

Board of Directors - Part One

Thu 25 March 2021, 09:00 - 12:30

Webex

Agenda

09:00 - 09:05 **1. Welcome and Introductions**

5 min

Verbal *Donna Hall*

 01 Agenda Board meeting March 2021 - Part one.pdf (2 pages)

09:05 - 09:30 **2. Patient Story**

25 min

Verbal

09:30 - 09:31 **3. Apologies for Absence**

1 min

Verbal *Esther Steel*

09:31 - 09:32 **4. Declarations of Interest**


1 min

Verbal *Donna Hall*

09:32 - 09:34 **5. Minutes of the meeting held on 28 January 2021**

2 min


Minutes *Donna Hall*

 05 Board of Directors Minutes - 28.01.2021 (Part 1).pdf (8 pages)

09:34 - 09:37 **6. Action Sheet**

3 min

Action Sheet *Donna Hall*

 06 Board actions January 2021.pdf (1 pages)

09:37 - 09:40 **7. Matters Arising**


3 min

Verbal *Donna Hall*

09:40 - 09:50 **8. CEO Report**

10 min

Report *Fiona Noden*

 08 CEO report March 21_v2.pdf (7 pages)

09:50 - 10:20
30 min

9. Integrated Performance Report

Report

Executives

 09 Trust Board Report M11 v1.1.pdf (49 pages)

10:20 - 10:30
10 min

10. People Committee Chair Report

Chair Report

Malcolm Brown


 10. People Committee Chair's Reports (Feb & March 2021).pdf (10 pages)

10:30 - 10:45
15 min

11. Staff Survey Results

Report

James Mawrey

 11. NHS Staff Survey Results - Board 25.03.21 (FN Approved).pdf (100 pages)

10:45 - 11:00
15 min

11:00 - 11:10
10 min

12. Quality Assurance Committee Chair Report

Chair Report

Andrew Thornton

 12 QA Chair report March 2021.pdf (9 pages)

11:10 - 11:25
15 min

13. Learning from Deaths Report

Report

Francis Andrews

 13 BoD Learning From Deaths report 25.3.21.pdf (14 pages)


11:25 - 11:40
15 min

14. Ockenden Report

Report

Karen Meadowcroft

Update on Actions

 14 board update march 21 Ockenden.pdf (7 pages)

11:40 - 11:50
10 min

15. Finance and Investment Committee Chair Report

Chair Report

Jackie Njoroge

 15 F&I Chair Reports.pdf (7 pages)

11:50 - 12:00
10 min

16. Trust Transformation Board Chair Report

Chair Report

Martin North

 16 TTDB chairs report 15.03.21 and 15.02.21.pdf (7 pages)

12:00 - 12:10
10 min

17. Audit Committee Chair Report

Chair Report

Alan Stuttard

 17. Audit Committee Chair Report - Board of Directors - 25.03.21.pdf (7 pages)

12:10 - 12:20
10 min

18. Changes to Trust Constitution

Report

Esther Steel

 18 Constitution changes Board of Directors March 2021.pdf (76 pages)

12:20 - 12:30
10 min

19. Any Other Business

Verbal

Donna Hall

Bolton NHS Foundation Trust – Board Meeting 25 March 2021

Location: WebEx

Time: 09.00

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
09.00	1.	Welcome and Introductions	Chair	Verbal	
09.05	2.	Patient Story			
09.30	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 28 January 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					
09.40	8.	CEO Report	CEO	Report	To receive
09.50	9.	Integrated Performance Report	Exec Team	Report and presentation	To receive an update on the current operational position
10.20	10.	People Committee Chair Report – February and March 2021	PC Chair	Report	To provide assurance on work delegated to the sub committee
10.30	11.	Staff Survey Results	DoP	Report	To note

10.45 Break

11.00	12.	Quality Assurance Committee Chair Report – February and March 2021	QA Chair	Report	To provide assurance on work delegated to the sub committee
11.10	13.	Learning from Deaths Report	Medical Director	Report	To note
11.25	14.	Ockenden Report – Update on Actions	Chief Nurse	Report	To note

Strategy					
11.40	15.	Finance and Investment Committee Chair Report – February and March 2021	F&I Chair	Report	To provide assurance on work delegated to the sub committee
11.50	16.	Trust Transformation Board Chair Report	TTB Chair	Report	To note
Governance					
12.00	17.	Audit Committee Chair Report	Audit Chair	Report	To note
12.10	18.	Changes to the Trust’s Constitution	DCG	Report	To Approve
12.20	19.	Any other business			
Questions from Members of the Public					
	20.	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					
	21.	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			

Meeting: **Board of Directors (Part 1)**
 Date: **Thursday 28th January 2021**
 Time: **09:00**
 Venue: **Via Webex**

PRESENT:		
Donna Hall	Chair	DH
Fiona Noden	Chief Executive	FN
Andy Ennis	Chief Operating Officer	AE
Francis Andrews	Medical Director	FA
Karen Meadowcroft	Director of Nursing	MF
Annette Walker	Director of Finance	AW
James Mawrey	Director of People	JM
Sharon Martin	Director of Strategy & Transformation	SM
Andrew Thornton	Non Executive Director	AT
Malcolm Brown	Non Executive Director	MB
Rebecca Ganz	Non Executive Director	RG
Jackie Njoroge	Non Executive Director	JN
Martin North	Non Executive Director	MN
Alan Stuttard	Non Executive Director	AS
Bilkis Ismail	Non Executive Director	BI
IN ATTENDANCE:		
Esther Steel	Director of Corporate Governance	ES
Kimberley Güzel (Minutes)	Personal Assistant	KG
OBSERVERS:		
Kathy Stacey	Assistant Director, Communications & Engagement	KS
Natasha Macdonald	Divisional Nurse Director, Family Care	NM
Grace Hopps	Governor	GH
Rushana Hussain		RH
Members of the public		
INVITED GUEST:		
Neal Ashurst	Operating Department Practitioner	NA

Meeting: **Board of Directors (Part 1)**
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1. Welcome and introductions

The Chair welcomed everyone to the meeting and thanked those present for their attendance at such a busy time.

2. Staff story

The Chair welcomed Neal Ashurst (NA) to the meeting to deliver his staff story and reminded everyone the story should remain confidential. NA is an Operating Department Practitioner. He holds a clinical role and also works with ODP students to arrange their mentoring. In addition to the ongoing pressures of the Covid pandemic NA experienced a traumatic incident with a paediatric patient and experienced a mental health breakdown. Fortunately, NA is now recovering well but highlighted some points to be considered in the future:

- Contact at divisional level offering words of support.
- Additional counselling in the future to support continued recovery.
- Shift/incident debriefings to be factored into schedules (currently not always happening due to workloads).
- Pet therapy.
- Practical workshops.

JM will schedule a meeting with NA to discuss what we as a Trust can learn to help staff members in similar situations in the future.

3. Apologies for absence

Ibrahim Ismail.

4. Declarations of interest

None.

5. Minutes of the previous meeting on 26th November 2020

The minutes of 26th November 2020 were approved as a true and accurate reflection of the meeting.

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6. Action sheet

FT/20/38 - Behaviours launched as per People Committee Chair's report.

Close

FT/20/42 - Update received on apprentice scheme as per People Committee Chair's report.

Close

FT/20/39 - Queries on performance reports. AE will cover.

FT/20/41 - ES will pick up with BI outside of meeting (re collecting death certificates and belongings).

7. Matters arising

There were no matters arising.

8. CEO report [for assurance]

Noted

The Chief Executive presented the CEO report [see slides 22 – 28 of the pack] to provide an overview of the current climate in which we are operating; a summary of key issues including risks, incidents and achievements; and key updates from stakeholders and regulatory bodies which the Board of Directors need to be aware of. Headlines:

Board Assured

- supporting our staff through and beyond the Covid pandemic needs to remain one of our top priorities;
- we are working with the CQC regarding provision of inpatient mental health care for young adults; and
- seven incidents have been reported to the HSE between 15th November 2020 to 15th January 2021.

Comments/Questions in response:

- The Chair wanted to place on record her thanks to the Exec Team for their work within the Trust and their efforts in collating the Board papers during the height of a global pandemic.
- Special thanks was also given to Michelle Cox and Ryan Calderbank for their work on the vaccination programme and its effectiveness.

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9. Operational Update and Integrated Performance report [for assurance]

Noted

The Chief Operating Officer presented his operational update. Headlines:

Board Assured

- the number of all COVID-19 cases has more than doubled since 7th December 2020 (44 cases/week v 100 cases/week);
- vaccination programme commenced 28th December 2020 and 5500 staff now vaccinated;
- the £2.5m investment in the new same day emergency care (SDEC) unit comes on line from next week, supporting A/E;
- our new VIE for oxygen comes online this weekend;
- AE thanked Annette Walker, Lesley Wallace, Martina Kingscott and Gareth Hughes for all their work around oxygen supply and also iFM generally regarding the conditions they have worked through to get the VIE online;
- flow and discharge continues to be an important area we are focussing on; and
- we are now planning for recovery but it needs to be carefully managed, allowing downtime for staff, something that did not happen following the first wave.

The Chief Operating Officer delivered the integrated performance report [see slides 29 – 78 of the pack] which was taken as read.

RG raised a query relating to district nurse appeal metrics. AE will provide a response.

**FT/21/01
completed**

The Chair referred to Helen Wall who has taken on the vaccination programme across the community and it was agreed a letter of thanks would be sent from the Trust.

FT/21/02

10. Quality Assurance Committee Chair's reports [for assurance]

Noted

The Q&A Chair (AT) presented his reports [see slides 79 – 85 of the pack].

Board Assured

- The Committee has met twice since the last Board meeting.

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- In December the Committee approved three SI reports and extended apologies on behalf of the Board to those affected by these incidents.
- The Committee are seeking ongoing assurance with regard to the system actions after the tragic suicide of a patient in our care. Actions will include the development of a mental health strategy.
- The Committee received the Trust's response to the Ockenden report and were happy to recommend this for Board approval.
- The Learning from Deaths report and the annual Health and Safety report were also reviewed by the QA Committee in advance of this Board meeting.
- Risks escalated – none.

11. Finance & Investment Committee Chair's reports [for assurance]

Noted

The F&I Chair (JN) presented her reports [see slides 86 – 92 of the pack].

Board Assured

- The Committee has met twice since the last Board meeting.
- The ToR were discussed and these will be updated in July.
- The Committee reviewed Ambition 3 of the Board Assurance Framework and it was agreed Executives will work through the points raised on key risks and controls.
- The work of the System Finance Group has been paused and for that reason only this is rated 'amber'; it is no reflection of the work being undertaken whatsoever.
- There has been a strengthening of financial results.
- Risks escalated – none.

12. People Committee Chair's reports [for assurance]

Noted

The PC Chair (MB) presented his reports [see slides 93 – 101 of the pack].

Board Assured

- The Committee has met twice since the last Board meeting.
- The Committee fully endorses the paper to the Board of Directors on the Workforce & OD Strategy.
- The organisation's Workforce & OD response to the pandemic is positive (Engagement, Wellbeing, Resourcing, Recognition) - all KPI's benchmarking positively when compared to peer organisations.

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- The NHS Staff Survey has closed with over 2400 staff completing the survey which will provide a source of rich data.
- In accordance with its delegated responsibilities, the Committee approved the quarterly Freedom to Speak Up report.
- Risks escalated – none.

JM will provide an update on the financial impact of the apprentice levy.

FT/21/03

13. Assurance on the provision of maternity services (response to Ockenden report) [for assurance]

**Noted
Board Assured**

The Chief Nurse presented the Trust's response to the Ockenden report [see slides 102 – 147 of the pack] which was taken as read. Following the first publication of the Ockenden Report in December 2020, NHS England requested that each Trust immediately review its maternity service against the 12 urgent actions. Bolton NHS Foundation Trust has completed the requested benchmarking tools; some aspects are only partially compliant due to lack of audit evidence to demonstrate the standard is in place. A number of actions require either the national or regional team to undertake action and then Bolton NHS Foundation Trust will implement these to achieve full compliance.

The Chair confirmed the Board are assured by the response presented and suggested this should come back through the Quality Assurance Committee in a few months.

AS raised a query regarding birth rate+ numbers. KM to provide a response.

Action FT/21/04

14. Learning from deaths report [for approval]

**Noted
Board Approved**

The Medical Director presented the learning from deaths report [see slides 148 – 164 of the pack] which was taken as read. The report provides a summary of progress made in Q3 20/21 relating to the learning from deaths

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programme, plus a summary of data relating to learning from deaths and lessons learned as a result.

The Board is asked to discuss and approve this report.

15. Workforce and OD strategy [for assurance]

Noted

Board Assured

The Director of People presented the workforce & OD strategy report [see slides 165 – 182 of the pack] which was taken as read. The paper is intended to provide assurance to the Board of Directors that the workforce & OD strategy remains fit for purpose and that traction is being maintained in terms of implementation. The paper notes a number of key achievements against the strategy and the more recent, national NHS People Plan. Required further improvements are noted in the paper. The People Committee endorses the paper and are assured that it remains fit for purpose. As such it is not proposed we make any significant changes to the strategy. The People Committee will continue to receive regular updates to ensure traction remains in place. It is recommended that the current Workforce & OD strategy work-stream action plans continue to be implemented and evaluated during the 3-year life cycle of the strategy. The Board is asked to accept this report as assurance that the required progress is being made.

16. Health & Safety annual report [for assurance]

Noted

Board Assured

The Chief Nurse presented the H&S report [see slides 183 – 190 of the pack] which was taken as read. The report was received by QAC in December 2020. QAC noted the ambitious recommendations and action plan and asked that the action plan was prioritised. This was completed in December 2020 by the Director of Quality Governance and the Health & Safety Manager. The action plan will be operationally supervised by the Group H&S committee and presented to QAC for progress regularly in 2021/22. Supplementing this, a business case for a H&S Advisor is in the final stages of preparation for consideration by Execs/CRIG. The Group Health and Safety Annual Report 2020/21 will be processed through the committee structure faster, ideally arriving at Board of Directors in September 2021 (rather than January 2022).

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The appendices to the report will be circulated separately.

FT/21/05
completed
Noted

17. Anti-slavery statement [for approval]

The Director of Corporate Governance presented the anti-slavery statement [see slides 191 – 194 of the pack] which was taken as read. From October 2015, there has been a requirement for all UK businesses with a turnover of £36m or more to complete a slavery and trafficking statement for each financial year. The statement is published in our annual report on an annual basis and should also be published on our website.

Board Approved

The Board is asked to approve the anti-slavery statement.

18. Any other business

No other business raised.

19. Questions from Members of the Public

No questions asked.

20. Resolution to Exclude the Press and Public

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.

21. Date and Time of Next Meeting

Thursday 25th March 2021 @ 09:00.

January 2021 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/21/01	28/01/2021	performance report	AE to respond to R Ganz regarding query in relation to district nurse appriaisal metrics	AE	Jan-21	completed by email
FT/12/02	28/01/2021	Covid update	recognition of the work being done by Helen Wall for community vaccination	DH/ES	Jan-21	complete H Wall given an ABC award
FT/21/03	28/01/2021	Health and Safety report	recirculate with appendices	ES	Jan-21	completed by email
FT/20/41	26/11/2020	QA Chair report	MF to follow up on issue raised by B ismail in relation to arrangements following a bereavement	KM	Feb-21	complete clarification by email
FT/12/03	28/01/2021	Ockenden rept	Km to respond to query from Alan Stuttard regarding birth rate+ numbers	KM	Feb-21	complete
FT/20/35	24/09/2020	inclusion	continue development of policy and implementation of policy through further debate in development session	ES	Mar-21	Annual EDI focus included within Board workplan, EDI strategy agenda item - complete
FT/20/43	26/11/2020	Strategy update	Discussion in Execs with regard to identifying top three investment priorities	SM	Feb-21	discussion in part two - HIP update
FT/20/36	24/09/2020	inclusion	review cover page to include inclusivity impact review	ES	Apr-21	
FT/21/02	28/01/2021	People Committee	update on financial impact of appretice levy	JM	May-21	report through people committee
FT/20/40	26/11/2020	performance report	Case study or patient story to be shared to celebrate deflection/home first success	AE	May-21	
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
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Title:	Chief Executive Report
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Meeting:	Board of Directors	Purpose	Assurance	✓
Date:	25 th March 2021		Discussion	
Exec Sponsor	Fiona Noden		Decision	
Summary:	The Chief Executive report: <ul style="list-style-type: none">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:	Fiona Noden Lindsay Dunn	Presented by:	Fiona Noden Chief Executive	

1. Context

Since the last meeting of the Board I am pleased to say that the number of patients with COVID in our hospital has significantly decreased. At the time of writing this the number was less than 50. This week we marked the anniversary of a year since we went into lockdown, and since our first patient sadly died of COVID. We took the opportunity along with partners across the Bolton system to pause and reflect on the last twelve months, and we will be looking at ways we can permanently remember the many lives that have been lost to COVID.

This month we have resumed elective work at Royal Bolton Hospital, and continue to work closely with our partners at BMI Beaumont to expand our capacity by carrying out as many low-risk procedures there as possible.

We have also started to deliver the second doses of the COVID vaccine, in the first week we have vaccinated over 1,000 staff. We have also contacted each and every member of staff who has declined the opportunity to have the jab to understand their reasons why and offer reassurances and evidence based information where appropriate. Bolton has been seen as an exemplar in Greater Manchester in terms of providing the vaccine to our staff – particularly in our BAME staff groups.

The annual NHS staff survey results were published and we were thrilled to be announced as the top in our peer group in GM in 8 out of 10 themes, second in the North West overall and in the top 25% in the country according to our staff. We're overjoyed that our staff continue to see us as a great place to provide care, and to receive it.

2. This month's Board papers

We are now very much focusing on life after COVID and how we will be working with our staff to continue to improve the care we offer to our patients.

This month's Board includes a number of items where the key theme is learning, including learning from the feedback provided by our staff in the staff survey, from actions identified in the Ockenden report and from the learning we take when patients sadly die in our care.

Our patient story will cover some of the improvements we take from patient feedback and we have a chair report on our agenda this month from our newly formed Transformation Board – another forum for us to really focus on improving the services we offer.

Looking to future meetings we will continue this theme over the coming months when we will be discussing the development of our new hospital bid and the development of a new Mental Health Strategy – these items will be presented to the full public board in due course.

3. Awards & Recognition

Awards - shortlisted

- BAME Health and Care Awards – Jainab Desai – Nurse of the Year
- BAME Health and Care Awards – HIP team – BAME staff health check programme
- Bolton News Lockdown Heroes Awards – Three members of staff shortlisted

FABB Awards

Since our last Board the following areas have been presented with our 'For a Better Bolton' award:

- COVID Vaccination Team - For their fantastic work in arranging such a well organised process at such short notice to enable the vaccine to be given to a huge amount of staff.
- iFM Catering Team - For providing services to both patients and staff with no disruptions throughout the pandemic. They had a business continuity plan in place which meant that staff were working harder and longer than usual to meet demand as well as adapting menus when required.
- Paediatric MSK Therapy Team - They worked as a team to relocate quickly without a plan. They have continued to offer the service to all without impact and have worked extremely hard to do so with the resources available.
- Trust HQ Secretariat - The Trust HQ team have been responsible for the Silver and Gold command meetings throughout the entire pandemic and when the meetings were happening daily they all pulled together whilst supporting each other.
- EBME - For dealing with the critical oxygen usage situation they have ensured that patient safety has been at the forefront of what they do. They responded immediately to disseminate oxygen concentrators within the Trust along with the competency and safety mechanisms to ensure our nursing staff were supported with the necessary information and skills to be confident in their usage.

4. Reportable Issues Log

Issues occurring between 28th January 2021 to current:

4.1 Serious Incidents & Never Events

In the period since our last Board meeting we reported six serious incidents.

4.2 Red Complaints

There have been 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

No RIDDOR incidents have been reported.

4.5 Maternity Incidents

There was one stillbirth in January and one early neonatal death, both cases have been referred to HSIB. In February there was one still birth (expected death) and one early neonatal death (MTOF)

4.6 Whistleblowing & Freedom to Speak Up

The FTSU Guardian continues to meet with myself, Director of People and the 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.

4.7 Media coverage

Key media activity since the last meeting includes:

- Manchester Evening News ran a series of features on life in the NHS during COVID. We worked with them on three pieces; laboratories, maternity services and unsung heroes – iFM staff, students and corporate service staff who have been redeployed were featured.
- Granada Reports were given access to a COVID ward, the mortuary and were facilitated in conversations with members of staff who have been working during the pandemic, in a special feature about life in hospital during these times. The piece received excellent feedback and highlighted how hard our staff have been working to provide excellent patient care. Links were also shown on ITV News at 10 (national).
- Local press reported on major milestones at the Trust – the 10,000th COVID vaccination to be delivered and the 50,000th PCR test delivered.
- Bolton News covered the staff survey results, this was also featured on Bolton FM.
- Bolton FM interviewed members of our Executive about the new hospital bid. This has also been covered across the Bolton News.
- Bolton News ran a front page piece on Virgin Atlantic cabin crew joining the hospital to support in a patient liaison role.

5 Board Assurance Framework Summary

The Board Assurance Framework (BAF) summary is attached. This shows the key risks to the achievement of our 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 continues to have on ambition 1, to provide safe, high quality and compassionate care to every person, every time.

Board Assurance Framework Summary – March 2021

This summary provides a high level overview of the key risks and issues that could impact on the delivery of our strategic objectives, it summarises the more detailed description of the assurance and controls in place or planned to mitigate these risks and issues.

	Ambition	Lead	I	L		Key Risks/issues	Key actions	Oversight
1.1	To give every person the best treatment, every time 1)Reducing deaths in hospital	FA	4	4	16	HSMR/RAMI above expected level Prompt identification and escalation of ill patients Depth of coding Coding of ACU patients	Work with AQUA and NHS Northwest on pneumonia Root cause analysis of avoidable cardiac arrests Delivery of MRG Workstream HED benchmarking Q1 2021/22 Additional resource to support Medical Director Monthly reporting to QA Committee	QA committee Mortality Reduction Group Learning from Deaths
1.2	To give every person the best treatment, 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
2	To be a great place to work	JM	4	4	16	Sickness rates (particular increase of stress related issues as a result of Covid) Recruitment and retention in key staffing groups Over reliance on Agency staff Staff experience (particular focus required maternity) Inclusion – workforce not reflective of population	Health and Wellbeing plan in place and positive impact, on-going monitoring in place Recruitment work plan in place and positive impact, on-going monitoring in place Staff experience plan in place and positive impact, on-going Maternity cultural improvement plan, implementation on-going with some improvements being shown Inclusion programme in place, with mixed delivery outputs	IPM People committee

	Ambition	Lead	I	L		Key Risks/issues	Key actions	Oversight
3	To continue to use our resources wisely so that we can invest in and improve our services	AW	4	4	16	Failure to deliver financial balance and surpluses for reinvestment	Development of place based approach to service and financial planning Sep 21 5 year financial strategy and trajectories agreed with GM and NHSI June 21	F&I committee IPM Contract and Performance Group
4	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 Controllability of non FT estate in community	Fully costed estates strategy over 5 years, Dec 21 Hospital Improvement Plan bid, April 21 Agile Working programme – ongoing	Strategic Estates Board Strategic Estates Group Finance Committee
5	To join up services to improve the health of the people of Bolton	SM	4	3	12	Failure to Deliver Integrated Care Partnership The implications of the new White Paper on Integrating Care	Communication and Engagement Plan across all providers in place Development of an OD Framework to support cultural change, Develop Alliance Agreement to support the governance of the partnership, Embed ICP Community Focused Transformation Programme (including Public Sector Reform) within the ICP, on-going Commence development of a public health framework, February 21	Trust Management Committee QA Board ICP Board

	Ambition	Lead	I	L		Key Risks/issues	Key actions	Oversight
6	To develop partnerships across Greater Manchester to improve services	SM	4	4	16	<p>GM Improving Specialist Care (ISC) programme paused in response to COVID-19, halting planned transformation of services including Breast, T&O, Urology etc. No date for programme restart</p> <p>NWS Healthier Together (HT) programme has received capital funding from HM Treasury to progress construction of the Acute Receiving Centre at SRFT with anticipated completion in 2023</p> <p>New approach to partnership working in GM in response to COVID-19</p> <p>GM Radiology and Pathology Cells in development</p>	<p>Watching brief at GM-level and GM collaboration on pinch-point specialties through operational restart (i.e T&O and breast) - ongoing</p> <p>Assessment of the changes required for delivery of HT in context of C-19 - ongoing</p> <p>Continued involvement of executives at a GM level - ongoing</p> <p>Continued involvement of executives and operational/clinical leads at a GM level - ongoing</p>	<p>Trust Management Committee</p> <p>F & I Board</p>

Bolton NHS Foundation Trust

Integrated Performance Report

February 2021

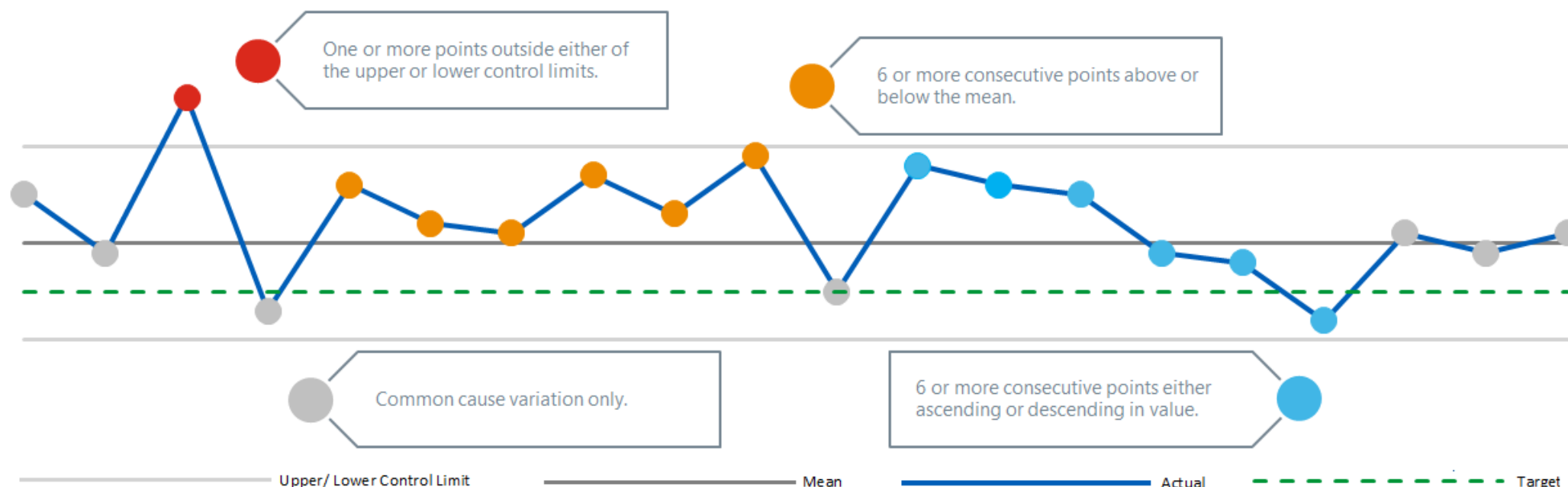
Guide to Statistical Process Control

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

Trust Objective
Quality and Safety
Harm Free Care
Infection Prevention and Control
Mortality
Patient Experience
Maternity
Operational Performance
Access
Productivity
Cancer
Community
Workforce
Sickness, Vacancy and Turnover
Organisational Development
Agency
Finance
Finance
Appendices
Heat Maps

Variation				
10	2	2	1	1
7	0	2	0	0
4	0	0	0	0
12	0	0	0	4
6	1	2	1	0
5	0	1	3	2
9	0	0	0	2
3	1	0	0	3
2	0	0	0	0
2	0	0	2	0
2	1	0	0	1
1	0	0	2	0
2	1	0	0	0

Assurance		
1	2	13
0	0	9
0	0	4
4	0	12
1	0	9
0	6	5
1	1	9
2	1	4
2	0	0
0	1	2
1	0	3
0	0	3
1	0	2

Variation	
	Common cause variation.
	Indicates that special cause variation has occurred that is a cause for concern due to higher values in relation to the target.
	Indicates that special cause variation has occurred that is a cause for concern due to lower values in relation to the target.
	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to higher values.
	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to lower values.
Assurance	
	Indicates that we are consistently meeting the target for the indicator in question.
	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

















The number of pressure ulcers developing in hospital has remained high for February, with 10 category 2 pressure ulcers developing in month. It should be noted that 6 of these developed under medical devices in use to maintain oxygen saturations in our Covid patients. No category 3 or 4 pressure ulcers developed in the hospital in February. The number of pressure ulcers developing in the community setting remains high for February, with 13 Category 2 pressure ulcers, 5 Category 3 pressure ulcers and 1 Category 4 pressure ulcer. It should be noted that 4 of the Category 3 pressure ulcers originally presented as Unstageable pressure ulcers in January. The number of pressure ulcers attributed lapses in care was 5, with 4 of these from the hospital setting and 1 from the community setting. This is a reduction from January.

Falls

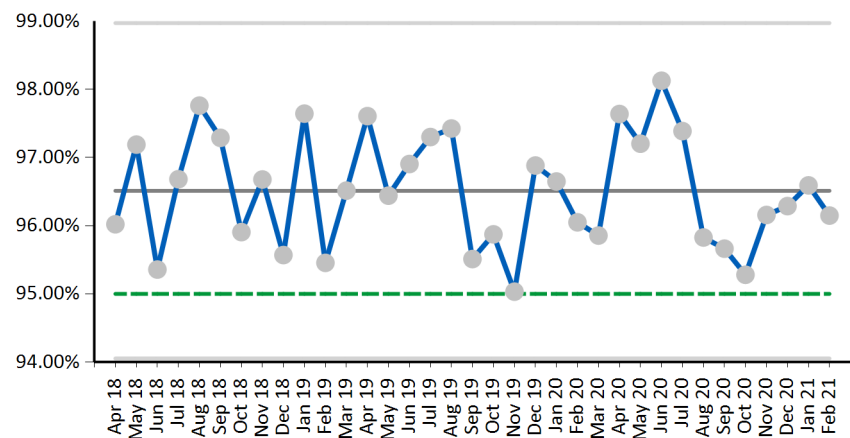
We have seen a slight reduction in the actual number of inpatients falling, although conversely we have seen a slight rise in falls per 1000 bed days. This is a result of the calculation used which is affected by the OBDs. We remain below our usual occupancy rate and have seen a reduction on the previous month hence the anomaly.

Falls with harm whilst improved on the previous month remain higher than target.

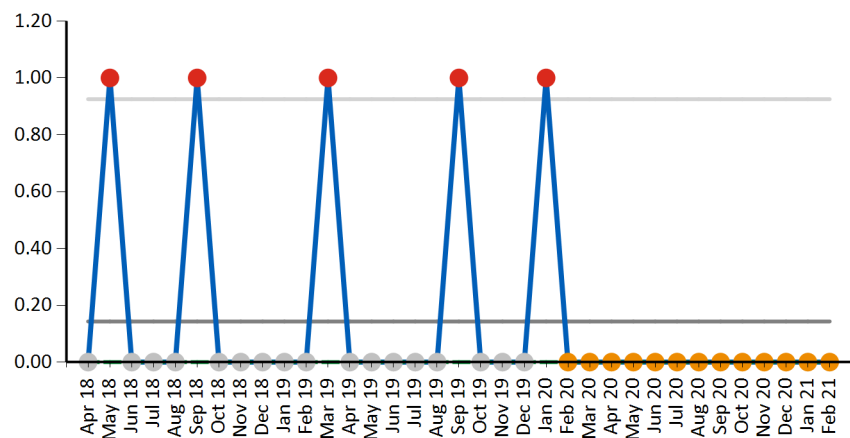
Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	96.1%	Feb-21		>= 95%	96.6%	Jan-21	>= 95%	96.5%	
9 - Never Events	= 0	0	Feb-21		= 0	0	Jan-21	= 0	0	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	6.73	Feb-21		<= 5.30	6.46	Jan-21	<= 5.30	7.00	
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	3	Feb-21		<= 1.6	5	Jan-21	<= 17.6	25	
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	10.0	Feb-21		<= 6.0	16.0	Jan-21	<= 66.0	70.0	
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	0.0	Feb-21		<= 0.5	0.0	Jan-21	<= 5.5	4.0	
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Feb-21		= 0.0	0.0	Jan-21	= 0.0	0.0	
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	13.0	Feb-21		<= 7.0	12.0	Jan-21	<= 77.0	122.0	

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	5.0	Feb-21		<= 4.0	3.0	Jan-21	<= 44.0	41.0	
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	1.0	Feb-21		<= 1.0	0.0	Jan-21	<= 11.0	2.0	
21 - Total Pressure Damage due to lapses in care	<= 6	5	Feb-21		<= 6	12	Jan-21	<= 62	36	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	82.0%	Q2 2020/21		>= 90%	83.3%	Q4 2019/20	>= 90%	82.0%	
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	100.0%	Q2 2020/21		>= 90%	33.3%	Q4 2019/20	>= 90%	100.0%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 95%	82.6%	Feb-21		>= 95%	82.1%	Jan-21	>= 95%	82.3%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 95.0%	66.9%	Feb-21		>= 95.0%	64.8%	Jan-21	>= 95.0%	73.7%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Feb-21		= 100%	100.0%	Jan-21	= 100%	94.2%	
88 - Nursing KPI Audits	>= 85%	92.4%	Feb-21		>= 85%	92.2%	Jan-21	>= 85%	91.9%	
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days	= 100%	0.0%	Feb-21		= 100%	0.0%	Jan-21	= 100%		

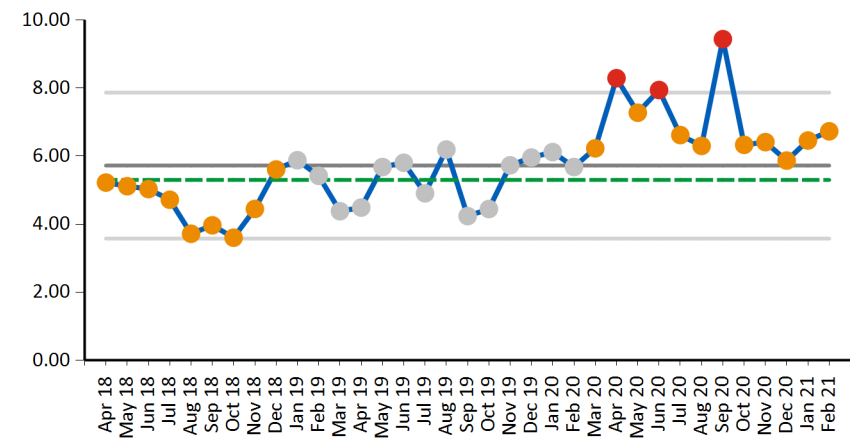
6 - Compliance with preventative measure for VTE



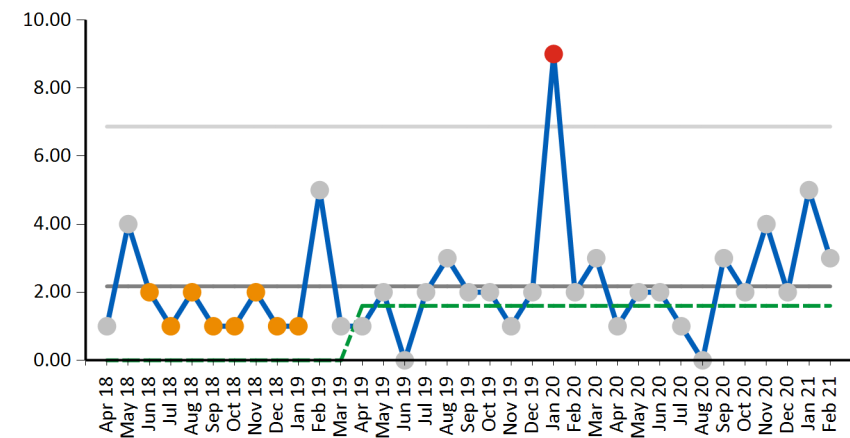
9 - Never Events



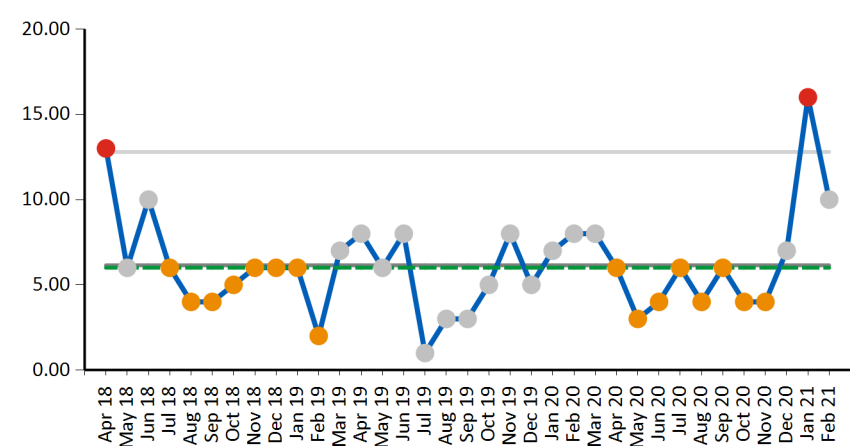
13 - All Inpatient Falls (Safeguard Per 1000 bed days)



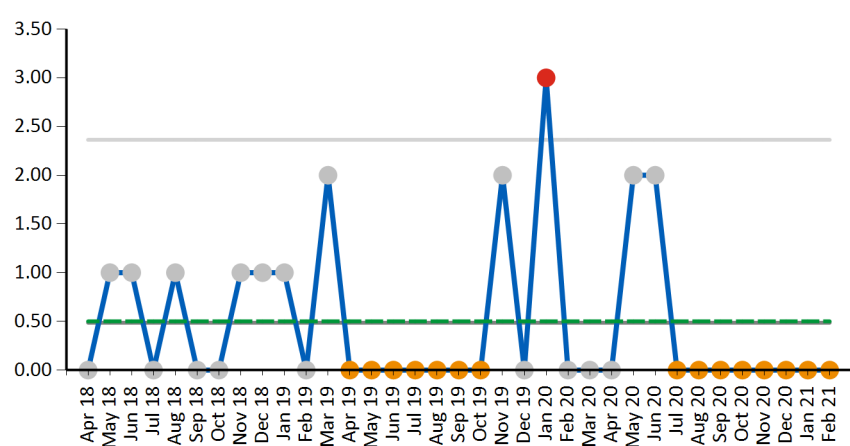
14 - Inpatient falls resulting in Harm (Moderate +)



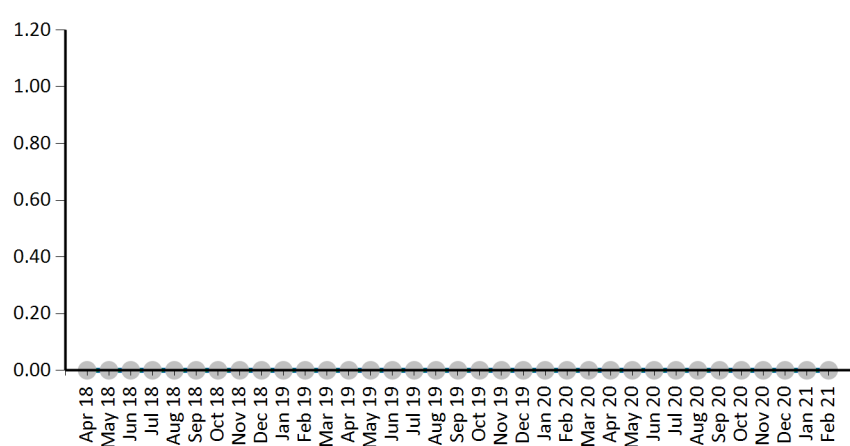
15 - Acute Inpatients acquiring pressure damage (category 2)



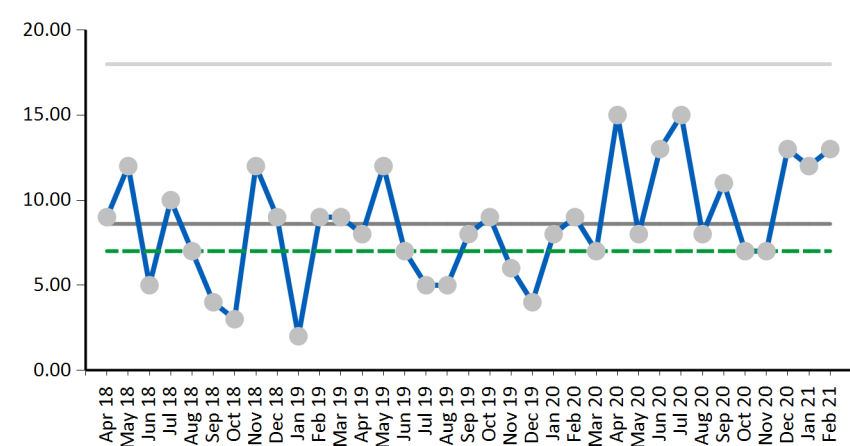
16 - Acute Inpatients acquiring pressure damage (category 3)



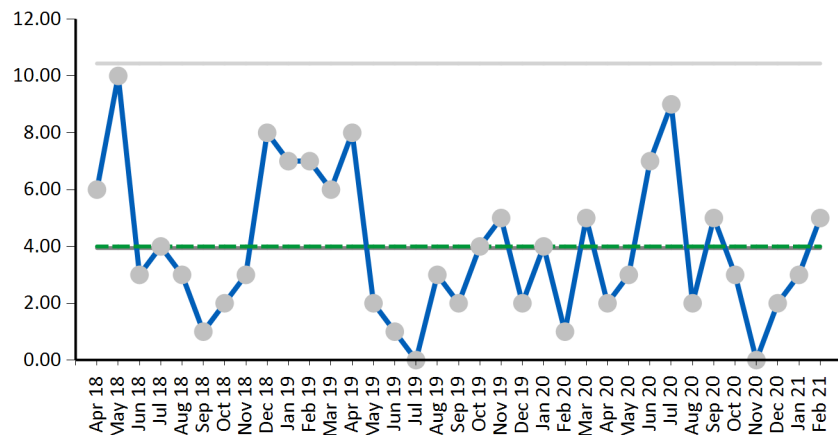
17 - Acute Inpatients acquiring pressure damage (category 4)



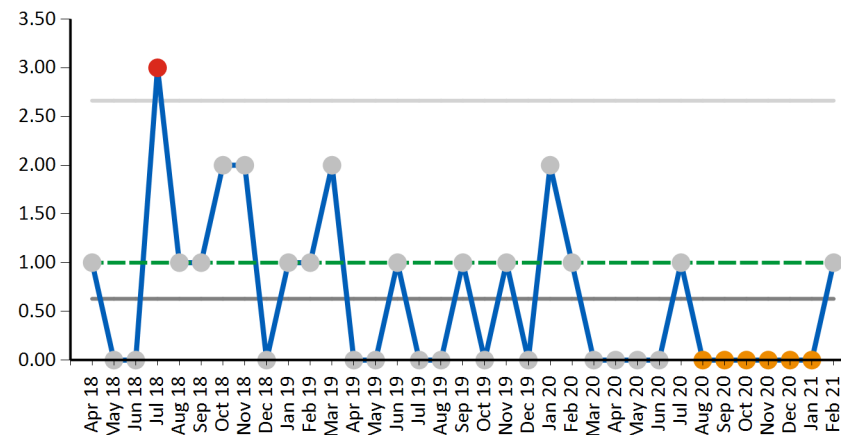
18 - Community patients acquiring pressure damage (category 2)



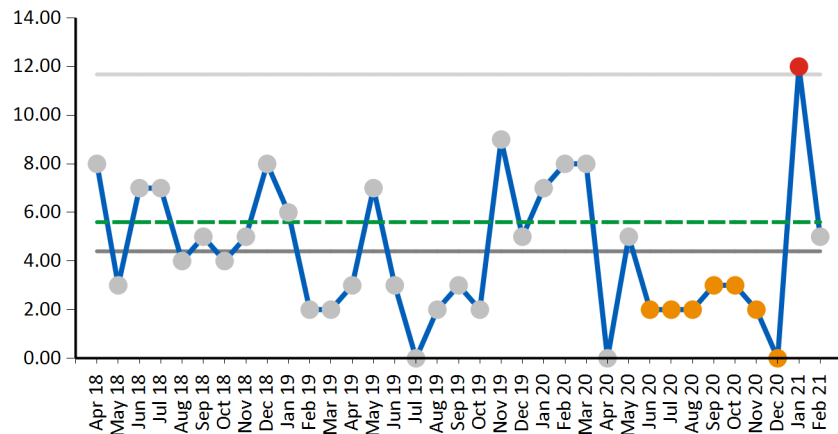
19 - Community patients acquiring pressure damage (category 3)



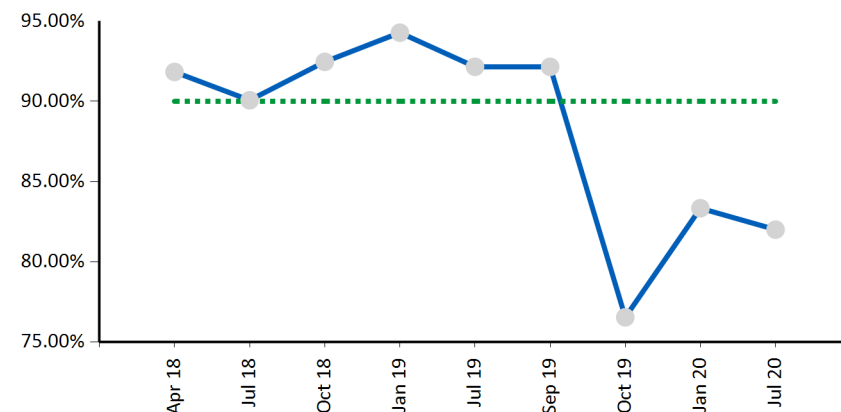
20 - Community patients acquiring pressure damage (category 4)



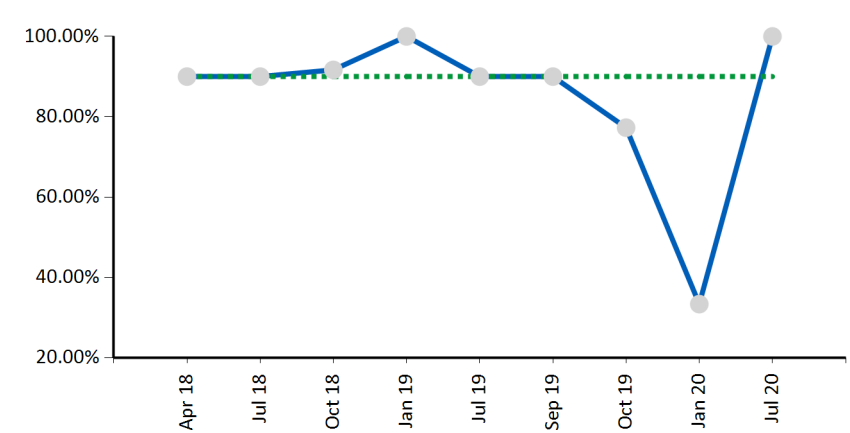
21 - Total Pressure Damage due to lapses in care



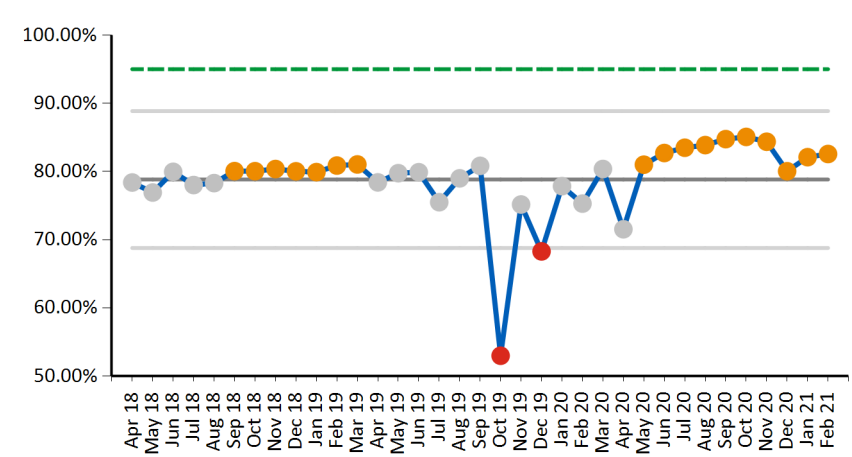
28 - Emergency patients screened for Sepsis (quarterly) - SPC data available after 20 data points



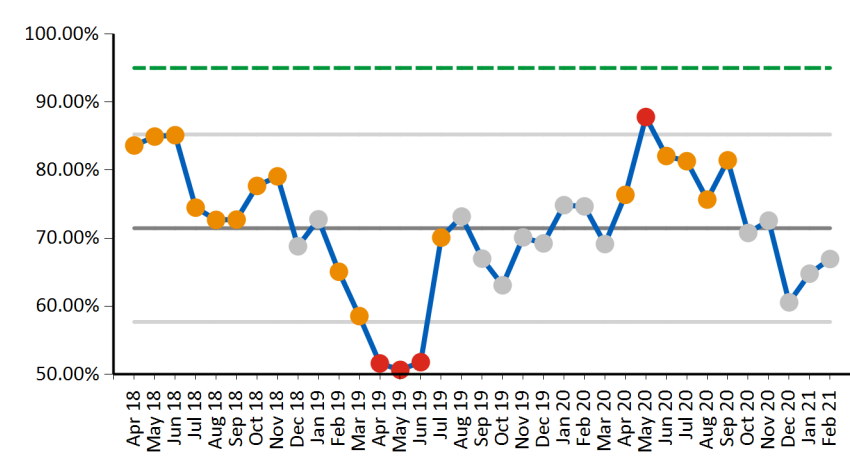
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points



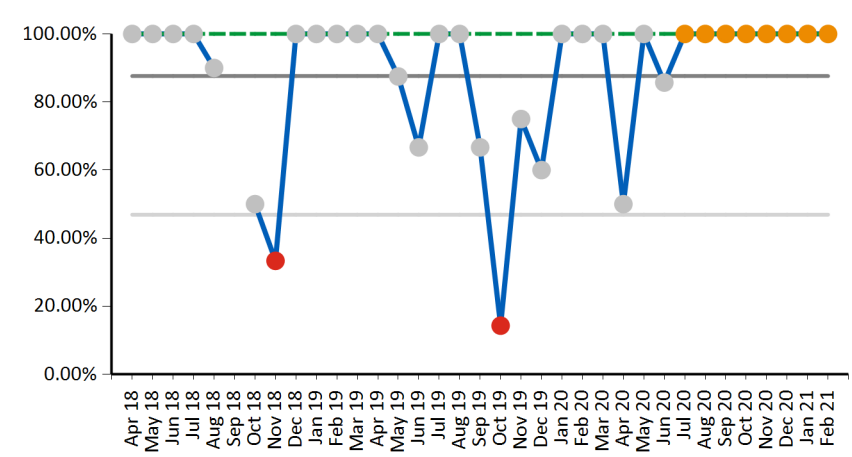
30 - Clinical Correspondence - Inpatients %<1 working day



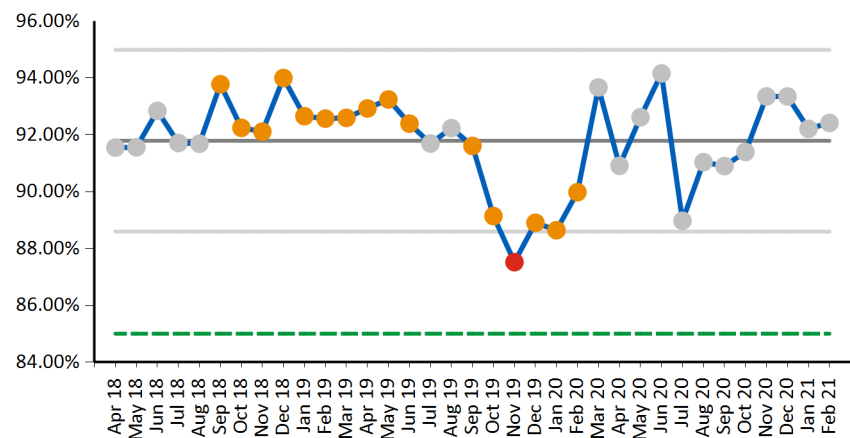
31 - Clinical Correspondence - Outpatients %<5 working days



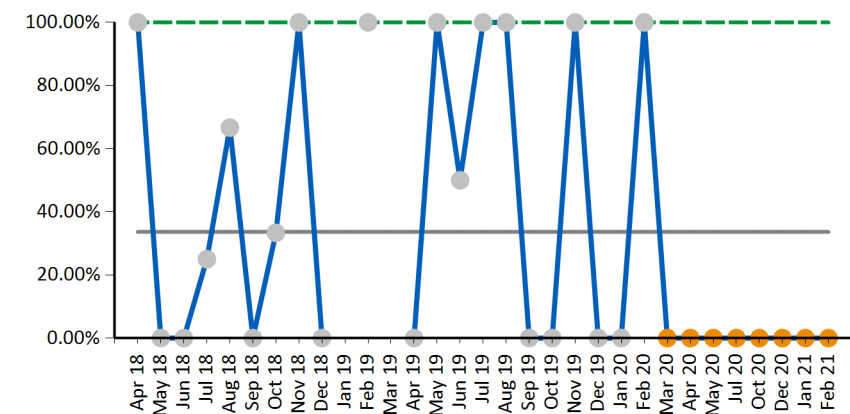
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance



88 - Nursing KPI Audits





















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



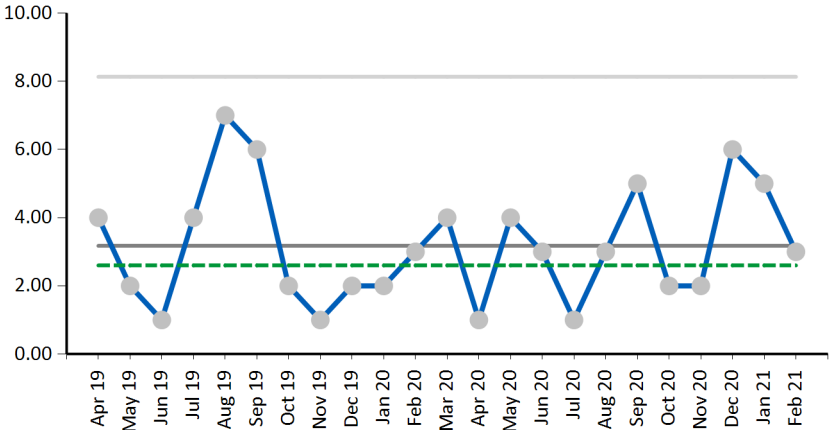
Infection Prevention and Control

It has now been more than 230 days since the last hospital onset MRSA bacteraemia. The number of E. coli bacteraemias has continued to reduce year on year by more than 40%.

