

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:12.....

Date of Meeting:12th February 2021.....

TITLE OF REPORT:	CCG Corporate Performance Report	
AUTHOR:	Melissa Maguinness – Director of Transformation (Commissioning)/Deputy Chief Officer Mike Robinson – Associate Director Integrated Governance & Policy Amanda Weatherstone – Contract Performance & Assurance Manager Victoria Preston – Lead Information Analyst for Planned Care	
PRESENTED BY:	Dr Helen Wall, Clinical Director, Commissioning	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	The report highlights performance against all the key delivery priorities for the CCG in 2020/21 against which NHS Bolton CCG is nationally measured.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	X
	Deliver financial balance.	
	Regulatory Requirement.	
	Standing Item.	X
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	Members are requested to note the content of the report and actions being taken, where required, to improve performance.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Performance is reported to: CCG Executive Contract Performance Group Quality and Safety Committee	
REVIEW OF CONFLICTS OF INTEREST:	N/A	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patients' views are not specifically sought as part of this monthly report, but it is recognised that many of these targets, such as waiting times, are a priority for patients.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	N/A	



Better Bolton.

Corporate Performance Report

Months 9&10 2020/21

Performance Summary

Elective Care

Routine elective care surgery is still suspended at Bolton FT to maintain safety as a result of the rising pressures in the system, during Wave 3 of the national pandemic aligning with the increase to Level 4 of the COVID-19 agreed escalation status.

This action will inevitably impact on elective care performance, however this has been necessary to create capacity for the rising numbers of COVID-19 patients requiring inpatient care. Bolton FT have continued with many outpatient appointments, however in some areas this is becoming increasingly pressured due to winter pressures elsewhere in the system and staff deployment & sickness. Some staff have been re-deployed to support the pressures in ICU and on the acute medicine wards, along with the COVID vaccine roll-out programme for Health & Care staff.

Performance against the 92% standard is still significantly under the national standard at 62.9% in December. This is in line with other GM localities as a direct impact of reduced capacity due to COVID-19. As predicted there has been a further increase in 52 week breaches in month, taking the cumulative total year to date to 1,672. The 6-week diagnostic target remains an ongoing issue, with performance in December 2020 at 41.4%.

Cancer Care

In November, the Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP continued to improve and exceed national targets at 95.6% of patients seen within 2 weeks of first referral. In November 83.6% of patients achieved the 62 day wait from urgent GP referral to first definitive treatment for Cancer. In November, there continued to be 100% achievement for Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers. In November there were 4 patients (reported in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment.

Urgent & Emergency Care

A&E performance has remained below the agreed trajectory of 95%. Performance during December was 72.1%. December saw a slightly reduced average attendance of 267 patients. Attendances are being monitored closely and a number of actions and public messages are taking place to ensure that only people who need A&E attend A&E such as 111 First. In November the number of NWAS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 310. Performance has improved in December resulting in a figure of 275. Non Elective LoS remained at 4.8 in December which was the same performance figure during November (above target).

Mental Health

November performance saw IAPT prevalence further increase from the previous reporting period (from 20% to 22.6%) achieving the target of 22% agreed with the GMHSCP and NHS England to be met by end of March 2021. The recovery rate remains under target at 44.1%. Early Intervention in Psychosis (EIP) exceeded the target in November, as did the Mental Health Liaison Service (MHLS) for the 1 hour target. Acute OAPs have slightly increased since the last report, and work continues to ensure positive patient flow and repatriation within 72 hours where possible, whilst offering alternatives to admission as appropriate.

Children's & Maternity Care

The percentage of Children and Young People in Bolton accessing mental health treatment is currently above plan by 86 CYP with a 2020/21 forecast of 36.8% against the 35% national target. November's CGAS performance (30%) has shown a significant increase compared to October (13%), however YTD performance (20%) still remains significantly lower than the 50% target. Referrals to CAMHS have increased in November (190) compared to October (173) but Year to Date remain slightly lower for 2020. Maternity booking performance for women registered with a Bolton GP remains above the 90% target with a YTD position of 91.7%.



Better Bolton.


