

NCA comparative planned and emergency care performance

Joint Health Overview and Scrutiny Committee for Northern Care Alliance NHS
Foundation Trust, 27th February 2025

Glossary



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Acronym	Definition
ALOS	Average Length of Stay - length of stay means the amount of time a patient spends as an inpatient
Capacity	The available resources to treat patients
Demand	The number and type of patients accessing a service
ED	Emergency Department
EL	Elective i.e. a planned procedure or surgery as part of a pathway of care
FGH	Fairfield General Hospital
Flow	Movement of patients on their care pathway
Frailty score	Clinical evaluation of mobility, energy, physical activity, and function resulting in a score to indicate a person's level of frailty
NEL	Non Elective i.e. a visit to hospital which was not planned
ROH	Royal Oldham Hospital
SAMIT	Summary Acute Medicine Indicator Table, produced nationally by the Department of Health
SEDIT	Summary Emergency Department Indicator Table, produced nationally by Department of Health
SHMI	Summary Hospital-level Mortality Indicator
Spell	A single period of time a patient spends in hospital
SRH	Salford Royal Hospital
Super stranded	Patients with a length of stay over 21 days
UEC	Urgent and Emergency Care

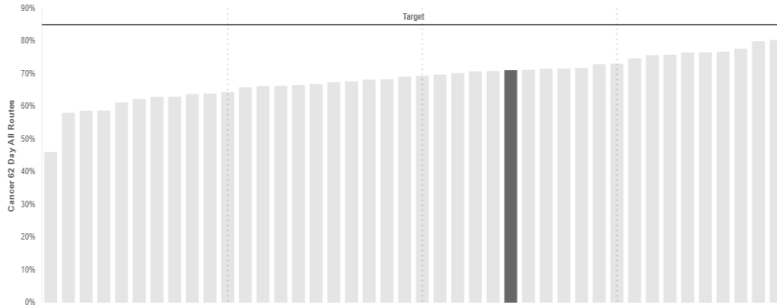
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GM Current State (2024-25 exit)

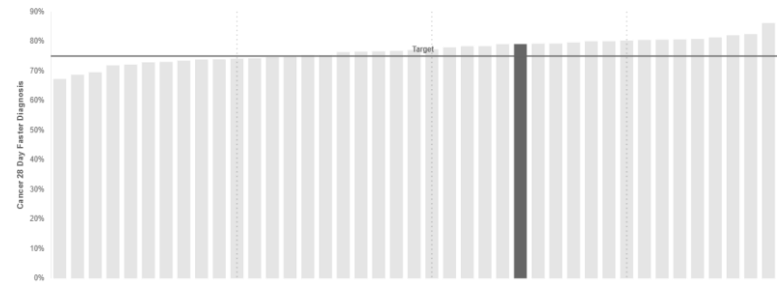


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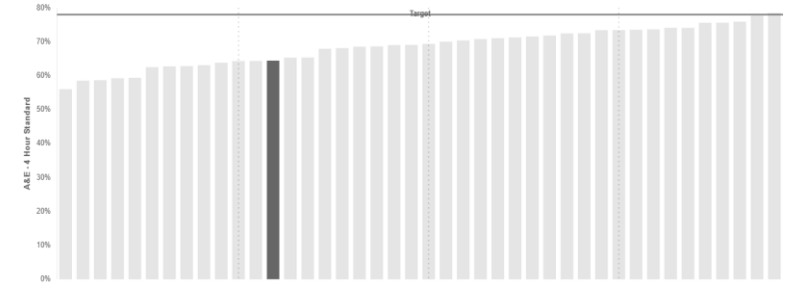
Cancer 62 Day Treatment **71.1% Q3 (Nov-24)**
+6.3% better vs Nov-23



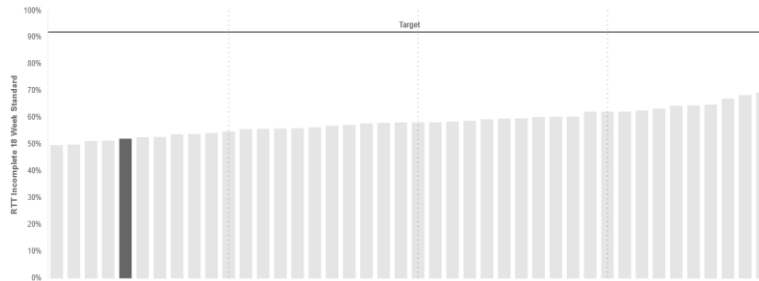
Cancer 28 Day FDS **79.1% Q3 (Nov-24)**
+7.0% better vs Nov-23



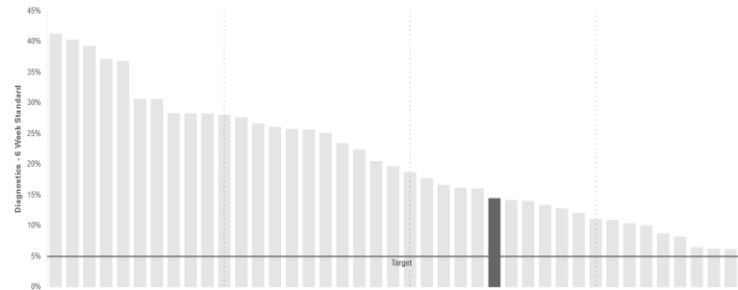
A&E Within 4 Hours **64.4% Q2**
(+2.6% better vs Dec-23)



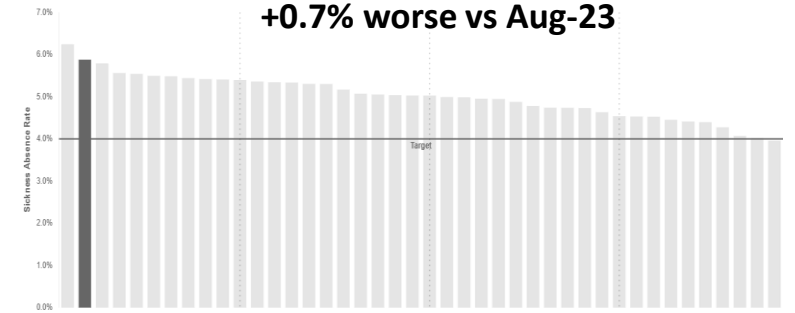
RTT % Within 18 Weeks **52.2% Q1**
+2.0 % better vs Nov-23