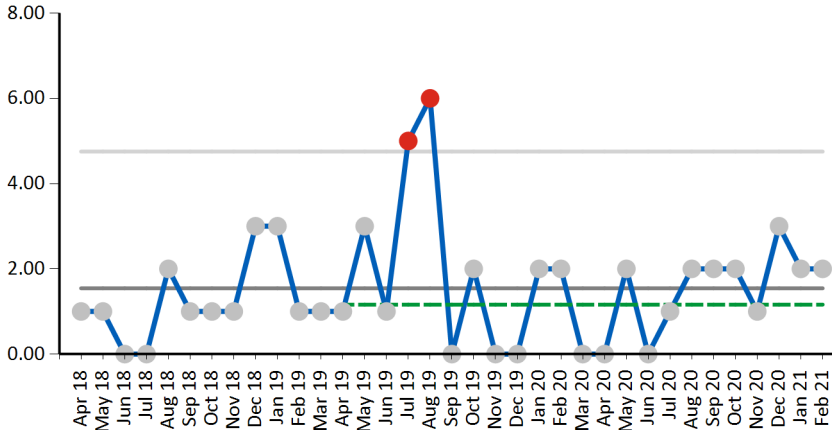
Nosocomial COVID-19 cases reduced by 50% from January to February in response to improved compliance with screening and renewed emphasis on IPC precautions for patient care.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
215 - Total Hospital Onset C.diff infections	<= 3	3	Feb-21		<= 3	5	Jan-21	<= 29	35	
346 - Total Community Onset Hospital Associated C.diff infections	<= 1	2	Feb-21		<= 1	2	Jan-21	<= 13	17	
347 - Total C.diff infections contributing to objective	<= 3	5	Feb-21		<= 3	7	Jan-21	<= 29	52	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Feb-21		= 0	0	Jan-21	= 0	2	
218 - Total Trust apportioned E. coli BSI	<= 3	2	Feb-21		<= 3	3	Jan-21	<= 33	19	
219 - Blood Culture Contaminants (rate)	<= 3%	3.7%	Feb-21		<= 3%	5.4%	Jan-21	<= 3%	4.5%	
199 - Compliance with antibiotic prescribing standards	>= 95%	73.0%	Q3 2020/21		>= 95%	76.0%	Q1 2020/21	>= 95%	74.5%	
304 - Total Trust apportioned MSSA BSIs	<= 1.3	2.0	Feb-21		<= 1.3	0.0	Jan-21	<= 14.3	13.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	<= 1	1	Feb-21		<= 1	0	Jan-21	<= 12	6	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Feb-21		= 0	0	Jan-21	= 0	3	
491 - Nosocomial COVID-19 cases		21	Feb-21			42	Jan-21		356	

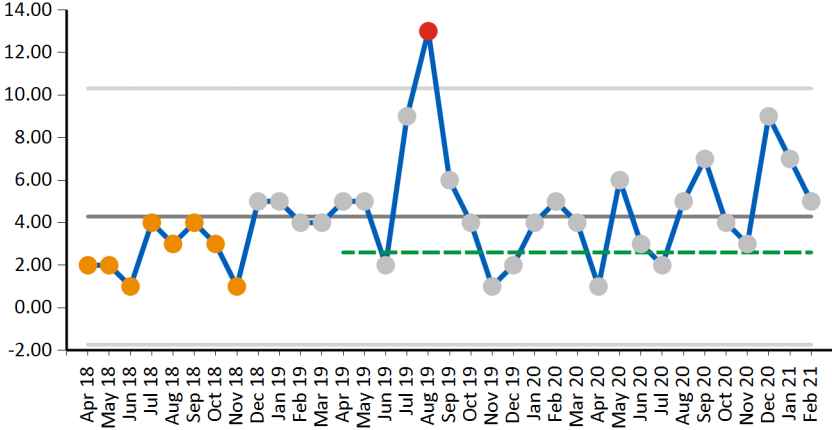
215 - Total Hospital Onset C.diff infections



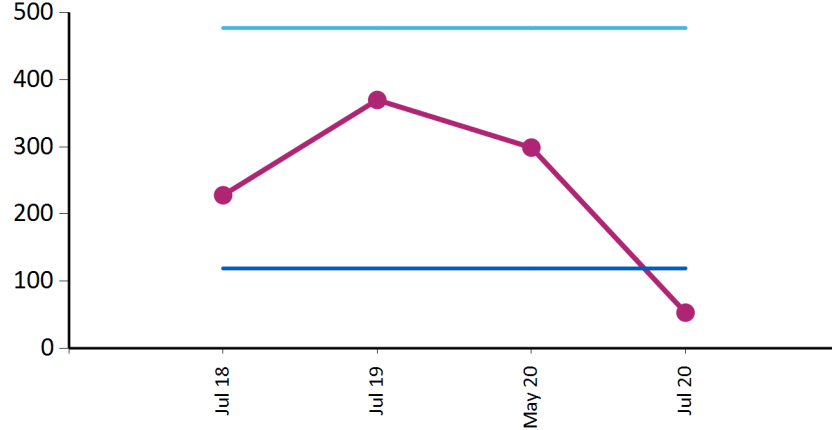
346 - Total Community Onset Hospital Associated C.diff infections



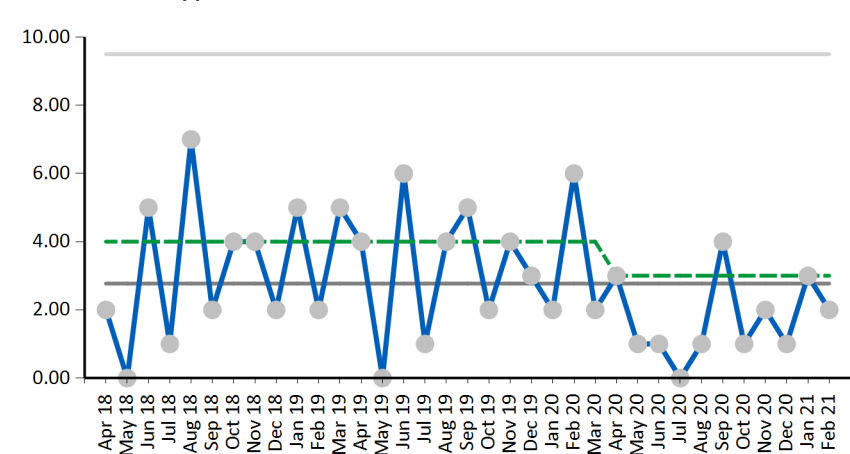
347 - Total C.diff infections contributing to objective



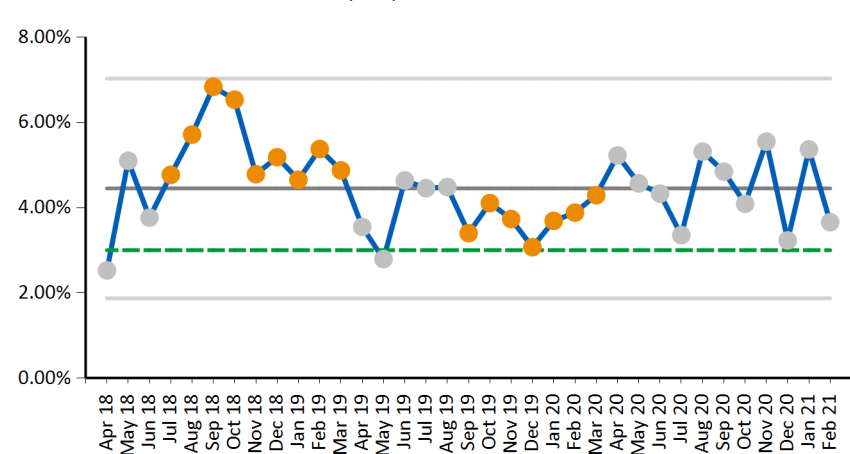
217 - Total Hospital-Onset MRSA BSIs - G Chart (Days Between Cases)



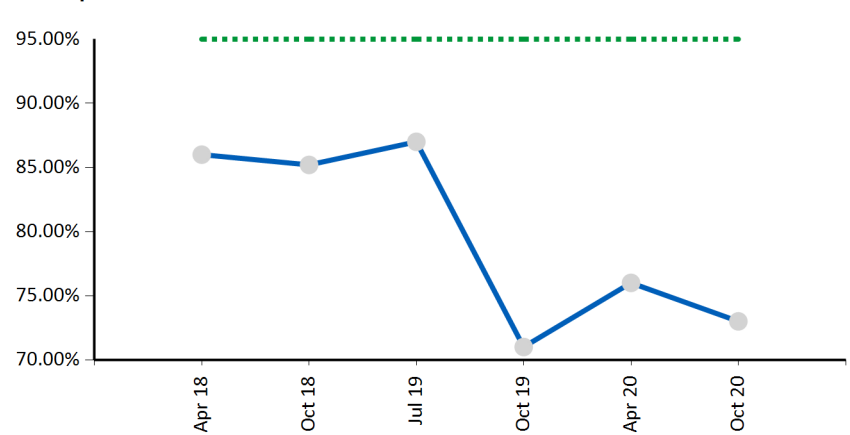
218 - Total Trust apportioned E. coli BSI



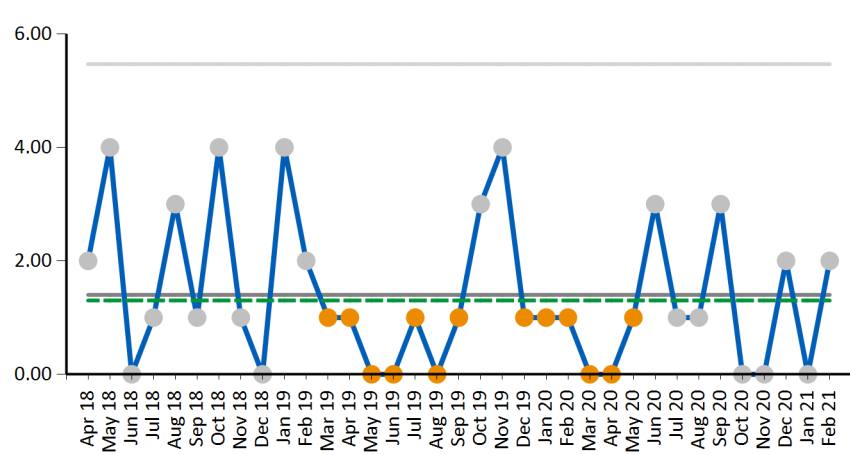
219 - Blood Culture Contaminants (rate)



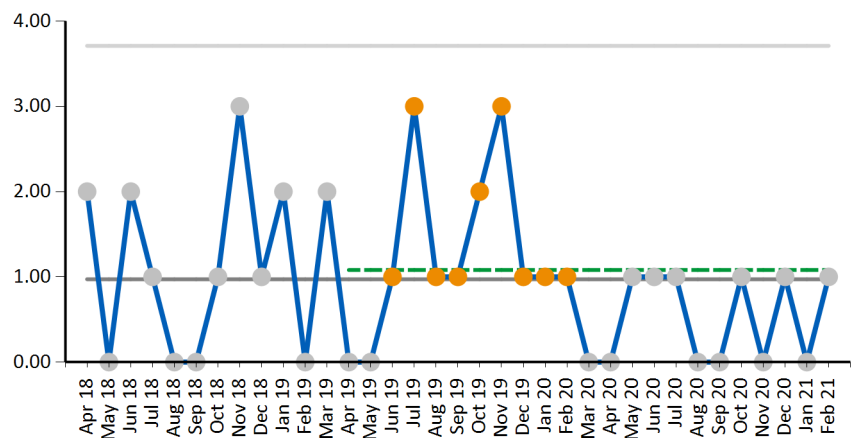
199 - Compliance with antibiotic prescribing standards - SPC data available after 20 data points



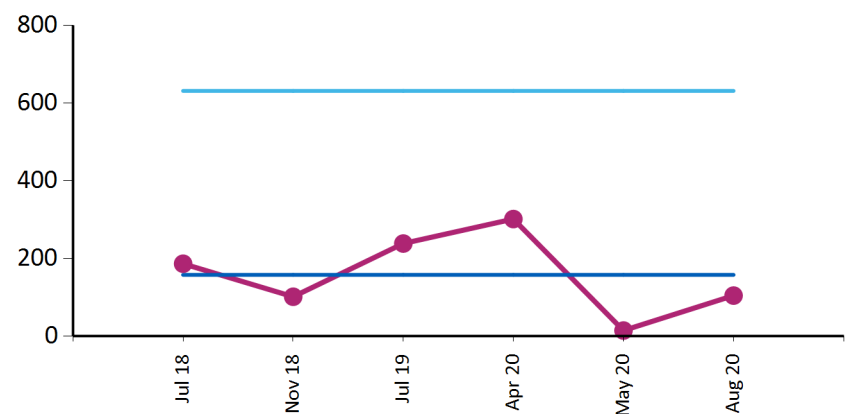
304 - Total Trust apportioned MSSA BSIs



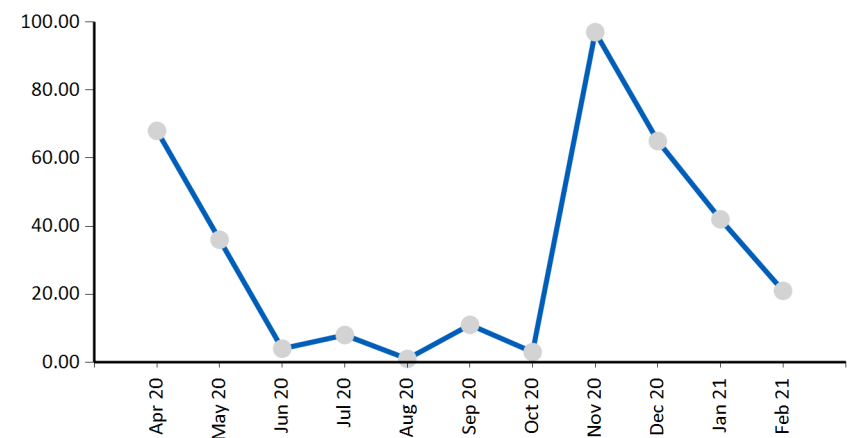
305 - Total Trust apportioned *Klebsiella* spp. BSIs



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



491 - Nosocomial COVID-19 cases - SPC data available after 20 data points



Mortality

Crude

The in-month crude mortality for February 2021 has fall back to just above target at 3%. This follows the special cause in November 2020 and the higher than average rate in December 2020 and January 2021 – in line with the second and third wave of the pandemic. Crude mortality is not adjusted for Covid or any other factor like other mortality indicators are eg in terms of age, deprivation, disease type and admission method

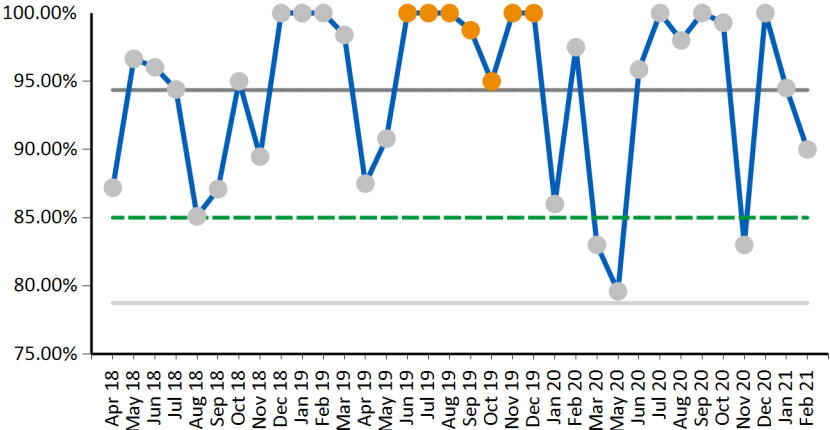
SHMI

The rolling average for the 12 months to September 2020 for SHMI has remained higher than expected with the Trust now showing the highest level of all Acute Trusts. All disease groups are with expected ranges and the in-month SHMI remains in control compared to the previous 20 months of reporting.

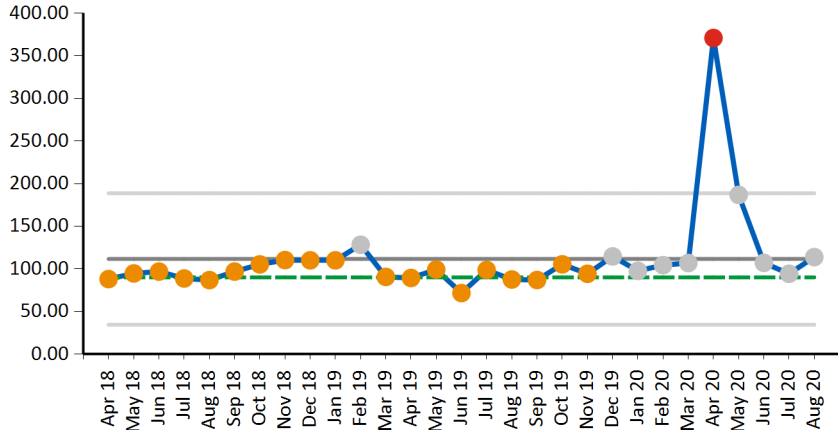
The Trust is working in collaboration with NHS England with a focus on the recording of comorbidities, depth of diagnosis recording, palliative care referrals and indepth audits at patient level by disease. Specific patient level audits have already been completed on cardiac arrests, abdominal pain and tonsillitis/influenza the outcome of which are driving forward training for clinicians, targeted reporting and recording of comorbidities of patients.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
3 - National Early Warning Scores to Gold standard	>= 85%	90.0%	Feb-21		>= 85%	94.5%	Jan-21	>= 85%	94.0%	
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)	<= 90	113.8	Aug-20		<= 90	94.2	Jul-20	<= 90	113.8	
11 - Standardised Hospital Mortality (ratio)	<= 100.00	106.98	Sep-20		<= 100.00	114.00	Aug-20	<= 100.00	106.98	
12 - Crude Mortality %	<= 2.9%	3.0%	Feb-21		<= 2.9%	4.1%	Jan-21	<= 2.9%	3.4%	

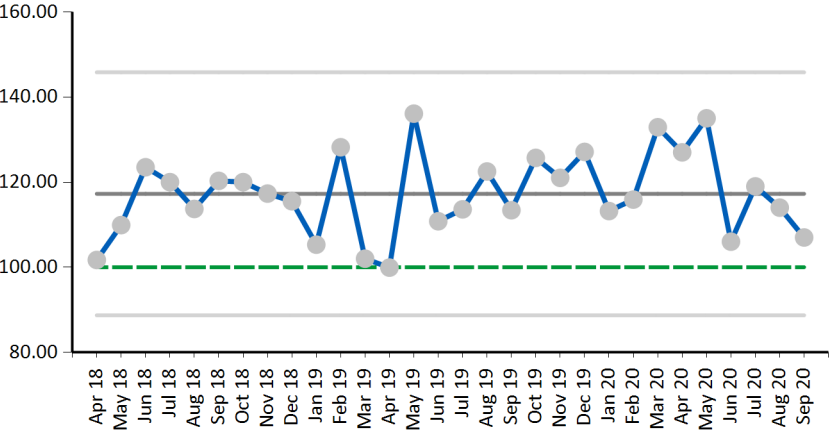
3 - National Early Warning Scores to Gold standard



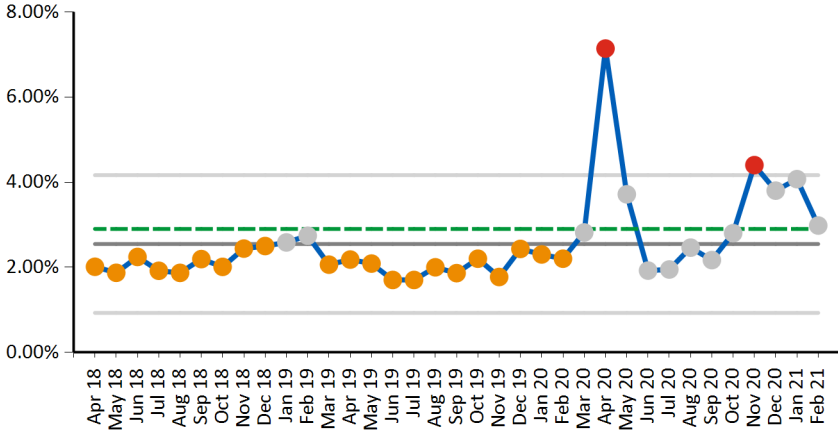
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)



11 - Standardised Hospital Mortality (ratio)



12 - Crude Mortality %



Patient Experience

FFT

There was a variety of response and recommendation rates across the Trust during February . This is mainly due to the NHSE guidance to capture FFT only if it is safe to do so with those areas where a text message is sent continuing to have better results. A number of initiatives to improve how we capture FFT feedback electronically avoiding the need to use paper forms are being trialled. i.e. QR codes/Trust website link

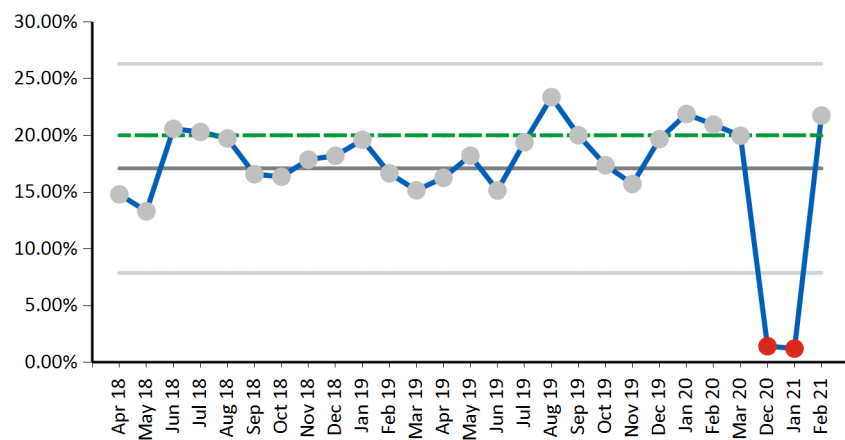
COMPLAINTS

The response rate for complaints did not meet the Trust's trajectory of 95% during February 2021 with an overall rate of 30.4%. This is multifactorial. A paper outlining proposals for a sustainable model to support the production of high quality compassionate complaint responses is due to be discussed by Executive Directors on 29th March or immediately after the Easter break. To add the Trust is in the preliminary stages of revamping PEIPC with a new forum called Quality and Patient Experience Group (QPEG). The Divisional Nurse Director - Integrated Community Services Division will chair QPEG which will report to the Professional Forum chaired by the Chief Nurse. The first QPEG meeting will be held in April 2021.

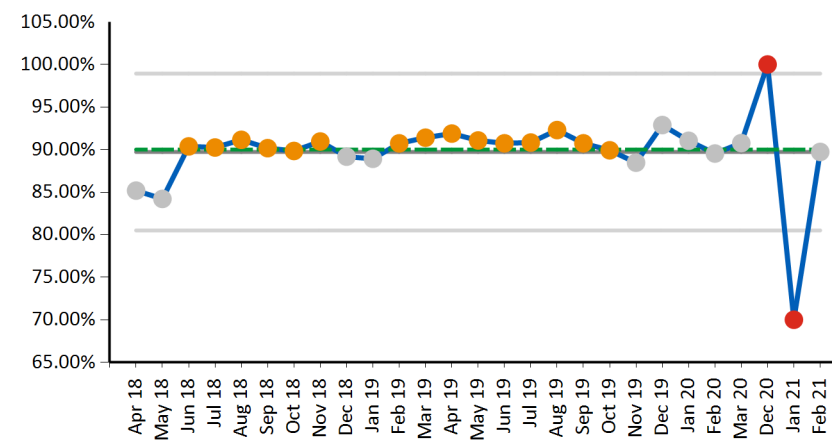
Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
200 - A&E Friends and Family Response Rate	>= 20%	21.7%	Feb-21		>= 20%	1.2%	Jan-21	>= 20%	13.0%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	89.7%	Feb-21		>= 90%	70.0%	Jan-21	>= 90%	89.7%	
80 - Inpatient Friends and Family Response Rate	>= 30%	16.3%	Feb-21		>= 30%	16.9%	Jan-21	>= 30%	18.8%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	97.4%	Feb-21		>= 90%	85.7%	Jan-21	>= 90%	95.7%	
81 - Maternity Friends and Family Response Rate	>= 15%	12.4%	Feb-21		>= 15%	11.5%	Jan-21	>= 15%	12.1%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	91.8%	Feb-21		>= 90%	95.6%	Jan-21	>= 90%	92.5%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	0.0%	Feb-21		>= 15%	0.0%	Jan-21	>= 15%	0.0%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%		Feb-21		>= 90%		Jan-21	>= 90%	100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	30.7%	Feb-21		>= 15%	32.9%	Jan-21	>= 15%	33.6%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	93.7%	Feb-21		>= 90%	95.6%	Jan-21	>= 90%	93.1%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	11.1%	Feb-21		>= 15%		Jan-21	>= 15%	11.1%	

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	75.0%	Feb-21		>= 90%		Jan-21	>= 90%	75.0%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	5.9%	Feb-21		>= 15%	0.0%	Jan-21	>= 15%	1.9%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	95.2%	Feb-21		>= 90%		Jan-21	>= 90%	95.2%	
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Feb-21		= 100%	95.8%	Jan-21	= 100%	99.5%	
90 - Complaints responded to within the period	>= 95%	30.4%	Feb-21		>= 95%	56.3%	Jan-21	>= 95%	80.7%	

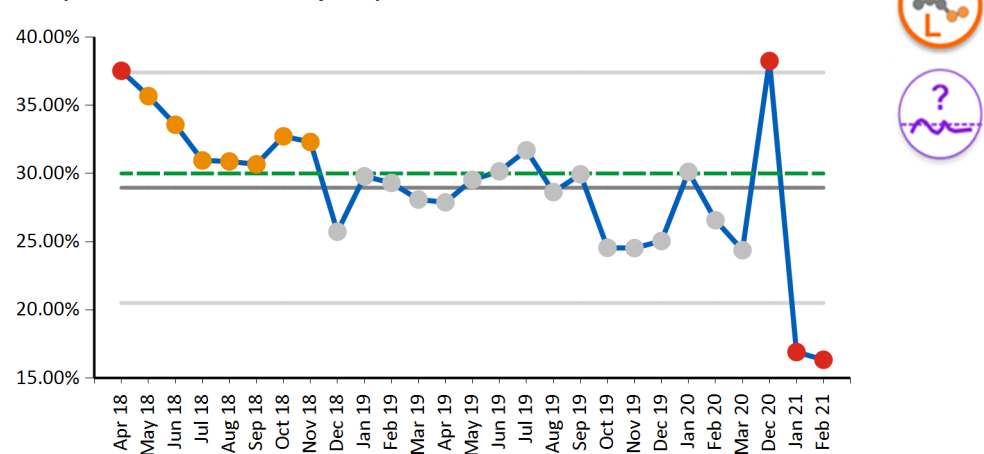
200 - A&E Friends and Family Response Rate



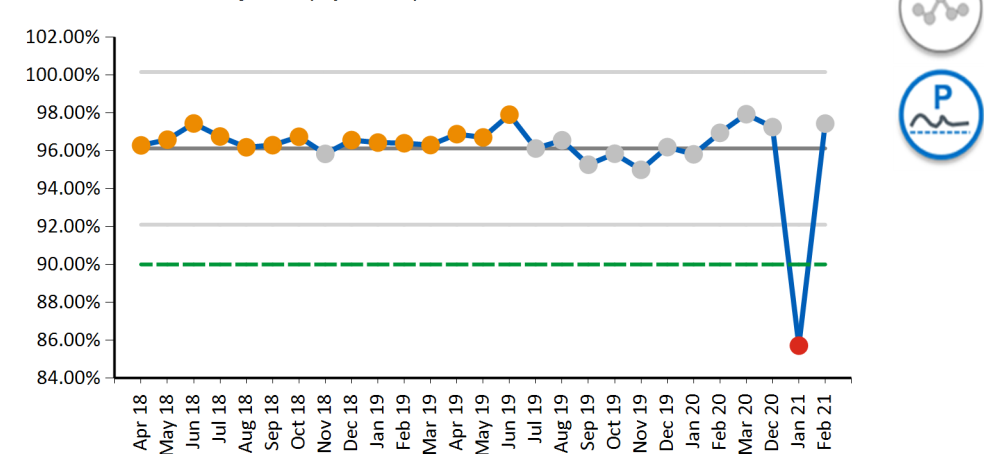
294 - A&E Friends and Family Satisfaction Rates %



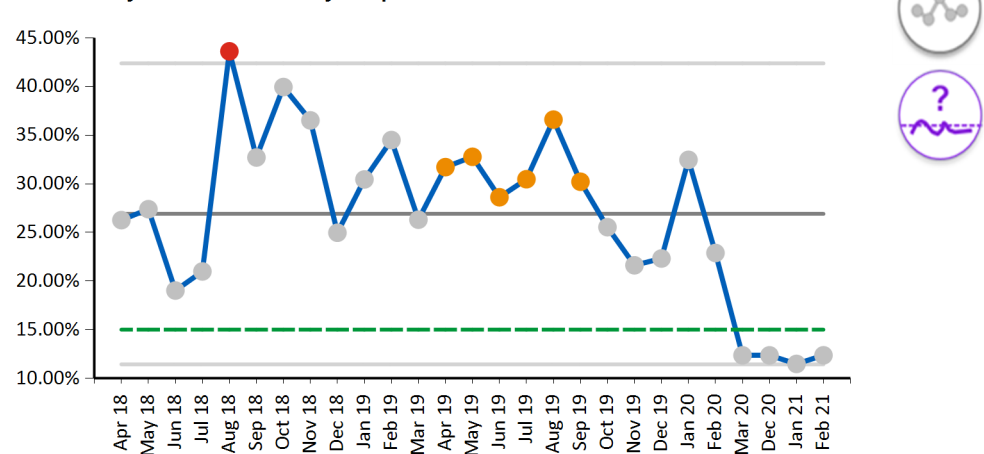
80 - Inpatient Friends and Family Response Rate



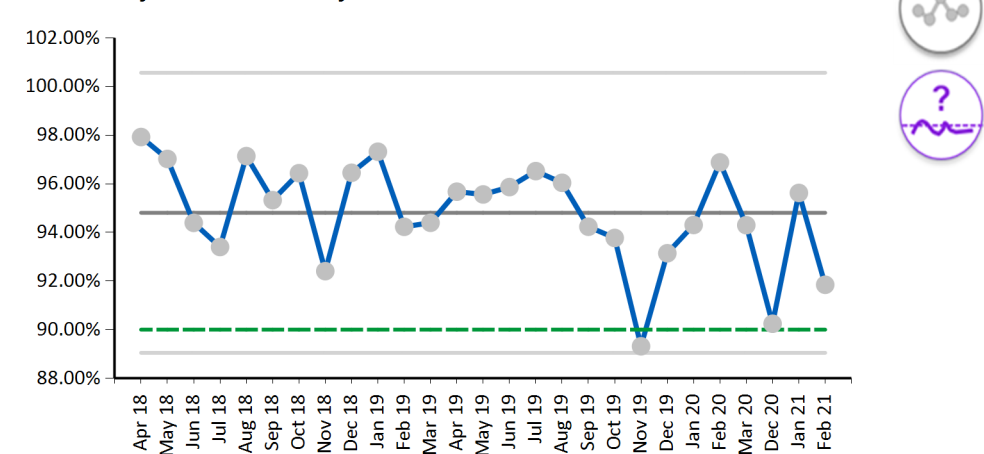
240 - Friends and Family Test (Inpatients) - Satisfaction %



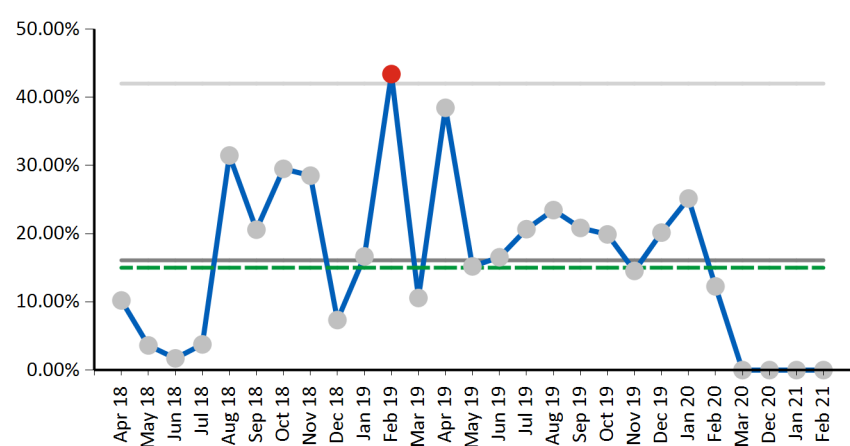
81 - Maternity Friends and Family Response Rate



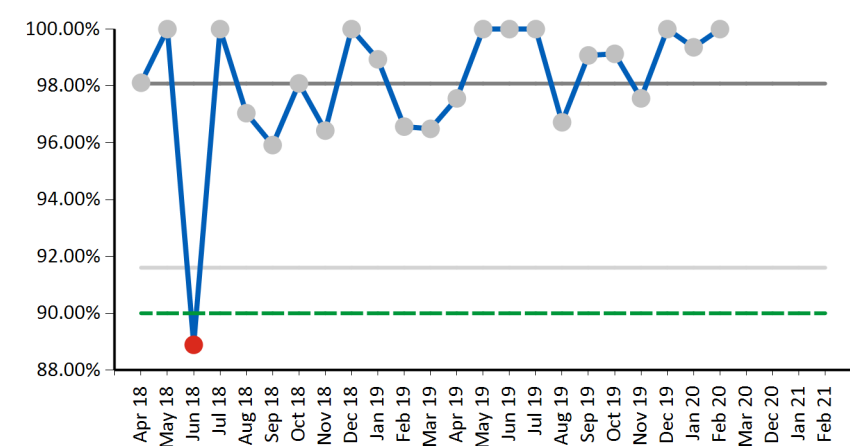
241 - Maternity Friends and Family Test - Satisfaction %



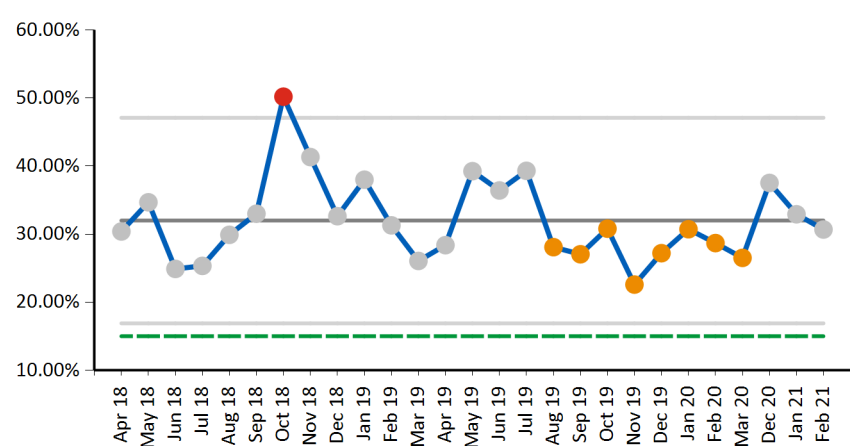
82 - Antenatal - Friends and Family Response Rate



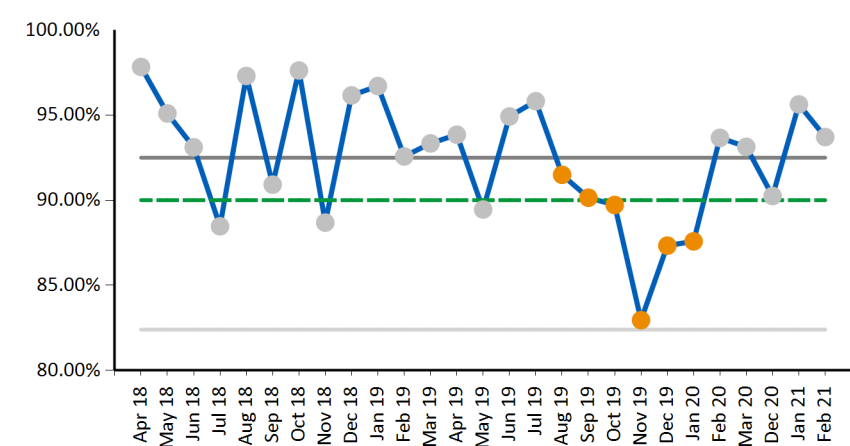
242 - Antenatal Friends and Family Test - Satisfaction %



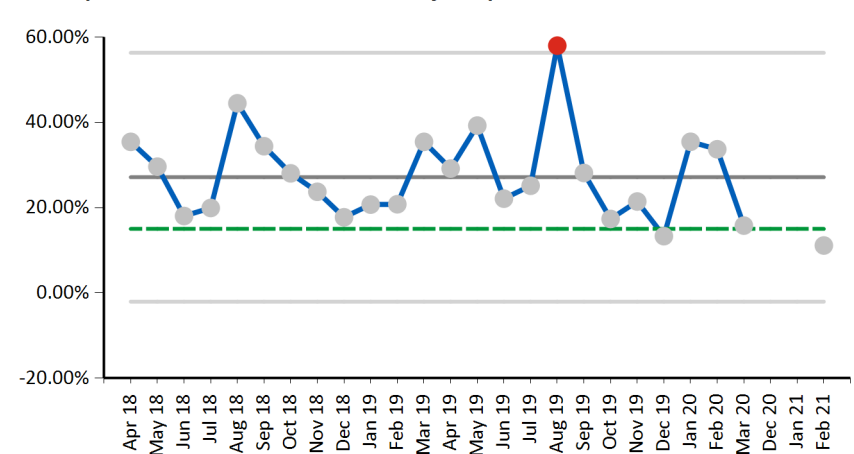
83 - Birth - Friends and Family Response Rate



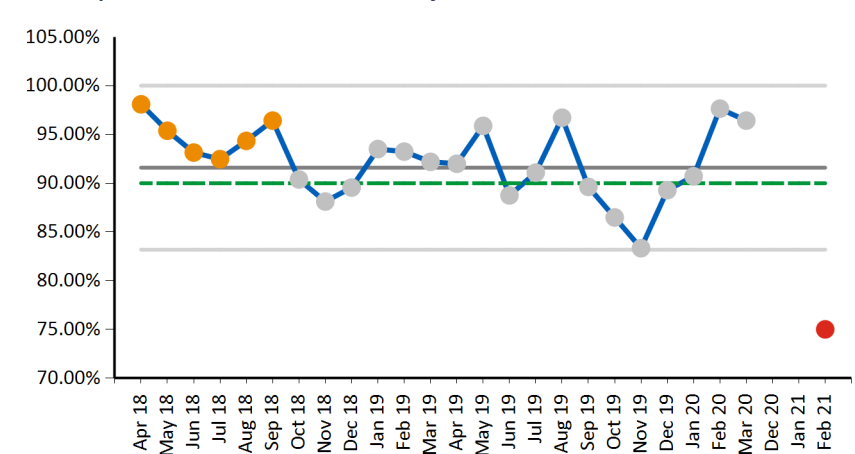
243 - Birth Friends and Family Test - Satisfaction %



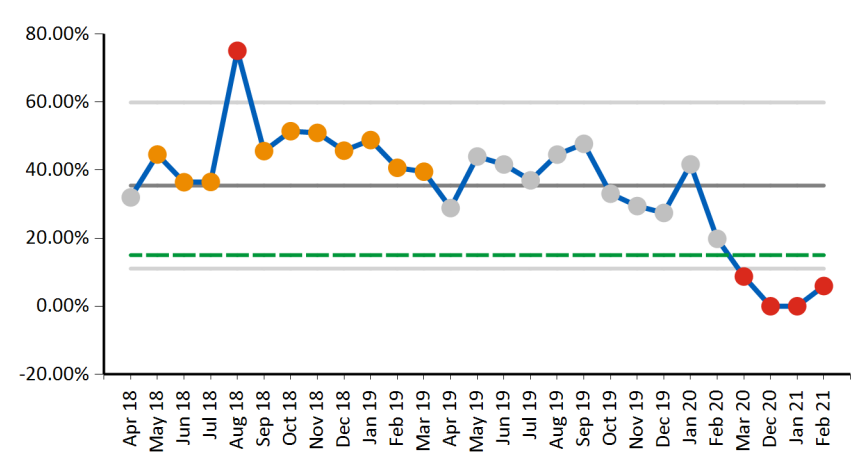
84 - Hospital Postnatal - Friends and Family Response Rate



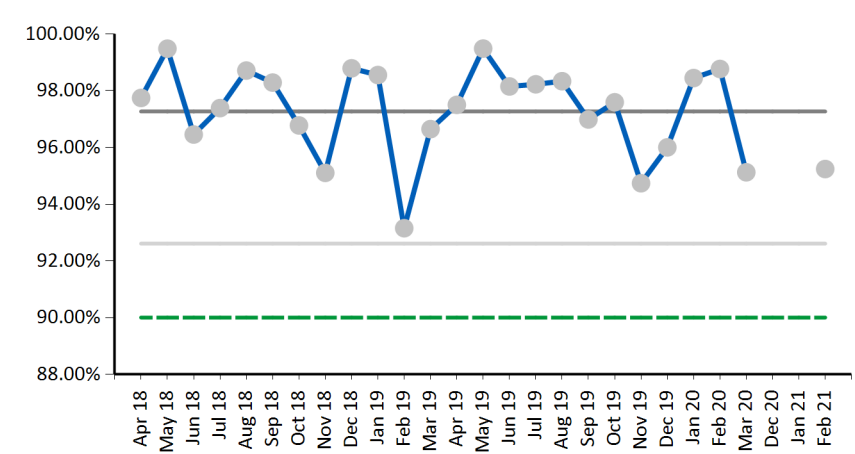
244 - Hospital Postnatal Friends and Family Test - Satisfaction %



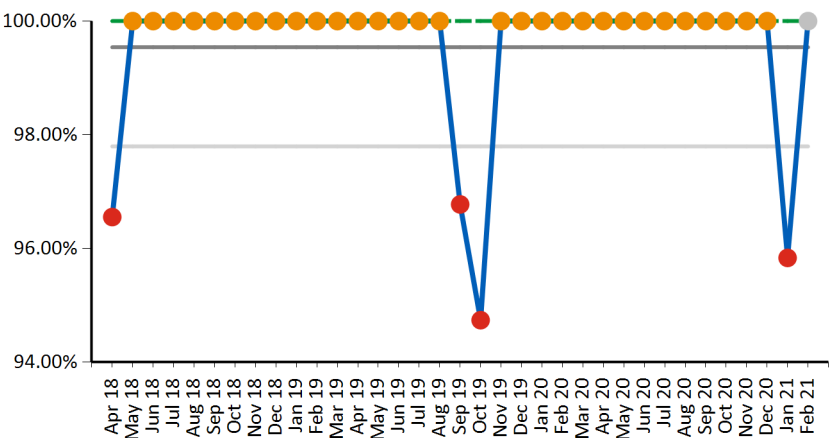
85 - Community Postnatal - Friend and Family Response Rate



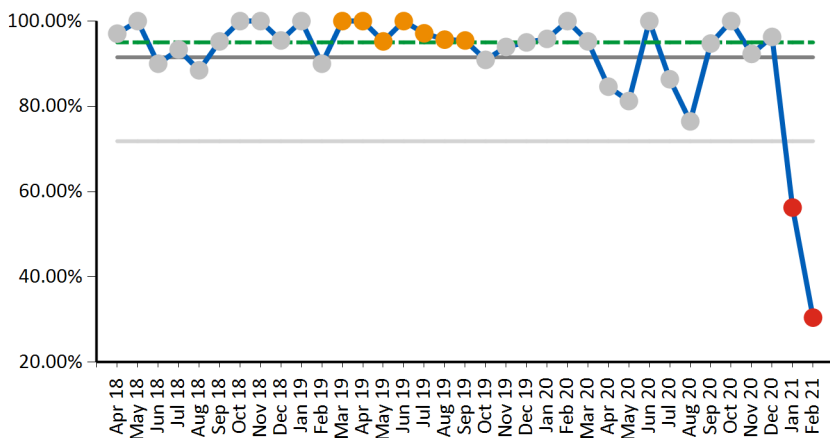
245 - Community Postnatal Friends and Family Test - Satisfaction %



89 - Formal complaints acknowledged within 3 working days



90 - Complaints responded to within the period

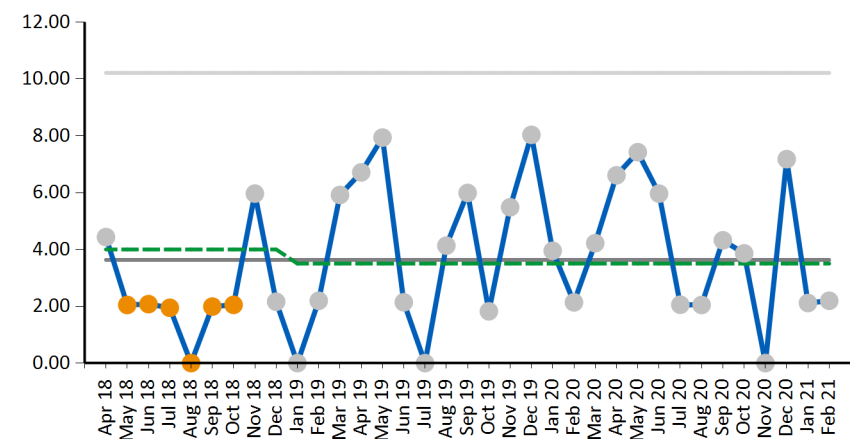


Maternity

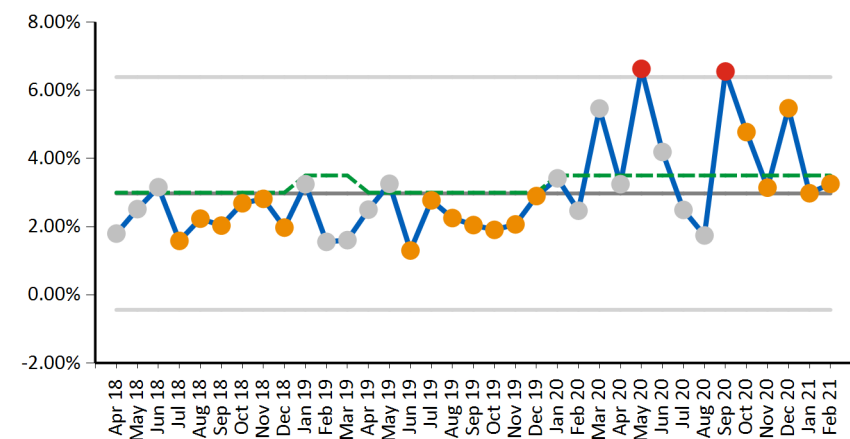
Maternity Service Patient Story at QAC on 17/03/2021 articulated the challenges for the service in the provision of care to women from BAME communities in Bolton and the relationship between those communities and some of the outcome measures described in the metrics detailed in the report – this work is led by the Specialist Cultural Liaison Midwife and universally supported by both the Trust, CCG and other partners. Progress with compliance with Ockenden Recommendations has been presented to the CCG on 10/03/2021 and will be further discussed at the Board of Directors meeting. Stillbirth rate and 3rd & 4th degree tears were discussed in detail at QAC 17/02/2021 with the Director of Quality Governance meeting with the Family Care Division to review the assurance papers on 11/03/2021. An update on both Stillbirth rates and 3rd & 4th degree tears will come to the Clinical Governance & Quality Committee as per QAC action QA/20/54

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
322 - Maternity - Stillbirths per 1000 births	<= 3.50	2.19	Feb-21		<= 3.50	2.11	Jan-21	<= 3.50	3.99	
23 - Maternity - 3rd/4th degree tears	<= 3.5%	3.3%	Feb-21		<= 3.5%	3.0%	Jan-21	<= 3.5%	4.0%	
202 - 1:1 Midwifery care in labour	>= 95.0%	97.8%	Feb-21		>= 95.0%	98.1%	Jan-21	>= 95.0%	97.9%	
203 - Booked 12+6	>= 90.0%	90.9%	Feb-21		>= 90.0%	90.0%	Jan-21	>= 90.0%	91.1%	
204 - Inductions of labour	<= 40%	37.9%	Feb-21		<= 40%	37.1%	Jan-21	<= 40%	38.8%	
208 - Total C section	<= 33.0%	31.9%	Feb-21		<= 33.0%	35.6%	Jan-21	<= 33.0%	32.3%	
210 - Initiation breast feeding	>= 65%	68.44%	Feb-21		>= 65%	67.09%	Jan-21	>= 65%	68.70%	
213 - Maternity complaints	<= 5	1	Feb-21		<= 5	6	Jan-21	<= 55	21	
319 - Maternal deaths (direct)	= 0	0	Feb-21		= 0	0	Jan-21	= 0	0	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	10.5%	Feb-21		<= 6%	7.2%	Jan-21	<= 6%	8.1%	

