Board of Directors

24 September 2020, 09:00 to 12:30
Webex

Agenda

1. Welcome and Introductions

Verbal

Donna Hall

01. Agenda Board meeting September 2020 v2.pdf (2 pages)

2. Patient Story

Verbal

Marie Forshaw

3. Apologies for Absence

Verbal

Esther Steel

4. Declarations of Interest

Verbal

Donna Hall

5. Minutes of the meeting held on 30th July 2020

Minutes

Donna Hall

05. 20th July 2020 BoD minutes.pdf (8 pages)

6. Action Sheet

Action Sheet

Donna Hall

Board actions July 2020.pdf (1 pages)

7. Matter Arising

Verbal

Donna Hall

8. CEO Report

Report

Fiona Noden

08. CEO Report September 2020.pdf (6 pages)

9. Covid Update and Reset

Presentation

Andy Ennis and Sharon Martin

10. Integrated Performance Report

Report

Andy Ennis

10. Integrated Performance Report.pdf (51 pages)

11. Quality Assurance Committee Chair Report

Chair Report

Andrew Thornton

11. Quality Assurance Committee Chair Report 16th September 2020.pdf (1 pages)

12. Finance and Investment Committee Chair Report

Chair Report

Alan Stuttard

Chair Report - Sept 2020 - FINAL.pdf (4 pages)

13. People Committee Chair Report

Chair Report

Fiona Noden

13. People Committee Chair report.pdf (4 pages)

14. Workforce Race Equality Standard (WRES) 2020 and Workforce Disability Equality Standard (WDES) 2020

Report

James Mawrey

14. WRES and WDES 2020.pdf (14 pages)

15. Gender Pay Gap Report

Report

James Mawrey

15. Gender Pay Gap Report.pdf (12 pages)

16. Board of Directors Inclusion Policy

Report

Esther Steel

16. Board of Directors Inclusion Policy.pdf (5 pages)

17. Annual Complaints Report 2019/20

Report

Marie Forshaw

17. Annual Complaints Report 2019.20.pdf (3 pages)

18. Fit and Proper Person Declaration 2020

Report

Esther Steel

18. Fit and Proper Person Declaration 2020.pdf (7 pages)

19. Board Champions and Nominated Leads

Report

Esther Steel

19. Board Champions and Nominated Leads.pdf (10 pages)

20. Any Other Business

Verbal

Donna Hall

Location: WebEx **Time: 09.00**

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
09.00	1.	Welcome and Introductions	Chair	**V**erbal	
09.05	2.	Patient Story	DoN	Video	To note
09.25	3.	Apologies for Absence	DCG	Verbal	Apologies noted
	4.	Declarations of Interest	Chair	Verbal	To note any new declarations of interest or declarations in relation to items on the agenda
	5.	Minutes of meeting held 30 July 2020	Chair	Minutes	To approve the previous minutes
	6.	Action sheet	Chair	Action log	To note progress on agreed actions
	7.	Matters arising	Chair	Verbal	To address any matters arising not covered on the agenda
Safety Quality and Effectiveness					
09.30	8.	CEO Report	CEO	Report	To receive
09:40	9.	COVID Update and Reset	COO/DoN/ DS&T	Presentation	For assurance
10:00	10.	Integrated Performance Report	COO	Report	To receive
10.20	11.	Quality Assurance Committee Chair Report – 16th September 2020	QA Chair	Report	To provide assurance on work delegated to the sub committee
10.30	12.	Finance and Investment Committee Chair Report - 22nd September 2020	F&I Chair	Report	To provide assurance on work delegated to the sub committee
10.40	13.	People Committee Chair Report – 17th September 2020	CEO	Report	To provide assurance on work delegated to the sub committee

10.50 Coffee break

11.00	14.	Workforce Race Equality Standard (WRES) 2020 and Workforce Disability Equality Standard (WDES) 2020	DoP	Report	To receive
11:15	15.	Gender pay gap report	DoP	Report	To receive
11:20	16.	Board of Directors Inclusion Policy	DCG	Report	To approve
11.25	17.	Annual Complaints Report 2019/20	DoN	Report	To receive
Governance					
11:35	18.	Fit and Proper Person Declaration 2020	DCG	Report	For assurance
11.40	19.	Board Champions and Nominated Leads	DCG	Report	To approve
11.50	20.	Any other business			
Questions from Members of the Public					
	21.	To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting.			
Resolution to Exclude the Press and Public					
12.00	22.	To consider a resolution to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted			

Lunch

Meeting	Board of Directors Meeting
Time	9.30am
Date	30th July 2020
Venue	WebEx

Present:-

Mrs D Hall	Chair	DH
Mrs F Noden	Chief Executive	FN
Mr A Thornton	Non-Executive Director	AT
Dr M Brown	Non-Executive Director	MB
Mr A Ennis	Chief Operating Officer	AE
Mrs M Forshaw	Interim Director of Nursing	MF
Ms R Ganz	Non-Executive Director	RG
Mrs S Martin	Director of Strategic Transformation	SM
Mr J Mawrey	Director of Workforce	JM
Mrs J Njoroge	Non-Executive Director	JN
Mr M North	Non-Executive Director	MN
Mr A Stuttard	Non-Executive Director	AS
Mrs B Ismail	Non-Executive Director	BI
Mrs A Walker	Director of Finance	AW

In attendance: -

Mrs E Steel	Director of Corporate Governance	ES
Mr H Bharaj	Deputy Medical Director (for F Andrews)	HB
Mrs C Sheard	Deputy Director of Workforce (for J Mawrey)	CS
Ms R Nobel	Deputy Director of Strategy (for S Martin)	RB
Mrs L Gammack	Associate Director of Organisational Development (item 15)	LG
Miss V Lomas	Corporate Governance Manager (minute taker)	VL

Five observers in attendance including members of the Council of Governors.

Declarations of Interest

Mrs E Steel	Company Secretary iFM Bolton
Ms R Ganz	NED iFM Bolton

Patient Story

Board members heard the staff story of the Critical Care Matron who was due to commence in post in April 2020 but started earlier due to Covid-19.

She explained that the role has been challenging due to the current pandemic but

the support from the team and staff from across the wider organisation has been fantastic.

The Critical Care Matron also presented the patient story of a gentleman who presented at A&E in April, complaining of shortness of breath. The patient was diagnosed as Covid-19 positive after being transferred to Critical Care and placed on a ventilator.

The story outlined the care received and the support the Critical Care Covid Communications Team provided to ensure he continued to have contact with his family as they were unable to visit. The team were made up of staff who had been redeployed from other areas due to Covid-19.

The team used initiatives such as knitted hearts and video calls so that the patient could keep in touch with his family. Eventually as he got better outdoor visits were facilitated.

The patient spent 50 days in hospital before being discharged to recover further at home.

In response to a query it was confirmed that there is a critical care follow up team which includes a psychologist. The capacity of the team has been increased due to Covid-19 and communications take place either by phone or using the Attend Anywhere software.

It was confirmed that the learning from the pandemic was that the communications team for critical care should have put in place sooner and there should have been a review of what education and training staff who were brought in to the support the critical care team had, as they may not necessarily have end of life experience.

Board members were informed that patients who were not admitted to the Critical Care Ward are also receiving a follow up.

Board members were informed that bereaved families continue to be supported by the Bereavement Team and have now asked to be put in touch with other relatives. A Bereavement Clinic is being set up for this purpose.

Resolved: the staff and patient story was noted.

3. Apologies for Absence

Were received from Francis Andrews, Sharon Martin and James Mawrey

4. Declarations of Interest

None

5. Minutes of The Board Of Directors Meetings held 25th June 2020

The minutes of the meetings held on 25th June 2020 were approved as a true and accurate reflection of the meeting.

6. Action Sheet

The action sheet was updated to reflect progress made to discharge the agreed actions.

7. Matters Arising

There were no matters arising.

8. CEO Report

The Chief Executive presented the CEO report providing a summary of reportable incidents, awards, recognition and media interest.

Board members discussed the Board Assurance Framework and it was advised that although some organisations ceased this work during the pandemic the Executives felt it was too important strategically to pause. The framework also assists the Board to understand its risks.

Resolved: the report was noted.

9. Quality Assurance Committee Chair Report

Mr Thornton, the NED Chair of the Quality Assurance Committee presented his report from the meeting held on 15th July 2020.

Two divisional quality reports were received from the Acute Adult and Integrated Care Divisions.

Reports were also received in relation to BoSCA, EPR and the Infection Control Assurance Framework.

The Risk Management Committee escalated risks in relation to measures taken to ensure fire compartmentalisation. The Fire Safety Committee in conjunction with iFM will be providing a clear update including mitigations to the Risk Management Committee.

Board members were reassured that Greater Manchester Fire and Rescue are also supporting the fire compartmentalisation work.

It was noted that the Risk Register is being reviewed in order to appropriately describe the risks around fire safety and what actions are being taken.

The Quality Assurance Committee also received the Quality Report for approval prior to being submitted at Board for final approval.

Resolved: the Chair Report was noted.

10. Finance and Investment Committee Chair Report

Mr Stuttard, the NED Chair of the Finance and Investment Committee presented his report from the meeting held on 21st July 2020, highlighting the following key points:

- Questions were raised in relation to the membership of the Committee which were outlined in the Terms of Reference. It was agreed to refer these to the Director of Corporate Governance to seek clarification.
- System financial reset – the Deputy Director of Finance from Bolton CCG attended to brief the committee on the work being undertaken for a system level financial reset.
- Committee members received an update on capital which focused in particular on the costs associated with Covid-19. The Trust has

committed costs to date in phase one of £1.2m and has submitted capital bids of £18.8m under phases two and three. The Trust's own capital programme of £7.6m remains unchanged.

- An update of the month three financial position was provided which showed an overall break-even position. This is in-line with the new financial regime which was introduced to help deal with the Covid-19 situation. This was due to end at month four, however the understanding is that it will continue until the end of month six and will then be reviewed.
- The committee received an update on ICIP for 2020/21 although the national requirement for savings has been paused the Trust is reviewing the potential for savings over the remainder of the financial year. Savings of £2.4m have been identified with the Divisions and will be beneficial if the financial regime changes.

Board members discussed the current funding arrangements introduced nationally in response to Covid-19 and the potential impact of transition back to contractual arrangements recognising the potential challenge and the need for the organisation to continue to strive to be as effective and productive as possible.

The Director of Finance advised a weekly meeting takes place regarding the system financial reset and monthly updates are provided at the Finance and Investment Committee.

Resolved: the Chair Report was noted.

11. Workforce Assurance Committee Chair Report

Board members received the Chair Report from the Workforce Assurance Committee which was held on 16th July 2020.

In response to a question relating to the health and wellbeing it was confirmed that staff are being encouraged to book their annual leave in order for them to have some respite and the Trust is also actively promoting the Shiny Minds App to staff. The workforce team continue to report daily on the availability of staff and are seeing an increase in staff on annual leave.

There has been a positive response to health and wellbeing and this will continue to be promoted.

Resolved: the Chair Report was noted.

12. Staffing Paper – Comprehensive Overview

The Director of Nursing presented the report which focuses on the bed base areas within the Trust and provides an overview of the current staffing position and the work that has been taken and continues to be taken to ensure staffing levels are safe and sustainable.

Board members queried why some of the percentage fill rates were over 100% and it was confirmed this is due to patient acuity and the requirement for level four interventions. Extra staffing will have been required in these areas in order to keep patients safe.

It was also confirmed that the increase in staff FTE seen this year is due to student nurses and midwives being redeployed to assist during Covid-19.

Concern was raised that work with GMMH regarding mental health admission to acute paediatrics had stopped due to Covid-19, and it was advised that during the pandemic the Trust did not have many children presenting with mental health issues. On occasion, children do have to wait at the hospital for tier four specialist beds and work around rectifying this is being picked back up.

In response to a query it was confirmed that the Neonatal Unit is well staffed and when staff are chosen for development there are other staff waiting to develop into their roles.

Board members discussed the high proportion of midwives who will retire this year and it was advised there will be enough staff to fill the gaps.

It was also noted that a new Head of Midwifery has recently been appointed and the Trust is working with UCLAN regarding students midwives. Board members were advised that the Trust has all of the required measures in place in order to support students with learning and has good working relationships with local universities.

Discussions are also being held with midwives who are due for retirement to ascertain whether they would be interested in returning to work on the bank or take flexible retirement.

Resolved: the presentation was noted.

13. CQC Report – Infection Prevention and Control Assessment

Board members were informed that the CQC created an Emergency Support Framework (ESF) to stress test acute trusts IPC assurance and resilience following the impact of the Covid-19 pandemic.

The Trust Director of Infection Prevention and Control, Director of Quality Governance and Assistant Director of Infection Prevention and Control submitted the completed ESF and participated in a telephone assessment with the CQC on 7th July 2020. The outcome of the assessment was that it was the belief of the CQC that Bolton's Trust Board 'has effective infection prevention and control measures in place'.

Resolved: the report was noted.

15. VOICE Behaviour Framework

The Associate Director of Organisational Development presented the VOICE Behaviour Framework.

The framework will be launched across the whole organisation but it was agreed there may be some areas which need additional work and support to embed the behaviours.

It was suggested that 'I'm not afraid to try new ways of working' should be added to the Be Bold section.

Board members discussed how behaviours will be challenged and it was confirmed that it will be important for managers at all levels to challenge any negative behaviours. It has been agreed that 360° appraisals will be held for all staff in the Trust including Board members.

Concern was raised that the language within the behaviours slide does not include wording such as fair or equal. It was confirmed that work has been

completed with the BAME network to develop the behaviours framework but it is anticipated that further amendments will be made.

It was confirmed that the framework will be launched in September and the updated version will be shared with the Board of Directors prior to launch.

FT/20/26	Update to framework in line with discussions

Resolved: the report was noted.

16. RTT and Cancer Update – Impact of Covid

Board members received a presentation on the impact of Covid-19 on RTT and cancer treatment.

Discussion took place regarding the process around cancer patients if they refuse to attend hospital for treatment and it was confirmed these patients are not removed from the pathway and are being constantly monitored by clinicians.

Concern was raised regarding how emergency care will be managed during winter as 111 has seen long delays in some areas. It was confirmed when patients ring 111 in GM they are directed to either A&E or if they are located in Bolton to the BARDOC service who are aware of what services are available in this area. It was acknowledged that there will be challenges at peak times and initially patients will attend A&E directly but they will be redirected.

In response to a query it was advised that once the national directive was received all patients who were discharged to a nursing home were tested for Covid-19. Throughout the pandemic the care homes within Bolton had capacity and only one home had an outbreak of Covid-19. The Trust did not see an increase in readmission rates either.

It was confirmed that local organisations support same day emergency care and discussions regarding the service have been on-going for some time. All organisations in Bolton are trying to ensure that the patient is centre. There will be some challenges as some aspects will be difficult to manage.

Resolved: the update was noted.

17. Governance Self Certification 2020

The Director of Corporate Governance presented the report advising that the Board of Directors was required to provide declarations for:

- General condition 6 the provider has taken all precautions to comply with the licence, NHS acts and NHS Constitution.
- Continuity of Service Condition 7 – the provider has a reasonable expectation that required resources will be available to deliver the designated services for the 12 months from the date of the statement.
- Condition FT4 (8) of the NHS Provider Licence – the provider has completed with required governance arrangements.

Resolved: Board members approved the four recommendations.

18. Finance and Investment Committee Annual Report

Board members received the Finance and Investment Committee Annual Report for 2019/20.

It was confirmed that system working is included within objective three for 2020/21 – Develop system working locally with CCG/LA, within NW Sector and across GM.

Resolved: the Finance and Investment Committee Annual Report was noted.

19. Microsoft Renewal Licence

The Chief Operating Officer presented the report advising that the Trust's Microsoft Licence expired at the end of June 2020 and we will need to sign a new agreement to continue using the service. The Trust was aware this would give rise to a significant financial pressure during the year and has been awaiting the outcome of the NHS Digital national negotiations.

The Board is recommended to approve the annual renewal at a cost of £1.6m plus VAT which equates to £1.9m. The Director of Finance confirmed that the additional cost is £612k plus VAT. Currently it is not possible to reclaim the VAT but this is still being discussed nationally.

Resolved: Board members approved the renewal of the Microsoft Licence.

20. Integrated Performance Report

Board members conducted a page turn of the Integrated Performance Report – in response to questions the following points were noted:

- In relation to falls there is a steering group who have a comprehensive plan and review all falls with harm. It was confirmed that the Quality Assurance Committee scrutinise all of the the falls information.

Resolved: the Board noted the Integrated Performance Report

21. Quality Account

Board members received the Quality Account for 2019/20.

Discussion took place regarding the priorities for 2020/21 and it was confirmed that the CCG are consulted with regard to these but it may be prudent to commence the consultation process earlier in future years. The recommendations currently state that there should only be between three and five priorities per year.

Resolved: the Quality Account was approved.

22. Any other business

No other business.

10. Date and Time of Next Meeting

24 September 2020

Resolved: to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted

July 2020 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/20/23	28/05/2020	performance report	Report on national benchmarking comparison	AE	Sep-20	verbal update
FT/20/14	27/02/2020	Planned Care transformation	update to be provided	SM	Sep-20	update included within covid update - action closed
FT/19/75	28/11/2019	patient story - Admiral	Follow up report on dementia care and closing the gap to be	MF	Sep-20	Complete - QA Chair report
FT/20/26	30/07/2020	behaviour framework	update to framework in line with discussions	Lisa Gammack	Sep-20	complete
FT/19/84	19/12/2019	patient story	report back on the offer for children with special needs	MF	Nov-20	incorporate in planning Board workplan 2020/21
FT/20/02	30/01/2020	patient story	AE to follow up with JN potential for student involvement in environmental/sustainability developments	AE	Nov-20	
FT/20/10	27/02/2020	AHP update	update on AHP workforce to be added to Workforce Assurance Committee workplan	JM	Nov-20	
FT/20/17	30/04/2020	performance report	Repeat SPC education session		Nov-20	incorporate in planning Board workplan 2020/21
FT/20/12	27/02/2020	Operational Plan and contract changes	update for Board on Primary Care Networks	SM	Nov-20	to be included within ICP update in november
FT/20/09	27/02/2020	Seven Day services	Further discussion on implications of guidance through Execs then WAC and back to Board in three months	FA/JM	Jan-21	defered nationally due to Covid-19 pressures
FT/19/82	28/11/2019	iFM business plan	Carbon Neutral strategy and update on the work of the sustainability group	AE	Sep-21	

Key

complete	agenda item	due	overdue	not due

Agenda Item

8

Title:	Chief Executive Report			
Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	24th September 2020		Discussion	
Exec Sponsor	Fiona Noden		Decision	
Summary:	The Chief Executive report: • Provides an overview of the current climate in which we are operating. • Includes a summary of key issues including risks, incidents and achievements. • Includes any key updates from stakeholders and regulatory bodies which the Board of Directors need to be aware.			
Previously considered by:	Prepared in consultation with the Executive Team			
Proposed Resolution	To note the update.			

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	Andy Ennis Lindsay Dunn Annette Walker	**Presented by:**	Fiona Noden Chief Executive

1. Context

The last month has seen positive Covid 19 patients rise from a single case in hospital to more than 30 by the 21st September. This reflects Bolton's increase in positive cases in the community, well documented in the press. Notably at the start of the month, admissions were largely under 65, but that figure has reversed and in the latest figures over 60% of patients are over 65 years of age.

A sharp rise in positive admissions last week created challenges for the Trust as we saw attendances rise in the Accident and Emergency department and with the hospital full, long waits occurred. Staff rose to the challenge brilliantly.

It is clear we are entering a second wave of infection, and it will present new challenges. In the first wave we stopped elective activity and referrals, attendances to Accident and Emergency and admissions to hospital all dropped dramatically. This gave us capacity both in beds and staff which we will not have in wave two. Clinical and management teams are working with partners in Bolton and Greater Manchester to ensure we have capacity for cancer treatment and urgent elective work. Bolton now has the lowest wait for cancer patients in GM, and work continues to bring this down further.

To support this work, capital investment of over £3 million is being made to ensure Covid secure pathways and extra capacity to meet the demand as we recover.

2. This month's Board Papers

Given the current position in relation to Covid 19, the Board will receive a substantive update on our response and the impact on performance and reset plans. The theme for this month's Board is equality, diversity and inclusion. We have updates on progress made against both the Workforce Race and Disability Standards and the Gender Pay Gap. There is also a paper which describes our policies to promote equality and diversity in the composition of the Board.

3. Awards & Recognition

FABB Awards

Throughout August it has been my pleasure to present the following FABB awards:-

Patient Flow Team– For managing the different pathways and patient flow throughout the pandemic. The team have also been very flexible in covering for colleagues' absences from this small team.

Ophthalmology- For their continued excellent care provided to their patients.

Central Stores- For their relentless work receiving and distributing supplies to keep our patients and staff safe.

Staff Lottery

Following a break in Staff Lottery presentations I personally presented two out of a possible nine cheques to Trust winners for the months of March, June and July.

4.0 Reportable Issues Log

Issues occurring between 22/07/20 and 17/09/20:

4.1 Serious Incidents & Never Events

In the period since our last Board meeting we reported no serious incidences.

4.2 Red Complaints

No red complaints since the last report.

4.3 Regulation 28 Reports

There have been no coroner's letters or regulation 28 reports.

4.4 Health & Safety

Six incidents have been RIDDOR reported to the HSE since 20th July to 31st August 20. One relates to a slip, trip or fall resulting in a fracture. One relates to accident in the workplace which resulted in injury to the hand. One relates to a violent patient which resulted in a dislocated knee.

Three incidents relate to wearing incorrect PPE; this resulted in two members of staff contracting Covid.

Three additional patient falls resulting in fractures from 2019 were also reported to the HSE. The delay in reporting is due to a clarification of rules when reporting RIDDOR.

4.5 Maternity Incidents

During July we had 1 still birth and no neonatal deaths. During August there was one still birth which was re-categorised from a neonatal death, following the coroners' post-mortem. One case has been referred to Health Safety Investigation Branch (HSIB).

4.6 Whistleblowing & Freedom to Speak Up

The FTSU Guardian continues to meet with myself, Director of People and a Non-Executive Director on a monthly basis. Our Freedom to Speak up cases continue to rise which is really positive as this demonstrates an open, honest culture and that staff have confidence in the process. Focused work in the Maternity Unit is taking place and their cultural improvement journey is being monitored by the People Committee.

4.7 Media coverage

This month's focus has been largely centred on the sharp increase in COVID infections and how we are managing this within the organisation. The communications team worked with partners at Bolton Council, Bolton CCG, GMHSCP and colleagues within NHS England and Improvement to ensure that patients and the public understood the impact on our services and were reassured about where to go for care when needed.

Key media activity during the month included:-

- Information and enquiries around the introduction of the automated number plate recognition system at Royal Bolton Hospital.
- Frequent updates around our visiting policy.

- On-going public information as part of the Bolton comms cell around COVID rates.
- Weekly profile pieces featuring staff from across the organisation talking about their role as part of the 'for a better Bolton' series. A number of these have been picked up and shared by the national NHS team.
- Promotion of awards shortlisting success for a number of teams and departments.
- Coverage of our unique glaucoma drive-thru screening service.
- Positive cancer patient survey results.

5 Board Assurance Framework Summary

The Board Assurance Framework (BAF) Summary for September is attached. This shows the key risks to the achievement of the Trust's strategic ambitions, the actions required to reduce or mitigate these risks and the governance in place to provide the required oversight.

Our most significant strategic risk relates to the impact that Covid is having on ambition 1, to provide safe, high quality and compassionate care to every person, every time.

Ambition	Lead	I	L		Key Risks/issues	Key actions	Oversight
To provide safe, high quality and compassionate care to every person, every time **1)Reducing deaths in hospital**	FA	4	4	16	Prompt identification and escalation of ill patients Increase in HSMR/RAMI Phase 3 requirements	Work with AQUA and NHS Northwest on pneumonia Root cause analysis of avoidable cardiac arrests Delivery of MRG Workstream Audit of cases and coding to understand cause	QA committee Mortality Reduction Group Learning from Deaths
To provide safe, high quality and compassionate care to every person, every time **2)Delivery of Operational Performance**	AE	4	5	20	Capacity – physical and staffing exacerbated by COVID 19 infection control requirements Patient confidence to use services following COVID 19 Impact of COVID 19 on pathways, including risks associated with overcrowding Back log of work as a result of the cessation of activity during initial outbreak	Redesign of pathways for COVID compliance Urgent Care programme plan to ensure best practice, e.g. SAFER Enhanced pathways as part of the new streaming model Cancer and RTT Patient treatment list management Review of OPD and Theatre capacity and transformation Detailed capacity and demand management Joint working with GM on cancer pathways	Urgent care programme board Covid Reset Group Contract and Performance GM Cancer Board
To be a great place to work, where all staff feel valued and can reach their full potential	JM	4	4	16	Sickness rates Increase of stress related issues as a result of Covid Staff experience (particular focus required maternity)	Health and Wellbeing plan in place and positive impact, on-going monitoring in place Recruitment work plan in place, on-going Staff experience plan in place and positive impact, on-going Maternity cultural improvement plan, implementation on-going	IPM People committee
To continue to use our resources wisely so that we can invest and improve our services	AW	4	4	16	Delivery of required level of savings Financial regime changes due to Covid System level financial envelopes and funding streams In year cost pressures Lack of capital funding for equipment	Strategic financial modelling / run rate analysis including impact of Covid, Sep 20 System Financial Reset Work, Sep 20 Review of costs and income (patient level costing) Sep 20 Agree financial recovery trajectory with GM and NHSI, once BAU returns Capital prioritisation process in place for BAU capital	F&I committee IPM Contract and Performance Group
Our estate will be sustainable and developed in a way that supports staff and community health and wellbeing	AW	4	4	16	Availability of capital funding and changes to capital regime. Lack of revenue to support capital Technical accounting rules (IFRS 16) consequences Planning considerations – traffic and car parking constraints Controllability of non FT estate in community Backlog maintenance	Fully costed estates strategy over 5 years, Dec 20 6 Facet survey rolling programme, Sep 20 Demolition and disposal strategy, Dec 20 Agile working policy, Sep 20 Environmental sustainability strategy, Dec 20 Community estates strategy, Dec 20 Implementation of Premises Assurance Model April 21	Strategic Estates Board Strategic Estates Group Finance Committee

To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton	SM	4	3	12	Failure to Deliver Integrated Care Partnership	Appointment of ICP Chair – now complete Communication and Engagement Plan across all providers in place - complete Development of an OD Framework to support cultural change, Dec 20 Develop Alliance Agreement to support the governance of the partnership, April 20 Embed ICP Community Focused Transformation Programme (including Public Sector Reform) within the ICP, on-going	Strategy / Transformation Board QA
To develop partnerships that will improve services and support education, research and innovation	SM	3	**3**	**9**	The ISC and Healthier together programmes have been put on hold for the next 12 months to release capacity to deliver COVID. GM partnership work has been strengthened to respond to the COVID Incident.	Continued Involvement of executives at a GM level, on-going Assessment of the changes required for COVID delivery on the Healthier together plan, on-going Assessment of the changes to ISC programme on the Healthier Together Plan, on-going	Strategy Transformation QA F and I

Agenda Item 10

Title:	Integrated Performance Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	24th September 2020		Discussion	
Exec Sponsor:	Andy Ennis		Decision	

Summary:	To provide the Board with an update of the organisations performance during August in relation to Quality and Safety, Operational Performance, Workforce and Finance.

Previously considered by:	The Executive

Proposed Resolution	To note the update.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	X	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	X	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	
*To continue to use our **resources** wisely so that we can invest in and improve our services*	X	*To develop **partnerships** that will improve services and support education, research and innovation*	

Prepared by:	Andy Ennis, Chief Operating Officer	**Presented by:**	Andy Ennis, Chief Operating Officer

Bolton NHS Foundation Trust

Integrated Performance Report

August 2020

Guide to Statistical Process Control

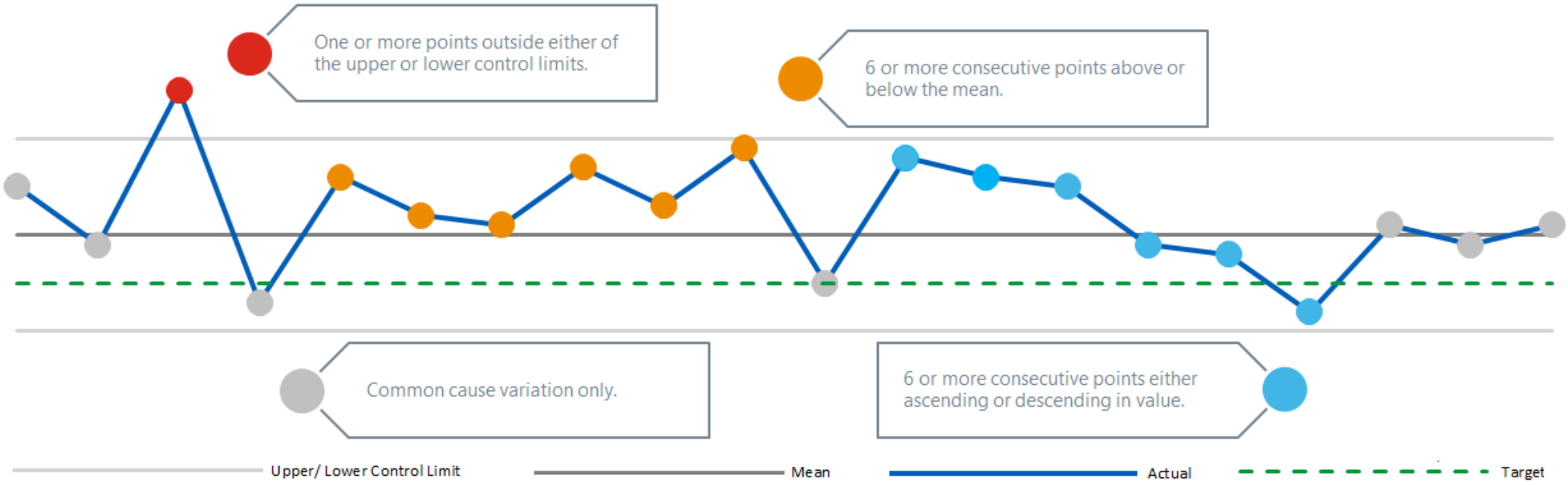
NHS Bolton NHS Foundation Trust

Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. Understanding how to react to data is the most important thing, not the detail of the statistical rules that underpin SPC.

There are two excellent presentations available on the NHS Improvement Making Data count webpage (link below) that explain why Statistical Process Control is so valuable to Healthcare and how to understand SPC charts. We strongly recommend you view these to help you get the most out of this report. There are also other useful resources on the NHS Improvement page that you may find useful so it is definitely worth visiting **http://www.improvement.nhs.uk/resources/making-data-count**

The SPC charts in this report are time series line charts with three reference lines that will hopefully help you appreciate variation in the data. The centre reference line **(dark grey)** is the mean, and the two light grey lines are the upper and lower control limits. The aim of these charts is to distinguish special cause variation from common cause variation. There are a number of tests applied to the data to identify special cause variation which is then highlighted on the charts by colouring the corresponding data point markers. The tests applied in this report and the corresponding colours of the data point markers where special cause variation is found are outlined in the example chart below.

The report then uses the SPC icons developed by NHS Improvement to summarise the messages from SPC charts - an explanation of these icons can be found on the Executive Summary page of the report.



Executive Summary

NHS Bolton NHS Foundation Trust

Trust Objective	Variation					Assurance		
		H	L	H	L	P	F	?
Quality and Safety								
Harm Free Care	14	0	1	1	0	1	2	13
Infection Prevention and Control	7	0	1	0	0	0	0	8
Mortality	4	0	0	0	0	0	0	4
Patient Experience	12	1	0	0	3	5	0	11
Maternity	9	0	1	0	0	1	0	9
Operational Performance								
Access	6	1	1	2	1	1	4	6
Productivity	7	0	2	0	2	1	1	9
Cancer	5	1	0	0	1	1	0	6
Community	4	0	0	0	0	2	0	2
Workforce								
Sickness, Vacancy and Turnover	2	0	0	1	0	0	1	2
Organisational Development	2	1	0	0	1	1	0	3
Agency	2	0	1	0	0	0	0	3
Finance								
Finance	2	1	1	0	0	1	1	2
Appendices								
Heat Maps								

Variation

	Common cause variation.
H	Indicates that special cause variation has occurred that is a cause for concern due to higher values in relation to the target.
L	Indicates that special cause variation has occurred that is a cause for concern due to lower values in relation to the target.
H	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to higher values.
L	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to lower values.

Assurance

P	Indicates that we are consistently meeting the target for the indicator in question.
F	Indicates that we are consistently falling short of the target for the indicator in question.
?	Indicates that we will not consistently meet the target for this indicator as the target is within the range of common cause variation.

Quality and Safety

Harm Free Care

Pressure Ulcers
There has been a reduction in both hospital and community acquired pressure ulcers in August in comparison to July. In the hospital, there were 4 category 2 pressure ulcers. In the community, there were 8 category 2 and 2 category 3 pressure ulcers. The number of pressure ulcers attributed to a lapse in care also remains below our trajectory, with two, both of these were hospital acquired category 2 pressure ulcers.

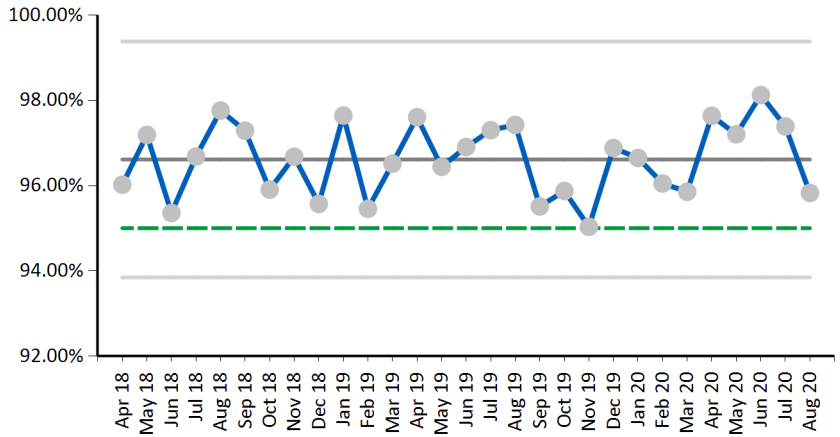
Falls
Falls per 1000 bed days in August continues to show an improvement. We are now below the National Benchmark at 6.30 but still remain above our local target of 5.3. Occupied bed days continue to increase towards normally expected levels as activity increases and we are now 2500 approximately occupied bed days down compared to the same position last year.

Falls with harm – we had zero falls with moderate or above harm in August."