Bolton Clinical Commissioning Group

Performance by Commissioning Area: **Elective Care**

Planned Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients on an Incomplete pathway % (92% of patients should be less than 18 weeks from referral)	92% (GM 90%)	December	62.9%	57.9%	↑	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	December	27,082	27,082	↑	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	December	41.4%	46.34%	↑	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	December	1,672	1,672	↑	●

Key in month highlights:

Elective care surgery remains on pause at Royal Bolton Hospital (as for all Greater Manchester hospital trusts). Elective outpatient activity is continuing and clinically urgent and cancer patients remain prioritised, through the support mechanisms in place through the GM Cancer Alliance and the GMHSCP work.

Many specialties are running with decreased staffing levels, due to redeployment and are seeing as many patients as possible, in whatever way that may be i.e. virtually or physically in clinics. It is to be noted that many admin & clinical staff remain shielding at home.

GPs continue to refer patients who are held by providers on waiting lists and managed as per the national PTL (Patient Tracking List) guidance. The re-start of routine elective care is being reviewed daily in line with the COVID-19 Escalation Matrix, it is hoped that as urgent care pressures de-escalate, some routine activity will re-start.

Performance against the 92% standard shows a decrease in performance in December performance 62.9% compared to November 2020 64.5%. However the YTD target has slightly improved from November 57.1% to December at 57.9%.

The main providers contributing to performance for Bolton patients continue to be Bolton FT (62%), MUFT (51%), SRFT (57%), WWL (61%) and the Lancashire Teaching Hospital (59%).

Performance by Commissioning Area: **Elective Care Cont ...**

The CCG waiting list for all providers has increased from 26,206 in November to 27,082 in December, this is expected to grow further in the coming months due the recent action that has been taken to manage Wave 3 of the pandemic.

Performance of the 6 week standard for diagnostic waits remains challenged with 41.4% of patients in December not being able to have their diagnostic test within 6 weeks, with 1% being the national tolerance for this.

In December 2020 the diagnostics that are particularly challenged across all providers for Bolton patients, Endoscopy with 827 patients waiting longer than 6 weeks for their Gastroscopy procedure and 445 patients waited longer than 6 weeks for their colonoscopy procedure, an increase in numbers from November. The majority of these breaches have occurred at Bolton FT, however the reasons for this are due to reduced capacity, as a result of increase Infection Prevention Control measures. Bolton CCG do have assurance however, that the remaining capacity has been prioritised for Clinically Urgent and Cancer patients, with all cancer patients receiving their endoscopy procedure within the appropriate time on the relevant 2ww pathway.

Endoscopy is a key theme of work that is being lead by the Greater Manchester Health and Social Care Partnership alongside the GM Cancer Alliance, with revised clinical pathways having been developed and implemented consistently across all GM hospital trusts and additional capacity being sourced primarily for Cancer patients.

Other diagnostics that have seen increasing numbers of breaches in M09 is Magnetic Resonance imaging (MRI) 342 breaches in December, 65% of the 99% target. The majority of the MRI breaches are at SRFT (300) as Bolton FT have manage to maintain performance with 4 breaches in December (98%), with the support of additional Independent Sector Capacity from the BMI Beaumont.



Better Bolton.

Performance by Commissioning Area: Cancer Care

The data reported for the Cancer targets needs to be viewed in the context of variances in 2 week wait Suspected Cancer referrals across all tumour sites and the significant challenges that continue with the COVID-19 outbreak, including changes to pathways, diagnostic approaches, recovery planning and staff sickness and shielding.

By exception, the areas to note are detailed below:

- In November, there continues to be issues relating to the achievements of the 'Percentage achieving maximum two week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was **not** initially suspected)' target with 25% of referrals being seen within 2 weeks. As this measure is where Cancer is not initially suspected, the focus of the Breast care team has remained on the clinical priority of the 2ww suspected cancer referrals which has led to the Breast Symptomatic referral waits increasing for some patients. CCG Clinical and Commissioning colleagues have met with the lead clinicians at Bolton for the Breast service and received assurances that referrals continue to be reviewed and clinically prioritised when they are received by the Breast clinical team and that there are a number of recovery activities including additional clinics by extending the service to Saturdays also being established with a hope for recovery by March 2021. There is also recognition that there are also wider issues across GM due to increased service demand and staffing challenges but the local service demand continues to be monitored daily by support managers and the Bolton FT Cancer Performance Manager
- In November, the Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP continued to improve and exceed national targets at 95.6% of patients seen within 2 weeks of first referral
- Another slight month on month improvement, but mainly consistent with the previous month, in November 83.6% of patients achieved the 62 day wait from urgent GP referral to first definitive treatment for Cancer. These patients are reviewed consistently by operational and clinical leads at Bolton FT to ensure that any non-clinical delays are avoided and that there is clinical prioritisation of all patients
- In November, there continued to be 100% achievement for Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers to Bolton CCG patients
- In November there were 4 patients (reported in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment. These patients are consistently reviewed both clinically and operationally to ensure that there are no avoidable non-clinical delays. This cohort is reported locally and at a GM level and Bolton continues to have the lowest number of patients across GM on this monitored list. Full clinical harm reviews have been completed for these patients by the Cancer Clinical Lead at Bolton FT and no harm was identified.



Better Bolton.

Performance by Commissioning Area: Cancer Care

Cancer Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP	93%	Nov	95.6%	95.9%	↓	●
Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	Nov	25.7%	68.3%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Nov	97.6%	97.5%	↓	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Nov	100.0%	98.4%	↑	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Nov	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Nov	100.0%	98.7%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Nov	83.6%	82.1%	↑	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Nov	100.0%	78.9%	↔	●
Percentage achieving maximum 62 day wait for first definitive treatment following a consultants decision to upgrade the priority of the patients (all cancers)	No Target	Nov	90.9%	78.9%	↑	●
Any cancer patients waiting 104 days or more from referral to the first definitive treatment should be reviewed to identify any avoidable non-clinical delays	0	Nov	4	4	↓	●



Better Bolton.

Performance by Commissioning Area: Urgent and Emergency Care

Urgent Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department - Bolton FT	95%	Dec	72.10%	83.20%	↓	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >30 mins<59 mins) Bolton FT	No target	Dec	275	1401	↓	●
All handovers between ambulance and A&E must take place within 15 minutes (no of patients waiting >60 mins) Bolton FT	less than 40 per month (Local target)	Dec	150	504	↓	●
Non Elective Length of Stay	<4.61	Dec	4.80	4.57	↓	●

Key in month highlights:

- A&E performance has remained below the agreed trajectory of 95%. Performance during December was 72.1% a slight decrease on November's figure of 72.5%. The impact of COVID-19 is affecting flow out of the A&E department and the need to segregate patients safely is a challenge. Ongoing discussions through the Urgent and Emergency Care Board and regular system meetings are supporting the flow where possible, to ensure patient safety is paramount.
- Following an November average daily attendance at A&E of 285, December saw a slightly reduced average attendance of 267 patients. This is a reduction in attendances from December 2019 showing a 21.3% decrease. Attendances are being monitored closely and a number of actions and public messages are taking place to ensure that only people who need A&E attend A&E such as 111 First.
- In November the number of NWAS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 310. Performance has improved in December resulting in a figure of 275. There were 150 over 60 minute handovers in December following 190 in November which is 110 above the agreed target of below 40 per month. The system continue to work together to understand the issues and agree actions for improvement between Bolton FT and NWAS, several recommendations from NWAS following a Northwest review are now under consideration and weekly Locality Oversight Group has been formed which meets weekly to support these actions.
- Non Elective LoS remained at 4.8 in December which was the same performance figure during November, This figure is slightly above the target of <4.61.



Better Bolton.

