

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:10.....

Date of Meeting:12th March 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	



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Corporate Performance Report

**Months 10 & 11
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 63.55% in January 2021. This is in line with other GM localities as a direct impact of reduced capacity due to COVID-19. There has been a significant increase in 52 week breaches in month, taking the cumulative total year to date to 2,247 (1,672 in M09). The 6-week diagnostic target remains an ongoing issue, with over-all Bolton performance in January 2021 at 58%

Cancer Care

In December, we continue to face challenges for 'Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was **not** initially suspected)' with 24.4% of referrals being seen within 2 weeks. the Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP continued to exceed national targets at 94.9% of patients seen within 2 weeks of first referral. In December there were 6 patients (reported in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment. 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 Operational managers and the Bolton FT Cancer Performance Manager with patients clinically prioritised.

Urgent and Emergency Care

A&E performance has remained below the agreed trajectory of 95%. Performance during January was 71.9% a slight decrease on December's figure of 72.1%. January saw a reduced average attendance of 247 patients. In December the number of NWAS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 275. Performance has improved in January resulting in a figure of 247. Non Elective LoS increased to 5.0 in January from 4.8 in December, This figure is slightly above the target of <4.61.

Mental Health

Prevalence reduced significantly in December to 15.7% due to a combination of reduced referrals which is not unusual across IAPT services leading up to the Christmas period. However the recovery rate improved achieving the target at 50.4%. Early Intervention in Psychosis (EIP) exceeded the target in December, as did the Mental Health Liaison Service (MHLS) for the 1 hour target. Acute OAPs continue to fluctuate but work continues to ensure positive patient flow and repatriation within 72 hours where possible, whilst offering alternatives to admission in the community.

Children's and Maternity Care

Maternity booking performance for women registered with a Bolton GP remains above the 90% target with a YTD position of 92%. The percentage of Children and Young People in Bolton accessing mental health treatment is currently above plan by 48 CYP with a 2020/21 forecast of 36% against the 35% national target. To support an increase in access to mental health interventions, multiple service updates have taken place detailed on the Children's and Maternity Care slides.



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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%)	Jan	63.6%	58.5%	↑	●
Waiting list - number of patients waiting to be seen (Nationally submitted data, excludes ASI)	<22,640	Jan	26,705	27,082	↑	●
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	1%	Jan	42.0%	45.9%	↓	●
Number of patients on the waiting list should not have been waiting more than 52 weeks	0	Jan	2,247	2,247	↓	●

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 this is likely to have increased due to a second government shielding letter sent to the public which includes co-morbidities, and postcode risks.

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.

Elective performance was mainly affected by the announcement of a third UK national lockdown coming into force January 6th 2021.

Performance against the 92% standard shows a slight improvement in January 2021 at 63.5% compared to December 2020 62.9%. The YTD target has slightly improved to 58.5%.

The main providers contributing to performance for Bolton patients continue to be Bolton FT (62%), MUFT (53%), SRFT (54%), BMI The Beaumont (88%), WWL (57%) and the Lancashire Teaching Hospital (54%).



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Performance by Commissioning Area: **Elective Care**

The CCG waiting list for all providers has decreased from December 27,082 to 26,705 in January 2021. The figures may fluctuate over the next few months, but it is difficult to predict these as the impact is not yet fully understood, the performance is not expected to reach achievement by year end.

Performance of the 6 week standard for diagnostic waits remains challenged with 42% of patients in January 21 not being able to have their diagnostic test within 6 weeks, with 1% being the national tolerance for this.

In January the diagnostics that was a particular challenge across all providers for Bolton CCG patients was Endoscopy, with 884 patients waiting longer than 6 weeks for their Gastroscopy procedure and 437 waiting for their colonoscopy procedure. 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. Bolton FTs diagnostic performance has remained between 50-60% since September 2020.

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.



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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%	Dec	94.9%	95.7%	↓	●
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%	Dec	24.4%	62.6%	↓	●
Percentage achieving maximum wait from diagnosis to first definitive treatment to be within 31 for all cancers	96%	Dec	97.8%	97.6%	↑	●
Percentage achieving maximum 31 day wait for subsequent treatment where that treatment is surgery	94%	Dec	100.0%	98.6%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is an anti-cancer drug regimen	98%	Dec	100.0%	100.0%	↔	●
Percentage achieving maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%	Dec	100.0%	98.8%	↔	●
Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%	Dec	78.5%	81.5%	↓	●
Percentage achieving maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers	90%	Dec	75.0%	78.3%	↓	●
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	Dec	84.0%	78.3%	↓	●
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	All reviewed	Dec	6	6	↓	●



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. December 2020 also saw an increasing number of 2 week wait referrals received and managed.

