

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:11(i).....

Date of Meeting:23rd March 2018.....

TITLE OF REPORT:	A&E Performance – High Impact Areas Update	
AUTHOR:	Gill Baker, Senior Commissioning Manager for Urgent Care	
PRESENTED BY:	Melissa Laskey – Director of Service Transformation	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	To update CCG Board on performance against the A&E High Impact areas identified to achieve an improvement in A&E 4 hour performance.	
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:	Performance is reported to: CCG Clinical Executive Urgent and Emergency Care 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 system has identified the 5 key areas to focus on, which will have the biggest impact on improving performance.

1.2 These key areas, as reported to CCG Board in February, are:

1. To increase the number of discharges before midday
2. To reduce the number of “stranded patients” (patients with a length of stay in hospital of 7 days or over)
3. To reduce the number of medically optimised patients in hospital
4. To continue to focus on streaming patients to the most appropriate part of the system (with A&E being a spoke not the hub)
5. To reduce to number of ambulance call outs and hospital admissions from care homes

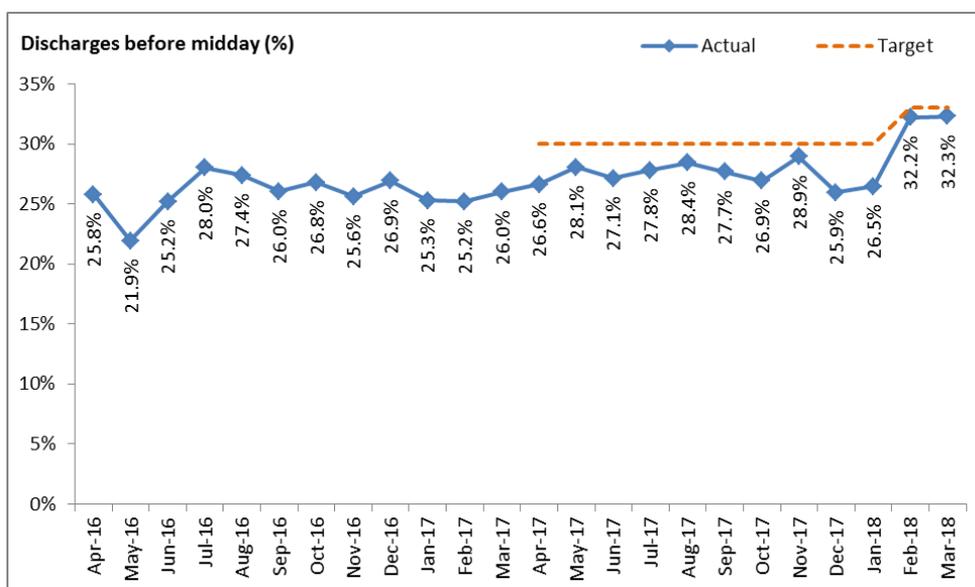
1.3 The purpose of this report is to update CCG Board on the targets set for these areas and performance to date.

2 The High Impact Targets and Performance

2.1 Discharges before Midday

The target set for improvement in this area is to increase the number of patients discharged by midday to 33% by the end of March 2018.