+6 Week Diagnostic Tests (Nov-24) **14.5% Q3**
-15.8% better Vs Nov-23



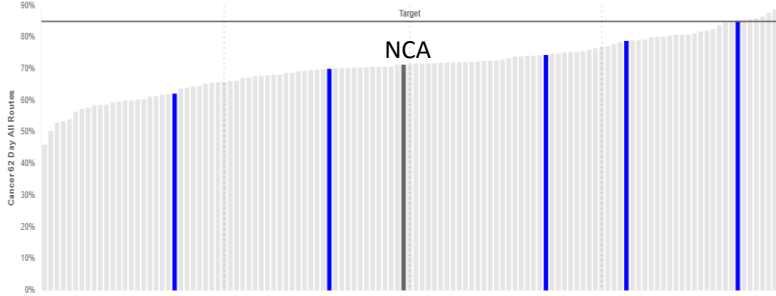
S&A **5.88% Q1 (Aug-24)**
+0.7% worse vs Aug-23



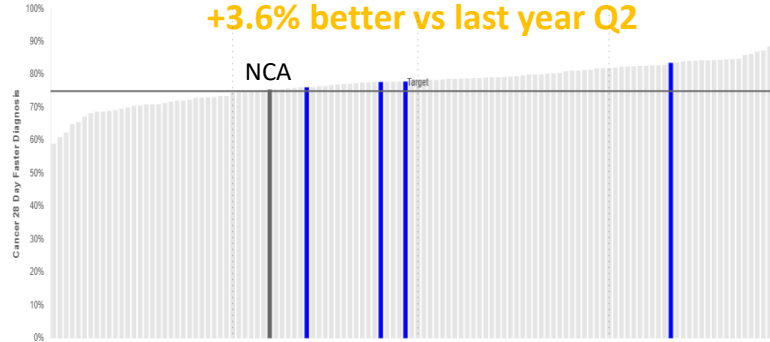
Be the difference.

NCA Current State (2024-25 exit)

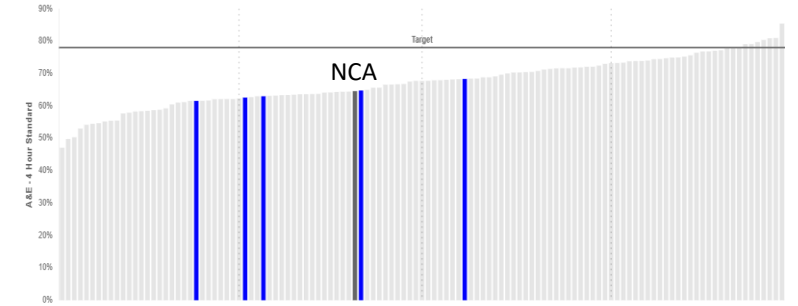
Cancer 62 Day Treatment 71.3% Q2 (Nov-24)
+9.1% better vs last year Q3



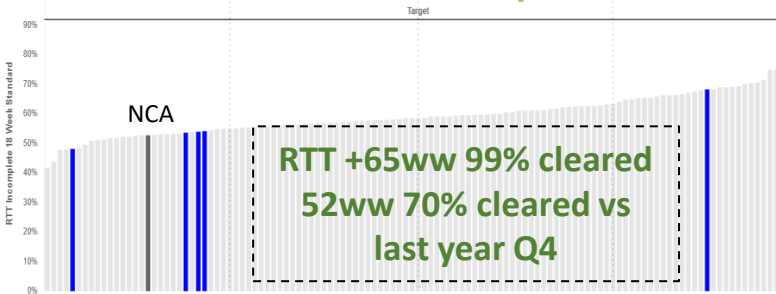
Cancer 28 Day FDS 75.5% Q2 (Nov-24)
+3.6% better vs last year Q2



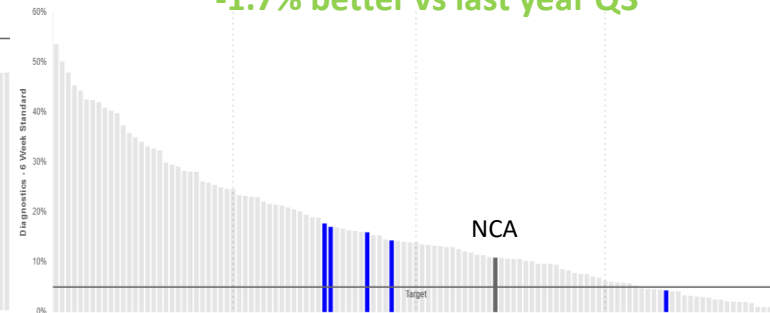
A&E Within 4 Hours 64.6% Q2 (Dec-24)
+6.5% better vs last year Q4



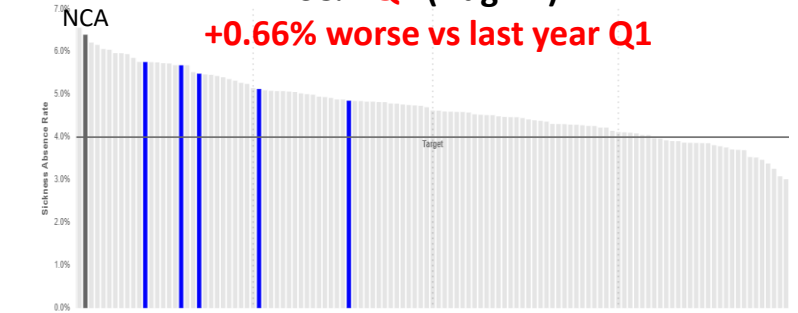
RTT % Within 18 Weeks 52.8% Q1 (Nov-24)
+1.8% better vs last year Q3



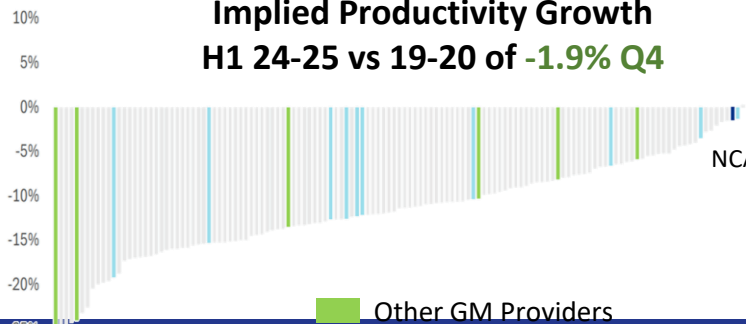
+6 Week Diagnostic Tests 10.9% Q3 (Nov-24)
-1.7% better vs last year Q3