By exception, the areas to note are detailed below:

- In December, there continues to be significant issues relating to the achievements of the target for 'Percentage achieving maximum two week wait for first out patient appointment for patients referred urgently with breast symptoms (where cancer was **not** initially suspected)' with 24.4% 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 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 Operational managers and the Bolton FT Cancer Performance Manager with patients clinically prioritised.
- In December, the Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP continued to exceed national targets at 94.9% of patients seen within 2 weeks of first referral, despite increasing numbers of referrals being received.
- The Percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer reduced in December from 83.6% to 78.5%, with patients numbers in this cohort also increasing. 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 as appropriate
- In December, there was a reduced in achievement to 75% for 'Maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers to Bolton CCG patients', with two patients not meeting the target with reviewed reasons including patient choice and clinic capacity
- In December there were 6 patients (reported in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment, made up from both 2 week wait, consultant upgrade and screening referrals. 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 Performance Manager and the Cancer Clinical Lead at Bolton FT and no harm was identified.



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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%	Jan	71.90%	81.10%	↓	●
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	Jan	247	1923	↓	●
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)	Jan	115	769	↓	●
Non Elective Length of Stay	<4.61	Jan	5.0	4.63	↓	●

Key in month highlights:

- A&E performance has remained below the agreed trajectory of 95%. Performance during January was 71.9% a slight decrease on December's figure of 72.1%. 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 December average daily attendance at A&E of 267, January saw a reduced average attendance of 247 patients. This is a reduction in attendances from January 2020 showing a 26.9% 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 December the number of NWS patients waiting >30 Mins <59 minutes for a A&E handover to take place was 275. Performance has improved in January resulting in a figure of 247. There were 115 over 60 minute handovers in December following 150 in December which is 75 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 NWS, the weekly Locality Oversight Group which has been formed continues to meet to support these actions. As a result of this process there has been an ongoing trend in handover times continuing to reduce.
- Non Elective LoS increased to 5.0 in January from 4.8 in December, This figure is slightly above the target of <4.61.



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Performance by Commissioning Area: **Mental Health**

#NAME?	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%)	Dec	15.7%	17.4%	↓	●
Improving Access to Psychological Therapies (IAPT) Recovery rate - (Prime Provider model)	50.0%	Dec	50.4%	48.1%	↑	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 6 weeks of referral	75.0%	Dec	93.0%	92.2%	↓	●
Improving Access to Psychological Therapies (IAPT) - percentage treated within 18 weeks of referral	95.0%	Dec	99.5%	99.9%	↓	●
% of early Intervention Psychosis (EIP) referrals to start treatment within 2 weeks	56.0%	Dec	81.0%	77.5%	↓	●
Mental Health Liaison Service -percentage of AE Emergency referrals assessed within 1hr	75.0%	Dec	78.6%	81.2%	↑	●
Number of new reportable Out of Area placements	0	Dec	1	29	↑	●
Number of new non-reportable Out of Area placements	NA	Dec	0	17	↑	●