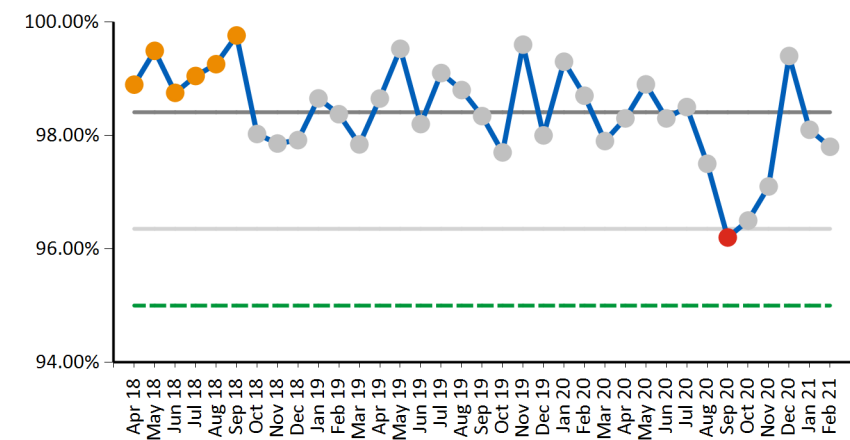
322 - Maternity - Stillbirths per 1000 births



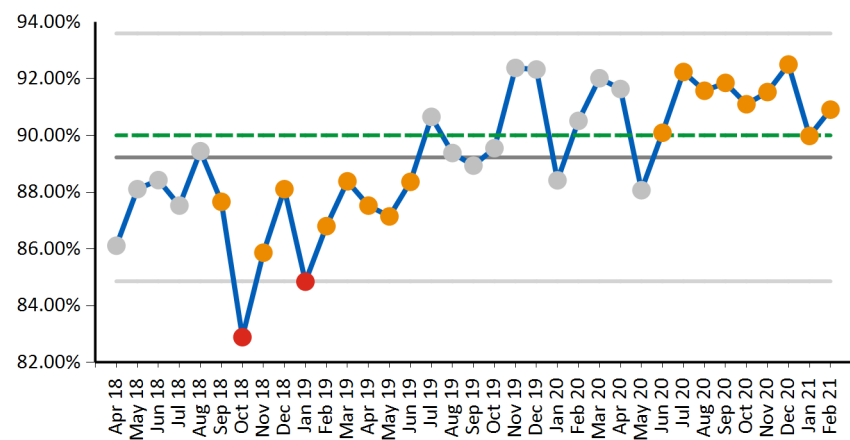
23 - Maternity - 3rd/4th degree tears



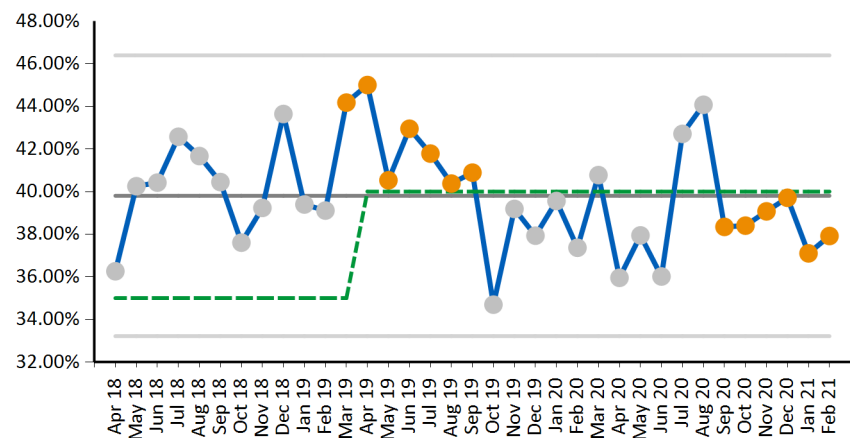
202 - 1:1 Midwifery care in labour



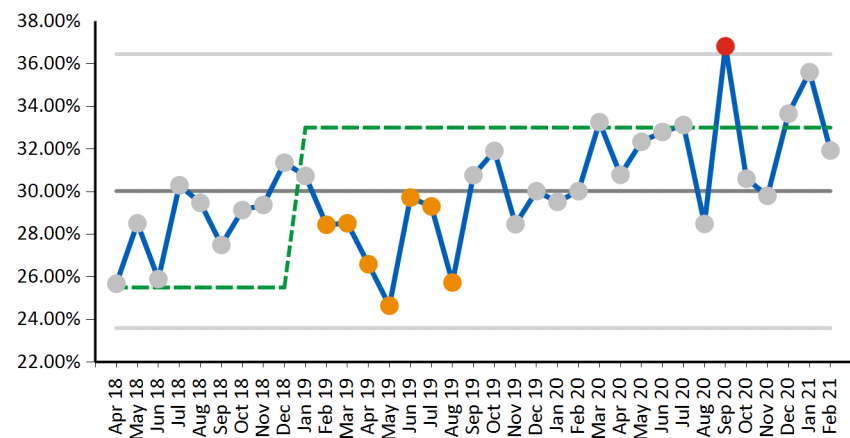
203 - Booked 12+6



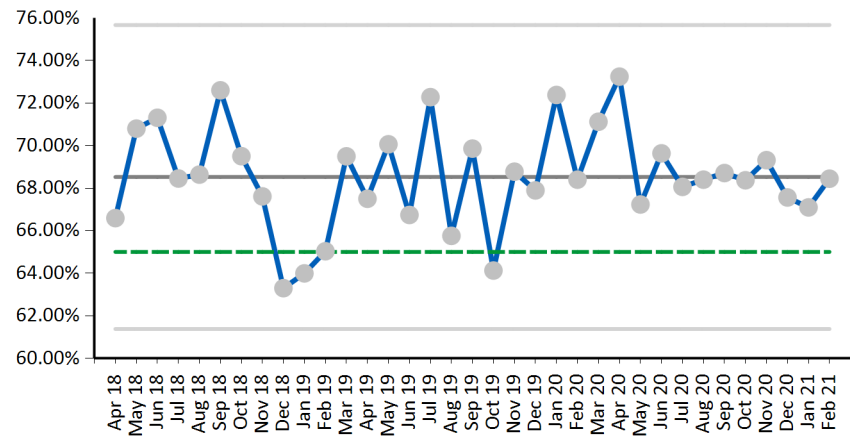
204 - Inductions of labour



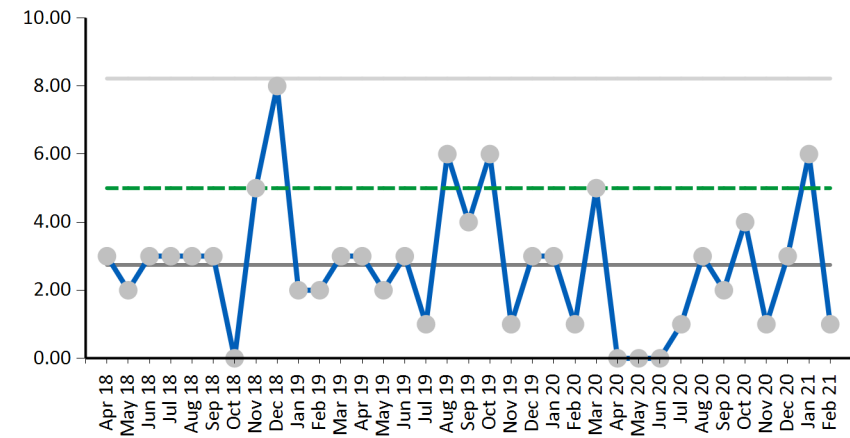
208 - Total C section



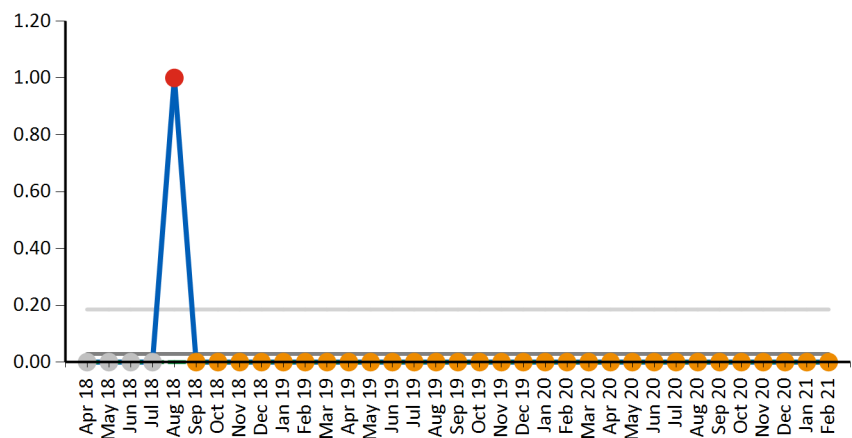
210 - Initiation breast feeding



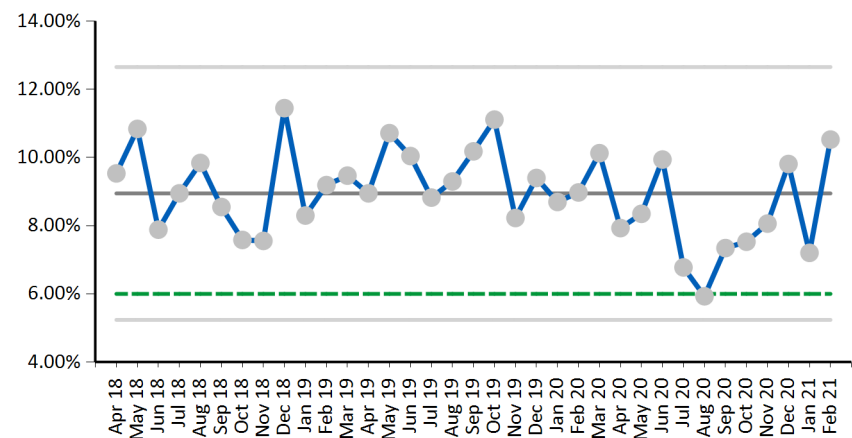
213 - Maternity complaints



319 - Maternal deaths (direct)










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

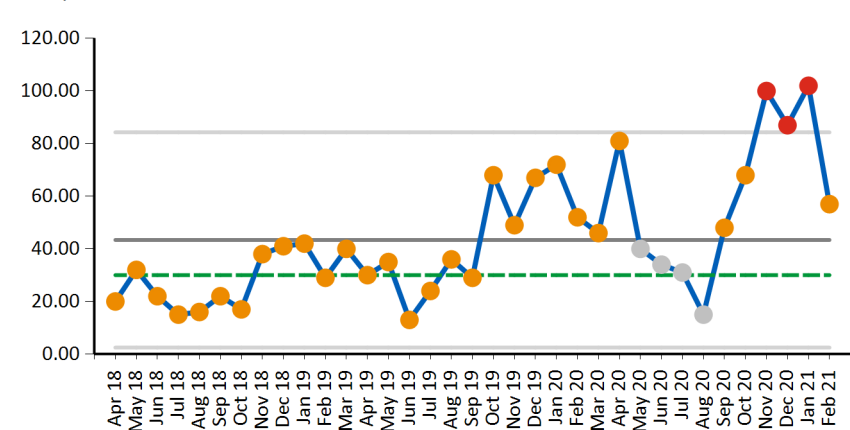


Operational Performance

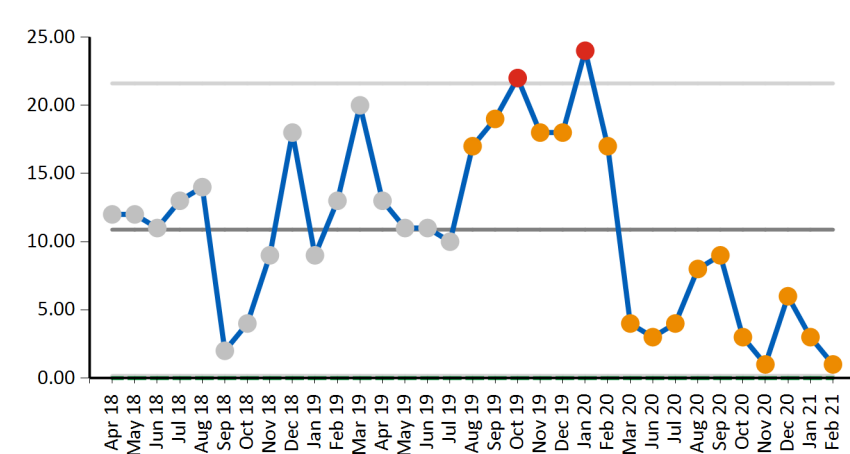
Access

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	<= 30	57	Feb-21		<= 30	102	Jan-21	<= 330	663	
8 - Same sex accommodation breaches	= 0	1	Feb-21		= 0	3	Jan-21	= 0	38	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	82.9%	Feb-21		>= 75%	80.6%	Jan-21	>= 75%	77.0%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	59.8%	Feb-21		>= 92%	59.8%	Jan-21	>= 92%	56.8%	
42 - RTT 52 week waits (incomplete pathways)	= 0	3,104	Feb-21		= 0	2,620	Jan-21	= 0	14,635	
314 - RTT 18 week waiting list	<= 25,530	25,409	Feb-21		<= 25,530	26,238	Jan-21	<= 25,530	25,409	
53 - A&E 4 hour target	>= 95%	76.0%	Feb-21		>= 95%	72.0%	Jan-21	>= 95%	80.9%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	5.2%	Feb-21		= 0.0%	12.6%	Jan-21	= 0.0%	9.9%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	0.88%	Feb-21		= 0.00%	5.89%	Jan-21	= 0.00%	3.84%	
72 - Diagnostic Waits >6 weeks %	<= 1%	40.9%	Feb-21		<= 1%	45.6%	Jan-21	<= 1%	48.9%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	72.7%	Feb-21		= 100%	63.6%	Jan-21	= 100%	68.4%	

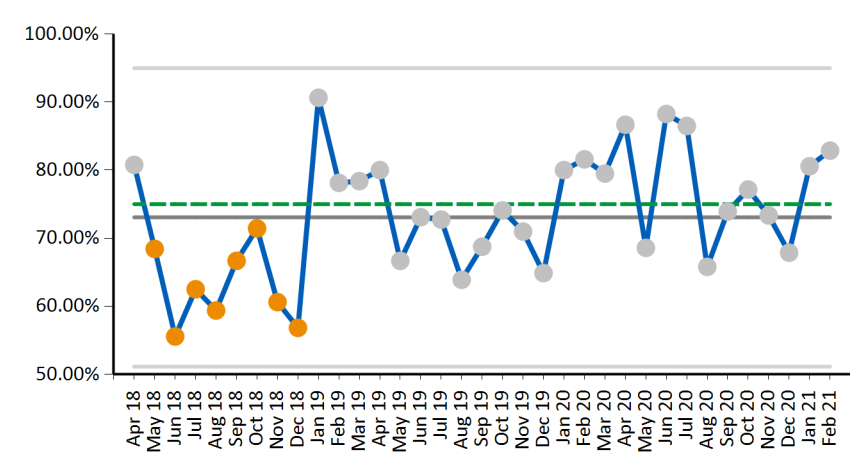
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



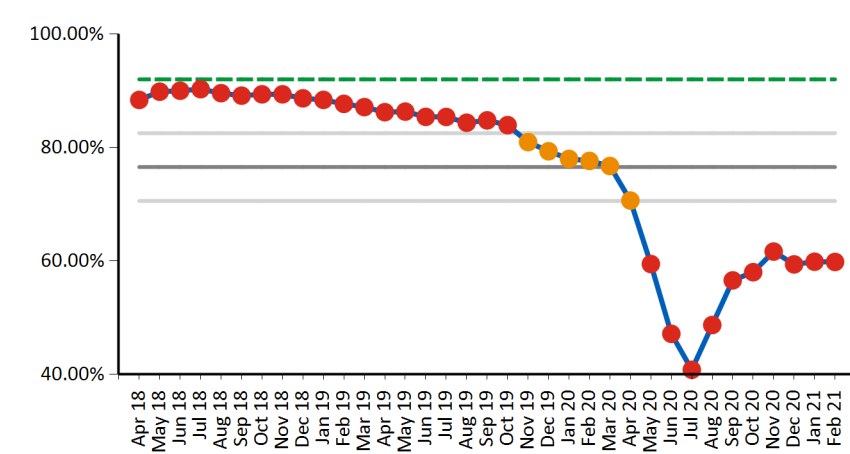
8 - Same sex accommodation breaches



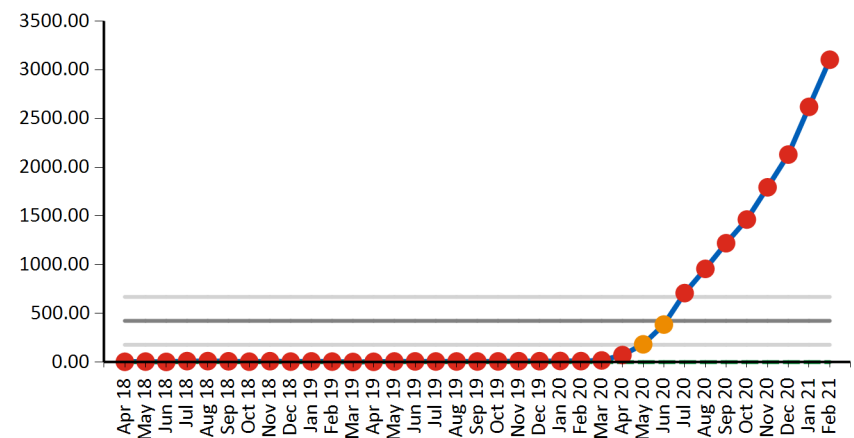
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur



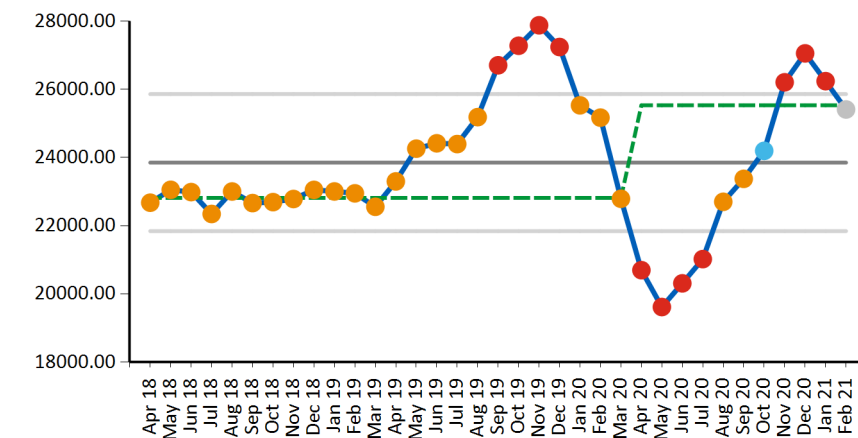
41 - RTT Incomplete pathways within 18 weeks %



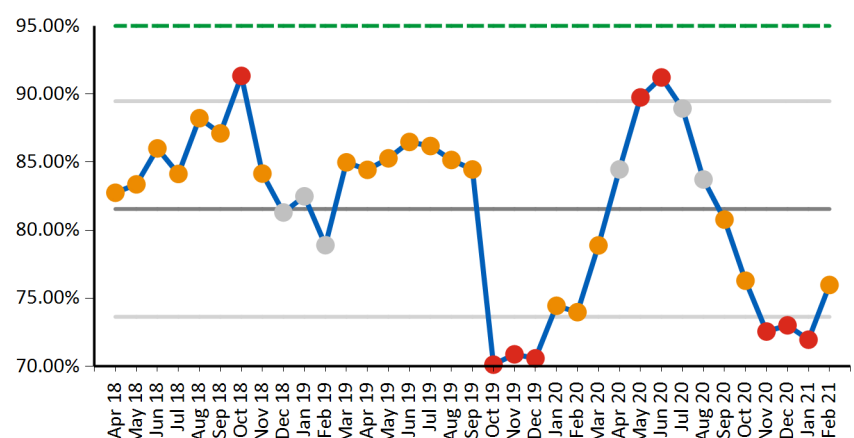
42 - RTT 52 week waits (incomplete pathways)



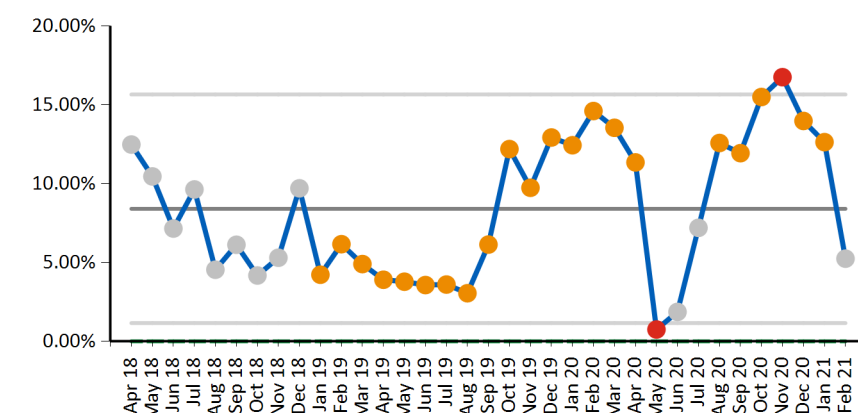
314 - RTT 18 week waiting list



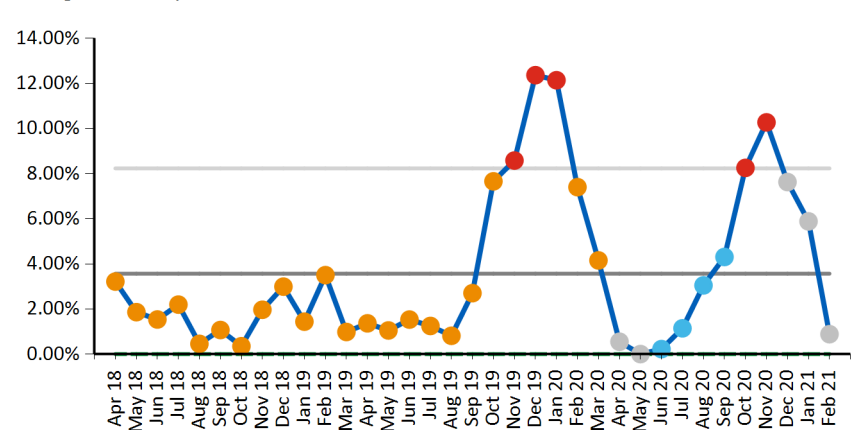
53 - A&E 4 hour target



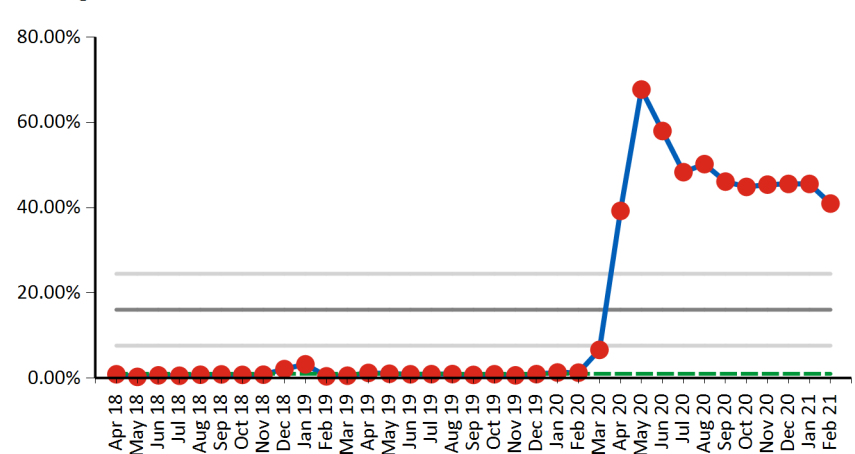
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)



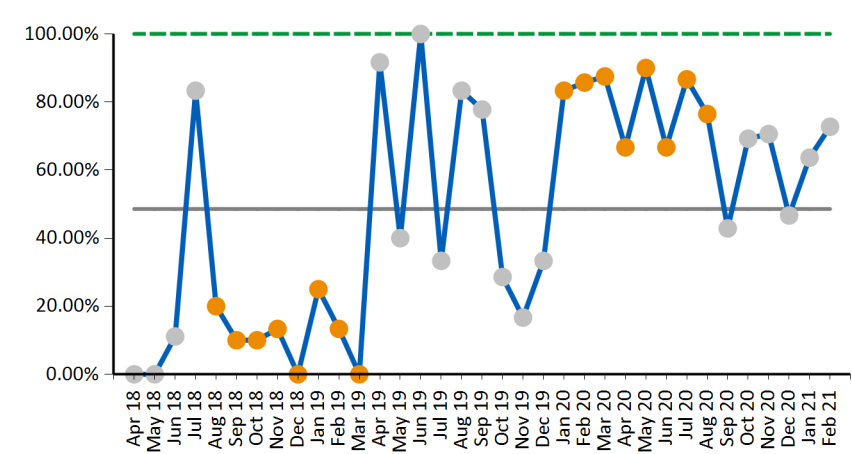
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)



72 - Diagnostic Waits >6 weeks %



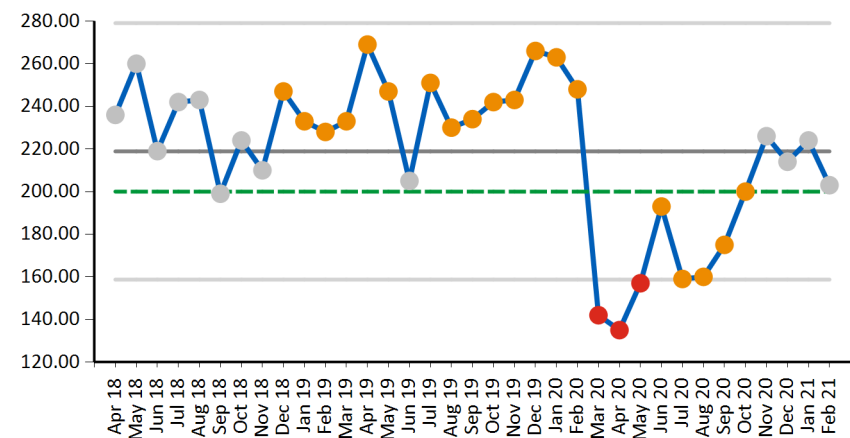
27 - TIA (Transient Ischaemic attack) patients seen <24hrs



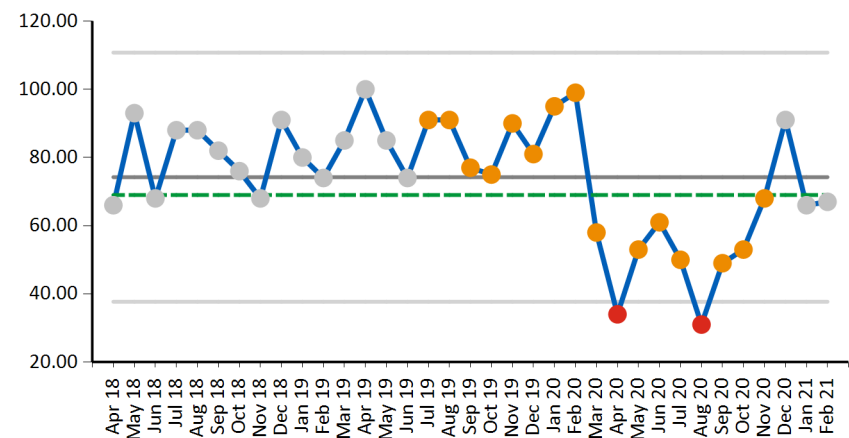
Productivity

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
56 - Stranded patients	<= 200	203	Feb-21		<= 200	224	Jan-21	<= 200	203	
307 - Stranded Patients - LOS 21 days and over	<= 69	67	Feb-21		<= 69	66	Jan-21	<= 69	67	
57 - Discharges by Midday	>= 30%	20.2%	Feb-21		>= 30%	21.6%	Jan-21	>= 30%	20.7%	
58 - Discharges by 4pm	>= 70%	58.1%	Feb-21		>= 70%	57.1%	Jan-21	>= 70%	60.2%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	11.3%	Jan-21		<= 13.5%	12.2%	Dec-20	<= 13.5%	12.2%	
489 - Daycase Rates	>= 80%	88.5%	Feb-21		>= 80%	88.5%	Jan-21	>= 80%	88.3%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	1.0%	Feb-21		<= 1%	1.0%	Jan-21	<= 1%	1.2%	
62 - Cancelled operations re-booked within 28 days	= 100%	81.3%	Feb-21		= 100%	100.0%	Jan-21	= 100%	42.2%	
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.27	Feb-21		<= 2.00	3.24	Jan-21	<= 2.00	2.46	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.22	Feb-21		<= 3.70	5.12	Jan-21	<= 3.70	4.73	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	81.0%	Sep-20		>= 80%	88.9%	Aug-20	>= 80%	79.5%	

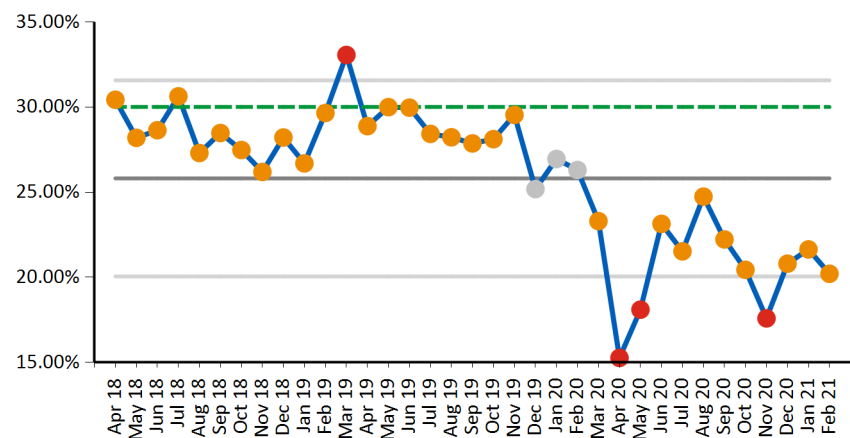
56 - Stranded patients



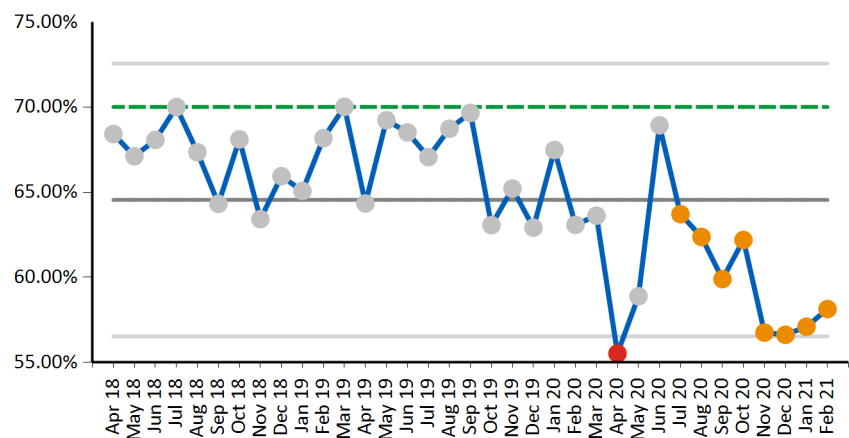
307 - Stranded Patients - LOS 21 days and over



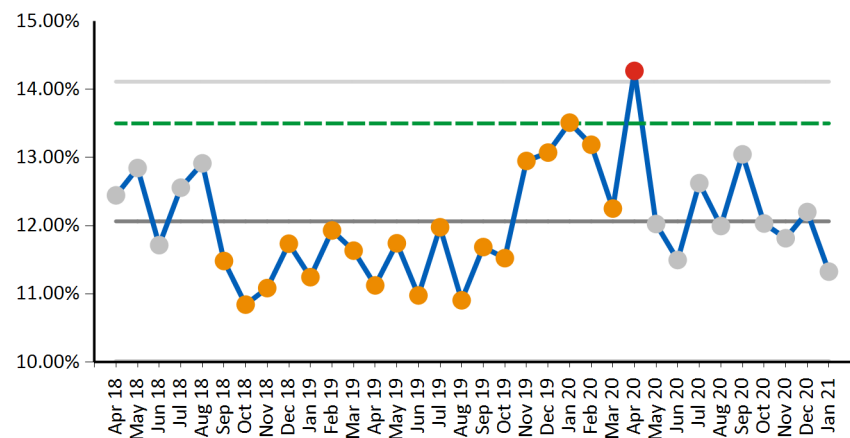
57 - Discharges by Midday



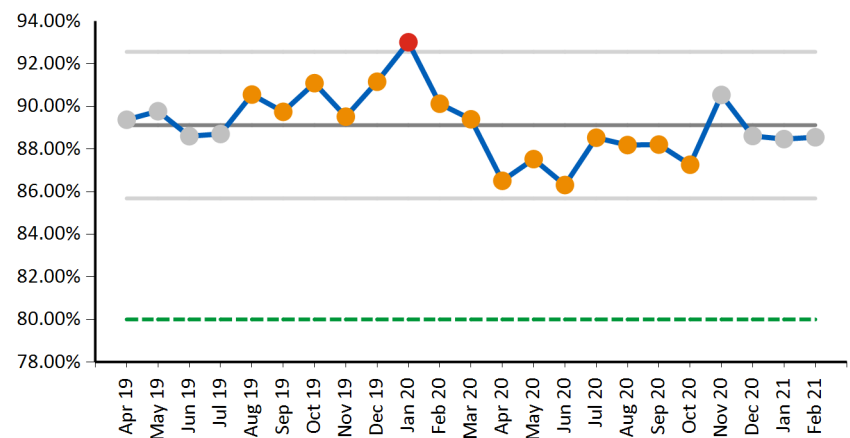
58 - Discharges by 4pm



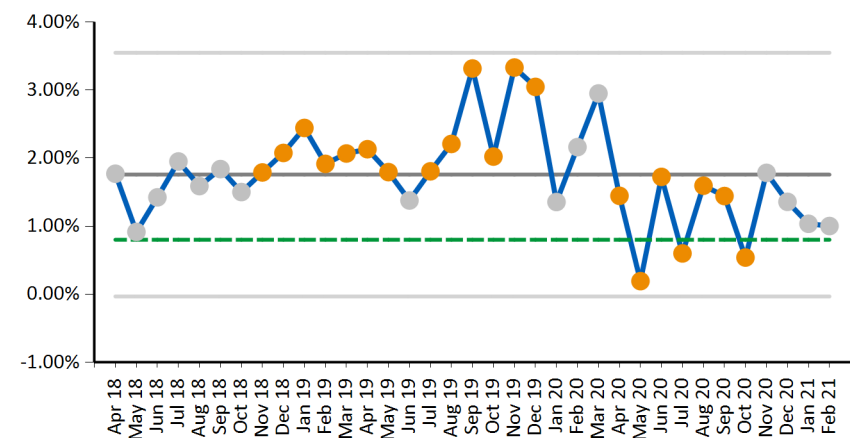
59 - Re-admission within 30 days of discharge (1 mth in arrears)



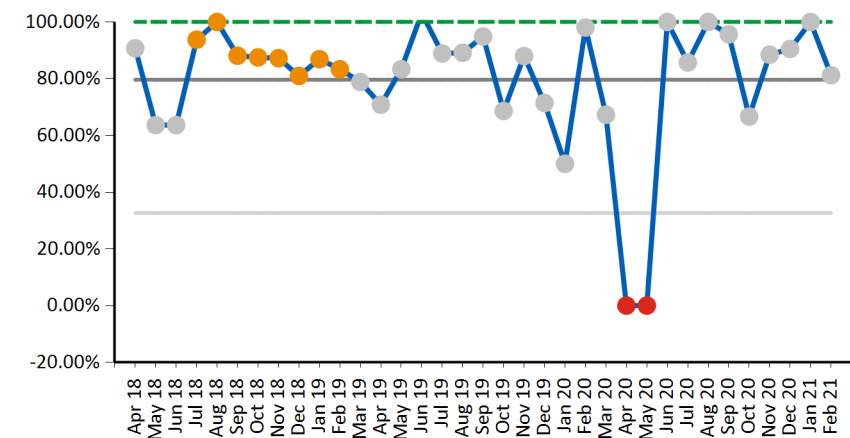
489 - Daycase Rates



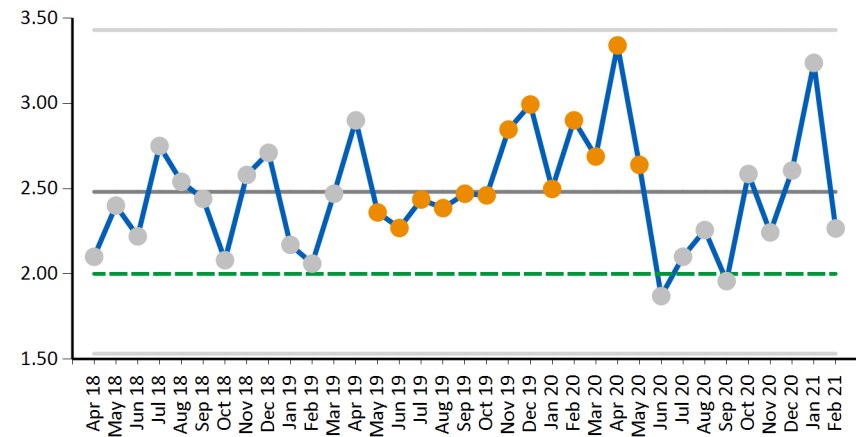
61 - Operations cancelled on the day for non-clinical reasons



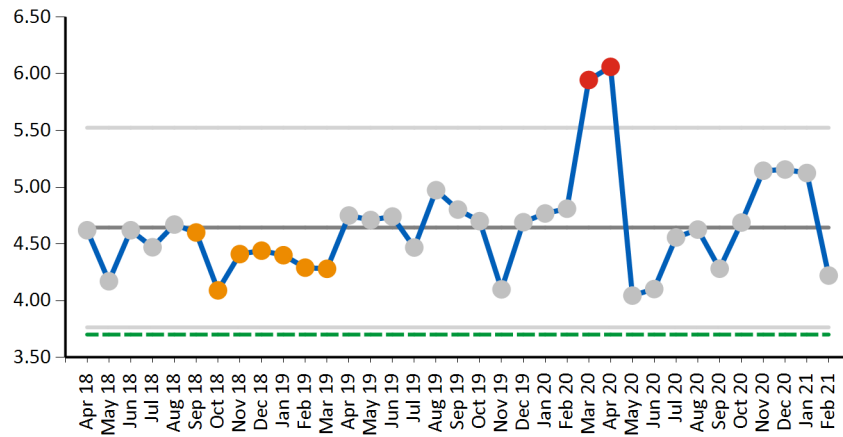
62 - Cancelled operations re-booked within 28 days



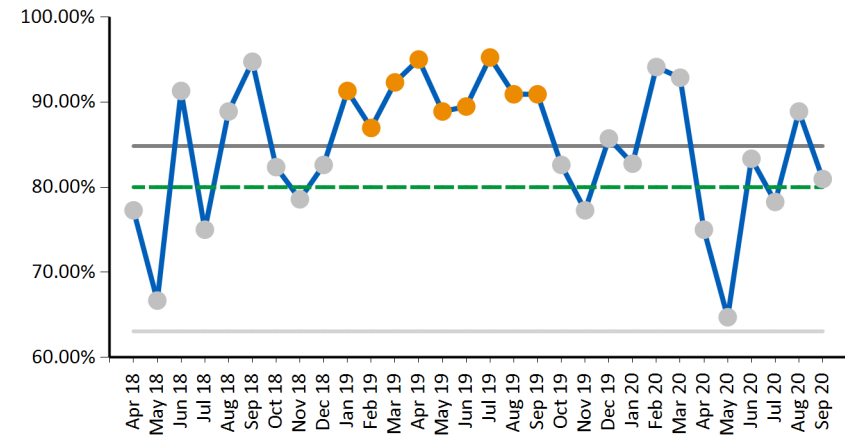
65 - Elective Length of Stay (Discharges in month)

















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

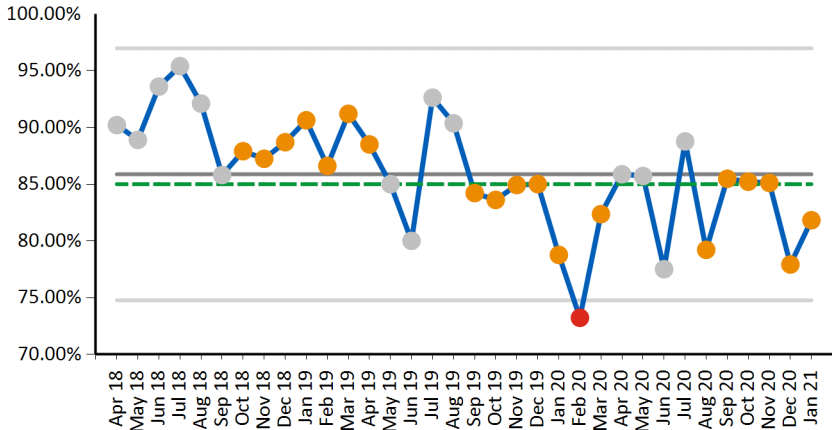


73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)

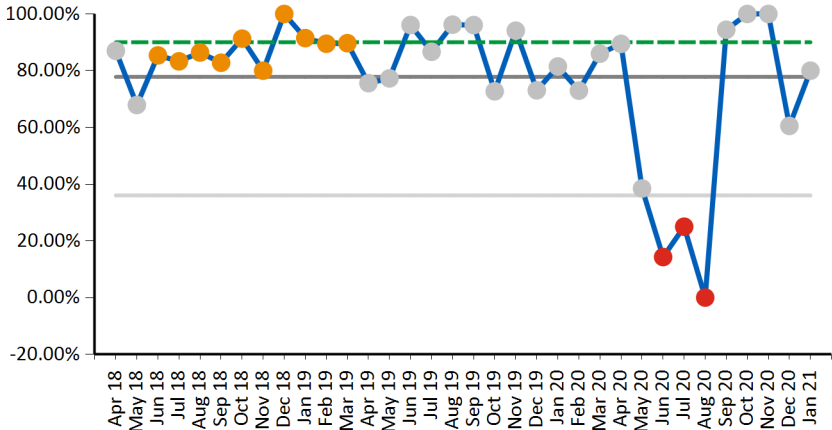


Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
46 - 62 day standard % (1 mth in arrears)	>= 85%	81.8%	Jan-21		>= 85%	77.9%	Dec-20	>= 85%	83.0%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	80.0%	Jan-21		>= 90%	60.5%	Dec-20	>= 90%	75.4%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	99.0%	Jan-21		>= 96%	97.4%	Dec-20	>= 96%	98.3%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Jan-21		>= 94%	100.0%	Dec-20	>= 94%	100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Jan-21		>= 98%	100.0%	Dec-20	>= 98%	100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	90.6%	Jan-21		>= 93%	94.7%	Dec-20	>= 93%	95.2%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	13.1%	Jan-21		>= 93%	17.2%	Dec-20	>= 93%	51.7%	

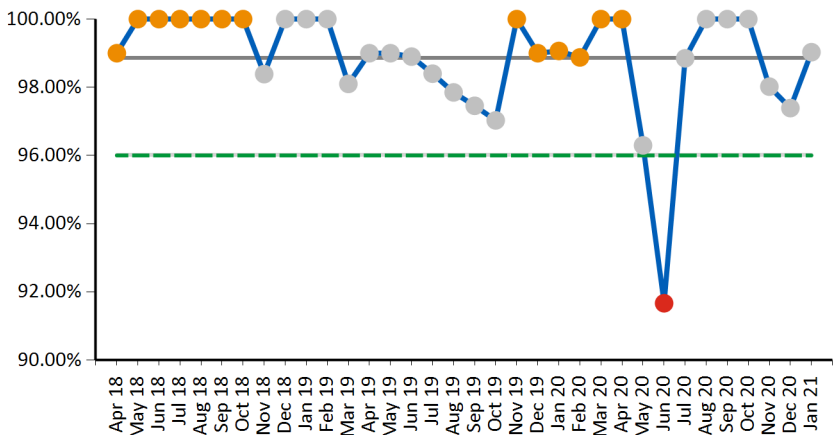
46 - 62 day standard % (1 mth in arrears)



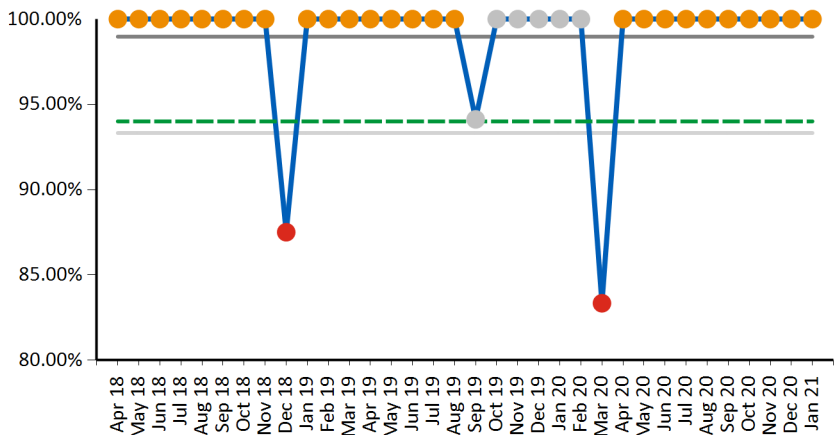
47 - 62 day screening % (1 mth in arrears)



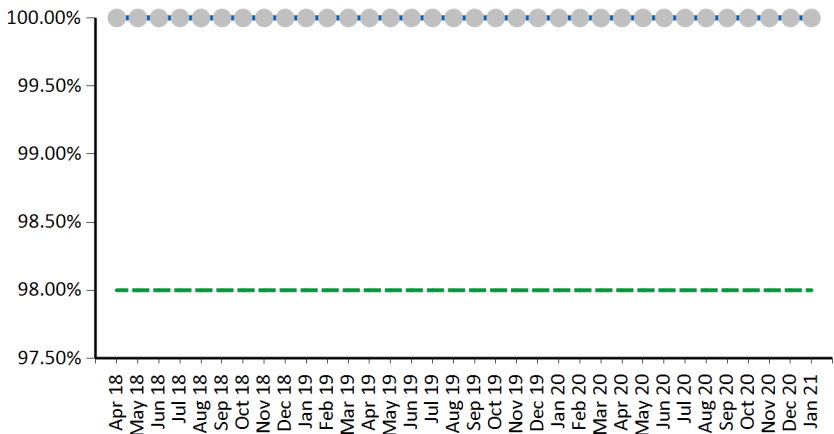
48 - 31 days to first treatment % (1 mth in arrears)



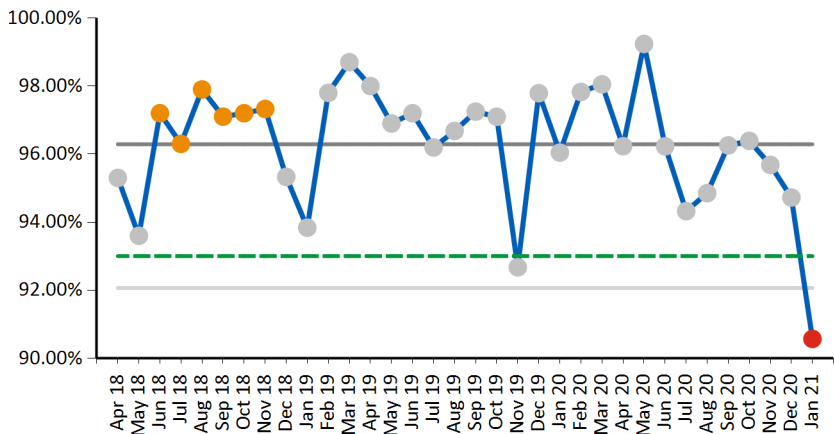
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)



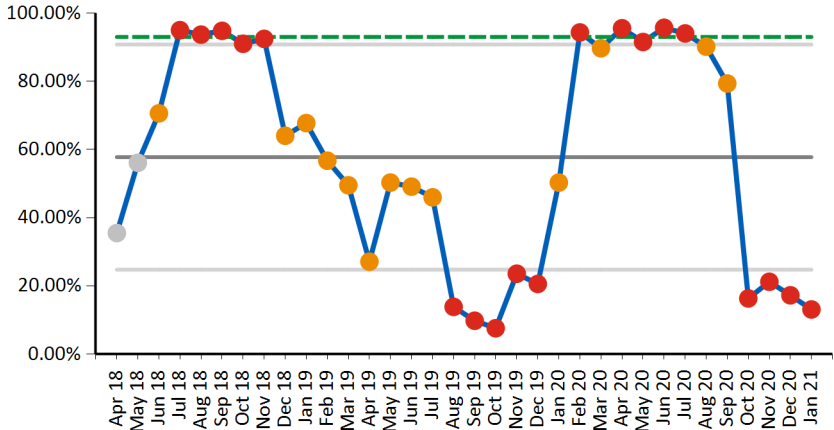
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)



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

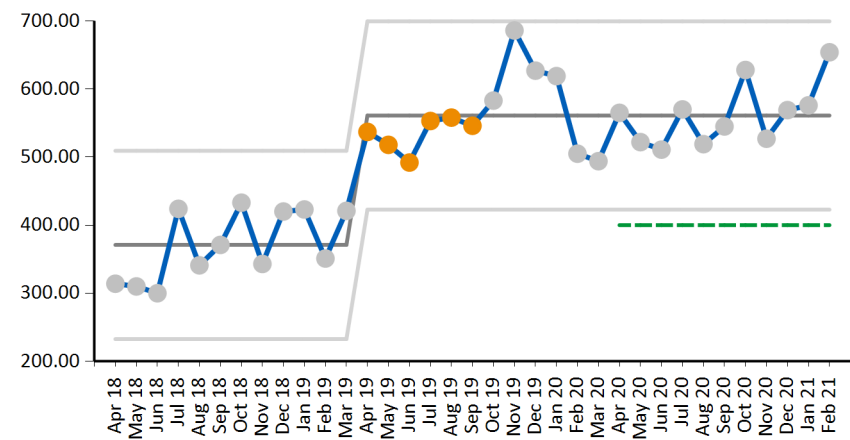


52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)

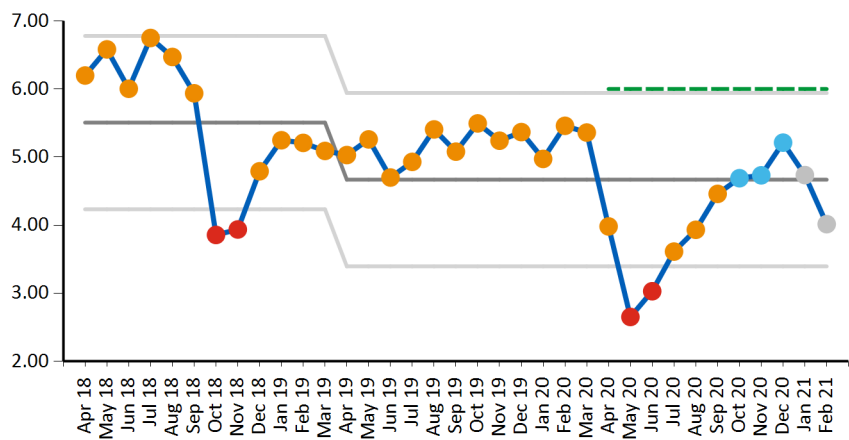


Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
334 - Total Deflections from ED	>= 400	654	Feb-21		>= 400	576	Jan-21	>= 4,400	6,186	
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	4.02	Feb-21		<= 6.00	4.74	Jan-21	<= 6.00	4.02	

334 - Total Deflections from ED










335 - Total Intermediate Tier LOS (weeks)



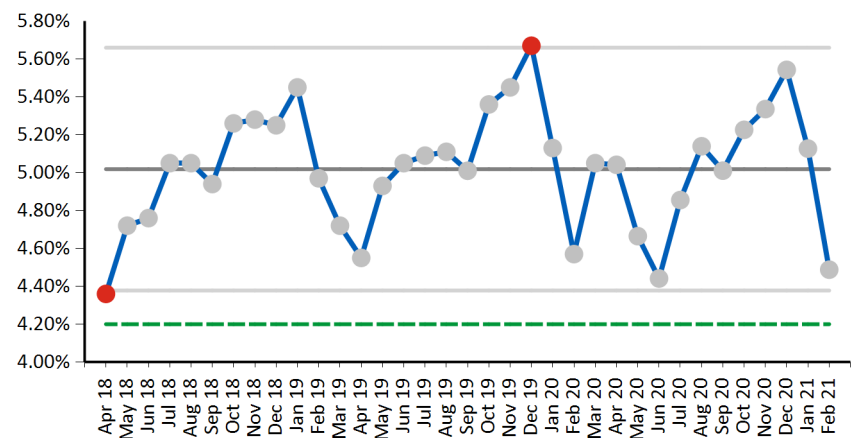
Sickness, Vacancy and Turnover

Board members will note that the sickness rate has been decreasing, and as noted in the People Committee papers 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 People Committee are sighted on the plethora of Health & Wellbeing support in place.