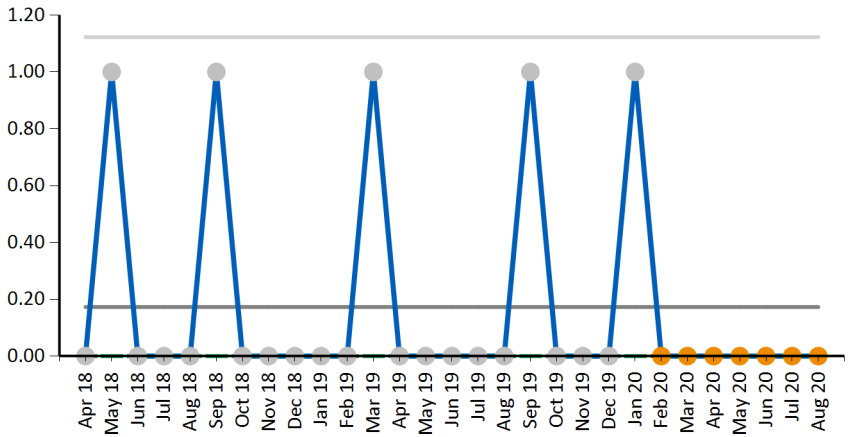
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	95.8%	Aug-20		>= 95%	97.4%	Jul-20	>= 95%	97.2%	
9 - Never Events	= 0	0	Aug-20	L	= 0	0	Jul-20	= 0	0	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	6.30	Aug-20	H	<= 5.30	6.62	Jul-20	<= 5.30	7.22	
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	0	Aug-20		<= 1.6	1	Jul-20	<= 8.0	6	
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	4.0	Aug-20		<= 6.0	6.0	Jul-20	<= 30.0	23.0	
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	0.0	Aug-20		<= 0.5	0.0	Jul-20	<= 2.5	4.0	
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Aug-20		= 0.0	0.0	Jul-20	= 0.0	0.0	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	8.0	Aug-20		<= 7.0	15.0	Jul-20	<= 35.0	59.0	
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	2.0	Aug-20		<= 4.0	9.0	Jul-20	<= 20.0	23.0	
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	0.0	Aug-20		<= 1.0	1.0	Jul-20	<= 5.0	1.0	
21 - Total Pressure Damage due to lapses in care	<= 6	2	Aug-20		<= 6	2	Jul-20	<= 28	11	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	92.2%	Q2 2019/20		>= 90%	92.2%	Q2 2019/20	>= 90%		
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	90.0%	Q2 2019/20		>= 90%	90.0%	Q2 2019/20	>= 90%		
30 - Clinical Correspondence - Inpatients %<1 working day	>= 95%	83.9%	Aug-20		>= 95%	83.5%	Jul-20	>= 95%	81.1%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 95.0%	75.7%	Aug-20		>= 95.0%	81.3%	Jul-20	>= 95.0%	80.6%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Aug-20		= 100%	100.0%	Jul-20	= 100%	87.1%	
88 - Nursing KPI Audits	>= 85%	91.0%	Aug-20		>= 85%	89.0%	Jul-20	>= 85%	91.5%	
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days	= 100%	0.0%	Jul-20		= 100%	0.0%	May-20	= 100%		

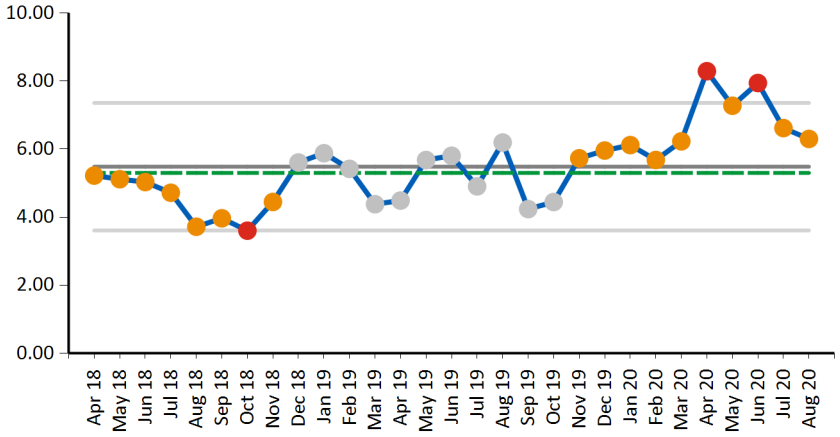
6 - Compliance with preventative measure for VTE



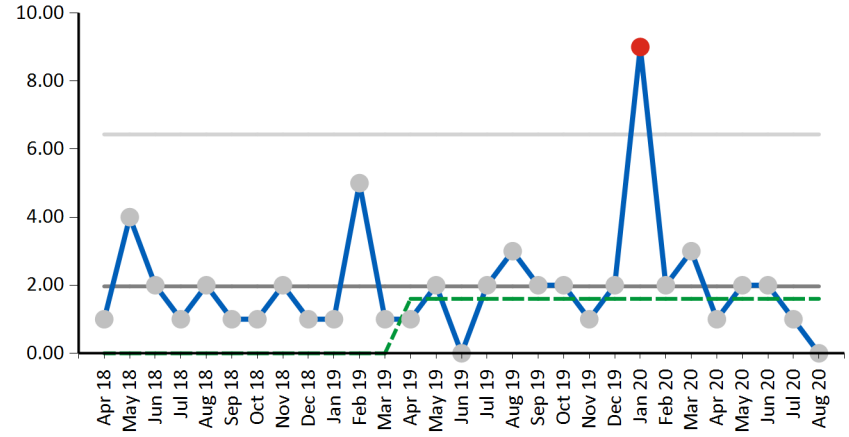
9 - Never Events



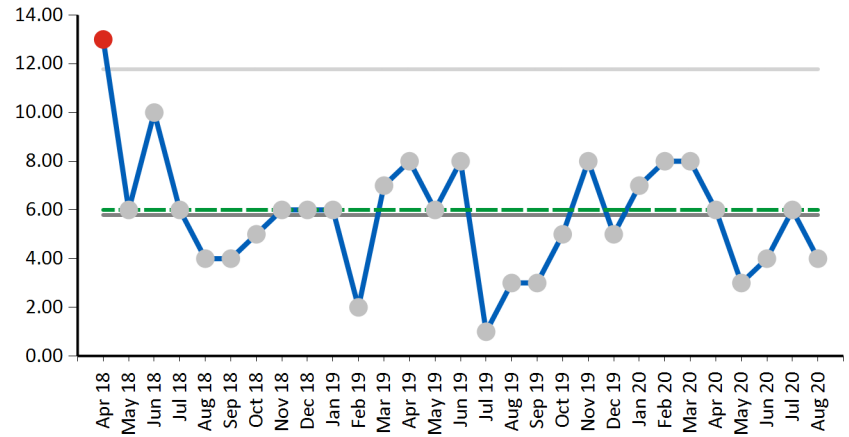
13 - All Inpatient Falls (Safeguard Per 1000 bed days)



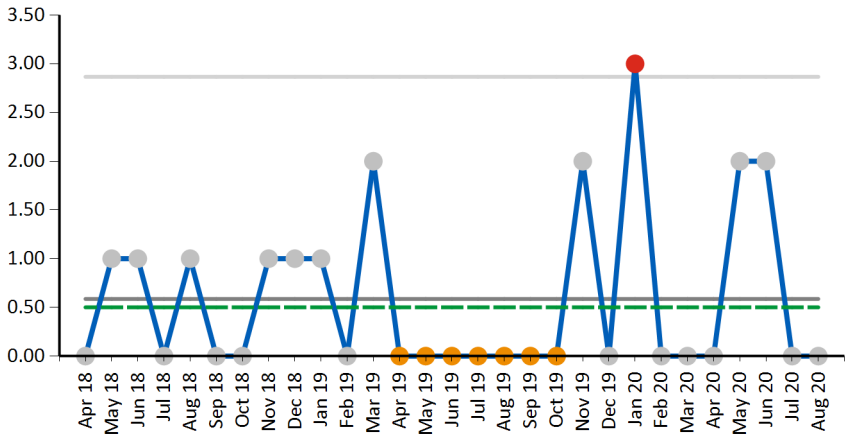
14 - Inpatient falls resulting in Harm (Moderate +)



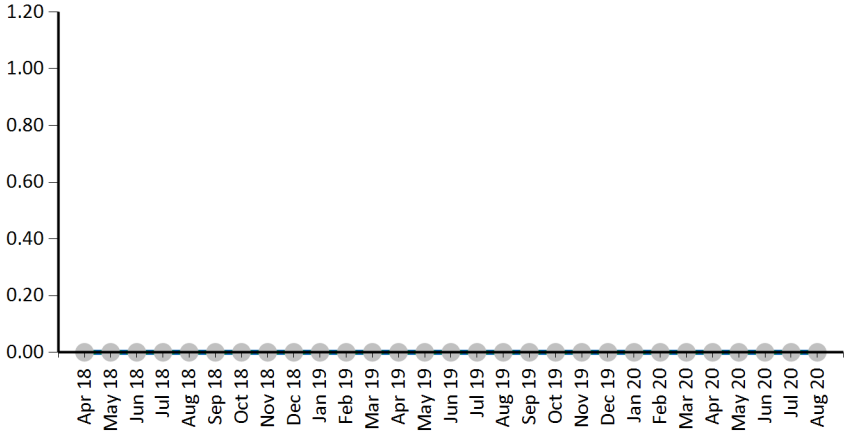
15 - Acute Inpatients acquiring pressure damage (category 2)



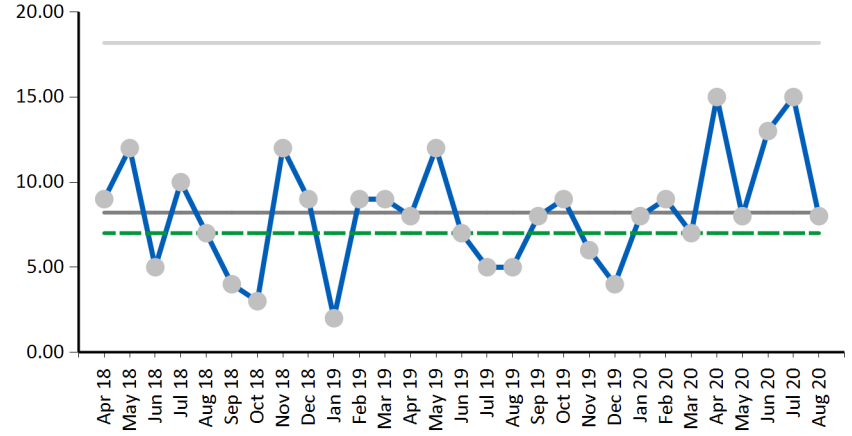
16 - Acute Inpatients acquiring pressure damage (category 3)



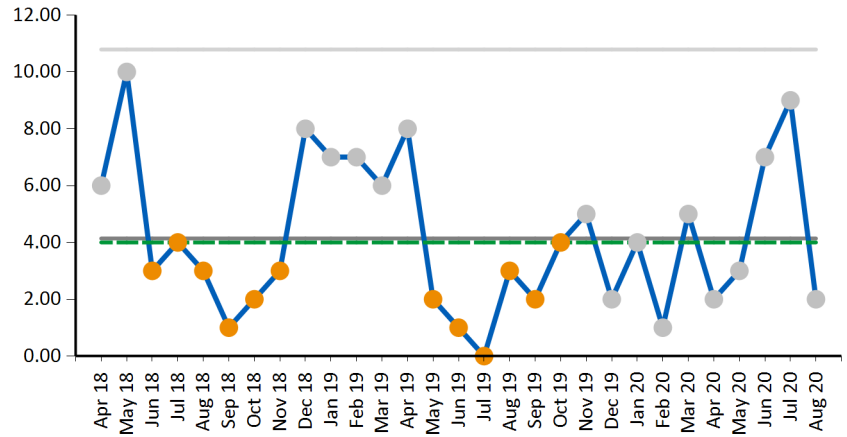
17 - Acute Inpatients acquiring pressure damage (category 4)



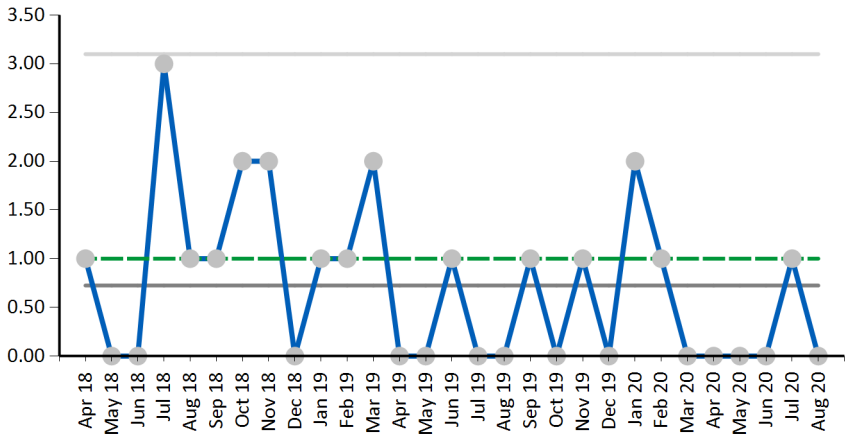
18 - Community patients acquiring pressure damage (category 2)



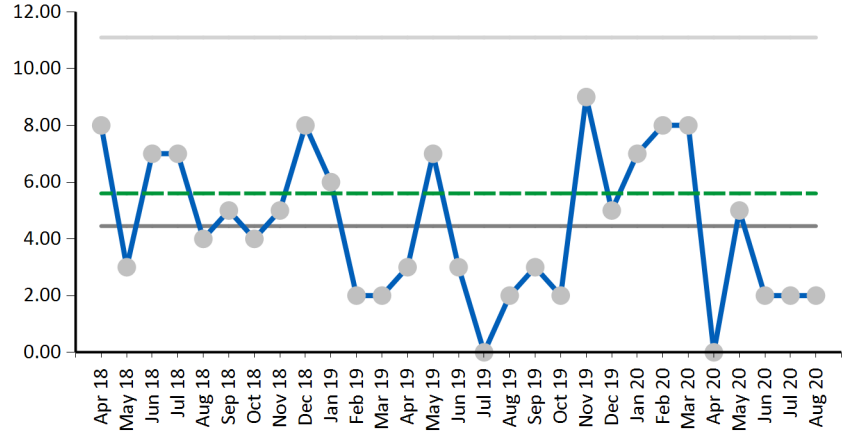
19 - Community patients acquiring pressure damage (category 3)



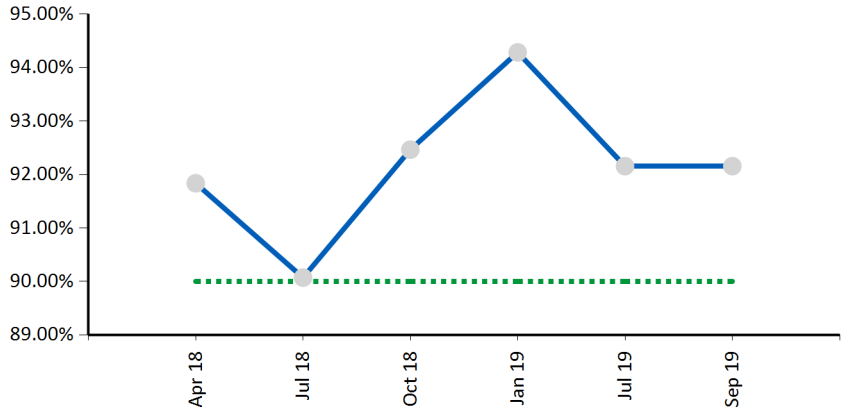
20 - Community patients acquiring pressure damage (category 4)



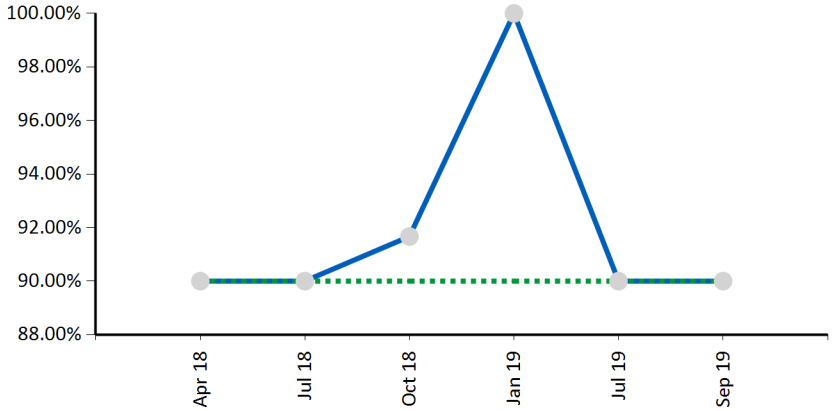
21 - Total Pressure Damage due to lapses in care



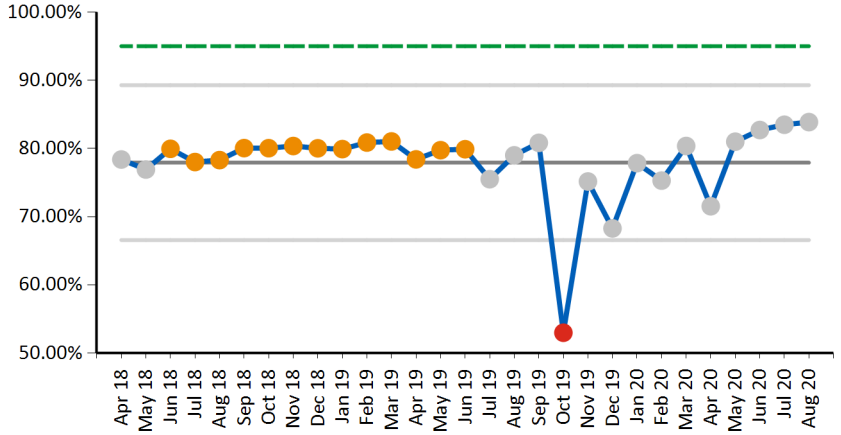
28 - Emergency patients screened for Sepsis (quarterly) - SPC data available after 20 data points



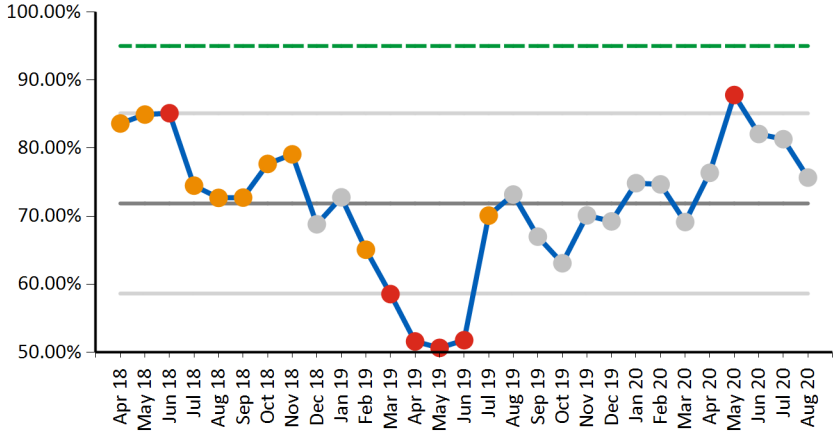
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points



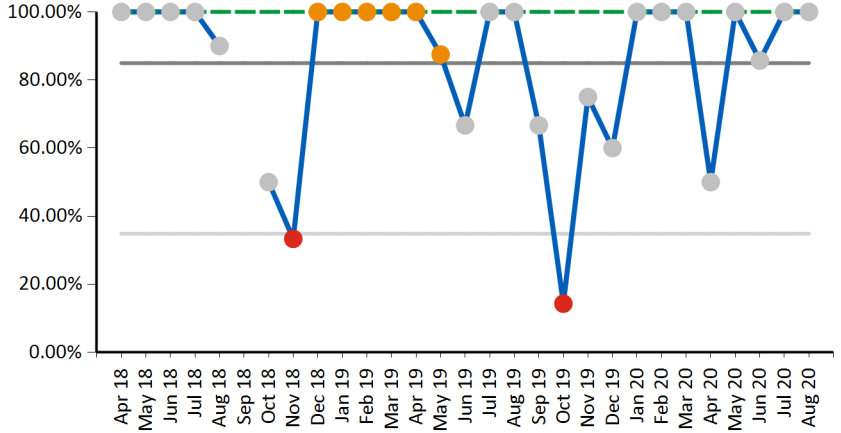
30 - Clinical Correspondence - Inpatients %<1 working day



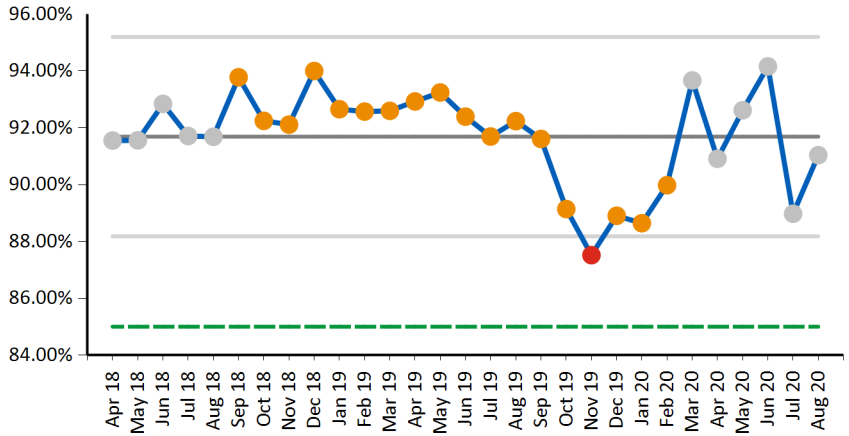
31 - Clinical Correspondence - Outpatients %<5 working days



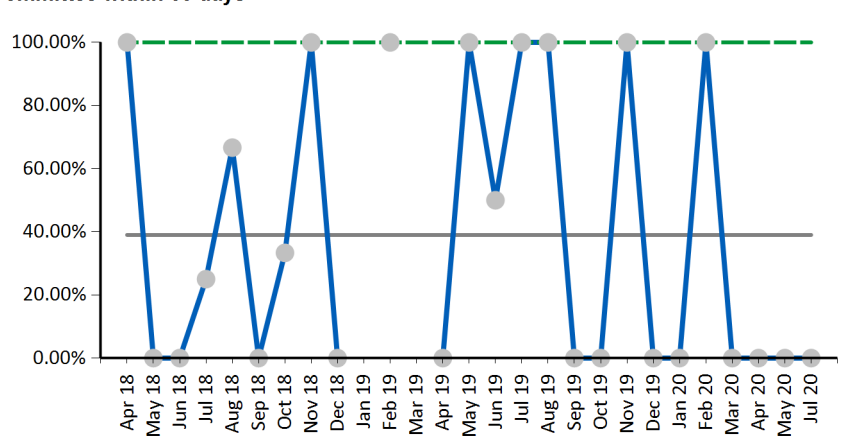
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance



88 - Nursing KPI Audits



91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days



Infection Prevention and Control

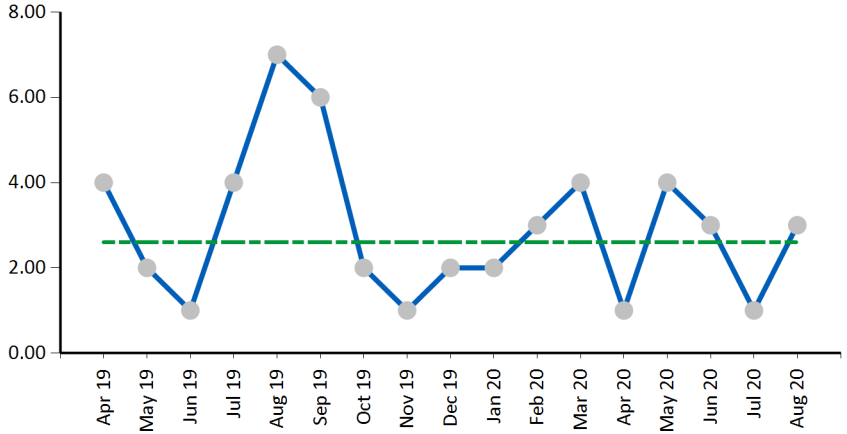
HCAI incidence generally remains low and either on line to maintain or improve on the incidence in 2019/20.

Blood culture contaminants have increase in August indicating that the improvements seen over the past 12-months are still being embedded to provide the continuous reliability that is required. There is no single point of failure noted.

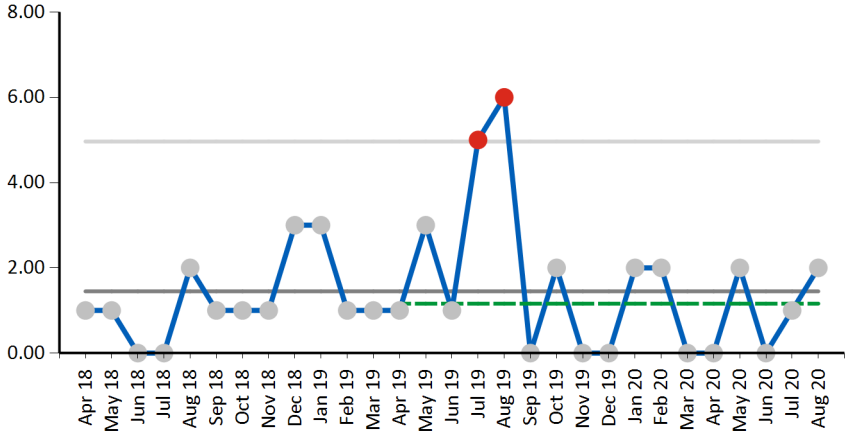
There were 10 COVID-19 positive tests in August – none were nosocomial cases

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
215 - Total Hospital Onset C.diff infections	<= 3	3	Aug-20		<= 3	1	Jul-20	<= 13	12	
346 - Total Community Onset Hospital Associated C.diff infections	<= 1	2	Aug-20		<= 1	1	Jul-20	<= 6	5	
347 - Total C.diff infections contributing to objective	<= 3	5	Aug-20		<= 3	2	Jul-20	<= 13	17	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Aug-20		= 0	1	Jul-20	= 0	2	
218 - Total Trust apportioned E. coli BSI	<= 3	1	Aug-20		<= 3	0	Jul-20	<= 15	6	
219 - Blood Culture Contaminants (rate)	<= 3%	5.3%	Aug-20		<= 3%	3.4%	Jul-20	<= 3%	4.6%	
199 - Compliance with antibiotic prescribing standards	>= 95%	71.0%	Q3 2019/20		>= 95%	87.0%	Q2 2019/20	>= 95%		
304 - Total Trust apportioned MSSA BSIs	<= 1.3	1.0	Aug-20		<= 1.3	1.0	Jul-20	<= 6.5	6.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	<= 1	0	Aug-20		<= 1	1	Jul-20	<= 5	3	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	1	Aug-20		= 0	0	Jul-20	= 0	3	

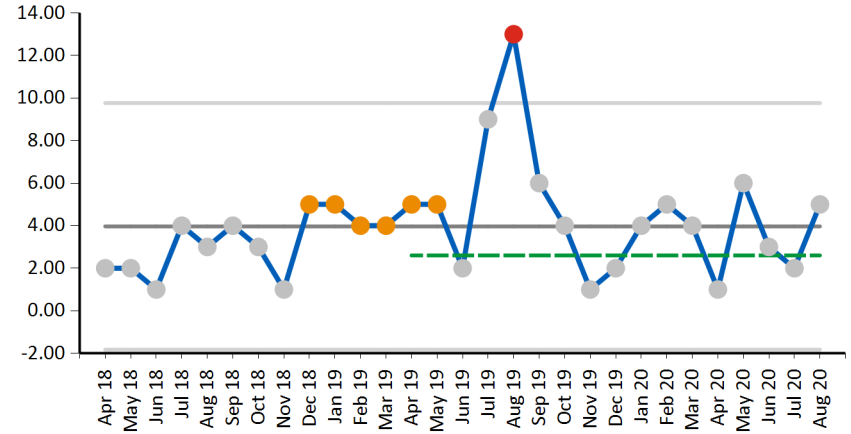
215 - Total Hospital Onset C.diff infections



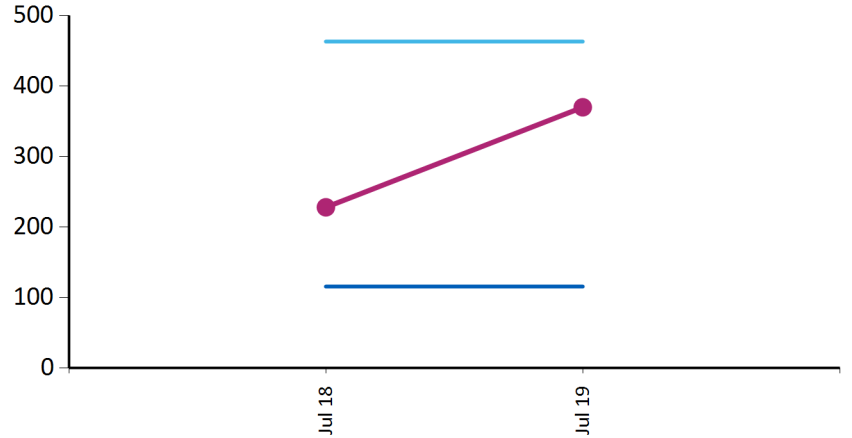
346 - Total Community Onset Hospital Associated C.diff infections



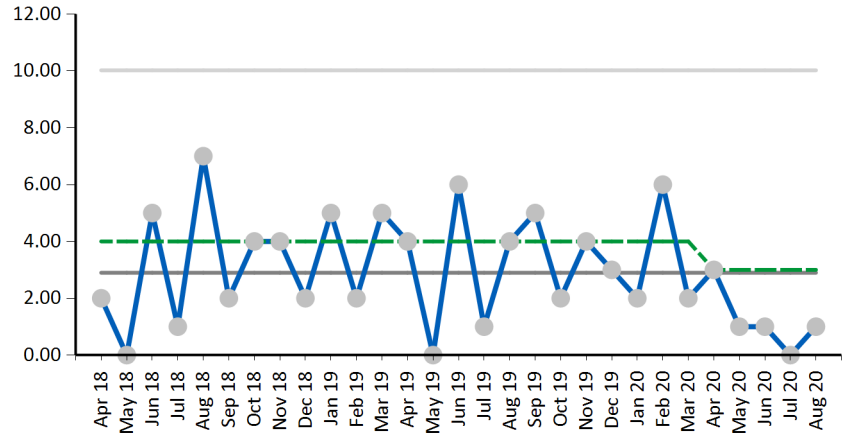
347 - Total C.diff infections contributing to objective



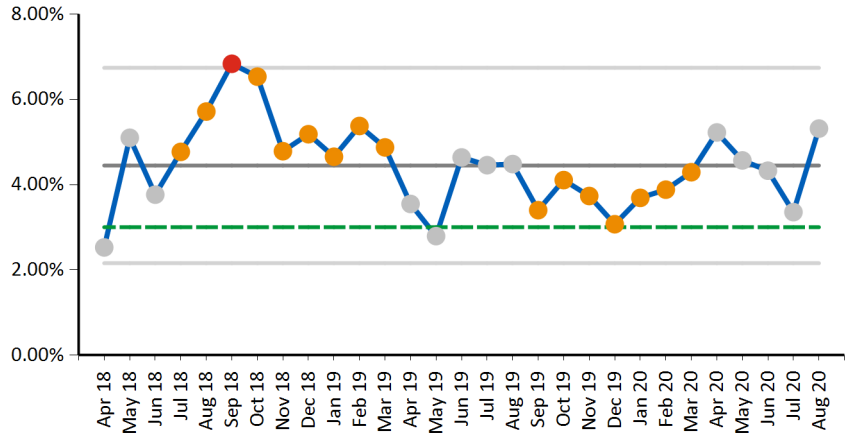
217 - Total Hospital-Onset MRSA BSIs - G Chart (Days Between Cases)



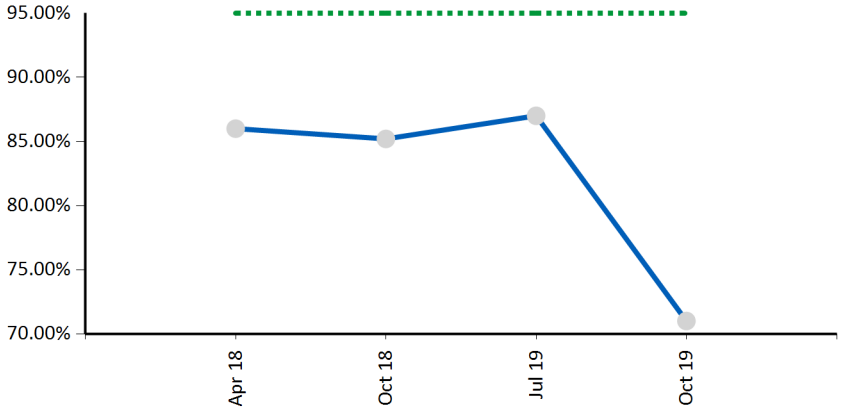
218 - Total Trust apportioned E. coli BSI



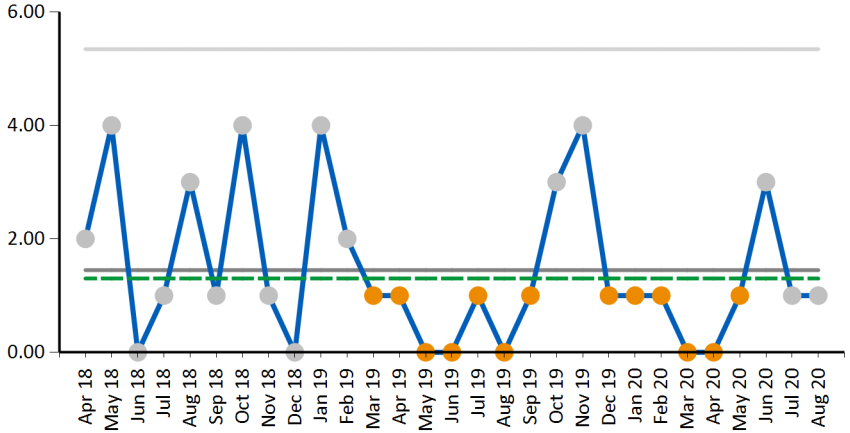
219 - Blood Culture Contaminants (rate)



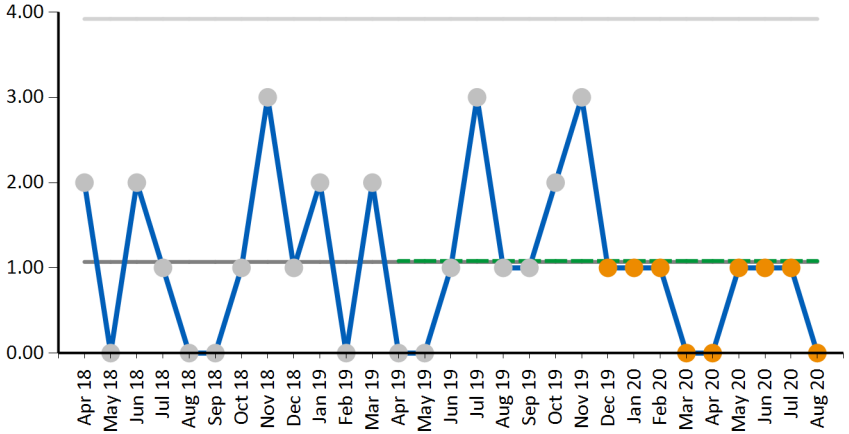
199 - Compliance with antibiotic prescribing standards - SPC data available after 20 data points



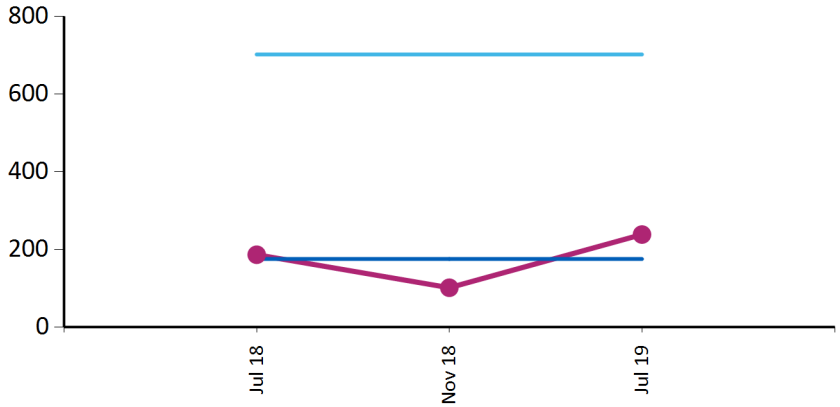
304 - Total Trust apportioned MSSA BSIs



305 - Total Trust apportioned Klebsiella spp. BSIs



306 - Total Trust apportioned Pseudomonas aeruginosa BSIs - G Chart (Days Between Cases)



Mortality

Crude – There were 100 deaths in total for August which is higher than the previous two months at 72 and 77 respectively. The figure is also higher than the August deaths for the previous two years which has caused the crude rate to rise since June 2020 despite an increase in activity (denominator) since that date.

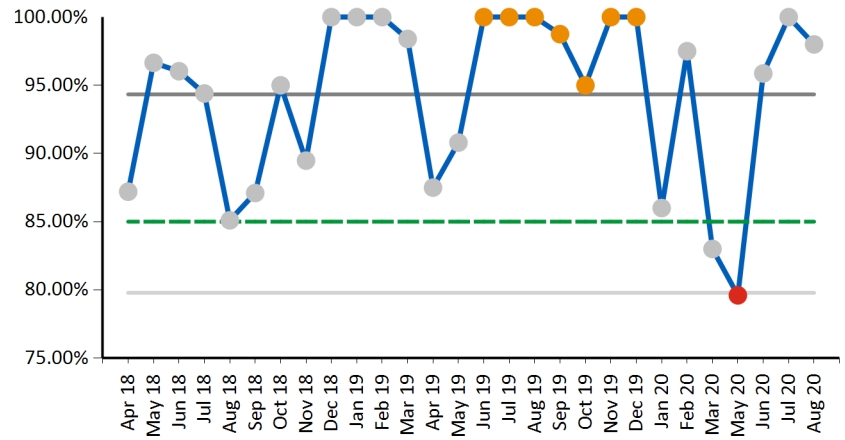
RAMI – This indicator has fallen to below the mean and back within expected levels in June 2020 following the Covid peak in April and higher than normal deaths also seen in May (also due to Covid). This indicator is not adjusted for Covid deaths and activity.
The 12 month rolling average for this indicator is 120.7.