Performance by Commissioning Area: **Mental Health**

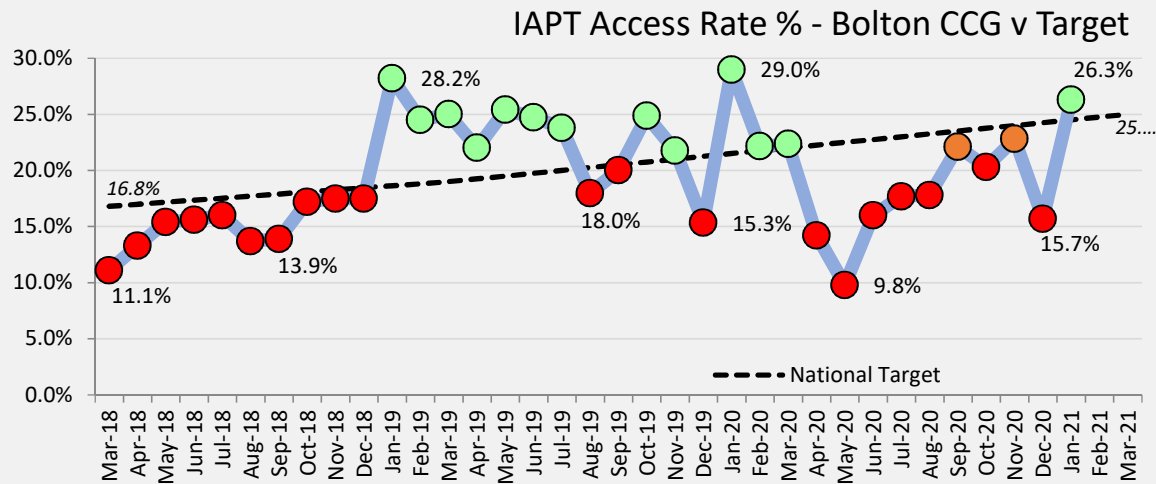
Key in Month highlights:

- IAPT - Prevalence reduced significantly in December to 15.7% due to a combination of reduced referrals which is not unusual across IAPT services leading up to the Christmas period with longer public and school holidays, and staff taking longer periods of leave. Those individuals choosing to self-refer often wait until the New Year to do so. The impact of fluctuating numbers seen throughout the pandemic has meant month on month there has been a notable variance compared to average referral rates pre Covid. 1 Point also experienced staffing issues due to Covid related absences (including long term sickness due to long Covid) and 2 members of staff leaving at the same time to take up posts in the NHS. Back fill was unable to be arranged until January subsequently improving performance. Services are still receiving positive feedback about the flexibility the virtual offer provides. 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. Recovery was achieved with performance of 50.4% against the national target of 50%.
- The 6 week referral to treatment target was achieved in month at 93% against the 75% required, and 18 weeks hit 99.5%.
- EIP – Performance was green with 81% of referrals receiving NICE approved treatment within 2 weeks (against a target of 56%).
- Mental Health Liaison Service –has remained the same as 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 December 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 December there were no new OAPs placed, however 5 existing placements remained from the previous month including 2 reportable and 3 non reportable OAPS. This is due to the large volume of presentations at A+E for patients assessed as requiring admission. However despite bed pressures, GMMH Bolton remain under the national average (of 32 days) with an average length of stay of 29 days and further work is in progress around this. Greater Manchester winter DTOC monies have supported improved patient flow including a Bolton at Home pilot working with GMMH to identify properties in the community in which tenancy and mental health support can be delivered which ensures individual's do not need to move on as their support needs change. This has been useful in accommodating people who may not otherwise be able to manage a tenancy.



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Performance by Commissioning Area: Mental Health



The performance table below shows 8 KPI measures for IAPT and the chart on the left plots the treatment starts trend against target for entering IAPT therapy.

Access rate performance has been recovering throughout 2020 and wait times have consistently met targets. Bolton currently ranks 3rd highest within Greater Manchester for this KPI

Opt-in rates remain between 50-60% on average however this should continue to improve with the increase of online IAPT therapy options available.