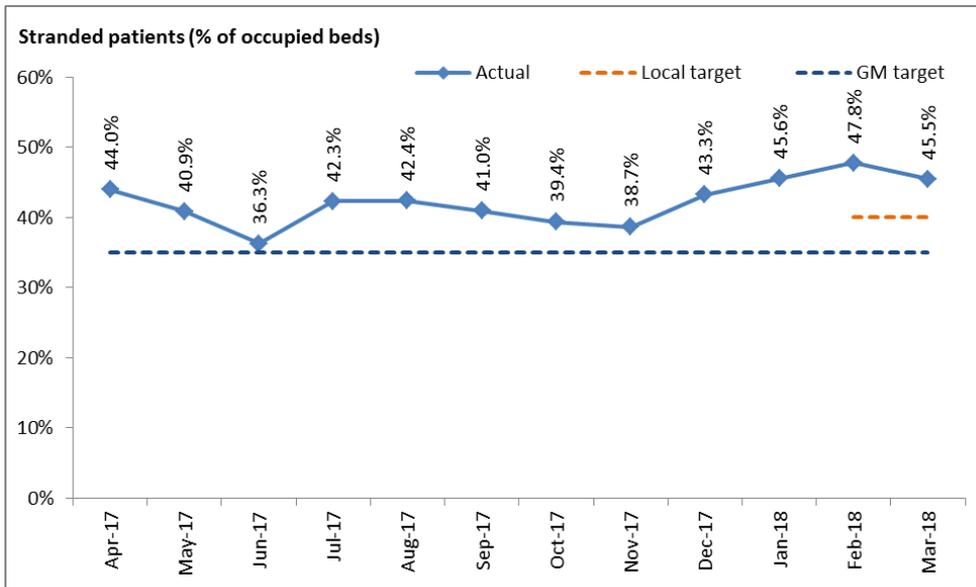
The current performance against this target is shown in the chart below with an improvement seen in February 2018 with achievement of 32.2% and further improvement to date of 32.3% as at the 20th march 2018.



2.2 Stranded Patients

The target set for this area of improvement is to decrease the proportion of “stranded patients” to 40% by the end of March 2018. With a continuous improvement target to achieve the Greater Manchester target of 35%.

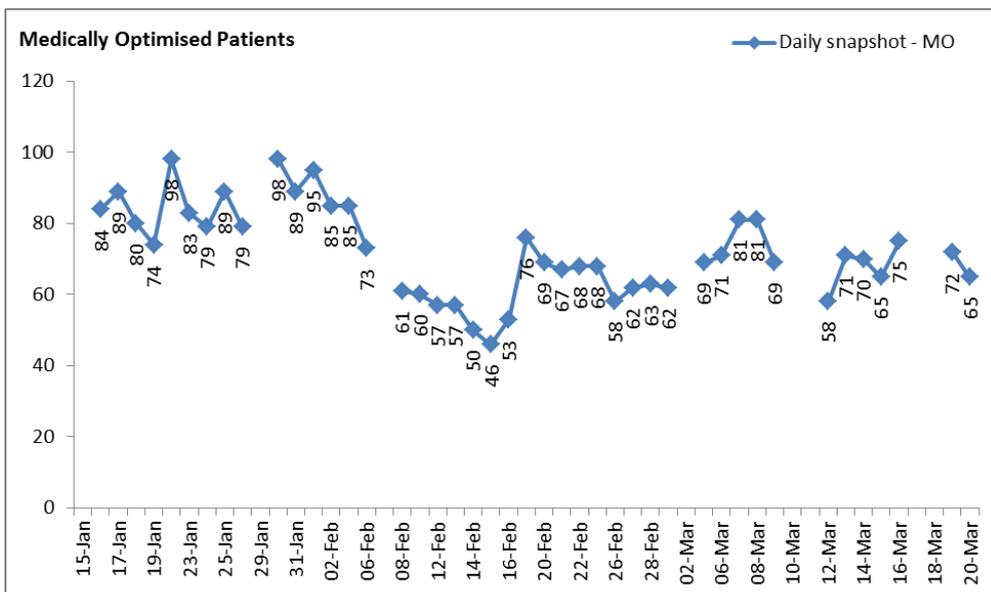
The chart below highlights performance in this area, where the proportion of stranded patients has increased since November 2017 peaking in February 2018 – this is in part due to the increased acuity of patients and an increase in non elective admissions over the winter months.



Bolton FT continue to work on initiatives to improve this; ensuring that wards proactively manage patient flow through the embedding of process on the wards such as “Red 2 Green” and appropriate escalation of internal hospital delays. An improvement event carried out in early March (Spring into Action) has highlighted further areas for improvement in embedding systems and processes consistently across all wards. The chart highlights a change in trend in March with a positive reduction in the number pf stranded patients as at the 18th march 2018.

2.3 Medically Optimised

The system is focusing on reducing the number of medically optimised patients in hospital beds and the following chart highlights the numbers of patients on the medical optimised list since January 2018 up until the 20th March 2018.