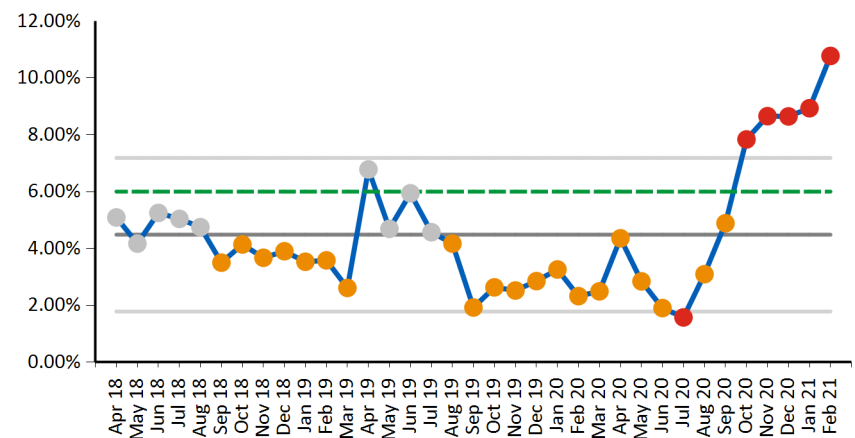
The People Committee received an update on the vacancy rate position in February. It was noted that the position is improving and significant work is being undertaken in this area. Board members are reminded that the reason for the higher than normal turnover rates is due to the pandemic resourcing programme whereby a number of number of colleagues supported on a fixed term basis.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
117 - Sickness absence level - Trust	<= 4.20%	4.49%	Feb-21		<= 4.20%	5.13%	Jan-21	<= 4.20%	4.99%	
120 - Vacancy level - Trust	<= 6%	10.77%	Feb-21		<= 6%	8.93%	Jan-21	<= 6%	5.77%	
121 - Turnover	<= 9.90%	12.71%	Feb-21		<= 9.90%	13.01%	Jan-21	<= 9.90%	12.02%	
366 - Ongoing formal investigation cases over 8 weeks		8	Feb-21			3	Jan-21		35	

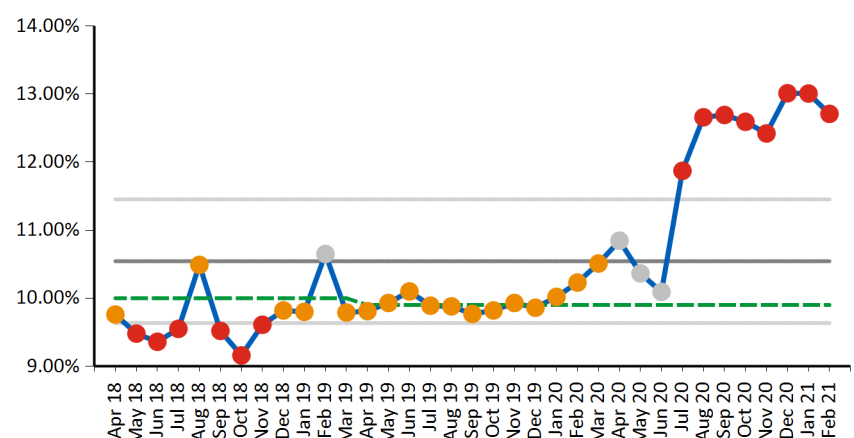
117 - Sickness absence level - Trust



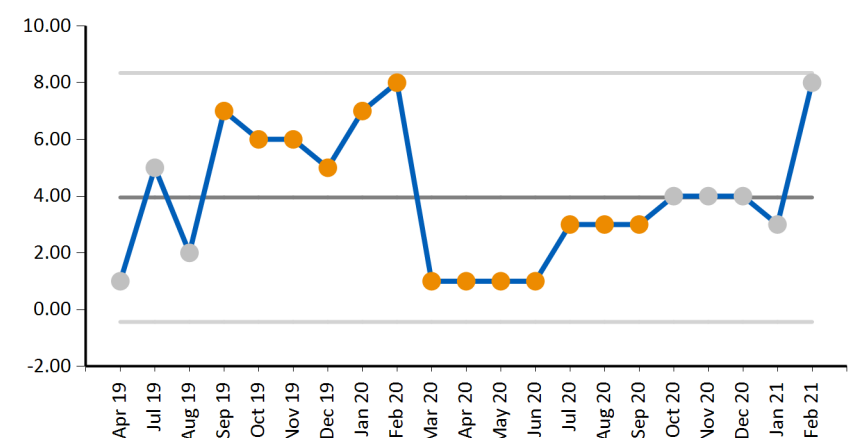
120 - Vacancy level - Trust



121 - Turnover



366 - Ongoing formal investigation cases over 8 weeks



Organisational Development

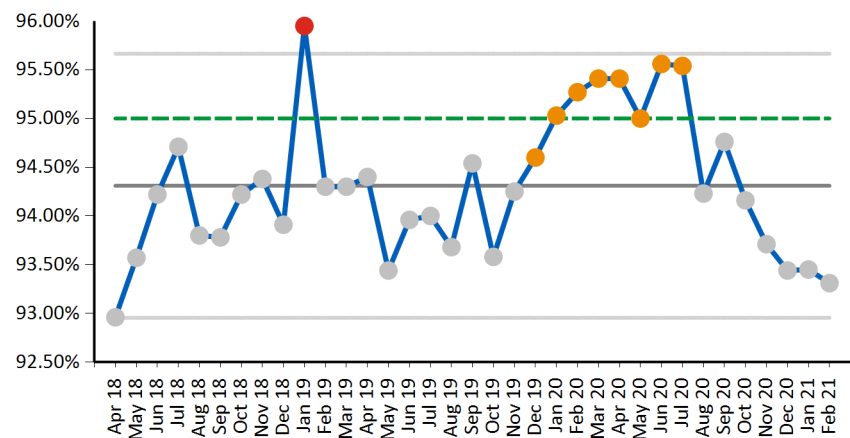
Against a backdrop of significant operational pressures the completion of statutory and mandatory training remains a priority. Face to face training continues to be delivered in line with the Trust's Covid-19 safe working guidelines and e-learning is utilised where ever possible. We have planned training delivery to ensure that we have sufficient training places to meet ongoing demand. We are also prioritising places and targeting individuals who have the longest expiration dates. In addition, a series of recovery actions are being implemented to enables us to improve training compliance beyond Wave 3.

As predicted Appraisal rates have been increasing as we slowly come out of the Pandemic pressures. A series of recovery actions continue to be implemented to ensure further increases in appraisal activity.

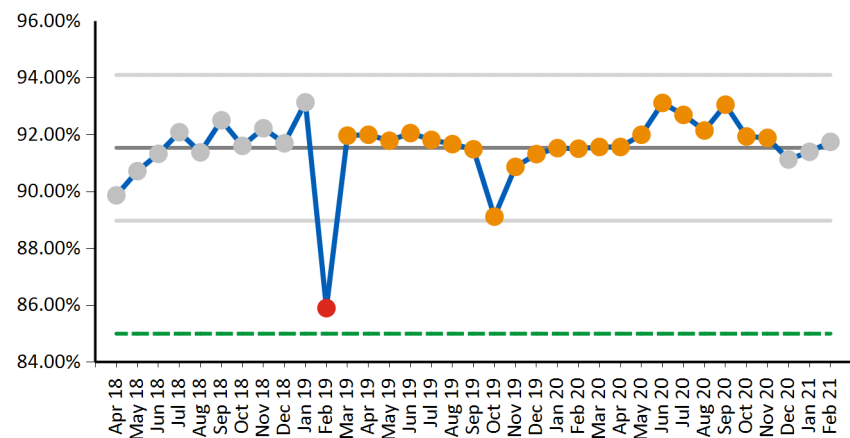
A full update on Staff Engagement metrics is contained within the papers.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
37 - Staff completing Statutory Training	>= 95%	93.3%	Feb-21		>= 95%	93.5%	Jan-21	>= 95%	94.4%	
38 - Staff completing Mandatory Training	>= 85%	91.8%	Feb-21		>= 85%	91.4%	Jan-21	>= 85%	92.1%	
39 - Staff completing Safeguarding Training	>= 95%	96.00%	Feb-21		>= 95%	96.31%	Jan-21	>= 95%	96.43%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	77.8%	Feb-21		>= 85%	75.7%	Jan-21	>= 85%	77.6%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	74.0%	Q3 2020/21		>= 66%	76.9%	Q2 2020/21	>= 66%		
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	67.0%	Q3 2020/21		>= 80%	66.1%	Q2 2020/21	>= 80%		

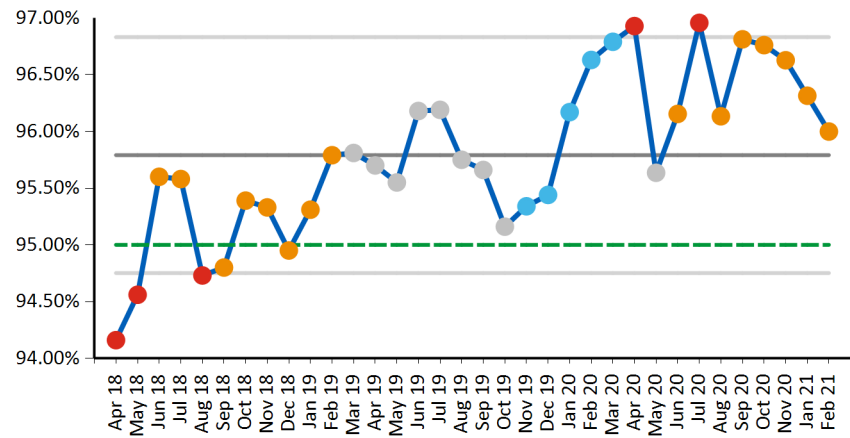
37 - Staff completing Statutory Training



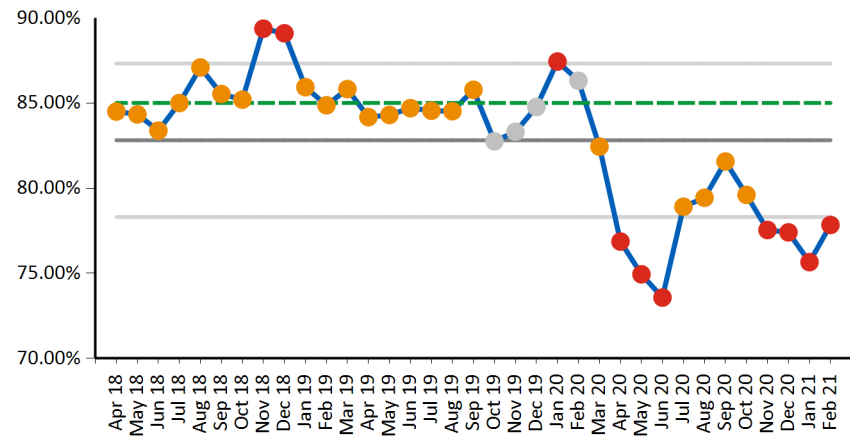
38 - Staff completing Mandatory Training



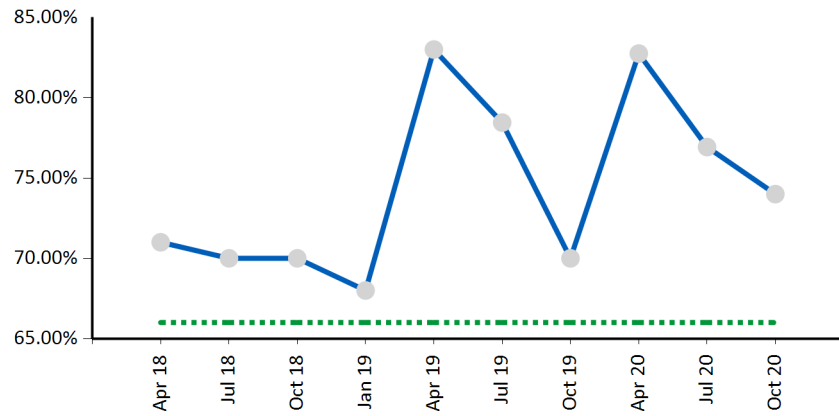
39 - Staff completing Safeguarding Training



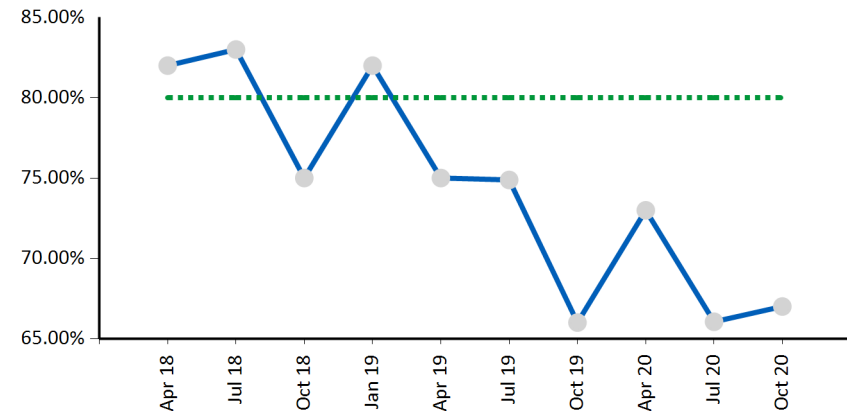
101 - Increased numbers of staff undertaking an appraisal



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

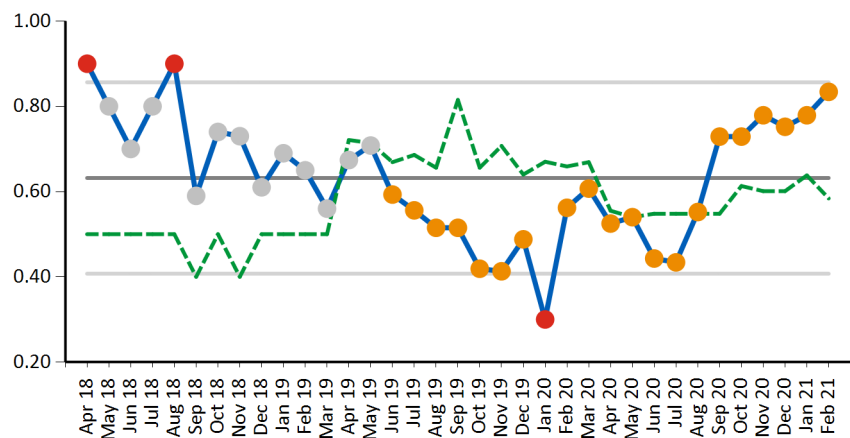


Agency

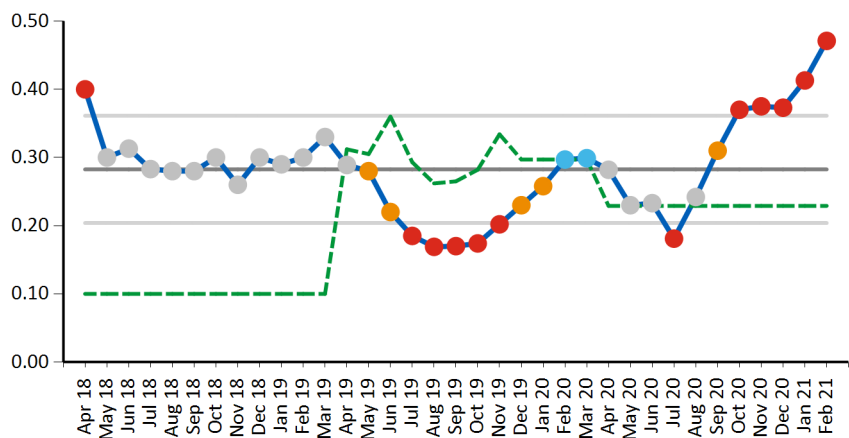
Colleagues will note the increase in agency spend for Nursing, which is anticipated due to Covid pressures. Work is underway to reduce the Trust's reliance on Agency spend. This includes filling vacancies (over recruitment in hotspot areas), increasing our Bank pool, working with Agencies to reduce costs, better utilisation of our rosters.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
198 - Trust Annual ceiling for agency spend (£m)	<= 0.58	0.83	Feb-21		<= 0.64	0.78	Jan-21	<= 6.32	7.10	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.23	0.47	Feb-21		<= 0.23	0.41	Jan-21	<= 2.52	3.48	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.28	0.25	Feb-21		<= 0.34	0.25	Jan-21	<= 3.01	2.52	

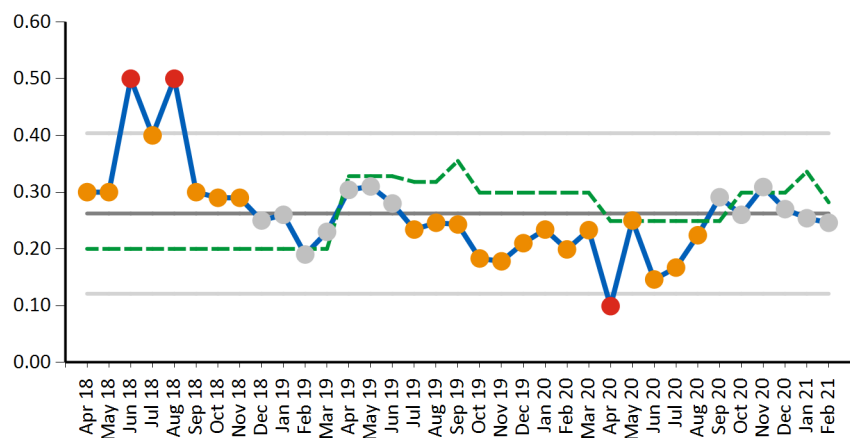
198 - Trust Annual ceiling for agency spend (£m)



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



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



Finance

Revenue Performance Year to Date - The position for the month was a surplus of £314k after receiving 3.6m of top up funds, £1.38m better than plan. We spent £2.1m on Covid in the month. Income over performed by £2.4m mainly due to receipt of £1.3m from NHSI for lost non NHS income. Revenue performance is currently rated green due to performance in Q3 and Q4 being better than plan.

Revenue Performance Forecast Outturn - Due to receiving the additional NHSI income we are forecasting a deficit of £0.4m for M7-12 excluding the annual leave accrual. We have forecast scenarios showing a range between a worse case deficit of £1.3m and a best case of breakeven. The forecast outturn is rated green due to the improved certainty on the range in the scenarios.

Cost Improvement - There is an expectation from NHSI of a minimum level of cost improvement of 1.1% for M7-12. We set a plan of £2.7m which equates to 1.4%, exceeding the minimum ask. The current trackers indicate that savings of £2.9m has now been delivered with a further £0.7m expected to be delivered this year, thus exceeding the plan. Cost improvement is rated green due to achieving the target.

Variable Pay - We spent £3.1m on variable pay in month 11, an increase of £0.5m from January. Of this, we spent £434k during the month on Covid. Variable pay is rated amber because all costs including agency spend have risen due to the impact of Covid and spending levels are above plan.







Capital Spend - Year to date spend is £10.8m of which £5.5m relates to Covid. Our plan for the year has now increased to £14.9m including Covid funded schemes. Given the year to date spend is relatively low compared to the plan and the scale and required speed of a number of projects, Capital has been rated amber.

Cash Position - We had cash of £68.1m at the end of the month. This is much higher than normal due to cash payments from CCGs being made in advance, a healthy year-end balance and additional PSF funds from 2019/20. Cash is rated green as there are no concerns around cash flow this year.

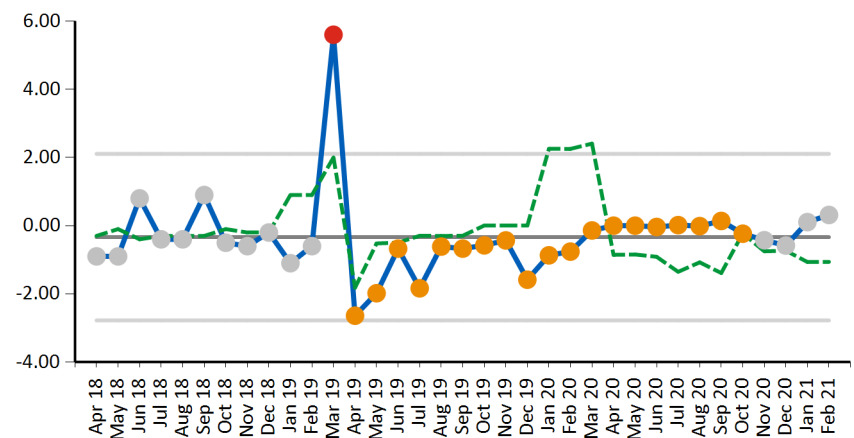
Loans and PDC - We have loans of £42.5m outstanding with a further £1.0m being drawn down in March. PDC will be drawn down to cover Covid capital costs and the balance of the LED lighting project. Rated green as there are no concerns in this area.

Better Payment Practices Code - We have paid 89.6% of our invoices within 30 days. This continues to be strong performance, but is still below the target of 95%, hence rated amber.

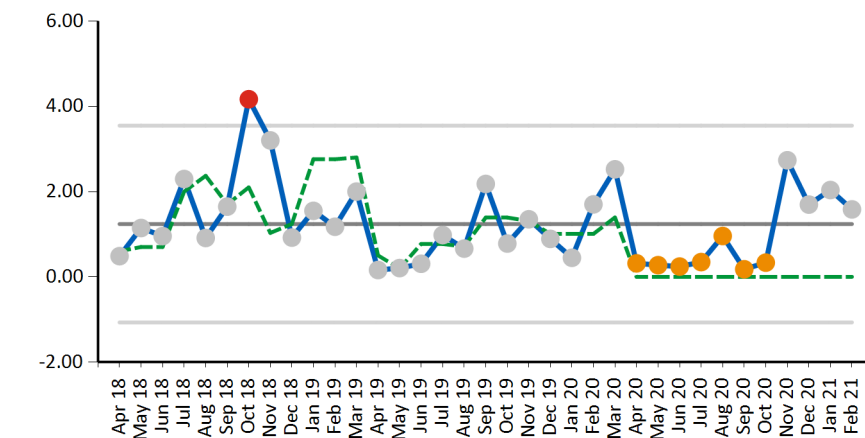
Use of Resources Rating - This is not being reported following the suspension of normal financial reporting arrangements due to Covid.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= -1.1	0.3	Feb-21		>= -1.1	0.1	Jan-21	>= -10.3	-0.7	
222 - Capital (£ millions)	= 0.0	1.6	Feb-21		= 0.0	2.0	Jan-21	= 0.0	10.7	
223 - Cash (£ millions)	= 0.0	68.1	Feb-21		= 0.0	53.9	Jan-21	= 0.0	68.1	

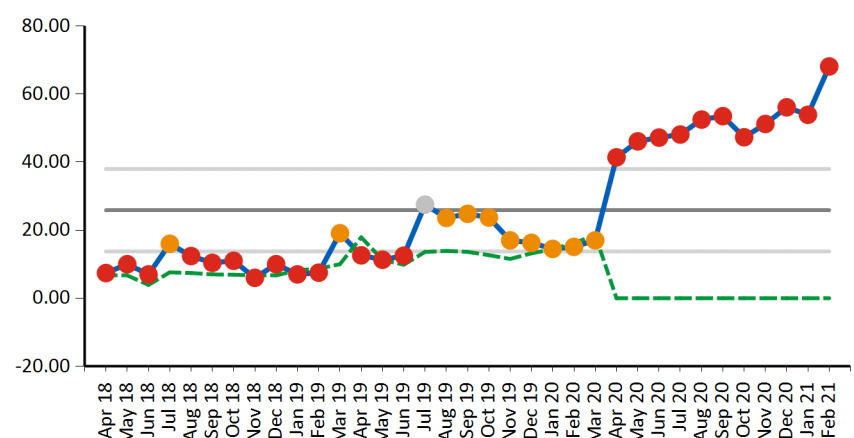
220 - Control Total (£ millions)



222 - Capital (£ millions)



223 - Cash (£ millions)



Assurance Heat Map - Hospital		Council	Acute Division																											Families Division																			
	Indicator	Target	Lab Lodge	AED- Adults	AED- Paeds	ACU	BCAU	B1 (Frailty Unit)	B2	B3	B4	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	DL	EU (daycare)	H3 (Stroke Unit)	Critical Care	E3	E4	F3	F4	G3/TSU	G4/TSU	R1	DCU (daycare)	H2 (daycare)	UU (daycare)	E5 (Paed HDU and Obs)	F5	M2	CDS	M3 (Birth)	Ingleside	M4	M5	M6 & M6 STY	NICU	Overall			
Infection Prevention Control	Total Beds	N/a	32	0	0	10	19	23	26	21	26	25	26	26	23	10	12	24	22	25	25	12	5	22	19	25	25	25	24	24	24	0	25	11	4	38	7	26	15	5	4	22	22	26	38	797			
	Hand Washing Compliance %	Target = 100%	100.0%	80.0%		100.0%			95.0%	100.0%	95.0%	95.0%	100.0%	90.0%	80.0%		100.0%	95.0%	95.0%	100.0%	85.0%	100.0%		100.0%	100.0%	100.0%	90.0%	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%	95.0%	95.0%		97.0%					
	IPC Rapid Improvement Tool % (Gen)	Target = 95%	100.0%	82.4%	93.3%				94.1%	79.0%		95.0%	94.7%	84.2%	90.0%	100.0%	100.0%	100.0%	95.0%		95.0%	87.5%	100.0%	94.7%	89.5%	89.5%	79.0%	89.5%	90.0%	94.7%	94.7%		100.0%	100.0%	93.3%	95.0%	95.0%	94.4%	94.7%		93.3%	93.3%	94.7%	100.0%	93.8%	92.8%			
	IPC Rapid Improvement Tool % (Med)	Target = 95%			100.0%				100.0%	81.8%		95.5%	86.4%	87.5%	95.2%	100.0%	90.5%	87.0%		95.7%		93.8%	95.5%	91.0%	87.5%	87.5%	100.0%	100.0%	78.3%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%		94.4%					94.4%		93.0%				
	Mattress Audit Compliance %	Target = 100%	100.0%					100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		96.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%		100.0%			75.0%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		96.5%					
	C - Diff	Target = 0	0	0	0	0	0	1	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	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	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		
	E Coli BSIs	Target = 0	0	0	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	2	
	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	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	Harm Free Care	All Inpatient Falls (Safeguard)	Target = 0	5	6	0	0	0	5	5	5	2	7	7	13	2	1	5	7	5	4	0	0	1	3	0	5	1	3	3	1	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	100
Harms related to falls (moderate+)		Target = 1.6	0	0	0	0	0	2	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	0	0	0	0	0	0	0	0	3	
VTE Assessment Compliance		Target = 95%				99.6%	100.0%	0.0%	50.0%	50.0%	0.0%	100.0%	100.0%	100.0%	53.9%	100.0%	100.0%	97.9%	98.7%	100.0%	100.0%		99.5%	85.7%	100.0%	0.0%	87.5%	97.0%	69.0%	95.7%	98.5%	96.8%	99.0%	98.5%	100.0%		99.5%	95.4%	80.0%	60.4%	81.3%	100.0%	98.9%		96.4%				
Monthly New pressure Ulcers (Grade 2)		Target = 0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	
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	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	
Audit	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	0	
	PU due to lapses in care	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	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	Monthly KPI Audit %	Target = 95%	95.8%	94.6%				88.2%	84.2%	86.1%	89.4%	95.1%	86.4%	94.7%	79.0%	94.1%	97.0%	96.7%	90.0%	90.1%	69.7%		100.0%	91.5%	94.2%	86.1%	88.5%	95.2%	87.6%	92.0%	89.4%		100.0%	100.0%	98.7%	96.7%	96.7%	99.2%	96.9%		84.7%	99.5%	99.0%	96.2%	95.8%	94.1%			
	BoSCA Overall Score %	w=<55%, B=55%, S>75%, G>90%		75.3%	75.3%			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%	86.8%	81.7%	90.8%	77.7%	90.4%	90.9%		88.2%		88.2%	90.1%	90.1%	91.9%	90.3%	90.4%		71.4%	71.4%	81.3%	90.3%	83.0%			
	BoSCA Rating			silver	silver			bronze	silver			silver	silver	silver	silver	silver	silver	silver	silver	platinum	gold	bronze	silver	platinum	bronze	silver	platinum	bronze	silver	platinum	gold		silver		platinum	platinum	platinum	gold	gold		bronze	bronze	silver	gold	Silver				
Patient Experience	FFT Response Rate	Target = 30%	100.0%	23.2%	0.1%	36.8%		0.0%	0.0%	0.0%	80.0%	0.0%	0.0%	17.9%	100.0%	0.0%	100.0%	91.2%	35.0%	0.0%	0.0%		25.1%	100.0%	0.0%	43.2%	11.7%	90.0%	1.8%	82.8%	0.0%	100.0%	43.0%	35.2%	30.0%		0.0%	0.0%		0.0%	30.7%		11.1%		100.0%	84.6%	19.2%		
	FFT Recommended Rate	Target = 97%	95.2%	87.6%	0.0%	85.7%		95.0%				80.0%	100.0%			98.0%	87.1%	85.7%					95.8%	100.0%		94.7%	100.0%	96.3%	100.0%	100.0%		100.0%	100.0%	93.5%	100.0%			74.1%		25.0%		100.0%	100.0%	97.3%					
	Number of complaints received	Target = 0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9		
	Serious Incidents in Month	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	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	2		
	Incidents > 20 days, not yet signed off	Target = 0	1	49	3	0	0	2	14	1	0	0	1	4	0	8	0	1	5	0	5	4	0	3	4	1	1	2	1	5	1	4	1	0	0	0	0	0	0	0	1	20	1	0	6	3	2	1	155
Governance	Harm related to Incident (Moderate+)	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	1	3
	Appraisals	Target = 85%	88.7%		80.5%	80.7%		85.4%	47.8%			85.4%	73.9%	87.2%	85.0%	78.6%	75.0%	48.2%	96.9%	85.0%	81.8%	100.0%	76.1%	58.3%	84.0%	67.5%	77.4%	78.3%	80.8%	90.2%	82.0%		85.3%	75.9%	93.8%	73.5%		78.1%	59.2%	66.7%	100.0%	91.7%	87.9%		84.0%	77.8%			
	Statutory Training	Target = 95%	95.99%		91.63%	94.90%		91.34%	84.59%			86.85%	88.52%	89.74%	91.30%	94.85%	93.20%	90.19%	91.84%	95.02%	95.30%	95.83%	93.35%	90.12%	94.45%	89.88%	90.57%	91.25%	87.18%	91.62%	88.55%		97.13%	96.86%	95.05%	93.8%		86.8%	86.5%	89.0%	100.0%	90.1%	93.7%		92.86%	93.3%			
	Mandatory Training	Target = 85%	95.9%		91.38%	95.2%		88.8%	82.4%			85.4%	87.2%	86.5%	91.9%	92.2%	92.4%	85.2%	88.8%	96.2%	92.5%	91.6%	91.6%	86.8%	96.3%	87.9%	89.3%	92.1%	86.6%	91.9%	82.1%		96.4%	94.1%	96.7%	95.6%		83.6%	83.0%	91.2%	100.0%	91.3%	93.6%		94.4%	91.8%			
	Staffing & Workforce	% Qualified Staff (Day)							94.0%	92.0%	79.0%		90.0%	74.0%	81.0%	91.0%	101.0%								102.0%	108.0%	90.0%	85.0%		80.0%	67.0%	77.0%					75.0%	75.0%	96.0%	76.0%		86.0%	90.0%	93.0%		86.7%			
% Qualified Staff (Night)								132.0%	131.0%	98.0%		111.0%	86.0%	71.0%	92.0%	100.0%								106.0%	114.0%	122.0%	91.0%		90.0%	98.0%	112.0%					92.0%	92.0%	96.0%	71.0%		81.0%	95.0%	112.0%		100.2%				
% un-Qualified Staff (Day)								94.0%	87.0%	92.0%		106.0%	98.0%	144.0%	156.0%	101.0%								66.0%	91.0%	135.0%	58.0%		104.0%	109.0%	124.0%					14.0%	14.0%	93.0%	84.0%		91.0%	92.0%	100.0%		93.8%				
% un-Qualified Staff (Night)								128.0%	95.0%	122.0%		127.0%	101.0%	61.0%	100.0%	104.0%								78.0%	96.0%		97.0%	135.0%	63.0%		114.0%	96.0%	111.0%					0.0%	0.0%	99.0%	97.0%		97.0%	98.0%	100.0%		92.5%		
Budgeted Nurse: Bed Ratio (WTE)			8.72																																														

			ICS Services												DN Teams										Treatment Rooms						
Indicator			Target	Admission Avoidance	Anti-coagulant Team	Asylum & Refugee/ Homeless & Vulnerable	Bladder & Bowel Service	Community IV Therapy	Diabetes & Endo	Dietetics	Falls	Neurology & Long Term Conditions	Podiatry	Rheumatology	Avondale and Chorley old Road	Breighmet & Little Lever	Crompton with Egerton & Dunsicar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	West-houghton	Evening Service	North	West	South	Overall		
Infection Control & Hygiene	Hand Washing Compliance %	Target = 100%	100.0%	100.0%			100.0%							100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		2	0	1	100.0%		2	0	100.0%	100.0%	100.0%	100.0%
	Monthly New pressure Ulcers (Grade 2)	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	3	0	1	2	0	1	0	0	0	0	0	0	12	
	Monthly New pressure Ulcers (Grade 3)	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1	2	0	0	0	0	0	0	0	0	0	5	
	Monthly New pressure Ulcers (Grade 4)	Target = 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	1	
	PU due to lapses in care	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	1	
Audit	Monthly RPI Audit %	Target = 95%	83.82%		97.10%		98.79%	95.35%	95.35%		96.95%			100.00%	98.71%	98.77%	97.97%	90.00%	99.10%		97.23%	97.64%	95.33%	98.37%	96.08%	100.00%	98.21%		96.43%		
	BoSCA Overall Score %	A=85%, B=55%, S=75%, G=90%												92.41%	91.01%	94.22%	94.23%	93.60%	94.33%	97.23%	97.23%	97.89%	97.11%	94.79%	95.60%				95%		
	BoSCA Rating													platinum	platinum	platinum	gold	platinum	platinum	platinum	platinum	platinum	platinum	platinum	platinum	gold				platinum	
Patient & Family Feedback	Friends and Family Response Rate %	Target = 30%	100.0%	100.0%	100.0%	100.0%	100.0%	16.7%		100.0%	100.0%	0.0%		100.0%													0.0%		98.00%		
	Friends and Family Recommended Rate %	Target = 97%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%		100.0%	100.0%			99.3%															99.20%		
	Number of Complaints received	Target = 0	0	0	0	0	0	1		0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	
Staffing & Workforce	Current Budgeted WTE		37.09	8.53	4.05	4.60	12.96	25.49	21.44	36.54	26.66	34.27	22.81	11.24	15.00	17.18	17.81	11.44	13.40		12.60	14.21	11.40	19.96		24.16		402.84			
	Actual WTE In-Post		33.42	7.83	4.00	4.60	13.20	23.32	21.64	29.85	26.58	31.15	18.62	12.04	15.80	16.70	18.80	11.44	11.80		11.20	12.41	10.40	17.21		22.53		374.54			
	Actual WTE Worked		36.76	7.97	4.14	4.60	12.96	24.62	20.88	34.18	26.02	31.54	19.57	11.03	16.72	15.96	19.55	11.99	12.76		12.28	13.20	10.82	19.15		22.63		389.33			
	Pending Appointment																												0.00		
	Current Budgeted Vacancies (WTE)		3.67	0.70	0.05	0.00	-0.24	2.17	-0.20	6.69	0.08	3.12	4.19	-0.80	-0.80	0.48	-0.99	0.00	1.60	1.40	0.00	3.80	1.00	2.75	1.63	0.00	0.00	28.30			
Staff Development	Sickness (%) (January)	Target is < 4.2%													8.2%	10.7%	0.0%	9.5%	0.0%	0.3%		0.0%	0.0%	0.0%	4.6%		12.2%		4.56%		
	Total WTE with 19.81% Headroom (Sickness, Training etc)														0.0%	6.3%	9.8%	11.8%	0.0%	7.7%		0.0%	11.1%	8.0%	6.5%		20.7%		6.46%		
	Substantive Staff Turnover Headcount (rolling average 12 months)	Target is < 10%													0.0%	6.3%	9.8%	11.8%	0.0%	7.7%		0.0%	11.1%	8.0%	6.5%		20.7%		6.46%		
	12 month Appraisal	Target = 85%													100.0%	100.0%	94.4%	68.4%	68.4%	84.6%		84.6%	87.5%	90.9%	96.7%		88.0%		86.67%		
	12 month Statutory Training	Target = 95%													95.8%	92.9%	89.8%	92.6%	95.8%	93.6%		96.2%	90.6%	100.0%	99.4%		95.2%		99.44%		
	12 month Mandatory Training	Target = 85%													100.0%	94.3%	95.5%	92.8%	100.0%	94.1%		95.8%	96.8%	97.6%	97.3%		96.8%		97.27%		

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

Agenda Item:
10

Title:	People Committee Chair's Reports (February and March 2021)
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Meeting:	Board of Directors	Purpose:	Assurance	✓
Date:	25 th March 2021		Discussion	
Exec Sponsor:	James Mawrey		Decision	

Summary:	<p>This report provides an update on the February and March People Committee.</p> <p>There are no areas of concern to escalate to the Board of Directors. The following matters are worthy of noting:-</p> <ol style="list-style-type: none"> 1. The plethora of support that has been put in place over the last 12 months to support our brilliant workforce has clearly been appreciated by our staff and I am thrilled to report that our staff view Bolton FT as a 'great place to work'. 2. The proactive and ongoing resourcing measures that are in place are clearly reaping the rewards as our vacancy levels continue to benchmark positively with our peer organisations. 3. The Committee received a helpful report from the Partnership Forum staff side chair which noted the positive employee relations climate within this organisation. The People Committee thanked staff partners for their excellent, professional and proactive support shown over the last 12 months. 4. The Inclusion agenda continues to receive a high profile in the organisation. A full update will be coming to the May Board of Directors. 5. The Guardian of Safe Working report was welcomed at the Committee, albeit there remain further areas of improvement that require focus.
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Previously considered by:	N/A
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Proposed Resolution:	The Board is requested to note and be assured by these reports.
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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:	James Mawrey Director of People	Presented by:	Malcolm Brown People Committee Chair
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Committee/Group Chair's Report

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	February 2021	Date of next meeting:	March 2021
Chair:	M Brown	Parent Committee:	Trust Board
Members present/attendees:	F Noden, A Ennis, J Mawrey, A Walker, K Meadowcroft, S Martin, E Steel, A Stuttard, M North, D Mulligan, P Henshaw, L Gammack, I Ismail and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	F Andrews, C Sheard
Key Agenda Items:	RAG	Key Points	Action/decision
Covid Resourcing		<ul style="list-style-type: none"> 77 student nurses agreed to support the Trust in Wave 3. Nurse bank capacity increased by 28, with a further 40 in process. 100% of our high risk staff have received a risk assessment and 96% of all staff. Staff have been advised to update the risk assessment with their managers if there are any changes. 73% of our staff have received the first vaccine. NHSI recently contacted the Trust asking to share our best practice given our high numbers of BAME staff who have received the vaccine. Attendance figures remain best in GM (Acute) and one of best in North West (Acute). 	Actions agreed:- <ul style="list-style-type: none"> The report was noted.
International Recruitment		<ul style="list-style-type: none"> Committee members welcomed the news that 15 overseas nurses will be commencing within the Trust in the coming months. The Trust is hopeful of recruiting an additional 11 critical care nurses from the international talent pipeline. Additional funding from Health Education England has been secured to help offset some of the associated costs. 	Actions agreed:- <ul style="list-style-type: none"> The report was noted. Update to be provided at the next meeting via the monthly resourcing paper.

	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

Staff Health & Wellbeing		<ul style="list-style-type: none"> ✓ The measures to in-house our Occupational Health Service are being taken in a timely manner. We operated in shadow form as planned on 1st January and TUPE 1st April 2021. ✓ The Committee approved the plans to introduce Schwartz Rounds within the organization. These provide a structured forum where all staff come together regularly to discuss the emotional and social aspects of the challenges that they have faced. ✓ A smoke-free Trust working group has been established. Health Improvement Practitioners have been working with staff and patients on proactive measures that can be taken. It was agreed that this will report in to the Staff Experience & Wellbeing Group. ✓ Additional support been put in place. Clinical Psychologists are working in critical care and Covid ward areas to ensure immediate support if required. Additional counselling commissioned in Occupational Health; caring for your teams programme in place (managing teams); caring for yourself programme in place (managing self); chaplaincy service; Shiny minds and national APP signposting support. 	Actions agreed:- <ul style="list-style-type: none"> ✓ The report was noted. ✓ Update on the implementation of health & wellbeing champions at April committee.
NHS Staff Survey Results		<ul style="list-style-type: none"> ✓ The People Committee received an update on the initial findings of the NHS Staff Survey 2020. To avoid repetition the findings are contained within the BoD papers. 	Actions agreed:- <ul style="list-style-type: none"> ✓ Full report to BoD in March 2021.

	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

Annual Equality Assurance Report		<ul style="list-style-type: none"> ✓ The Annual Equality Assurance Report for 2019-2020 was approved. The Committee were assured that the organisation is compliant against the general equality duty as outlined in the Equality Act 2010. The annual report highlights key milestones and achievements the Trust has made on all aspects of the EDI agenda. Given that a full paper is coming to the BoD in May then the details will be fully considered at this meeting. 	Action agreed:- <ul style="list-style-type: none"> ✓ The report was noted. ✓ It was agreed that the BoD should receive a full update on the Inclusion work at the May 2021 BoD.
Workforce Digital Quarterly Update		<ul style="list-style-type: none"> ✓ The Committee welcome the first of the quarterly reports on the Digital agenda related to Workforce & OD. ✓ Members noted that Covid pressures has impacted on the ESR benefits realisation plan, albeit mitigating actions are being taken. ✓ Updates were provided on the key digitalisation work streams being managed through the Digitalisation Steering Group, including medical rostering and job planning. Again timescales have been extended due to the significant modelling and reporting requirements throughout the Covid period. 	Action agreed:- <ul style="list-style-type: none"> ✓ The report was noted and welcomed the quarterly update. ✓ Further details on the Digital Staff Passport to be provided in the next update.

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	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

GOSW Quarter 3 Report		<ul style="list-style-type: none"> ✓ The report from the GOSW noted that there were 102 exception reports submitted. This is compared to 125 exception reports submitted during the same period in 2019. 80 related to trainees working additional hours and being unable to achieve break; 15 related to missed educational opportunities; 7 related to both working additional hours and missed educational opportunities ✓ No fines were issued by the GOSW. ✓ GOSW had been very active during the Quarter working with colleagues to ensure safe practices were in place. ✓ A small number of areas were not reporting their data in a timely manner. The GOSW will escalate this to the Junior Doctors Forum and the Divisional Directors. 	Action agreed:- <ul style="list-style-type: none"> ✓ The report was noted. ✓ Divisional Directors to ensure all data reported in timely manner.
Integrated Workforce Report		<ul style="list-style-type: none"> ✓ The report triangulated key workforce data to support informed discussions. ✓ Members positively noted that the Trust benchmarked well on key Workforce & OD metrics. ✓ It was noted that improvements are required in some of the Divisions appraisal rates – albeit the reasons for any reductions were fully understood and recovery action plans discussed. 	Action agreed:- <ul style="list-style-type: none"> ✓ The report was noted.
Risks Escalated		<ul style="list-style-type: none"> ✓ None. Matters being managed within Committee. 	

	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

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	March 2021	Date of next meeting:	March 2021
Chair:	M Brown	Parent Committee:	Trust Board
Members present/attendees:	F Noden, J Mawrey, A Hansen, R Wheatcroft, R Noble, E Steel, A Stuttard, M North, C Sheard, P Henshaw, L Gammack, A Chilton, I Ismail and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	A Ennis, A Walker, S Martin, F Andrews, K Meadowcroft
Key Agenda Items:	RAG	Key Points	Action/decision
Resourcing		<ul style="list-style-type: none"> A socially distanced appointment day was held on Saturday 13th March. Over 93 student nurses attended and 85 of these were deemed appointable and will be offered a position at the Trust. Following approval of a business case for extra theatre capacity in 2020, and the increase in staffing required to support that extra capacity, the theatre service had 25 WTE qualified and 7 WTE unqualified positions to fill. Pleasingly all those vacancies have now been filled with the last couple of vacancies recruited into in late February Working with Virgin Atlantic the Trust has recently employed 9 Virgin staff to help support patient care within our Trust. 	Actions agreed:- <ul style="list-style-type: none"> The report was noted. A Resourcing / Talent Pipeline Group will be established and reportable to the People Committee

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	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

		<ul style="list-style-type: none"> It was confirmed that plans are in place for 15 Overseas Nurses to commence with us shortly. With a further 11 Critical Care Nurses then commencing within the Trust. 75% of our staff have received the first does of Covid Vaccine. All remaining staff have been contacted to ascertain appointment dates / take up rates. The Trust commenced in providing second doses to our staff from 10th March. 	
Staff Health & Wellbeing		<ul style="list-style-type: none"> The Committee were briefed on the ongoing plethora of activities in place to support our staff members' health & wellbeing. To avoid repetition these details are not included but the following is worthy of noting:- ↗ The Committee was briefed in the last meeting about the plans to implement the Schwartz rounds. It was confirmed that plans are in place for Schwartz rounds to commence in July. Recruitment is currently taking place for clinical leads to support the OD team in the delivery. 	<p>Actions agreed:-</p> <ul style="list-style-type: none"> The report was noted. Staff Wellbeing Group to review by staffing group. Remembering that pre-covid work was taking place with HCSW. Lisa and Angie to meet and discuss how fast-track support can be put in place when distressing incidents occur. Feedback at next meeting.

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

		<p>↗ The Trust has established a network of champions across the organisation to help colleagues to lead healthier lifestyles and drive forward the Trust's staff health and wellbeing agenda. So far 10 champions have been identified and discussions are underway to recruit additional champions.</p> <p>↗ A range of wellbeing gifts including positivity packs, self-care goody bags, branded water bottles, team thank you lunches are being distributed over the next 12 weeks. It is hoped that staff view the gifts as a small token of appreciation and that we care about their wellbeing. In addition, we are planning a programme of 'happiness activities' to help boost morale and team spirit. This includes a Trust Quiz on 26th March 2021 followed by other fun social activities.</p>	
NHS Staff Survey Results		<p>✓ The People Committee received an update on the initial findings of the NHS Staff Survey 2020. To avoid repetition the findings are contained within the BoD papers.</p>	<p>Actions agreed:-</p> <p>✓ Full report to BoD in March 2021.</p>

	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

Refreshed EDI Programme		<ul style="list-style-type: none"> ✓ The People Committee received an update on the refreshed EDI Programme. To avoid repetition a full paper is being provided to BoD in May. 	Action agreed:- <ul style="list-style-type: none"> ✓ Full report to BoD in May, 2021.
Partnership Report Working		<ul style="list-style-type: none"> ✓ The Committee welcomed the report from the Workforce Partnership Staff-Side Chair (non-medical). She commented on a very positive employee relations climate whereby managers and staff partners are working together positively to support our workforce. ✓ A number partnership activities have been undertaken during the last 12 months. For example (not exhaustive):- <ul style="list-style-type: none"> ↗ Introducing a plethora of new policies to support during the pandemic. ↗ Supporting our shielding staff to remain connected to our organisation. ↗ Providing proactive and timely health & wellbeing support to our workforce. 	Action agreed:- <ul style="list-style-type: none"> ✓ The report was noted. ✓ The People Committee Chair to escalate his sincere thanks to the BoD for the positive support provided by our Staff-Side partners.

	No assurance – could have a significant impact on quality, operational or financial performance;
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	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

Integrated Workforce Report		<ul style="list-style-type: none">✓ The report triangulated key workforce data to support informed discussions.✓ Pleasing to note that appraisal rates have been improving.✓ Risk Assessments are now offered for all staff, with 96% now complete, representing 5,058 staff members.	Action agreed:- <ul style="list-style-type: none">✓ The report was noted.✓ Update on agency usage in May.
Risks Escalated		<ul style="list-style-type: none">✓ None. Matters being managed within Committee.	

	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: 11

Title:	2020 NHS National Staff Survey
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Meeting:	Board of Directors	Purpose:	Assurance	✓
Date:	25 th March 2021		Discussion	
Exec Sponsor:	James Mawrey		Decision	

Summary:	<p>This report provides an update on our 2020 NHS national staff survey results, along with the key actions that are being taken to address priority areas of concern.</p> <p>We have performed strongly in the NHS national staff survey against a backdrop of unprecedented operational pressures, Covid-19 lockdown measures and our workforce facing situations never seen before in the health service.</p> <p>Our overall staff engagement score placed us in top place within the Greater Manchester footprint and second place in the North West region for acute and combined acute and community trusts. We also remain within the top 25% nationally for levels of staff engagement.</p> <p>The valuable insights gained through the national staff survey and our quarterly Go Engage pulse surveys have enabled the identification and prioritisation of the issues that matter the most to our employees.</p> <p>Our workforce is at the heart of everything we do and so improving staff experience remains a top priority for us. Through the delivery of the Workforce and OD Strategy, continued divisional staff engagement work and trust-wide and targeted interventions we will continue to address areas of concern and build on what is strong within Bolton.</p>
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Previously considered by:	Our 2020 NHS national staff survey results have been presented to the Executive Team, People Committee and Staff Experience Steering Group.
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Proposed Resolution:	The Board of Directors is asked to note the contents of this report and support the priority areas for action.
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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:	Lisa Gammack, Associate Director of OD	Presented by:	James Mawrey, Director of People
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1. Background

- 1.1 Listening, understanding and responding to staff feedback is part of the fabric of our organisation and a critical element of delivering our strategic objective to be a great place to work. This year, of all years, it has been especially important for us to continue surveying our staff to understand how they are feeling and what working life has been like as we continue to respond to the COVID-19 pandemic.
- 1.2 The 2020 NHS National Staff Survey was open from 1st October 2020 to 27th November 2020, during wave 2 of the pandemic. The Trust opted to take a different approach this year and invited its' full workforce to take part in the 2020 survey as opposed to a sample of 25% of the workforce which we had consistently done year on year. It is important that every employee gets the opportunity to have their say and help shape the future.
- 1.3 We achieved a 40.7% overall response rate, with 2269 employees completing the survey compared to 473 in the previous year's survey. This is an increase of 2.7% on responses received in the 2019 survey (37.9%). The average response rate in this year's survey for our national comparator group was 45%.
- 1.4 Evidence shows that there is a strong correlation between staff engagement levels and quality of care and patient experience. It is therefore imperative that we continue to focus our capacity and resource on enhancing staff engagement which in turn will improve organisational performance, reduce absence and help attract and retain employees.