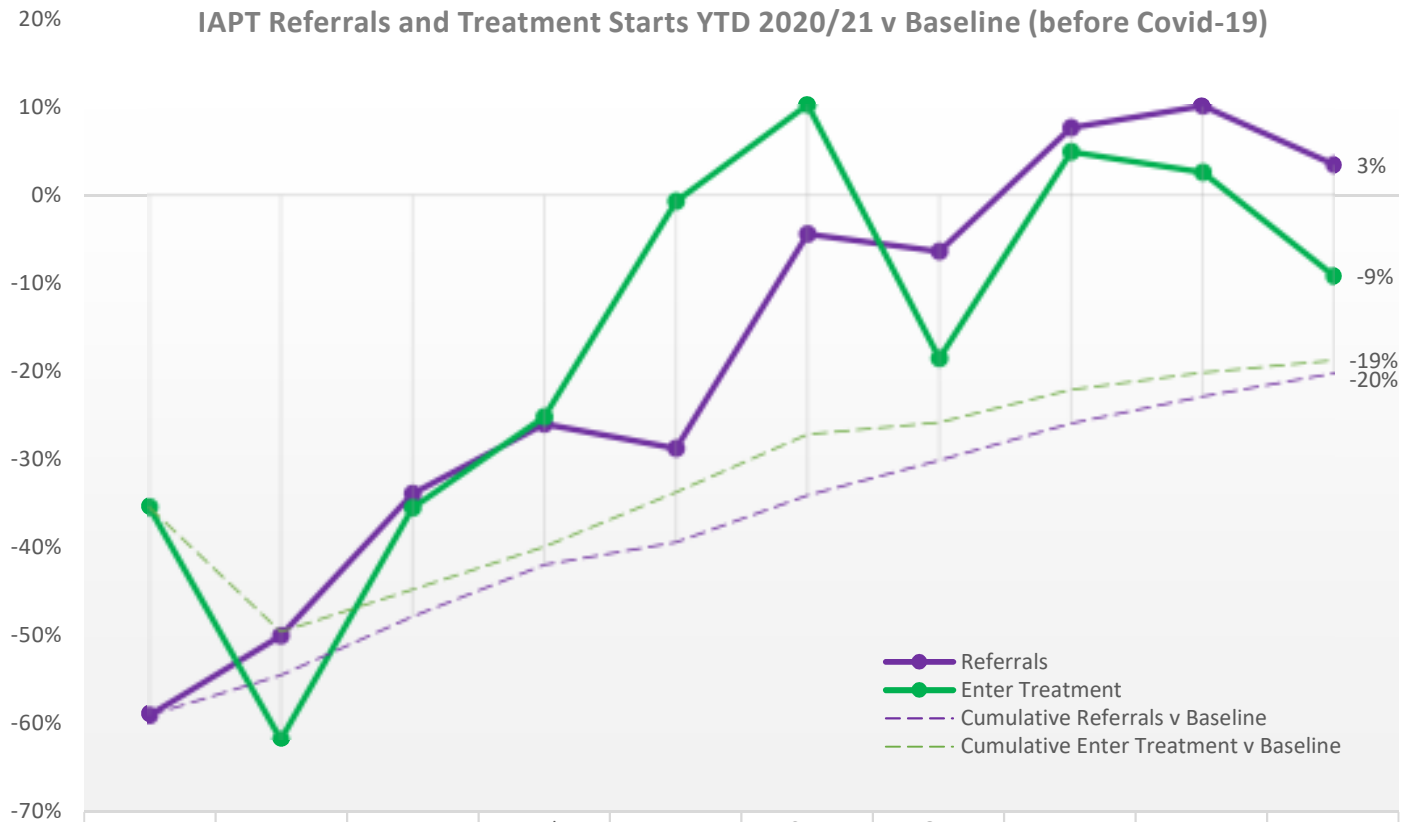
BOLTON IAPT PERFORMANCE 2020/21 (Local Data)	BASELINE 2019/20	TARGET 2020/21	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD 2020/21	Trend	Forecast Year End
REFERRALS TO IAPT	15,865	Increase	578	713	893	1,138	976	1,220	1,306	1,311	1,122	1,377			10,634		13,184
TOTAL TREATMENT STARTS	8,812	818 p.m. (for 25%)	466	320	523	583	584	722	654	741	515	861			5,969		7,440
OPT IN RATE % (conversion referral to treatment start)	55.5%	Increase	81%	45%	59%	51%	60%	59%	50%	57%	46%	63%			56.1%		56.4%
ACCESS RATE PREVALENCE %	22.4%	22-25% + by Q4	14%	10%	16%	18%	18%	22%	20%	23%	16%	26%			18.3%		19.1%
RECOVERY RATE %	51.8%	50% +	49%	53%	45%	47%	49%	47%	49%	44%	50%	52%			48.5%		49.2%
1st to 2nd TREATMENT OVER 28 DAYS %	33.4%	< 10%	76%	48%	41%	30%	29%	30%	26%	28%	TBC	TBC			38.6%		38.9%
TREATED WITHIN 6 WEEKS OF REFERRAL	84.2%	75% +	91%	88%	93%	92%	91%	92%	93%	96%	93%	99%			92.8%		91.4%
TREATED WITHIN 18 WEEKS OF REFERRAL	99.9%	95% +	99.6%	100%	100%	100%	100%	100%	100%	100%	100%	100%			99.9%		99.9%

Performance by Commissioning Area: **Mental Health**

Referrals to IAPT are 20% below 'expected' levels year to date compared to baseline volume of referrals.