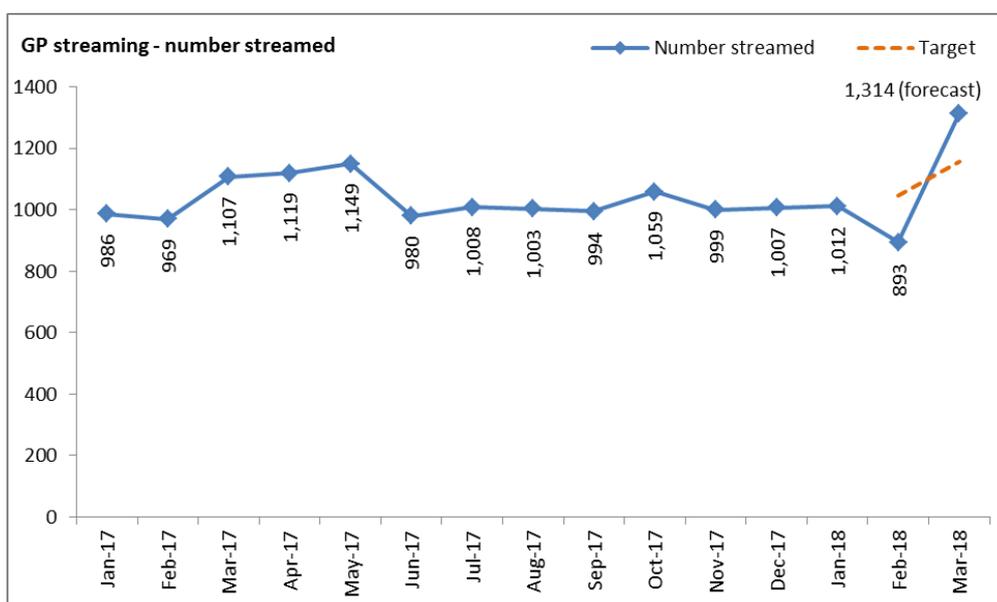


A medically optimised patient is a patient who has had all the intervention from the medical team in the hospital to achieve the best outcome for the patient; however they remain in a hospital bed until an onward management plan is put in place. These patients discharges are overseen by the Integrated Discharge Team in a multi-disciplinary approach.

The numbers of patients medically optimised have reduced overall in this period. The system continues to focus efforts on progressing patient journeys with the focus on discharging patients home or to be assessed in the community. Trusted assessment processes are being developed and implemented and the continuation of the “Get me Home” meetings is progressing this important agenda.

2.4 Front Door Streaming

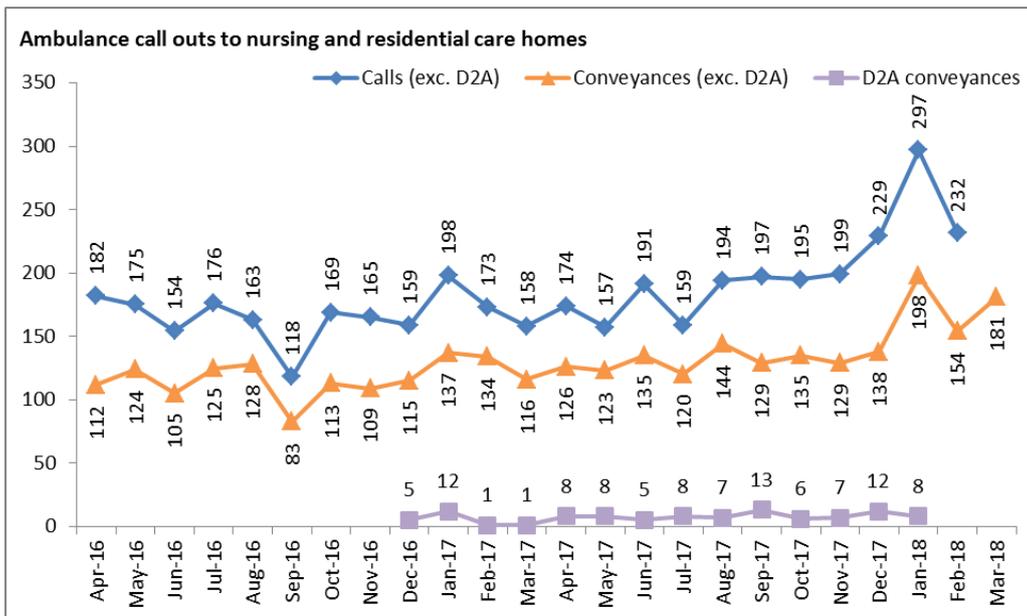
Work continues with Bolton CCG and Bolton FT to enhance the front door streaming model on the hospital site. The existing Primary Care Streaming continues and the activity streamed to this service can be seen in the chart below.