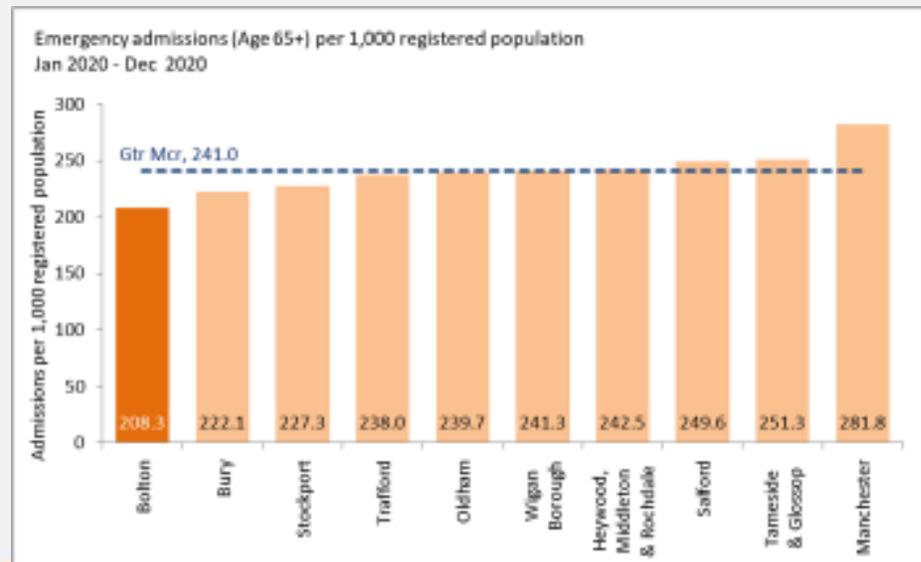
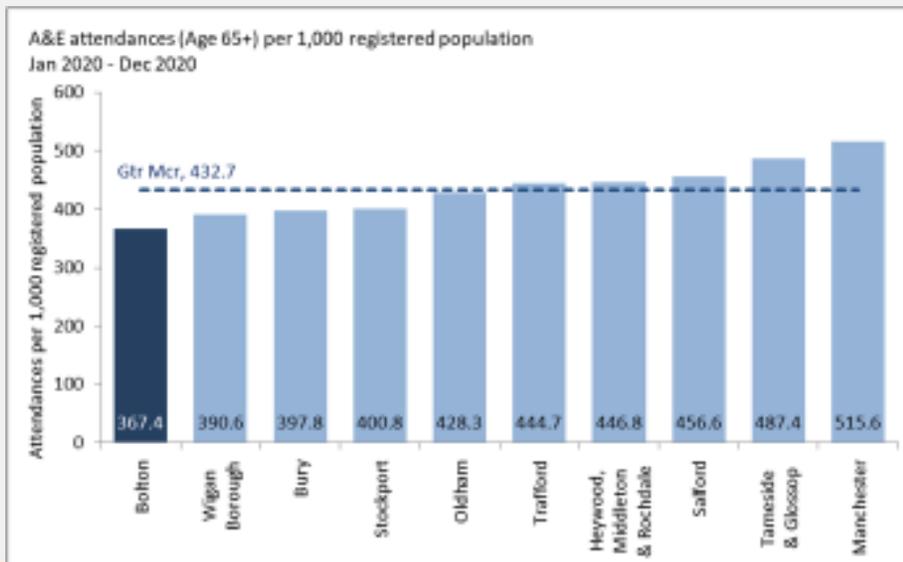
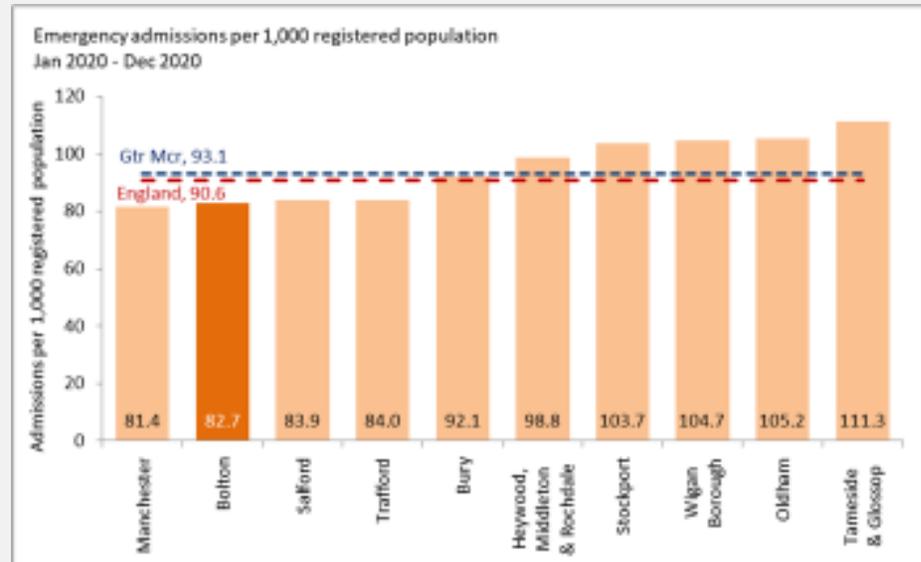
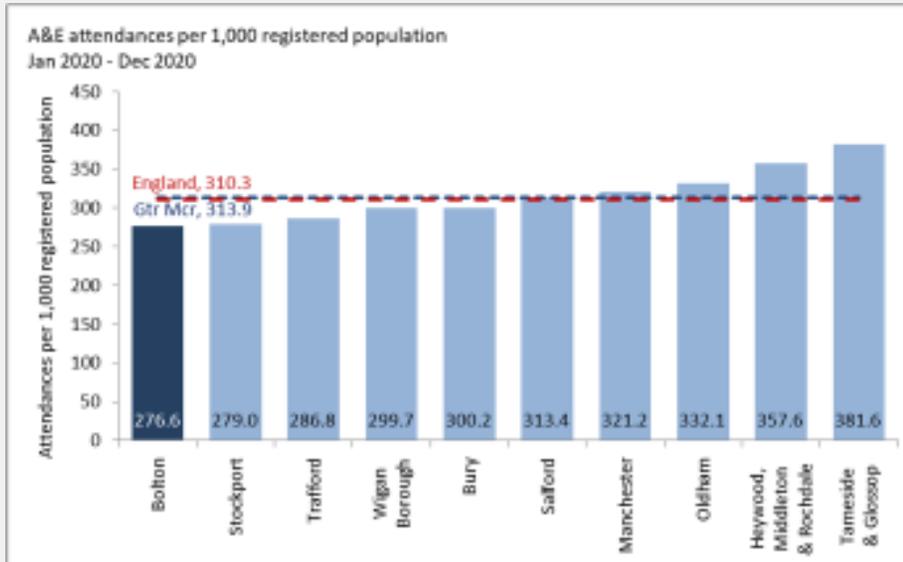
Performance by Commissioning Area: **Urgent and Emergency Care**