From November 2020 to January 2021 the volume of referrals has recovered to 'expected' levels and is on average 7% higher than baseline

Total treatment starts year to date are 19% below baseline 'expected' levels however some months saw increases from a reduced amount of new referrals available



Referrals	-59%	-50%	-34%	-26%	-29%	-4%	-6%	8%	10%	3%
Enter Treatment	-35%	-62%	-35%	-25%	-1%	10%	-18%	5%	3%	-9%
Cumulative Referrals v Baseline	-59%	-54%	-48%	-42%	-39%	-34%	-30%	-26%	-23%	-20%
Cumulative Enter Treatment v Baseline	-35%	-49%	-45%	-40%	-34%	-27%	-26%	-22%	-20%	-19%



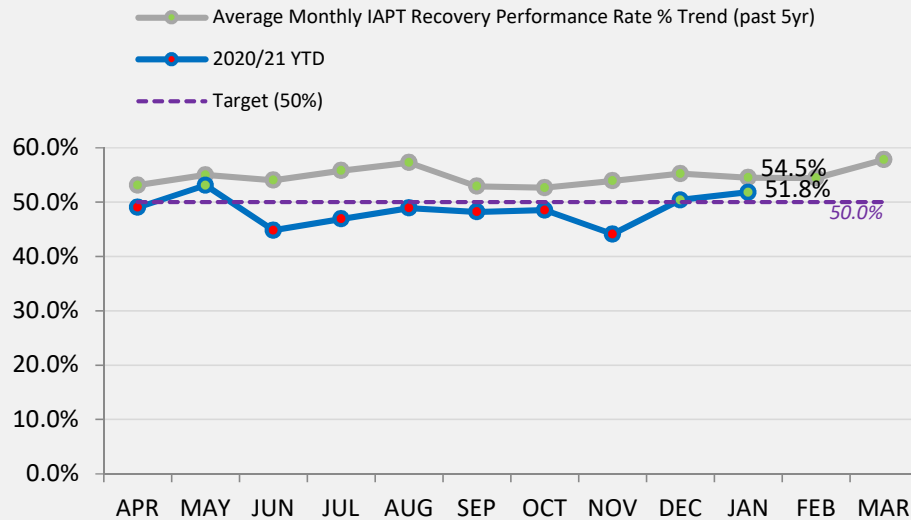
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Performance by Commissioning Area: Mental Health

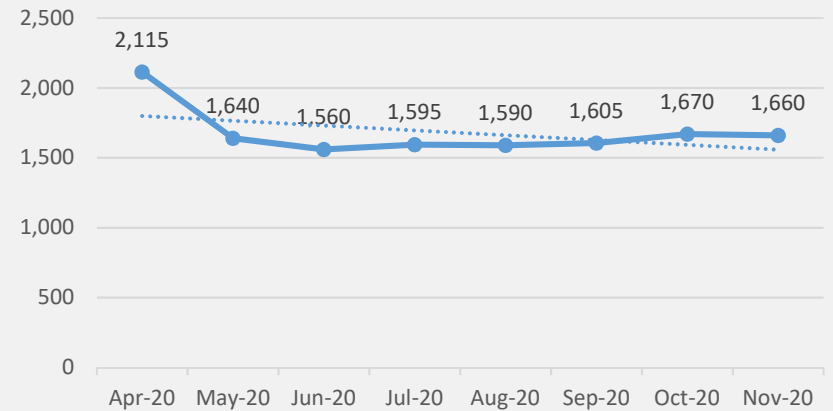
The recovery rate for Bolton IAPT performance has remained above 50% for 90% of the past 4 years. Currently the recovery rate has suffered since Covid-19 with an average year to date of 48.6% however this has improved to exceed the 50% target in the past 2 months.

