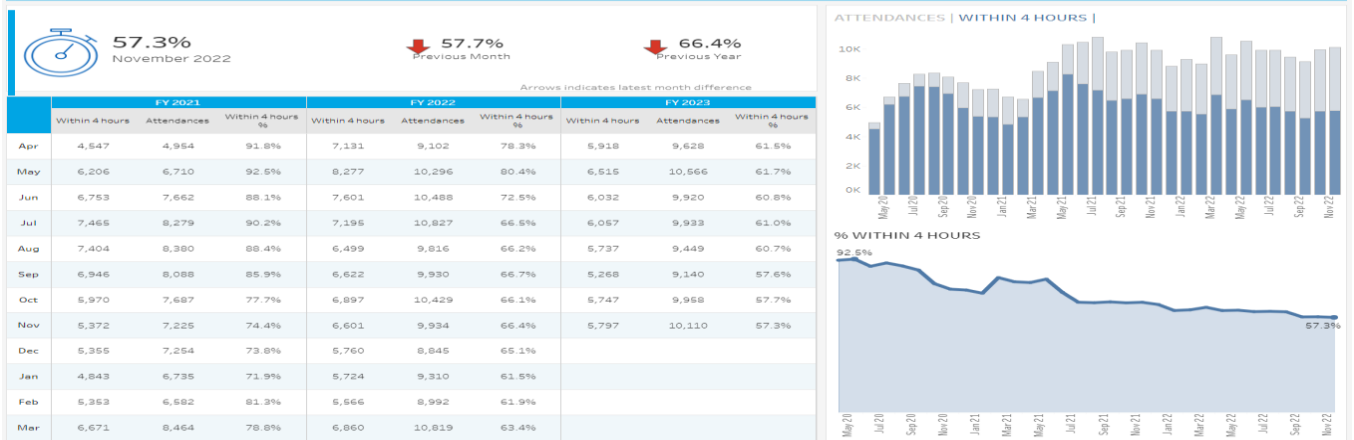


Current performance updates and challenges

The tables and graphs below show total A&E attendances (all types) and, of those, the number and percentage seen, treated, and admitted or discharged in under 4 hours. The data covers both Salford CCG patients attending at any Accident and Emergency (A&E) department and all patients attending Salford Care Organisation (SCO) formally Salford Royal Foundation Trust A&E regardless of where they live. Performance across Greater Manchester has been challenging and this is reflected in the performance of SCO; in November 2022 performance was 49.4% for the SCO.

Urgent Care: A&E 4 Hour Performance O1G



Urgent Care: A&E 4 Hour Performance SRFT



The system has been impacted by increases in flu presentations and a slight increase in COVID presentations. In addition, high numbers of Bronchiolitis and Respiratory Syncytial Virus (RSV) have presented at the paediatric PANDA unit. The 9977 A&E attendances in November 2022 were 13% more than November 2021 (8833 attendances).

A further 2,081 patients presented to A&E but were seen by the pre-emergency department (ED) streaming service in November 2022. This was the highest number seen by this service since its inception. Less than 3% of patients streamed were then passed on to ED.

Ambulance handover times continue to perform well at Salford Care Organisation; in December 2022 SCO achieved an average of 31 minutes (the target is a 30-minute handover - this relates to the ambulance arriving at the hospital and the ambulance crew being released) versus the GM average of 54 minutes. This performance is the best in GM and is an important part of enabling ambulance crews to get back on the road to respond to emergency calls.

In November 2022, 1,937 (10.7%) patients attending A&E waited for over 12 hours to be seen, treated, and admitted or discharged. In October 2022 this number was 934 patients (10.6%). Patient safety for those spending a longer time in ED continues to be a priority; systems are in place to ensure that patients are regularly monitored by the nursing team during their waits and audits of this are undertaken for assurance.

In addition, the number of patients waiting over 12 hours from decision to admit (DTA) to admission to a ward continues to be high. Latest figures saw 241 patients waiting over 12 hours compared to 188 in the previous month. Harm reviews of this group of patients continue and any major issues/themes are being reported to the monthly Urgent Emergency Care Delivery Board (UECDB).

Long waits in A&E and for admission are symptoms of high bed occupancy and challenges around patient flow and discharge. Bed occupancy, excluding specialist beds, is consistently above 90% at SCO and in recent months above 98%. Challenges around patient flow and discharge relate predominantly to workforce pressures across the system impacting on capacity in community services, domiciliary care services/packages of care to support patients in their

own homes. This results in patients having to remain in hospital for longer than required after being ready for discharge; this group of patients are categorised as 'No Right to Reside' (NRTR).

There were 135 patients in SCO categorised as NRTR at the end of November 2022; 54 of these were out of area patients with the majority (18/54) being Trafford residents. Trajectories have been set by providers to reduce the number NRTRs and at the end of November SCO were on trajectory. Delays relating to out of area patients are escalated to relevant localities on a daily basis to seek support in expediting discharge.