SHMI – This indicator remains within the control limits however these limits are wide indicating fluctuation each month. SHMI remains statistically higher than the England average and across peers. In March 2020 the monthly figure is 132.9 which is higher than average and the previous two months. The 12 month rolling average figure for this indicator is 115.7.

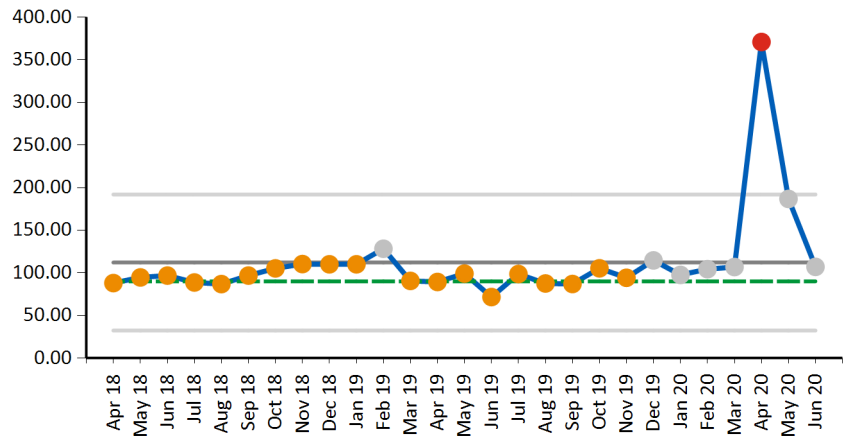
In depth work around recording of co-morbidities and diagnoses is continuing for pneumonia.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
3 - National Early Warning Scores to Gold standard	>= 85%	98.0%	Aug-20		>= 85%	100.0%	Jul-20	>= 85%	93.4%	
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)	<= 90	107.0	Jun-20		<= 90	186.7	May-20	<= 90	107.0	
11 - Standardised Hospital Mortality (ratio)	<= 100.00	132.90	Mar-20		<= 100.00	115.90	Feb-20	<= 100.00		
12 - Crude Mortality %	<= 2.9%	2.5%	Aug-20		<= 2.9%	1.9%	Jul-20	<= 2.9%	3.4%	

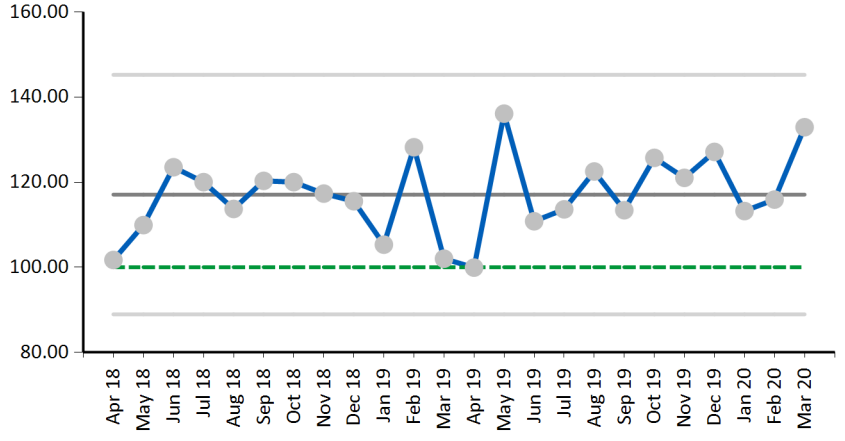
3 - National Early Warning Scores to Gold standard



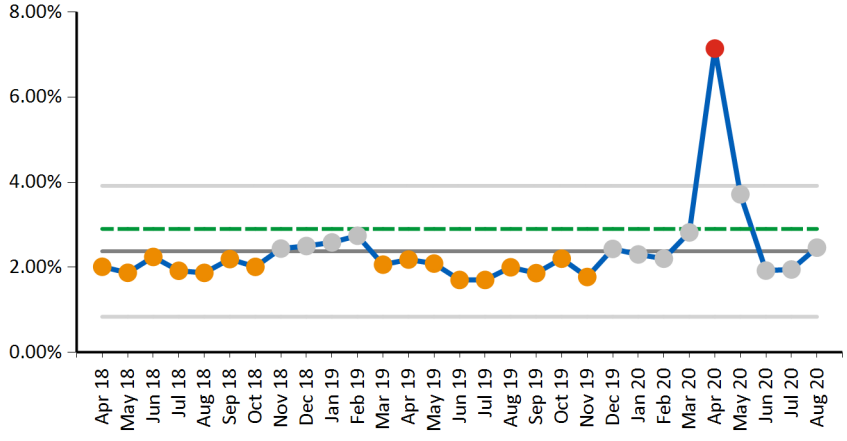
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)



11 - Standardised Hospital Mortality (ratio)



12 - Crude Mortality %



Patient Experience

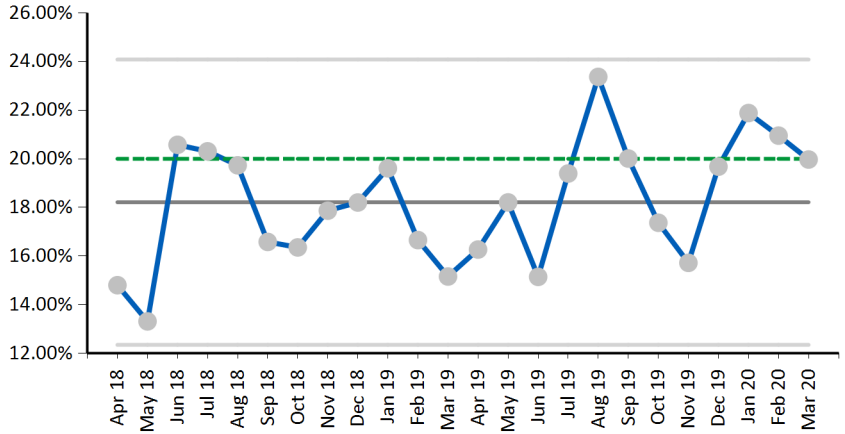
Friends and Family Test
The Trust started to collect FFT in August ahead of the NHSE announcement that they expect us to collect from December, report in January and they will publish in February. This timeframe will allow the Trust to build momentum in wards and departments and to pilot a paperless system for collecting FFT using QR codes.

Complaints
Guidance was provided from NHSE to suspend the NHS complaints process during the COVID-19 pandemic. Bolton FT chose to continue to receive and respond to complaints received during the COVID-19 pandemic and 4 complaints breaching the 35 working day target. There were various reasons for this as the team and divisional colleagues adapted to the daily challenges and working practices in response to COVID-19 which caused delays in obtaining vital information to support a quality response. As a result, the Patient Experience Manager has asked for a timeline for each of the breached cases to be shared with the relevant Divisions to show where the learning is and to identify how breaches can be avoided during the pandemic.

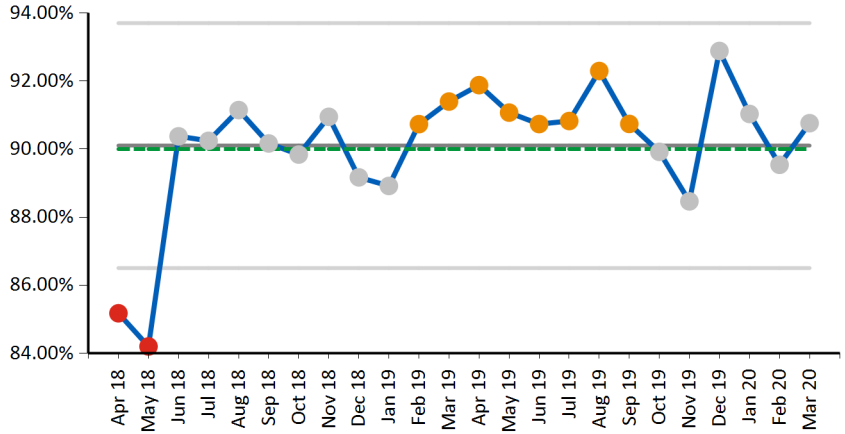
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
200 - A&E Friends and Family Response Rate	>= 20%	20.0%	Mar-20		>= 20%	21.0%	Feb-20	>= 20%		?
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	90.8%	Mar-20		>= 90%	89.5%	Feb-20	>= 90%		?
80 - Inpatient Friends and Family Response Rate	>= 30%	24.4%	Mar-20		>= 30%	26.6%	Feb-20	>= 30%		?
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	97.9%	Mar-20		>= 90%	96.9%	Feb-20	>= 90%		P
81 - Maternity Friends and Family Response Rate	>= 15%	12.4%	Mar-20		>= 15%	22.9%	Feb-20	>= 15%		?
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	94.3%	Mar-20		>= 90%	96.9%	Feb-20	>= 90%		P
82 - Antenatal - Friends and Family Response Rate	>= 15%	0.0%	Mar-20		>= 15%	12.3%	Feb-20	>= 15%		?
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%		Mar-20		>= 90%	100.0%	Feb-20	>= 90%		P
83 - Birth - Friends and Family Response Rate	>= 15%	26.5%	Mar-20	L	>= 15%	28.7%	Feb-20	>= 15%		P
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	93.1%	Mar-20		>= 90%	93.7%	Feb-20	>= 90%		?
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	15.8%	Mar-20		>= 15%	33.7%	Feb-20	>= 15%		?

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	96.4%	Mar-20		>= 90%	97.7%	Feb-20	>= 90%		
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	8.7%	Mar-20	L	>= 15%	19.8%	Feb-20	>= 15%		
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	95.1%	Mar-20		>= 90%	98.8%	Feb-20	>= 90%		P
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Aug-20	H	= 100%	100.0%	Jul-20	= 100%	100.0%	
90 - Complaints responded to within the period	>= 95%	76.5%	Aug-20	L	>= 95%	86.4%	Jul-20	>= 95%	84.4%	

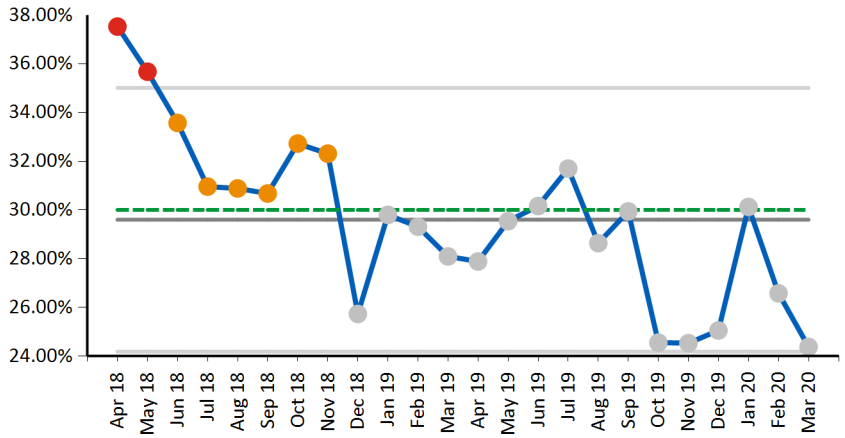
200 - A&E Friends and Family Response Rate



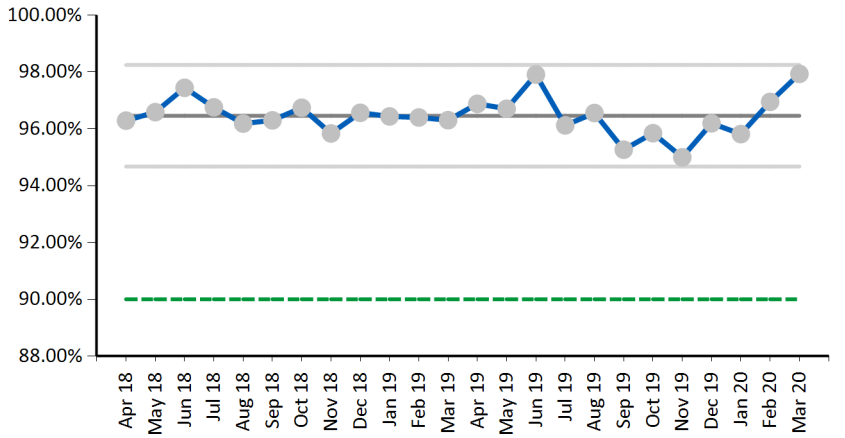
294 - A&E Friends and Family Satisfaction Rates %



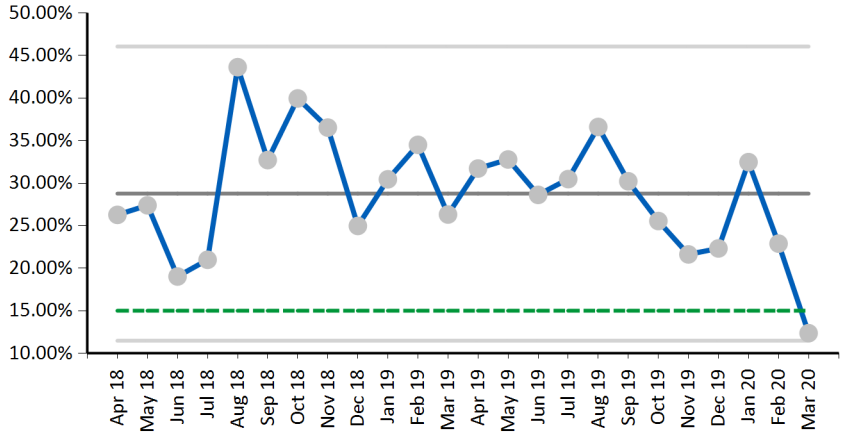
80 - Inpatient Friends and Family Response Rate



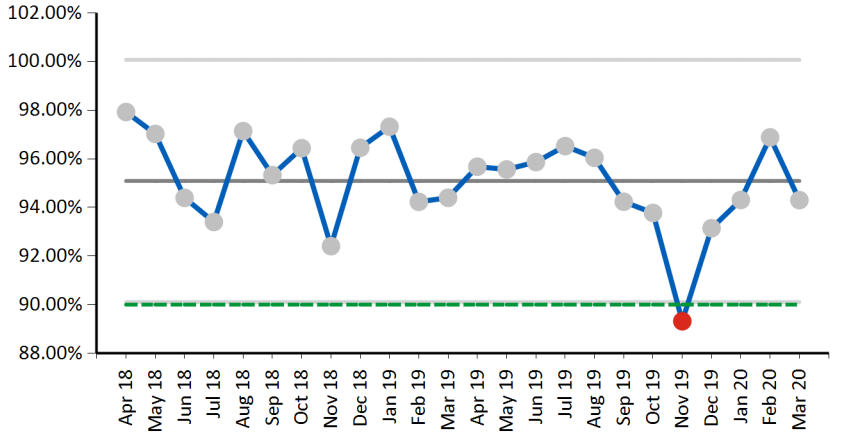
240 - Friends and Family Test (Inpatients) - Satisfaction %



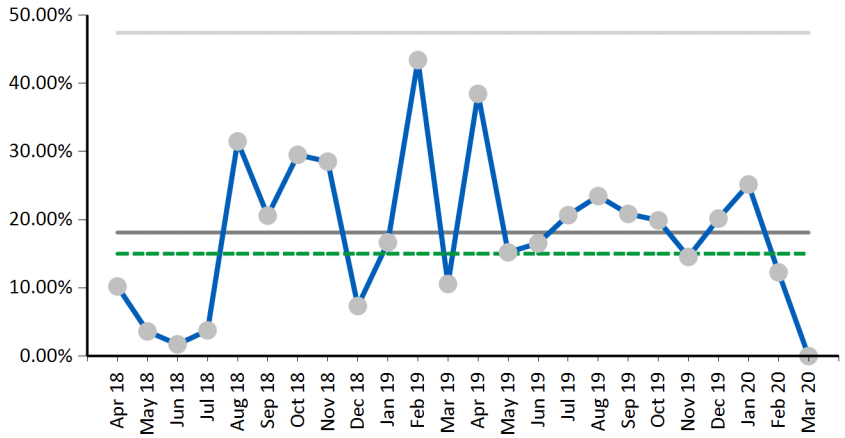
81 - Maternity Friends and Family Response Rate



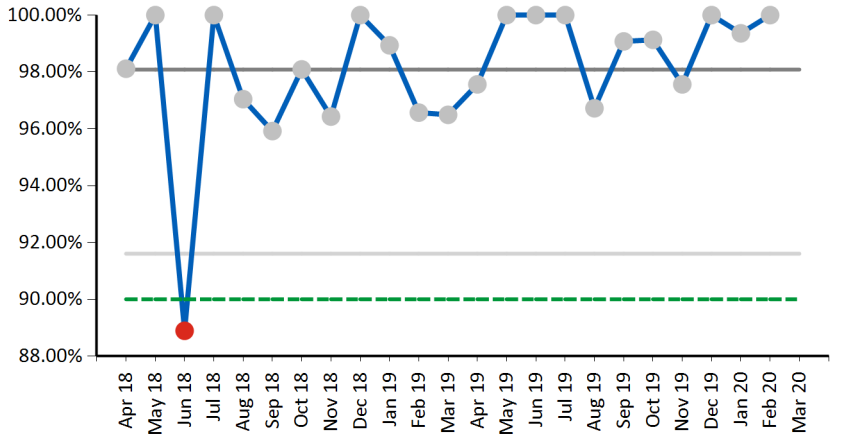
241 - Maternity Friends and Family Test - Satisfaction %



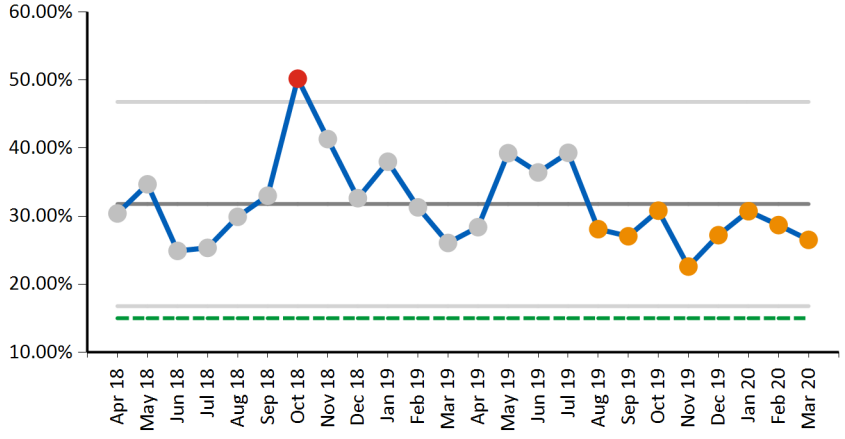
82 - Antenatal - Friends and Family Response Rate



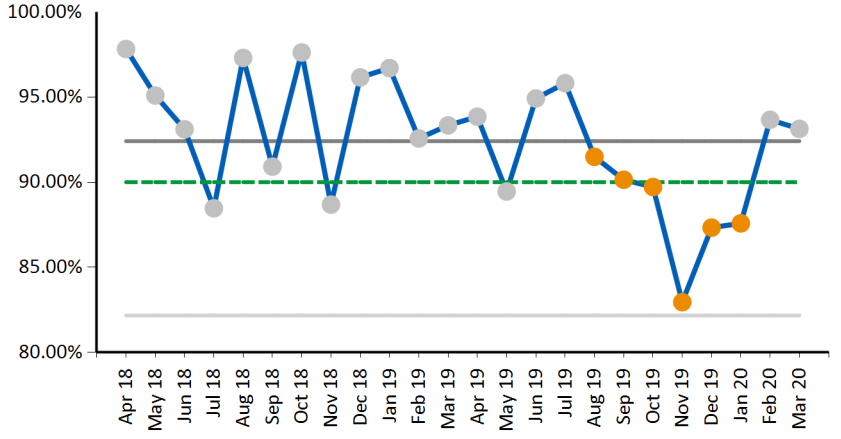
242 - Antenatal Friends and Family Test - Satisfaction %



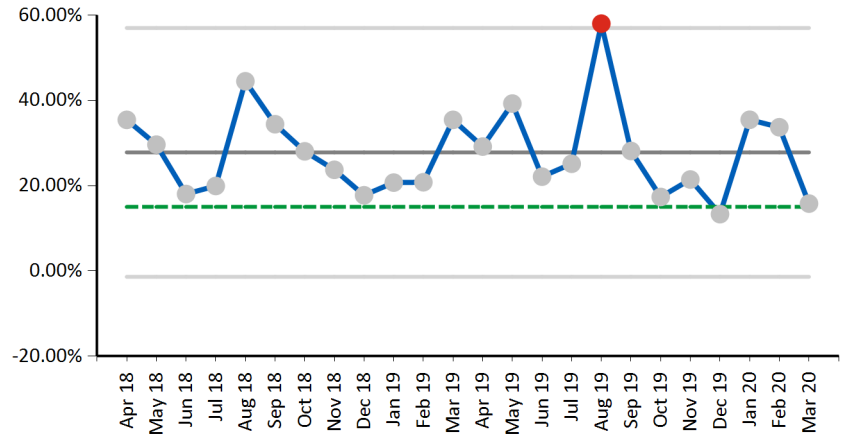
83 - Birth - Friends and Family Response Rate



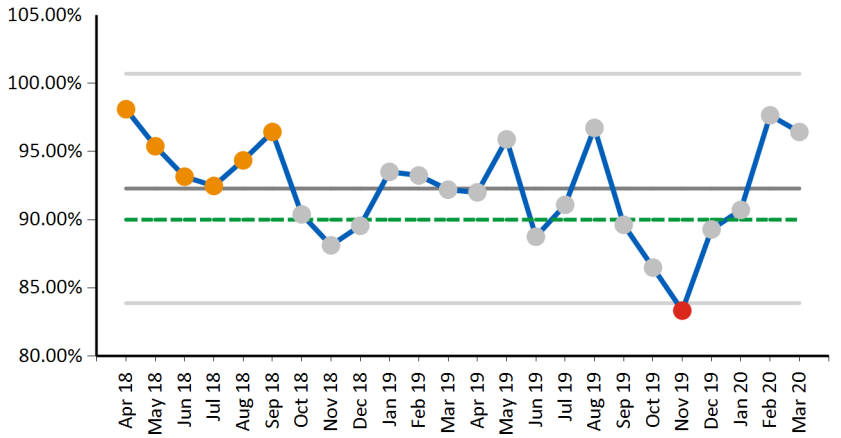
243 - Birth Friends and Family Test - Satisfaction %



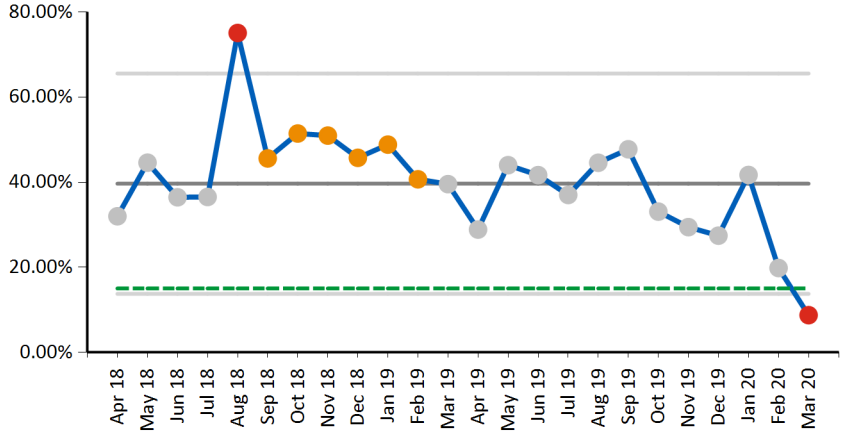
84 - Hospital Postnatal - Friends and Family Response Rate



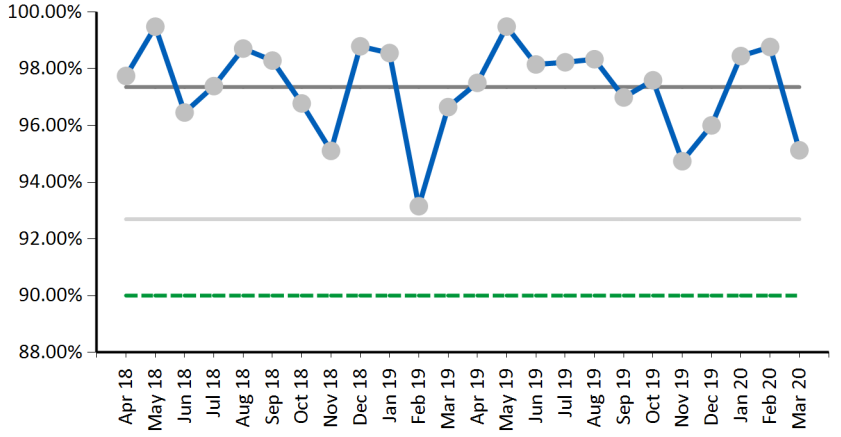
244 - Hospital Postnatal Friends and Family Test - Satisfaction %



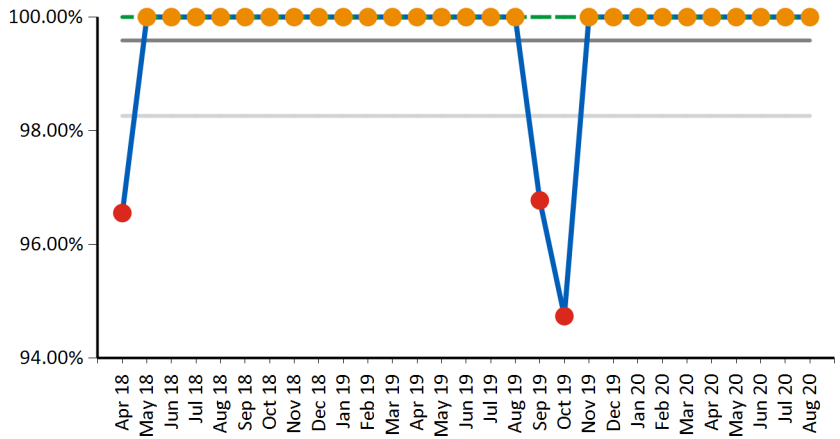
85 - Community Postnatal - Friend and Family Response Rate



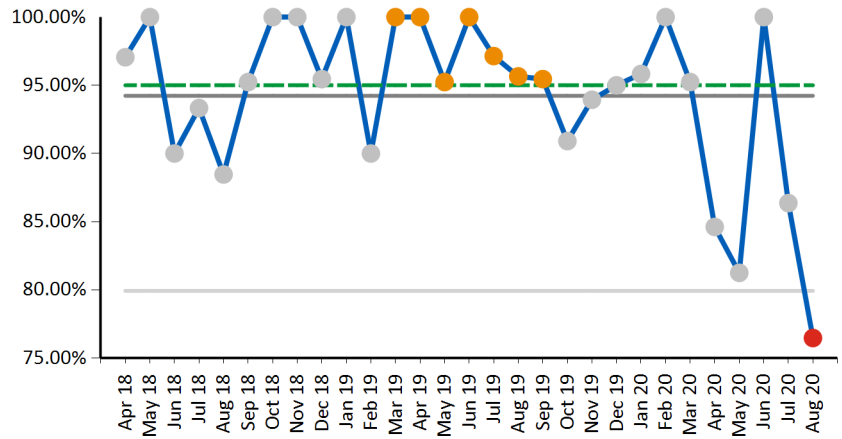
245 - Community Postnatal Friends and Family Test - Satisfaction %



89 - Formal complaints acknowledged within 3 working days



90 - Complaints responded to within the period



Maternity

Still Birth - 1 Still Birth occurred in August 2020. A Rapid review was completed and identified best practice followed.

Unit diverted on 2 occasions - Unit diverted due to staffing.

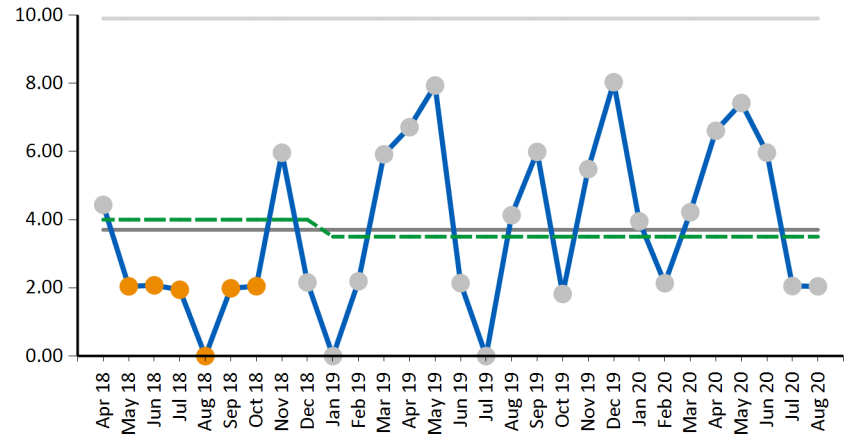
Induction of Labour - Consultant Obstetrician leading clinical audit and reviewing IOL pathway.

Instrumental Vaginal Delivery - Indication for assisted delivery associated is with induction of labour. Emergency caesarean section is also associated with IOL however the emergency caesarean section rate for this period was low at 17.3% demonstrating good maternal outcomes and low associated risk of caesarean.

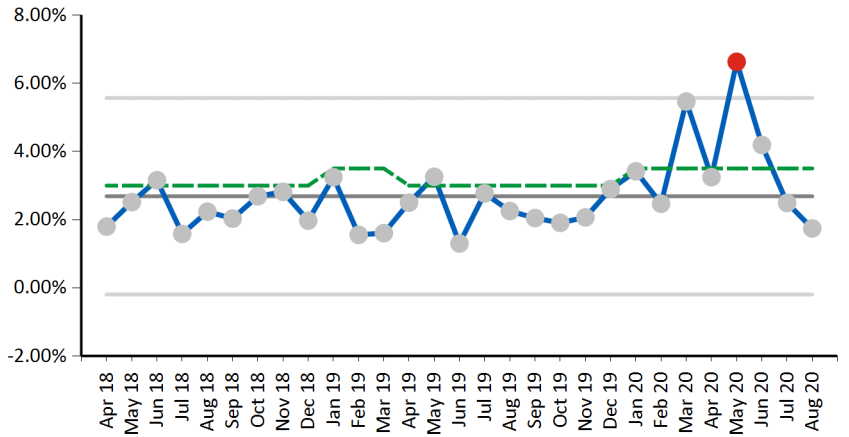
3rd/4th degree tear rate - Has reduced again this month, demonstrating OASI bunle implementation within the Division. To improve this performance further we are waiting to hear if the Division has been successful in being part of the OASI 2 study.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
322 - Maternity - Stillbirths per 1000 births	<= 3.50	2.04	Aug-20		<= 3.50	2.05	Jul-20	<= 3.50	4.85	
23 - Maternity -3rd/4th degree tears	<= 3.5%	1.7%	Aug-20		<= 3.5%	2.5%	Jul-20	<= 3.5%	3.7%	
202 - 1:1 Midwifery care in labour	>= 95.0%	97.5%	Aug-20		>= 95.0%	98.5%	Jul-20	>= 95.0%	98.3%	
203 - Booked 12+6	>= 90.0%	91.6%	Aug-20		>= 90.0%	92.2%	Jul-20	>= 90.0%	90.8%	
204 - Inductions of labour	<= 40%	44.1%	Aug-20		<= 40%	42.7%	Jul-20	<= 40%	39.3%	
208 - Total C section	<= 33.0%	28.5%	Aug-20		<= 33.0%	33.1%	Jul-20	<= 33.0%	31.5%	
210 - Initiation breast feeding	>= 65%	68.40%	Aug-20		>= 65%	68.06%	Jul-20	>= 65%	69.21%	
213 - Maternity complaints	<= 5	2	Aug-20		<= 5	3	Jul-20	<= 25	9	
319 - Maternal deaths (direct)	= 0	0	Jul-20		= 0	0	Jun-20	= 0	0	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	5.9%	Aug-20		<= 6%	6.8%	Jul-20	<= 6%	7.8%	

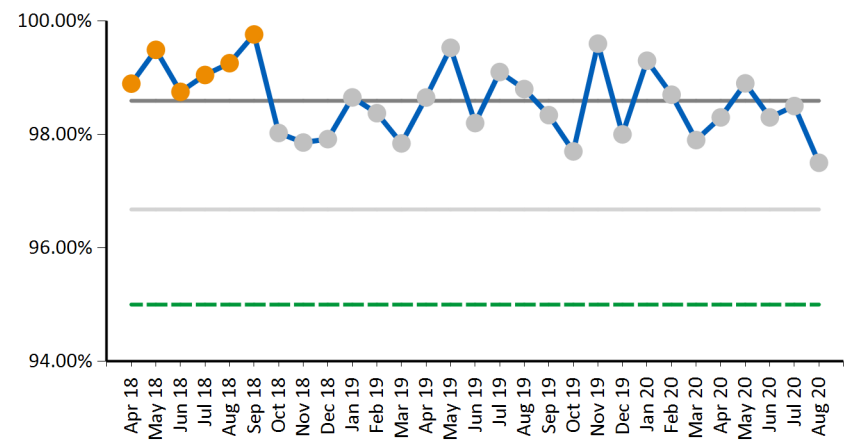
322 - Maternity - Stillbirths per 1000 births