Wait times across the 6 week and 18 week targets have consistently been met throughout the pandemic and there have been no unexpected build ups of the wait list compared to previous years caseload capacity. There have been significant reductions in year of 'long waiters' of over 120 days

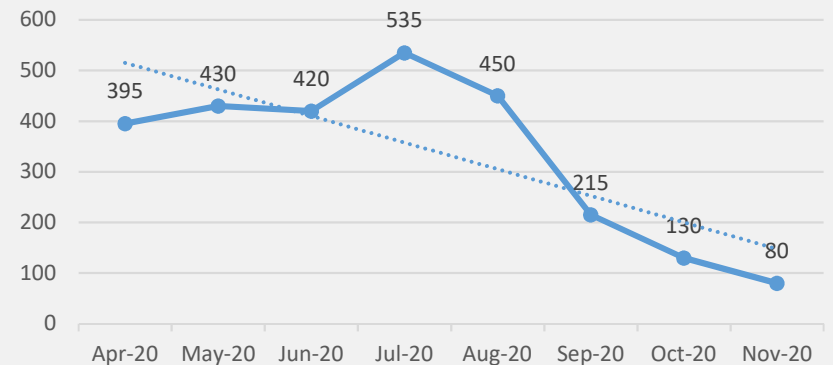
Bolton IAPT Recovery Rate % YTD v Past 4yr
Baseline Average



IAPT Open Referrals No Activity in 60 Days



IAPT Open Referrals No Activity Over 120 Days

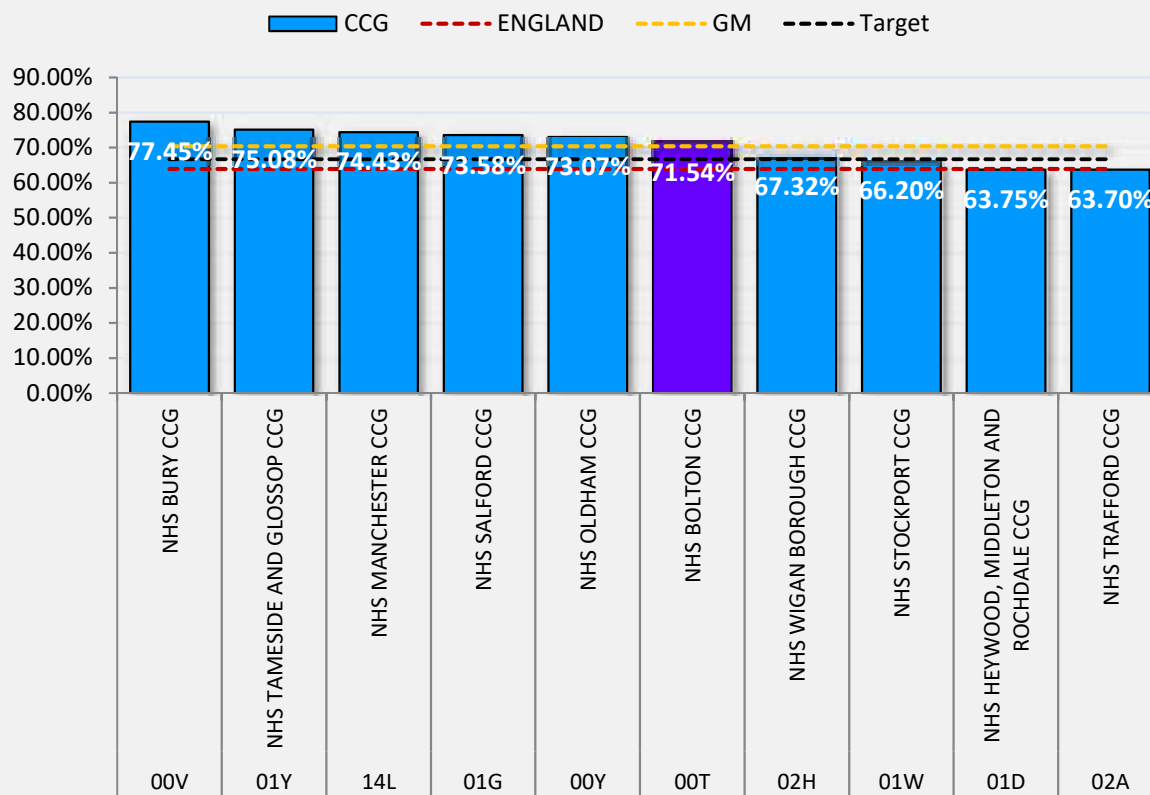


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Performance by Commissioning Area: Mental Health