S&A Q1 (Aug-24)
+0.66% worse vs last year Q1



Implied Productivity Growth H1 24-25 vs 19-20 of -1.9% Q4



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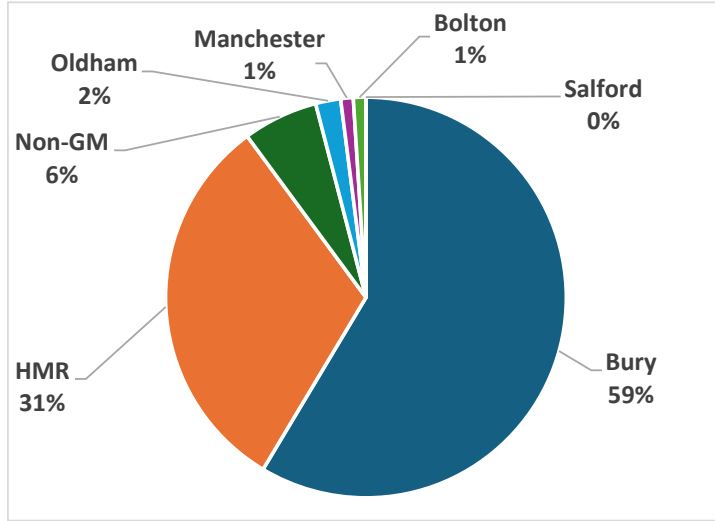
Be the difference.

UEC Attendances Demand By Site & Locality

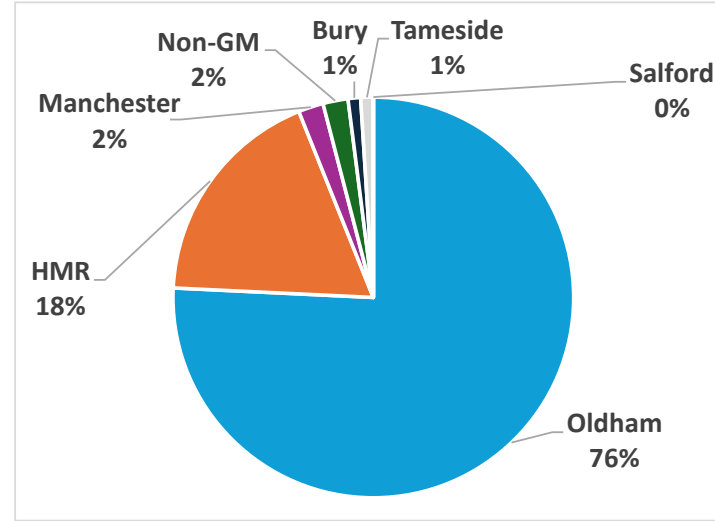


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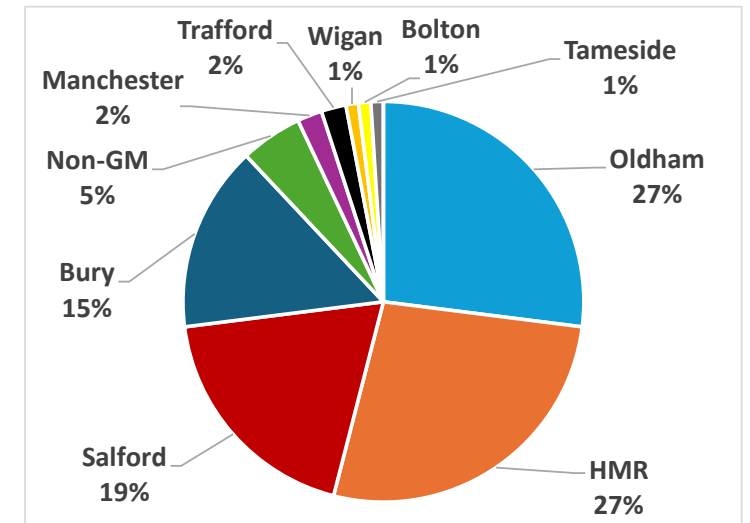
FGH



