/SDEC etc) intervention helped manage demands across Bucks this winter?

[More Details](#)

● Yes	5
● No	0
● Didn't notice	3



8. Did you think receiving the weekly winter tracker helped keep track of winter?

[More Details](#)

● Yes	4
● No	1
● Don't know	3



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3.6 Winter Pressures (OPEL Framework)

Across the winter period the Buckinghamshire system measures, on a daily basis, the pressures across our partners. This is done through a national Operational Pressures Escalation Levels (OPEL) Framework. The table below shows the pressures across our partners this winter broken down by the worst-case status for each week to date through winter:

Date	Bucks System OPEL Status	Bucks NHS Trust (Acute)	FedBucks (Urgent Care)	Bucks NHS Trust (Community)	Bucks Council (Adult Social Care)	Oxford Health (Mental Health)	SCAS (Ambulance)	Frimley NHS Trust (Wexham Park)
W/C 30-Oct-23	3	3	2	2	3	3	2	4
W/C 6-Nov-23	3	4	2	3	3	4	2	4
W/C 13-Nov-23	3	3	2	2	3	4	2	4
W/C 20-Nov-23	3	3	2	2	3	3	2	Business Critical Incident
W/C 27-Nov-23	2	3	2	2	3	3	2	Business Critical Incident
W/C 4-Dec-23	3	4	2	2	3	3	2	4
W/C 11-Dec-23	2	3	2	2	3	3	2	Business Critical Incident
W/C 18-Dec-23	2	3	2	2	3	4	2	4
W/C 27-Dec-23	2	3	2	2	3	3	2	3
W/C 2-Jan-24	2	4	2	2	3	3	2	4
W/C 8-Jan-24	3	3	2	2	3	3	3	4
W/C 15-Jan-24	3	3	2	2	3	3	2	Business Critical Incident
W/C 22-Jan-24	3	4	2	2	3	3	2	Business Critical Incident
W/C 29-Jan-24	3	3	2	3	3	3	2	4
W/C 5-Feb-24	3	4	2	2	3	3	2	4
W/C 12-Feb-24	3	4	2	3	3	3	2	4

Status	Description
Business Critical Incident	When a system / service reaches Business Critical Incident, they have concerns for the safety of their patients and require further intervention to reduce risks.
4	Pressure in the local health and social care system continues and there is increased potential for patient care and safety to be compromised. Decisive action must be taken to recover capacity and ensure patient safety.
3	The local Health and Social Care System are experiencing major pressures compromising patient flow, and these continue to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required and increased external support may be required.
2	The local Health and Social Care System is starting to show signs of pressure and to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible.
1	The local Health and Social Care System capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. Additional support is not anticipated.

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3.7 Social Care

Overview

There are approximately 3,200 contacts that are made to the Adult Social Care service each month. 3,580 were made during January 2024 relating to either new or existing clients. The number of contacts received in the last year has steadily increased from an average of 3,025 at the start of the year. October was the latest peak in contacts (3,641).

From the contacts received over the winter period (October 2023 to January 2024), a total of 4,009 care related provisions were made on behalf of a total of 2,040 clients.

	October	November	December	January	Total
Provisions	1001	1018	935	1055	4009
Clients	770	761	691	767	2040*

*please note total clients will sum to more than there are individual months as clients could have had different provisions in the months. We have used the total number of provisions and taken unique clients from this.



Hospital Discharge & Transfer of Care Hub (ToCH)

The pressures on the Hospital Discharge Team have been steady throughout the winter period consistent with usual winter pressures. Approximately 1,105 discharges have been facilitated via the Transfer of Care Hub which opened in October 2023. The majority of discharges going via the HomeFirst and HIT (Home Independence Team) pathways. The HIT pathway focuses on providing rapid and intensive rehabilitation at home, while the HomeFirst pathway provides tailored rehabilitation and care for a longer period to support people recover and regain their independence at home.

Referrals that go to Social Work for assessment have tended to be cases with high complexity, requiring additional time and resources to safely discharge, such as safeguarding involvement or where a long-term need for care has been established, avoiding the need for rehabilitation.

The Home Independence Team (HIT) pathway is a service that provides short-term support to people who are discharged from hospital and need some assistance to regain their independence at home.