Dementia Diagnosis Rate % Bolton CCG

Benchmark Position within Greater Manchester Rolling 12m to Jan 2021



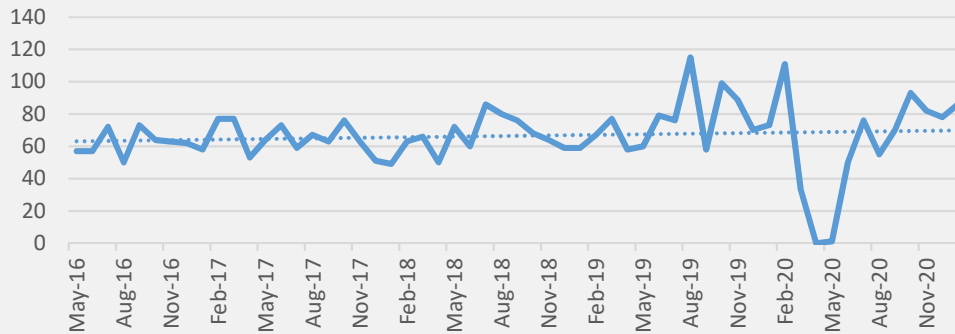
Dementia diagnosis rate exceeded the 66.7% national target in 2019/20 however failed to meet the local 75% stretch target.

National Target is 66.7% and the local stretch target remains at 75% in 2020/21 in line with BQC.

Bolton is currently ranked 9th highest CCG in England for dementia diagnosis rate % at 70.9% (Jan 2021 in month) compared to 67.5% GM Average and 61.4% England Average

Performance by Commissioning Area: **Mental Health**

MATS Referrals Received

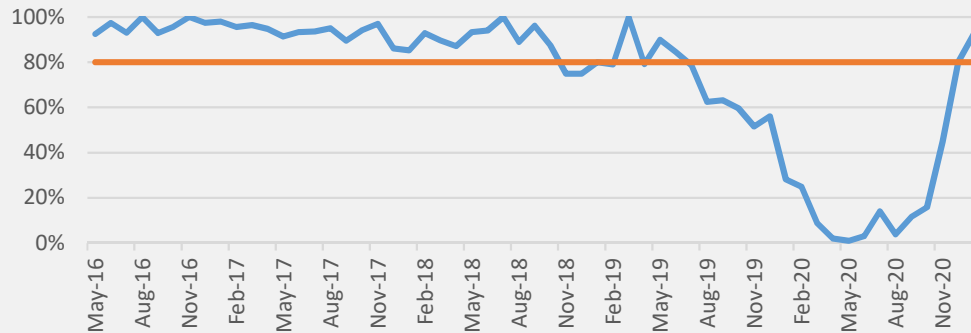


The MATs service has shown rapid improvement since November 2020 after a prolonged period of declining performance due to shortages of clinical and managerial posts within the service.

In addition to the pandemic this decline saw an almost complete halt on the service.

The service achieved the target in January 2021, diagnosing 92.7% of patients within 12 weeks of referral into service.

MATS Diagnosis within 12wks on Pathway



This is a significant improvement on previous months and gives reassurance that the recovery plan put in place which is being led by the Operational Manager with oversight from the Service Manager has worked. The situation continues to be monitored by the Senior Leadership Team.



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%	Jan	90.60%	92.00%	↓	●
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%	↑	●

Key month in highlights

- **12+6** – Maternity booking performance for women registered with a Bolton GP remains above the 90% target with a YTD position of 92%. Despite a slightly reduction from 94.6% in December to 90.6% in January, performance has remained relatively stable despite the impact COVID-19 has had on booking appointment DNAs due to shielding and anxieties of attending healthcare settings.
- **CYP Mental Health Indicators** – *On 30th November, Bolton CAMHS migrated from IAPTUS to the Paris clinical record system to be in line with all GMMH services. This migration means a reduced set of key performance indicators will be submitted for December and Januarys data so that the development of the standard KPI's can be completed by the BI department. The full KPI reporting requirement will commence in March 2021 for February's data. At this time there will also be a refresh of the data for December and January so no data will be missing from the data return.*
- **CYP Mental Health Access** - The percentage of Children and Young People in Bolton accessing mental health treatment is currently above plan by 48 CYP with a 2020/21 forecast of 36% against the 35% national target. The figure for December is below plan at 23.7% and this equates to 80 CYP against a target of 118 for the month. Bolton's CYP data analyst has been working alongside Bolton CAMHS BI to unpick the reporting mechanisms that contribute to the CYP Access target as other Community CAMHS providers are reporting a significantly higher CYP Access rate. It has been identified that telemedicine/video interventions have been deemed a face to face contact in other areas and therefore Bolton has been underreporting the access to treatment rate. A resubmission process is therefore taking place to ensure that Bolton's financial year position is accurate and in line with all other localities.