How Salford fares in comparison to other Greater Manchester (GM) CCGs or national picture

November 2022 A&E Performance (Type 1*): Patients seen, treated, and admitted or discharged within 4 hours		In November 2022 SCO's performance (Type 1*) of 49.4% was better than the GM average performance which was 44.0% but below the NHSE average of 54.5%
Salford Care Organisation	49.4%	
Greater Manchester	44.0%	
England	54.5%	

*Type 1 departments are what most people might traditionally think of as an A&E service. They are major emergency departments that provide a consultant-led 24-hour service with full facilities for resuscitating patients, for example cardiac arrest.

NHS England (NHSE) data for A&E is publicly available via: <https://www.england.nhs.uk/statistics/statistical-work-areas/>

Actions being undertaken to address under performance

Work continues to maximise the number of patients who can be managed through Same Day Emergency Care (SDEC) pathways; the proportion of patients being managed through these pathways continue to rise with 30% of patients now being actively managed through this route. This has been assisted by NNAS now being able to book directly into SCO SDEC pathways, ensuing patients are placed in SDEC in a timely and appropriate way. Challenges to increase utilisation further relate to workforce availability.

The mental health area in SCO's Emergency Department is continuing to support mental health presentations at A&E with appropriate clinical support. The Emergency Care Listening Lounge at the Hollybank community facility in Eccles is now fully operational and work is ongoing to increase utilisation.

Pre-Emergency Department (ED) Registration Streaming continues to stream patients away from ED. An additional streamer has been brought in at times of pressure and opening hours have been increased by 2 hours until 10pm 7 days a week. This has enabled the service to stream on average just under 70 patients a day. The Call Before You Attend service dealt with 530 patients in November 2022 with only 20% referred to ED.

Through winter panning with NHS GM, Salford has been awarded £1.165m to implement the following additional capacity schemes between October 2022 and March 2023; these schemes were identified and prioritised through the UECD and have been mobilised:

- Additional nursing capacity in ED to maintain patient safety and mitigate against risks associated with extended lengths of stay in ED
- Introduction of a patient transfer team to support reduced length of stay in ED and enable timeliness of patient transfer to wards, reducing the risk of ED overcrowding
- Additional pharmacy capacity to support turnaround of medications for discharge, reducing hospital lengths of stay
- Additional 500 hours per week of community-based reablement hours to support an additional 48 discharges per month
- Additional 250 hours per week of domiciliary bridging capacity to facilitate additional 40 discharges per month from hospital and to provide short term step-up capacity

The challenges of setting up such schemes mainly relate to workforce availability. In agreement with the GM team the Salford Locality is utilising any slippage against the above schemes to support additional activities in Salford that meet the criteria, therefore, some additional small schemes are being considered.

An additional £100k has been allocated to localities for Voluntary Community Social Enterprise (VCSE) schemes to support admission avoidance, discharge care at home and befriending. In Salford this funding will enable:

- An over 55s support offer; Age UK Salford will provide an additional wrap around support package for people with low support needs being discharged who fall below the threshold and eligibility for formal care support services supporting people to remain in their own home. Service will commence on the day of discharge from hospital to support timely safe discharges in a coordinated way to improve the patient's experience of discharge generally.
- An under 55s support offer; Salford CVS will implement a discharge support worker within the discharge team supporting practical, physical, and social independence, connection of people to services and providing befriending support.

Under the Virtual Wards Programme, SCO are working to establish an additional 70 virtual ward beds to support a cohort of patients, who would otherwise be in hospital, to receive the care and treatment they need in their own home or usual place of residence utilising remote monitoring technology solutions and MDT's to provide appropriate clinical oversight and review.

NHS GM has also funded additional surge capacity in primary care from November 2022 to end March 2023; this equates to c.£400k for Salford. The following surge schemes are being delivered by PCNs, all of which have mobilised.

- Eccles & Irlam - Expansion of current Same Day Urgent Care offer to allow further capacity for patients to be seen on the day.
- Salford South East – Expansion of the existing PCN overflow hub to see more patients with acute respiratory infections
- Swinton – Additional appointments to be offered through the PCN enhanced access service.
- Walkden and Little Hulton - Additional appointments to be offered through the PCN enhanced access service.
- Broughton – Implementation of a Same Day Emergency Care Service offer for patients to be seen on the day.

Adult social care colleagues have worked up schemes to utilise the National Discharge Support monies allocated to the locality through the Better Care Fund. Schemes (listed below) are targeted at enabling timely discharge / reducing numbers of NRTRs and are mobilising from January 2023:

- EMI Beds; commissioning an additional 10 care home beds for people with dementia
- Care Home discharges; implementing weekend manager cover in care homes to enable weekend discharges
- Discharge pathway management; commissioning additional assessment placements (D2A) for individuals identified as needing 24 hour care on discharge who require discharge assessments. Discharge flow team to ensure timely flow through beds and to minimise permanent admissions to care homes
- Increased domiciliary care capacity; additional hours to enable timely discharge from hospital, including MH hospital / timely handover from reablement provider through overtime / agency
- Maintain domiciliary care cover, including homecare support for LD and MH discharges, whilst service user in hospital (to enable timely restart)
- Equipment to enable discharge; community equipment, Care on Call and pharmaceutical dispensing to facilitate timely and effective returns to peoples own homes

All schemes are being monitored by the Greater Manchester Strategic Operational Regional Team (GMSORT) and the Salford Urgent Emergency Care Delivery Board (UECDB)