A&E Attendances & Emergency Admission Analysis

- The following slide includes a snapshot of data from January 2020 to December 2020 detailing the number of A&E Attendances and Emergency Admissions per 1,000 population in Bolton compared to rates throughout Greater Manchester and England. Also included is data on Attendances and Emergency Admissions in the 65+ age group compared to all Greater Manchester localities.
- Bolton has the lowest number of A&E attendances per 1,000 population in Greater Manchester (276.6) followed by Stockport (279.0). The Greater Manchester average is 313.9 and England average 310.3.
- A&E attendances per 1,000 population in the 65+ age group are higher throughout all areas. Bolton again has the lowest figure in Greater Manchester with a figure of 367.4 compared to the GM average of 432.7.
- Bolton's Emergency Admission figure is 82.7 per 1,000 compared to the Greater Manchester average of 93.1 and England average of 90.6.
- Emergency Admissions per 1,000 in the 65+ age group are 208.3 in Bolton, which is the lowest in Greater Manchester. The Greater Manchester average is 241.0 per 1,000 population.



Performance by Commissioning Area: Urgent and Emergency Care



Better Bolton.

Performance by Commissioning Area: **Mental Health**

Mental Health Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Improving Access to Psychological Therapies (IAPT) Access rate - (Prime Provider model)	Currently 22.5% increasing to 25% by March 2021 (National - local 22%)	Nov	22.6%	17.6%	↑	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Nov	44.1%	47.5%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Nov	95.8%	92.1%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Nov	100.0%	99.9%	↔	●
% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Nov	91.7%	77.5%	↑	●
Mental Health Liaison Service -percentage of AE Emergency referrals assessed within 1hr	75.0%	Nov	78.6%	81.6%	↓	●
Number of new reportable Out of Area placements	0	Nov	2	28	↑	●
Number of new non-reportable Out of Area placements	NA	Nov	4	17	↑	●