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Performance by Commissioning Area: **Children's and Maternity**

To support an increase in access to mental health interventions, the following service updates have taken place:

- Bolton CAMHS and Bolton Together have been developing a single point of contact for all commissioned VCSE mental health provision in Bolton. This is set to launch in April and will enable professionals to refer a young person for a holistic assessment from an emotional health and wellbeing practitioner. Dependent on need, they will then enable the young person to access the most appropriate VCSE offer available. Young people may also self-refer to this offer.
- Bolton CAMHS are recruiting an engagement lead to work collaboratively with Bolton Councils Youth Voice groups including Youth Council, Voice 4 U and Healthy Minds Youth Project.
- Bolton's mental health anti-stigma campaign www.bekindtomymind.co.uk is being expanded to have a Professionals section from April.
- Additional CAMHS posts have been recruited to including but not limited to 2 Trauma Therapists, 1 Parent Infant Mental Health Practitioner, 2 MH practitioners and 2 Assistant Practitioners.



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Performance by Commissioning Area: Children's and Maternity

Key month in highlights

- **Eating Disorder** – As at December 2020, 100% of urgent CYP eating disorder cases were seen within 1 week and 95.2% of routine cases were seen within 4 weeks. The GM waiting times for both urgent and routine appointments are significantly better than the England average (72.7% for urgent and 82.7% for routine).
- **Acute Paediatrics** – Admissions to E5 (Children's Ward) from A&O in December are slightly higher the 40% target at 40.1% and is an increase from November (38.4%). Updated data shows there has been a significant decrease in A&E attendances from December (1172) to January (850) and attendances between April and January (11075) remain 40% lower than the same time period in 2019. (18606). NEL admissions between April and January are 50% lower than in 2019 with the following table (right) highlighting the reduction in admissions by primary diagnosis. NEL admissions were significantly higher in January (360) when compared to December (270) with the largest portion being children under 3 (below).

Age Band	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Total
Under 3 years	252	153	85	84	90	109	93	133	137	136	132	200	1604
3 to 5 years	75	58	20	23	15	19	24	64	37	35	39	32	441
6 to 13 years	75	75	23	32	51	35	30	59	54	46	46	70	596
13 to 16 years	82	32	23	34	42	50	49	38	53	59	53	58	573
Grand Total	484	318	151	173	198	213	196	294	281	276	270	360	3214

- **Eating Disorder** – As at December 2020, 100% of urgent CYP eating disorder cases were seen within 1 week and 95.2% of routine cases were seen within 4 weeks. The GM waiting times for both urgent and routine appointments are significantly better than the England average (72.7% for urgent and 82.7% for routine).

Top 10 Primary Diagnosis	YTD: April- Jan		
	2019/20	2020/21	% Diff
Viral infection, unspecified	523	255	-51%
Acute upper respiratory infection, unspecified	377	144	-62%
Acute bronchiolitis, unspecified	323	44	-86%
Unspecified acute lower respiratory infection	247	37	-85%
Acute tonsillitis, unspecified	212	63	-70%
Viral intestinal infection, unspecified	145	22	-85%
Pain localized to other parts of lower abdomen	96	64	-33%
Neonatal jaundice, unspecified	91	67	-26%
Asthma, unspecified	106	43	-59%
Acute obstructive laryngitis [croup]	123	17	-86%



Quality and Safety Targets and Standards

- In respect of COVID-19 the number of nosocomial cases has reduced at the FT month-on-month and continues to do so.
- The FT has completed their NHSE/I IPC BAF for COVID-19 and they are compliant in all areas.
- There has been a marked increase in Clostridium difficile cases apportioned to the Trust in December which is currently being investigated by the IPC/microbiology team. This is in line with a rise in community cases and will be further discussed further at the IPC collaborative in March.

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	Jan	3	37	↑	●
CDIFF-Post 48 hrs (Hospital)	32	Jan	5	34	↑	●
MRSA-Post 48 hrs (Hospital)	0	Jan	1	5	↑	●
Serious Incidents	0	Jan	0	9	↔	●
Never Events	0	Jan	0	0	↔	●
Medication Incidents at Bolton FT	<100	Jan	141	1229	↓	●