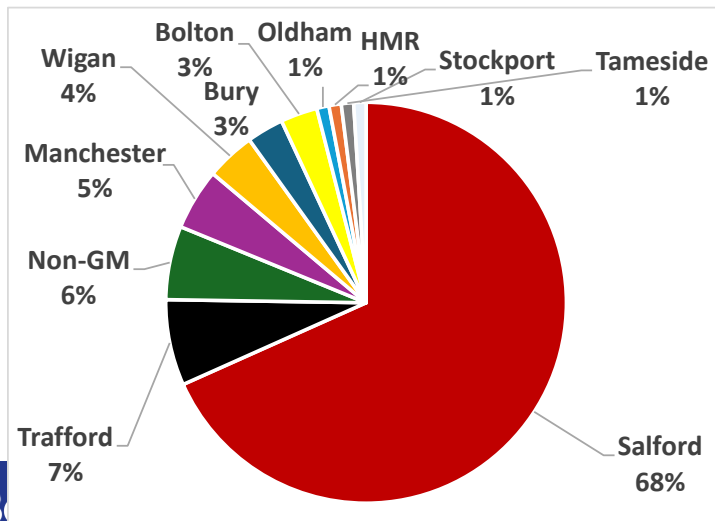
ROH



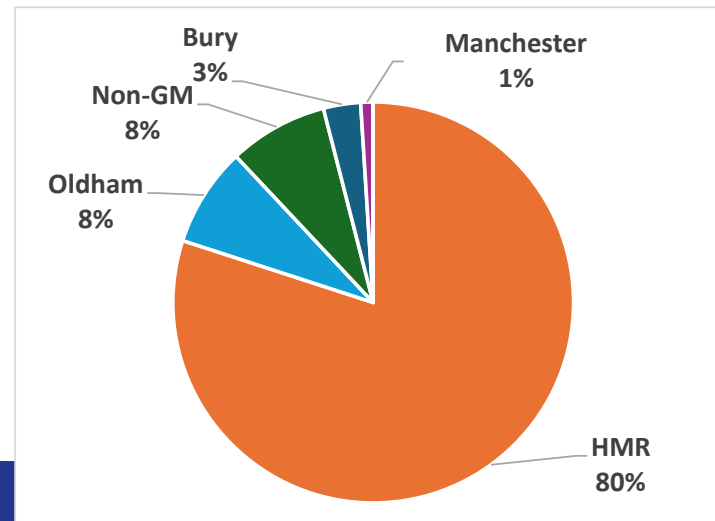
NCA Total



SRH



RI

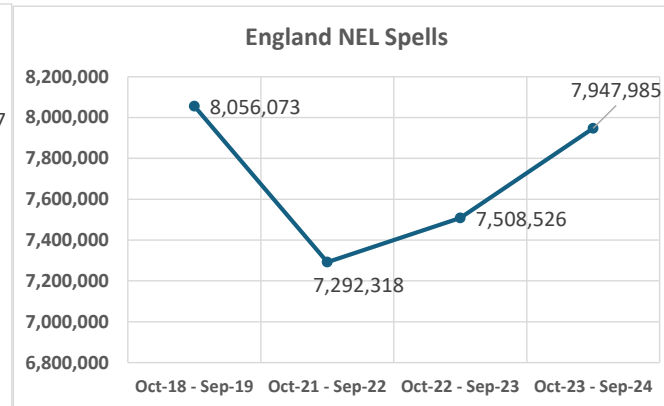
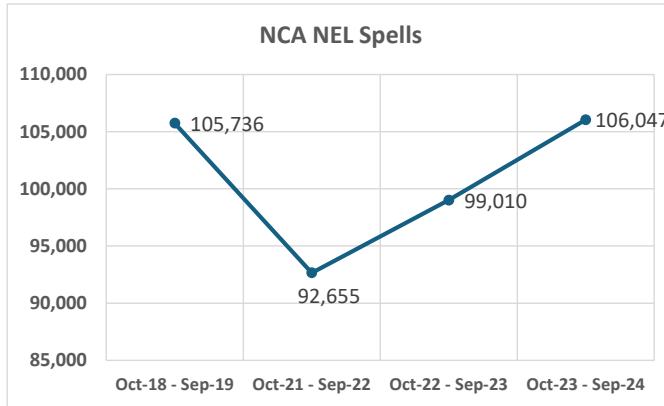


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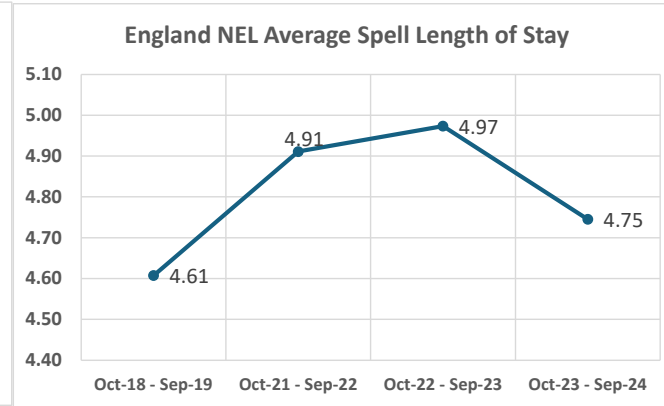
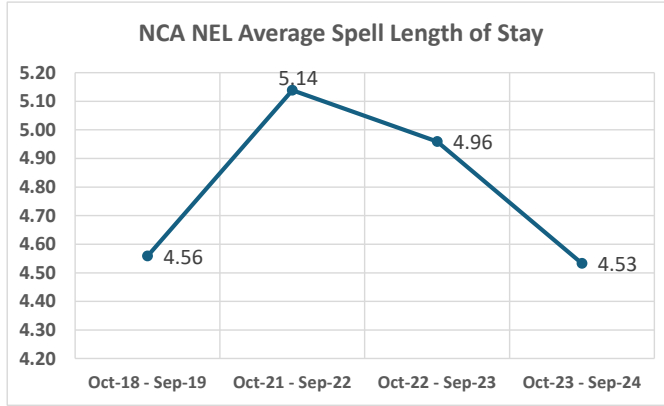
All our sites have different demand and capacity characteristics

- **SRH** provides NEL and EL tertiary services in addition to DGH services
- **FGH** is medically dominated and includes Stroke services, whilst also providing EL-IP Orthopaedic and ENT surgery
- **ROH** – Provides Medical, Surgical, Paediatric and Maternity services and has been significantly affected by NMGH disaggregation – The site accommodates MFT Vascular Surgery beds
- **RI** - Provides short stay NEL services with pathways to other NES sites and is our main elective surgical hub site (DC and 23 hours)

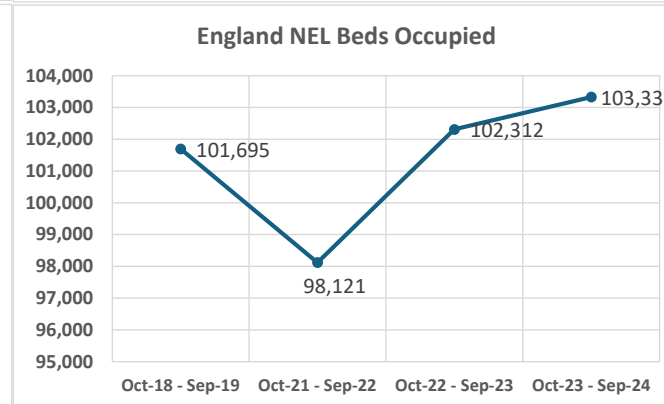
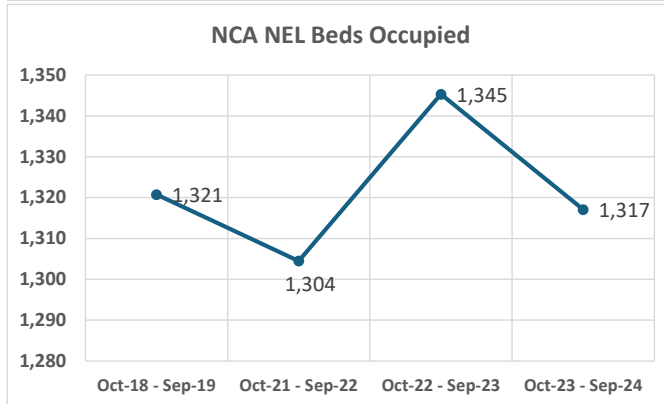
NEL Beds Use (excluding Maternity)



KPI	Organisation	Pre-Covid	Oct-23 to Sep-24	Var	% Var
NEL Spells	England	8,056,073	7,947,985	-108,088	-1.3%
	NCA	105,736	106,047	311	0.3%
ALoS	England	4.61	4.75	0.14	3%
	NCA	4.56	4.53	-0.03	-1%
NEL Beds Occupied	England	101,695	103,332	1,637	2%
	NCA	1,321	1,317	-4	0%

