**NHS BOLTON CLINICAL COMMISSIONING GROUP**  
**Public Board Meeting**  

**AGENDA ITEM NO:** ……………7…………………………

**Date of Meeting:** ……………27th July 2018……………..

<table>
<thead>
<tr>
<th>TITLE OF REPORT:</th>
<th>A&amp;E Performance – High Impact Areas Update</th>
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<tbody>
<tr>
<td>AUTHOR:</td>
<td>Gill Baker, Senior Commissioning Manager for Urgent Care</td>
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<td>PRESENTED BY:</td>
<td>Su Long – Chief Officer</td>
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<td>PURPOSE OF PAPER: (Linking to Strategic Objectives)</td>
<td>The purpose of this report is to update Bolton CCG Board on the outcomes of the recent Urgent Care analysis, the performance of the key indicators being tracked and the actions that have been set at the Bolton Urgent and Emergency Care Board.</td>
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| LINKS TO CORPORATE OBJECTIVES (tick relevant boxes): | Delivery of Year 1 Locality Plan. ✓  
Joint collaborative working with Bolton FT and the Council. ✓  
Supporting people in their home and community.  
Shared health care records across Bolton.  
Regulatory Requirement ✓  
Standing Item |
| RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting) | Members are requested to note the report. |
| COMMITTEES/GROUPS PREVIOUSLY CONSULTED: | This is a summary report of action from the Bolton Urgent and Emergency Care Board  
Performance is also reported to:  
CCG Executive, CCG Board  
Greater Manchester Health & Social Care Partnership |
| REVIEW OF CONFLICTS OF INTEREST: | N/A |
| VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT: | N/A |
| OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS: | N/A |
1. **Background**

1.1 In response to ongoing performance issues against the 4 hour A&E target, the Bolton Urgent and Emergency Care Board (UECB) is working on a programme of improvement projects, which are linked to the High Impact System Indicators which have previously been reported to Board in March 2018.

1.2 In June 2018 the system carried out in-depth analysis of urgent care patient flow and demand, which has highlighted further areas of required focus and actions to address these.

1.3 The purpose of this report is to update CCG Board on the outcomes of the recent analysis, performance against the key indicators and the actions being undertaken to drive improvement going forward.

2 **The High Impact System Indicators**

2.1 The system is monitoring 9 key performance indicators through the UECB, all of which have associated improvement programmes.

2.2 The 9 Key Performance metrics are aligned with the urgent care patient pathway and full detail of the most recent performance can be found in Appendix 1.

2.2.1 **Pre-Hospital (preventing attendance & admission)**

The work undertaken in June 2018 to understand the flow of urgent care patients has highlighted that attendances to Royal Bolton Hospital are increasing as the chart below evidences.

![A&E attendances at Bolton FT 01 January - 18 July 2018](chart)

A deeper dive into this has shown that ambulance arrivals at Royal Bolton Hospital have historically been high in comparison to neighbouring hospitals, recognising that Bolton is a very accessible hospital site for a large catchment. The rate of A&E attendances by GP Practice, as is the case nationally, is strongly correlated with distance from A&E. A high and increasing proportion of A&E attendances have been noted from children and from people aged 20 – 39 age, see chart below.
To further understand the reasons for the increase in attendances, Bolton CCG has organised engagement work to take place with targeted age groups in the neighbourhoods with the highest attendances, as well as with targeted age groups at A&E, to gain an insight into why they are choosing A&E rather than suitable alternative services. The full evaluation of this work is due to be presented at the UECB in August 2018.

Further analysis by the Emergency Care Intensive Support Team (ECIST) and an audit carried out of patients attending A&E by Bolton CCG GPs have confirmed that there are people attending A&E who do not need A&E treatment. This has led to the actions to improve alternatives prior to hospital attendance and to increase streaming at the front door. The following table describes the more detailed work that is ongoing by the UECB to improve the Pre-hospital flow of patients.

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| 1. To track as a comparison across the NW Sector and to achieve an equitable balance and reduce the number of Ambulance Arrivals at Royal Bolton Hospital | The number of ambulance arrivals has reduced in May, June and July 2018 (and is lower than the same period last year) In July the number of ambulance arrivals in Bolton was lower than Salford for the first time in over 12 months. Tracking continues on a monthly basis. | • The Bolton System is has sought support from the Greater Manchester Health and Social Care Partnership (GMHSCP) to manage NWAS to use the alternatives available to them.  
• The system is engaged in the development of alternative commissioning models for the lower acuity 999 calls across GM.  
• A workshop to develop further the GM Hub is taking place at the end of July to work towards oversight and allocation of ambulances at peak times of escalation.  
• Ensure appropriate alternative pathways are in place for NWAS crews to avoid unnecessary conveyances to hospital. Pathways to Primary Care which have been in place since February 2017 and pathways through to the Community Services teams, which have recently soft launched in July 2018. The next step is a pathway to mental health support. | NWAS / GMH&SCP  
CCG  
GMH&SCP  
CCG |
2. To increase the number of patients streamed to the primary care service on arrival at A&E to a minimum of 34 per day.