2. Key Survey Findings: Organisational Level

- 2.1 We are extremely proud that for the third year running Bolton FT has performed strongly in the national survey. This is impressive against a backdrop of unprecedented operational pressures, Covid-19 lockdown measures and our workforce facing situations never seen before in the health service.
- 2.2 Our overall staff engagement score was 7.20 (on a ten-point scale) which places us in top place within the Greater Manchester (GM) footprint and second place in the North West region for our comparator group. We also remain within the top 25% nationally for levels of staff engagement. This is the first year that our comparator group includes Combined Acute and Community Trusts, plus Acute Trusts which means that we are being compared against significantly more organisations than we have been in previous years.
- 2.3 **Appendix one** shows our scores for the 10 themes of the survey compared to our GM comparator. The Trust has achieved the highest score in eight of the themes.
- 2.4 The table below shows our overall theme scores compared to last year and our national comparator group. Compared to our 2019 national survey results we have improved scores for three themes, remained the same for four themes and declining scores for three themes. Board members will note that the 'Quality of Care' and 'Equality Diversity and Inclusion' themes have increased since last year and above our national comparator group. Given the impact the pandemic has had on our staff it comes as no surprise that there has been a slight drop in the 'Health and Wellbeing' theme - that said the pro-active measures that have been put in place clearly have been successful as we continue to benchmark very positively on absence levels (both within GM and North-West). The reduction in the 'team working' and 'immediate managers' theme is perhaps also understandable given the number of staff who have been redeployed, shielding, working on an agile basis. As noted later in the paper these will all be areas for focus moving forward.

Theme	Bolton FT 2019	2020 comparator group average score	Bolton FT 2020
Equality, diversity & inclusion	9.1	9.1	9.3
Health & wellbeing	6.3	6.1	6.2
Immediate managers	7.2	6.8	7.0
Morale	6.5	6.2	6.5
Quality of appraisals	5.6	n/a	n/a
Quality of care	7.7	7.5	7.8
Safe environment: bullying & harassment	8.2	8.1	8.3
Safe environment: violence	9.5	9.5	9.5
Safety culture	7.1	6.8	7.1
Staff engagement	7.3	7.0	7.2
Team working	7.1	6.5	6.7

(Note: The 'quality of appraisals' theme was not included in the 2020 survey.)

2.7 A copy of our Benchmark Report is attached at **appendix two**.

3. Staff Friends and Family Test

3.1 Pleasingly, our Staff Friends and Family Test results have improved with 'staff recommending the Trust as a place to receive care' scoring 75% which is an of 5% compared to the 2019 national survey results. Staff recommending the Trust as a place to work has scored 67%, a 1% increase compared to the 2019 national survey results.

3.2 Below is a table showing our Staff Friends and Family Test.

Bolton				
2019	Q1	Q2	National	Q4
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	83%	85%	70%	79%
How likely are you to recommend this organisation to friends and family as a place to work?	75%	75%	66%	67%
2020	Q1	Q2	National	Q4
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	83%	77%	75%	
How likely are you to recommend this organisation to friends and family as a place to work?	73%	66%	67%	

4. Key Survey Findings: Divisional Level

4.1 The table below provides a breakdown of the 10 theme scores by division compared against the Trust's overall score for each theme. The Staff Experience Steering Group intend to discuss the divisional results at their meeting in April 2021 to understand the narrative that supports the results. Of note the Divisions are able to compare their results with last year to see where there have been improvements / deterioration.

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment – bullying & harassment	Safe environment - violence	Safety culture	Staff Eng	Team working
Trust Overall	9.3	6.2	7.0	6.4	7.7	8.3	9.4	7.1	7.2	6.7
Adult Acute	9.0	5.5	6.9	6.3	7.6	7.5	8.3	7.0	7.2	6.5
Anaesthetics & Surgical	9.1	5.9	7.0	6.5	7.9	7.9	9.2	7.2	7.3	6.9
Diagnostics & Support	9.4	6.0	6.5	6.4	7.9	8.2	9.8	6.9	7.0	6.2
Family Care	9.4	6.3	6.9	6.3	7.3	8.6	9.8	7.0	7.0	6.8
Integrated Community Services	9.3	6.4	7.4	6.5	8.0	8.5	9.6	7.2	7.2	7.0
Chief Exec & Board	9.6	8.1	8.7	7.8	n/a *	9.6	10.0	8.2	8.3	7.6
Finance	9.5	7.6	6.9	6.4	6.5	9.0	10.0	6.7	7.1	6.5
Informatics	9.2	7.0	7.7	6.5	7.9	9.4	9.8	6.8	7.2	6.9
Patient Safety & Experience	8.8	6.3	7.1	6.3	7.7	8.1	9.9	6.8	7.2	6.4
Workforce & OD	9.3	6.6	7.1	6.5	7.8	9.2	9.9	7.1	7.3	6.3

(* unfortunately no score is available due to insufficient number of responses for the questions under this theme)

- 4.2 The detailed divisional results reports have been shared with divisional triumvirate leadership teams. The results will be widely disseminated through divisional management structures as a focus for action and as a platform to improve staff engagement and continue to build on the good work already undertaken.

5. Steps Taken to Improve Staff Experience

- 5.1 Over the last 12 months a range of improvements and interventions have been implemented at an organisational and divisional level with the aim of supporting our staff to respond to the pandemic and improving staff experience. Below are some examples that have contributed to our strong performance in this year's national staff survey (non-exhaustive):-
- Continued to deliver a responsive and flexible approach to recruiting to job vacancies including the introduction of fast track processes and Covid-safe selection and induction processes. Members of the People Committee are sighted on the positive vacancy position within the Trust.
 - Developed and implemented a range of interventions designed to sustain and improve staff health and wellbeing. This has included a plethora of support which has been adapted to meet the needs of our staff as they have worked through the pandemic, for example enhanced mental health support, resilience tools and training, comprehensive vaccination programme, discounted staff restaurant, food and drink service to Covid wards, new cycle storage facilities, risk assessments, etc.
 - Enhanced our approach to attendance during the pandemic including the provision of support through the Attendance Team, responsive Deployment Team, effective Covid testing provision for our workforce, etc.

- Continued to deliver our equality diversity and inclusion priorities including launching the BAME development programme, supporting our BAME staff forum, prioritising the Covid risk assessments and vaccines for our BAME staff, celebrating cultural awareness days, improved prayer facilities, etc.
- Further embedded and extended our Freedom to Speak Up approach, celebrated national FTSU month and increased the FTSU champions network from 12 to 31.
- Designed and implemented the new VOICE Behaviour Framework which clearly articulates how we expect all our staff to behave – it outlines the do's and the don'ts to enable individuals to hold the mirror up to themselves and others.
- Developed and launched our new FABB Conversation Toolkit that helps line managers to facilitate more meaningful two-way conversations in the form of regular check-ins and annual appraisals.
- Continued to formally recognise the contributions of employees and teams through the FABB team awards and divisional ABC awards.

6. Key Priorities 2021/22

6.1 We will continue to deliver the Workforce and OD Strategy that addresses the areas that our employees have identified as requiring improvement. Based on the findings of the NHS National Staff Survey and Go Engage our key priorities over the next 6 to 12 months include:

- **Improving patient care** – we will continue to work with our workforce through team meetings, staff listening sessions, etc. and maximise incident reporting and complaints information to improve patient care.
- **Improving culture and behaviours** – we will further embed the new VOICE Behaviour Framework into our people management processes and attraction and retention strategies. We are in the process of refreshing our leadership and management training offer.
- **Strengthening Relationships** – we will develop and implement tools and interventions that help strengthen the relationship between employees and their immediate line manager as well as make improvements to team working.
- **Enhancing our recognition approach** – we will re-launch the ABC awards (Attitude and Behaviour Counts) which will be aligned to the new VOICE Behaviour Framework. We have also recently launched the Trust's Annual Staff Awards with refreshed award categories and will be delivered virtually.
- **Accelerating our equality, diversity and inclusion programme** – we are currently developing a refreshed EDI training offer, and establishing a Disability Staff Forum, LGBT+ Staff Forum and Equality Champions Network. The EDI Steering Group, chaired by the Director of People, will continue to lead the implementation of the Trust's Equality Strategy and EDI agenda.
- **Enhancing staff psychological support** – work is well underway to introduce Schwartz Rounds and enhanced mental health support. We are also exploring the feasibility of setting up an in-house staff psychological support service.

7. Next Steps

- 7.1 The People Committee has agreed a revised staff survey cycle for 2021/22 with the aim of increasing response rates and gaining richer insights. Each quarter we will carry out a full workforce survey using the survey tool shown in the table below.

Q1	Bolton Engage pulse survey	3 rd to 23 rd May 2021
Q2	Bolton Engage pulse survey	9 th to 29 th August 2021
Q3	NHS national staff survey	4 th October to 26 th November 2021 (TBC)
Q4	Bolton Engage pulse survey	7 th to 27 th February 2022

- 7.2 A full internal communications plan has been implemented that has an emphasis on celebrating our positive staff survey results and engaging our workforce in helping make Bolton FT a great place to work.
- 7.3 Divisions will be supported by the OD Service and Communications and Engagement Department to develop, communicate and deliver their Divisional Great Place to Work Plans.

8. Conclusion

- 8.1 Bolton FT's employee engagement journey continues to go from strength to strength which is a huge achievement against a backdrop of responding to a global pandemic. Regularly listening to our staff with authenticity, and understanding what is working well and where improvements are required helps us to ensure that we are focusing on the things that matter the most to our employees.
- 8.2 There has never been a more challenging and prouder time to work for the NHS and our performance in the NHS national staff survey evidences the hard work, commitment and investment that the Executive Team, divisions/directorates, staff side representatives and staff forum members have contributed to making Bolton a great place to work. Our journey is far from over but we are clear on our priorities and we will continue to co-create a better future with our amazing workforce.
- 8.3 The People Committee will continue to seek assurance and give direction when required to the delivery of our workforce and OD priorities with the aim of improving staff experience.

9. Recommendations

- 9.1 The Trust Board is asked to:
- Note the contents of this report and support the priority areas for action.

Appendix 1: Greater Manchester Comparison Table

Trust	Equality, Diversity & Inclusion	Health & Wellbeing	Immediate Managers	Morale	Quality of Care	Safe Environment – Bullying & Harassment	Safe Environment – Violence	Safety Culture	Staff Engagement	Team working	Response rate achieved
Bolton FT	9.3	6.2	7.0	6.5	7.8	8.3	9.5	7.1	7.2	6.7	41%
Wrightington, Wigan & Leigh FT	9.2	5.9	6.7	6.3	7.7	8.0	9.6	6.7	7.1	6.3	29%
Salford Royal FT	9.2	6.1	6.9	6.3	7.3	8.4	9.6	6.8	7.1	6.6	38%
Manchester FT	9.0	6.1	6.7	6.1	7.5	8.2	9.6	6.8	7.0	6.5	33%
Pennine Acute FT	9.0	5.8	6.6	6.0	7.4	8.0	9.4	6.7	6.9	6.4	34%
Tameside FT	9.0	5.9	6.7	5.9	7.4	8.0	9.5	6.5	6.8	6.2	43%
Stockport FT	9.1	5.9	6.8	6.0	7.2	8.1	9.4	6.6	6.8	6.4	51%
Overall Acute & Acute and Community Benchmark	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5	45%



National Staff Survey 2020

Bolton NHS Foundation Trust

Summary Report

Produced by Quality Health



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Introduction

This report has been created with the purpose of presenting your topline results for the 2020 National Staff Survey. It serves as a supplementary report to the full Quality Health management report, highlighting key results from the core questions of the National Staff Survey. Conclusions arising from your organisation's results are drawn together in a 'Summary and Recommendations' section at the beginning of the report (page 5), along with recommendations for improvement. Some of the main features included in this report are:

- Staff Engagement Scores
- Ranked/Top and Bottom Results for your organisation
- Significant Results, Over Time and Compared to your Sector
- Benchmarking Percentiles

The report is split into two sections, presenting results at Theme level (pages 6 - 9) and Question level (pages 10 - 24). A header at the top of each page indicates which results are being reported.

Response Rates

Questionnaires were sent to 5,621 staff in your organisation. If your organisation requested additional samples, this figure includes respondents from those samples.

After excluding respondents that were later known to be ineligible, a usable sample of 5,577 remained.

From the usable sample, 2,269 questionnaires were returned yielding a response rate of 40.7%.

Weighted Data

All results within this report have been derived from weighted data. Weighting is applied prior to converting responses to scores to account for differences that may be present due to local variations within the staff demographic profile. In the National Staff Survey, weighting is applied within the benchmarking sectors and is based on Occupational Group.

The process undertaken to weight the data is based on the methodology used by the Coordination Centre and should be useful in providing an indication of what your organisation's National results are likely to be. There will, however, be minor differences between the scores in this report and your organisation's official National benchmark report. This is because Quality Health only has access to data from its contracted organisations, whereas the National standardisation process will be based on the full dataset available for all organisations.

Publishing and Publicising your Results

This is a confidential report from Quality Health to the organisation. The decision about whether or not to publish it - or publicise its contents to staff or patients - is entirely up to each organisation. However, our strong advice, in the spirit of openness and transparency, is that the results should be publicised through all available channels. Publicity could include:

- presentations to the Board on key strategic issues
- distribution of findings to Clinical Governance teams, and to Divisional and Departmental heads
- discussions on the results with staff representatives
- publication of results on the internet
- display presentations in appropriate locations in the organisation

Introduction

Publishing and Publicising your Results (continued)

Whatever decision is taken locally, there will be a national publication of the results for each organisation. **Until the Coordination Centre publishes the national results, there is an embargo on the publication of any survey results from the benchmarked analysis in the reports.** At the time of preparing this report, a date of publication had not been announced by the Coordination Centre.

Summary and Recommendations

Six of the theme scores for the 2020 NHS Staff Survey for Bolton NHS Foundation Trust are significantly better when compared to the sector score for similar organisations surveyed by Quality Health. There have been no significant movements in the theme scores since 2019.

At question level, the scores are positive, with the majority significantly better than the sector and nearly half in the top 20% range. No questions fall in the bottom 20% or are significantly lower than the sector average. Four question scores have significantly improved since 2019 and three have significantly declined.

The organisation should map the previous years' action plans against the improved and top-performing scores to identify what has been successful, however, also take into consideration that it may take a couple of years before improvements become apparent in the survey results. While it's important to look at where your scores are on the RAG charts, trends over time are a clearer indicator as to whether performance has improved.

Identify areas for improvement by looking at the questions where your scores have fallen over time, as well as those in the bottom 20% and at the lower end of the intermediate 60%. It's also important to consider the scores that are low in their own right, irrespective of their position when benchmarked. It is also recommended that focus is placed on areas which are important in their own right, such as scores within bullying and harassment, and violence at work.

We recommend that focus should be on maintaining these results. You may wish to consider how you can further support staff with issues relating to work related stress and team working, only because these scores have fallen in 2020.

Finally, it is important to bear in mind that 2020 has not been "business as usual" for the NHS workforce. The impact of the COVID-19 pandemic has had a profound impact across the NHS. However, by measuring staff experience in a consistent way to previous years, the 2020 NHS Staff Survey provides a unique opportunity to understand the impact that the COVID-19 pandemic has had on staff experience. Please consider this when looking at your results.

Recommendation: Support teams in finding new ways for them to meet and discuss their effectiveness in light of the decline in this happening.

Recommendation: Consider a mentoring service for individuals to use when stressed.

Recommendation: Share and celebrate the positive results of the survey, especially in light of the challenges 2020 has placed on the organisation.

Staff Engagement

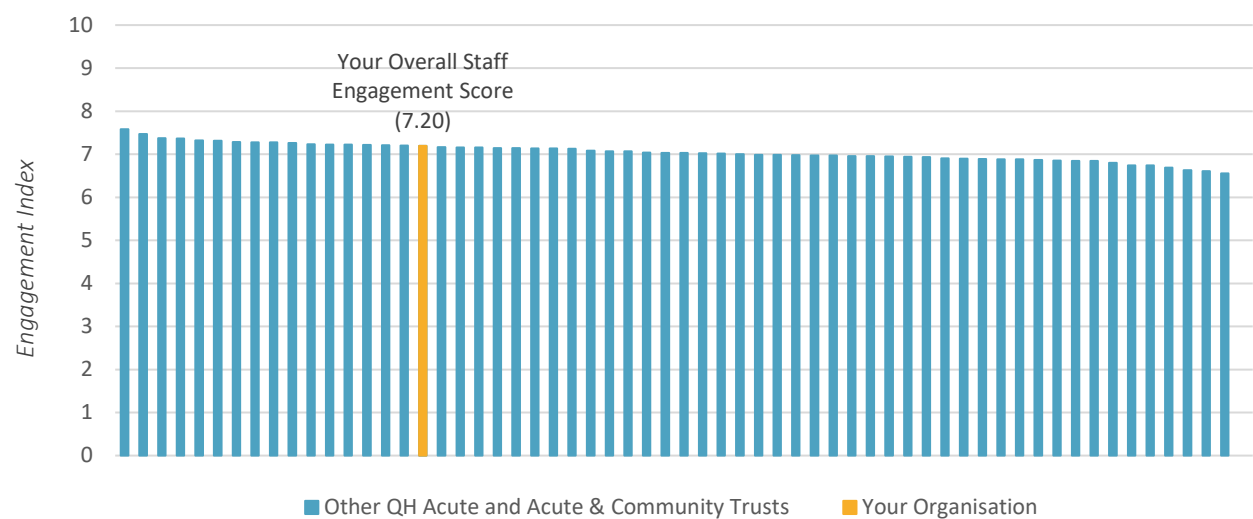
In the National Staff Survey, Staff Engagement is measured across three themes:

- **Advocacy**, measured by Q18a, Q18c and Q18d (Staff recommendation of the trust as a place to work or receive treatment).
- **Motivation**, measured by Q2a, Q2b and Q2c (Staff motivation at work).
- **Involvement**, measured by Q4a, Q4b and Q4d (Staff ability to contribute towards improvement at work).

Overall Staff Engagement is measured as an average across these three themes. Staff Engagement scores fall between 0 and 10, where the higher the score, the more engaged the staff.

Overall Staff Engagement across your Sector

Presented in the chart below are the range of Overall Staff Engagement Scores across the Acute and Acute & Community sector, shown in ranking order. Your organisation's score is (7.20) and its position within the sector is marked orange. The blue bars represent the scores of other organisations within your sector.



Staff Engagement Themes

Presented below are the engagement scores for each of the themes that comprise Overall Staff Engagement. Engagement scores from 2019 have also been put in for comparison. The percentage difference between the 2019 and 2020 scores is represented by the coloured gap between the bars. Significant differences between the years have also been indicated.

Theme	Staff Engagement Scores		
Overall Staff Engagement	2019	7.27	-0.07 (Not sig.)
	2020	7.20	
Advocacy	2019	7.24	-0.00 (Not sig.)
	2020	7.24	
Motivation	2019	7.49	-0.13 (Not sig.)
	2020	7.36	
Involvement	2019	7.06	-0.07 (Not sig.)
	2020	6.99	

Ranked Themes

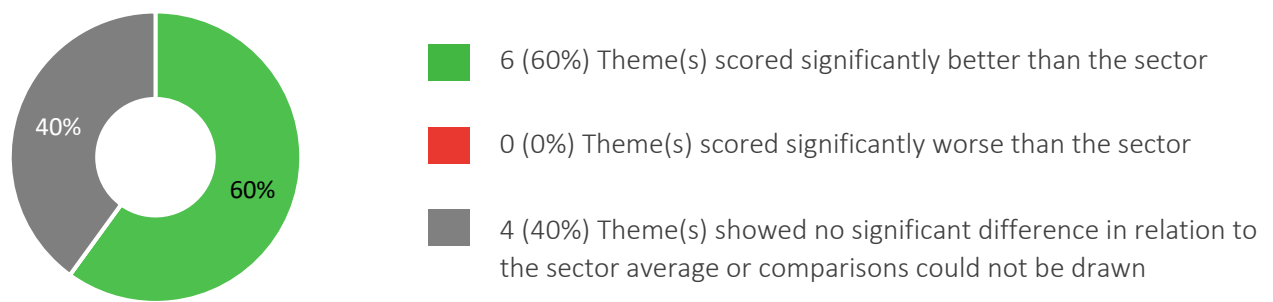
The Themes ranked from 1 to 10 for your organisation are shown below. Themes can be considered as summary scores for groups of questions which, when taken together, give more information about a particular area. Themes are presented as scale scores (on a scale of 0 to 10).

Ranked Themes for your organisation			Score
1	Theme 7	Safe Environment - Violence	9.51
2	Theme 1	Equality, Diversity and inclusion	9.27
3	Theme 6	Safe Environment - Bullying and harassment	8.30
4	Theme 5	Quality of care	7.63
5	Theme 9	Staff engagement	7.20
6	Theme 8	Safety culture	7.07
7	Theme 3	Immediate managers	7.04
8	Theme 10	Team working	6.71
9	Theme 4	Morale	6.46
10	Theme 2	Health and wellbeing	6.23

Significant Themes

Compared to the sector

This section summarises the Themes where your organisation has scored significantly higher than your benchmarking sector. Your organisation belongs to the Acute and Acute & Community sector, in which there are 61 organisations within the Quality Health database. Comparisons in this section have been drawn between your organisation and the Quality Health Acute and Acute & Community sector average.



Your significant Theme scores are summarised below. Your organisation's score is set side by side with the sector score, with the difference between the two represented by the coloured bar to the right.

Significantly Better Scores

Theme	Your Org.	Sector	Difference	
Theme 1 Equality, Diversity and inclusion	9.27	8.96	+0.30	<div></div>
Theme 3 Immediate managers	7.04	6.81	+0.23	<div></div>
Theme 4 Morale	6.46	6.23	+0.23	<div></div>
Theme 6 Safe Environment - Bullying and harassment	8.30	8.02	+0.28	<div></div>
Theme 8 Safety culture	7.07	6.76	+0.31	<div></div>
Theme 10 Team working	6.71	6.51	+0.20	<div></div>

Significantly Worse Scores

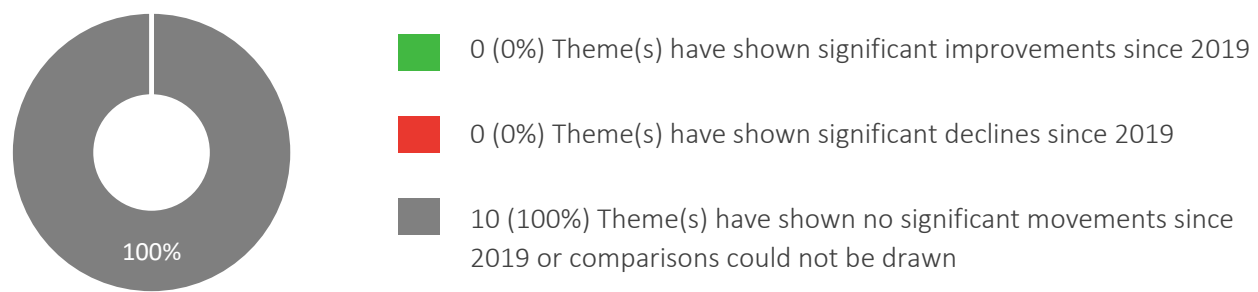
Theme	Your Org.	Sector	Difference
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There are no significantly worse Themes than the sector average.

Significant Themes

Compared to 2019

This section summarises Themes where your organisation has significantly improved or declined since the 2019 staff survey. Of the 10 Themes:



There are no significant differences between your organisation's Theme scores for 2019 and 2020.

Significantly Better Scores

Theme	2019	2020	Difference
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Significantly Worse Scores

Theme	2019	2020	Difference
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Top and Bottom Questions Scores

Top 10 Scores for your organisation

Score

1	12b	Experienced physical violence at work from managers in the last 12 months.	0%
2	12c	Experienced physical violence at work from other colleagues in the last 12 months.	1%
3	17a	If you were concerned about unsafe clinical practice, would you know how to report it?	96%
4	15a	Experienced discrimination at work from patients/service users, their relatives or other members of the public in the last 12 months.	5%
5	15b	Experienced discrimination at work from a manager/team leader or other colleagues in the last 12 months.	6%
6	3b	I am trusted to do my job.	92%
7	7b	I feel that my role makes a difference to patients/service users.	91%
8	16b	My organisation encourages us to report errors, near misses or incidents.	90%
9	13b	Experienced harassment, bullying or abuse at work from managers in the last 12 months.	11%
10	14	Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	88%

Bottom 10 Scores for your organisation

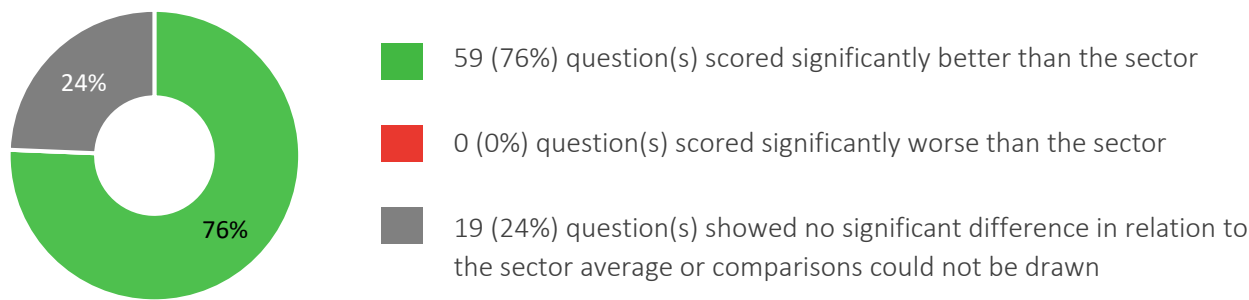
Score

















1	11g	Have you put yourself under pressure to come to work?	92%
2	6a	I have unrealistic time pressures.	25%
3	11a	Does your organisation take positive action on health and well-being?	35%
4	9d	Senior managers act on staff feedback.	36%
5	9c	Senior managers here try to involve staff in important decisions.	36%
6	4g	There are enough staff at this organisation for me to do my job properly.	39%
7	5g	[How satisfied are you with] My level of pay.	43%
8	9b	Communication between senior management and staff is effective.	46%
9	6c	Relationships at work are strained.	47%
10	10c	On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	53%















Significant Questions
















Compared to the sector



This section summarises core questions where your organisation has scored significantly higher than your benchmarking sector. Your organisation belongs to the Acute and Acute & Community sector in which there are 61 organisations that are contracted to Quality Health. Comparisons have been drawn between your organisation and the Quality Health Acute and Acute & Community sector average.



4e	I am able to meet all the conflicting demands on my time at work.	51%	47%		+3.79%
4h	The team I work in has a set of shared objectives.	76%	72%		+3.46%
4i	The team I work in often meets to discuss the team's effectiveness.	61%	57%		+4.05%
4j	I receive the respect I deserve from my colleagues at work.	73%	71%		+2.17%
5a	[How satisfied are you with] The recognition I get for good work.	59%	57%		+2.43%
5b	[How satisfied are you with] The support I get from my immediate manager.	73%	69%		+3.90%
5c	[How satisfied are you with] The support I get from my work colleagues.	84%	81%		+3.09%
5d	[How satisfied are you with] The amount of responsibility I am given.	77%	74%		+2.96%
5e	[How satisfied are you with] The opportunities I have to use my skills.	75%	72%		+3.22%
5f	[How satisfied are you with] The extent to which my organisation values my work.	50%	47%		+2.56%
5g	[How satisfied are you with] My level of pay.	43%	36%		+7.49%
5h	[How satisfied are you with] The opportunities for flexible working patterns.	60%	56%		+3.86%
6b	I have a choice in deciding how to do my work.	59%	55%		+4.22%
7a	I am satisfied with the quality of care I give to patients/service users.	85%	82%		+2.81%
7b	I feel that my role makes a difference to patients/service users.	91%	90%		+1.78%
7c	I am able to deliver the care I aspire to.	74%	70%		+4.15%

8a	My immediate manager encourages me at work.	71%	69%		+2.05%
8b	My immediate manager can be counted on to help me with a difficult task at work.	73%	70%		+2.58%
8c	My immediate manager gives me clear feedback on my work.	63%	61%		+2.03%
8d	My immediate manager asks for my opinion before making decisions that affect my work.	57%	55%		+2.42%
8e	My immediate manager is supportive in a personal crisis.	77%	75%		+1.77%
8f	My immediate manager takes a positive interest in my health and well-being.	72%	69%		+2.34%
8g	My immediate manager values my work.	75%	72%		+2.87%
9a	I know who the senior managers are here.	86%	84%		+1.86%
9b	Communication between senior management and staff is effective.	46%	43%		+3.24%
9d	Senior managers act on staff feedback.	36%	34%		+2.07%
10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	29%	34%		-4.77%
11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	27%	30%		-2.62%
11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?	44%	47%		-2.78%
11e	Have you felt pressure from your manager to come to work?	23%	26%		-2.92%
12b	Experienced physical violence at work from managers in the last 12 months.	0%	1%		-0.41%
12c	Experienced physical violence at work from other colleagues in the last 12 months.	1%	1%		-0.43%

13a	Experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public in the last 12 months.	24%	27%		-2.27%
13b	Experienced harassment, bullying or abuse at work from managers in the last 12 months.	11%	13%		-2.27%
13c	Experienced harassment, bullying or abuse at work from other colleagues in the last 12 months.	16%	20%		-3.87%
13d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	51%	46%		+4.47%
14	Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	88%	83%		+5.47%
15a	Experienced discrimination at work from patients/service users, their relatives or other members of the public in the last 12 months.	5%	7%		-2.36%
15b	Experienced discrimination at work from a manager/team leader or other colleagues in the last 12 months.	6%	9%		-2.88%
16b	My organisation encourages us to report errors, near misses or incidents.	90%	88%		+2.30%
16c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	79%	73%		+5.84%
16d	We are given feedback about changes made in response to reported errors, near misses and incidents.	71%	62%		+8.54%
17a	If you were concerned about unsafe clinical practice, would you know how to report it?	96%	94%		+1.37%
17b	I would feel secure raising concerns about unsafe clinical practice.	75%	71%		+4.30%
17c	I am confident that my organisation would address my concern.	67%	59%		+8.28%
18a	Care of patients/service users is my organisation's top priority.	83%	80%		+3.28%
18b	My organisation acts on concerns raised by patients/service users.	80%	74%		+5.56%
18f	I feel safe to speak up about anything that concerns me in this organisation.	68%	65%		+3.31%

19a	I often think about leaving this organisation.	24%	26%		-2.38%
19b	I will probably look for a job at a new organisation in the next 12 months.	17%	19%		-2.39%
19c	As soon as I can find another job, I will leave this organisation.	12%	14%		-2.10%

Significantly Worse Scores

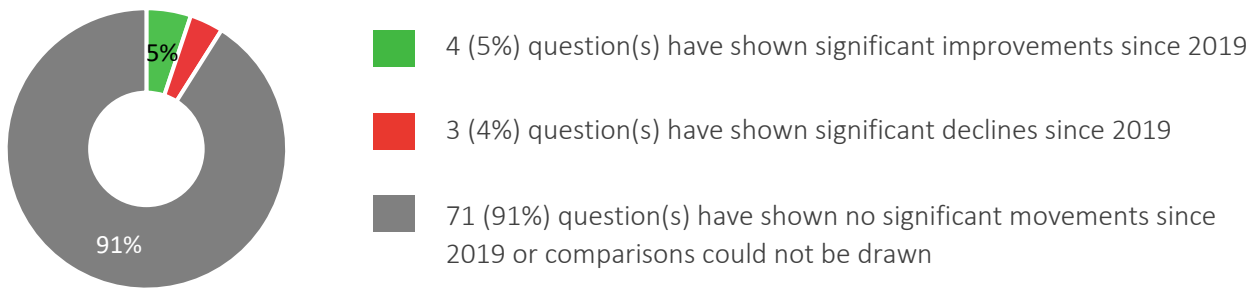
Question	Your Org.	Sector	Difference
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There are no significantly worse scores than the sector average.

Significant Questions

Compared to 2019

This section summarises questions that have shown statistically significant improvements or declines since the 2019 National Staff Survey. Of the 78 evaluative core questions:



Your significant question scores are summarised below. Your organisation's scores from 2019 and 2020 are set side by side, with the percentage difference between the two represented by the coloured bar to the right.

Significantly Better Scores

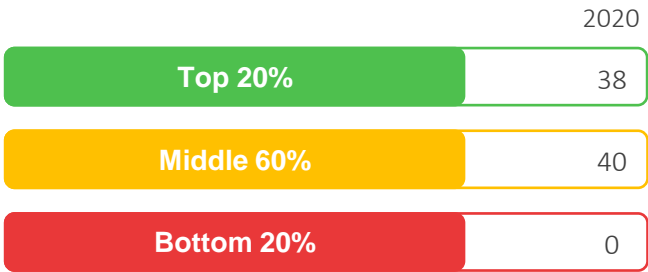
Question	2019	2020	Difference
11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?	54%	44%	-10.55%
14 Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	84%	88%	+4.49%
16c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	74%	79%	+4.77%
18d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	70%	75%	+4.86%

Significantly Worse Scores

Question	2019	2020	Difference
2a I look forward to going to work.	66%	60%	<div><div></div></div> -6.17%
4i The team I work in often meets to discuss the team's effectiveness.	71%	61%	<div><div></div></div> -9.29%
11c During the last 12 months have you felt unwell as a result of work related stress?	37%	45%	<div><div></div></div> +8.50%






Benchmarking Percentiles

There are 61 Acute and Acute & Community organisations in your benchmarking sector that are contracted to Quality Health. The table below summarises the distribution of core questions where your organisation scored amongst the top 20%, middle 60% and bottom 20% of these organisations.



Percentile charts are presented below for questions where your organisation scored within the top and bottom 20th percentiles. The red segment of the chart shows the range of scores achieved by the bottom 20% of Quality Health Acute and Acute & Community organisations, the amber segment shows the range of scores achieved by the middle 60% and the green segment shows the range of scores achieved by the top 20%.

Your organisation's score and the sector average are shown to the right of the chart.

Questions in the Top 20%			Org.	Sector
	0%10%20%30%40%50%60%70%80%90%100%			
2b	I am enthusiastic about my job.		75%	73%
2c	Time passes quickly when I am working.		79%	75%
3b	I am trusted to do my job.		92%	91%
3c	I am able to do my job to a standard I am personally pleased with.		84%	80%
4a	There are frequent opportunities for me to show initiative in my role.		75%	72%

Benchmarking Percentiles



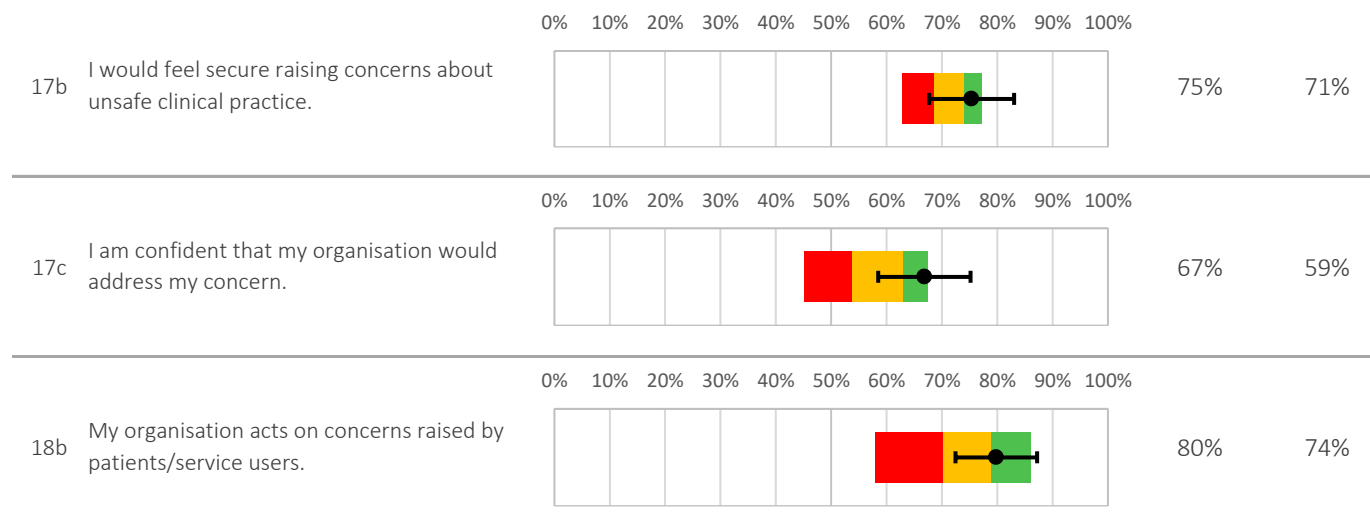
Benchmarking Percentiles



Benchmarking Percentiles

11d	In the last three months have you ever come to work despite not feeling well enough to perform your duties?		44%	47%
12b	Experienced physical violence at work from managers in the last 12 months.		0%	1%
13c	Experienced harassment, bullying or abuse at work from other colleagues in the last 12 months.		16%	20%
13d	The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?		51%	46%
14	Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?		88%	83%
15b	Experienced discrimination at work from a manager/team leader or other colleagues in the last 12 months.		6%	9%
16b	My organisation encourages us to report errors, near misses or incidents.		90%	88%
16c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.		79%	73%
16d	We are given feedback about changes made in response to reported errors, near misses and incidents.		71%	62%
17a	If you were concerned about unsafe clinical practice, would you know how to report it?		96%	94%

Benchmarking Percentiles



Benchmarking Percentiles

Questions in the Bottom 20%

	Org.	Sector
--	------	--------

Your organisation has no questions in the bottom 20%

Bolton NHS Foundation Trust

2020 NHS Staff Survey

Summary Benchmark Report

Bolton NHS Foundation Trust

2020 NHS Staff Survey



Organisation details

Completed questionnaires **2,269**

2020 response rate **41%**

➤ [See response rate trend for the last 5 years](#)

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

Acute and Acute &
Community Trusts



2020 benchmarking group details

Organisations in group: **128**

Median response rate: **45%**

No. of completed questionnaires:
402,201

Key features

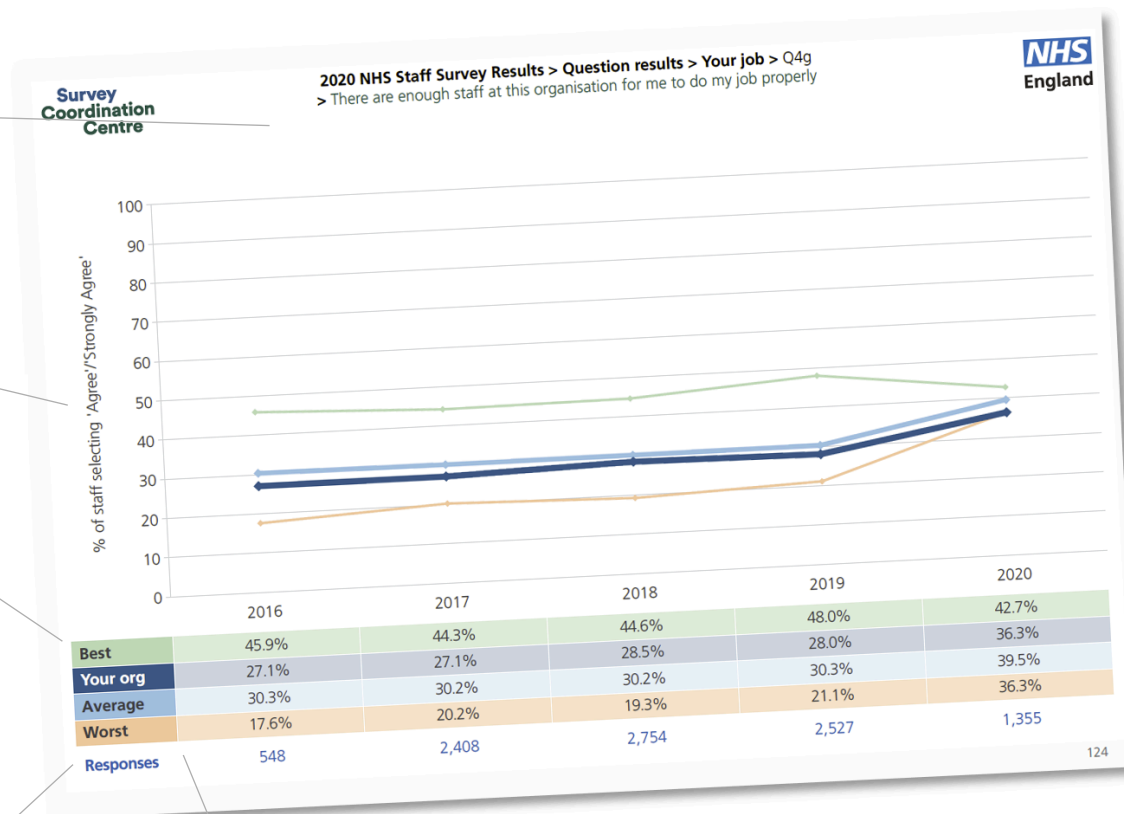
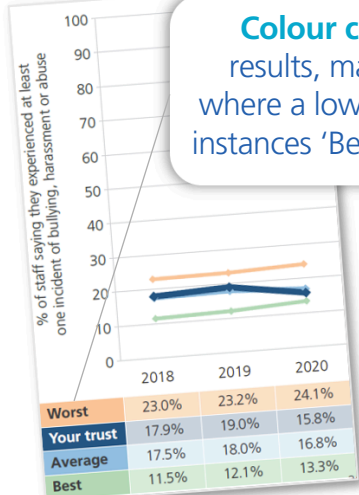
Question number and text
(or the theme) specified
at the top of each slide

Question-level results are always
reported as percentages; the **meaning
of the value** is outlined along the axis.
Themes are always on a 0-10pt scale
where 10 is the best score attainable

Colour coding highlights best / worst
results, making it easy to spot questions
where a lower percentage is better – in such
instances 'Best' is the bottom line in the table

 **Keep an eye out!**

Number of responses
for the organisation
for the given question



'Best', 'Average', and 'Worst' refer to the
benchmarking group's best, average and worst **results**

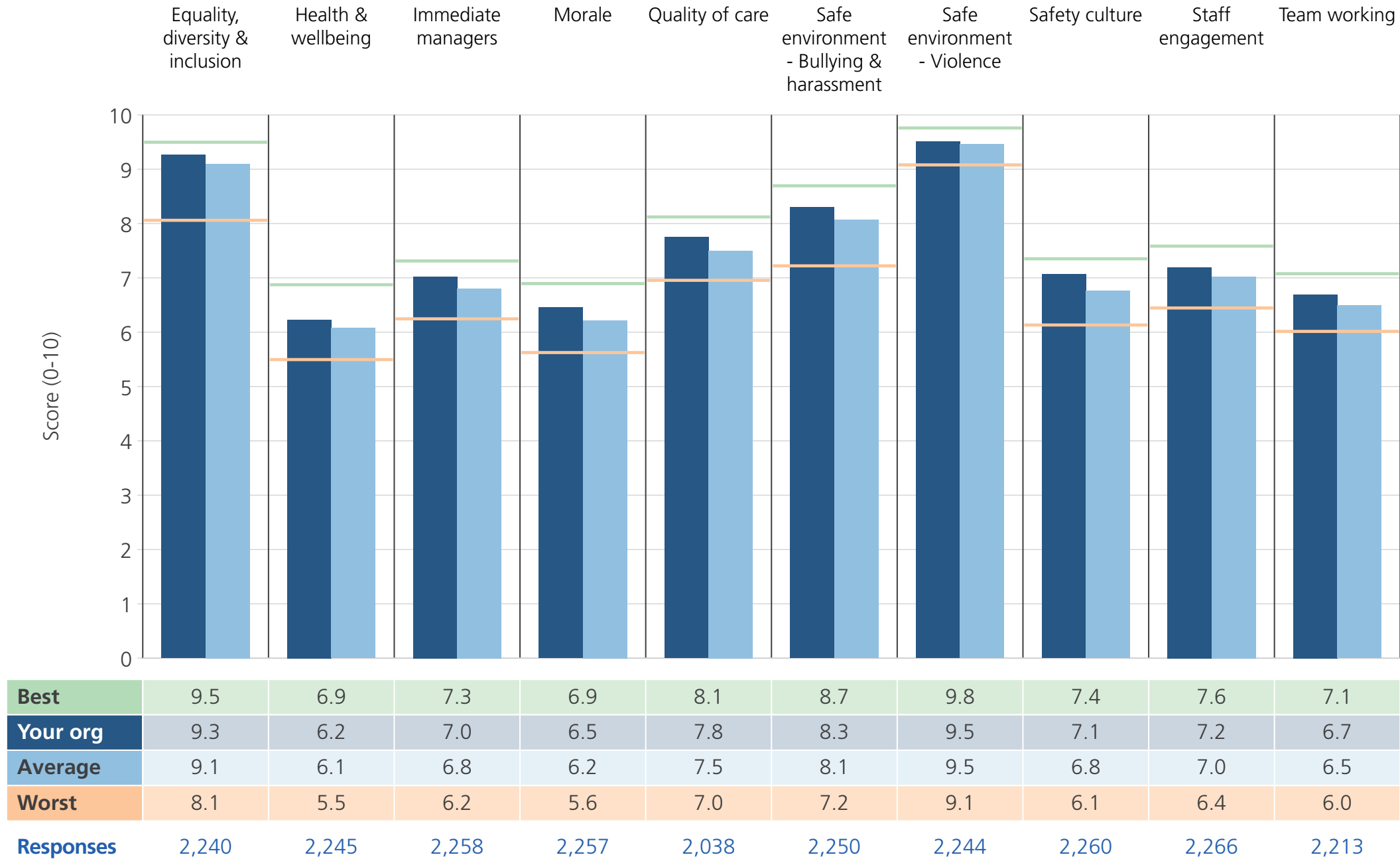


Full details on how the scores are calculated are provided in the **Technical Document**, under the Supporting Documents section of our [results page](#)

Theme results

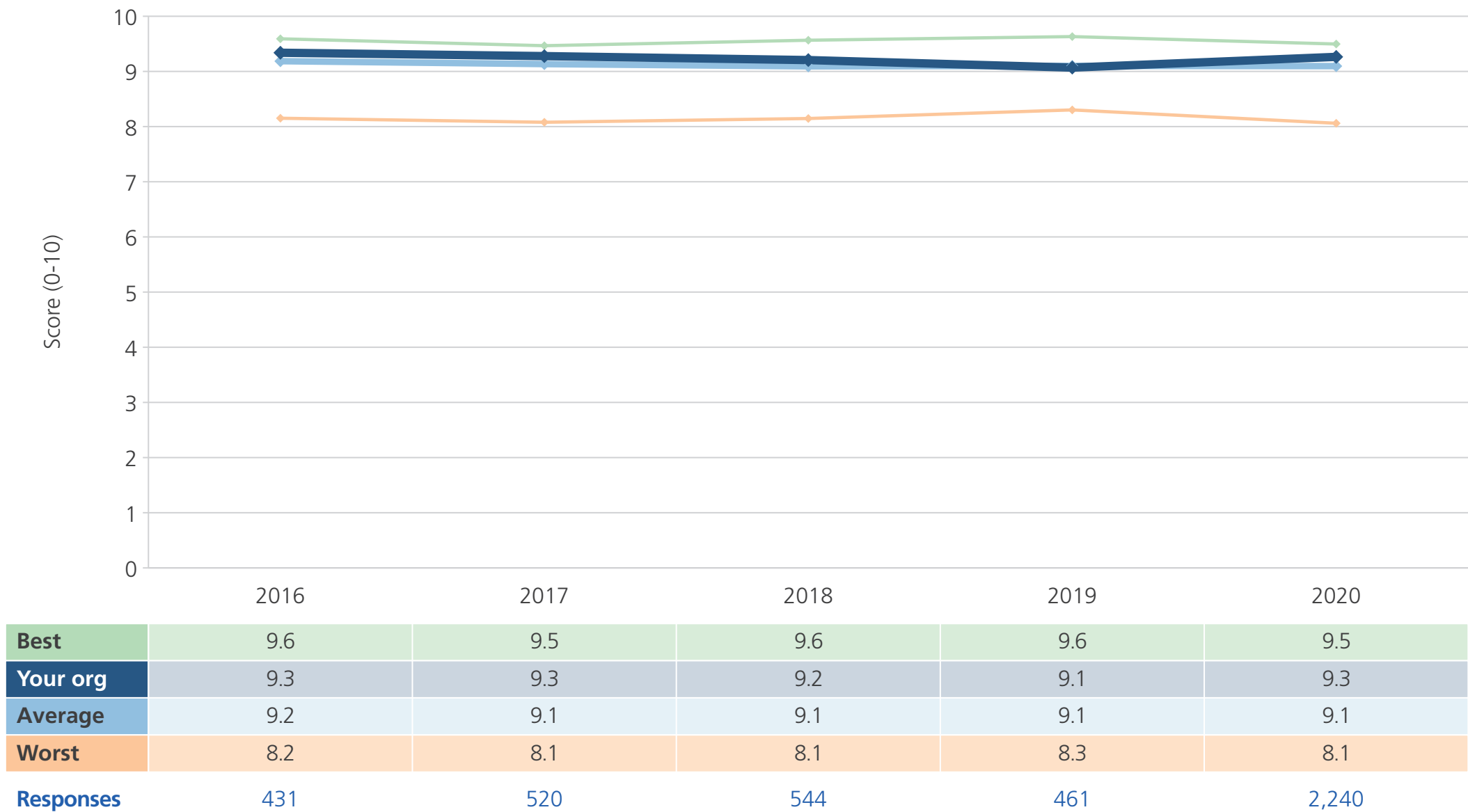
The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in the charts are comparable for this theme, however these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