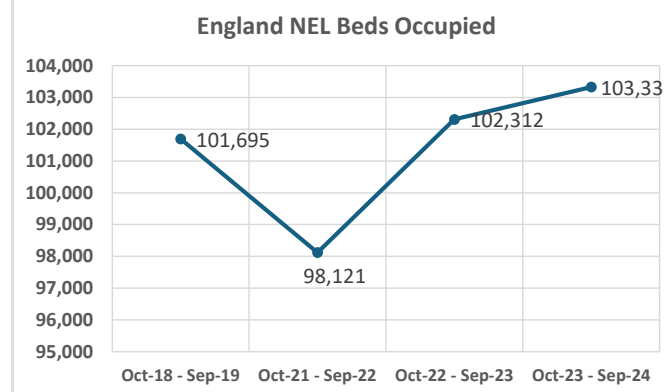
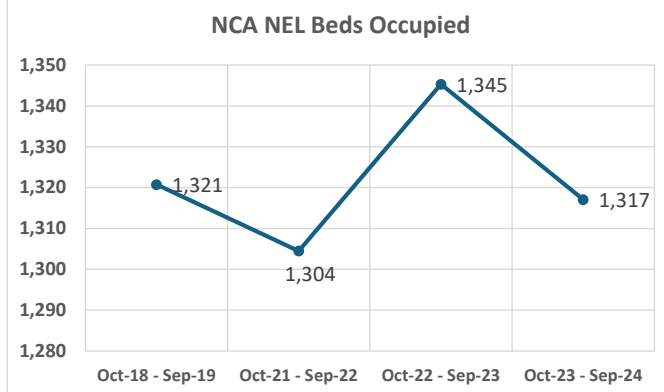
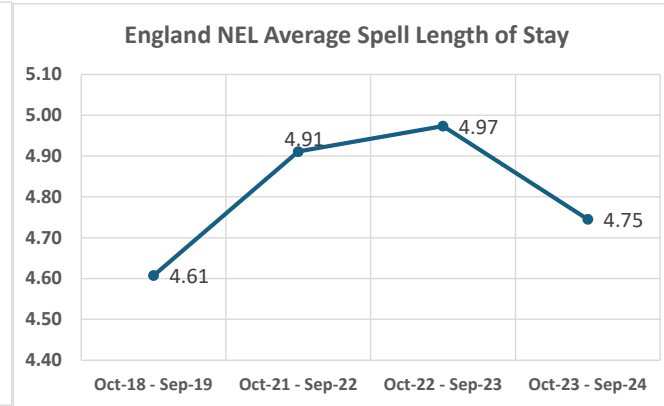
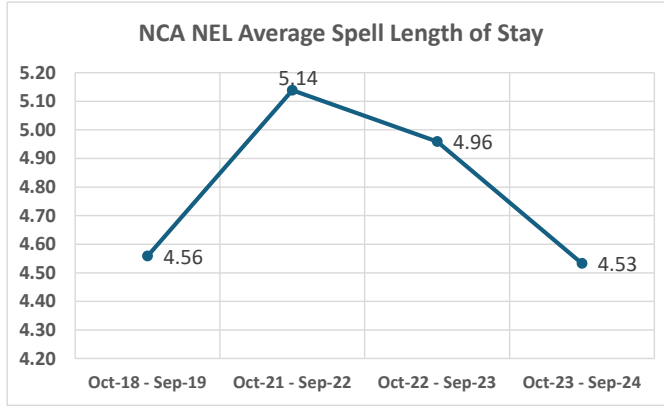
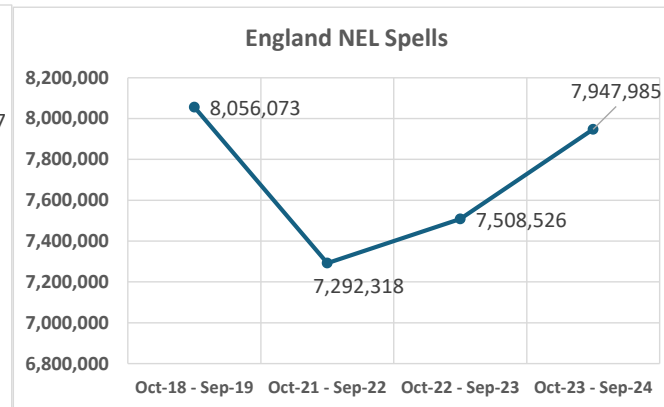
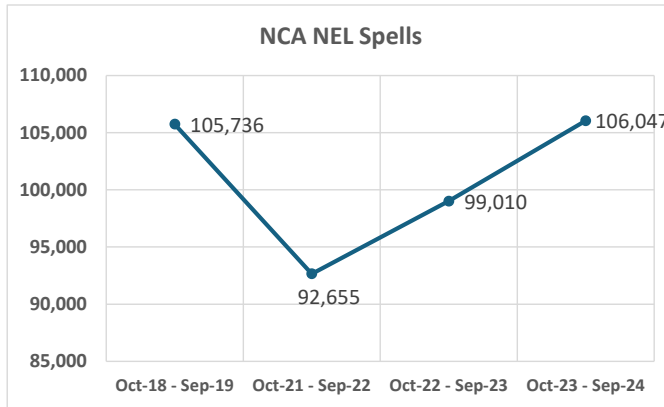


This NEL bed demand does not include long waits in our EDs / Temporary Escalation Spaces of circa 30 to 60 per day



KPI	Organisation	Pre-Covid	Oct-23 to Sep-24	Var	% Var
+1 day spells	England	5,406,465	5,055,657	-350,808	-6%
	NCA	65,600	55,123	-10,477	-16%
+1 day ALoS	England	6.87	7.46	0.59	9%
	NCA	7.35	8.72	1.37	19%
+1 day stay beds	England	101,695	103,332	1,637	2%
	NCA	1,321	1317	-4	-0.3%

NEL Beds Use (excluding Maternity)