Performance by Commissioning Area: **Mental Health**

Key in Month highlights:

- IAPT - Prevalence has increased against October's performance of 20% to 22.6% in November. This is just over the planned year end target of 22% as agreed in the recent Mental Health Investment Standard meetings. Referral numbers are gradually improving and are now within the normal range expected (albeit not as high in numbers as previously). Virtual and telephone appointments are being taken up more readily than at the start of the lock down period. Face to face therapy remains unavailable at present but the prime provider and voluntary sector partners continue to work together on the relevant safety measures for this to become possible once national and local restrictions are lifted. Performance around recovery remains under the national target of 50% in Oct at 44.1%. This is due in part to the complexity of referrals and their starting position with people presenting as more unwell/anxious/depressed than pre covid, but is also felt to be due to the nature of virtual contacts, which whilst helpful for many often see a reduced number of contacts (compared to the length of face to face therapy before covid) at the request of the client. People may feel they have recovered sufficiently with minimal sessions which is positive in terms of efficacy and individual functioning but may not correlate with percentage improvements/how formal recovery scores are currently logged.
- The 6 week referral to treatment target was achieved in month at 95.8% against the 75% required, and 18 weeks hit 100%.
- EIP – Performance was green with 91.7% of referrals receiving NICE approved treatment within 2 weeks (against a target of 56%).
- Mental Health Liaison Service –there has been an increase from the previous month, and the team continue to exceed the target of 75% of patients being assessed within 1 hour, with performance of 78.6 % in November despite ongoing pressures in A&E and a significant number of children and young person's referrals. The Ambulatory Care Unit continues to support the transfer of mental health patients out of A&E in a timely manner.
- In November there were 6 new OAPs in total, 2 of whom were reportable and 4 non reportable (in a GM contracted bed). There also remained 3 reportable and 2 non reportable patients placed from the previous month. Work continues across health, social care and housing partners to expedite discharges, and maximise opportunities for admission avoidance. Work continues around non clinical crisis alternatives to support population emotional wellbeing needs.



Better Bolton.

Performance by Commissioning Area: Children's and Maternity

Children's & Maternity Care	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
% Completed maternity bookings by 12+6 weeks (Bolton CCG at Bolton FT)	90%	Nov	91.90%	90.80%	↑	●
CAMHS % of young people accessing treatment	35%	Nov	25.70%	35.00%	↓	●
CAMHS % of young people 10 point improvement on Children's Global Assessment Scale (CGAS)	50%	Nov	30.00%	20.00%	↑	●



Better Bolton.

Performance by Commissioning Area: Children's and Maternity

Key month in highlights

- **CYP Mental Health Access** - The percentage of Children and Young People in Bolton accessing mental health treatment is currently above plan by 86 CYP with a 2020/21 forecast of 36.8% against the 35% national target. The figure for November is slightly below plan at 25.7% and this equates to 120 CYP against a target of 164 for the month.
- **Thrive Alliance** - Significant work has taken place to expand access to mental health provision in Bolton. Bolton's Thrive Alliance has refined the VCSE offer for 11 – 18 years in line with receiving additional Big Lottery Funding. In Quarter 3 (Sept – Dec) a total of 220 CYP were supported through a variety of virtual, face to face, group and 1:1 work. All VCSE providers have adapted their offer and delivery throughout Covid-19 to ensure young still receive support for their emotional wellbeing.
- **CGAS (Child Global Assessment Score)** - November's CGAS performance (30%) has shown a significant increase compared to October (13%), however YTD performance (20%) still remains significantly lower than the 50% target. COVID-19 has had and is continuing to have in impact on this measurement as it requires two assessments to be completed within a short time period to enable the 10 point improvement to be noted. A reduction in face to face appointments and an increase to DNAs for telephone appointments is impacting on these assessments taking place. It is also acknowledged that even if the two assessments took place within the required timeframe, performance against this target is only captured if there is a 10 point improvement.
- **CAMHS** - Referrals to CAMHS have increased in November (190) compared to October (173) but Year to Date remain slightly lower for 2020 (1108) compared to 2019 (1547). Farnworth continues to be the neighbourhood with the most referrals closely followed by Brightmet/Little Lever and this is consistent with 2019/20. DNA rates for new appointments have decreased slightly from 14% in October to 12% in November. Similarly for Follow Up appointments, the DNA rate has reduced slightly from 15% in October to 14% in November. Both DNA rates for 2020/21 (Average 14% for New, 15% for Follow Up) are considerably higher than in 2019/20 (Average 6.1% for New, 4.3% for Follow Up)
- **All Age Mental Health Liaison** - In November, CYP accounted for 14% of the total number of individuals assessed by AAMHL which has increased from 10% in October. 67.4% of children and young people who presented at A&E were seen within one hour of referral against a target of 75%. YTD performance is slightly below target at 73.2%.
- **Kooth** – The digital mental health platform continues to be significantly utilised across Bolton with 558 new registrations in Q3 (Sept – Dec) and a total of 3213 logins from 656 individual young people. A significant increase in BAME young people registering with Kooth was noted in Q3 with 231 reported equating to 41.40% of the total number of new registrations. The top 3 presenting issues in Q3 were Anxiety/Stress, Suicidal Thoughts and Self-Harm.