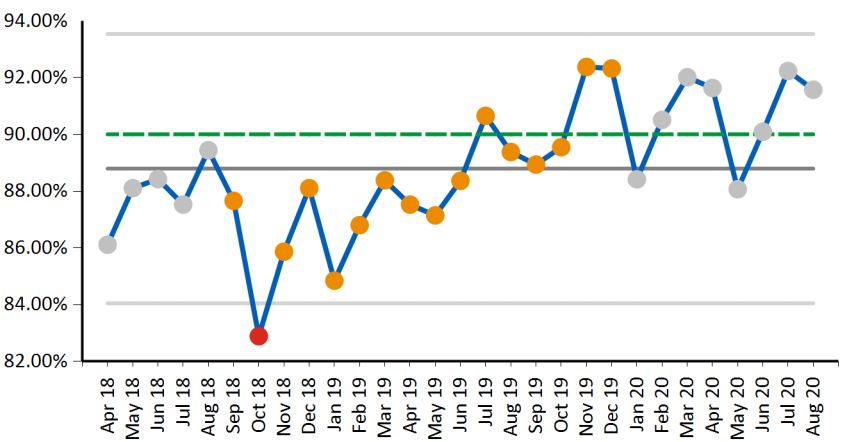
23 - Maternity -3rd/4th degree tears



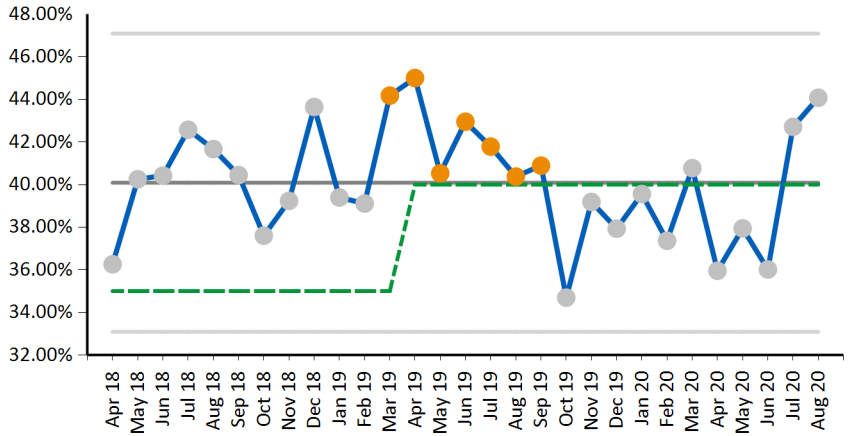
202 - 1:1 Midwifery care in labour



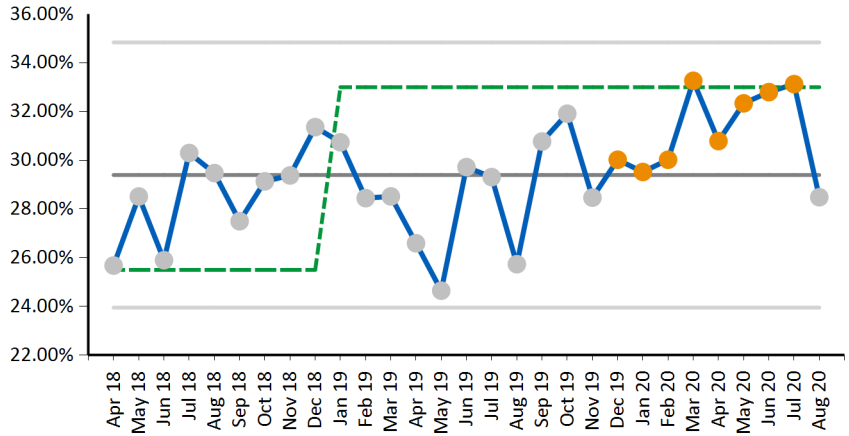
203 - Booked 12+6



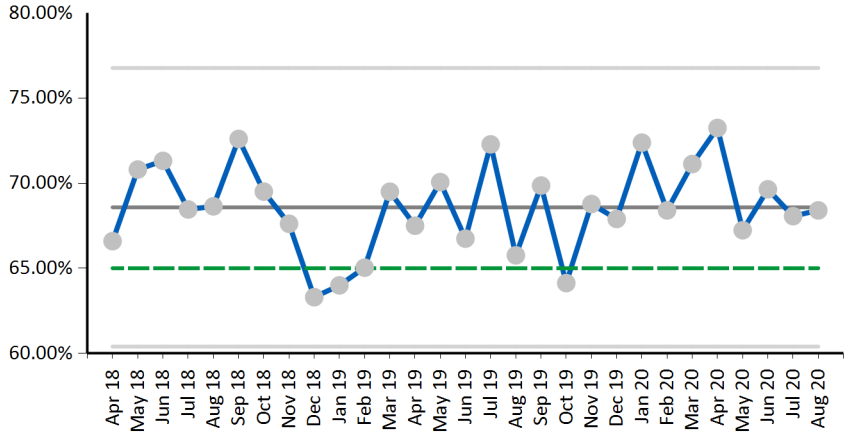
204 - Inductions of labour



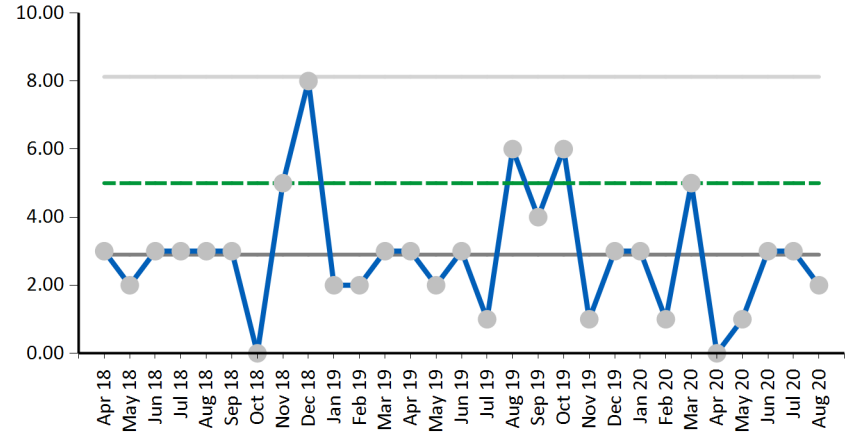
208 - Total C section



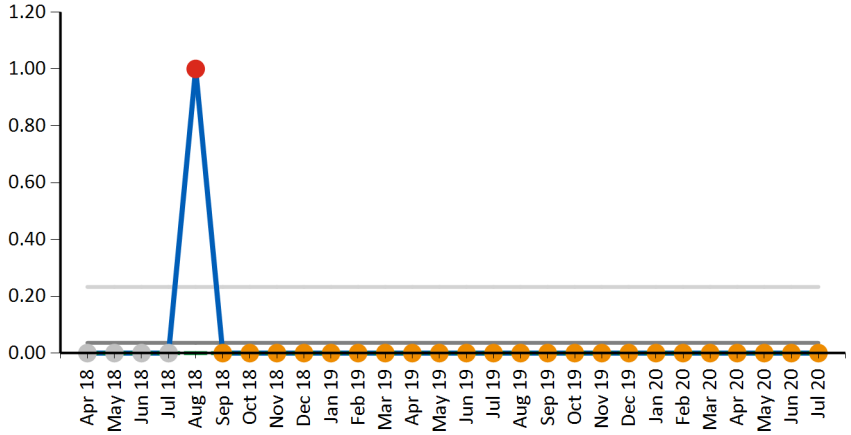
210 - Initiation breast feeding



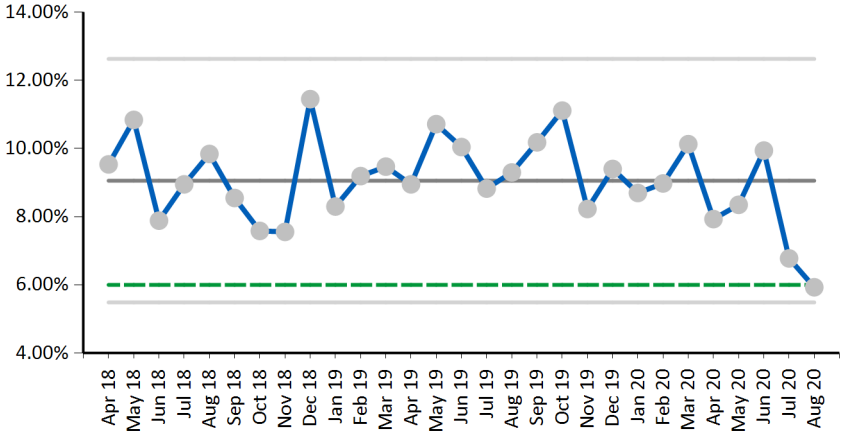
213 - Maternity complaints



319 - Maternal deaths (direct)



320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)

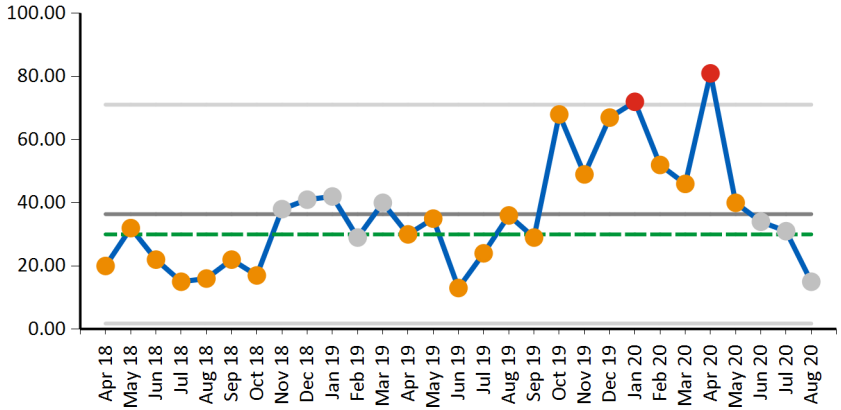


Operational Performance

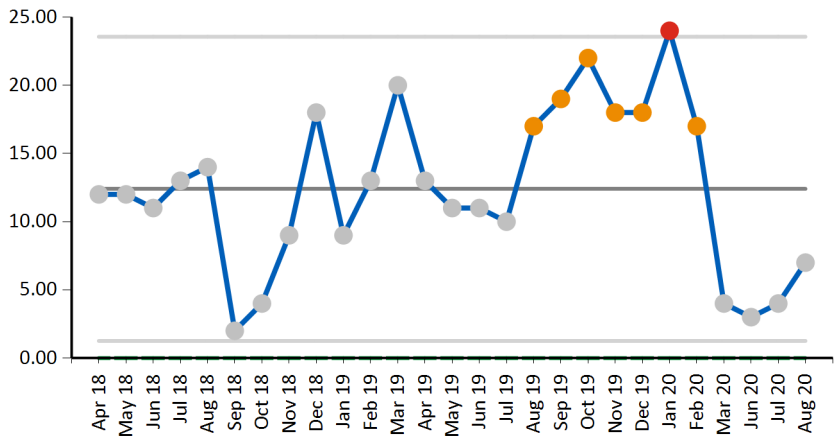
Access

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	<= 30	15	Aug-20		<= 30	31	Jul-20	<= 150	201	?
8 - Same sex accommodation breaches	= 0	7	Aug-20		= 0	4	Jul-20	= 0	14	F
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	65.8%	Aug-20		>= 75%	86.5%	Jul-20	>= 75%	77.7%	?
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	48.7%	Aug-20	L	>= 92%	40.8%	Jul-20	>= 92%	53.2%	F
42 - RTT 52 week waits (incomplete pathways)	= 0	957	Aug-20	H	= 0	708	Jul-20	= 0	2,304	?
314 - RTT 18 week waiting list	<= 25,530	22,700	Aug-20	L	<= 25,530	21,020	Jul-20	<= 25,530	22,700	P
53 - A&E 4 hour target	>= 95%	83.7%	Aug-20		>= 95%	88.9%	Jul-20	>= 95%	87.7%	F
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	7.2%	Jul-20		= 0.0%	1.9%	Jun-20	= 0.0%	5.0%	F
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	1.14%	Jul-20		= 0.00%	0.22%	Jun-20	= 0.00%	0.49%	?
72 - Diagnostic Waits >6 weeks %	<= 1%	50.2%	Aug-20	H	<= 1%	48.3%	Jul-20	<= 1%	53.2%	?
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	76.5%	Aug-20	H	= 100%	86.7%	Jul-20	= 100%	77.3%	?

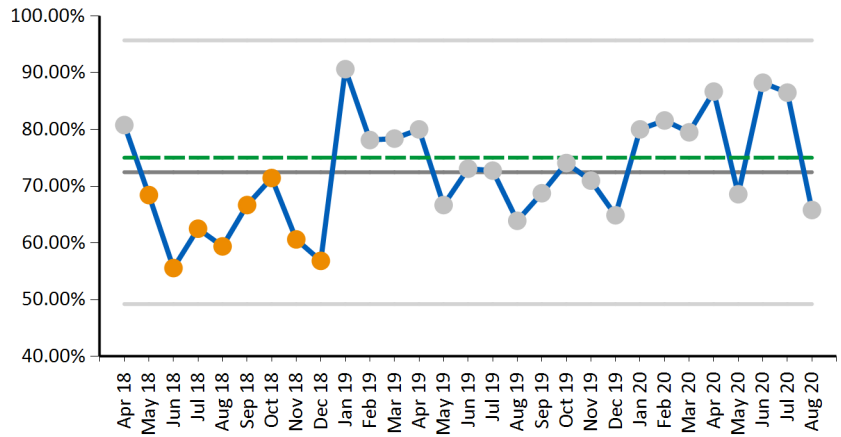
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



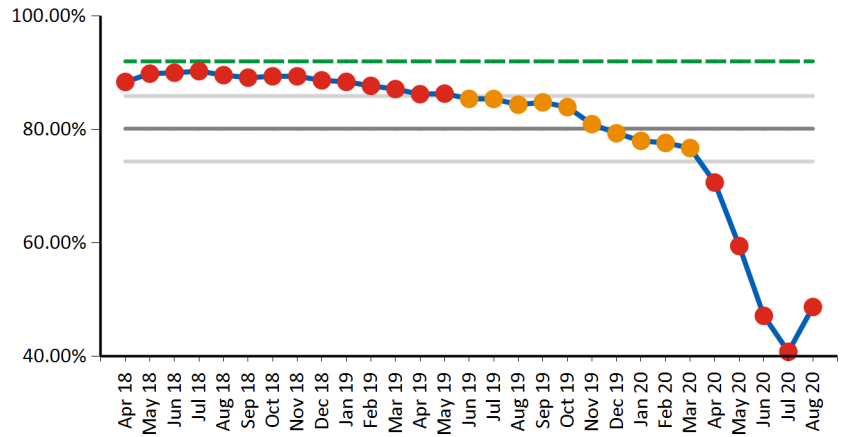
8 - Same sex accommodation breaches



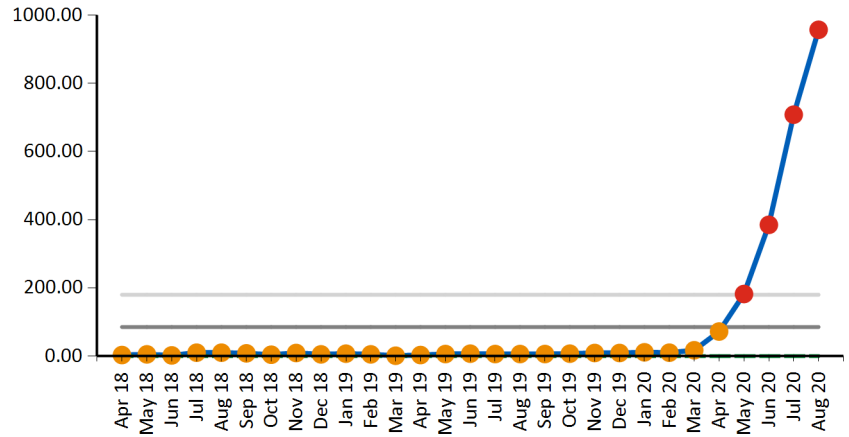
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur



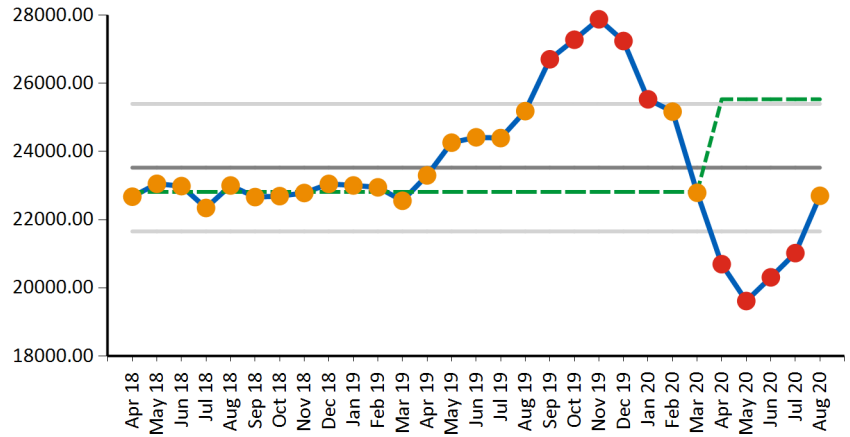
41 - RTT Incomplete pathways within 18 weeks %



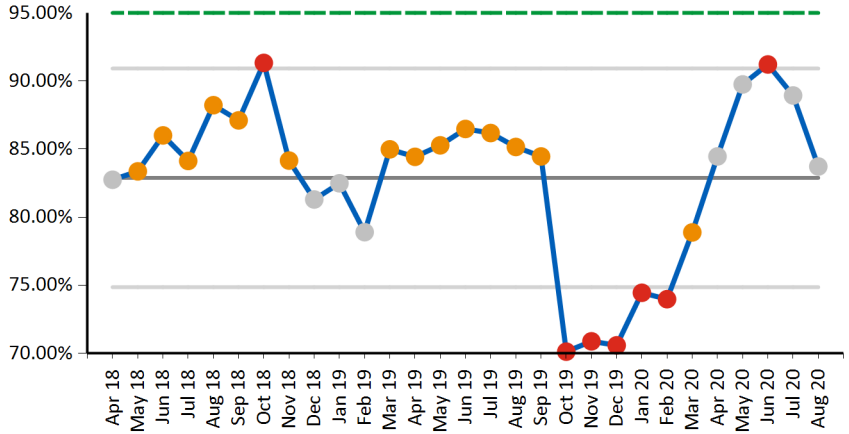
42 - RTT 52 week waits (incomplete pathways)



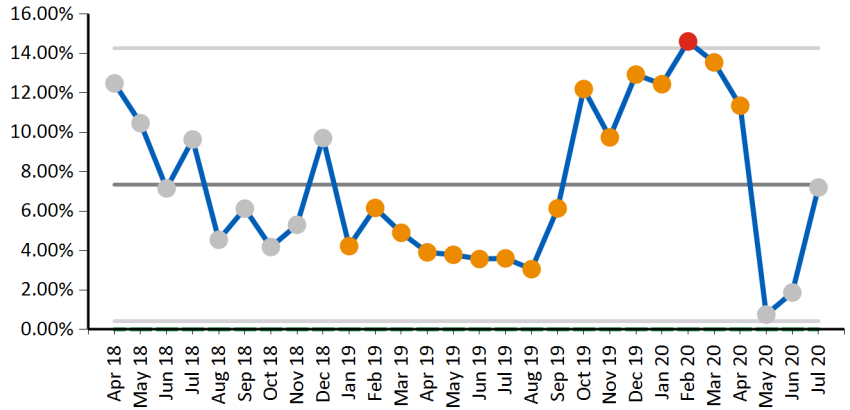
314 - RTT 18 week waiting list



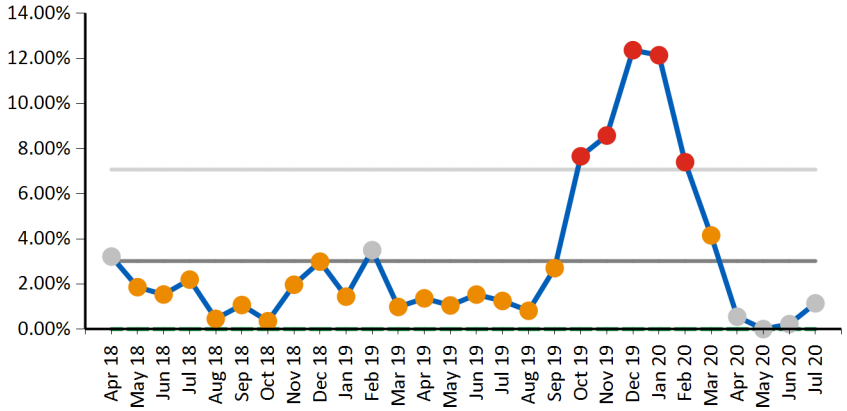
53 - A&E 4 hour target



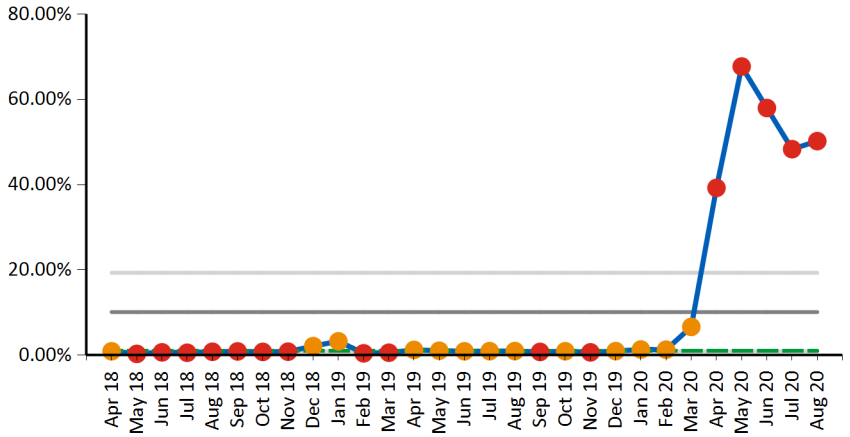
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)



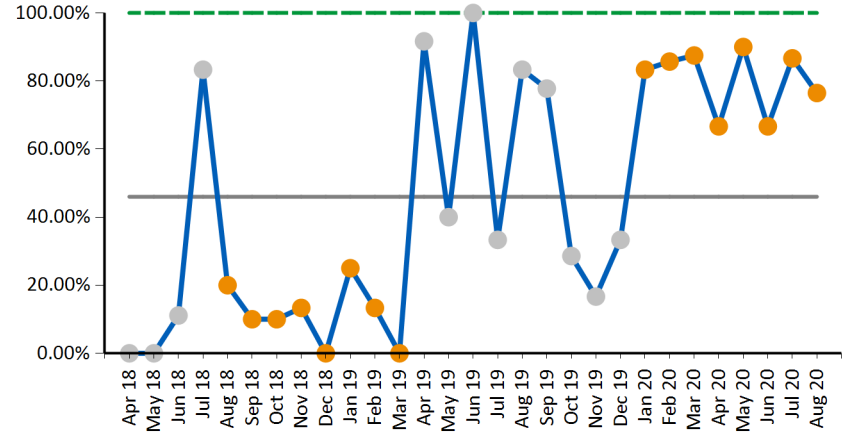
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)



72 - Diagnostic Waits >6 weeks %



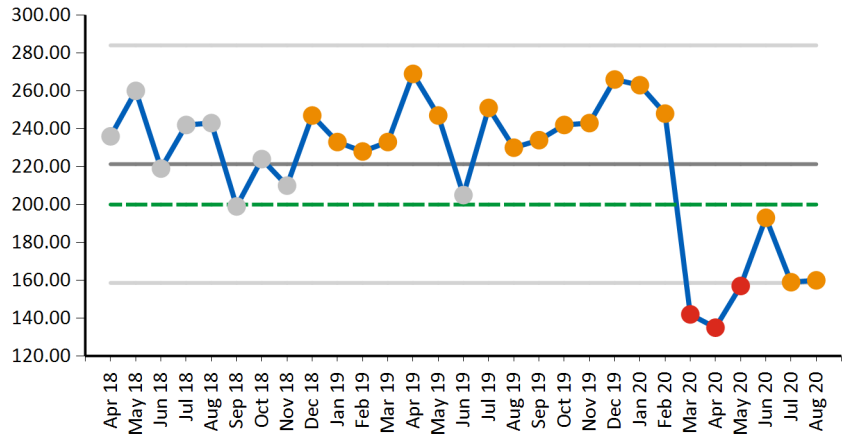
27 - TIA (Transient Ischaemic attack) patients seen <24hrs



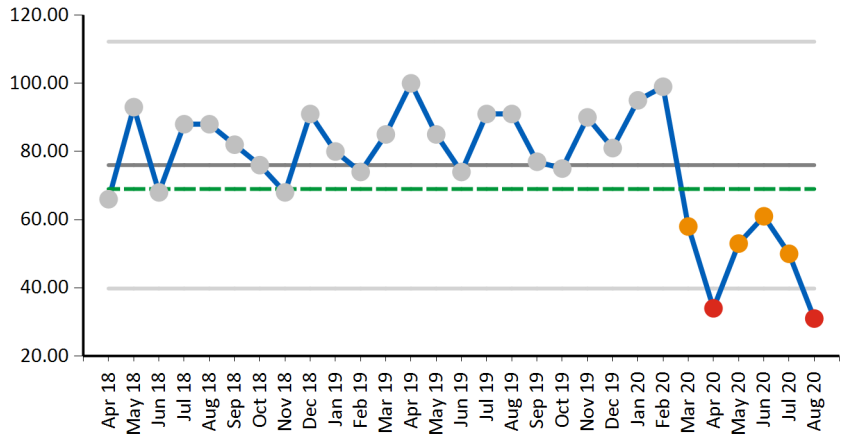
Productivity

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
56 - Stranded patients	<= 200	160	Aug-20	L	<= 200	159	Jul-20	<= 200	160	?
307 - Stranded Patients - LOS 21 days and over	<= 69	31	Aug-20	L	<= 69	50	Jul-20	<= 69	31	?
57 - Discharges by Midday	>= 30%	24.7%	Aug-20	L	>= 30%	21.5%	Jul-20	>= 30%	20.9%	?
58 - Discharges by 4pm	>= 70%	62.4%	Aug-20		>= 70%	63.7%	Jul-20	>= 70%	62.2%	?
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	12.6%	Jul-20		<= 13.5%	11.5%	Jun-20	<= 13.5%	12.5%	?
489 - Daycase Rates	>= 80%	88.4%	Aug-20		>= 80%	88.8%	Jul-20	>= 80%	87.7%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	1.7%	Aug-20		<= 1%	0.6%	Jul-20	<= 1%	1.2%	?
62 - Cancelled operations re-booked within 28 days	= 100%	0.0%	Aug-20	L	= 100%	85.7%	Jul-20	= 100%	98.0%	?
318 - Delayed Transfers Of Care (Trust Total)	<= 3.3%	1.3%	Aug-20		<= 3.3%	1.0%	Jul-20	<= 3.3%	0.9%	P
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.26	Aug-20		<= 2.00	2.10	Jul-20	<= 2.00	2.44	?
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.63	Aug-20		<= 3.70	4.56	Jul-20	<= 3.70	4.68	F
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	81.8%	Jul-20		>= 80%	83.3%	Jun-20	>= 80%	77.1%	?

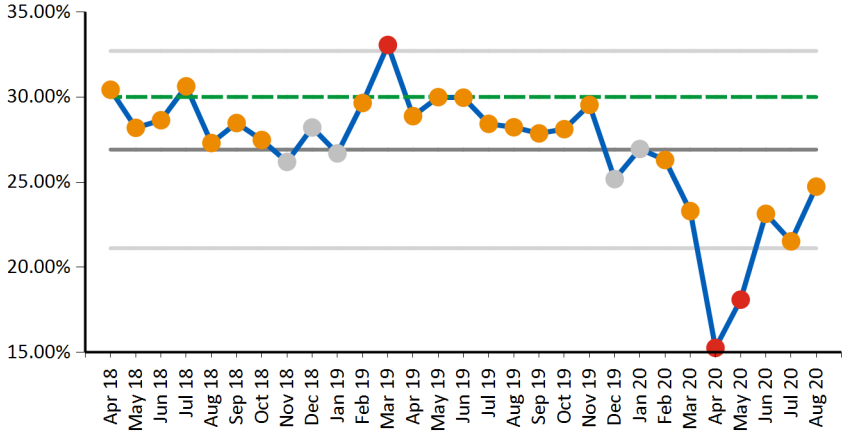
56 - Stranded patients



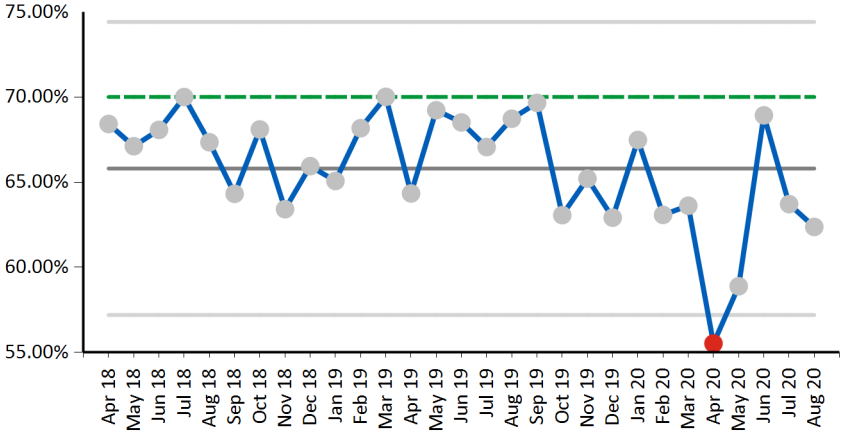
307 - Stranded Patients - LOS 21 days and over



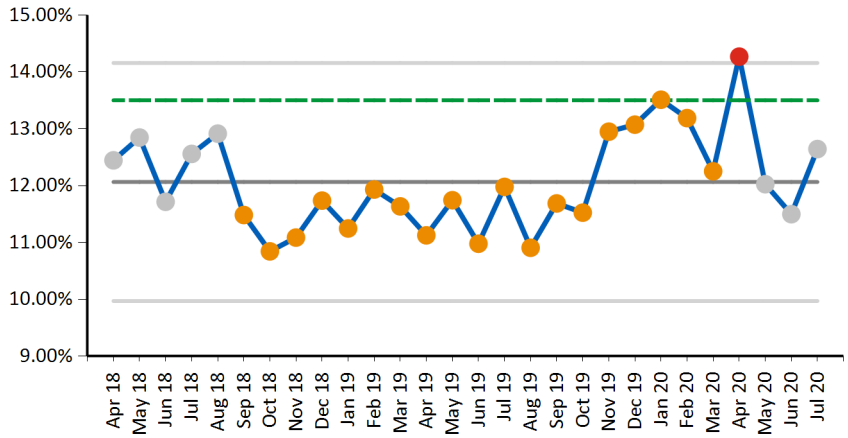
57 - Discharges by Midday



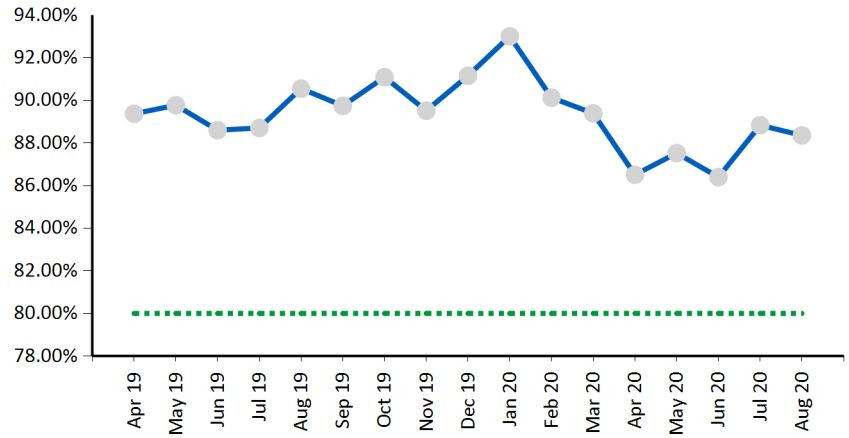
58 - Discharges by 4pm



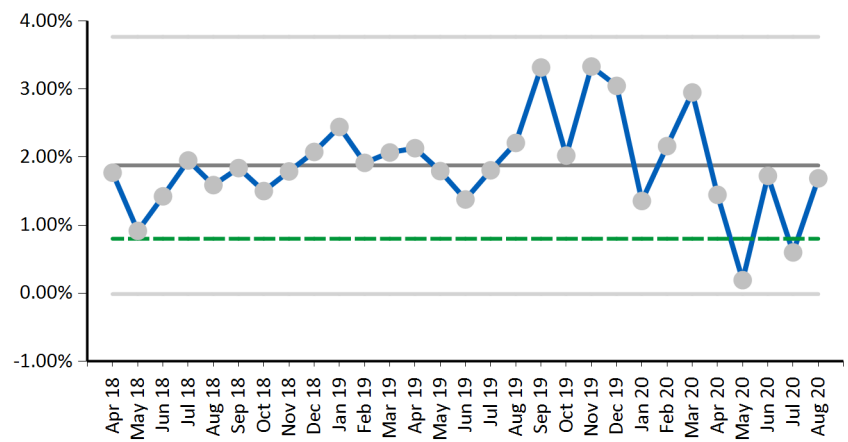
59 - Re-admission within 30 days of discharge (1 mth in arrears)



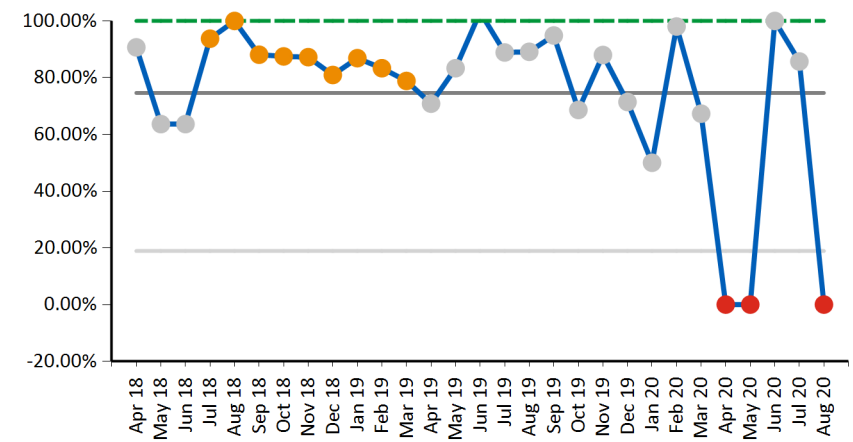
489 - Daycase Rates - SPC data available after 20 data points



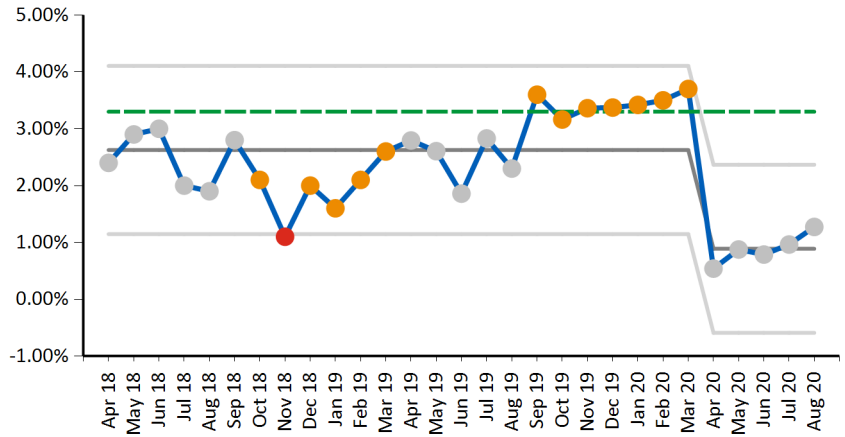
61 - Operations cancelled on the day for non-clinical reasons



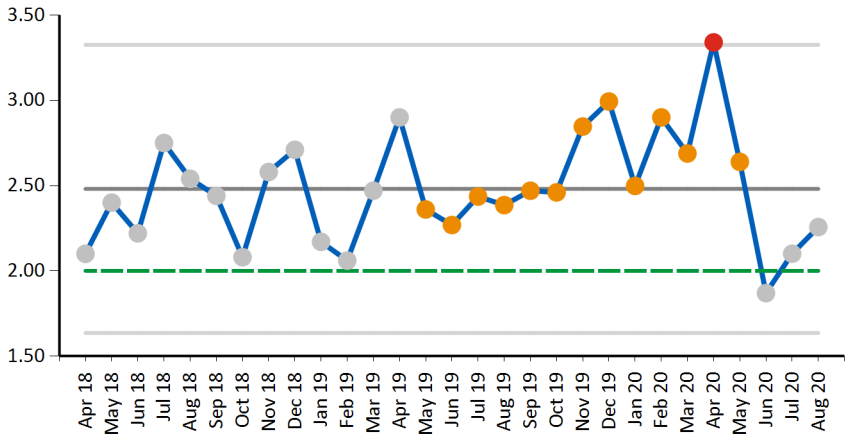
62 - Cancelled operations re-booked within 28 days



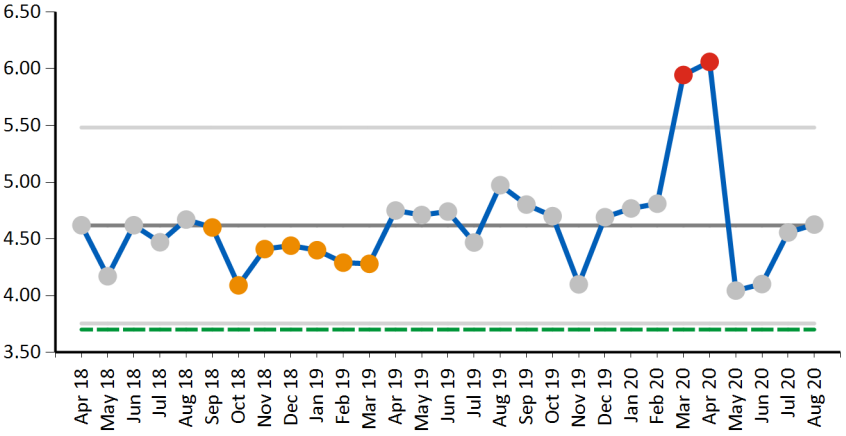
318 - Delayed Transfers Of Care (Trust Total)