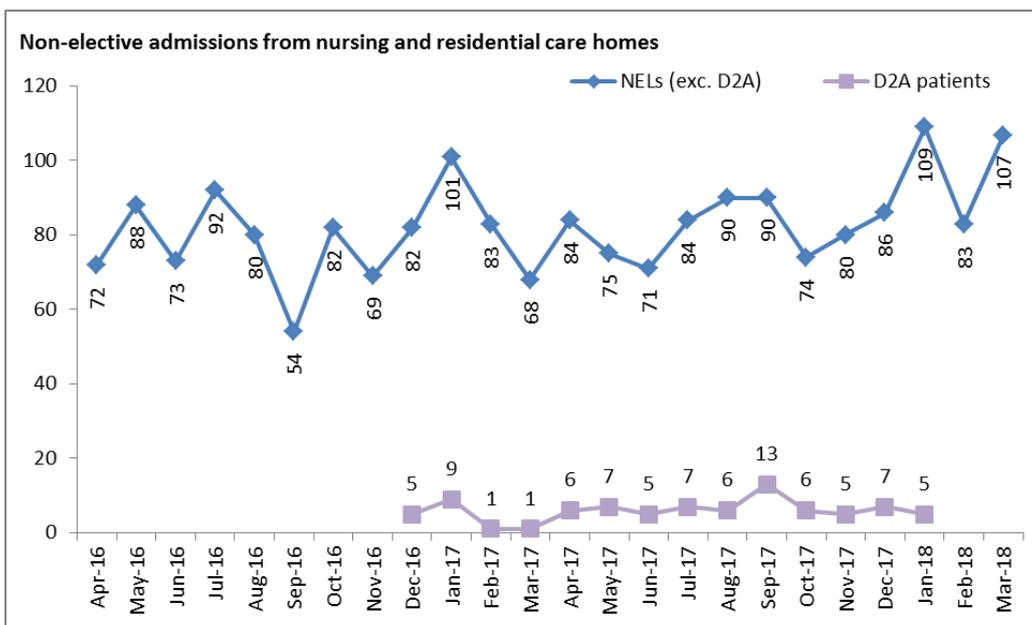
A target for improvement on the activity of patients being seen by the primary care service has been set and is highlighted on the chart by the orange dashed line. The chart highlights a significant improvement in the activity streamed to the Primary Care service from February onwards.

2.5 Reducing Ambulance Call outs and Hospital Admissions from Care homes

The following chart shows the numbers of ambulance call outs and conveyances to hospital from the Nursing, Residential and Discharge to Assess (D2A) beds in Bolton. Following a significant spike in January 2018, an improvement can be seen in February 2018 with a reduction in callouts and conveyances to hospital. The same spike in January was also true across the majority of GM CCGs.



The following chart shows the number of non-elective admissions from the same cohort of beds, with the correlating spike in the January 2018 data, along with the correlation of reduction improvement in February 2018.



Both charts are however indicating further fluctuation in March 2018 to date and work continues to reduce these measures.

NHS England has recognised that this winter has been particularly challenging with the worst flu season for many years, and D&V and Norovirus cases being higher than expected.

3 Summary

- 3.1 Performance against the 5 High Impact areas continues to be monitored by the Urgent and Emergency Care Board and significant focus remains on the areas where the expected improvement has not been seen. The metrics will be included in the main Board Performance Report from April 2018.

Gill Baker - Senior Commissioning Manager – Urgent Care