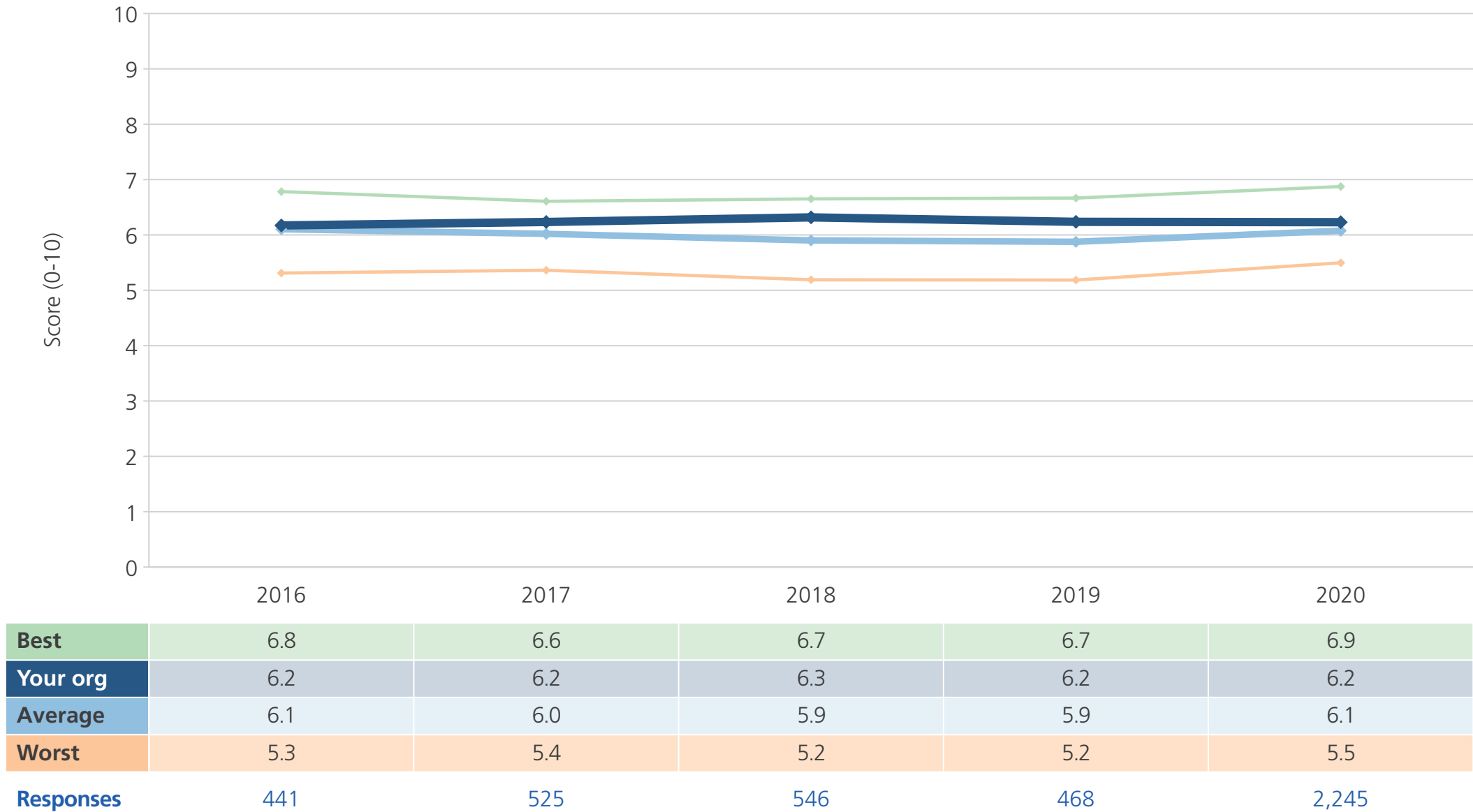
Bolton NHS Foundation Trust
2020 NHS Staff Survey Results

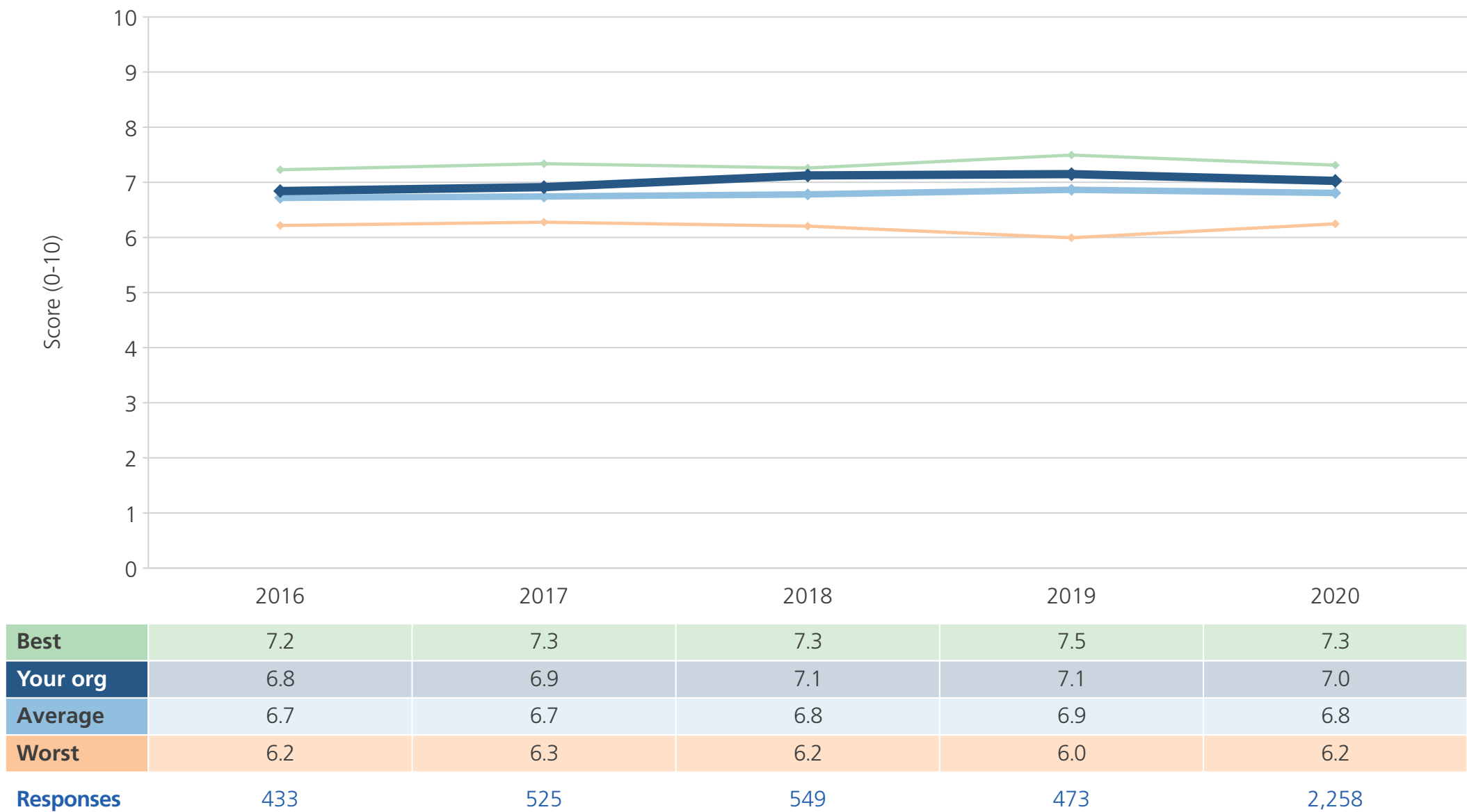


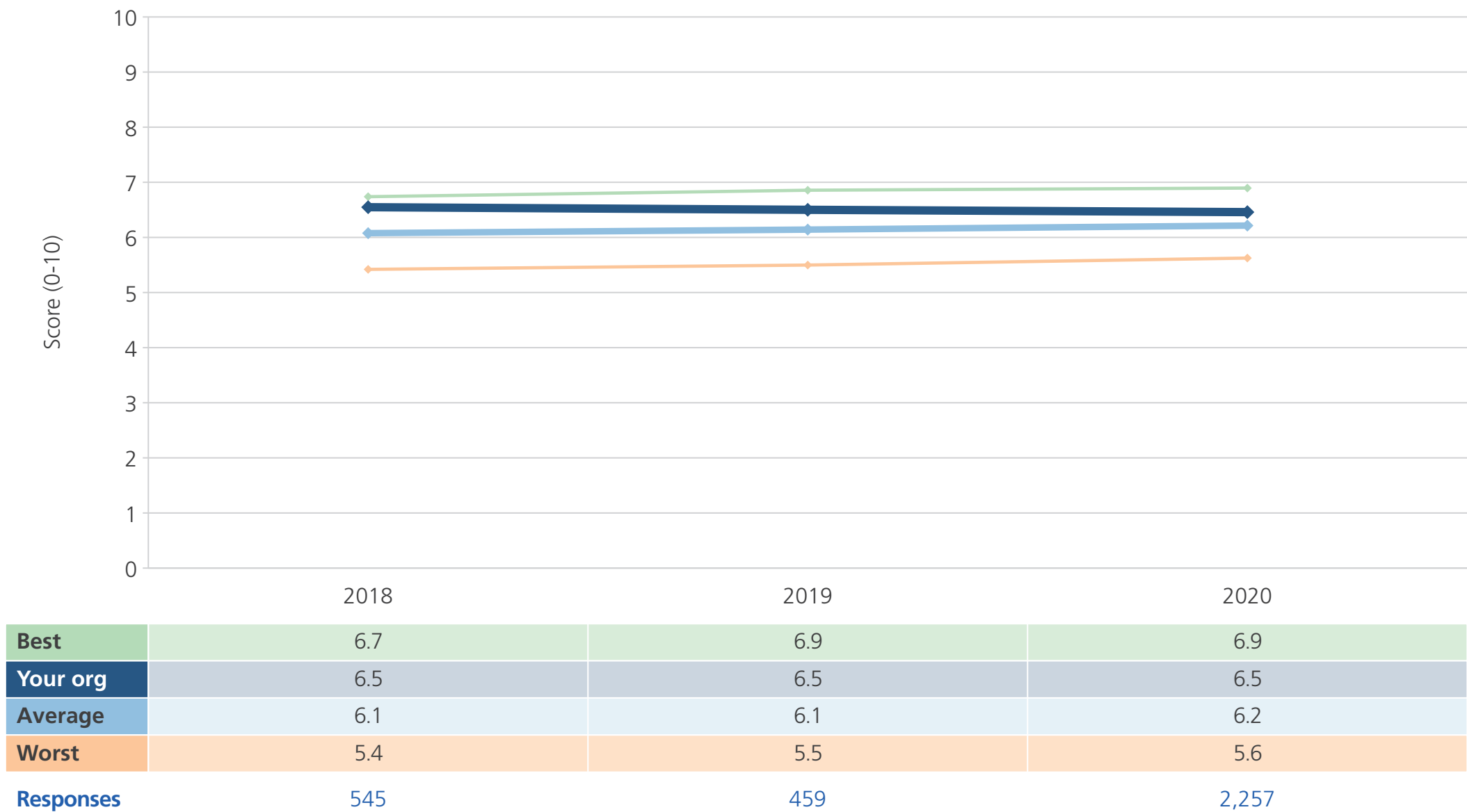
Theme results – Trends

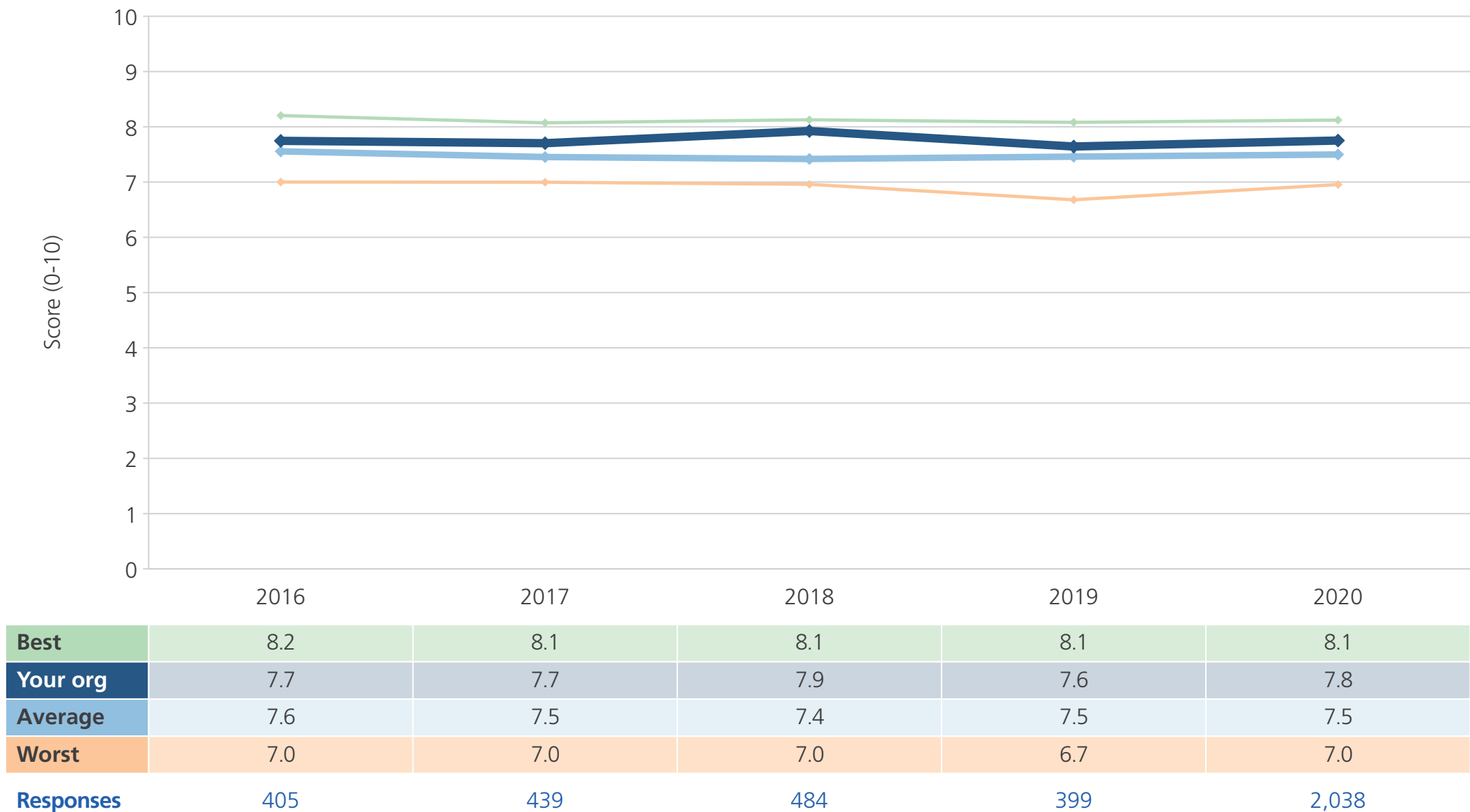
Bolton NHS Foundation Trust
2020 NHS Staff Survey Results

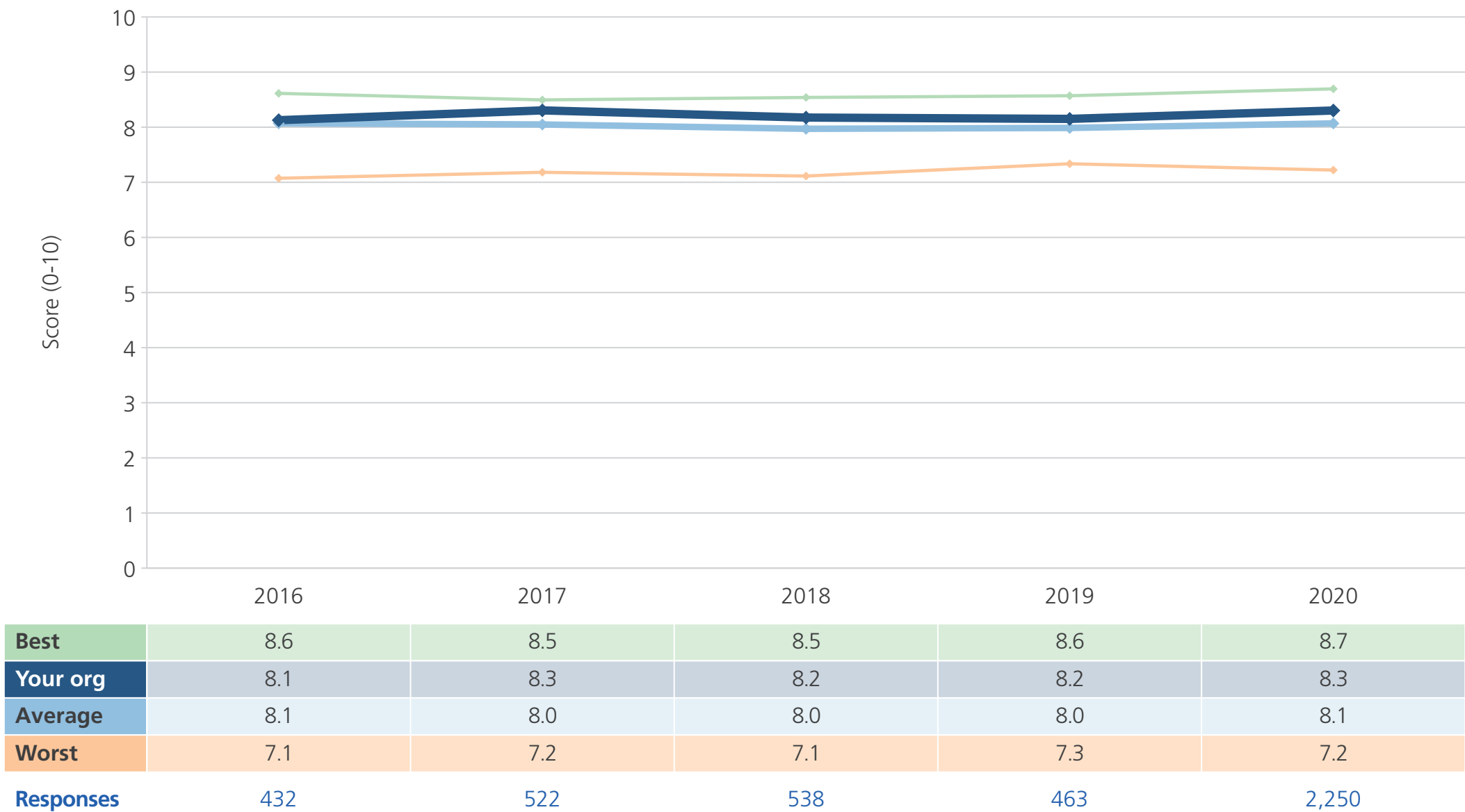


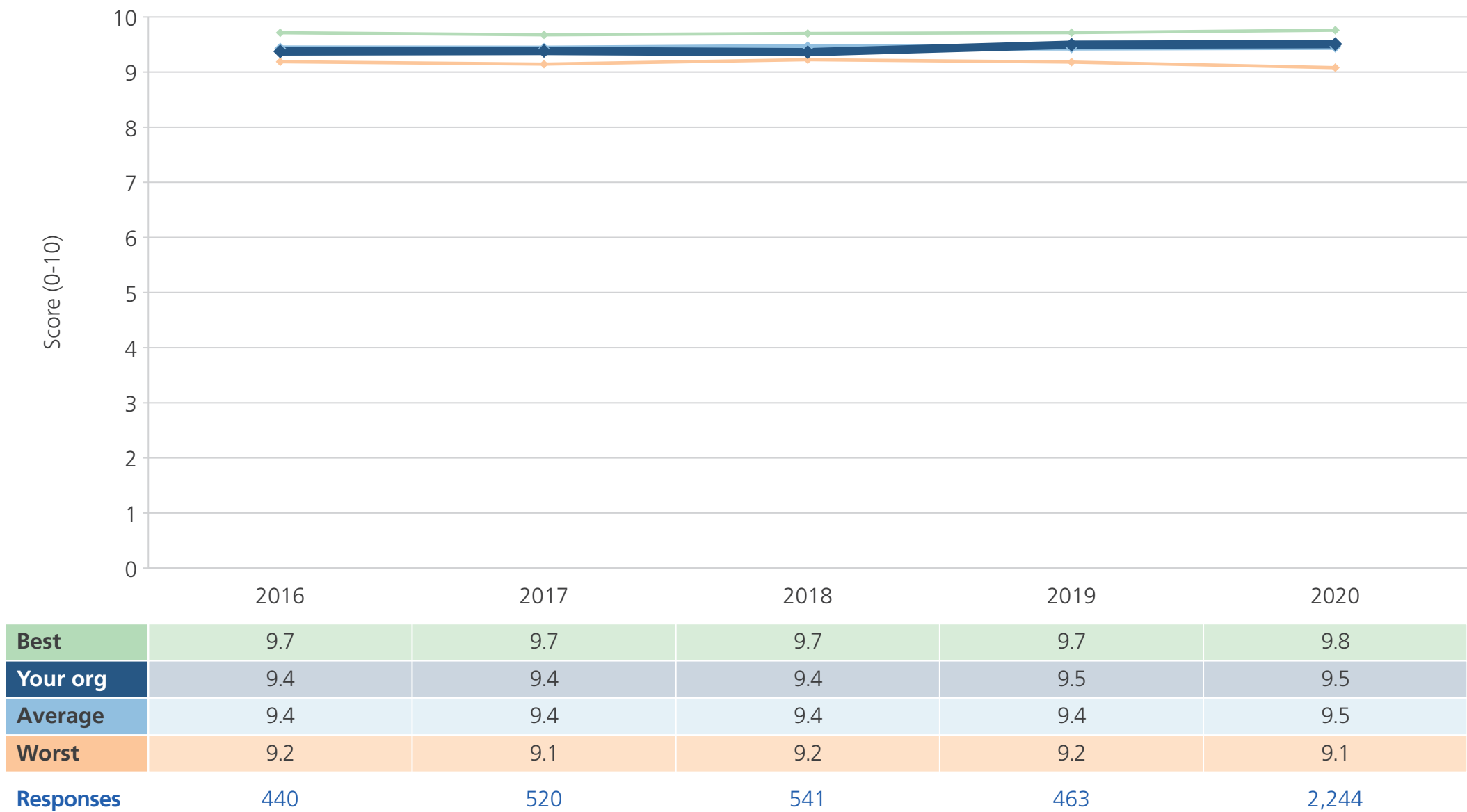


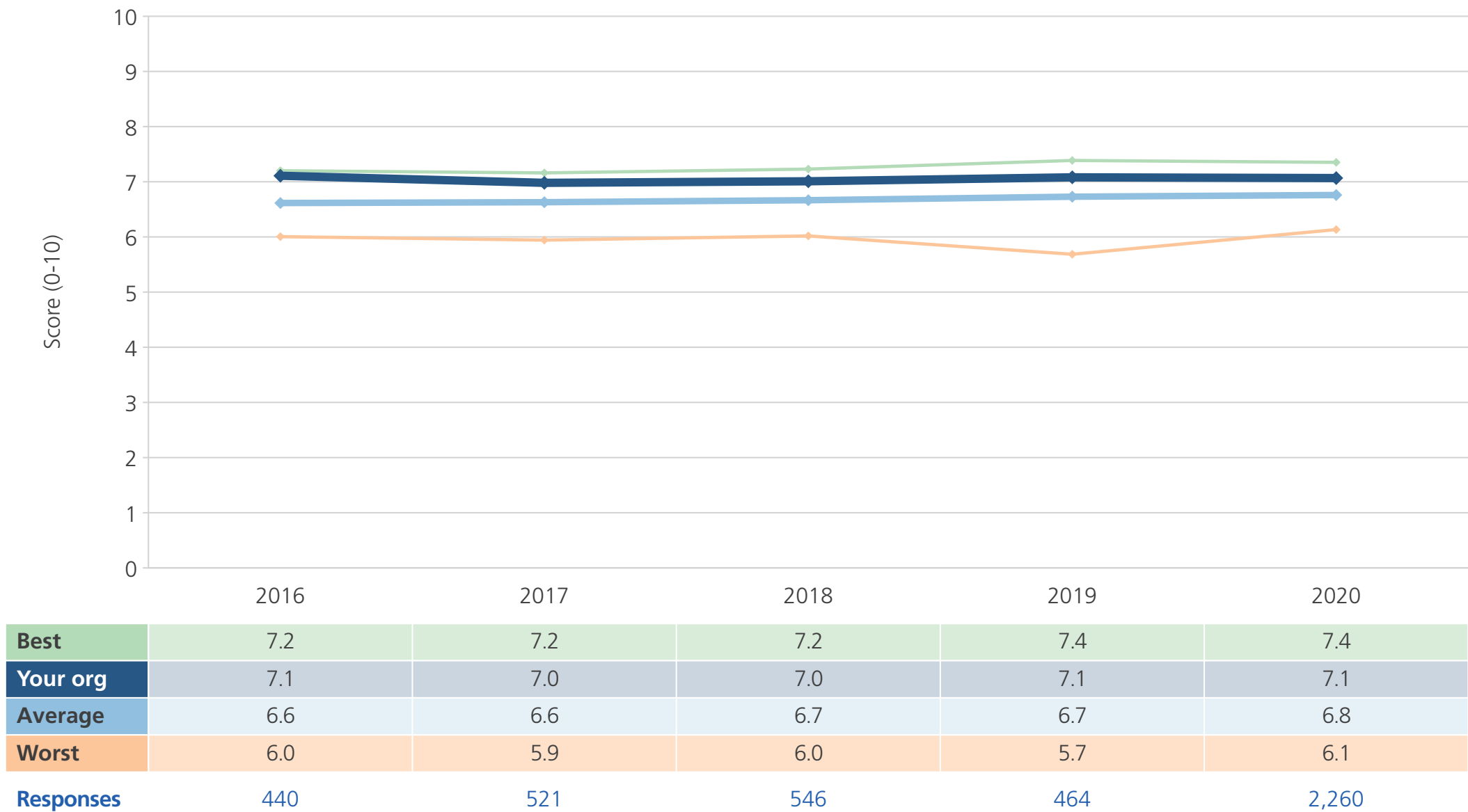


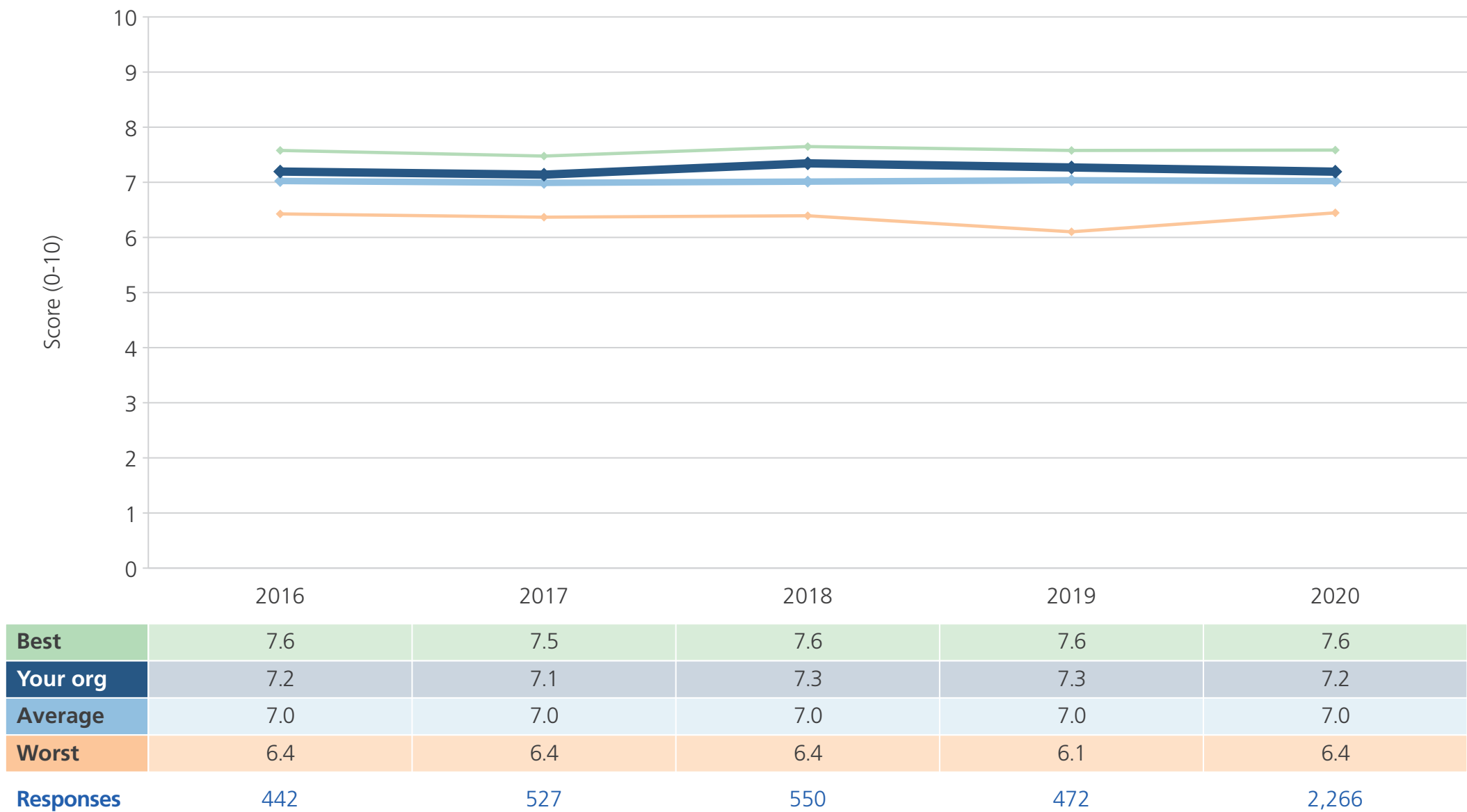


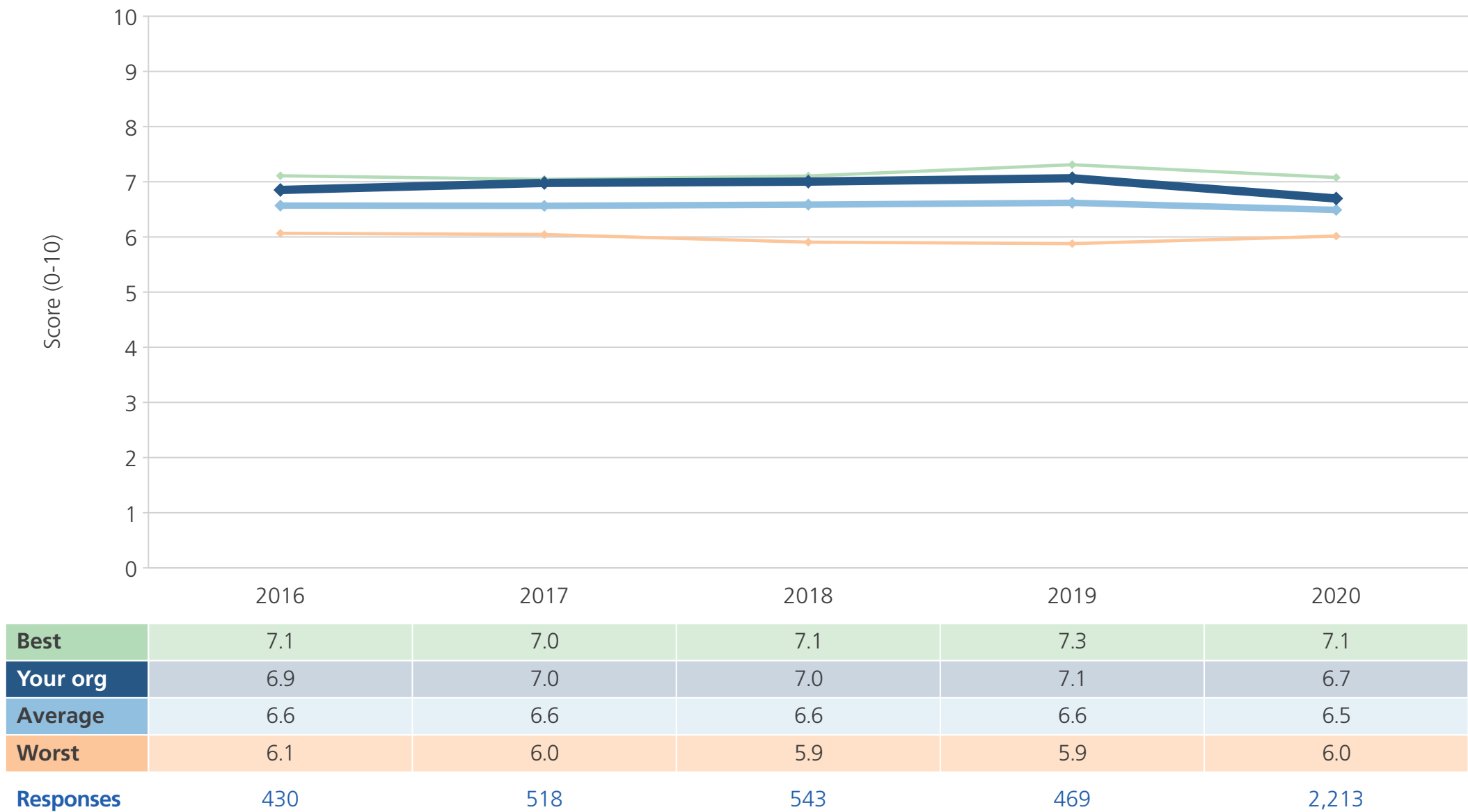












Theme results – Covid-19 classification breakdowns

Bolton NHS Foundation Trust
2020 NHS Staff Survey Results

Covid-19 questions

Staff were asked four classification questions relating to their experience during the Covid-19 pandemic:

- | | | |
|--|--|--|
| a. Have you worked on a Covid-19 specific ward or area at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Have you been redeployed due to the Covid-19 pandemic at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Have you been shielding? | <input type="checkbox"/> Yes, for myself | <input type="checkbox"/> Yes, for a member of my household |
| | | <input type="checkbox"/> No |

The charts on the following pages show the breakdown of theme scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

Further information

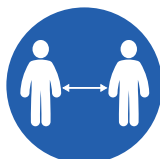
Results for these groups of staff, including data for individual questions, are also available via the [online dashboards](#). Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.



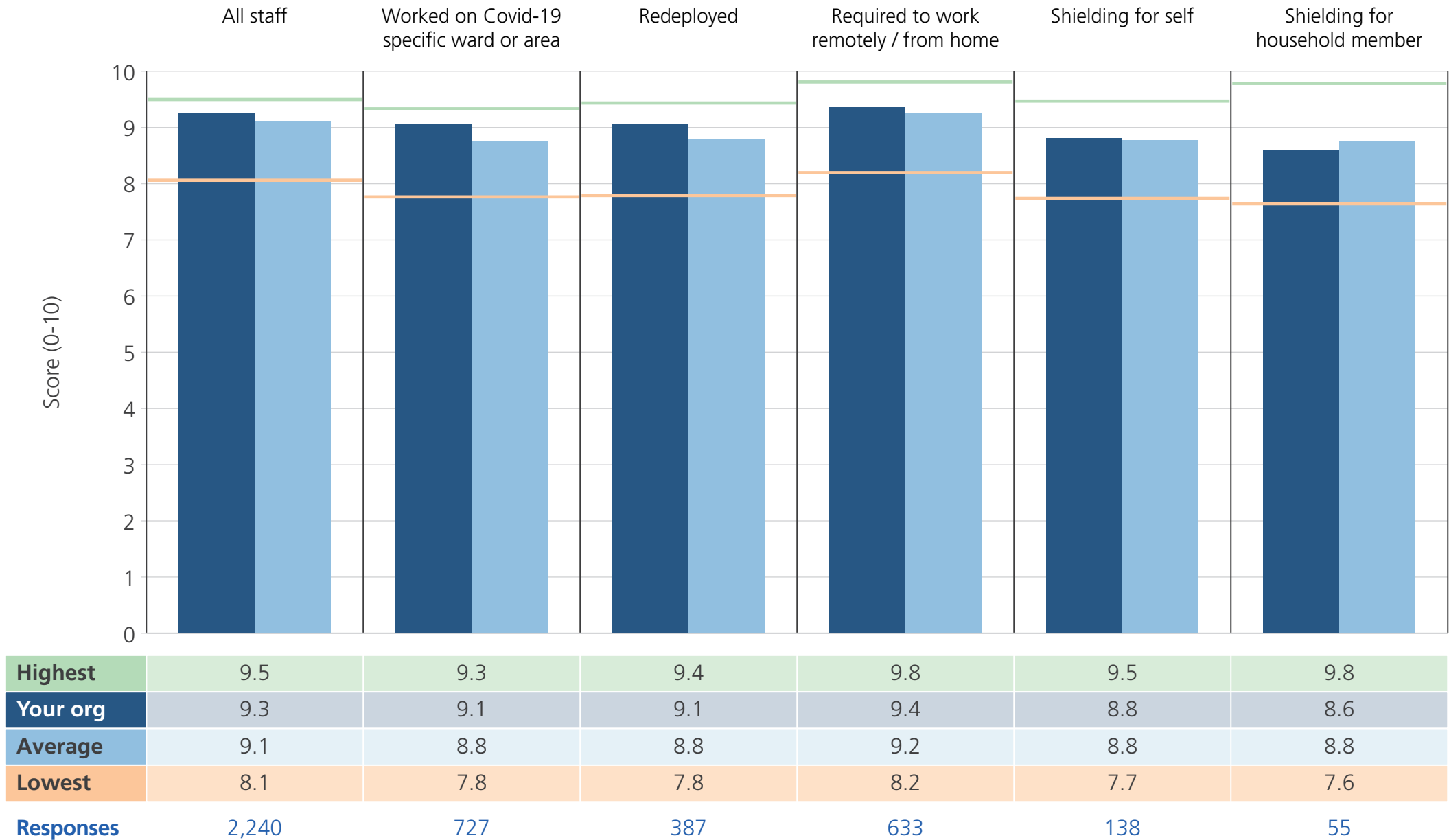
HANDS

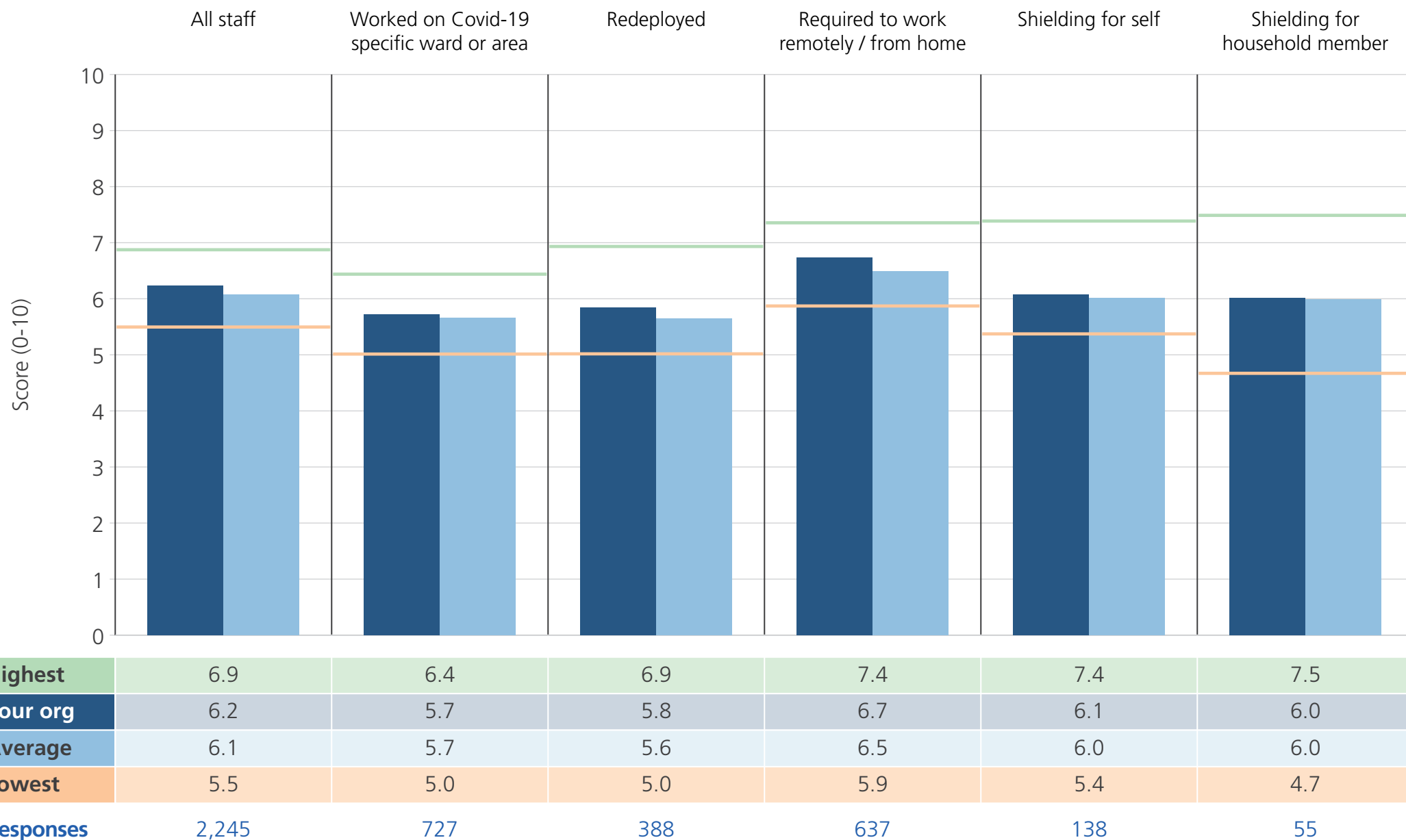


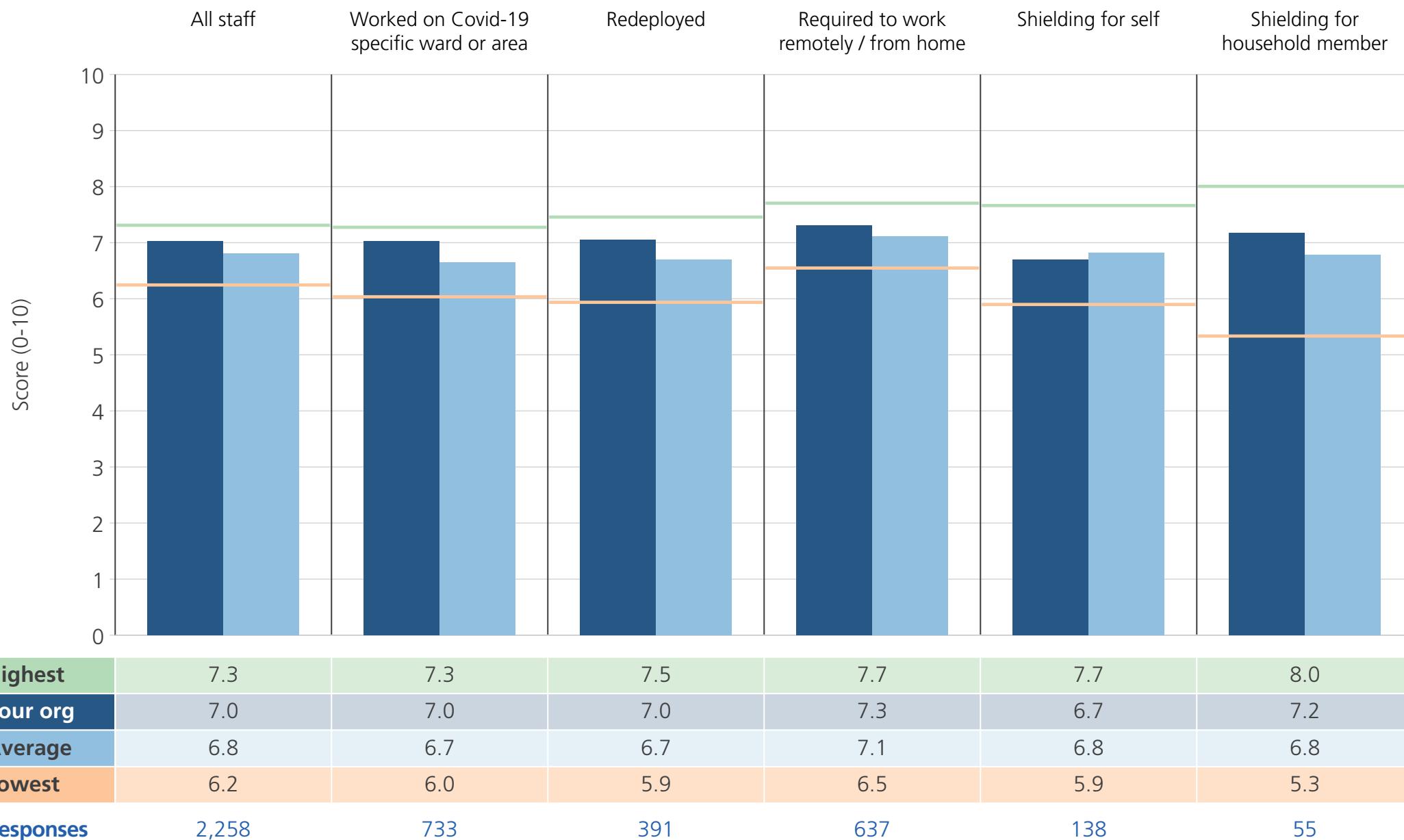
FACE

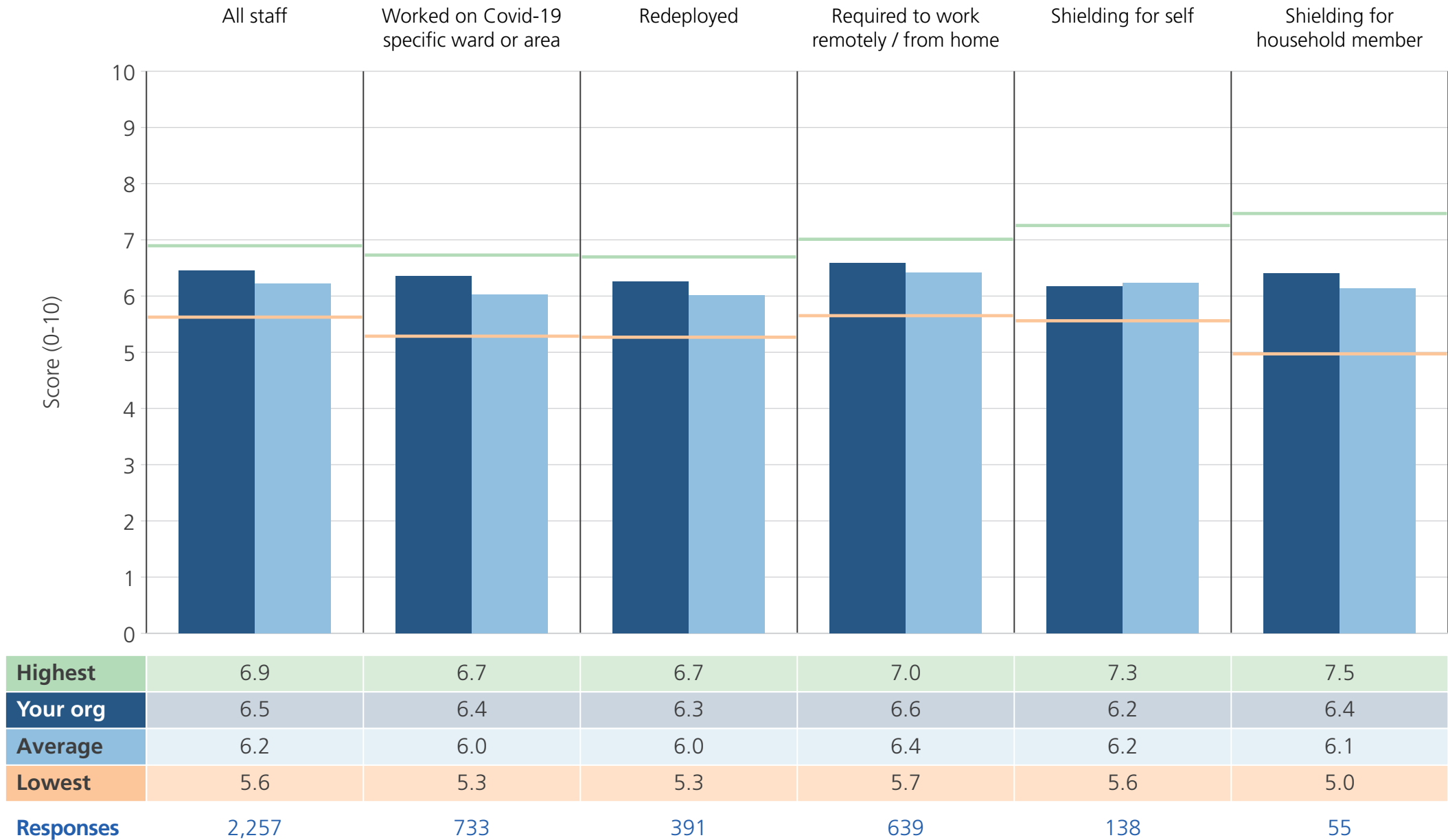


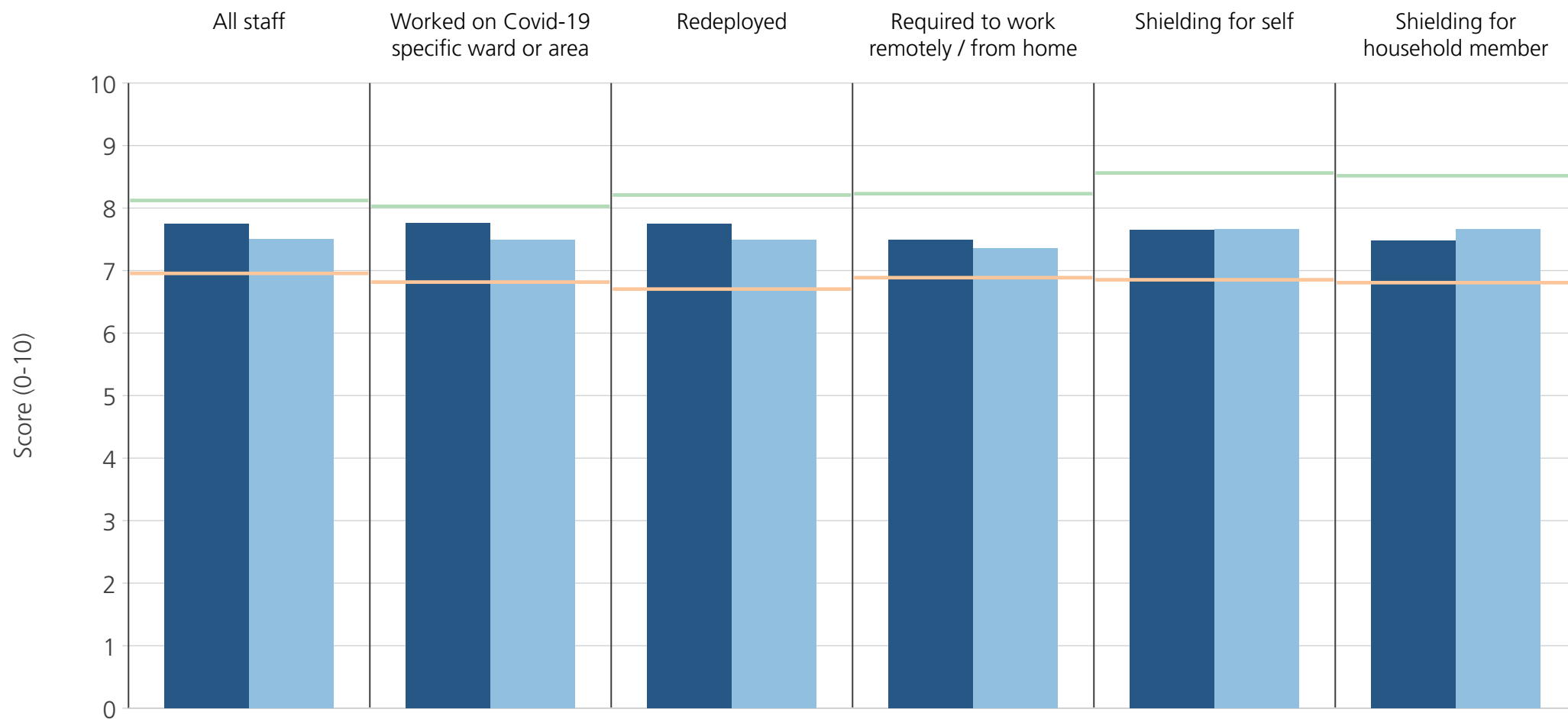
SPACE











Highest	8.1	8.0	8.2	8.2	8.6	8.5
Your org	7.8	7.8	7.7	7.5	7.6	7.5
Average	7.5	7.5	7.5	7.4	7.7	7.7
Lowest	7.0	6.8	6.7	6.9	6.9	6.8