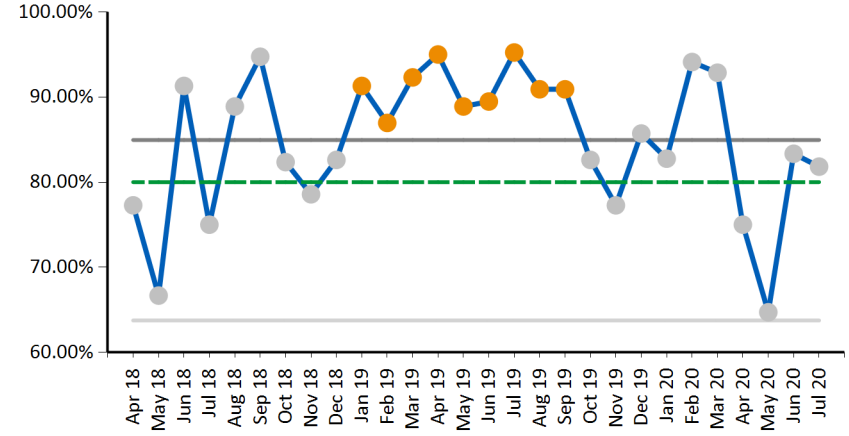
65 - Elective Length of Stay (Discharges in month)



66 - Non Elective Length of Stay (Discharges in month)



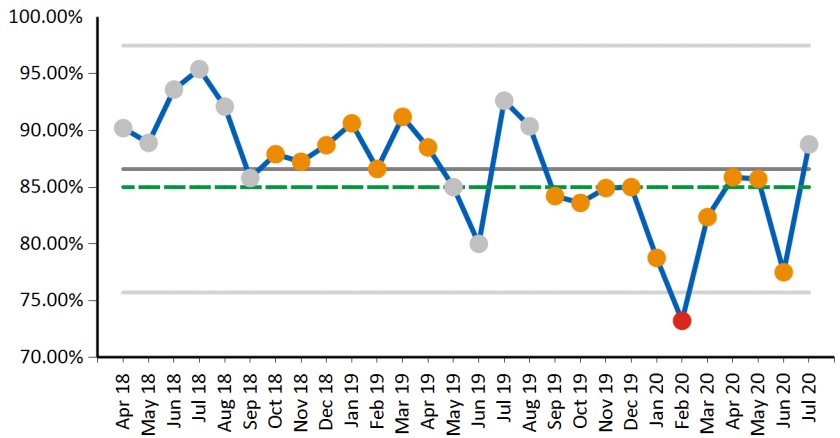
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears



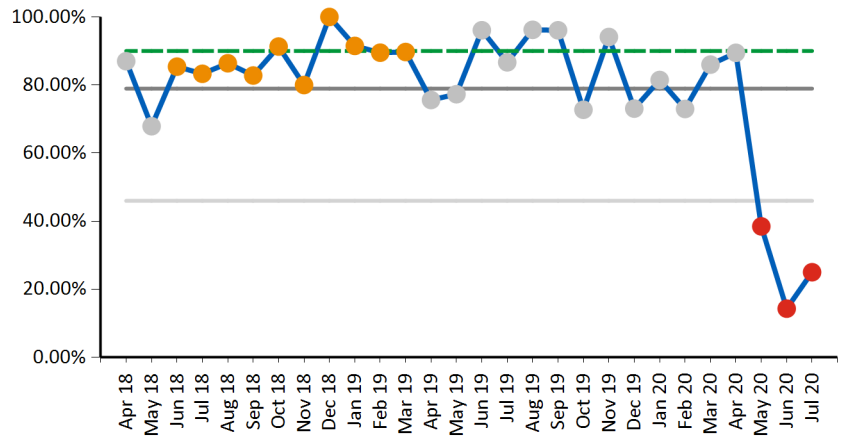
Cancer

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
46 - 62 day standard % (1 mth in arrears)	>= 85%	88.8%	Jul-20		>= 85%	77.5%	Jun-20	>= 85%	84.6%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	25.0%	Jul-20	L	>= 90%	14.3%	Jun-20	>= 90%	48.1%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	98.9%	Jul-20		>= 96%	91.7%	Jun-20	>= 96%	96.9%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Jul-20		>= 94%	100.0%	Jun-20	>= 94%	100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Jul-20		>= 98%	100.0%	Jun-20	>= 98%	100.0%	P
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	94.3%	Jul-20		>= 93%	96.2%	Jun-20	>= 93%	96.2%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	94.0%	Jul-20	H	>= 93%	95.7%	Jun-20	>= 93%	94.4%	

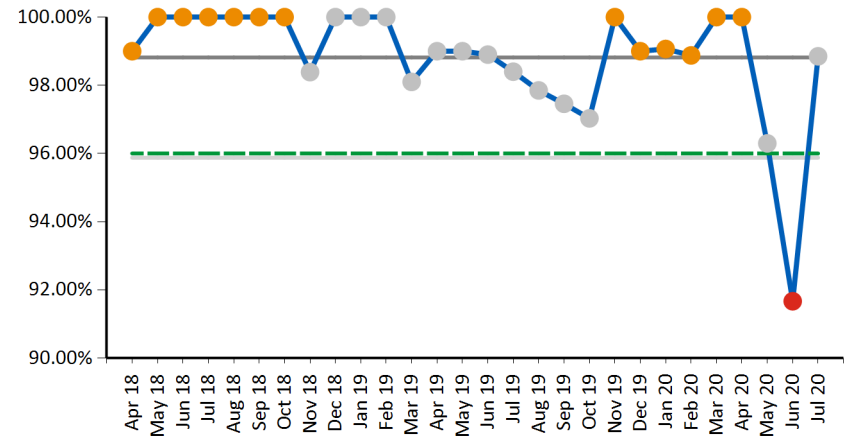
46 - 62 day standard % (1 mth in arrears)



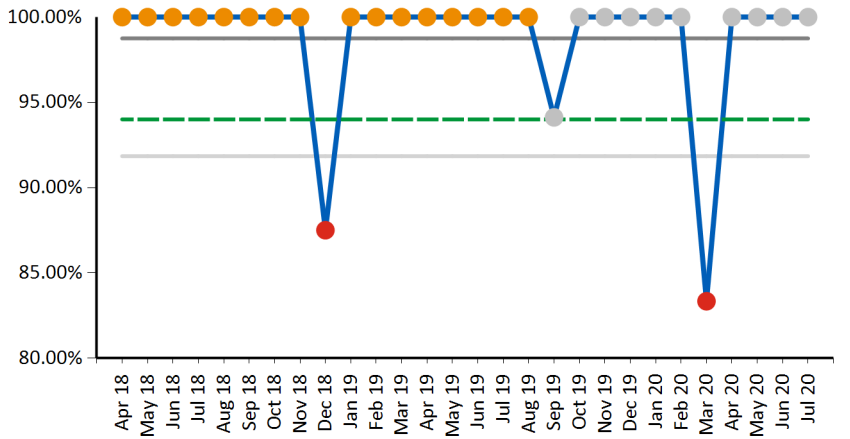
47 - 62 day screening % (1 mth in arrears)



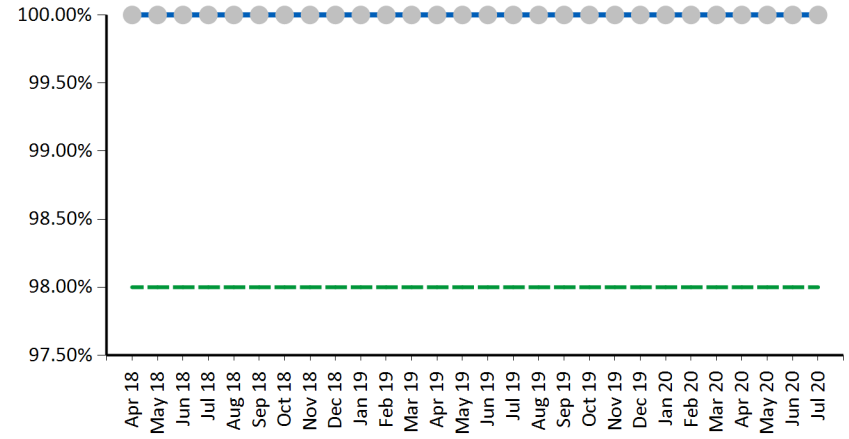
48 - 31 days to first treatment % (1 mth in arrears)



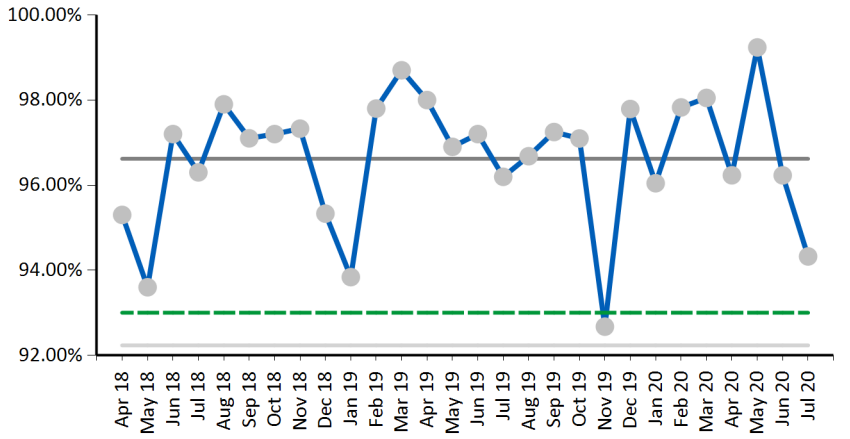
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)



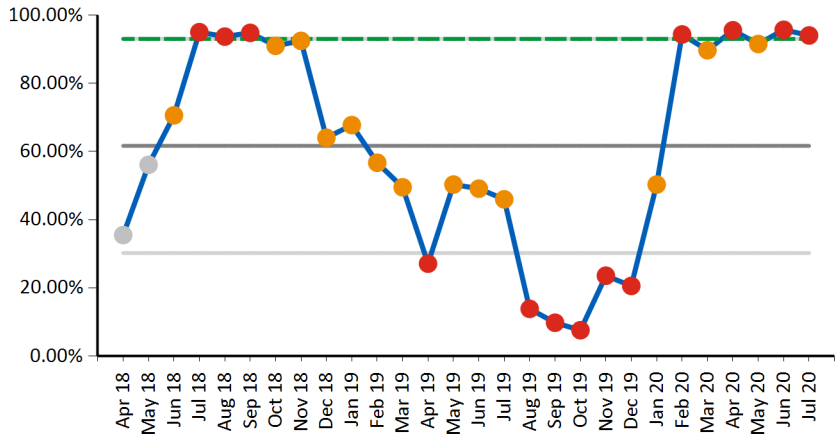
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)



51 - Patients 2 week wait (all cancers) % (1 mth in arrears)



52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)

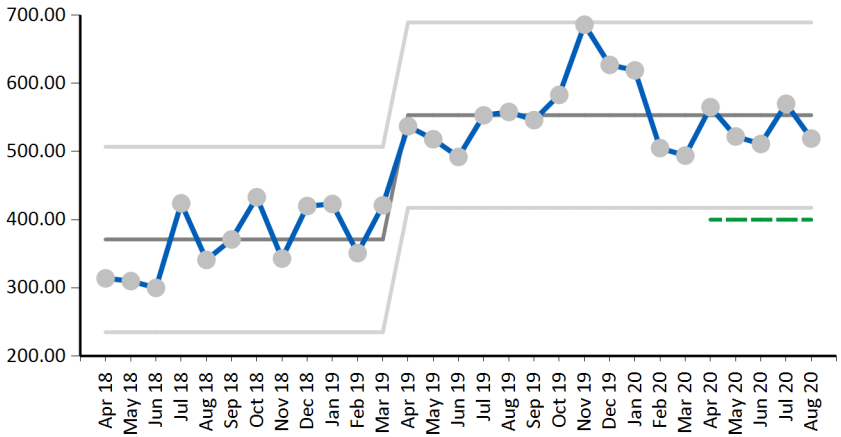


Community

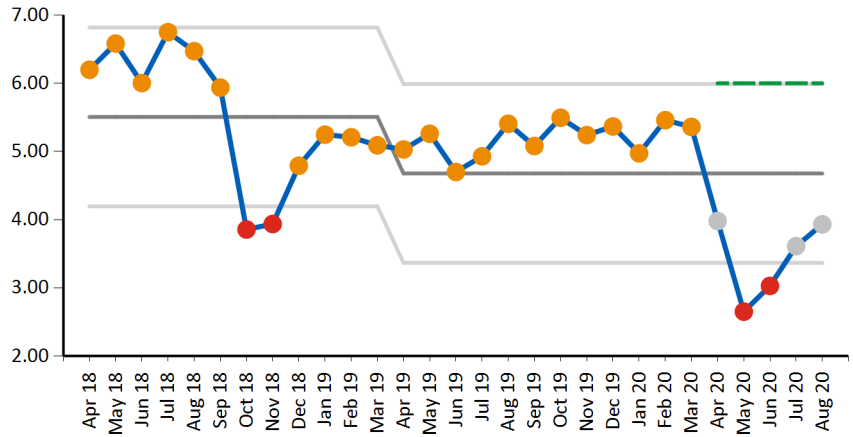
The implementation of the discharge service requirements which were mandated for hospital and community providers in March, continue to have a positive impact by helping people leave hospital in a timely way. The Integrated Community Service Division are focussing with system partners on how the service standards can be sustained in the long term, in the context of increased activity and seasonal pressures.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
334 - Total Deflections from ED	>= 400	519	Aug-20		>= 400	570	Jul-20	>= 2,000	2,687	
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	3.93	Aug-20		<= 6.00	3.61	Jul-20	<= 6.00	3.93	
230 - Medically Optimised Numbers	<= 50	27	Aug-20		<= 50	13	Jul-20	<= 250	84	
231 - Medically Optimised Days	<= 209	64	Aug-20		<= 209	19	Jul-20	<= 1,045	175	

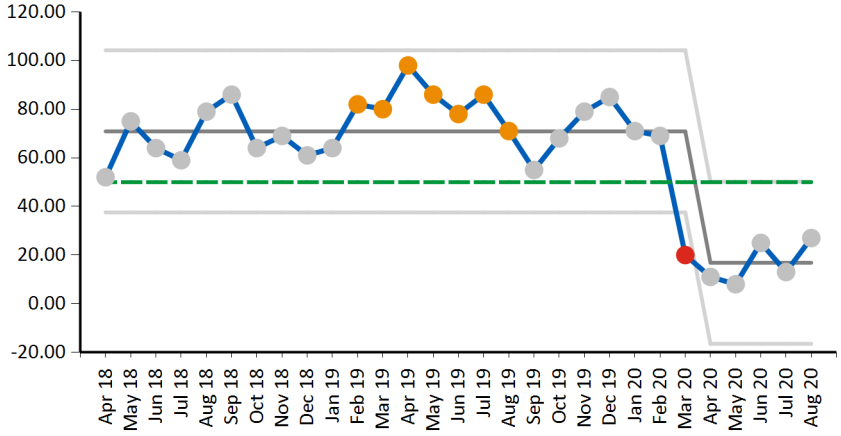
334 - Total Deflections from ED



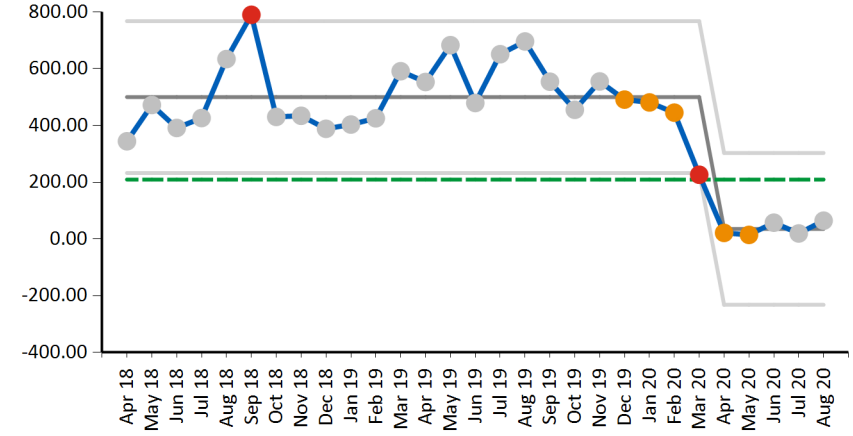
335 - Total Intermediate Tier LOS (weeks)



230 - Medically Optimised Numbers



231 - Medically Optimised Days



Workforce

Sickness, Vacancy and Turnover

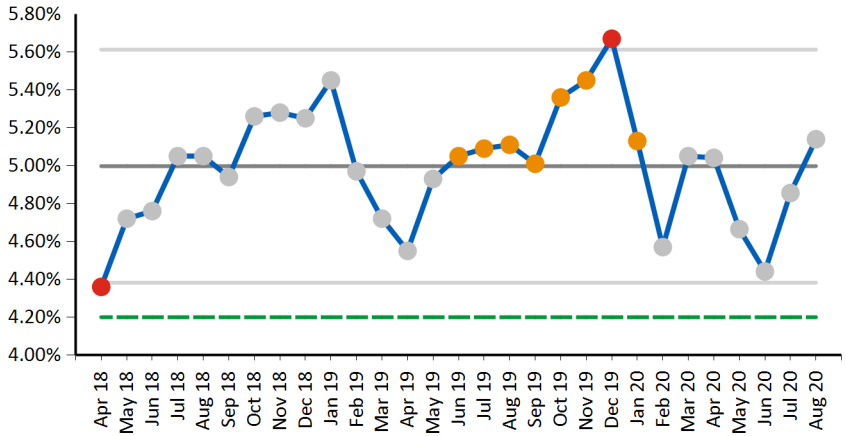
Whilst Board members will note that the sickness rate has increased this month, when looking at the GM benchmarking position then Bolton continues to have a lower absence rates and one of the lowest in the North West.

The Trust has ensured that 100% of our BAME & High Risk Workforce have had the opportunity of a Risk Assessment with their Line Manager. In September we will be focusing on risk assessments for all staff (currently 27% of all staff have had a risk assessment – as at end of August, 2020).

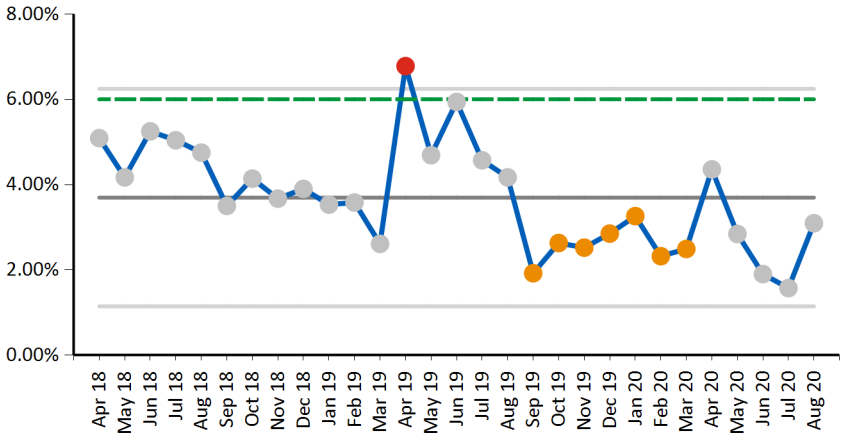
Performance on the recruitment remains strong. The People Committee is sighted on the high level of recruitment activities that have been taking place during the Covid period (along with assurance that Safe Employment measures are being undertaken). Strong partnership working between the Divisional & Workforce Teams is evident which is supporting this positive position. The People Committee will consider the reason for the recent spike in turnover rates at the October meeting.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
117 - Sickness absence level - Trust	<= 4.20%	5.14%	Aug-20		<= 4.20%	4.86%	Jul-20	<= 4.20%	4.83%	F
120 - Vacancy level - Trust	<= 6%	3.09%	Aug-20		<= 6%	1.57%	Jul-20	<= 6%	2.75%	?
121 - Turnover	<= 9.90%	12.66%	Aug-20	H	<= 9.90%	11.87%	Jul-20	<= 9.90%	11.17%	?
366 - Ongoing formal investigation cases over 8 weeks		3	Aug-20			3	Jul-20		9	

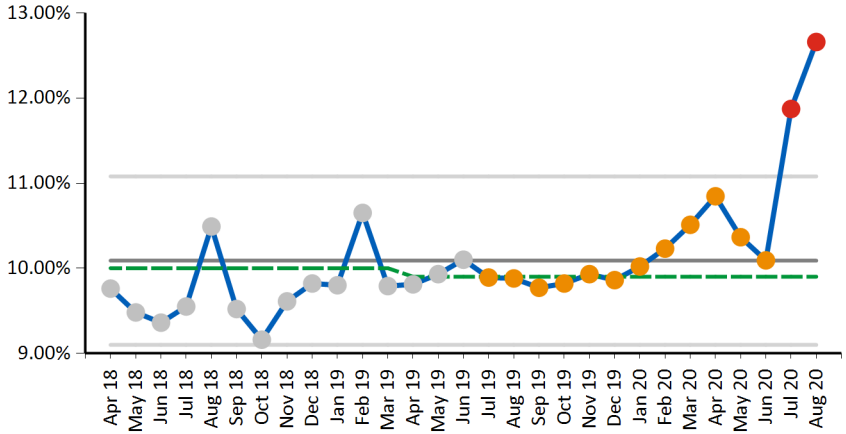
117 - Sickness absence level - Trust



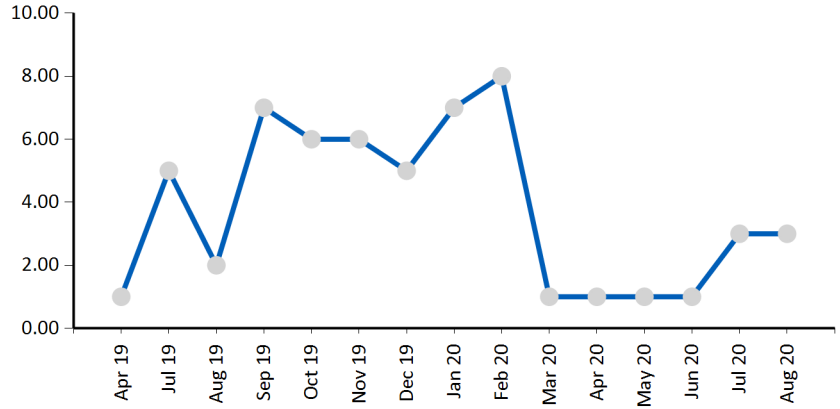
120 - Vacancy level - Trust



121 - Turnover



366 - Ongoing formal investigation cases over 8 weeks - SPC data available after 20 data points



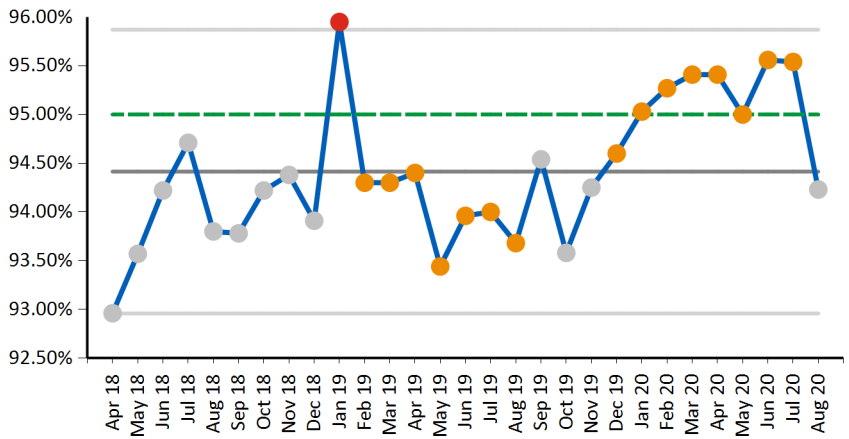
Organisational Development

The OD indicators remain strong, with Mandatory Training, Statutory Training above target. Board members will recall that they had been advised that there was dip in the number of Appraisal being undertaken, pleasingly the OD team has been working with the Divisions on these recovery actions and a further monthly improvement has been demonstrated.

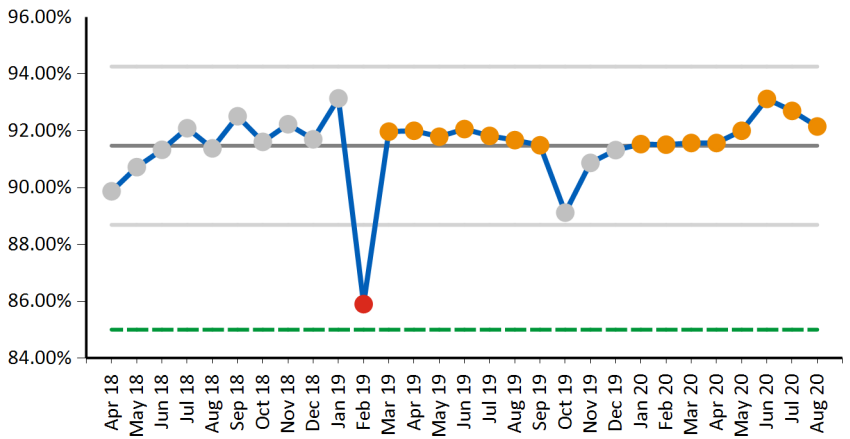
The People Committee received a full updates on the results of the Go Engage survey (results remain very positive) along with the preparation for the NHS Staff Survey which is released in October, 2020

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
37 - Staff completing Statutory Training	>= 95%	94.2%	Aug-20		>= 95%	95.5%	Jul-20	>= 95%	95.1%	?
38 - Staff completing Mandatory Training	>= 85%	92.2%	Aug-20	H	>= 85%	92.7%	Jul-20	>= 85%	92.3%	P
39 - Staff completing Safeguarding Training	>= 95%	96.13%	Aug-20		>= 95%	96.96%	Jul-20	>= 95%	96.36%	?
101 - Increased numbers of staff undertaking an appraisal	>= 85%	79.4%	Aug-20	L	>= 85%	78.9%	Jul-20	>= 85%	76.7%	?
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	70.0%	Q3 2019/20		>= 66%	78.5%	Q2 2019/20	>= 66%		
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	66.0%	Q3 2019/20		>= 80%	74.9%	Q2 2019/20	>= 80%		

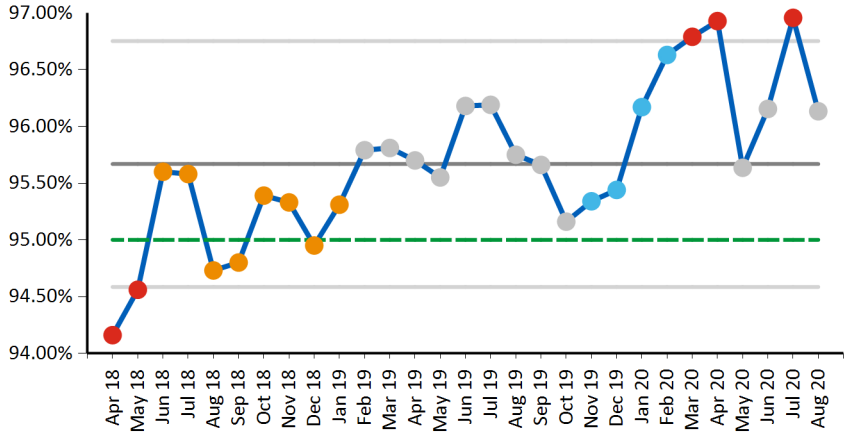
37 - Staff completing Statutory Training



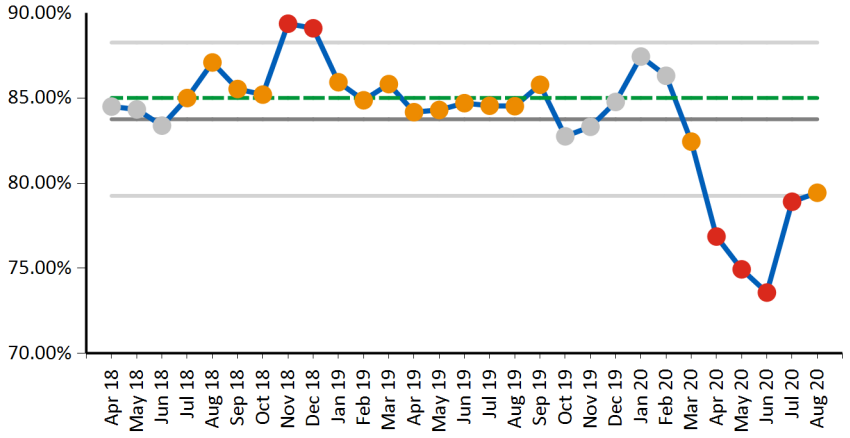
38 - Staff completing Mandatory Training



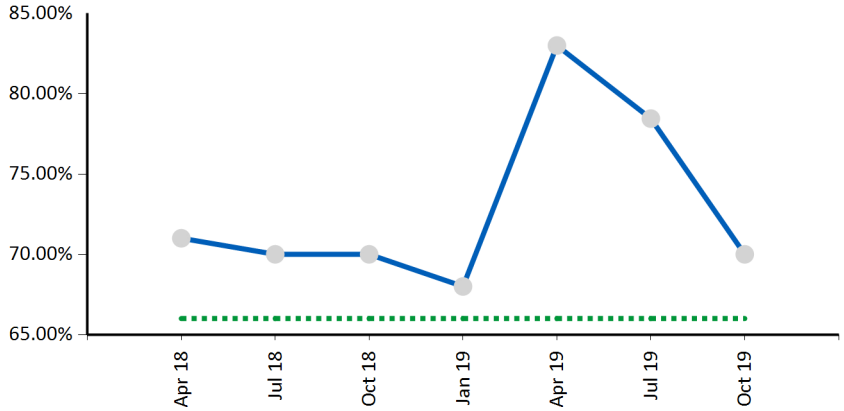
39 - Staff completing Safeguarding Training



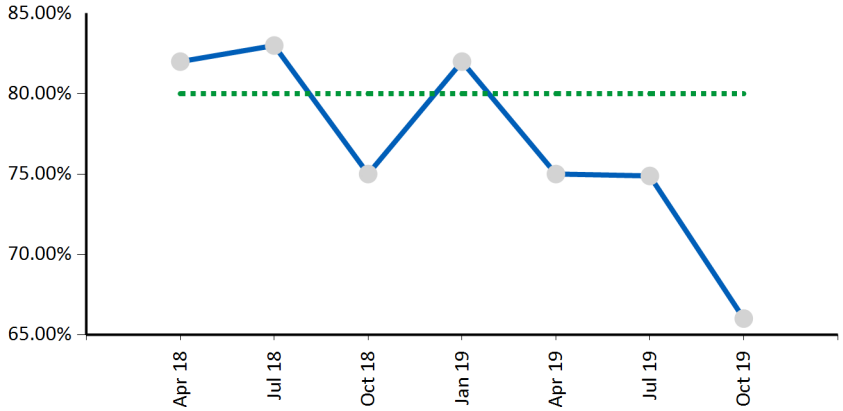
101 - Increased numbers of staff undertaking an appraisal



78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears) - SPC data available after 20 data points



79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears) - SPC data available after 20 data points

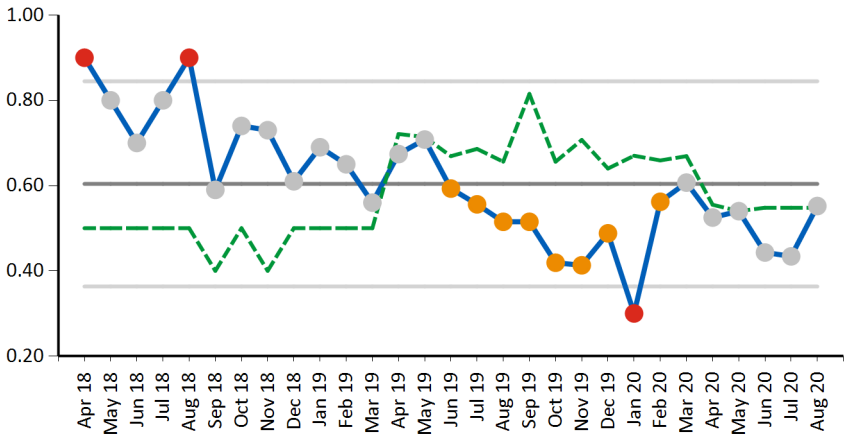


Agency

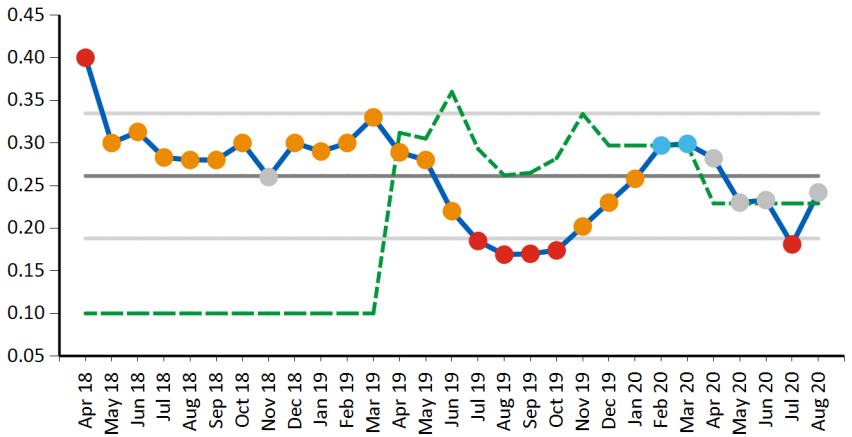
Colleagues will note the in-month Agency spend remains in line the Trust's forecast. As would be expected the two areas of greatest spend being Nursing, Medical.The Trust continues to benchmark very favourable on Agency spend when compared to peer organisations for % Agency spend versus overall pay.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
198 - Trust Annual ceiling for agency spend (£m)	<= 0.55	0.55	Aug-20		<= 0.55	0.43	Jul-20	<= 2.74	2.49	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.23	0.24	Aug-20		<= 0.23	0.18	Jul-20	<= 1.15	1.17	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.25	0.22	Aug-20		<= 0.25	0.17	Jul-20	<= 1.25	0.89	

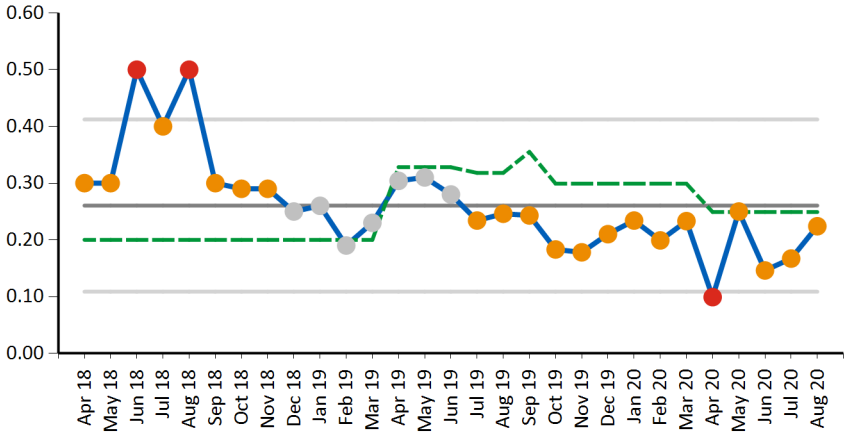
198 - Trust Annual ceiling for agency spend (£m)



111 - Annual ceiling for Nursing Staff agency spend (£m)



112 - Annual ceiling for Medical Staff agency spend (£m)



Finance

Finance

Revenue Performance - The position for the month overall was break even after £2.4m of additional top up income was requested to cover the £1.7m spent on Covid and had an income shortfall of £0.9m. We are still waiting for the revised financial framework for the remainder of the year to be issued when finalised by DoH/NHSEI with Government.

Cost Improvement - National cost improvement requirements are currently suspended. The cost improvement target was £9.0m but this will be subject to review once BAU returns. Following a review, the current trackers have savings £6.1m 20/21 effect, with £1.9m delivered.

Variable Pay - We spent £1.7m on variable pay in month 5, £0.07m more than July. Of this, the premium was £0.27m. The Covid related spend was £0.18m.

Capital Spend - We spent £1.0m during month 5 including Covid items. Year to date this is £2.2m, of which £0.8m is on Covid. Our plan for the year is set at £7.6m. Current bids to NHSEI for phase 2 & 3 for £2.6m for A&E have been approved.

Cash Position - We had cash of £52.5m at the end of the month. This is due to cash payments from CCGs being made in advance, a healthy year-end balance and additional PSF funds from 2019/20.

Loans and PDC - We have loans of £44.4m outstanding with a further £3.2m expected to be drawn this year. PDC will be drawn down to cover Covid capital costs and the balance of the LED lighting project.

Aged Receivables and Payables - An exercise across Greater Manchester regarding clearing provider to provider amounts has reduced receivables and payables.