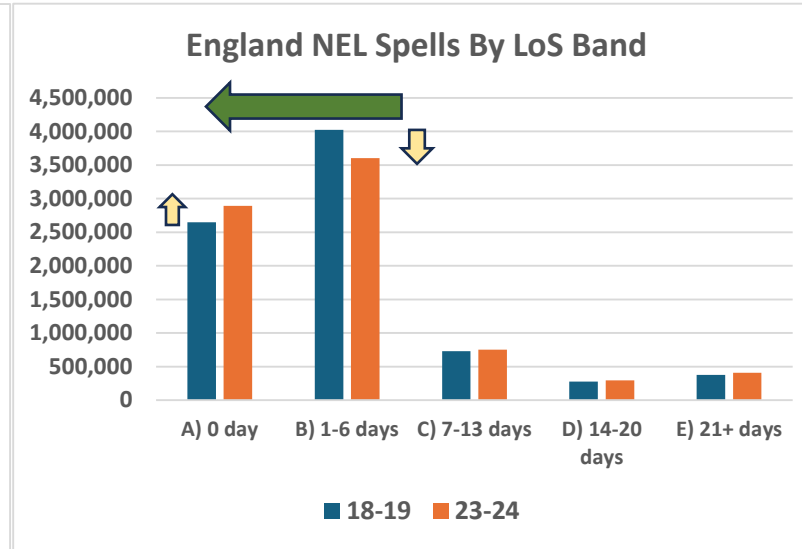
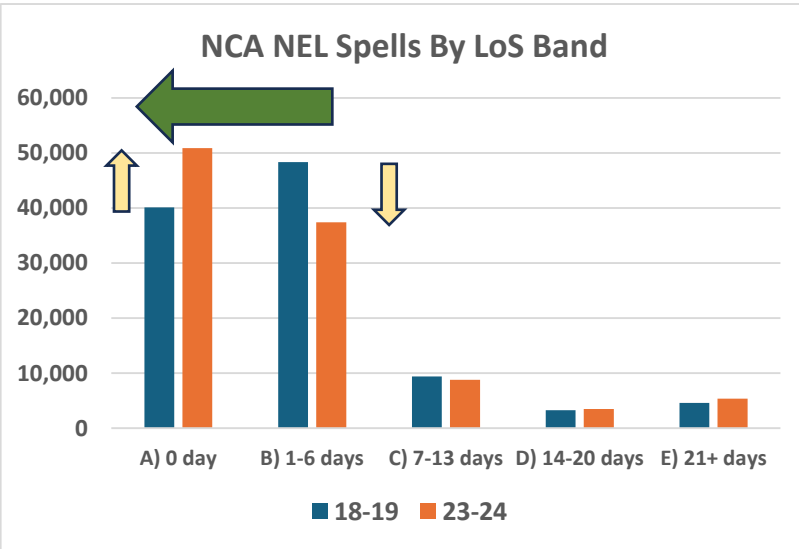
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- NCA Recovery of ALoS back to pre-pandemic levels, ahead of England recovery
- NCA Spells demand increased back to pre-pandemic levels
- NCA NEL beds occupied at pre-pandemic levels vs England increase in beds occupied

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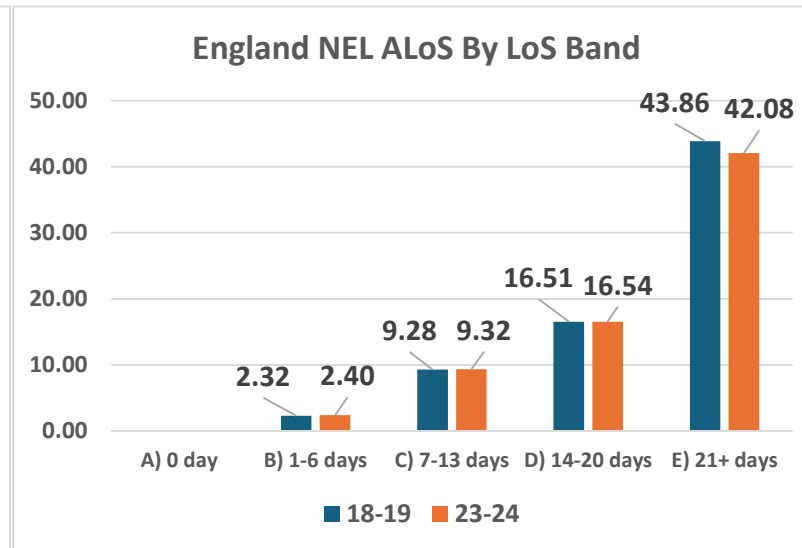
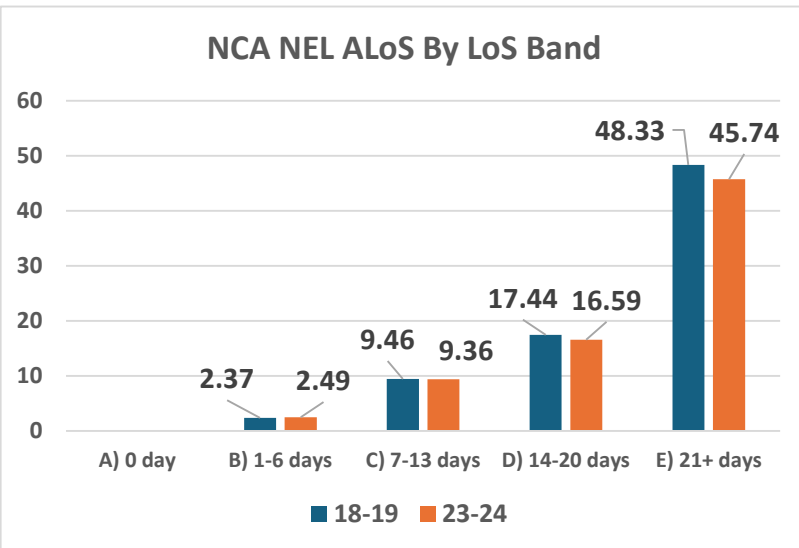
- NCA Increase in ALoS for stays 1 day or more but no increase in beds used and a large reduction in spells demand
- England smaller increase in ALoS for stays 1 day of more with an **increase in beds used** and a smaller reduction in spells demand

NEL Beds Use – What do we mean by mean (Left Shift)?



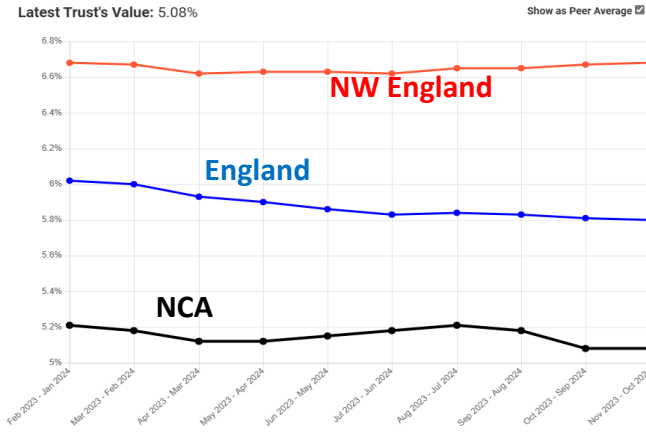
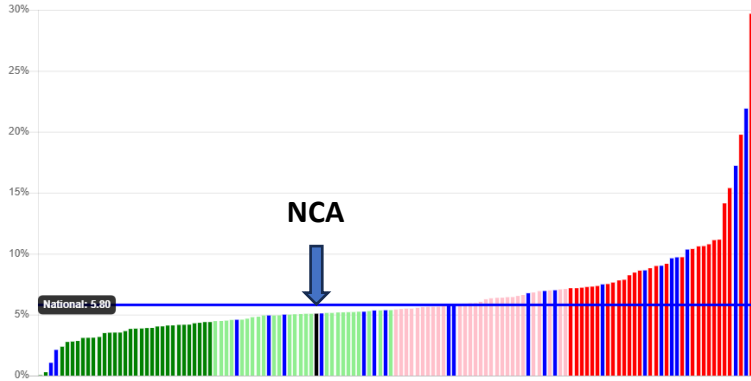
What would we expect to see with a left shift?