Better Bolton.

Performance by Commissioning Area: Children’s and Maternity

Key month in highlights

- Acute Paediatrics** – Admissions to E5 (Children’s Ward) from A&O remain below the 40% target at 38.4% and is a decrease from October (44.3%). A&E attendances between April and November 2020 (14,965) are 40% lower than the same time period in 2019. (9053). Similarly, NEL admissions between April and November 2020 are 52% lower than in 2019 with the following table highlighting the reduction in admissions by primary diagnosis. Work is taking place with Bolton’s Integrated Community Paediatric Service (ICPS) to identify conditions appropriate for the CAS.
- Eating Disorder** – For Q3 (1st October – 31st December) 100% of urgent CYP eating disorder cases were seen within 1 week and 88% of routine cases were seen within 4 weeks. The two routine cases outside of the 4 week waiting time standard were seen within 5 – 7 weeks.
- 12+6** – Maternity booking performance for women registered with a Bolton GP remains above the 90% target with a YTD position of 91.7%. Performance has remained relatively stable and on track despite the impact COVID-19 has had on booking appointment DNAs due to shielding and anxieties of attending healthcare settings. DNA rates have increased slightly from October (9.2%) to November (9.6%), however, this is a significant improvement from the start of the year where 14% of women DNA in April.

Top 10 Primary Diagnosis	YTD: April- Nov		
	2019/20	2020/21	% Diff
Viral infection, unspecified	432	186	-57%
Acute upper respiratory infection, unspecified	283	102	-64%
Acute bronchiolitis, unspecified	217	31	-86%
Unspecified acute lower respiratory infection	187	29	-84%
Acute tonsillitis, unspecified	175	37	-79%
Viral intestinal infection, unspecified	128	17	-87%
Pain localized to other parts of lower abdomen	79	62	-22%
Neonatal jaundice, unspecified	77	49	-36%
Asthma, unspecified	90	33	-63%
Acute obstructive laryngitis [croup]	102	8	-92%



Quality and Safety Targets and Standards

The MSA reporting has been suspended nationally due to COVID-19 but the FT continue to report and perform significantly better than last year with only 6 reported cases in December.

CDiff cases are below trajectory for this year. Again there are no targets for 20/21 but the FT has set an internal target in line with last year's figure. They are in line to meet this.

There were no new Bolton FT SI's in December and the FT continues to support the CCG's Serious Incident Review Group.

Quality and Safety	Target	Current Month	Current Month	YTD	Change since last month	Performance on Trajectory
Zero tolerance mixed sex accommodation (MSA) breaches (Bolton FT)	0	Dec	6	34	↓	●
CDIFF-Post 48 hrs (Hospital)	32	Nov	2	23	↓	●
MRSA-Post 48 hrs (Hospital)	0	Nov	0	2	↔	●
Serious Incidents	0	Dec	0	9	↑	●
Never Events	0	Dec	0	0	↔	●
Medication Incidents at Bolton FT	<100	Dec	112	1088	↑	●



Better Bolton.