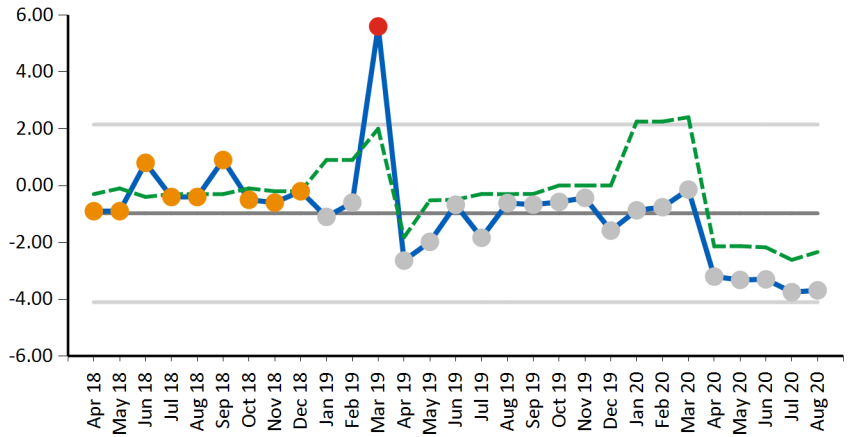
Better Payment Practices Code - We have paid 91.6% of our invoices within 30 days. This continues the strong performance.

Use of Resources Rating - This is not being reported following the suspension of normal financial reporting arrangements due to Covid.

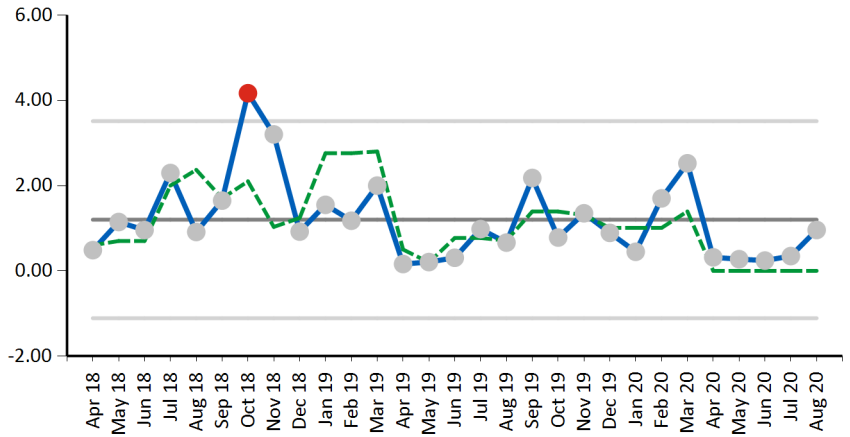
Risks - With the normal regime suspended, the financial risks mainly relate to shortfalls in top up income and PDC to meet Covid costs. There is also a risk that there is a loss of focus on cost improvement due to the change in the financial regime.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= -2.3	-3.7	Aug-20		>= -2.6	-3.8	Jul-20	>= -11.4	-17.3	?
222 - Capital (£ millions)	= 0.0	1.0	Aug-20		= 0.0	0.3	Jul-20	= 0.0	2.1	?
223 - Cash (£ millions)	= 0.0	52.5	Aug-20	H	= 0.0	48.1	Jul-20	= 0.0	52.5	P
224 - Use of Resources	= 0	0	Aug-20	L	= 0	0	Jul-20	= 0	0	F

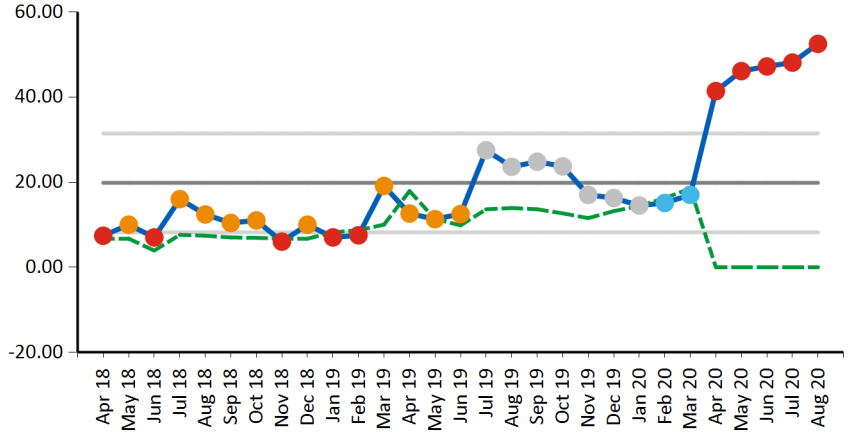
220 - Control Total (£ millions)



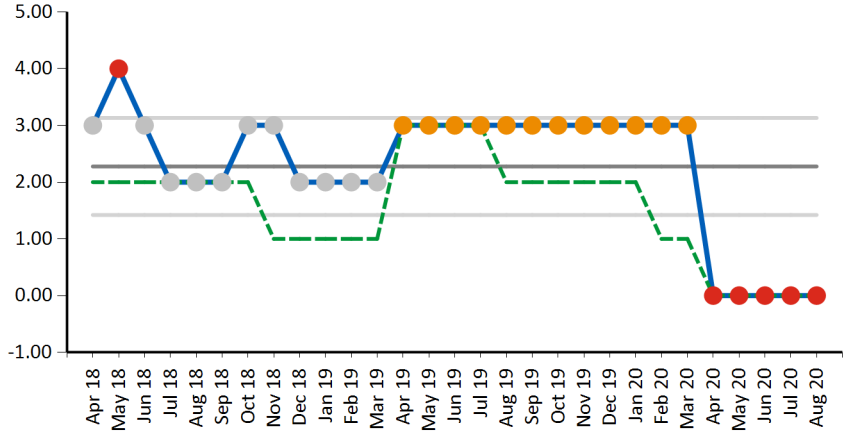
222 - Capital (£ millions)



223 - Cash (£ millions)



224 - Use of Resources



oard Assurance Heat Map - Hospital

	Indicator	Target	ICSD	Acute Division																			Anaesthetics & Surgical Division											Families Division											
			Darley Court	AED-Adults	AED-Paeds	A4	B1 (Frailty Unit)	B2	B3	B4	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	DL	EU (daycare)	H3 (Stroke Unit)	HDU	ICU	E3	E4	F3	F4	G3/TSU	G4/TSU	G5	DCU (daycare)	H2 (daycare)	UU (daycare)	E5 (Paed HDU and Obs)	F5	M1	M2	CDS	M3 (Birth)	Ingleside	M4	M5	M6 (EPU)	NICU	Overall
	Total Beds	*N/a*	30	0	0	2	23	26	0	0	25	26	26	26	10	14	22	22	23	27	12	5	20	8	8	25	25	25	24	24	24	0	25	11	4	38	7	0	26	15	5	4	22	22	20	38	739
Infection Prevention Control	Hand Washing Compliance %	*Target = 100%*	100.0%	100.0%	100.0%		95.0%	100.0%			100.0%	100.0%	85.0%	95.0%	100.0%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%	85.0%	100.0%		100.0%	100.0%	95.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	98.7%
	IPC Rapid Improvement Tool %	*Target = 95%*	96.0%	91.0%	96.0%		88.0%	92.0%		74.0%	79.0%	83.0%		71.0%	96.0%	92.0%	83.0%	79.0%	100.0%	78.0%		91.0%	96.0%	100.0%	100.0%	92.0%	100.0%	92.0%	92.0%	100.0%	86.0%		100.0%	100.0%	80.0%	100.0%	100.0%		96.0%	91.0%		100.0%	100.0%	96.0%	96.0%	100.0%	92.8%
	Mattress Audit Compliance %	*Target = 100%*	100.0%				100.0%	100.0%				100.0%	100.0%	100.0%	100.0%	100.0%	76.9%	100.0%	100.0%		100.0%			93.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			100.0%		100.0%	100.0%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	99.0%
	C - Diff	*Target = 0*					1						0	0	0	0	1	0	0	0		0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	MSSA BSIs	*Target = 0*											0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
	E.Coli BSIs	*Target = 0*											0	1	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	MRSA acquisitions	*Target = 0*											0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harm Free Care	All Inpatient Falls (Safeguard)	*Target = 0*	11	1	0	1	5	4	0	0	2	5	10	8	0	4	11	4	11	1	0	0	2	0	0	2	2	2	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	89
	Harms related to falls (moderate+)	*Target = 1.6*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	VTE Assessment Compliance	*Target = 95%*				16.7%	100.0%	50.0%			100.0%	100.0%	100.0%	66.7%	95.7%	99.3%	99.8%	98.9%	87.5%	75.0%		100.0%	90.0%	100.0%	100.0%	100.0%	98.6%	99.0%	96.4%	99.1%	100.0%		97.1%	95.3%	95.7%			100.0%	91.3%	90.5%		93.3%	62.5%	88.3%	100.0%		96.2%
	Monthly New pressure Ulcers (Grade 2)	*Target = 0*	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	Monthly New pressure Ulcers (Grade 3)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	Monthly New pressure Ulcers (Grade 4)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	PU due to lapses in care	*Target = 0*	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Audit	Monthly KPI Audit %	*Target = 95%*	96.5%	93.9%	100.0%		83.3%	81.0%			84.5%	86.8%	86.9%	77.8%	97.4%	96.5%	74.3%	81.7%	92.8%	79.0%		96.7%	82.8%	100.0%	96.4%	94.9%	96.3%	83.3%	97.2%	88.7%	89.6%		100.0%	86.3%	99.2%	96.8%	96.8%		97.4%	98.3%		99.5%	99.5%	100.0%	97.2%	98.6%	93.4%
	BoSCA Overall Score %	*w=<55%, B>55%, S>75%, G>90%*	92.3%	75.3%	75.3%	84.2%	64.2%	58.3%	81.4%		81.6%	75.6%	82.3%	75.8%	84.3%	76.4%	75.1%	83.2%	92.9%	90.2%	71.8%	86.3%	85.7%	92.1%	96.6%	86.8%	81.7%	90.8%	77.7%	90.4%	90.9%	85.3%				88.2%	90.1%	90.1%	81.3%	91.9%	90.3%	90.4%		71.4%	71.4%	81.3%	90.3%	83.0%
	BoSCA Rating		platinium	silver	silver	silver	bronze	bronze	silver		silver	silver	silver	silver	silver	silver	silver	silver	platinum	gold	bronze	silver	silver	platinum	platinum	bronze	silver	platinum	silver	platinum	gold	silver				silver	platinum	platinum	silver	platinum	gold	gold		bronze	bronze	silver	gold	Silver
Diagnostic & Epidemic	FFT Response Rate	*Target = 30%*																																													
	FFT Recommended Rate	*Target = 97%*																																													
	Number of complaints received	*Target = 0*	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0	8
	Serious Incidents in Month	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Governance	Incidents > 20 days, not yet signed off	*Target = 0*	1	42	1	0	1	5	1	1	0	4	1	3	0	3	7	2	2	8	0	1	0	2	2	0	2	1	6	1	2	0	0	0	1	3	0	1	3	42	0	1	5	0	0	4	159
	Harm related to Incident (Moderate+)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	0	0	1	5
Staff Development	Appraisals	*Target = 85%*	100.0%		79.0%	92.9%	77.8%	75.9%			69.4%	64.4%	82.1%	58.1%	82.1%	79.2%	68.6%	87.5%	87.8%	69.8%	57.1%	85.1%	81.6%	86.2%		78.1%	76.7%	82.1%	83.9%	91.3%	84.4%	64.7%	77.8%	60.4%	88.9%	98.6%		79.3%	77.8%	78.5%	81.5%	100.0%	96.8%	83.9%		84.9%	79.4%
	Statutory Training	*Target = 95%*	96.57%		95.12%	95.00%	90.51%	90.58%			80.08%	91.00%	91.70%	87.62%	96.52%	87.27%	85.39%	89.71%	93.38%	90.03%	100.00%	95.56%	94.83%	96.48%		95.88%	94.37%	95.14%	92.24%	93.10%	92.94%	95.42%	94.19%	92.77%	99.07%	95.0%		97.78%	90.1%	89.2%	95.8%	100.0%	92.6%	89.3%		93.10%	94.2%
	Mandatory Training	*Target = 85%*	95.1%		95.44%	91.6%	90.1%	88.3%			82.9%	92.6%	89.9%	87.8%	91.5%	89.8%	89.7%	92.0%	91.7%	88.7%	96.2%	94.3%	91.7%	96.8%		91.7%	94.7%	94.6%	93.7%	94.2%	92.3%	95.6%	93.3%	91.5%	100.0%	96.6%		96.9%	86.5%	86.4%	96.1%	75.0%	93.2%	89.3%		93.4%	92.2%
Staffing & Workforce	% Qualified Staff (Day)			95.0%	113.0%	32.0%	101.0%				91.0%	68.0%	68.0%	89.0%	89.0%	81.0%	87.0%	98.0%	104.0%	88.0%			81.0%	89.0%	89.0%	94.0%	54.0%	84.0%	98.0%	79.0%	77.0%	0.0%				65.0%	65.0%		88.0%	81.0%	56.0%	71.0%	85.0%	89.0%	73.0%		76.8%
	% Qualified Staff (Night)			101.0%	100.0%	37.0%	102.0%				102.0%	102.0%	99.0%	104.0%	83.0%	78.0%	88.0%	100.0%	108.0%	110.0%			102.0%	83.0%	83.0%	103.0%	77.0%	9.0%	98.0%	100.0%	100.0%	0.0%				74.0%	74.0%		97.0%	78.0%	10.0%	88.0%	87.0%	84.0%	98.0%		84.2%
	% un-Qualified Staff (Day)			98.0%	0.0%	23.0%	111.0%				107.0%	112.0%	93.0%	129.0%	48.0%	132.0%	108.0%	142.0%	89.0%	115.0%			104.0%	48.0%	48.0%	107.0%	83.0%	76.0%	83.0%	113.0%	121.0%	0.0%				223.0%	223.0%		175.0%	132.0%	44.0%	56.0%	109.0%	101.0%	106.0%		102.9%
	% un-Qualified Staff (Night)			88.0%	0.0%	25.0%	139.0%				99.0%	111.0%	92.0%	123.0%	40.0%	135.0%	104.0%	144.0%	90.0%	128.0%			106.0%	40.0%	40.0%	106.0%	76.0%	100.0%	119.0%	99.0%	102.0%	0.0%				39.0%	39.0%		135.0%	135.0%	74.0%	101.0%	107.0%	121.0%	97.0%		89.5%
	Budgeted Nurse: Bed Ratio (WTE)		5.56	1.18	1.18	11.78	0.19	-4.19	0.00	0.00	5.76	-0.64	7.13	1.40	3.89	-1.02	-0.96	6.48	3.68	1.28	0.00	10.14	0.00	0.00	-2.41	0.66	7.59	7.53	8.64	4.25	3.87	5.02	2.35	1.94	1.54	3.38	3.38	1.58	-1.41	-3.89	2.81	6.85	-1.38	2.85	2.15	6.81	116.95
	Current Budgeted WTE (Ledger)		45.38	73.28	73.28	39.29	38.03	43.34			33.71	41.23	42.69	40.70	26.93	19.97	50.82	40.30	40.01	39.97		60.26	36.15	0.00	93.60	35.52	35.60	42.40	34.92	44.50	44.49	19.72	32.75	50.92	16.92	33.57	33.57	25.97	22.00	86.31	24.64	66.93	26.34	26.34	20.92	105.69	1708.94
	Actual WTE In-Post (Ledger)		39.82	72.10	72.10	27.51	37.84	47.53			27.95	41.87	35.56	39.30	23.04	20.99	51.78	33.82	36.33	38.69		50.12	36.15	0.00	96.01	34.86	28.01	34.87	26.28	40.25	40.62	14.70	30.40	48.98	15.38	30.19	30.19	24.39	23.41	90.20	21.83	60.08	27.72	23.49	18.77	98.88	1591.99
	Actual Worked (Ledger)		46.02	77.09	77.09	29.17	44.49	50.55			33.48	47.23	41.77	46.28	24.48	22.67	58.55	41.11	41.42	46.98		46.81	39.79	0.00	91.28	36.11	27.68	39.81	31.25	45.12	45.53	14.69	30.06	48.01	16.43	28.77	28.77	23.23	23.46	87.98	20.55	60.62	31.25	24.62	19.30	92.96	1682.45
	Sickness (%)	*Target is < 4.2%*	2.81%		7.18%	12.02%	19.43%	14.61%			7.09%	1.16%	11.07%	7.44%	11.17%	0.42%	9.95%	4.69%	2.58%	8.14%	15.62%	12.82%	11.87%	3.72%		7.39%	13.25%	8.08%	4.59%	3.43%	9.81%	15.05%	10.46%	14.95%	0.00%	6.00%		0.11%	12.36%	8.58%	6.23%	0.00%	7.31%	3.15%		5.55%	5.14%
	Current Budgeted Vacancies		-6.20	-4.99	-4.99	-1.66	-6.65	-3.02	0.00	0.00	-5.53	-5.36	-6.21	-6.98	-1.44	-1.68	-6.77	-7.29	-5.09	-8.29	0.00	3.31	-3.64	0.00	4.73	-1.25	0.33	-4.94	-4.97	-4.91	0.01	0.34	0.97	-1.05	1.42	1.42	1.16	-0.05	2.22	1.28	-0.54	-3.53	-1.13	-0.53	5.92	116.95
	Pending Appointment																																														0.00
	Substantive Staff Turnover	*Target is < 10%*	4.8%		5.0%	23.2%	11.5%	17.1%			15.8%	14.3%	11.5%	10.9%	3.4%	4.6%	8.7%	11.9%	14.3%	18.2%	0.0%	5.2%	9.2%	7.6%		7.7%	16.4%	11.5%	19.1%	14.0%	11.5%	5.6%	5.2%	13.8%	10.8%	10.7%		10.7%	26.7%	8.3%	0.0%	0.0%	5.7%	18.8%		4.2%	12.66%

Data Legend

No data returned	
No Eligible patients	

WTE data is for Nursing staff only. The figures do not include Admin, Therapists or Doctors.

BOSCA Colours - white, bronze, silver, gold, platinum

Board Assurance Heat Map - District Nursing Domiciliary

	Indicator	Target	ICS Division												
			Avondale and Chorley old Road	Breightmet & Little Lever	Crompton with Egerton & Dunscar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westhoughton	Evening Service	Treatment Rooms	Overall
Infection Control & Harm Free Care	Hand Washing Compliance %	*Target = 100%*	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.00%
	Monthly New pressure Ulcers (Grade 2)	*Target = 0*	1	1	0	2	2	0	0	0	0	1	0		7
	Monthly New pressure Ulcers (Grade 3)	*Target = 0*	1	0	0	0	0	1	0	0	0	0	0		2
	Monthly New pressure Ulcers (Grade 4)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0		0
	PU due to lapses in care	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0		0
Audit	Monthly KPI Audit %	*Target = 95%*	98.77%	97.11%	96.93%	93.25%	91.60%	95.49%		96.67%	96.61%	96.76%	98.07%	98.5%	93.43%
	BoSCA Overall Score %	*w=<55%, B>55%, S>75%, G>90%*	92.41%	94.93%	91.10%	87.07%	95.95%	94.33%	96.15%	97.55%	91.74%	97.11%	96.93%	87.10%	93%
	BoSCA Rating		platinum	platinum	gold	silver	platinum	platinum	gold	gold	platinum	platinum	gold	silver	gold
Patient Experience	Friends and Family Response Rate %	*Target = 30%*													
	Friends and Family Recommended Rate %	*Target = 97%*													
	Number of Complaints received	*Target = 0*													0
Staffing & Workforce	Current Budgeted WTE														0.00
	Actual WTE In-Post														0.00
	Actual WTE Worked														0.00
	Pending Appointment														0.00
	Current Budgeted Vacancies (WTE)														0.00
Staff Development	Sickness (%) (July)	*Target is < 4.2%*	9.7%	6.1%	3.6%	0.8%	0.0%	5.0%	6.5%		0.6%	4.1%	6.5%	8.0%	6.49%
	Substantive Staff Turnover Headcount	*Target is < 10%*	6.7%	5.6%	0.0%	47.4%	0.0%	12.5%	14.8%		5.7%	9.5%	3.3%	10.0%	3.28%
	12 month Appraisal	*Target = 85%*	100.0%	93.3%	80.0%	73.7%	84.6%	93.3%	100.0%		100.0%	100.0%	96.4%	96.2%	96.43%
	12 month Statutory Training	*Target = 95%*	93.3%	98.9%	92.1%	96.5%	97.4%	100.0%	95.8%		98.3%	100.0%	95.6%	95.0%	95.56%
	12 month Mandatory Training	*Target = 85%*	96.3%	100.0%	91.0%	95.9%	100.0%	100.0%	100.0%		97.3%	100.0%	97.3%	96.5%	97.25%

Data Legend

No data returned	
No Eligible patients	

WTE data is for Nursing staff only. The figures do not include Admin, Therapists, Relief Team or Doctors & so will not marry up with the community performance report.
Home visits on this report excludes Groups so will not marry up with the community performance report.

BOSCA Colours - white, bronze, silver, gold, platinum

Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	16th September 2020	Date of next meeting:	21st October 2020
Chair:	Malcolm Brown NED (for patient story)/Andrew Thornton NED	Parent Committee:	Board of Directors
Members Present:	All Divisions, all relevant corporate functions, Execs x3, NEDSx3	Quorate (Yes/No):	Yes
		Key Members not present:	Fiona Noden, Donna Hall, Francis Andrews, Esther Steel, George Lipscomb, Linda Denman, Carol Sheard and Gina Riley.

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Anaesthetic & Surgical Services Division Quality Report		AV	Query regarding resolution of pension matters impacting on work force requires further clarification	Director of People to review and communicate resolution
Diagnostic & Support Services Division Quality Report		RM/ NC	Noted the encouraging training and appraisal rates for divisional staff Homeworking mentioned	JM to discuss homeworking at the People Committee
End of Life Care (EOLC) Current Position		ICSD	Need to ensure EoL strategy is updated	Bereavement Team to work on the Strategy (system wide)
Dementia Report Q1 – Q4		MF	Noted the need for Specialist Posts to evidence clinical added value and effectiveness being considered in the Trust (not specifically to Dementia)	Literature Search commissioned to support paper back to Exec Directors meeting
Quality Account Priority 1 – Improving Hydration		CW	Concern that the recording of hydration in records is sub-optimal	Will form part of the action plan to communicate Hydration as everyone's business
Quality Account Priority 2 – Improving Radiology Reporting Times		RM	Noted in the national context the challenges that the service face between demand/capacity and referral patterns/behaviours from clinicians (e.g. Head CT)	Actions in the paper noted
Quality Dashboard & Heat maps		AT	In terms of maternity, concern that benchmarking against national average population may skew intelligence given the Bolton population profile.	
SI 149976 C Diff		MF	Report accepted with enhanced action. Noted the minutes of QAC will note our apologies to be conveyed to the family	To enhance action plan regarding EPR recording of data
Comments: Productive meeting (some initial IT challenges). Committee members noted the continued broad positive performance and robust attendance and engagement during the difficult and challenging climate.				
Risks escalated				

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	22nd September 2020	Date of next meeting:	20th October 2020
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Bilkis Ismail, Rebecca Ganz, Andy Chilton, Lesley Wallace, Andy Ennis, Annette Walker, Martin North, Sharon Martin, James Mawrey	Quorate (Yes/No):	Yes
		Key Members not present:	Donna Hall, Fiona Noden, Mark Costello

Key Agenda Items:	RAG	Lead	Key Points	Action/ decision
Revised Financial Framework	N/A	Director of Finance	The Director of Finance (AW) provided an update on changes to the financial regime which will come into operation from 1st October. This will operate across Greater Manchester and AW advised that the details were still being worked through and an update will be provided following meetings that are being held in the next few days.	For noting.
Month 5 Finance Report		Deputy Director of Finance	The Deputy Director of Finance (AC) gave an update on the financial position at Month 5. The financial position for Month 5 shows an overall break-even position. This is in line with the new financial regime that has been introduced to help deal with the Covid-19 situation. The current regime will continue until the end of Month 6 and will then be reviewed. The financial position is summarised in the table below: **Month 5 £m** / **YTD £m** Base Income 28.1 / 141.3 NHSI automatic top up 1.3 / 6.4 NHSI top up request 2.4 / 10.9 **Total 31.8 / 158.5** Expenditure 31.8 / 158.5 **Surplus/Deficit 0.0 / 0.0**	For noting.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Month 5 Finance Report (continued)			AC advised that in Month 5 the Trust spent £1.7m on Covid related items and year to date the total expenditure amounted to £9.9m. Overall the Trust has requested additional top up funding of £10.9m of which £8.48m for Months 1 to 4 has been validated by NHSI and cash received. With regard to capital the Trust has a Capital Programme of £7.6m and in addition has received funding for Covid schemes of £2.8m for upgrades to the A&E Department (£2.6m) and for Endoscopy equipment (£0.2m). It is also hoped that a further bid for Critical Care of £2.1m will be approved. The Trust has an overall cash position of £52.5m at the end of August which is due to advanced payments for September and additional performance monies from 2019/20, together with the opening cash position of £17.0m. It was particularly pleasing to note that the exercise to reduce the aged debtors and aged creditors across Greater Manchester has now been completed. This has substantially reduced the level of debtors and creditors for the Trust and the key thing is to ensure that it does not reoccur.	
Finance Department Business Plan 2020/21		Deputy Director of Finance	The Deputy Director of Finance gave an update on progress on the Finance Department Business Plan for the current year. Of the 17 deliverables 8 are being implemented and 9 are delayed or under further consideration due to the impact of Covid. Particular reference was made to the ledger upgrade which is due to go live on 8th October, the new costing system which is being implemented and the development of robotic processes to improve efficiency.	For noting.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Costing Update		Deputy Director of Finance	The Deputy Director of Finance gave an update on the progress of the Trust's new Patient Level Costing System (PLICS) with regard to both this year's Reference Cost submission and how it is envisaged it will start to feed into business as usual practices later in the year. The implementation of the new PLICS system is nearing completion and the Trust is on track to meet the costing submission date of 5th November. In addition a key benefit of the system is how it can be used to inform financial decision making across the Trust through more accurate and robust costing.	For noting.
Month 5 iFM Finance Report		iFM Director of Finance	The iFM Director of Finance (LW) presented the iFM financial position for Month 5 and year to date. The overall position is a post tax profit of £247.0k on turnover of £12.1m. Details are set out in the table below: **Month 5 YTD** **£,000 £,000** Turnover 2,171 12,151 Expenditure -2,106 -11,765 Profit 65 386 Tax -25 -139 **Profit after tax 40 247** LW advised that iFM was continuing to receive funding for Covid related items and also good progress was being made with regard to the savings programme.	For noting.
Transfer Pricing Report	N/A	iFM Director of Finance	The Director of Finance of iFM (LW) gave an update on a piece of work being undertaken by Deloitte on Transfer Pricing. This is particularly important from a governance perspective and will assist both the External Auditors and also the Trust in relation to any matters raised by HMRC. The full report should be available for consideration by the Committee at its October meeting.	For noting.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Chairs' Reports	N/A	Director of Finance	The Director of Finance gave an update on the Chair Reports from CRIG, Contract & Performance Review Group and the Strategic Estates Board. In response to a question about the Sustainability Development Management Plan (SDMP) the intention was to appoint Consultants in December and to have the SDMP in place by March 2021.	For noting.
Risks escalated There are no additional items to escalate to the Board.				

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	September, 2020	Date of next meeting:	October, 2020
Chair:	M Brown	Parent Committee:	Board of Directors
Members present/attendees:	J Mawrey, A Ennis. S Martin, M Forshaw, A Chilton, P Henshaw, L Gammack , J Seddon and all the clinical divisions were present	Quorate (Yes/No):	Yes
		Key Members not present:	B Ismail, F Noden, A Walker, F Andrews, E Steele, C Sheard

Key Agenda Items:	RAG	Key Points	Action/decision
Workforce & OD Dashboard		• The Dashboard was well received. • Members positively noted that the Trust had continued to show low levels of sickness absence when compared to those in the North West; Agency spend remains on plan; Statutory & Mandatory training above target. Appraisal rates increasing following the anticipated dip during Covid period. • 100% of BAME & High Risk staff have undertaken a Risk Assessment. Focus now on all staff.	**Actions agreed:-** • The report was noted. • Formatting suggestions were agreed to make the document easier to read.
Resourcing COVID Update		• The Committee were updated on the resourcing support being provided in relation to the our continued COVID-19 response. This includes: Successful recruitment into key posts; Services being provided by the Covid Attendance team to ensure staff are supported with absence and COVID-19 swab testing; Staff Covid Risk Assessments which have been undertaken to ensure we can effectively support more vulnerable members of our workforce.	**Actions agreed:-** • The report was noted.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Inclusion Update		• The Committee received an update on the progress that has been made since the last quarterly update paper along with the suggested next steps with regard to Inclusion. • Given that BoD members are receiving a full update on key inclusion papers at the meeting, in order to avoid duplication, further details are not included in this Chair report.	**Actions agreed:-** • Inclusion leadership will sit in one Executive Director's portfolio (DoP). • Develop an Inclusion Leadership Group, which is reportable to the People Committee.
Appraisal Refresh		• The Committee welcomed the plans to launch a refreshed appraisal and 121 process for our non-medical workforce that facilitates more meaningful conversations and supports a performance management culture. • Colleagues were pleased to note the vertical integration from our Voice Values & Voice behaviours. The Divisions noted that particularly helpful was the supporting toolkit.	**Actions agreed:-** • The Committee fully supported the direction of travel
Health & Wellbeing Update		• The Committee received an update on the plethora of actions being taken to support our workforce. A detailed discussion took place on support at both a Trust and Divisional level. Particular discussion took place on: Caring for yourself programme, Caring for your Teams programme, Counselling and PTSD support, Flu Immunisation programme and Shinymind app.	**Actions agreed:-** • The paper was noted and the Committee fully supported the direction of travel

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Medical appraisal and revalidation update		• The Committee noted that GMC guidance (March) was that the process should be paused due to COVID-19. Locally we have said that if you can get your appraisal done, then please do but if you can't then do not worry. • As a result of the above the Medical appraisal uptake has been low. • The Committee understood the rationale for the GMC guidance but remained concerned as to potential unintended implications.	**Actions agreed:-** • Update paper to be received routinely every 6 months. • Deputy Medical Director to review concerns raised by the Committee and report back at the next meeting. • Director of People to note this as a risk on the Trust Risk Register.
FTSU Quarterly report		• The Committee heard that during the period from 1st April 2020 to 30th June 2020 (Q1) a total of 24 cases were reported through the FTSU route (Divisional split and themes are included within this report). • It was discussed that during Q1 less than 5% of the 24 concerns raised were from BAME employees. This is concerning when nationally BAME staff have been encouraged to speak up during the COVID-19 pandemic because they are at higher risk of contracting the virus. • Plans are in place to mark the national FTSU month during October 2020 to help raise awareness of speaking up and the work which we are doing across the Trust to make speaking up business as usual.	**Actions agreed:-** • The FTSU Guardian to work with colleagues from the BAME Forum on measures that can be taken to improve FTSU awareness amongst BAME staff.

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

National People Plan		The Committee discussed the recently published national NHS People Plan. The report went on to assesses requirements against the Trust Workforce and OD Strategy and as such identifies actions to be taken. It was considred that the broad aims and priorities of the national plan are aligned with the our Strategy and activities at a Trust level. Colleagues were advised that a further National People Plan is likely to be published next year.	**Actions agreed:-** • The national People Plan does not require a fundamental refresh of our Strategy. That said the Workforce & OD Strategy is due for discussion at the next People Committee and the November BoD, as such our Strategy will be updated to include any matters that are covered in the National People Plan.
Assurance from reporting Committees • Staff Health & Wellbeing Group • Staff Engagement Group • Maternity Improvement Group		• All reports were noted and risks being managed.	
Risks escalated None – matters being managed within Committee **Matters for noting** The Committee asked for focus to be given on the triangulation of data from the Go Engage findings, FTSU report, HEE Reports and Employee Relations data to support in identifying any 'hotspot issues' BoD are asked to note that the Committee asked for a full report regarding Maternity and the cultural improvement programme.			

	No assurance – could have a significant impact on quality, operational or financial performance;
	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Agenda Item 14

Title:	Workforce Race Equality Standard (WRES) 2020 Workforce Disability Equality Standard (WDES) 2020

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	24th September 2020		Discussion	
Exec Sponsor	James Mawrey		Decision	

Summary:	1. Our commitment to ensuring Equality Diversity and Inclusion within our workforce is essential to ensure that we deliver safe, caring and excellent services in line with our Trust values. 2. Implementing the Workforce Race Equality Standard and the Workforce Disability Equality Standard is part of our commitment to meeting the Equality Delivery Standards, which are both a required component of the standard NHS contract. 3. The paper sets out that there has been some improvement in the last twelve months surrounding this important agenda though more focused work is required.

Previously considered by:	Workforce Assurance Committee (now People Committee)

Proposed Resolution	The Board are requested to support the recommendations within this report and approve the content of the report to be published nationally within the NHS and on the Trust's website.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*		*To develop **partnerships** that will improve services and support education, research and innovation*	

Prepared by:	Jane Seddon – Head of HR & OD for Bolton ICP	**Presented by:**	James Mawrey Executive Director of Workforce and OD

Glossary – definitions for technical terms and acronyms used within this document

WRES	Workforce race equality standard
WDES	Workforce disability equality standard
FTSU	Freedom to speak up
CPD	Continuing professional development

Introduction

1. Our commitment to ensuring Equality, Diversity and Inclusion within our workforce is essential to ensure that we deliver safe, caring and excellent services in line with our Trust values.

2. There is evidence of disproportionate mortality and morbidity amongst Black, Asian and Minority Ethnic (BAME) people, including NHS staff who have contracted COVID-19. This evidence focuses our responsibilities, as an employer and as a health care provider, to our communities – to address inequality within our workplace and promote inclusion in everything that we do.

3. The importance of inclusion is embedded into the Five Year Forward View (FYFV), People Plan and within our own Five Year Strategy.

4. There are two key documents that we are required to publish externally. These being: - the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) and associated action plans.

    - The Workforce Race Equality Standard (WRES) provides a framework for NHS Trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that employees from black and ethnic minority (BAME) backgrounds receive fair treatment in the workplace and have equal access to career opportunities. The requirement to have signed up to the Workforce Race Equality Standard (WRES) has been included in the NHS standard contract since 2016. It focuses on meeting requirements around ethnicity and hinges on nine race equality indicators as part of the Equality Delivery System. These indicators are a combination of workforce data and results from the National Staff Survey.

    - The Workforce Disability Equality Standard (WDES) provides a framework for NHS Trusts to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that disabled employees receive fair treatment in the workplace and have equal access to career opportunities. WDES has been a requirement of the CCG Contract & NHS Contract since 2018/19. The WDES is a set of ten specific measures (metrics) that will enable organisations to compare the employment experiences of disabled and non-disabled staff. This applies to all NHS Trusts and Foundation Trusts from April 2019 and is a key step for NHS organisations to improve equality for the NHS workforce. We are able to compare the reported outcomes and experiences between disabled and non-disabled staff based on 10 metrics, and highlight the experiences of disabled staff.

Performance & Key Findings - WRES

1. The following improvements have been made since the last reporting year:

- In the last year, there has been a 0.45% increase in the overall number of BAME staff employed - from 12.4% (2018/19) to 12.9% (2019/20). In the last year to, 31 March 2020, our workforce has increased by 154, and of these 29% have been BAME members of staff.

- The table below shows the distribution of our BAME workforce across the banding levels, with a variance from the previous reporting period shown in the end row. Workforce analysis shows that for 2019/ 2020 the majority of BAME staff are clinical and continue to be clustered in the middle pay bands.