- Demand growth reduced / deflected – Fewer spells of 1 day or more
- Movement of 1 to 6 days into zero day stays
- An increase in ALoS for stays +1 days
- Zero days spells measured in national statistics is not actually zero time in a bed for patients. Local data show that we use the equivalent of 35 beds to care for patients who do not stay overnight but do stay a few hours (an increase of 7 since the pandemic to accommodate left shift).
- We have closed 68 beds (c4%) over the last 18 months, and bed occupancy has increased

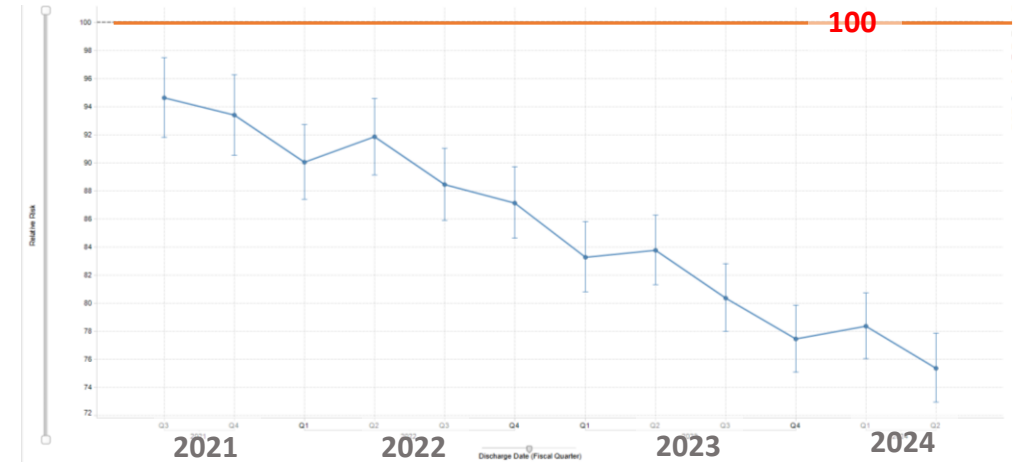


NEL Long Lengths of Stay Benchmarks

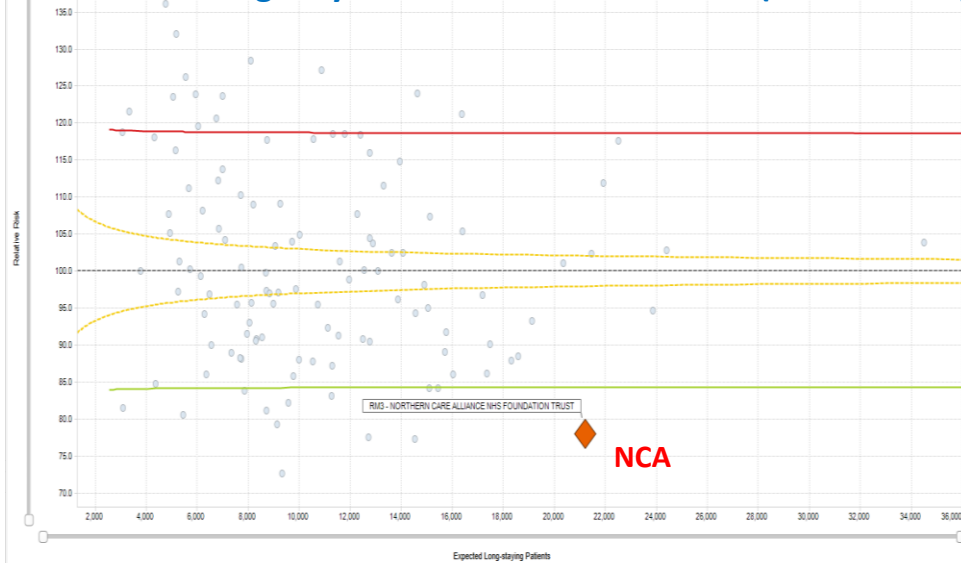
NEL Super Stranded Rate (Sep-24)



NCA – Quarterly Relative Risk Score for NEL Long Stays (Source: HED)



NCA – NEL Long Stays Relative Risk Funnel Plot (Source: HED)



Relative Risk NEL Long Stays Last 12 Months				
Site	Observed Long Staying Patients	Expected Long Staying Patients	Relative Risk Long LoS	Confidence Level
NCA	17,316	21,648	80.0	Statistically Significant
SRH	7,451	8,155	91.4	Statistically Significant
ROH	5,990	7,108	84.3	Statistically Significant
FGH	2,949	4,832	61.0	Statistically Significant

- 21 day long stay benchmarks show that we performance well against peers – 20% better than expected case mix adjusted
- It is important to remain focussed on long waits improvement

How do we ensure we compare and learn from others? We use the following dashboards developed by GIRFT

Summary Emergency Department Indicator Table (SEGIT) is an easy-to-use, online depository of emergency medicine data

The SEGIT was created and developed by the Getting It Right First Time (GIRFT) clinicians and analysts to support emergency department (ED) teams in their improvement work. It offers the most up-to-date data available for each of the 170+ Type 1 EDs in England – usually no more than seven weeks old. This enables clinicians and managers to evaluate their ED's current demand, capacity, flow and outcomes, to understand why problems are occurring, and to target the root causes.

Summary Acute Medicine Indicator Table (SAMIT)

The SAMIT data dashboard provides a suite of 50 key metrics relevant to the acute medical patient pathway, for use by teams in Acute Medical Units (AMUs) and Same Day Emergency Care (SDECs) in England. It offers a deep understanding of an acute medical service, accounting for demand, capacity, processes, behaviours and performance.