Responses

2,038

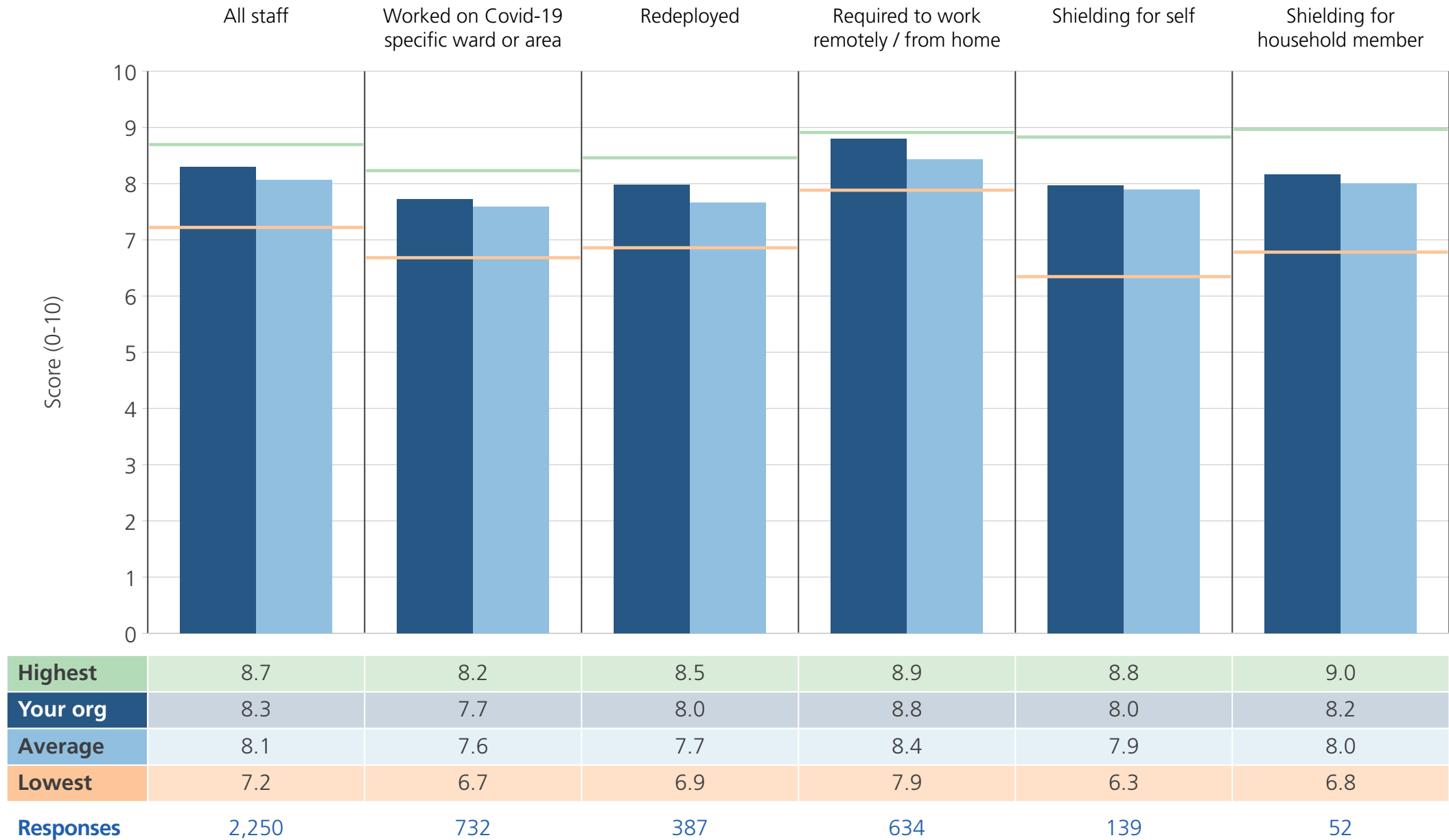
716

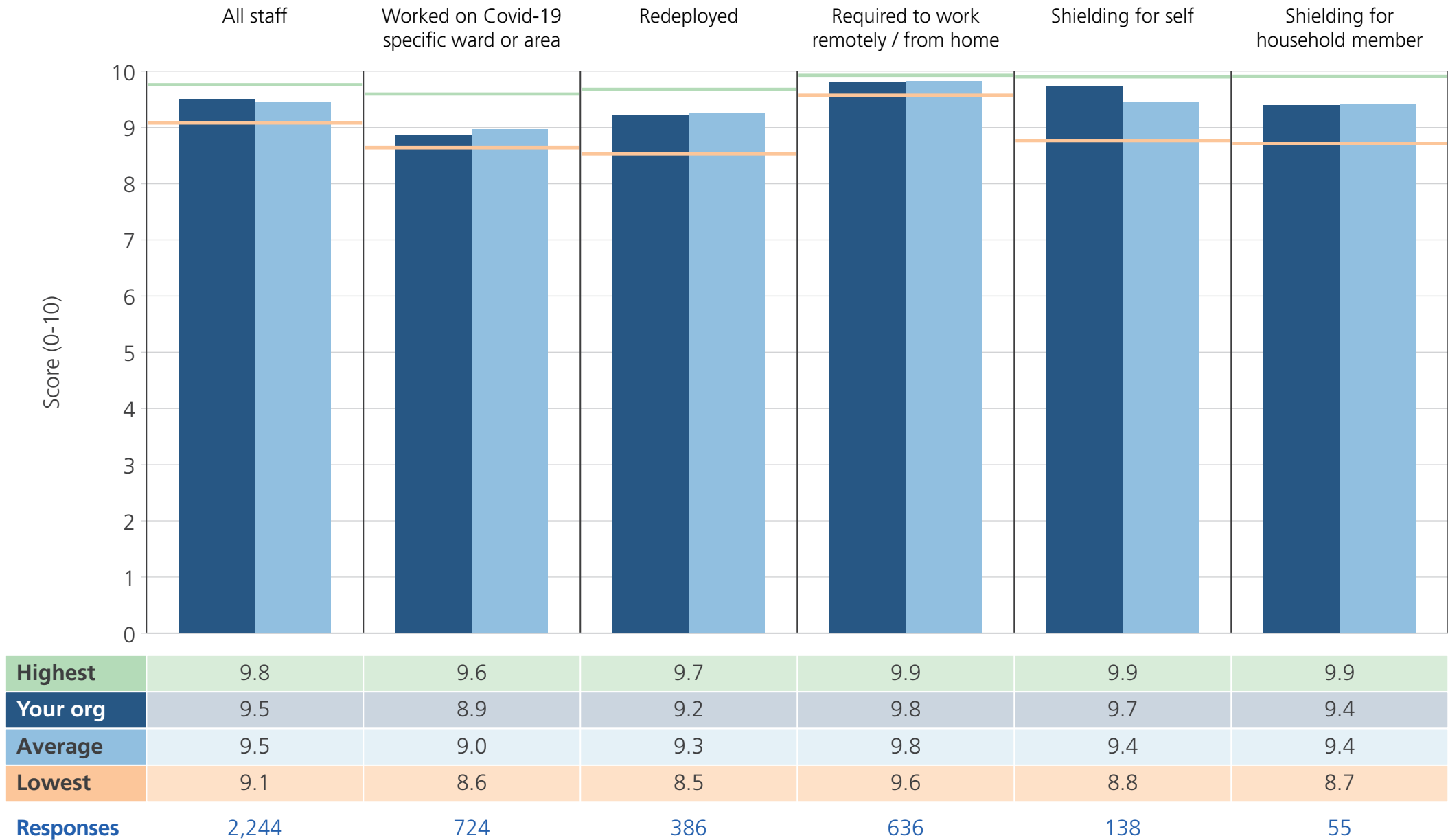
362

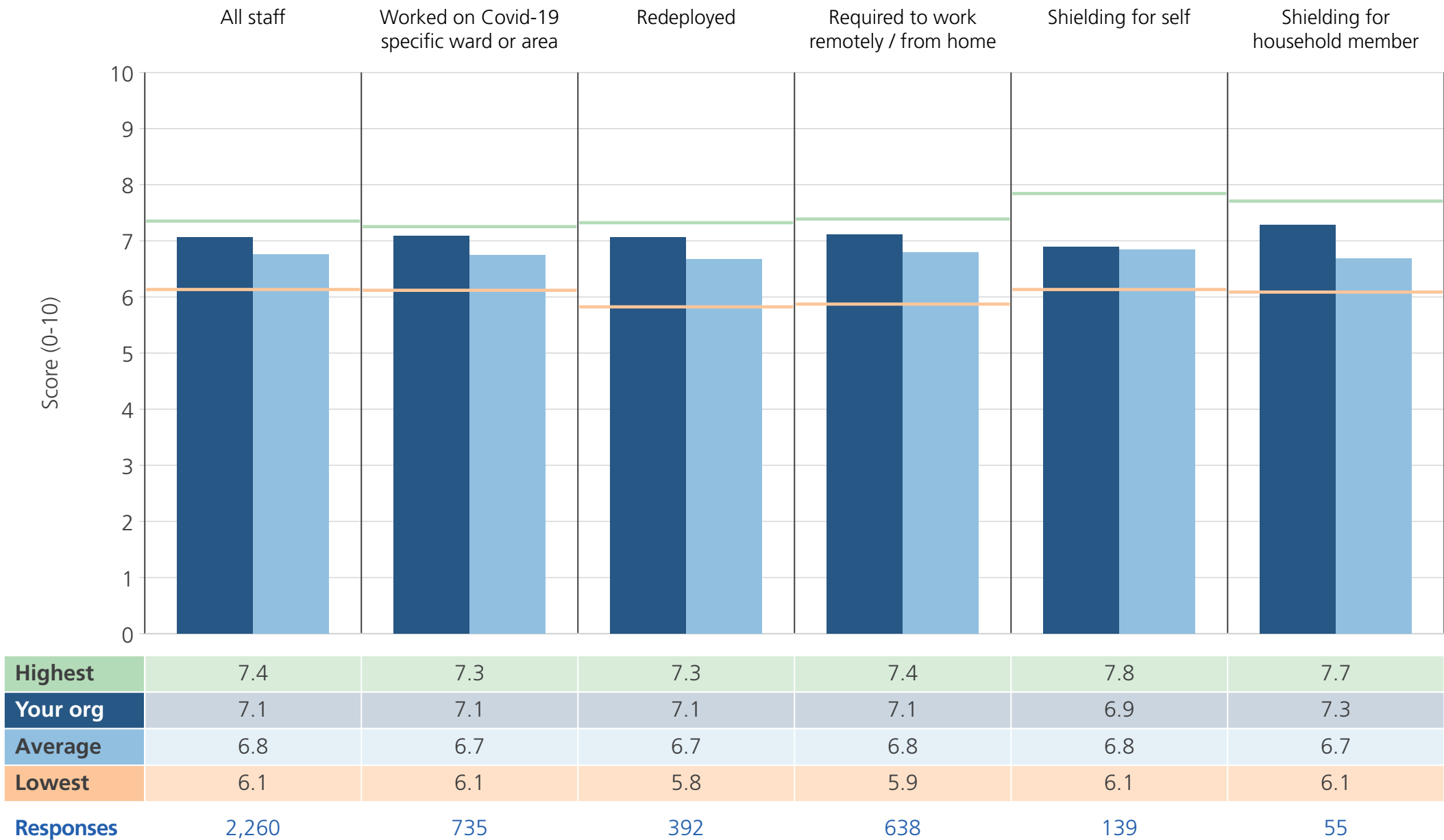
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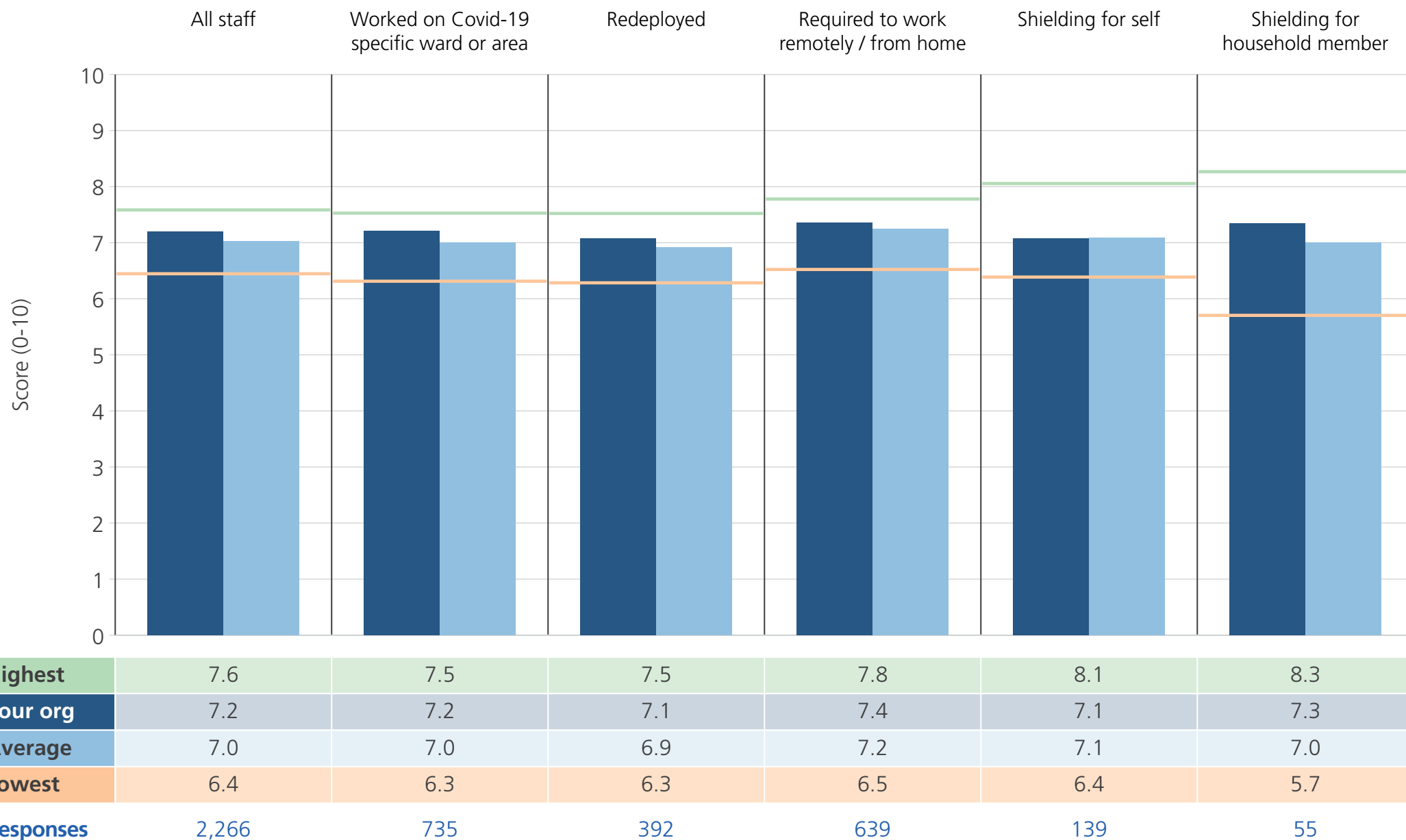
125

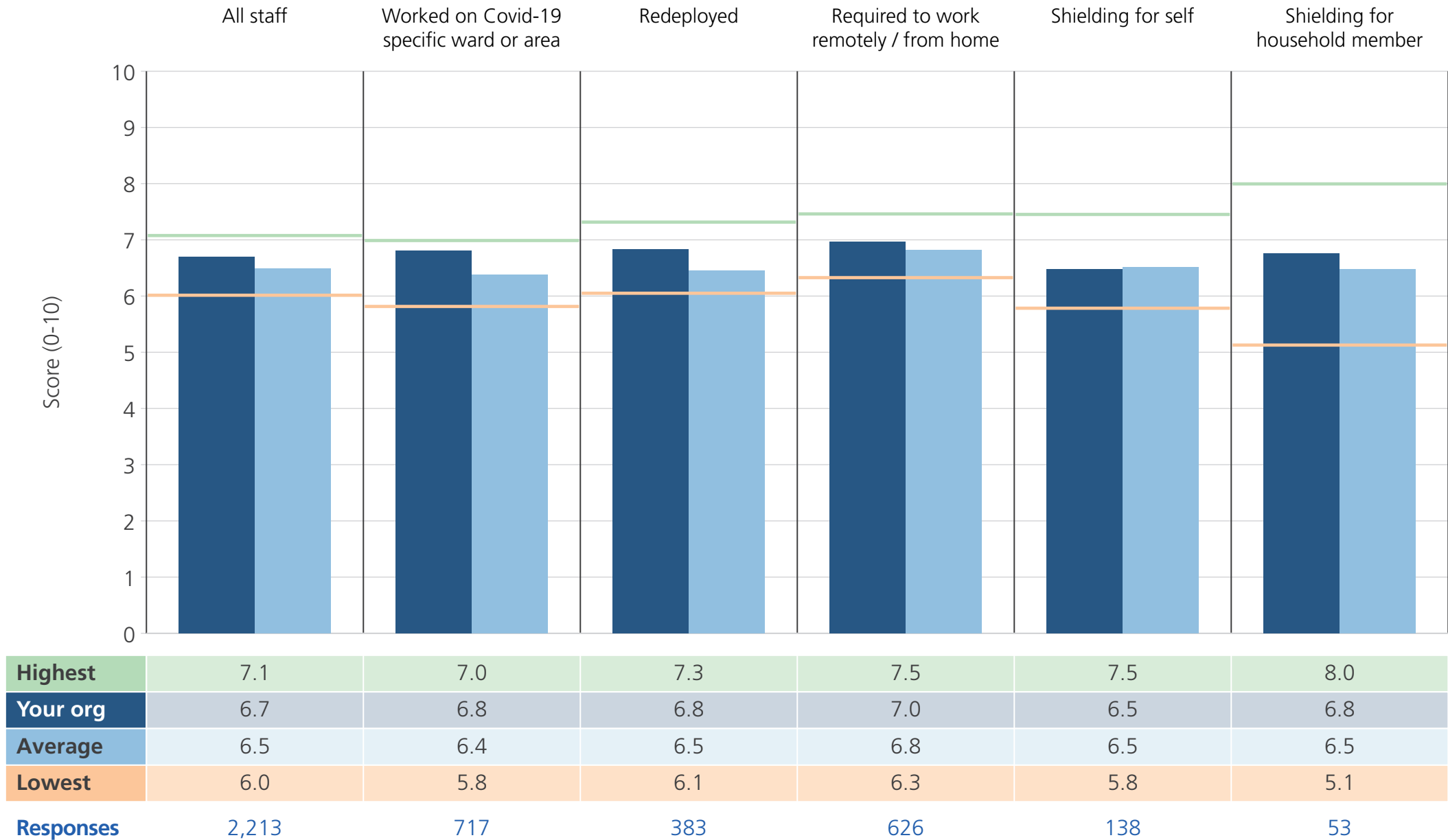
51









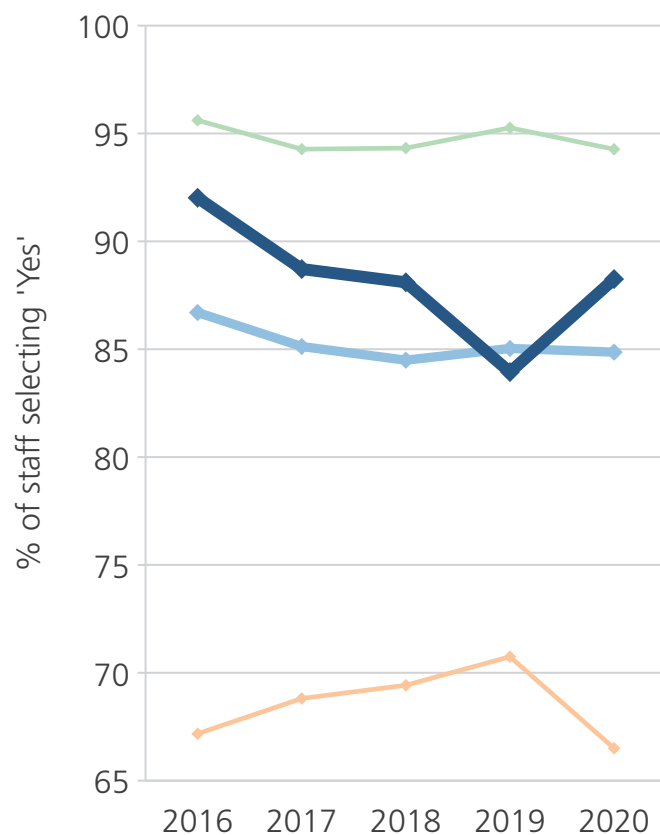


Theme results – Detailed information

Bolton NHS Foundation Trust
2020 NHS Staff Survey Results

Q14

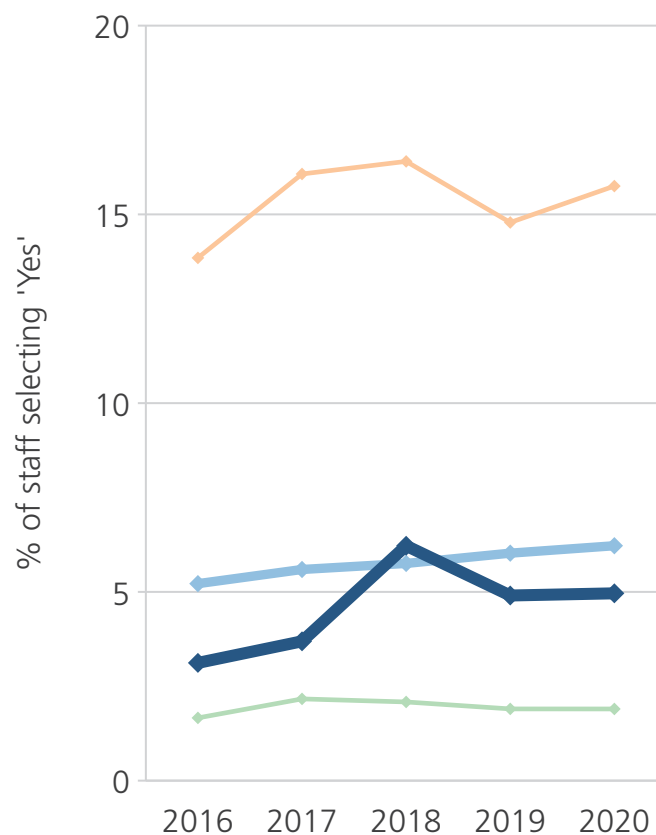
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



Best	95.6%	94.3%	94.3%	95.3%	94.3%
Your org	92.0%	88.7%	88.1%	83.9%	88.3%
Average	86.7%	85.1%	84.5%	85.0%	84.9%
Worst	67.2%	68.8%	69.4%	70.7%	66.5%

Q15a

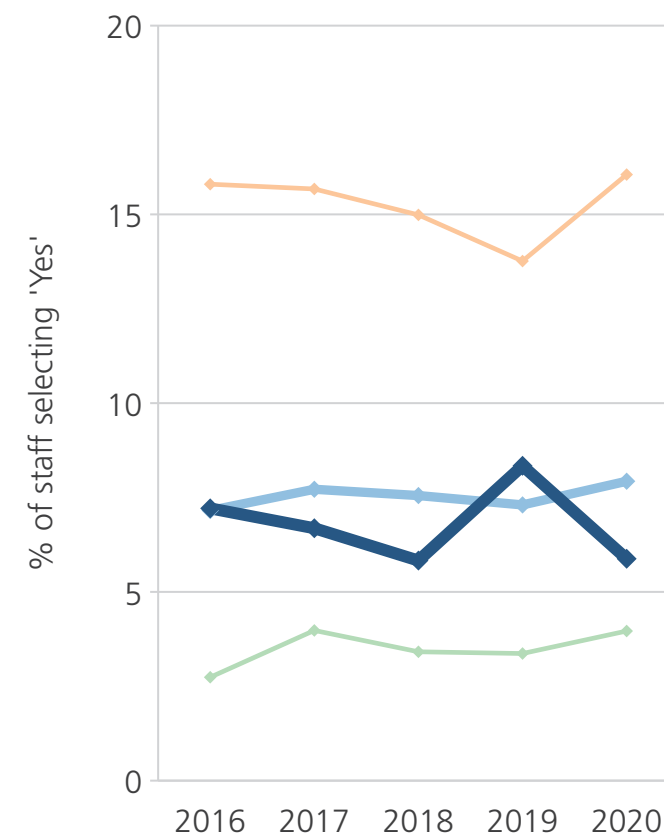
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



Worst	13.8%	16.1%	16.4%	14.8%	15.7%
Your org	3.1%	3.7%	6.2%	4.9%	5.0%
Average	5.2%	5.6%	5.8%	6.0%	6.2%
Best	1.7%	2.2%	2.1%	1.9%	1.9%

Q15b

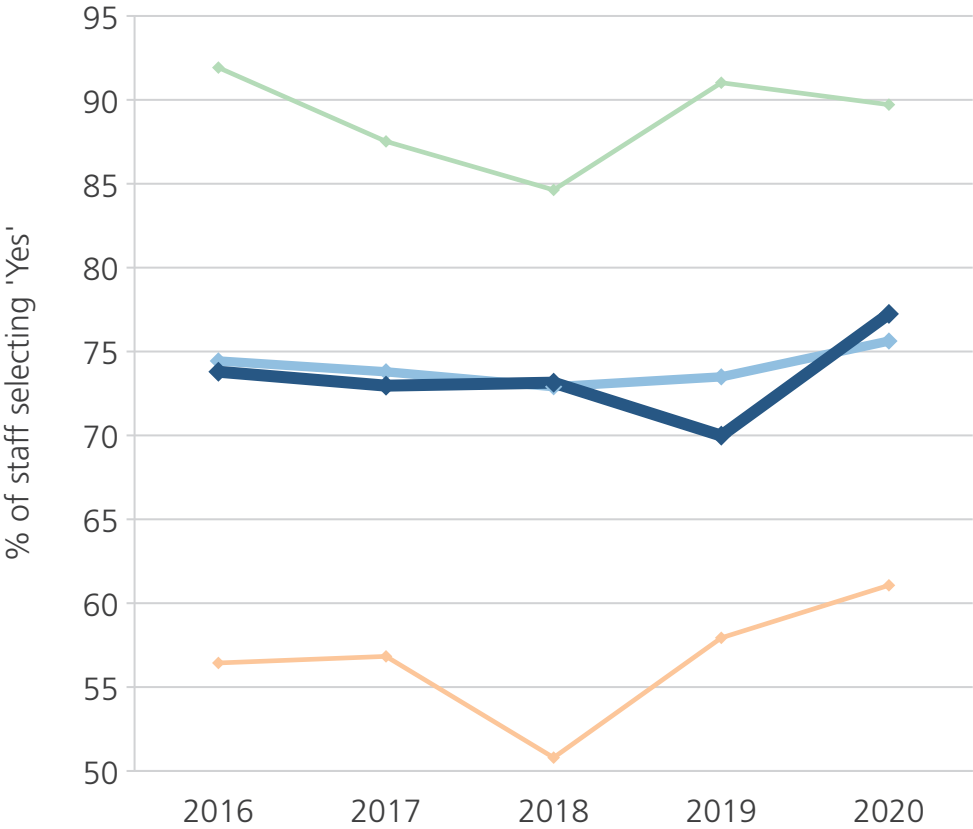
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Worst	15.8%	15.7%	15.0%	13.8%	16.1%
Your org	7.2%	6.7%	5.8%	8.3%	5.9%
Average	7.2%	7.7%	7.6%	7.3%	7.9%
Best	2.7%	4.0%	3.4%	3.4%	4.0%

Q26b

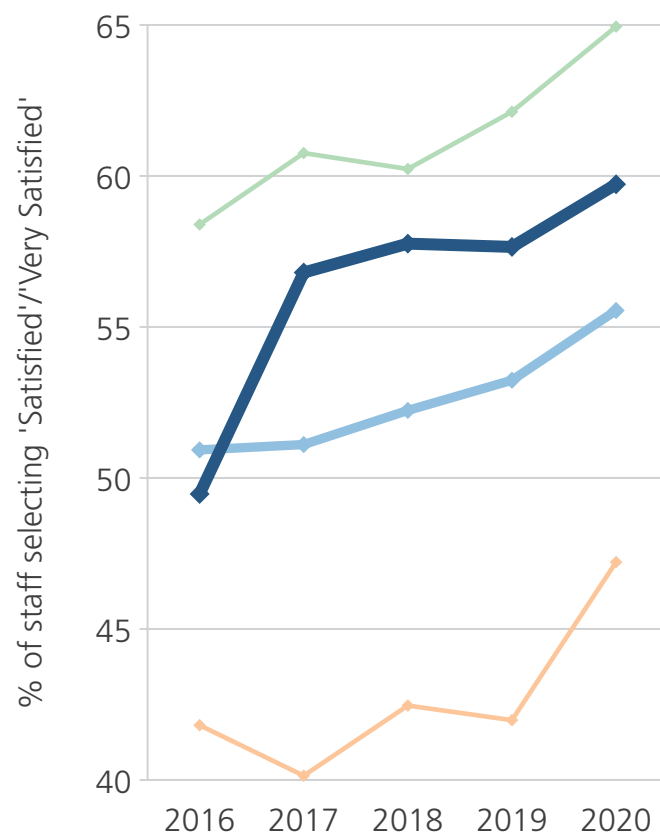
Has your employer made adequate adjustment(s)
to enable you to carry out your work?



Best	91.9%	87.5%	84.6%	91.0%	89.7%
Your org	73.8%	73.0%	73.1%	70.0%	77.2%
Average	74.4%	73.8%	72.9%	73.5%	75.6%
Worst	56.4%	56.8%	50.8%	57.9%	61.1%

Q5h

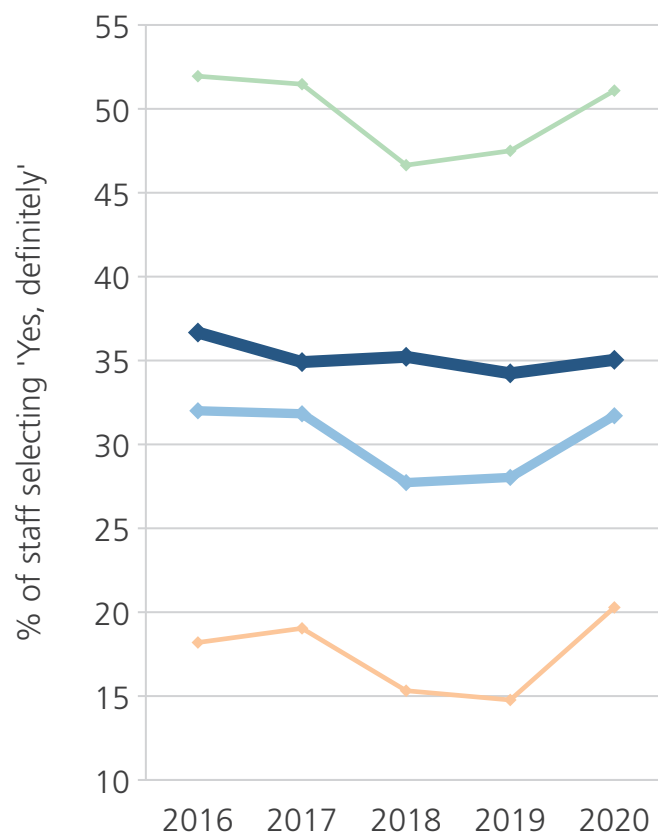
The opportunities for flexible working patterns



Best	58.4%	60.8%	60.2%	62.1%	64.9%
Your org	49.5%	56.8%	57.8%	57.7%	59.7%
Average	50.9%	51.1%	52.2%	53.2%	55.5%
Worst	41.8%	40.1%	42.5%	42.0%	47.2%

Q11a

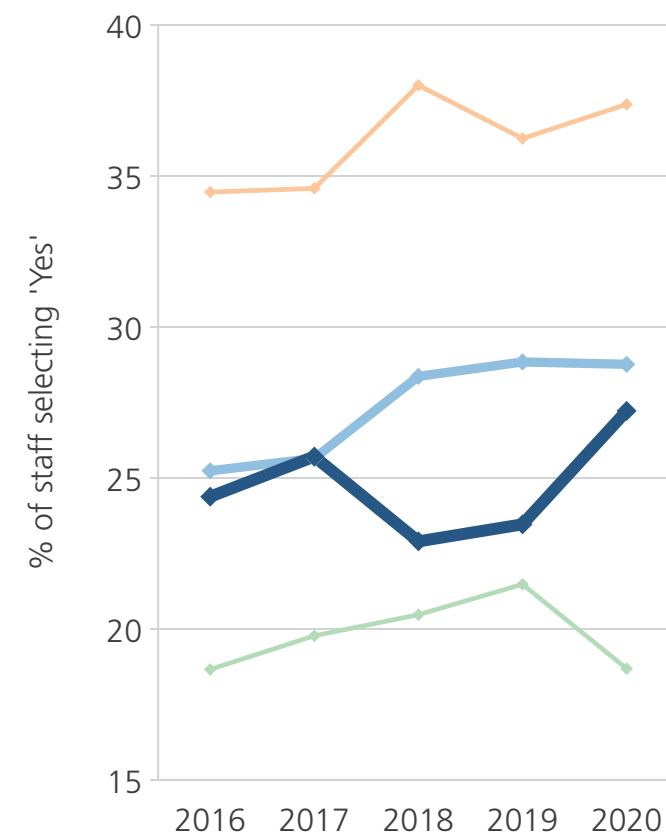
Does your organisation take positive action on health and well-being?



Best	51.9%	51.5%	46.6%	47.5%	51.1%
Your org	36.7%	34.9%	35.2%	34.2%	35.0%
Average	32.0%	31.8%	27.7%	28.0%	31.7%
Worst	18.2%	19.0%	15.3%	14.8%	20.3%

Q11b

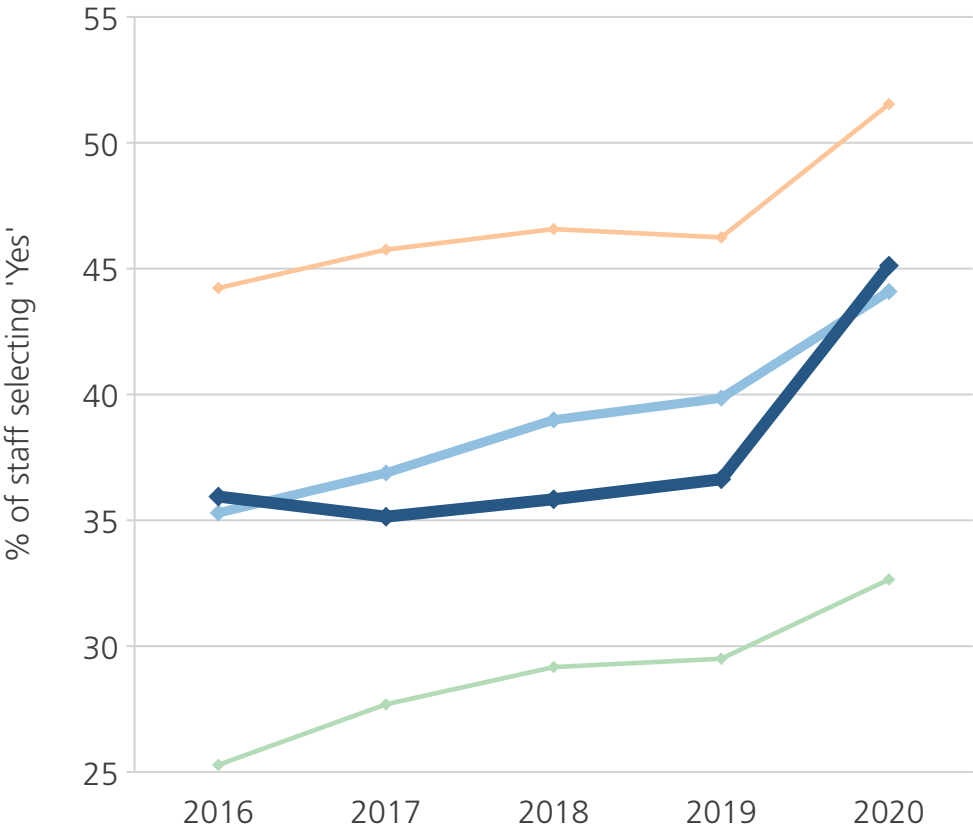
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



Worst	34.5%	34.6%	38.0%	36.2%	37.4%
Your org	24.4%	25.7%	22.9%	23.5%	27.2%
Average	25.2%	25.6%	28.4%	28.8%	28.8%
Best	18.7%	19.8%	20.5%	21.5%	18.7%

Q11c

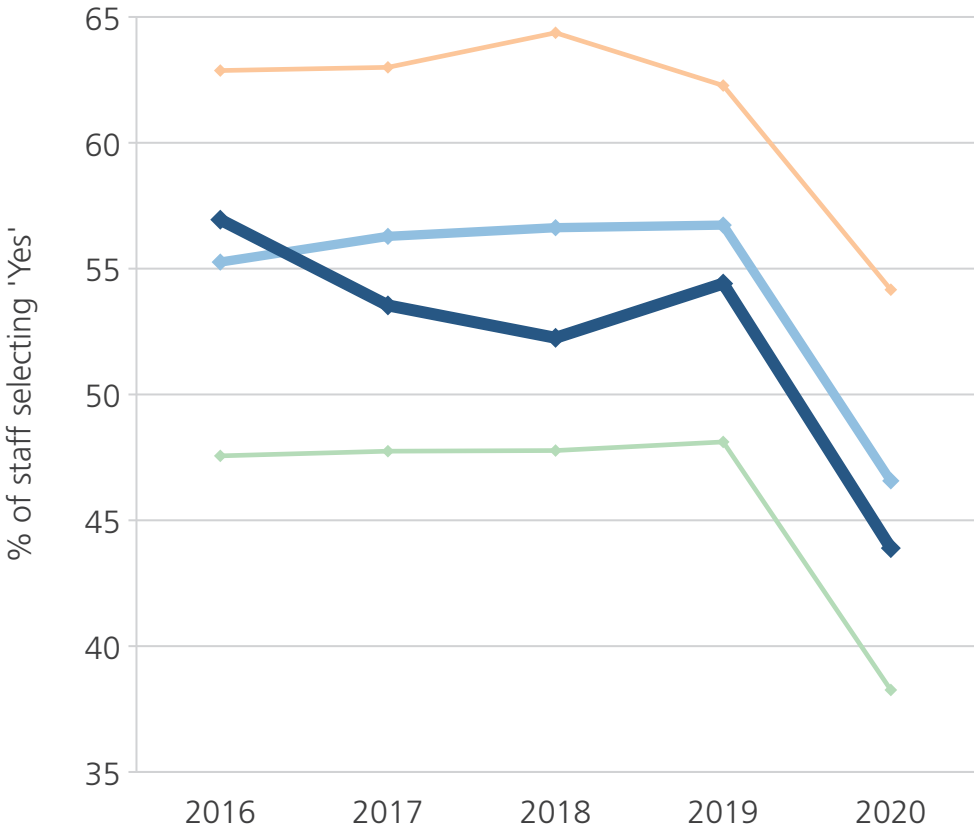
During the last 12 months have you felt unwell as a result of work related stress?



Worst	44.2%	45.8%	46.6%	46.2%	51.5%
Your org	35.9%	35.1%	35.8%	36.6%	45.1%
Average	35.3%	36.9%	39.0%	39.9%	44.1%
Best	25.3%	27.7%	29.2%	29.5%	32.6%

Q11d

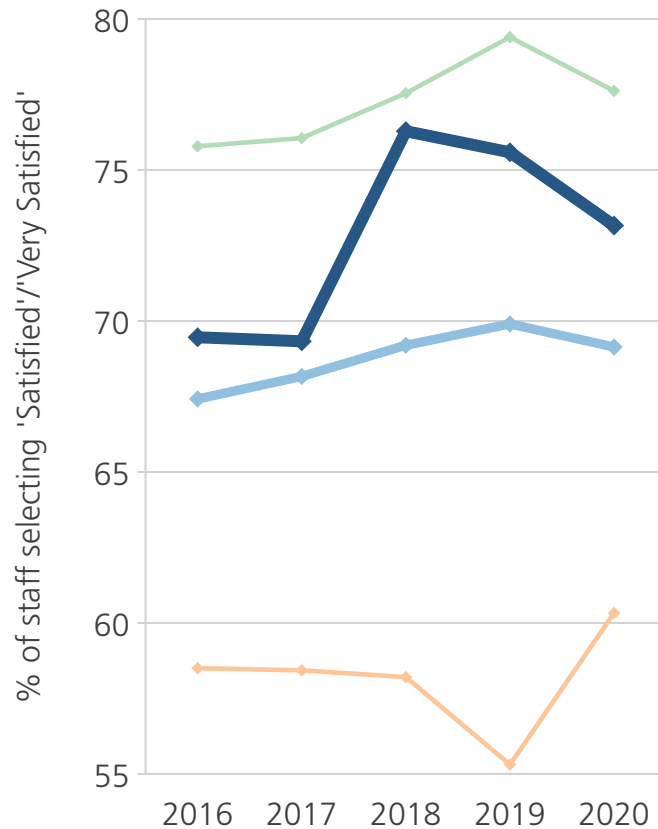
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



Worst	62.9%	63.0%	64.4%	62.3%	54.2%
Your org	56.9%	53.5%	52.3%	54.4%	43.9%
Average	55.3%	56.3%	56.6%	56.7%	46.6%
Best	47.6%	47.7%	47.8%	48.1%	38.3%

Q5b

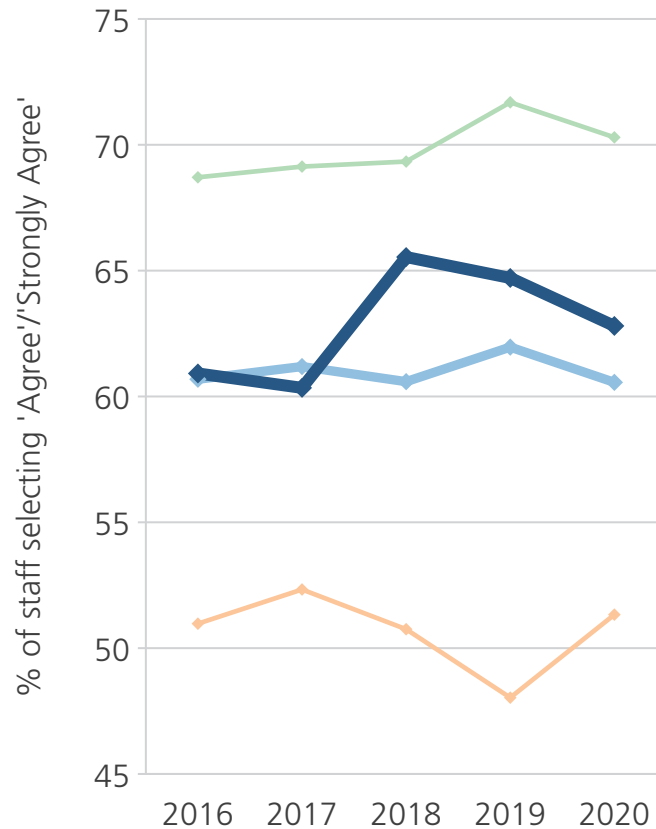
The support I get from my immediate manager



Best	75.8%	76.1%	77.5%	79.4%	77.6%
Your org	69.5%	69.3%	76.3%	75.6%	73.2%
Average	67.4%	68.2%	69.2%	69.9%	69.1%
Worst	58.5%	58.4%	58.2%	55.3%	60.3%

Q8c

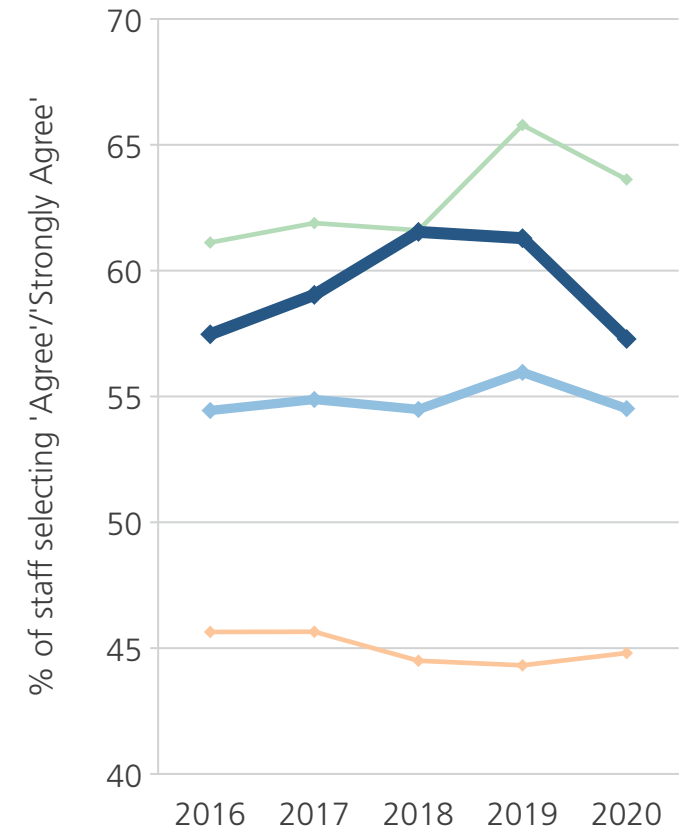
My immediate manager gives me clear feedback on my work



Best	68.7%	69.1%	69.3%	71.7%	70.3%
Your org	60.9%	60.3%	65.5%	64.7%	62.8%
Average	60.7%	61.2%	60.6%	62.0%	60.6%
Worst	51.0%	52.3%	50.8%	48.0%	51.3%

Q8d

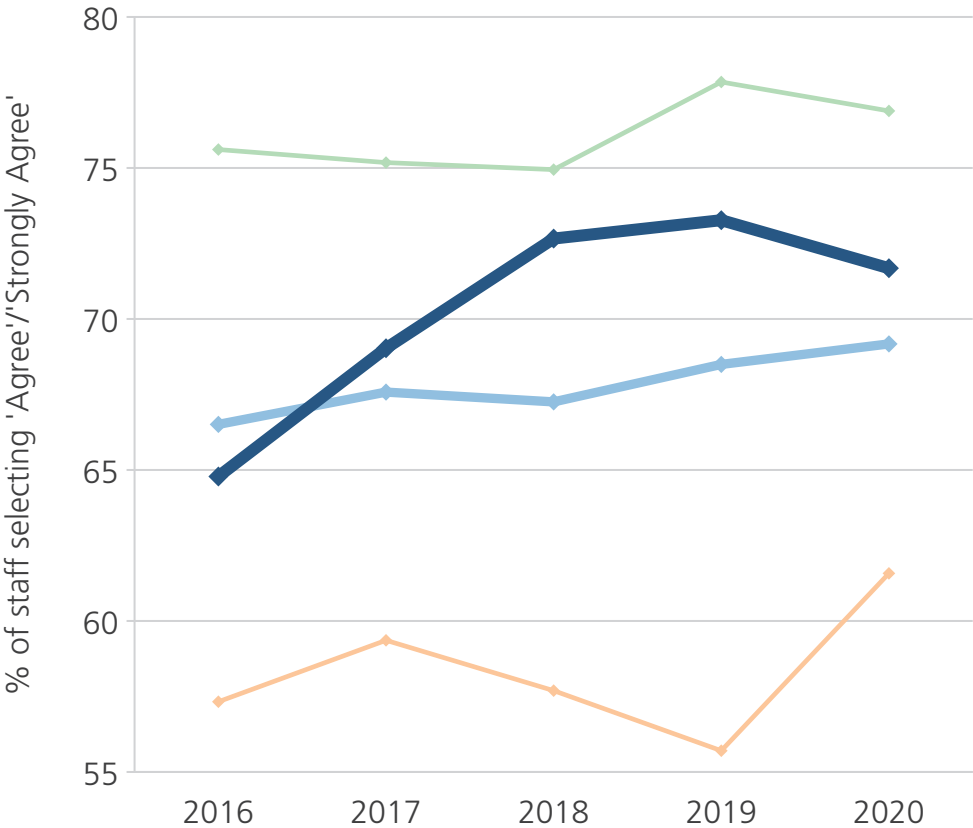
My immediate manager asks for my opinion before making decisions that affect my work



Best	61.1%	61.9%	61.6%	65.8%	63.6%
Your org	57.5%	59.0%	61.5%	61.3%	57.3%
Average	54.4%	54.9%	54.5%	56.0%	54.5%
Worst	45.6%	45.7%	44.5%	44.3%	44.8%

Q8f

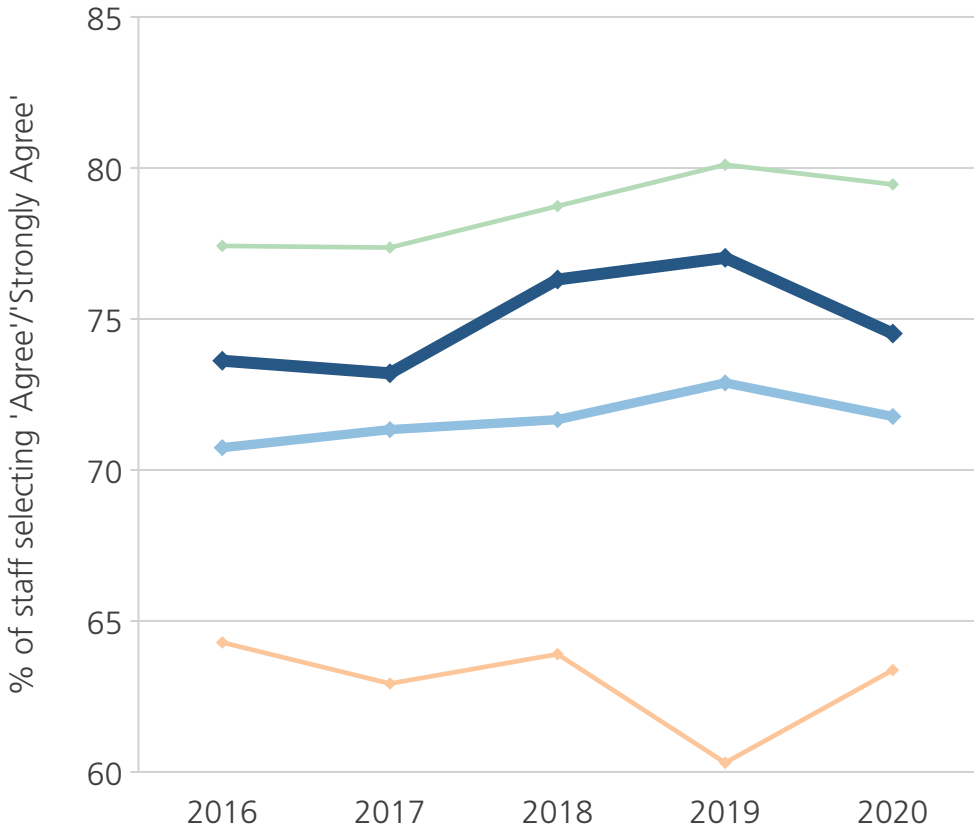
My immediate manager takes a positive interest in my health and well-being