BME	Under Band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	VSM	Medical
Non-Clinical	0.02%	0.02%	0.57%	0.39%	0.32%	0.20%	0.07%	0.00%	0.02%	0.04%	0.00%	0.00%	0.02%	0.02%	-
Clinical	0.00%	0.00%	1.16%	0.45%	0.32%	4.08%	1.64%	0.80%	0.12%	0.05%	0.00%	0.02%	0.00%	0.00%	2.57%
Overall	0.02%	0.02%	1.73%	0.84%	0.64%	4.28%	1.71%	0.80%	0.14%	0.09%	0.00%	0.02%	0.02%	0.02%	2.57%
2019 v 2020	-0.06%	0.00%	0.08%	0.03%	-0.05%	0.23%	-0.01%	-0.02%	0.00%	0.05%	0.00%	0.02%	0.00%	0.00%	0.18%

- Our staff engagement scores for BAME staff (7.3) where slightly higher than from white staff (7.2). Following the introduction of the Go Engage tool in 2019 we are able to monitor and respond to engagement scores from protected characteristics perspective. The table below shows the engagement scores for the last year collected through go-engage:

Overall Engagement Score*					
	Trust	BME Staff	White staff	Disabled staff	Non disabled staff
Q1	4.08	4.03	4.12	3.89	4.11
Q2	4.04	4.05	4.06	3.94	4.07
Q3	4.05	4.14	4.07	3.88	4.11
Q4	3.98	3.79	4.01	3.76	4.00

**note Go Engage range is 1-5*

- The relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants has decreased (which is positive) from 1.53 in 2018/2019 to 1.3 in 2019/2020. This is now lower than the national average of 1.46 in 2019. These figures are calculated on a cumulative basis over the 12 months basis.

- The relative likelihood of BAME staff accessing non-mandatory training or CPD has remained at 0.9 in the last 24 months.

- The number of BAME staff that reported a change in the levels of Bullying & Harassment from patients and relatives towards BAME staff has reduced again this period - down from 32% to 29% (there was also a decrease reported from white staff from 31% to 22%). This is aligned to the national average of 29.8% for BAME staff.

2. The following deteriorations have been made in WRES performance since the last reporting year:-

- There has been an increase in the likelihood of BAME staff entering the disciplinary process (from 1.59 to 1.64). This indicator is calculated over a rolling 2-year period, analysis over the last 12 months indicates the number of BAME staff subject to disciplinary action has decreased in 2019/2020 and remained static for white staff. Nationally this indicator has reduced year on year from 1.56 in 2016 to 1.22 in 2019 for BAME staff.

- In the last 12 months more BAME staff have personally experienced discrimination from either their manager, team or colleague (from 18% in 2018/2019 to 21% in 2019/20). This is lower than the national average in 2019, which was 29%.

- The percentage of BAME staff believing the Trust provides equal opportunities for career progression or promotion has decreased (from 75% in 2018/2019 to 68% in 2019/20) this factor has declined for 3 reporting periods. This is higher than the national average of 69.9% in 2019.

Actions taken in 2019 – 2020

1. During 2019/20 the following actions have been undertaken:-

   a. NED Board inclusion champion in place. This individual's attendance at key meetings has been both valued and appreciated by the workforce.
   b. A BAME Forum and has been established and is well attended. Note currently just one third of NHS organisations have a BAME Forum.
   c. FTSU Champions have been appointed from a wide diversity of backgrounds and includes a number of colleagues with protected characteristics.
   d. Recruitment processes have been reviewed to ensure inclusion is included within all aspects of the recruitment cycle. This includes the introduction of a toolkit to helps managers to develop inclusive practice at every step of the recruitment process, with a selection of inclusive interview questions.
   e. Leadership programmes have been developed in consultation with BAME staff. Specifically we will be introducing a 12-month development programme to provide the knowledge and skills to develop our BAME future leaders. This consists of 12 months developed, ILM inclusive leadership certificate, workplace improvement projects delivered through the lens of inclusion and participation of the newly developed reciprocal mentoring programme.
   f. Our behaviours - inclusion is at the very heart of the new behaviour pledge that the Workforce Assurance Committee and Board of Directors recently supported.
   g. We launched an equality impact assessment process to ensure policies and initiatives are equality impact reviewed.
   h. We developed a robust process to commission and monitor employee relations cases to ensure a consistent equal approach.

i. Risk Assessments for high-risk groups. As colleagues with a protective characteristics are potentially more likely to contract and suffer from Covid we have put in place a risk assessment process for all of our 827 staff. We are the only NHS Acute Provider organisation in the North-West to have completed 100% of these risk assessments.

j. Managers attended an accredited investigators training programme in November 2019 to ensure a consistent approach for managers when they are conducting employee relation investigations. Over 100 participants attended which now forms a cohort of Investigating Officer's across the Trust.

k. We have been short-listed by the HPMA for an Inclusion Award recognising the work that has been conducted to develop a golden thread of inclusion throughout the performance and governance functions within the Trust. Focus is required to truly embed this work so the workforce can feel the difference from their perspective.

Further in year actions

1. Whilst some improvements have been made, there remains considerable work that needs to be undertaken. This year the WRES action plan has been developed in conjunction with the BAME network.

   The WRES action plan will continue in three workstreams:-

   - <u>Workstream 1 - make recruitment fairer</u>
     i. Designated members of our BAME staff network have agreed that they will act as guardians of a fair process by inputting into recruitment processes of band 7-9 job vacancies. Training had been arranged for September 2019 with only one BAME member of staff signing up. In the June 2020 staff forum there was renewed interest in becoming panel buddies therefore this approach will be re-visited and the training will take place in September 2020.
     ii. Un-conscious bias training will be reconfigured due to COVID-19 and rolled out in a new format.
     iii. The BAME Network had a development session in February 2020 with the Head of Resourcing to identify ways to reach wider communities, this work will continue throughout 2020/21.
     iv. Recruitment audits commenced in July 2019 and continue quarterly. These audits involve identifying posts that have received BAME applicants, posts will be randomly selected to ensure that a robust, fair process has been followed. The first findings of these audits will be presented to the Workforce Assurance Committee in the Quarter 3 report. Escalation will then be provided to Board members via the WAC Chairs report.

   - <u>Workstream 2 – workplace experience</u>
     i. Significant work has been undertaken with the BAME staff forum and early signs

show the staff to be positively engaged and supportive of the group. Further forums will be developed in 2020/21.

ii. Our reciprocal mentoring programme has been developed and training for the programme will commence in the autumn.

iii. Our VOICE Behaviour Framework will be implemented in September to help to develop and embed an inclusive culture.

iv. Engagement events will take place at local level regarding the findings in the EDI annual integrated report. This will inform the inclusion divisional action plans.

- Workstream 3 – support and enable career development
  i. We will ensure that we maximise the 'take up' of the NHS Leadership Academy programmes such as the 'Stepping Up Programme' and the 'Ready Now' programme. These programmes are leadership development programmes for aspiring BAME staff who work within a healthcare setting. They aim to create greater levels of sustainable inclusion within the NHS by addressing the social, organisational and psychological barriers restricting BAME colleagues from progressing.
  ii. Linked to the above we have developed an internal positive action leadership development programme – the Bolton Accelerator Management Experience. This programme generated a lot of interest from our BAME workforce and was due to commence on the 1 April 2020 with 15 delegates, however was paused due to COVID. This programme will be rescheduled and reconfigured with some sessions running virtually and will now run later in the year.
  iii. A process to capture all development and CPD is being explored which will help to identify equal opportunities for training and development. A long-term solution is being developed to link to the ESR/OLM project and digital transformation plan.

Performance & Key Findings - WDES

1. This is the second year that we have reported WDES, meaning we are able to provide a comparison to last year. Where possible comparators have been given against known national averages – via the NHS Staff Survey. It is recognised that the data is poor across the whole NHS and much work is required to improve declaration rates to enable true visibility of issues related to our disabled workforce.

2. 57% of our staff have reported themselves as having a disability (via ESR – HR information system); this has reduced since 2018/19 (2.75%) this is different to the number who declared themselves as disabled via the NHS Staff Survey (19.3%). Nationally 3% of staff report that they have a disability in the NHS (via ESR – HR information system), with 19.2% declaring that they have a disability on the NHS Staff survey.

3. Workforce analysis shows that the majority of disabled staff are employed at Bands 1-8a with 39 non-clinical members of staff declaring a disability, of these 95% were in bands 1-7 and 5% are in bands 8a+. 105 clinical members of staff declared a disability 91% of these staff are in bands 1-7 and 9% are in bands 8a+.

4. Staff engagement scores for disabled staff have reduced from 7.1 in 2018/19 to 6.8 in 2019/20. We score higher than most GM Trusts for disabled staff engagement. Non-disabled staff feel that they are satisfied that the organisation values their work (disabled 43%, non-disabled 55%).

5. The percentage of disabled staff who have experienced harassment, bullying or abuse from patients/relatives/public has decreased (34% in 2018/19 to 26% in 2019/20), increased by 9% from managers (10% in 2018/19 to 19% in 2019/20) and increased by 10% from colleagues (20% in 2018/19 to 30% in 2019/20).

6. The relative likelihood of disabled applicants being appointed from shortlisting compared to non-disabled applicants is 1.57. This has increased since 2018/19 (1.41). 77% disabled staff feel that we provide equal opportunities for career progression (disabled 77%, non-disabled 86%)

Actions taken in the last 12 months - WDES

1. We have been recognized as a Disability Confident Employer – this means that we have processes in place to ensure that disabled people and those with long term health conditions have the opportunities to fulfill their potential and realise their aspirations. We now aspire to achieve the third level – Disability Confident Leader, however it is clear that much work is still needed to enable us to achieve the next level.

2. Wellbeing support that is available for staff is listed below.

   - **Time out** – we have established Lavender rooms to provide safe, quiet and confidential space where staff can take time out to pause, reflect and access self-care resources anytime during their working day/shift.
   - **Telephone Support –** we have an employee assistance programme which is a 24 hour 7 day a week confidential helpline and telephone counselling service. Occupational health support is available to staff by appointment and by phone, staff now have access to an NHS national helpline and a Bereavement Support service is available internally.
   - **Virtual/Online Support** - wellbeing check-ins have been established for staff so they are able to speak online to a member of the Boo Coaching Team. These sessions are open to individuals and teams. They provide space to reflect on how staff are feeling, their stress triggers and what staff are doing to care for themselves.

- Our *Caring for Yourself* Programme has been adapted and developed into a range of webinars.
- Our Vivup portal details a wide range of programmes and support available for staff and the silver cloud digital mental health platform is a free online support for mental health and wellbeing available to all GM residents. It provides online therapy to help with stress, anxiety, low mood and depression. Silver Cloud also offers a number of online programmes to help improve sleep or build resilience. Each programme uses proven methods, including cognitive behavioural therapy, and all information entered is anonymous, confidential and secure.
- **Face-to-Face Support** - drop-in support clinics have been established so staff members can speak confidentially to a member of the Clinical Health Psychology Team available 7 days a week. Wellbeing walkabouts have been introduced with members of the Boo Coaching Team and the Staff Wellness Support Team out and about on the hospital site and dropping in to community buildings to talk to staff about their wellbeing needs and provide mental wellbeing support. Specific times when members of the team will be based in a private room for staff to come along and talk will be promoted on the intranet.
- **Mobile Phone Apps** – a number of apps have been made available to the workforce. Shinymind App - a free app providing mental wellbeing and resilience activities, resources, tools & functionality to send/receive positivity messages between colleagues. Headspace App – a free app providing meditation activities &resources.
- **Psychological Support** – we are currently putting arrangements in place for staff to be able to access PTSD/trauma specialist counselling via a third party organisation. A bid has been submitted to fund the purchasing of a 2-year licence to run Schwartz rounds which is a tried and tested approach to psychological debriefing.
- **Caring for Your Teams -** we have commissioned 'Caring for Your Teams' – a healthy workplace programme aimed at line managers to help them to have better wellbeing conversations and spots the signs of mental health problems within their team and colleagues.

Further in year actions - WDES

It is clear that there is much work to do in relation to our approach to supporting the workforce who identify with a disability or long term condition, in addition to the actions listed below, we will develop a meaningful action plan through disability engagement forums. We will listen to what the issues are for staff that do have disability/ long terms conditions and will work with them to agree time limited actions and priorities.

- A key focus this year will be ensuring that the information we hold on our HR systems is accurate. We know from the NHS Staff Survey that a number of our staff are choosing not to declare their disability. As such, we need to fully understand the reasons for this and then put appropriate measures in place to increase our staff confidence in declaring their disability.

a. The 'portlet' (section) for updating EDI information has been added to the 'portal' (homepage) screen of ESR (HR system). An integrated communications plan including enabling employees to access payslips, change personal details, conduct pay progression or appraisal meetings and also update EDI details has commenced. So far this has included Trust-wide emails, individualised emails, text messaging, articles on the intranet, social media posting, creation of 'how-to' guides and videos and soon a poster campaign. Traffic through the MyESR app is expected to increase significantly once paper payslips cease (September 2020) and from the same application as digital copies can be accessed, so too the disability details can be updated.

b. We will ensure all those wellbeing actions taken (noted earlier) during COVID will become 'business as usual'.

Additional information

1. The following has recently been agreed:

a. To consolidate the inclusion and diversity strategy under one Executive Director portfolio (Director of People), to ensure an even deeper focus on inclusion, with clear lines of accountability, reducing duplication and providing support in clarity of messaging to the organisation.

b. To introduce a Strategic Leadership Group, reporting to the Workforce Assurance Committee (and subsequently BoD). The remit of the Group, composed primarily of NHS leaders across the Trust with lived experience, is to focus on specific, measurable actions that could and should be taken to improve our inclusivity and diversity. And to consider how to enhance organisational impact in our deprived neighbourhoods and on inclusion groups within our Bolton community.

2. At Divisional level, an integrated report has been developed to enable Divisions to have an overview of all inclusion strands. The WRES and WDES are generally reported across the NHS at organisational level, however we are able to identify hot spot areas to target interventions. This will inform Divisional inclusion action plans which will be presented to the EDI steering group and WAC.

3. Age: we have an ageing workforce with 57% of our staff over the age of 40. The average age of an employee is 43 (male 42, female 44), which is in line with the national average in the NHS of 43. We need to be prepared for the fact, just like the community that we serve, that our workforce will experience ill-health, impairment and disabilities. Retaining staff with lived experiences is beneficial to improving our services as their understanding can enhance patient care. These points will form part of the actions identified through the WDES. Flexible working, including different or set working patterns has been proven to enable older workers to work to a higher pension age. Our staff survey results show that we have made excellent improvements with a positive score of 58% that we offer opportunities for flexible working compared to the national comparator of 53.8%. There are still improvements that we can make and we need to consider these factors when reviewing our agile/home working approach.

Recommendations

The Board of Directors is asked to:

a. Note the details of the report.

b. Note the actions that will be taken to continue to improve performance against the key WRES and WDES indicators.

c. To continue to monitor progress via the Workforce Assurance Committee.

d. Highlight any specific additional assurance / workforce information required.

Trust Results

WORKFORCE RACE EQUALITY STANDARD 2019/2020

WRES Indicator	2018/19	2019/20
Total number of staff	5457	5611
Proportion of BME staff employed	12.44%	12.89%
The proportion staff who have self-reported their ethnicity	94.04%	94.05%
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.	Shown to the right	
Relative likelihood of staff being appointed from shortlisting across all posts.	1.53	1.3
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	1.59	1.64
Relative likelihood of staff accessing non-mandatory training and CPD.	0.9	0.9
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 31% BME: 32%	White: 22% BME: 29%
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 16% BME: 29%	White: 24% BME: 25%
7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 90% BME: 75%	White: 86% BME: 68%
8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White: 5% BME: 18%	White: 5% BME: 21%
Percentage difference between the organisations' Board voting membership and its overall workforce	White: -1.60% BME: -5.77 %	White: -1.16% BME: -6.22 %
The Staff engagement score: (not officially collected as part of the WRES)	White: 7.3 BME: 7.7 Christian: 7.3 Muslim: 8.1	White: 7.2 BME: 7.3 Christian: 7.3 Muslim: 7.7

WORKFORCE DISABILITY EQUALITY STANDARD 2019/2020

WDES Indicator	2018/19	2019/20
Total number of staff	5457	5611
Proportion of Disabled staff employed	2.75%	2.57%
The proportion staff who have self-reported their disability	71.47%	73.53%
Percentage of staff in each of the AFC paybands or Medical and Dental subgroups and VSM (including executive board members) compared with the % of staff in overall workforce	Available to the right	
Relative likelihood of staff being appointed from shortlisting across all posts.	1.41	1.57
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process.	Not available	0
a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:		
i: Patients/their relatives/Public	D: 34% ND: 24%	D: 26% ND: 22%
ii: Managers	D: 10% ND:11%	D: 19% ND:10%
iii: Other colleagues	D: 20% ND: 16%	D: 30% ND: 15%
Q13. b) Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	D: 68% ND: 50%	D: 42% ND: 41%
Q14. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion	D: 85% ND: 89%	D: 77% ND: 86%
Q11. Percentage of Disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties.	D: 27% ND: 19%	D: 32% ND: 15%
Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	D: 47% ND: 57%	D: 43% ND: 55%
Q28. b) Percentage of disabled staff saying their employer has made adequate adjustment(s) to enabled them to carry out their work	74%	69%
The staff engagement score	D: 7.1 ND: 7.4	D: 6.8 ND: 7.4

* D = Disabled, ND = Non-Disabled

WRES: Divisional Results

WORKFORCE RACE EQUALITY STANDARD							
WRES Indicator	Trust Wide		Adult Acute	Anaesthetics	Diagnostics	Family Care	ICS
	2018/19	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20
Total number of staff	5457	5611	1129	1115	702	1240	978
Proportion of BME staff employed	12.44%	12.89%	14.88%	14.80%	17.95%	9.35%	10.33%
The proportion staff who have self-reported their ethnicity	94.04%	94.05%	95.31%	93.09%	94.73%	92.34%	95.60%
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.							
Full details available in appendix							
Relative likelihood of staff being appointed from shortlisting across all posts.	1.53	1.3	0.63	1.2	1.02	1.53	2.03
Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.	1.59	1.64	3.6	0.88	0.71	1.97	2.75
Relative likelihood of staff accessing non-mandatory training and CPD.	0.9	0.9	0.92	0.94	0.90	0.80	0.90
KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White: 31% BME: 32%	White: 22% BME: 29%	White: 7% BME: -	White: 24% BME: 36%	White: 24% BME: 36%	White: 31% BME: -	White: 28% BME: -
KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White: 16% BME: 29%	White: 24% BME: 25%	White: 17% BME: -	White: 20% BME: 24%	White: 20% BME: 24%	White: 16% BME: -	White: 14% BME: -
7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White: 90% BME: 75%	White: 86% BME: 68%	White: 93% BME: -	White: 93% BME: 75%	White: 93% BME: 75%	White: 89% BME: -	White: 87% BME: -
8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White: 5% BME: 18%	White: 5% BME: 21%	White: 10% BME: -	White: 7% BME: 24%	White: 7% BME: 24%	White: 3% BME: -	White: 4% BME: -
Percentage difference between the organisations' Board voting membership and its overall workforce	White: -1.60% BME: -5.77 %	White: -1.16% BME: -6.22 %					
The Staff engagement score:			White: 7.2 BME: 7.3	Christian: 7.3 Muslim: 7.7			

NR = Not recorded. Red text = reduction in performace

WDES: Divisional Results:

WORKFORCE DISABILITY EQUALITY STANDARD

WDES Indicator	Trust Wide		Adult Acute	Anaesthetics	Diagnostics	Family Care	ICS
	2018/19	2019/20	2019/20	2019/20	2019/20	2019/20	2019/20
Total number of staff	5457	5611	1129	1115	702	1240	978
Proportion of Disabled staff employed	2.75%	2.57%	2.39%	2.24%	2.99%	1.85%	3.07%
The proportion staff who have self-reported their disability	71.47%	73.53%	73.60%	68.97%	74.07%	69.92%	80.88%
Percentage of staff in each of the AFC paybands or Medical and Dental subgroups and VSM (including executive board members) compared with the % of staff in overall workforce							
Full details available							
Relative likelihood of staff being appointed from shortlisting across all posts.	1.41	1.57	5.64	2.27	0.93	1.41	0.89
Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process.	NA	0	0	0	0	0	0
a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:							
i: Patients/their relatives/Public	D: 34% ND: 24%	D: 26% ND: 22%	D: - ND: 33%	D: 29% ND: 25%	D: 29% ND: 25%	D: 31% ND: 33%	D: - ND: 29%
ii: Managers	D: 10% ND:11%	D: 19% ND:10%	D: - ND: 14%	D: 18% ND: 10%	D: 18% ND: 10%	D: 19% ND: 6%	D: - ND: 8%
iii: Other colleagues	D: 20% ND: 16%	D: 30% ND: 15%	D: - ND: 17%	D: 39% ND: 17%	D: 39% ND: 17%	D: 31% ND: 11%	D: - ND: 10%
Q13. b) Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	D: 68% ND: 50%	D: 42% ND: 41%	D: - ND: 48%	D: 40% ND: 40%	D: 40% ND: 40%	D: 55% ND: 65%	D: - ND: 47%
Q14. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion	D: 85% ND: 89%	D: 77% ND: 86%	D: - ND: 91%	D: 80% ND: 91%	D: 80% ND: 91%	D: 100% ND: 88%	D: - ND: 80%
Q11. Percentage of Disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties.	D: 27% ND: 19%	D: 32% ND: 15%	D: - ND: 8%	D: 39% ND: 14%	D: 39% ND: 14%	D: 15% ND: 11%	D: - ND: 11%
Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	D: 47% ND: 57%	D: 43% ND: 55%	D: - ND: 58%	D: 54% ND: 59%	D: 54% ND: 59%	D: 33% ND: 46%	D: - ND: 56%
Q28. b) Percentage of disabled staff saying their employer has made adequate adjustment(s) to enabled them to carry out their work	74%	69%	-	75%	75%	67%	-
The staff engagement score	Disabled: 6.8 (-0.3) Non Disabled: 7.4 (no change)						

* D = Disabled, ND = Non-Disabled

Agenda Item 15

Title:	Gender Pay Gap Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	24th September 2020		Discussion	
Exec Sponsor	James Mawrey		Decision	

Summary:	1. The purpose of this report is to update the Board of Directors on the findings of the Gender Pay Gap (GPG) analysis which all organisations (with over 250 employees) are required to undertake and publish by the end of March 2021. 2. The gender pay gap reporting is important to help us to better understanding our own position and the broader factors which contribute to pay disparity. 3. The paper sets out that there has been some improvement in the last twelve months surrounding this important agenda though more focused work is required. 4. Board members will recall that in July 2020 we had a specific focus on inclusion and the measures that need to be taken within the Trust. 5. Please note we are required to report the GPG for the reporting period 19/20 no later than March 2021. This work has been conducted earlier to align with other inclusion reports being presented to the Board of Directors.

Previously considered by:	Workforce Assurance Committee (now People Committee)

Proposed Resolution	Note the details of the Gender Pay Report and the requirements for the details to be published by the end of March, 2021.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*		*To develop **partnerships** that will improve services and support education, research and innovation*	

Prepared by:	Jane Seddon – Head of HR & OD for Bolton ICP	**Presented by:**	James Mawrey Executive Director of Workforce and OD

Glossary – definitions for technical terms and acronyms used within this document

GPG	Gender pay gap
Mean	The average of the numbers
Median	The middle number within a data set

Introduction

1. The purpose of this report is to update the Board of Directors on the findings of the Gender Pay Gap analysis which all organisations (with over 250 employees) are required to undertake and publish by 30th March 2021.

2. The gender pay gap reporting is a crucial step to better understanding our own position and the broader factors which contribute to pay disparity.

3. The median and mean pay gaps are calculated using the calculations set out in the gender pay gap reporting regulations:-

    a. The **mean** gender pay gap shows the difference in average hourly pay between men and women.
    b. The **median** gender pay gap is the difference between the median hourly rate for male employees and the median hourly rate for female employees.

4. The cause of the gender pay gap is complex, and as the report will show there are certain issues peculiar to specific staffing bands / levels. Understanding these peculiarities is important as this will help us (and the NHS more generally) to address the gender pay gap disparity in the years to come via robust actions.

5. The 'gender pay gap' should not to be confused with 'unequal pay'. Unequal pay is the unlawful practice of paying men and women differently for performing the same or similar work or work of equal value; whereas the gender pay gap is a measure of the difference between the average hourly earnings of men and women.

Key findings

1. We collected our data as at 31st March 2020, when our workforce consisted of 4878 (86%) female and 764 (14%) male. It is common within the NHS that the workforce is predominately female, and in Bolton FT we are above the national average of 74% female and 26% male, therefore a worse gender balance than the national average and we may wish to consider how to attract more male applicants to posts.

2. Appendix 2 shows detailed benchmarking data for 2019 against local Trusts who have reported their data, for the period as 31st March 2019. Gender pay gap reporting was suspended due to COVID-19 therefore some data is not available, and Bolton reported in October 2019. Benchmarking shows that compared to 19 North West Trusts we are placed at 11th, and 75th out of 151 NHS organisations. 2020 benchmarking data will not be available until April 2021.

3. In order to provide a deeper understanding of the gender pay gap then a breakdown by Agenda for Change staffing band has been undertaken. The details are outlined below:-

Mean

Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Medical	VSM
												
-1.3%	-4.7%	-4.6%	-7.2%	-5.9%	-1.1%	-4.3%	-3.5%	0.6%	14.1%	-0.2%	14.0%	22.2%
-£0.14	-£0.49	-£0.52	-£1.04	-£1.04	-£0.24	-£1.03	-£0.99	£0.23	£6.41	-£0.08	£5.84	£15.25

Variance from 2019

2.7%	0.6%	0.8%	1.0%	2.7%	1.4%	1.3%	4.2%	2.9%	28.7%	1.2%	26.5%	10.4%
F	F	M	F	M	M	F	M	F	M	M	M	M

- On the mean indicator, **women earn more** than men in bands 2-8b, and 9.
- On the mean indicator, **men earn more** than women in bands 8c-8d, VSM and medical grades
- If medical staff were removed from the calculations **our Gender Pay Gap reduces to 3.53%**, which is an increase of 1.53% from last year. Therefore the disparity between our gender pay is tilted by our medical workforce which historically was a male dominated profession.

Median

Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	Medical	VSM
												
-1.5%	-6.2%	-11.8%	-11.3%	-8.9%	-6.9%	-9.3%	-6.5%	6.4%	15.8%	0.2%	7.6%	13.4%
-£0.16	-£0.62	-£1.27	-£1.57	-£1.56	-£1.43	-£2.20	-£1.82	£2.37	£7.16	£0.09	£3.36	£9.20

Variance from 2019

0.7%	7.8%	1.6%	6.6%	0.9%	2.9%	9.0%	8.8%	1.1%	30.4%	2.1%	27.3%	5.0%
F	M	F	F	M	M	F	M	M	M	M	M	F

- On a medium measure, **women earn more** than men in bands 2-8b.
- On a medium meaure, **men earn more** than women in bands 8c-9, VSM and medical grades
- If medical staff were removed from the calculations **our Gender Pay Gap reduces to 3.53%**, which is an increase of 0.83% from last year. Therefore the disparity between our gender pay is tilted by our medical workforce which historically was a male dominated profession.

Gender	2019		2020		Variance	
	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Pay Gap %	29.2%	10.5%	29.4%	12.9%	-0.2%	-2.4%

- Overall on a mean average men earn more than women by 29.4% which is a slight increase of the gender pay gap of 0.2%, although we would like to see this reduce each year, this is not a significant change.
- Overall on a medium indicator men earn more than women by 12.9% which is an overall increase of the gender pay gap of 2.4%.

Full/ Part time Gender pay gap split.

Mean	Full Time	Part Time
Male	25.01	18.75
Female	17.84	15.56
Difference	£7.17	£3.19
Gender Pay Gap %	28.7%	17.0%

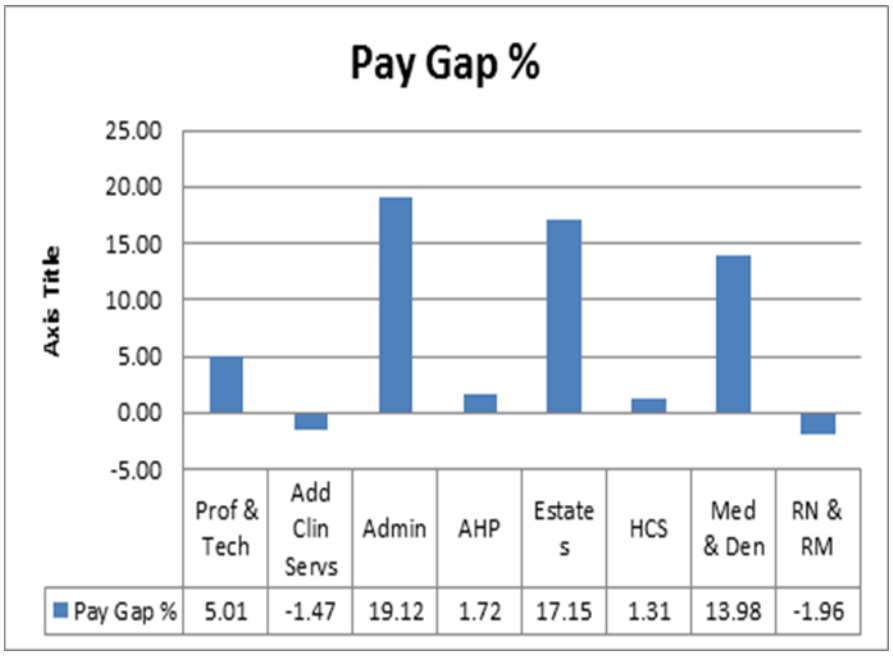
Median	Full Time	Part Time
Male	19.06	15.58
Female	15.45	14.49
Difference	£3.61	£1.09
Gender Pay Gap %	18.9%	7.0%

There is no gender pay gap for part time workers in the private sector, which contrasts with a large pay gap in the public sector, which we have.

Analysis by staff group

4. In order to provide further understanding of the gender pay gap a breakdown by staffing group has been undertaken for this reporting period. The details are outlined below:

Staff Group	Pay Gap %
Prof & Tech	5.01
Add Clin Servs	-1.47
Admin	19.12
AHP	1.72
Estates	17.15
HCS	1.31
Med & Den	13.98
RN & RM	-1.96

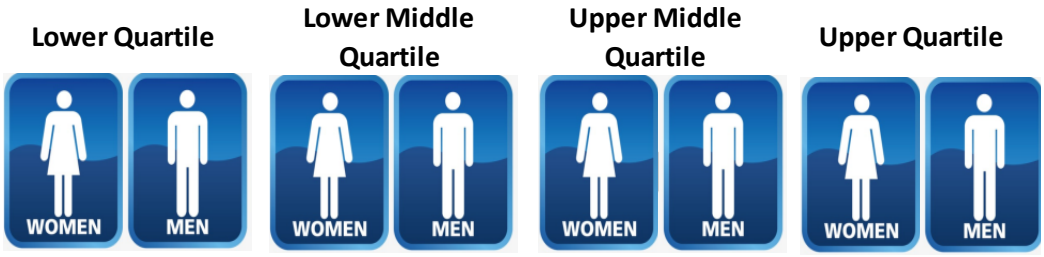


- The largest pay gap among our employees is in administrative and clerical 19.12% which has reduced from 20.84%, medical and dental 13.98% increased from 11.81%, and estates and ancillary 17.15% increased from 11.59%
    - Our widest pay gap is within the administrative and clerical workforce in which the gap is 19.12%. This group includes all corporate and senior management posts. This group consists of 1164 staff members of which 173 are male.
    - The estates and ancillary workforce is a small workforce since the establishment of iFM. This group consists of 4 members of staff of which 2 are male.

- The medical and dental workforce gap has increased to 13.98%, this is less than the national average of 17%. This group consists of 376 staff members of which 53.72% are male.

- The staff groups in which there is a positive pay gap, in which men are paid less than women is in our allied health professionals (-1.47%) and registered nursing and midwifery (-21.96%).

5. We are required to report on the proportion of males and females in each pay quartile. The visual aid below demonstrates that the number of females within each pay quartile is fairly proportionate, although males do increase in the upper quartile;



88.8%	11.2%	90.5%	9.5%	87.8%	12.2%	78.7%	21.3%

   - The pay quartiles are calculated using the calculations set out in the gender pay gap reporting regulations, quartiles are calculated by listing the rates of pay for each employee across the trust from lowest to highest then splitting that list into four equal-sized groups and calculating the percentage of males and females in each.

6. We are required to report on the gender pay gap for bonus awards, Agenda for Change (AFC) staff are not eligible for bonus awards. Currently the medical mtaff contract does afford for the payment of the consulant Clinical Excellence Awards (CEA) and Distinction Awards (Staff Grade), and recently NHS Employers has issued guidance that the payment of these awards should be reported as a bonus under the Gender Pay Gap reporting requirements. We have 0.74% of females received an award (bonus) compared to 8.64% of males, all of the awards were CEA.

7. Positive action is taking place to encourage female consultant colleagues to participate in the clinical excellence awards process. 44% of the applications received in the last active round (2018/19) were received from female applicants and 42% of all awards made in that round were awarded to female applicants.

Key matters to note and potential underlying causes

1. The gender pay gap is calculated as the average pay of all the men in an organisation compared to the average pay of all the women. With

approximately 74% of the NHS workforce being women and because there is a more equal gender split of higher-paid staff such as doctors, the average earnings for women overall is significantly lower, despite the fact that a man and a woman doing the same job are on the same pay grade.

2. There has been some confusion about the difference between equal pay for men and women doing the same job and the gender pay gap. As noted earlier the gender pay gap is not the same as equal pay, it's the difference between the average pay of all men compared to the average pay of all women in an organisation. Understanding the difference is important because the solutions to the gender pay gap are different to those required to ensure equal pay. It may be surprising, but it is possible to have genuine pay equality and still have a significant gender pay gap. For example if a company employs 11 people, i.e.; 10 engineers and one managing director, the 10 engineers (nine women and one man) all earn exactly £50,000 per year so they are all on equal pay. The managing director, who happens to be a man, is on £100,000 per year. The average salary for women in the organisation is £50,000 per annum while the average pay for men in the organisation is £75,000 per annum (£50,000 + £100,000 ÷ 2), a gender pay gap of £25,000 or 50%. Although the reporting requirements apply to organisations larger than this the example illustrates the point.

3. All NHS organisations should manage equal pay through robust job evaluation systems, these systems ensure that pay for work of equal value is recognised; for example, a male nurse and female nurse entering nursing with some qualifications and experience are paid the same pay scale; however, the best job evaluation system will not address the gender pay gap if an organisation has a majority of men in higher-paid roles.

4. The Kings Fund has published a paper on the gender pay gap and concludes the following causes for the pay gap:
    a. Women and men do different jobs and women tend to work in lower paid occupations and sectors and occupy less senior roles. For example: 90% of engineers are male while 83% of primary school teachers are female. The office for national statistics estimates a 36% gap within these professions.
    b. Jobs carried out by women are undervalued. Both in terms of the values society places on the jobs and the wages people are paid. Jobs with a higher percentage of women tend to be lower paid and if, over time, the proportion of women increases in a role average pay goes down.
    c. Men hold more of the most senior roles. Gender pay gap reporting showed 30% of women are in the lowest paid quartiles with 20% in the highest paid, while for men this is reversed.
    d. Women pay a "motherhood penalty" – research in Denmark and the US has shown that while earnings for men and women keep pace until the birth of their first child, for most women the pay gap generated at that point is never recovered.

5. Within Bolton NHS Foundation Trust the following matters can be observed where a gender pay gap has been highlighted. As follows:-

   a. **Medical (376 staff members).** The proportion of males that work in the medical profession (53.72%) which has decreased for two years (2019 - 56.44%, 2018 – 56.74%). This group has been divided further into quartiles to help us to understand if there are any issues that we need to consider. Between quartiles 1-3 the proportion of males to females is fairly even. It is only in quartile 4 where men have a larger representation 68% reduced from 77% in 2018. In quartiles 1-3 average length of service for all staff is broadly similar. However, in quartile 4 the average length of service is 1.36 years longer which does partially explain the gap but not enough to suggest that there isn't a gender bias within the medical workforce in the upper quartile, the bulk of which are consultants.

   b. **Senior posts – AFC Band 8d / Band 9 / Senior Managers paid at VSM rate / Executive level pay** – An analysis of this data shows that the gender pay bias (mean and median - men paid more per hour) for those on AFC Framework may be a result of where they are on the AFC pay scale. Analysis shows that the gender gap has widened in band 8b, 8d, 9 and VSM and the gender pay gap has reduced for bands 8c. We are referring to relatively small numbers of male and female staff in these bands and often small movements can appear to have a significant impact.

   c. **Clinical Excellence Awards –** The stark gender pay gap in this area is seen throughout the NHS and is deemed historic, a greater proportion of consultants, historically, are male and therefore will have a greater number of CEA awards. Analysis shows that in recent years there has been a more even spread in females receiving CEA's, specifically:
      - 2015/16 - 26 male applicants 13 received a CEA (50%) and 15 female applicants 5 received a CEA (33%).
      - 2016/17 - 21 male applicants 11 received a CEA (52%), and 19 female applicants 10 received a CEA (52%)
      - 2017/18 - 46 male applicants 19 received an CEA (41%), and 34 female applicants 15 received an CEA (44%). 43% of the applications were received from female applicants with 50% of awards made to female applicants. The top two scoring applications were from female applicants.
      - 2018/19 - 18 (56%) male applicants of which 15 (58% of all awarded) received an award with 14 (44%) female applicants of which 11 (42% of all awarded) received an award.