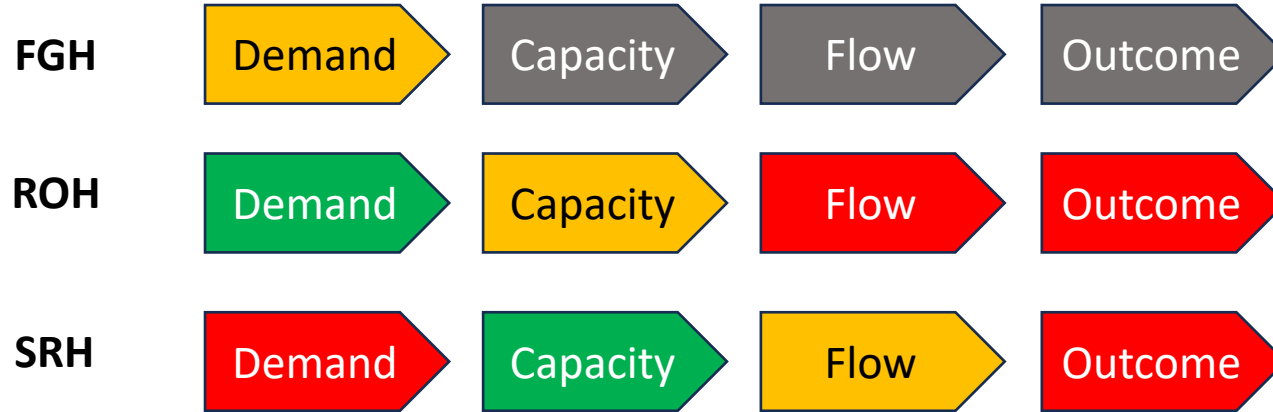
See next slide for how our sites compare.....

UEC 'Getting It Right First Time' (GIRFT)



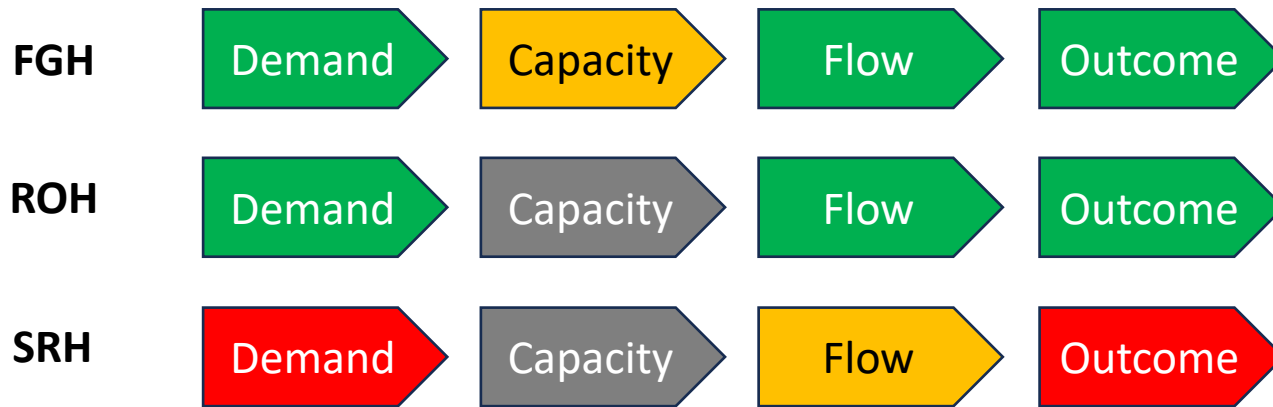
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SEGIT



- Best quartile (Q1)
- Better than average (Q2)
- Worse than average (Q3)
- Worst quartile (Q4)

SAMIT



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- Best quartile (Q1)
- Better than average (Q2)
- Worse than average (Q3)
- Worst quartile (Q4)

SEGIT

		ROH	FGH	SRH	LQ	MEDIAN	UQ
Demand	% of catchment population attending ED	39.1%	43.1%	35.3%	26.1%	29.6%	33.7%
	% of ED attends in highest deprivation quintile	55.1%	37.2%	43.1%	11.7%	24.8%	35.9%
	% of ED attends with MH (Mental Health) Condition	3.8%	4.8%	4.6%	2.4%	3.5%	4.3%
	% ED Attands converting to admisission	19.1%	19.7%	30.1%	21.1%	28.0%	33.7%

Flow	Emergency ambulance handover +30 minutes	31.3%	29.8%	17.3%	17.2%	27.7%	45.0%
	Mean time in ED Non-Admitted (hours)	4.8	4.8	5.4	3.9	4.5	5.2
	Mean time in ED Admitted (hours)	12.3	7.7	9.1	7.1	8.9	10.9
	SDEC % zero day stays	59.2%	65.4%	39.7%	24.3%	36.6%	44.0%

Outcomes	% ED attns + 12 hours	14.6%	9.7%	17.8%	6.0%	11.0%	15.5%
	Addmitted patient delay beyond 12 hours (hours)	12.4	7.4	8.8	5.1	7.5	10.6
	% of all MH (Mental Health condition) Waits + 12 Hours	29.2%	20.8%	31.0%	12.0%	7.5%	10.6%
	Average MH delay beyond 12 hours	13.6	13.4	10.8	7.0	10.4	15.0
	Estimated annual ED patients delay related harms	216.4	103.8	196.7	86.1	140.2	200.7
	Litigation liability per ED attendance	£26.0			£10.5	£17.1	£25.0

SAMIT

		ROH	FGH	SRH	LQ	MEDIAN	UQ
Demand	Average Frailty Score	10.3	10.2	16.1	9.9	11.7	13.3
	% Admissions from most deprived quintile	53.3%	36.4%	42.8%	10.6%	19.1%	32.9%
	% ED medical attends converting to admisission	20.0%	36.4%	40.9%	23.7%	31.1%	39.1%
	Average comobidities Index +16 years	2.1	2.0	3.1	2.2	2.5	2.9
	Average comobidities index +75 years	3.2	3.0	3.9	3.0	3.3	3.6

Flow	% ED admissions +6 hours for medical patients	90.8%	44.7%	55.3%	62.3%	76.6%	84.2%
	% of admissions <14 Days	93.3%	95.2%	83.3%	82.0%	85.6%	88.6%
	Mean time in ED Admitted (hours)	22.0	7.6	10.6	9.4	12.2	16.7
	Weekend admission to discharge rate	0.9	1.0	1.3	1.1	1.2	1.3

Outcomes	Readmission rate <30 days with +1 Day LoS	9.7%	10.6%	14.5%	12.7%	14.2%	15.6%
	Admisions from home discharged to care home	0.6%	0.1%	1.7%	0.7%	1.8%	3.3%
	Inpatient crude mortality of acute admisions +1 Day LoS	3.0%	4.6%	6.6%	5.2%	6.3%	7.2%
	SHMI	1.1	1.0	1.1	0.7	1.0	1.1

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