The number of patients streamed to the GP service has been above target since February 2018, with an increasing trend of activity since May 2018 correlating with overall increased A&E attendances.

To meet the system ambition to stream 100 patients a day away from the Emergency Department to other appropriate alternative services:
- The Front Door Streaming service specification has been developed and agreed with Bolton FT.
- To be implemented through joint working with Bolton FT and the Bolton Urgent Care Partnership to ensure pathways and governance are clear and capacity is in place to meet the demand.

3. To achieve a minimum of 4 referrals per day to the “Home First” team from A&E.

The number of referrals to the “Home First” Team has been consistently above the target set, with an increasing trend since February 2018.

- Continue to ensure the team are identifying appropriate patients on arrival at A&E for returning home preventing a hospital admission.

4. To reduce the number of ambulance callouts and conveyances from care homes year on year.

Data available up until May 2018, shows that the number of ambulance calls outs and conveyances from care homes has remained consistently higher than previous years. There is a positive decrease in the trend since January 2018.

- Continue to engage with Care Homes to promote the use of the Immedicare service now improved response times are in place.
- Educate Care Homes to use Immedicare service for early help to prevent late GP callout
- Continue education support to care homes managers to drive quality improvement

### 2.2.2 Hospital Patient Flow

It is acknowledged that improvement work is necessary to improve the flow of patients through pathways once admitted to hospital. Bolton FT is working on a series of key pieces of work to ensure the efficient flow of patients through the hospital to improve outcomes. The following table describes the detail of the aims, performance and some of the actions identified.

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| 5. To decrease the proportion of stranded patients (who have been in hospital for 7 days or more) to 35%. | Stranded Patients at the end of June 2018: 46%, 11% above the locally agreed target. | • Continued reinforcement of SAFER, MDT working and Red to Green across all wards with clear performance indicators.  
• Introducing performance management of the assessment wards to ensure a maximum of 48 hours length of stay.  
• The embedding of new processes to reduce the numbers of stranded and super stranded patients across all wards, including implementation of Choice policy.  
• Development of ward based pharmacists to improve the flow of medicines and the | Bolton FT |
| 6. To decrease the proportion of super stranded patients (who have been in hospital for 21 days or more) to 15%. | Super Stranded Patients at the end of June 2018: 18%, 3% above the locally agreed target, with a rising trend since April | | Bolton FT |
7. To reduce Non-elective emergency LOS to 4.3 days

- End May 2018 non-elective emergency LOS was better than target at 4.2 days, having steadily reduced since Jan-18
- Quality and efficiency of prescribing.
  - Review capacity of IV therapy team against seasonal demand to ascertain if additional capacity is required over winter
  - Continuation of weekly Multi Agency Discharge Events throughout winter

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<tr>
<th>To increase the proportion of discharges before midday to 33%</th>
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<td>The % of discharges before midday as at the 15th July 2018 was 30.9%, below the target set of 33%.</td>
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2.2.3 Discharge and ongoing community support

To support the latter end of the urgent care pathway, further work is ongoing. The system is supporting a number of actions to improve the key indicators associated with this improvement. This is highlighted in the following table.

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| 8. To reduce Delayed Transfers of Care (DTOC) to below 3% of the occupied bed days | As at the 9th July 2018 the snapshot DTOC figure was within the target of 3% at 2%. | • Maintain monitoring of effective capacity in community based health and social care services to support discharge  
• Increase the number of patients discharged to assess at home by 10 per week  
• Create the required Intermediate Care capacity by redesign of services (home and bed based)  
• Winter opening of 5 additional beds at Darley Court as per annual plan  
• UECB to agree system winter plans and prioritise resource accordingly | UECB  
Bolton FT / Council  
Bolton FT / Council  
Bolton FT  
UECB |
| 9. To increase the number of patients discharged to their usual place of residence to 90% | There has been a steady increase in the number of patients discharged to their usual place of residence since Jan 2018, but this has not yet reached the local stretch target of 90% (end June 2018: 88%) | | UECB |

3. Summary

3.1 Improvement has been seen in 5 of the 9 of key indicators that the UECB are monitoring for the improvement of the A&E 4hr performance target.

3.2 The performance for the 4 hour wait standard is not meeting target, with the year to date performance figure currently at 83.9% against the target of 95%.

3.2 The UECB are focussing on the improvement of all 9 key indicators and analysing the change in demand and patterns of activity. The UECB has aligned its focus and overarching work plan with these improvement indicators.

3.3 In addition to this, work is ongoing with the national Emergency Care Intensive Support Team (ECIST) for an additional 4 months, to support Bolton FT in the run up to Winter 2018/19. The team are specifically supporting the Emergency Department to improve processes and to support the leadership and clinical teams.

Gill Baker - Senior Commissioning Manager – Urgent Care