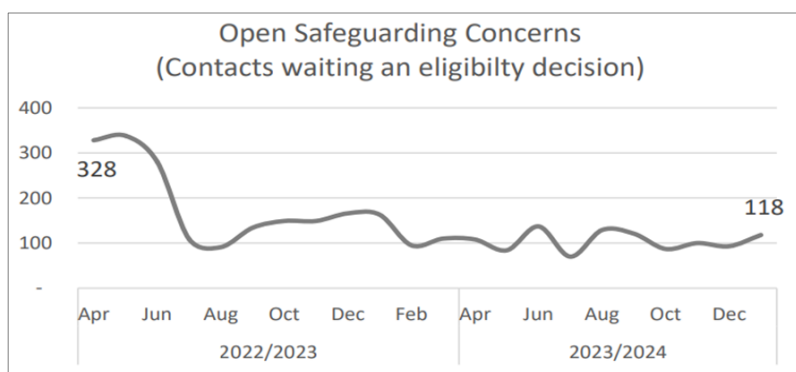
Pathway	Total No Discharges (Approx)
Community Hospital	115
HomeFirst	343
HIT	234
HUB Bed	40
RRIC	191
Interim Health Funding	11
ASC N&E	95
ASC S&C	69
Alternative Pathway	7

1105 Total Discharges

**Please note that figures for this table have been counted manually from several data sources*

Early Resolution and Safeguarding

The number of open Safeguarding Concerns has increased at the end of January 2024 to 118 compared to December 2023 (93). This remains low compared to the level reported at the beginning of last year. There were 1,137 safeguarding concerns received in January 2024, with a monthly average of 1,139 concerns per month so far this year. That is a 13% increase on the number of Safeguarding Concerns received between April and March last year at 1,008 concerns a month, which compared to 953 a month during 2021/22.



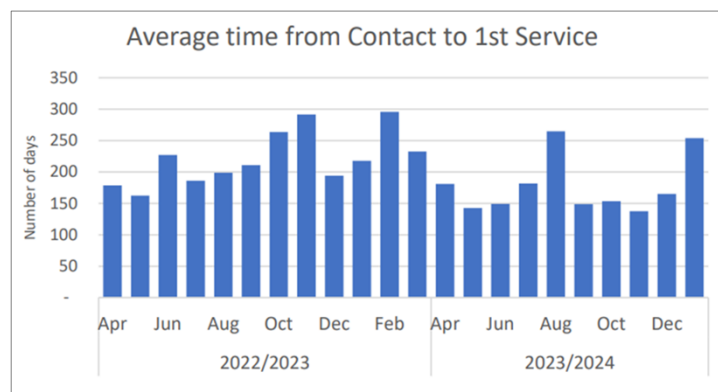
Month	Average New Safeguarding Concerns Per Week	Open Safeguarding Concerns (snapshot at the end of each month)	% of Eligibility Decisions triaged within 2 working day
October	259	87	72%
November	296	100	78%
December	259	93	83%
January	272	118	85%

Social Care Contact Outcomes – A Snapshot

Of the 3,580 contacts received during January 2024 alone, 3,387 contact outcomes had been triaged at the time of writing, of which:

- 2,181 (60.9%) of contact outcomes were related to care and support needs (1,128 new referrals, 1,053 existing).
- 590 (16.4%) contact outcomes were for information, advice and guidance.
- 202 (5.6%) Contacts for Safeguarding progressed to a concern.
- 224 (6.25%) contact outcomes received were for a request for a Deprivation of Liberty Safeguards (DoLS) assessment.
- 144 (4%) contacts were signposted to another agency.
- 46 (1.2%) required no further action.
- 193 (5.3%) are being progressed.

The time it took for a new contact to progress to service provision averaged 171 days between October 2023 and January 2024. The time taken is measured from the first point of contact to the start date of the first provisioned service.



4. Next steps and review

As winter continues until the beginning of April, we will undertake a full evaluation and data analysis exercise to ensure we can take learning into 2024/25 winter. We will continue to distribute the Winter tracker weekly, moving to business-as-usual tracker for our Urgent and Emergency Care services, making improvements via feedback from our partners.

We will continue to plan for the next Winter, with funding agreements for the whole year currently being discussed and agreed, based on the impact from this winter actions.