It is reported that the gender pay gap in the public sector is generally wider than in the private sector. Nationally across local government the local government association reports that on average that women were paid 6.1% less than men in 2018/19. John Appleby director of research and chief economist, Nuffield Trust, London, reported in the BMJ that the national pay gap within the NHS is 9.7%,

however further analysis replicates our challenge where the medical workforce skews the overall pay gap. The imbalance is not just a concern in the medical pay group. It is a key factor driving the gender pay gap throughout the NHS and for us: while the pay gap for the 88% of NHS staff covered by AFC is 3.9% in favour of women, for the remaining 12% of staff (mainly doctors and senior managers) the gap is 47% in favour of men. Our overall gap is 29.2%, broken down as earlier detailed with a 2% gap for staff on AFC contracts and 11.81% gap for medical and dental staff all in favour of male workers. This demonstrates we favour well compared to other NHS organisations, however work to eradicate the gap must continue.

Actions being taken

1. It is important that longer terms solutions are being explored to reduce the gender gap. The complexities of this agenda may take many decades for this gender pay gap to reduce. These actions continue since the last report as reporting periods have been aligned.

2. Details of actions being taken are described below:

    - **Talent Pipeline:** Succession planning more generally is an area that requires us to take greater focus. This critical matter is considered in our Workforce & Organisational Development Strategy. The strategy is committed to improving access to Female Leaders Programme to encourage women to progress more rapidly into leadership roles. At the same time we will explore how we can attract more men into the organisation at the lower bands, to create a more even gender balance and eliminate job segregation by marketing traditionally female's roles to the male labour market. We have a variety of corporately managed training and development, other than Mandatory Training, which is recorded on ESR including leadership development, customer service and clinical skills development. Clinical development e-learning packages hosted on moodle also support delivery and recording of our workforce upskilling opportunities. The challenge lies within Divisions, Directorates and / or services where specific training is delivered but then not recorded on ESR, further work is required to develop a process that facilitates this in a timely and cost effective way, the use of self-service on ESR may support a way forward. This will provide full oversight of all staff development within the Trust. ESR self-service will form part of the ESR utilisation project - delivery will be monitored by the ESR Steering group which is reportable to the Workforce Assurance Committee.
    - **Flexible working:** Given there is a linkage between more women taking up flexible working arrangements and gender pay differences then we will continue to actively encourage flexible working in every role, at every level, to ensure that our people have the opportunity to work in a way that works best for their career aspirations and home life.

- The revised flexible working policy was ratified in January 2020, this work will be enhanced with the additional focus on home and agile working.
- The percentage of workers working part-time (44%) compared to full-time (56%) has remained static over the 3 reporting periods.
- Although it is recognised that improvements can always be made to help staff to achieve work/life balance our recent staff survey results show a significant improvement in staff satisfaction with the opportunities for flexible working, showing an improvement since 2016 (2016 – 50%, 2017 – 57%, 2018 – 60%, 2019 – 58%).

- **Clinical Excellence Awards:** We have seen more female members of staff participating in the CEA round. 43% of the applications received in the last active round (2017/18) were received from female applicants and 50% of all awards made in that round were awarded to female applicants.
- **Women's personal development programme:** Springboard women's development programme has been developed for women by women and has been running for over 30 years in 48 different countries. Springboard helps organisations challenge their gender pay gap and work on key issues of diversity and inclusion. We explored securing the funding to run this programme during 2019, we will further explore securing the funding during 2020/21.

The above actions are consistent with the NHS direction of travel on this matter, and society more widely, it is important to note that given the complexities of this agenda it may take many decades for this gender pay gap to reduce.

Recommendations

1. The Board of Directors is asked to:

   a. Note the details of the gender pay report and the requirements for the details to be published by the end of March 2021.

   b. Highlight any specific additional assurance / workforce information required.

APPENDIX 1 – 2019 Compared to 2020

1) The mean and median gender pay gap at Bolton NHS Foundation Trust

2019

Gender	Mean Hourly Rate	Median Hourly Rate
Male	£ 22.1	£ 15.9
Female	£ 15.6	£ 14.2
Difference	£ 6.4	£ 1.7
Pay Gap %	29.2%	10.5%

2020

Gender	Mean Hourly	Median Hourly Rate	Median Hourly Rate
Male	£ 23.0	£ 17.2	£ 15.9
Female	£ 16.2	£ 15.0	£ 14.2
Difference	£ 6.8	£ 2.2	£ 1.7
Pay Gap %	29.4%	12.9%	10.5%

2) The mean and median gender bonus gap at Bolton NHS Foundation Trust

2019

Gender	Mean Pay	Median Pay
Male	£ 14,005.0	£ 9,048.0
Female	£ 9,911.7	£ 6,032.0
Difference	£ 4,093.4	£ 3,016.0
Pay Gap %	29.2%	33.3%

2020

Gender	Mean Pay	Median Pay
Male	£13,221.8	£ 9,048.0
Female	£ 9,547.2	£ 8,042.7
Difference	£ 3,674.6	£ 1,005.3
Pay Gap %	27.8%	11.1%

3) The porportion of males and females who received bonuses

2019

Gender	Employees Paid Bonus	Total Relevant Employees	%
Male	61	761	8.02%
Female	27	4722	0.57%

2020

Gender	Employees Paid Bonus	Total Relevant Employees	%
Male	66	764	8.64%
Female	36	4879	0.74%

4) The number of males and females in each quartile

2019

Gender	Male	Female	Male %	Female %
1	156	1215	11.4%	88.6%
2	144	1227	10.5%	89.5%
3	179	1188	13.1%	86.9%
4	282	1092	20.5%	79.5%

2020

Gender	Male	Female	Male %	Female %
1	157	1248	11.2%	88.8%
2	133	1263	9.5%	90.5%
3	174	1256	12.2%	87.8%
4	300	1111	21.3%	78.7%

APPENDIX 2 - Gender Pay Gap 2019 Benchmark Data

Employer	% Difference in hourly rate (Mean)	% Difference in hourly rate (Median)	% Women in lower pay quartile	% Women in lower middle pay quartile	% Women in upper middle pay quartile	% Women in top pay quartile	% Who received bonus pay (Women)	% Who received bonus pay (Men)	% Difference in bonus pay (Mean)	% Difference in bonus pay (Median)
Blackpool Teaching Hospitals Nhs Foundation Trust	23.7	4.9	77.9	81.9	82.4	71.2	31.4	68.6	-4.9	10.4
Wirral Community Health and Care NHS Foundation Trust	10.8	0	89	89.2	91.6	87.8	0	0	0	0
St Helens and Knowsley Teaching Hospitals NHS Trust	28.9	15.8	85.8	84.4	84.4	72.1	0	0	0	0
Mid Cheshire Hospitals Nhs Foundation Trust	21.2	10.3	81.6	85.5	84.1	75.9	0.2	4.1	3.2	11.1
Lancashire Care Nhs Foundation Trust	14.5	4.9	80.6	81.8	85.3	73.7	0.2	2.4	9.3	0
The Pennine Acute Hospitals NHS Trust	23.5	7.6	78.5	82.7	83.9	71	0.4	5.3	15.9	33.3
Aintree University Hospital Nhs Foundation Trust	36	43.3	82.7	80.6	80.7	70.5	24.9	75.1	19.2	17.6
Royal Liverpool and Broadgreen UH NHS Trust	24.7	7.2	75.2	79.4	78.4	62.4	0.8	6.5	21.2	16.3
The Christie Nhs Foundation Trust	18.8	5.3	70	78.7	77.7	62.2	0.8	13.3	25.7	6.3
Lancashire Teaching Hospitals Nhs Foundation Trust	27.1	6.5	77	82	81	69	0.5	5	27.6	38.9
Bolton N H S Foundation Trust	29.2	10.5	88.6	89.5	86.9	79.5	0	4	29	33
Manchester University NHS Foundation Trust	28	14	80	87	85	68	0	5	30	33
Tameside and Glossop Integrated Care NHS Foundation Trust	28.6	13	83.5	84.9	84.1	71.5	0.4	5.1	30.2	33.3
East Cheshire Nhs Trust	34.5	9.3	85.7	83.2	87.9	73.8	0.4	6.2	30.3	33.3
Wirral University Teaching Hospital Nhs Foundation Trust	21.6	6.1	79	82	83	73	0.6	6.1	37.5	19
Mersey Care Nhs Foundation Trust	6.2	0	72.5	67.7	71.3	68.9	0.3	1.4	39.3	-33.3
Wrightington, Wigan And Leigh Nhs Foundation Trust.	35.5	20	84.2	83.5	84.5	64.4	0.2	7.5	55	55.6
Cheshire & Wirral Partnership N H S Foundation Trust	13.6	1.6	82	77	82	73	3.4	4.9	70.7	60
Bridgewater Community Healthcare NHS Foundation Trust	22.3	1.5	92.1	91.1	93.7	87.9	0	0.3	100	100

Agenda Item 16

Title:	Board of Directors Inclusion Policy

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	24 September 2020		Discussion	
Exec Sponsor	Esther Steel		Decision	✓

Summary:	This policy provides a framework to ensure that we avoid bias, prejudice or discrimination and attract, motivate and retain the best talent from diverse backgrounds to the Board of Directors (BoD) of Bolton NHS FT All appointments to the BoD will be made on merit against objective criteria, in the context of the overall balance of skills and backgrounds that the BoD need to maintain in order to remain effective. This policy applies specifically to the BoD, separate policies cover diversity and inclusion across our wider workforce.

Previously considered by:	Developed in consultation with the Chair and CEO

Proposed Resolution	BoD are asked to approve the proposed policy statement and support the steps necessary for a diverse and inclusive BoD

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	Esther Steel Director of Corporate Governance	**Presented by:**	Esther Steel Director of Corporate Governance

Glossary – definitions for technical terms and acronyms used within this document

BAME	Black and minority ethnic groups
NHSE	NHS England
BoD	Board of Directors
CEO	Chief Executive Officer
BAME	Black, Asian and Minority Ethnic

Board of Directors Inclusion Policy

Policy statement

The Board of Directors Inclusion Policy (the Policy) aims to promote diversity and inclusion in the composition of the Board of Directors of Bolton NHS Foundation Trust (the Board)

We value diversity and seek to promote inclusion in all areas of recruitment and employment. We believe that a broad range of skills, backgrounds, knowledge and experience is a key component for effective decision making.

This Policy provides a framework to ensure that we avoid bias, prejudice or discrimination and attract, motivate and retain the best talent.

All appointments to the BoD will be made on merit against objective criteria, in the context of the overall balance of skills and backgrounds that the board needs to maintain in order to remain effective. Protected characteristics will be taken into consideration generally when evaluating the skills, knowledge and experience desirable to fill each board-level vacancy.

This policy sets out the process to be followed by the Nomination and Remuneration Committee (for Executive Director vacancies) and the Council of Governors through its Nomination and Remuneration Committee (for Non-Executive director vacancies) in order to attract candidates who would enhance the balance of skills and backgrounds on the board.

This policy applies specifically to the Board of Directors, there are separate policies which cover diversity and inclusion across our wider workforce.

How appointments are made

The appointment of Executive Directors is the responsibility of the Nomination and Remuneration Committee, which comprises all Non-Executive Directors and the Chief Executive (except in relation to the appointment of a Chief Executive where it comprises the Non-Executive Directors alone). The appointment of a Chief Executive also requires the approval of the Council of Governors.

Non-Executive Directors are appointed by the Council of Governors at a general meeting. Recommendations as to appointment are provided by a dedicated committee, which oversees the recruitment process on the Council's behalf.

The Nomination and Remuneration Committee's terms of reference require it to regularly review the structure, size and composition of the board (including the balance of skills, knowledge and experience) and to make recommendations to the Board or the Nomination and Remuneration Committee of the Council of Governors for any changes.

The terms of reference of the Governor Nomination and Remuneration Committee require it to periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors and, having regard to the views of the board and relevant guidance on board composition, make appropriate recommendations to the Council of Governors.

Encouraging candidates from different backgrounds

The relevant committee will encourage the participation of candidates from diverse and under-represented backgrounds during recruitment processes in the following ways:

- All BoD appointments will be made on the basis of individual competence, skills and expertise measured against identified objective criteria;
- The search for BoD candidates will be conducted and appointments made with due regard to the benefits of diversity and inclusion, with due consideration of the educational and

professional background, gender, age, ethnicity and geographical provenance of candidates;

- When using an executive search company, we will seek to engage one that is a signatory to the Executive Search Firms' Voluntary Code of Conduct;
- We will design an inclusive search process that is open and accessible to candidates from any background and which encourages the widest possible field;
- We will ensure that the brief and the candidate information pack include appropriate emphasis on diversity of skills and background, independence of approach and other personal qualities in addition to the usual requirements around career experience and compatibility with the values and behaviours of the organisation with a view to enhancing the overall effectiveness of the board;
- We will produce long lists which include candidates from under-represented backgrounds of appropriate merit;
- We will consider high-performing senior executives from under-represented backgrounds who may not have previous BoD experience in executive and non-executive director roles, subject to the requirement for potential candidates to meet minimum requirements;
- We will ensure that all voting members of the final interview panel have completed appropriate training in recruitment which includes issues such as unconscious bias; and
- We will ensure that our interview panels are in themselves diverse.

Both committees are responsible for considering succession plans for directors and when non-executive directors are coming towards the end of their fixed term of office the Nomination and Remuneration Committee considers whether to recommend their reappointment to the Council of Governors. In carrying out these responsibilities, the committees shall have regard to this policy and the composition and skills requirements of the board at that time.

Responsibilities of the Chair

The Chair will ensure that boardroom diversity is considered as part of the annual evaluation of the board's effectiveness.

The Chair will ensure that a bespoke and comprehensive induction programme is provided to each new director which aims to address any gaps in a new director's knowledge and which is designed to be inclusive.

The Chair will take on an ongoing mentoring role for new directors, and may arrange for buddying arrangements to be implemented, with the agreement of the new director and the proposed buddy. As part of this arrangement, the potential for reciprocal mentoring will also be taken into account.

Monitoring and reporting

The annual report of the foundation trust will include information on how the policy has been implemented and progress on achieving objectives.

Objectives and ambitions

We are committed to promoting diversity and inclusion in the boardroom and aim to meet industry targets and recommendations wherever possible.

We will continue to meet the objectives set by the Hampton-Alexander Report FTSE 100 Women Leaders (33% female balance) and the aim within the Parker Report Beyond 1 by 2021 (at least one director from an ethnic minority background by 2020/201).

We aspire to have a BoD that reflects the diversity of the population we serve and will be taking the actions described in this paper to ensure that our BoD in percentage terms at least matches the overall BAME composition of our local community. We are therefore committed to ensuring that at least 13% of our Board members come from a Black, Asian or minority ethnic background, by 2025. This would reflect in two BAME BoD members if BoD composition remains the same.

Review

The policy will continue to be informed by guidance from relevant reviews including the planned frameworks to be published by NHSE as set out in the People Plan for 2020/21. We will also continue to be informed by reviews conducted in other sectors, such as the Hampton-Alexander Review (2020) on gender and the Parker Review (2020) on ethnicity.

Agenda Item 17

Title:	Annual Complaints Report 2019/2020

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	14th September 2020		Discussion	
Exec Sponsor	Marie Forshaw		Decision	✓

Summary:	This paper is to provide the Trust Board with an overview of the discussions that took place at Quality Assurance Committee when receiving the 2019/2020 Annual Complaints Report.

Previously considered by:	N/A

Proposed Resolution	To receive the 2019/2020 Annual Complaints Report.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	Tracy Joynson, Patient Experience Manager	**Presented by:**	Marie Forshaw, Interim Director of Nursing

1.0 Introduction

The 2019/2020 Complaints Annual Report was presented to Quality Assurance Committee in August 2020 where a rich discussion took place.

2.0 Purpose

The purpose of this paper is to share with the Trust Board an overview of the rich discussions that took place and a response to the questions/comments raised including clarity on the vision for future reports.

3.0 Summary

There were a variety of comments and questions raised at Quality Assurance Committee below:

- **Patient Satisfaction Questionnaire**
  The Patient Experience team write to the complainant after they have received their complaint response with a questionnaire that asks a number of questions relating to different stages of the process. This is good practice and the response rate is around 20%. Plans to enable access on the Trust website are on-going.

  The responses are monitoring at PEIPC and subtle changes to due process are made for example additional “keeping in touch” with complainants to provide a progress report of their complaint investigation.

- **Patients on wards – access to complaints process**
  The Trust has not seen significant improved results in response to the results question in the National Adult in-Patient survey about if they knew how to complain which is line with the results for other Acute trusts in our region.

  A revised PALS poster has been produced in the style of the new trust branding and is available in each patient bay and a larger version on ward corridors. The accessibility for patients to raise concerns when they go home forms part of the discussions about the Trust internet site to enable members of the public to submit their feedback whether it is a complaint or a compliment directly from our website.

  The Patient Experience Manager is working closely with the Communications and Engagement Team to develop a robust communication plan around the whole patient experience agenda including patient information, friends and family, national surveys and sharing the learning from the feedback provided.

  In addition to the PALS poster, a feedback poster has also been developed again in the new trust branding style “we are listening” which signposts patients to every way in which they can share their feedback with us i.e. PALS, Chief Executive by post or email, completing Friends and Family test, national survey responses, social media, NHS website etc.,

- **iFM**
  The Trust continues to provide a PALS and Complaints service to iFM and they receive regular reports on their performance from the Patient Experience Team.

- **Date of event v date of complaint**
  The current reporting does not provide information relating to the date of event versus the date of the complaint being received. This information is captured on our complaints database and there is an ability to utilise this in future reporting.

- **Inclusion of complainants in Lived Experience Panel**
  The terms of reference and work plan for Patient experience and Inclusion Committee is currently being reviewed with a plan to have on the committee members of the Lived Experience Panel to enable them to share their personal experiences of our services.

- **Training/patient stories**
  The Patient Experience Team provides a variety of training sessions throughout the year to Carers Certificate, Newly Qualified Nurses, Junior Doctors Induction, Lead Complaints Investigator Training. A total of 20 sessions were provided in 2019/2020.

  Themes from PALS and complaints are shared and discussed in addition to a video recording of a patient/carer story that has wide learning.

  As a result of a move towards capturing patient stories by video, there is a need to ensure that there is a governance process around this and the Patient Experience Manager is currently working with the Communication and Engagement team to develop a frame work in which the Trust can work when producing patient stories. These will have a number of uses including use in complaints training.

4.0 Future reports

There will be a number of additions to the Complaints Annual report for the period 2020/2021. These include:

- Links to the new Trust's attitude and behaviours framework
- Future annual complaints reports will provide data relating to iFM complaints performance, themes and trends in the same way as for other Divisions
- A specific iFM report
- Outcomes from Patient Satisfaction questionnaire and what changes have been made to due process as a result
- A summary of a patient story and learning outcomes
- Overview of training provided
- Analysis of date of events versus date complaint received

Agenda Item 18

Title:	**Fit and Proper Person Declaration 2020**

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	24 September 2020		Discussion	
Exec Sponsor	Esther Steel		Decision	

Summary:	In accordance with the Fit and Proper Persons requirement, all Board members are required to complete an annual self-declaration in relation to their personal position against the standards set out in the Trust's Fit and Proper Person Policy. The purpose of this policy is to ensure that the Trust complies with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5: Fit and Proper Persons Requirement. The self-assessments for all individuals have been completed and a hard copy will be retained on the individuals' personal file. No issues have been identified that impact on the individual's ability to perform their duties as a member of the Board.

Previously considered by:	All returns have been reviewed by the Chair and Director of Corporate Governance. The Chair's personal self-assessment has been reviewed by the Director of Corporate Governance. Should any issues arise from the self-assessment completed by the Chair, these would be escalated to the Independent Non-Executive Director.

Proposed Resolution	Board is asked to note that all Board members have completed a self-declaration form for 2020/21. There are no issues that impact on the individual's ability to perform their duties.

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	Esther Steel Director of Corporate Governance	**Presented by:**	Esther Steel Director of Corporate Governance

Glossary – definitions for technical terms and acronyms used within this document

DBS	A DBS check is a record of a person's criminal convictions and cautions – carried out by the Disclosure and Barring Service.
Kark review	The Kark review, led by Tom Kark QC, reported back on the effectiveness of the fit and proper persons tests for senior NHS staff.
CQC	The role of the CQC (Care Quality Commission) as an independent regulator is to register health and adult social care service providers in England and to check, through inspection and on-going monitoring, that standards are being met

1. Background

The Care Quality Commission (CQC) introduced new requirements regarding the 'Fit and Proper Person Tests' for Directors in November 2014, this became law from 1 April 2015.

The Fit and Proper Person Test is a regulation to ensure that providers meet their obligations to only employ individuals who are fit for their role and to ensure that appropriate steps have been taken to ensure Directors are of good character, are physically and mentally fit, have the necessary qualifications, skills and experience for this role and can supply certain information (including a Disclosure and Barring Service (DBS) check and full employment history.

As part of the recruitment process for Board members a number of checks are conducted including but not limited to;

- Checks on an individuals
    - Qualifications
    - Competence and ability,
    - Qualifications
    - relevant experience
    - Good character
- Consideration to the physical and mental health in line with the role and good occupational health practice
- To ensure, as far as possible the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether lawful of not) in the course of carrying on a regulated service; this includes any allegations of such

Through appraisal each year, individual Board members will be continually monitored to ensure that they meet the requirements to hold office. If they do not, action will be taken by the Chief Executive and/or Trust Chair after appropriate consultation with the Nomination and Remuneration Committee).

The Director of Corporate Governance maintains the evidence required to support compliance of the 'Fit and Proper Person Test'.

It is the responsibility of the Chair of the NHS body to ensure that all Directors meet the fitness test and do not meet any of the 'unfit' criteria.

As part of the CQC inspection for the Well-Led Review in January 2019, evidence was requested to support our Fit and Proper Person declaration. This information is checked annually, and it can be confirmed that all Board members are still compliant against these external checks and all have a valid Disclosure and Barring Service (DBS) checks in place.

The Director of Corporate Governance is keeping a close watch on the output and recommendations from the Kark Review which it is anticipated will introduce further measures including a central database of Directors

2. Recommendation

Board members are asked to confirm that they continue to meet the requirements as set out in the Fit and Proper Person declaration

Board members are asked to note and support the Chair's declaration of compliance (appendix 1)

Fit and proper person Declaration

In accordance with the requirement introduced in November 2014, I am assured that all executive and non-executive directors of the Trust are "Fit and proper persons" in accordance with regulation 5.

For directors appointed since the introduction of the act these checks were undertaken at the time of employment, for directors in post prior to November 2014 checks were undertaken retrospectively. All directors are asked to make an annual declaration as appended to this statement - this is stored within the individual's personal file. This is in accordance with the Trust Fit and Proper Person Policy, and our Constitution as an NHS Foundation Trust

The table on the following page sets out the evidence available to me and the process followed for assurance.

Signed

Donna Hall

Chair Bolton NHS Foundation Trust

24 September 2020

CQC requirement	Bolton NHS FT
Be of good character (The CQC only define how this “test” can be failed)	Tested by application process including references and psychometric testing, interview and through on-going appraisal process.
Have the qualifications, skills and experience necessary for the relevant position	Tested by application, interview and through on-going appraisal process
Be capable of undertaking the relevant position, after any reasonable adjustments under the Equality Act 2010	Tested by application, interview and through on-going appraisal process
Not have been responsible for any misconduct or mismanagement in the course of any employment with a CQC registered provider	Pre-employment checks and declaration
Not be prohibited from holding the relevant position under any other law. e.g. under the Companies Act or the Charities Act.	Check of appropriate registers and declaration
Not Have been sentenced to imprisonment for three months or more within the last five years, although CQC could remove this bar on application	DBS check and declaration
Not an undischarged bankrupt	Check of bankruptcy register
not the subject of a bankruptcy order or an interim bankruptcy order	Check of bankruptcy register
No undischarged arrangements with creditors	declaration
Not included on any barring list preventing them from working with children or vulnerable adults.	DBS check and declaration
Not have been erased, removed or struck-off a register of professionals maintained by a regulator of health or social care.	Check of relevant registers and declaration

Fit and Proper Person Declaration

In line with the requirement for Directors of an NHS Foundation Trust to be a fit and proper person, I hereby declare

Declaration	**Confirmed (yes/no**
I am of good character by virtue of the following:	
• I have not been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence	
• I have not been erased, removed or struck-off a register of professionals maintained by a regulator of health or social care.	
• I have not been sentenced to imprisonment for three months or more within the last five years	
• I am not an undischarged bankrupt	
• I am not the subject of a bankruptcy order or an interim bankruptcy order	
• I do not have an undischarged arrangement with creditors	
• I am not included on any barring list preventing them from working with children or vulnerable adults	
I Have the qualifications, skills and experience necessary for the position I hold on the Board	
I am capable of undertaking the relevant position, after any reasonable adjustments under the Equality Act 2010	
I have not been responsible for any misconduct or mismanagement in the course of any employment with a CQC registered provider	
I am not prohibited from holding the relevant position under any other law. e.g. under the Companies Act or the Charities Act.	

Signed	
Name	
Position	
Date	

Title:	Board Champions and Nominated Leads

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	24 September 2020		Discussion	
Exec Sponsor	Director Corporate Gov		Decision	

Summary:	Over the last few years within the NHS, there has been an increasing focus on the designation of Board Champions and nominated leads designed to engender board level commitment and focus around key areas of service development or delivery. The attached list is a summary of the statutory and other guidance setting out a requirement for a Champion or Board lead. The list has been reviewed and updated to reflect changes to Board membership. The following changes are proposed: • The addition of a "well-being guardian" which the People Plan 2020 suggests should be a Non-Executive • The requirement to have a NED lead for procurement to be removed - this was linked to a document produced in 2013 procurement is overseen by the Finance and Investment Committee
Previously considered by:	Executive Directors
Proposed Resolution	Board members approved the designated Board leads as defined in the paper

This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** feel valued and can reach their full potential*	✓	*To **integrate** care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton*	✓
*To continue to use our **resources** wisely so that we can invest in and improve our services*	✓	*To develop **partnerships** that will improve services and support education, research and innovation*	✓

Prepared by:	Esther Steel Director of Corporate Governance	**Presented by:**	Esther Steel Director of Corporate Governance

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
Accountable Officer	The NHS Act 2006 designates the chief executive of an NHS foundation trust as the accounting officer.	The accounting officer has responsibility for the overall organisation, management and staffing of the NHS foundation trust and for its procedures in financial and other matters.	Chief Executive	Fiona Noden
Caldicott Guardian	Health Service Circular: HSC 1999/012 The NHS IM&T Security Manual (Section 18.4)	To oversee all procedures affecting access to person-identifiable health data.	Medical Director	Francis Andrews
SIRO	Information Governance Toolkit	Leading and fostering a culture that values, protects and uses information for the success of the organisation and benefit of its customers Owning the organisation's overall information risk policy and risk assessment processes and ensuring they are implemented consistently by IAOs Advising the Chief Executive or relevant accounting officer on the information risk aspects of his/her statement on internal controls Owning the organisation's information incident management framework	Chief Operating Officer	Andy Ennis
Director of Infection Prevention and Control	Health & Social Care Act 2008 – Code of Practice on the prevention and control of infection and related guidance.	Be responsible for the Trust's Infection Prevention and Control Team (IP&CT). Oversee local control of infection policies and their implementation. Be a full member of IP&CT and	Director of Nursing	Marie Forshaw

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		regularly attend its Infection Prevention and Control meetings. Assess the impact of all existing and new policies on Healthcare Associated Infections (HCAI) and make recommendations for change. Oversee the production of an annual report and release it publicly.		
Responsible Officer for revalidation	The Medical Profession (Responsible Officers) (Amendment) Regulations 2013	Statutory role in medical regulation. Accountable for the local clinical governance processes, focusing on the conduct and performance of doctors. Duties include evaluating a doctor's fitness to practise, and liaising with the GMC over relevant procedures. Ensure that the organisation has appropriate systems for appraising the performance and conduct of doctors.	Medical Director	Francis Andrews
Safeguarding Vulnerable Adults	Mental Capacity Act Mental Health Act	Liaising with the Trust's safeguarding leader on a regular basis and participate in awareness raising activities. Liaising with the Trust's lead for overseeing the mechanisms in place to identify and cater for patients with Learning Disabilities. Liaising with the Trust's Dementia Lead to encourage the Trust to operate as a dementia friendly	Director of Nursing	Marie Forshaw

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		hospital and participate in awareness raising activities as appropriate.		
Safeguarding Children	Department of Health working together to safeguard children 2010 Children Act 2004 section 11, duty to safeguard and promote welfare Children Act 2004 section 13, statutory partners in the local safeguarding children board Children Act 1989 section 27, help with children in need Children Act 1989 section 47, help with enquiries about significant harm.	Act as Board Champion for all safeguarding issues. Inform Board of level of assurance re compliance with safeguarding regulations. To act as the Trust's safeguarding ambassador for the local safeguarding children's board. Ensure that safeguarding systems are robust and appropriately monitored. Ensure that any gaps in compliance are addressed resulting in improvements to safeguarding of vulnerable children. Demonstrate strong leadership for all safeguarding issues. Respond to national policy proposals.	Director of Nursing	Marie Forshaw
Whistleblowing	Public Interest Disclosure Act 1998 (PIDA) NHS Constitution Freedom to Speak Up Review (2015)	To act as a voice for whistleblowing management and related issues at Board meetings and ensure that any implications arising from items discussed have been considered and appropriately addressed. To gain assurance that the Trust has in place effective and robust whistleblowing management procedures and response systems.	NED	Bilkis Ismail

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		To work closely with the Workforce Director and the Freedom to Speak up Guardian with regard to monitoring whistleblowing. To be recognised as one of the channels for members of staff to raise their concern with.		
Board level lead for maternity services	National Maternity Review: Better Births (2016)	Routinely monitor information about quality, including safety, and take necessary action. Promote a culture of learning and continuous improvement to maximise quality and outcomes from their services.	Director of Nursing	Marie Forshaw
Board lead for learning disability	Learning Disability Improvement Standards	Organisational level data collection: to be completed from the perspective of a nominated Executive Learning Disability lead/named board member, who will collate data on policies and activity, thereby assuring the impact of the care being delivered and the quality of service and outcomes.	Director of Nursing	Marie Forshaw
End of Life Care – Executive Director	National Care of the Dying Audit Round 4 2014 Neuberger Review. More Care: Less Pathway. 2013 LACDP. One Chance to get it Right. 2014 National Hospitals End of Life Care Audit 2015 CQC Inspection Framework: NHS	Take responsibility for and champion End of Life Care at Board level. Ensure End of Life Care within the Trust, and provided by the Trust, is appropriately monitored. Demonstrate strong leadership and role model for all Trust staff regarding End of Life Care. Assess the impact of all existing and	Director of Nursing	Marie Forshaw

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
	Acute Hospitals 2016	new policies on End of Life Care and make recommendations for change. Recognise the impact of the perception of poor end of life care on bereaved families and provides Board assurance that complaints and incidents are dealt with in a way that reduces this impact.		
End of Life Care – Non Executive Director	National Care of the Dying Audit Round 4 2014 Neuberger Review. More Care: Less Pathway. 2013 LACDP. One Chance to get it Right. 2014 National Hospitals End of Life Care Audit 2015 CQC Inspection Framework: NHS Acute Hospitals 2016	To have specific responsibility of care of the dying, focusing on the dying patient, their relatives and carers and reviewing how End of Life Care is provided. Support , and where necessary challenge, the Executive Director for End of Life Care Act as a patient, family and public voice & ensure that the patient, family and public perspective is considered in all End of Life Care related discussions and Board level scrutiny. Provide scrutiny to the monitoring of End of Life Care, oversight for End of Life complaints, and the handling of the bereaved within the Trust.	Non-Executive	Malcolm Brown
Authorisation of Authorised Officers in relation to Section 120 of the Criminal Justice and Immigration Act 2008	Section 120 of the Criminal Justice and Immigration Act 2008	The procedure for the authorising of authorised officers is not laid out in the act, but it is recommended that authorisation of officers is made in writing by a person at board level in the NHS body	Chief Operating Officer	Andy Ennis

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		They should have assurance as part of this process that the authorised officers and appropriate NHS staff are suitably trained and competent to carry out their roles.		
Equality and Diversity	Equality Act 2010 - Public Sector Duty The Workforce Race Equality Standard	To act as a Board champion to set an example and demonstrate that the Board is committed to promoting equality. To challenge and promote the E&D agenda in the Trust. Act as a voice at Board meetings for the E&D agenda.	Director of Workforce. The People Plan 2020 states that it is the explicit responsibility of the CEO to lead on equality, diversity and inclusion. NED Champion	James Mawrey Bilkis Ismail
Accountable executive for security	Sec of State Direction to NHS Bodies on Security Management Measures 2004	To be the accountable person for security at an Executive Level within the NHS Trust. To promote security management policy, culture and measures.	Chief Operating Officer	Andy Ennis
Counter Fraud Champion	Directions to NHS bodies on counter fraud measures 2004. To champion the counter fraud message throughout the Trust.	To monitor the effective discharge of the counter fraud function in relation to compliance with the Secretary of State Directions. To promote counter fraud measures.	Director of Finance	Annette Walker
Designated Individual responsible for the application of the Human Tissue Act	Section 18 of the Human Tissue Act	Key role in implementing the requirements of the Human Tissue Act. They have the primary (legal) responsibility under Section 18 of the Human Tissue Act to secure: • that suitable practices are used	Medical Director	Francis Andrews

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		in undertaking the licensed activity; • that other persons working under the licence are suitable and; • That the conditions of the licence are complied with.		
Lead for Ionising Radiation Medical Exposure Regulations (IRMER)	IRMER	Board level responsibility for compliance with IRMER guidance	Medical Director	Francis Andrews
~~Procurement~~	~~Government Better Procurement, Better Value, Better Care 2013~~	~~To act as a voice for procurement related matters at Board meetings and ensure that any implications arising from items discussed have been considered and appropriately addressed.~~ ~~To gain assurances that the Trust has in place an effective and robust procurement strategy.~~	~~Chair of Finance Committee~~	~~Alan Stuttard~~
Freedom to speak up guardian	Freedom to speak up: whistleblowing policy for the NHS (2016)	The guidance states that the FTSU Guardian will be acting in a genuinely independent capacity and will be appointed by and work alongside the trust board, along with members of the executive team, to help support the trust to become a more open, transparent place to work The FTSU Guardian must be entirely independent of the executive team so they are able to challenge senior	Freedom to Speak up Champion	Tracey Garde

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
		members of staff as required. Must be a highly visible individual who spends the majority of their time with the front line staff, developing a culture which encourages people to speak up using the local procedures. They must also ensure that staff who speak up are treated fairly through any investigation or review		
Accountable Officer for Emergency Planning	Civil Contingencies Act/HASC 2012The Civil Contingencies Act 2004. NHS Emergency Planning guidelines. Health & Social Care Act 2012.	To provide the Board with levels of assurance for emergency preparedness, planning and response as appropriate. To act as Board Champion for all emergency planning matters for staff and patients. Ensure strategic review of the Trust's emergency planning occurs.	Chief Operating Officer	Andy Ennis
			Head of Emergency Planning	James Tunn
Accountable Officer for Controlled Drugs	Part 2 of The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (SI (2013/373)).	establish and operate, appropriate arrangements for securing the safe management and use of controlled drugs Establish and operate appropriate arrangements for monitoring and auditing the management and use of controlled drugs.	Chief Pharmacist	Steve Simpson

Statutory or Regulatory Role	Regulation/Guidance	Role	Director Lead	Who
Guardian of Safe Working The guardian is a senior person, independent of the management structure within the organisation, for whom the doctor in training is working and/or the organisation by whom the doctor in training is employed.	part of the new Junior Doctors contract	The guardian is responsible for protecting the safeguards outlined in the 2016 TCS for doctors and dentists in training. The guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and /or employer, as appropriate; and will provide assurance to the trust board or equivalent body that doctors' working hours are safe.	Guardian of Safe Working	Dr Yunus-Usmani