Best	75.6%	75.2%	74.9%	77.8%	76.9%
Your org	64.8%	69.0%	72.7%	73.3%	71.7%
Average	66.5%	67.6%	67.3%	68.5%	69.2%
Worst	57.3%	59.4%	57.7%	55.7%	61.6%

Q8g

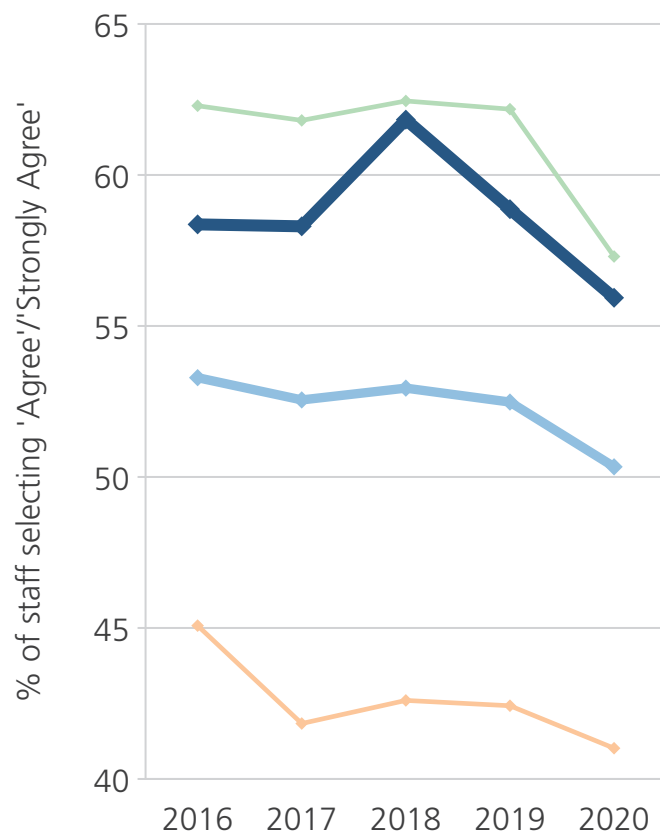
My immediate manager values my work



Best	77.4%	77.4%	78.7%	80.1%	79.5%
Your org	73.6%	73.2%	76.3%	77.0%	74.5%
Average	70.7%	71.3%	71.7%	72.9%	71.8%
Worst	64.3%	62.9%	63.9%	60.3%	63.4%

Q4c

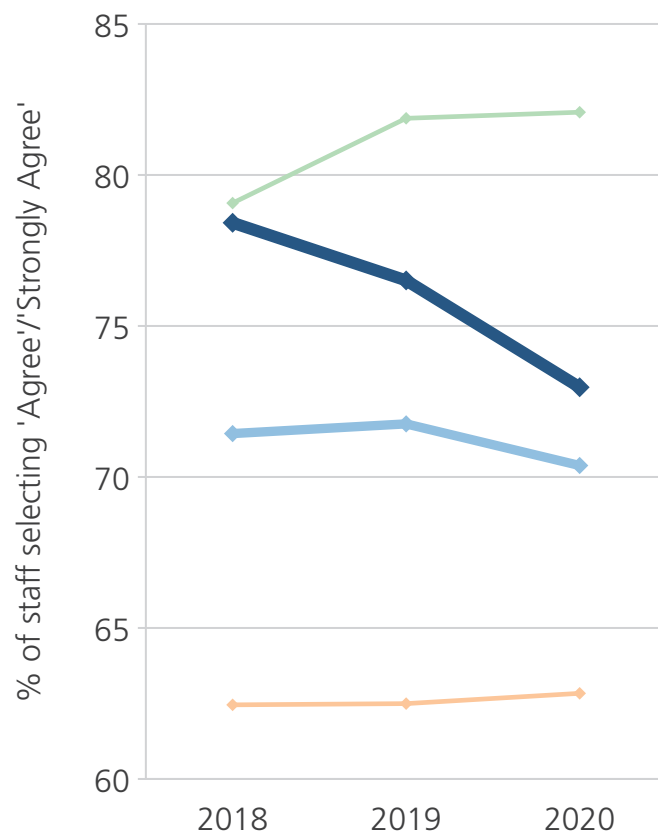
I am involved in deciding on changes introduced that affect my work area / team / department



Best	62.3%	61.8%	62.5%	62.2%	57.3%
Your org	58.4%	58.3%	61.8%	58.9%	55.9%
Average	53.3%	52.6%	52.9%	52.5%	50.3%
Worst	45.1%	41.8%	42.6%	42.4%	41.0%

Q4j

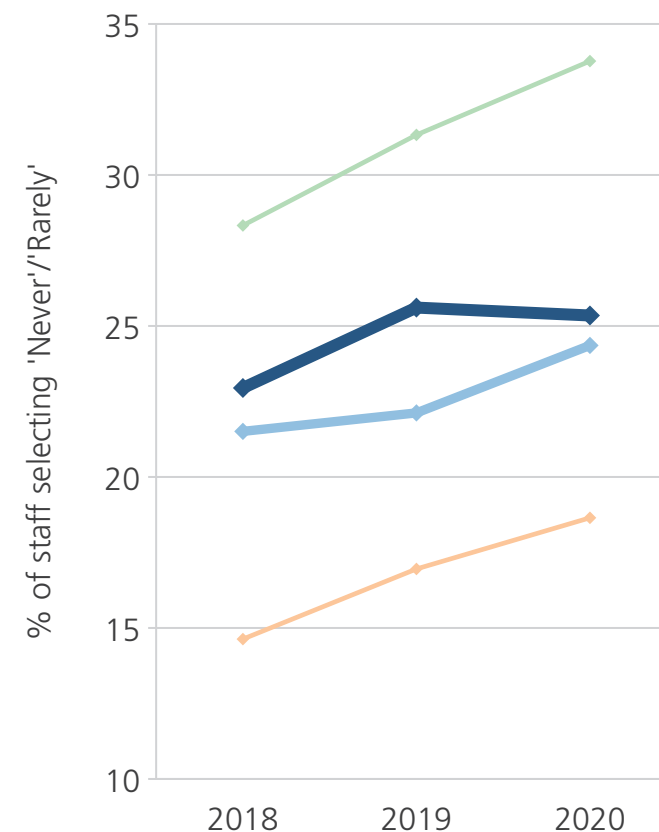
I receive the respect I deserve from my colleagues at work



Best	79.1%	81.9%	82.1%
Your org	78.4%	76.5%	73.0%
Average	71.4%	71.8%	70.4%
Worst	62.5%	62.5%	62.8%

Q6a

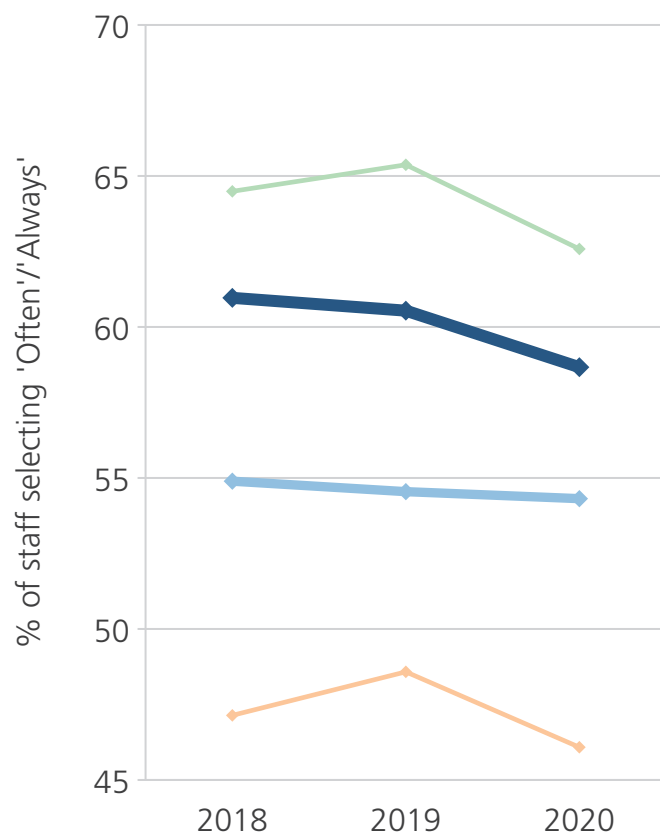
I have unrealistic time pressures



Best	28.3%	31.3%	33.8%
Your org	22.9%	25.6%	25.3%
Average	21.5%	22.1%	24.4%
Worst	14.6%	17.0%	18.6%

Q6b

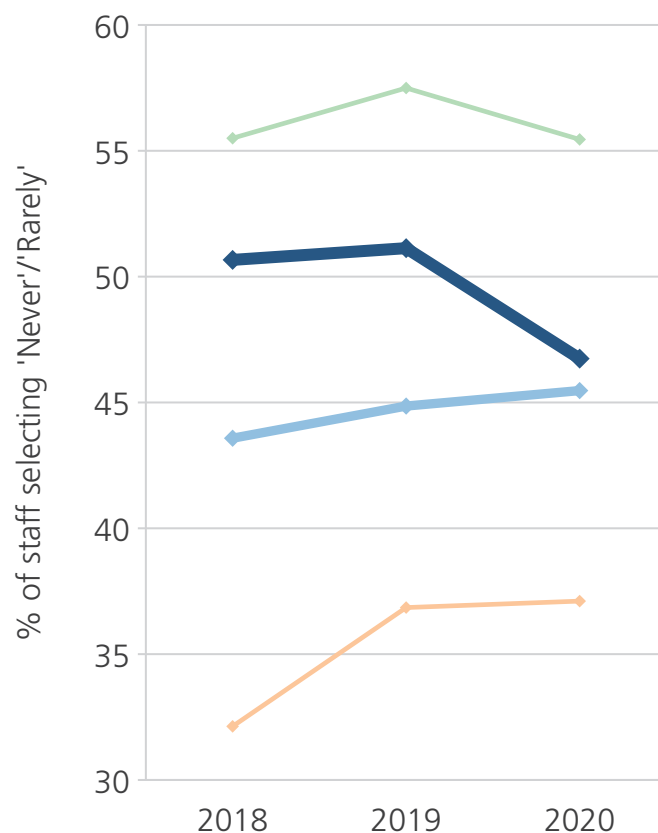
I have a choice in deciding
how to do my work



Best	64.5%	65.4%	62.6%
Your org	61.0%	60.5%	58.7%
Average	54.9%	54.5%	54.3%
Worst	47.1%	48.6%	46.1%

Q6c

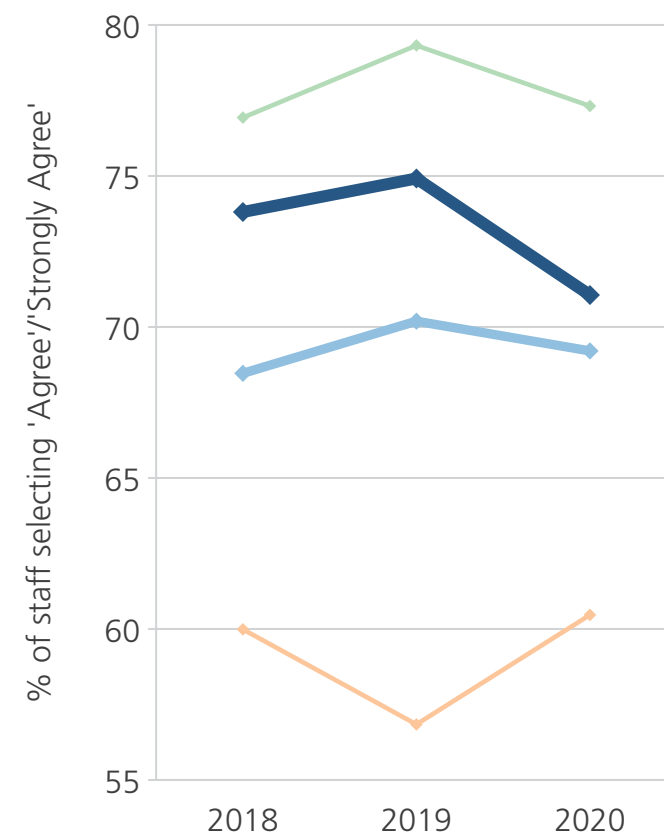
Relationships at work are strained



Best	55.5%	57.5%	55.5%
Your org	50.7%	51.1%	46.7%
Average	43.6%	44.9%	45.5%
Worst	32.1%	36.9%	37.1%

Q8a

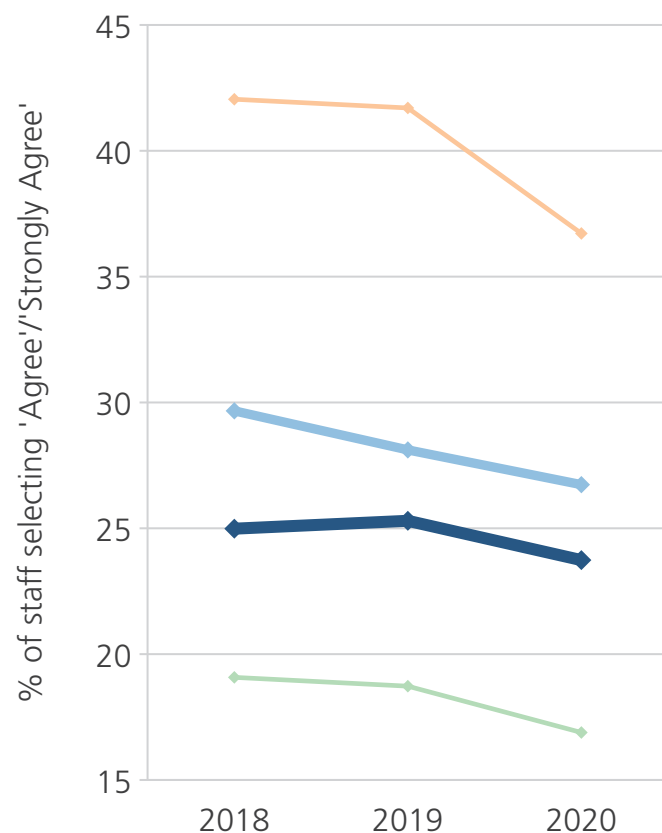
My immediate manager
encourages me at work



Best	76.9%	79.3%	77.3%
Your org	73.8%	74.9%	71.1%
Average	68.5%	70.2%	69.2%
Worst	60.0%	56.8%	60.5%

Q19a

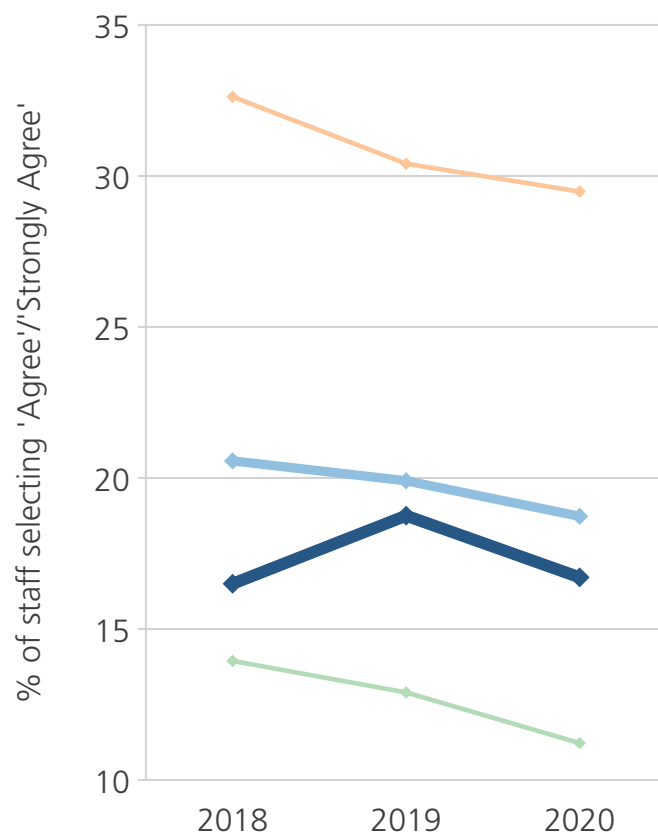
I often think about
leaving this organisation



Worst	42.0%	41.7%	36.7%
Your org	25.0%	25.3%	23.7%
Average	29.7%	28.1%	26.7%
Best	19.1%	18.7%	16.9%

Q19b

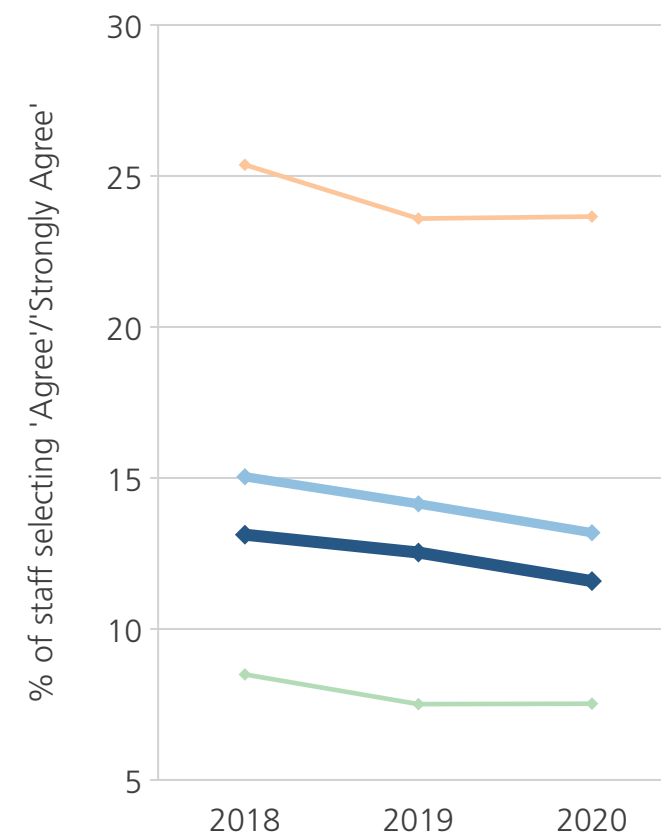
I will probably look for a job at a new
organisation in the next 12 months



Worst	32.6%	30.4%	29.5%
Your org	16.5%	18.8%	16.7%
Average	20.6%	19.9%	18.7%
Best	13.9%	12.9%	11.2%

Q19c

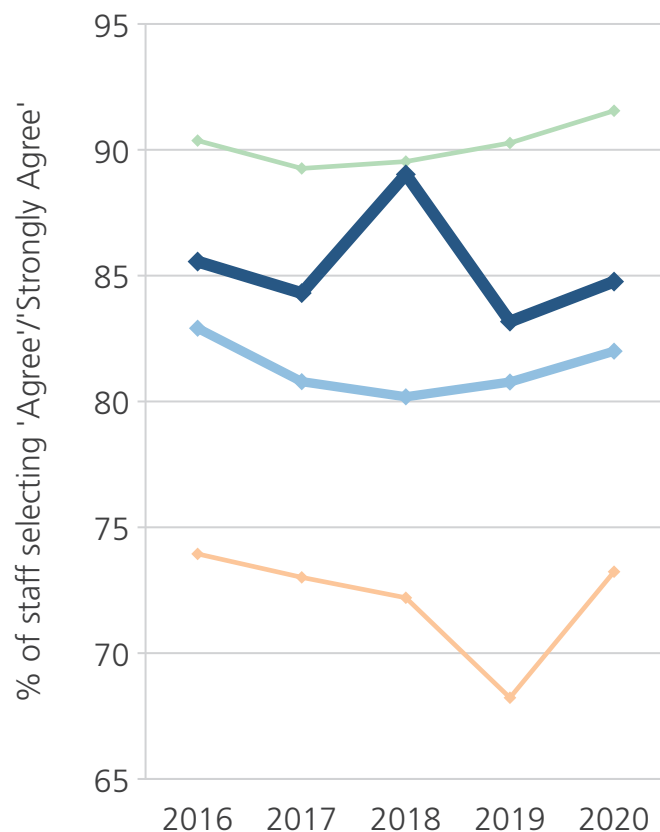
As soon as I can find another
job, I will leave this organisation



Worst	25.4%	23.6%	23.7%
Your org	13.1%	12.5%	11.6%
Average	15.0%	14.1%	13.2%
Best	8.5%	7.5%	7.5%

Q7a

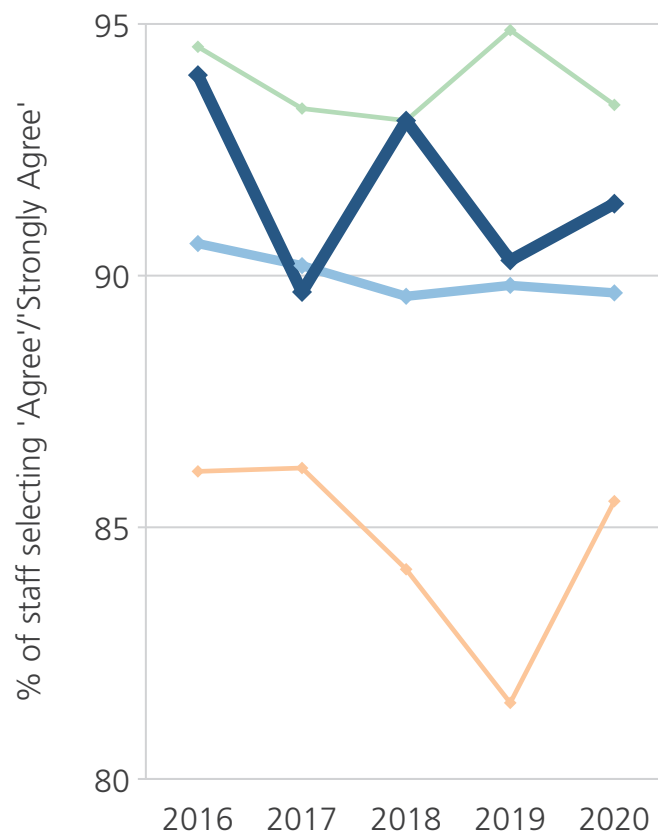
I am satisfied with the quality of care I give to patients / service users



Best	90.4%	89.3%	89.5%	90.3%	91.6%
Your org	85.6%	84.3%	89.0%	83.2%	84.8%
Average	82.9%	80.8%	80.2%	80.8%	82.0%
Worst	73.9%	73.0%	72.2%	68.2%	73.2%

Q7b

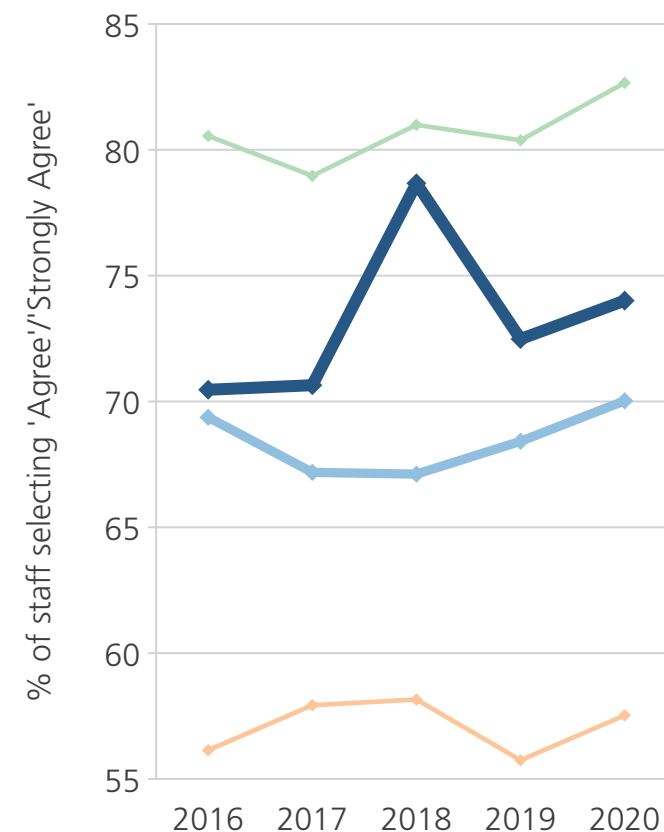
I feel that my role makes a difference to patients / service users



Best	94.5%	93.3%	93.1%	94.9%	93.4%
Your org	94.0%	89.7%	93.1%	90.3%	91.4%
Average	90.6%	90.2%	89.6%	89.8%	89.7%
Worst	86.1%	86.2%	84.2%	81.5%	85.5%

Q7c

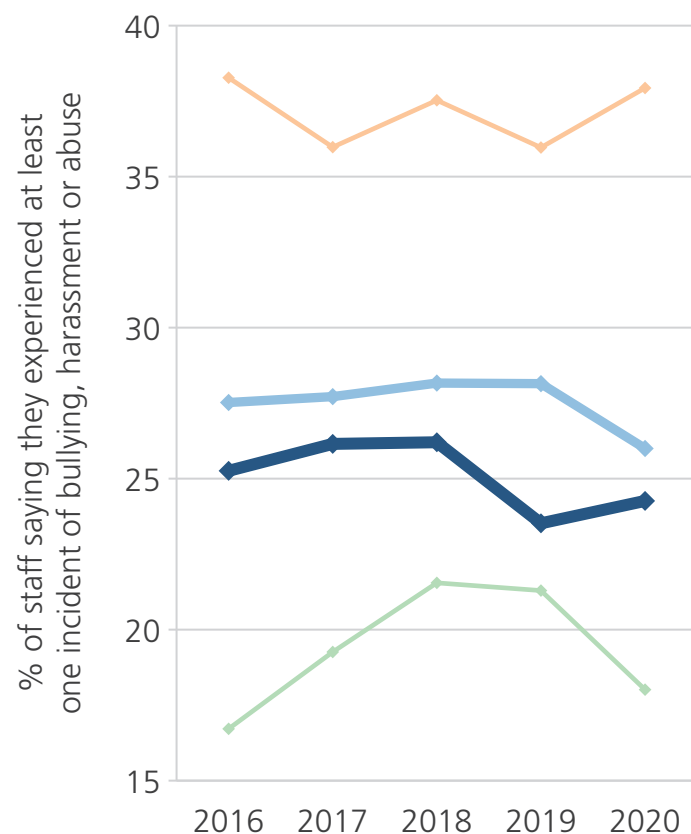
I am able to deliver the care I aspire to



Best	80.6%	79.0%	81.0%	80.4%	82.7%
Your org	70.5%	70.6%	78.7%	72.5%	74.0%
Average	69.4%	67.2%	67.1%	68.4%	70.0%
Worst	56.1%	57.9%	58.2%	55.7%	57.5%

Q13a

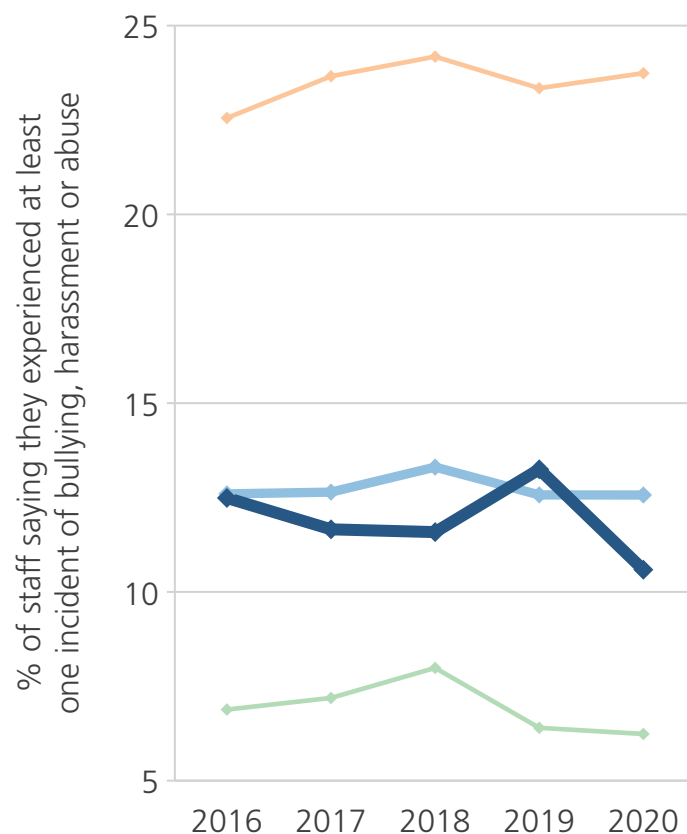
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



Worst	38.3%	36.0%	37.5%	36.0%	37.9%
Your org	25.3%	26.2%	26.2%	23.5%	24.3%
Average	27.5%	27.7%	28.2%	28.1%	26.0%
Best	16.7%	19.3%	21.5%	21.3%	18.0%

Q13b

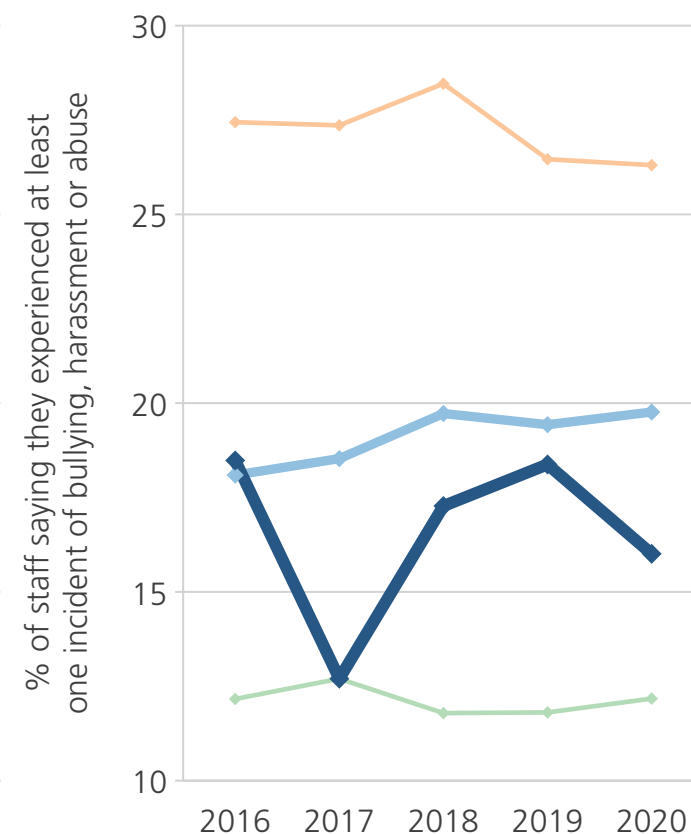
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



Worst	22.6%	23.7%	24.2%	23.3%	23.7%
Your org	12.5%	11.7%	11.6%	13.2%	10.6%
Average	12.6%	12.6%	13.3%	12.6%	12.6%
Best	6.9%	7.2%	8.0%	6.4%	6.2%

Q13c

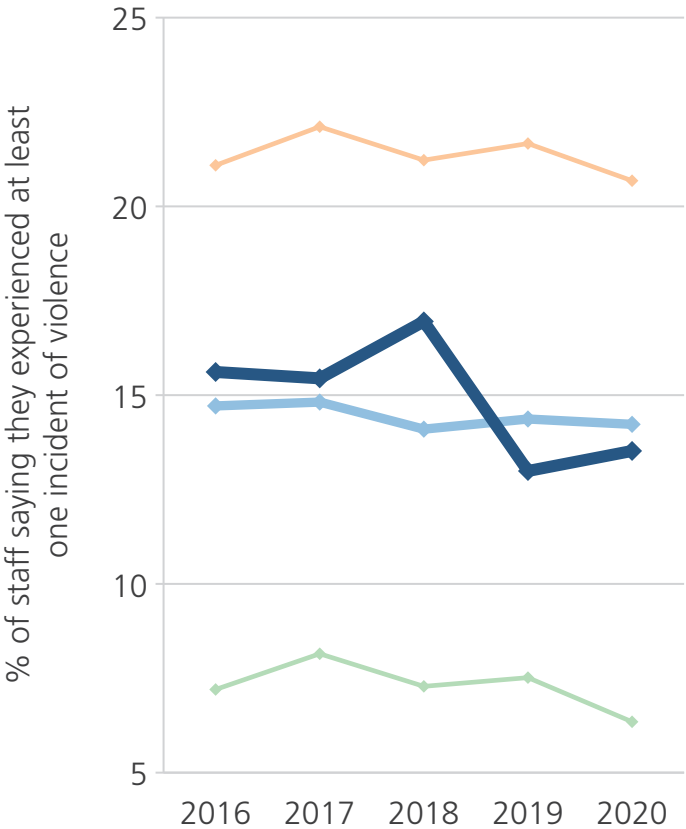
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



Worst	27.4%	27.4%	28.5%	26.5%	26.3%
Your org	18.5%	12.7%	17.3%	18.4%	16.0%
Average	18.1%	18.5%	19.7%	19.4%	19.8%
Best	12.2%	12.7%	11.8%	11.8%	12.2%

Q12a

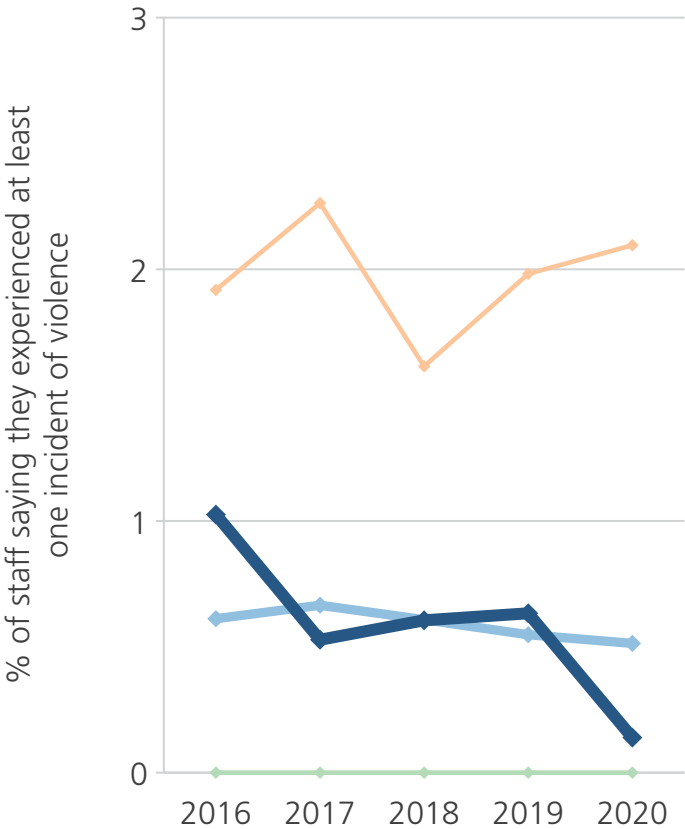
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



Worst	21.1%	22.1%	21.2%	21.7%	20.7%
Your org	15.6%	15.4%	17.0%	13.0%	13.5%
Average	14.7%	14.8%	14.1%	14.4%	14.2%
Best	7.2%	8.1%	7.3%	7.5%	6.3%

Q12b

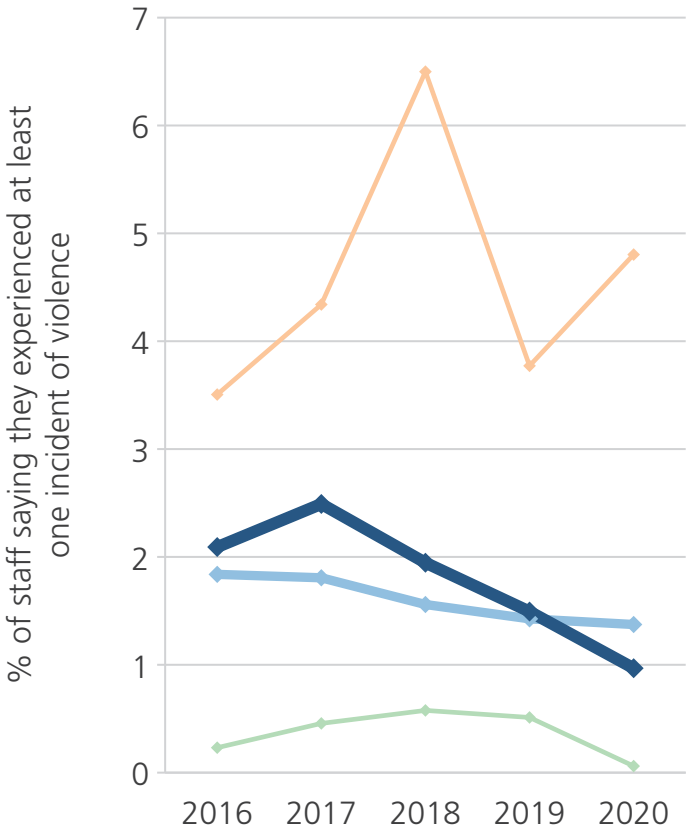
In the last 12 months how many times have you personally experienced physical violence at work from managers?



Worst	1.9%	2.3%	1.6%	2.0%	2.1%
Your org	1.0%	0.5%	0.6%	0.6%	0.1%
Average	0.6%	0.7%	0.6%	0.5%	0.5%
Best	0.0%	0.0%	0.0%	0.0%	0.0%

Q12c

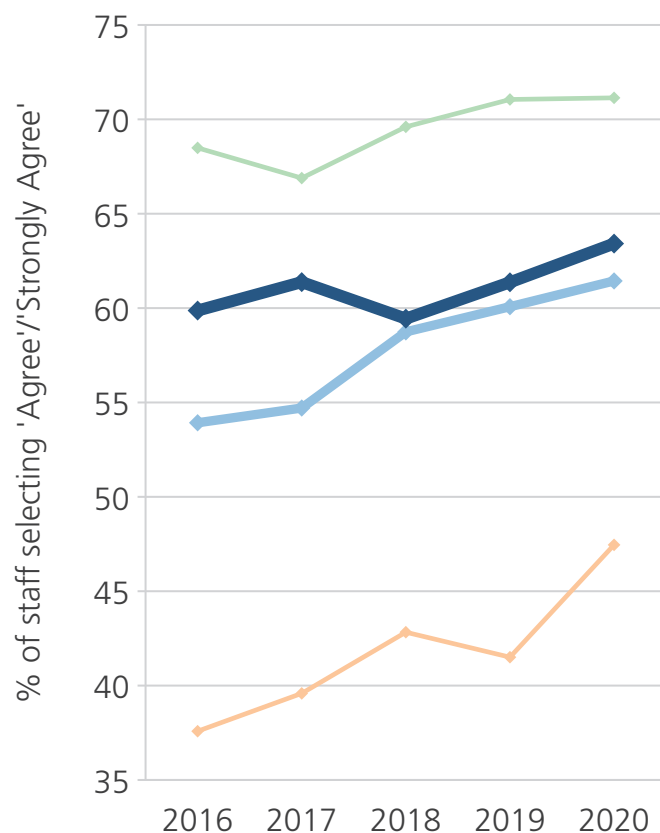
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



Worst	3.5%	4.3%	6.5%	3.8%	4.8%
Your org	2.1%	2.5%	1.9%	1.5%	1.0%
Average	1.8%	1.8%	1.6%	1.4%	1.4%
Best	0.2%	0.5%	0.6%	0.5%	0.1%

Q16a

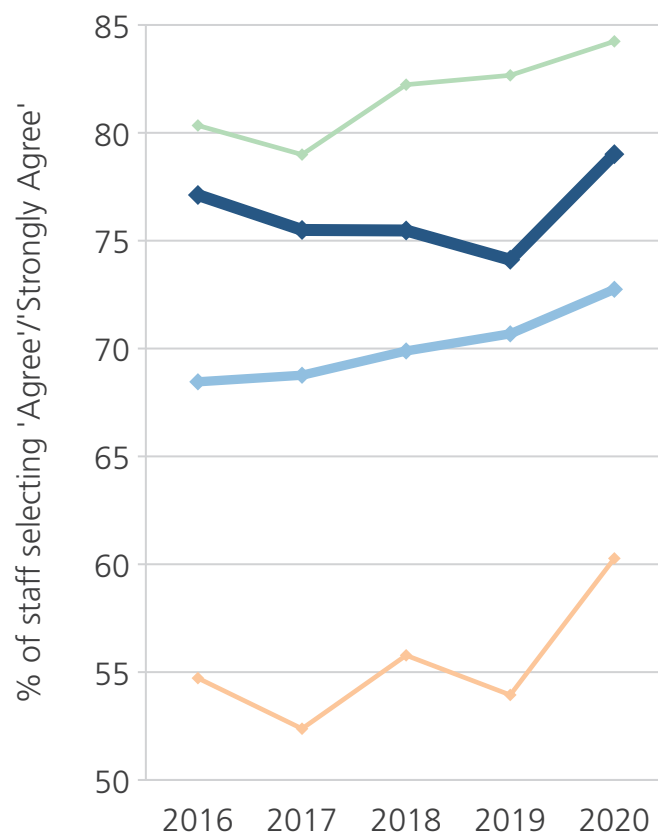
My organisation treats staff who are involved in an error, near miss or incident fairly



Best	68.5%	66.9%	69.6%	71.1%	71.1%
Your org	59.9%	61.4%	59.4%	61.4%	63.4%
Average	53.9%	54.7%	58.7%	60.1%	61.4%
Worst	37.6%	39.6%	42.8%	41.5%	47.5%

Q16c

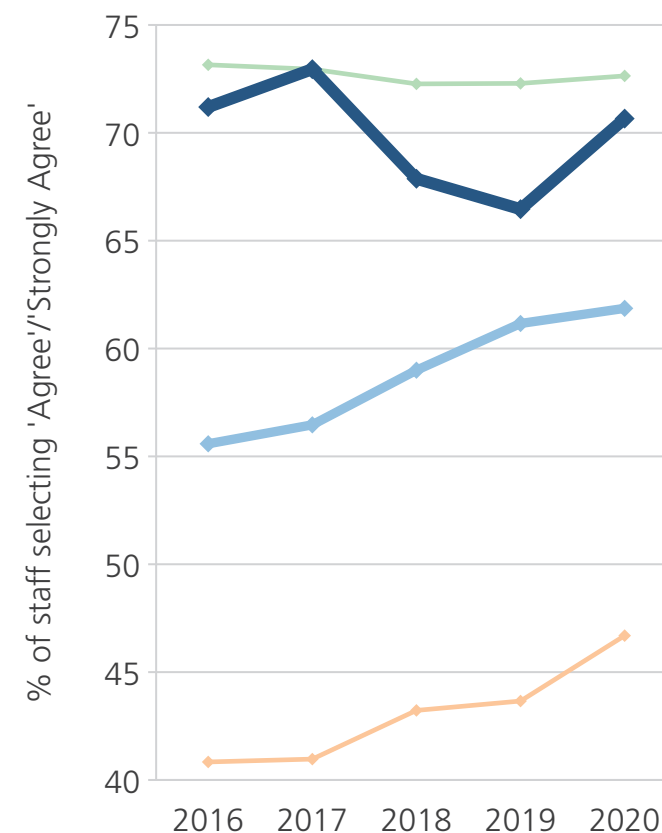
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



Best	80.3%	79.0%	82.2%	82.7%	84.2%
Your org	77.1%	75.5%	75.5%	74.1%	79.0%
Average	68.5%	68.8%	69.9%	70.7%	72.7%
Worst	54.7%	52.4%	55.8%	53.9%	60.3%

Q16d

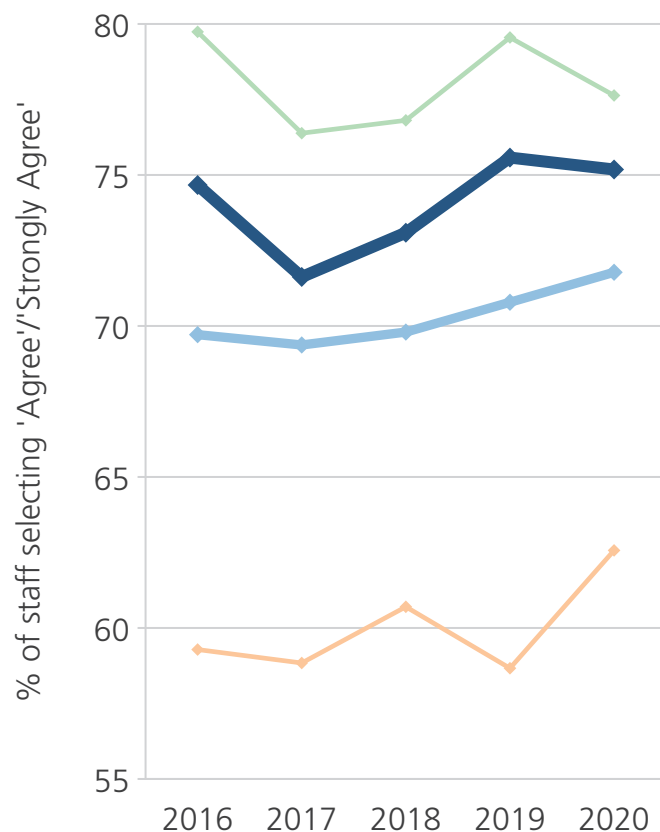
We are given feedback about changes made in response to reported errors, near misses and incidents



Best	73.2%	73.0%	72.3%	72.3%	72.6%
Your org	71.2%	73.0%	67.9%	66.5%	70.7%
Average	55.6%	56.5%	59.0%	61.2%	61.9%
Worst	40.8%	41.0%	43.2%	43.7%	46.7%

Q17b

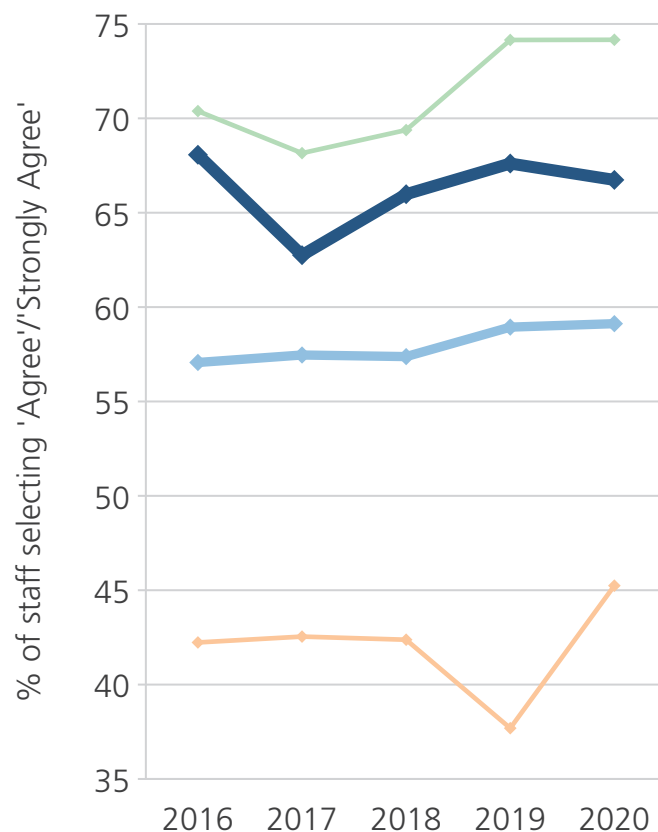
I would feel secure raising concerns about unsafe clinical practice



Best	79.7%	76.4%	76.8%	79.6%	77.6%
Your org	74.7%	71.6%	73.1%	75.6%	75.2%
Average	69.7%	69.4%	69.8%	70.8%	71.8%
Worst	59.3%	58.8%	60.7%	58.7%	62.6%

Q17c

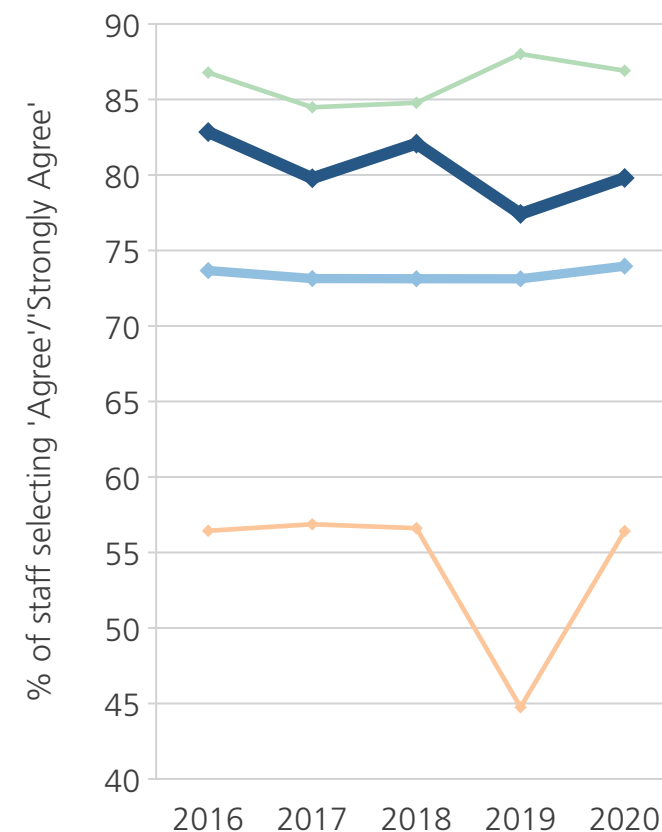
I am confident that my organisation would address my concern



Best	70.4%	68.2%	69.4%	74.2%	74.2%
Your org	68.1%	62.8%	66.0%	67.6%	66.7%
Average	57.1%	57.5%	57.4%	58.9%	59.1%
Worst	42.2%	42.5%	42.4%	37.7%	45.2%

Q18b

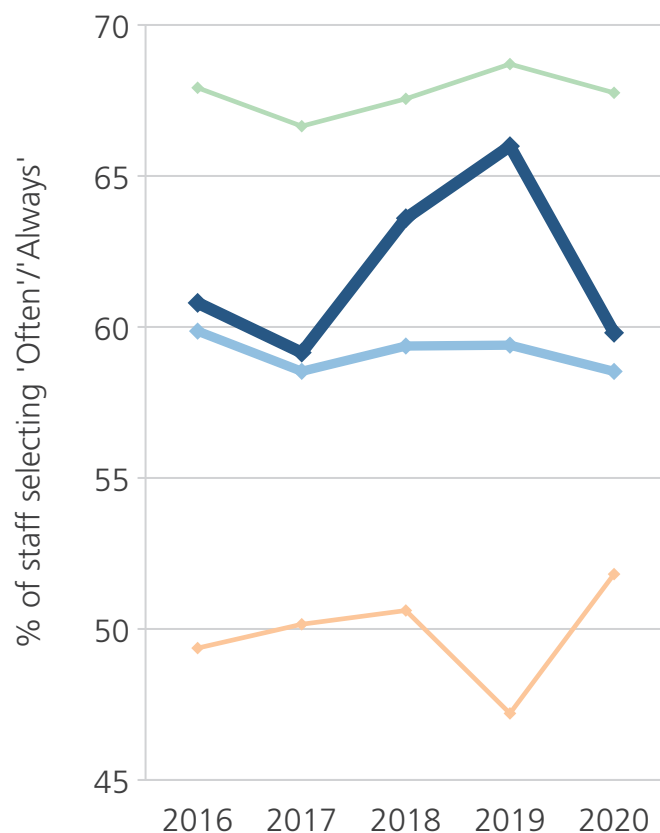
My organisation acts on concerns raised by patients / service users



Best	86.8%	84.5%	84.8%	88.0%	86.9%
Your org	82.8%	79.8%	82.1%	77.4%	79.8%
Average	73.7%	73.1%	73.1%	73.1%	74.0%
Worst	56.4%	56.9%	56.6%	44.8%	56.4%

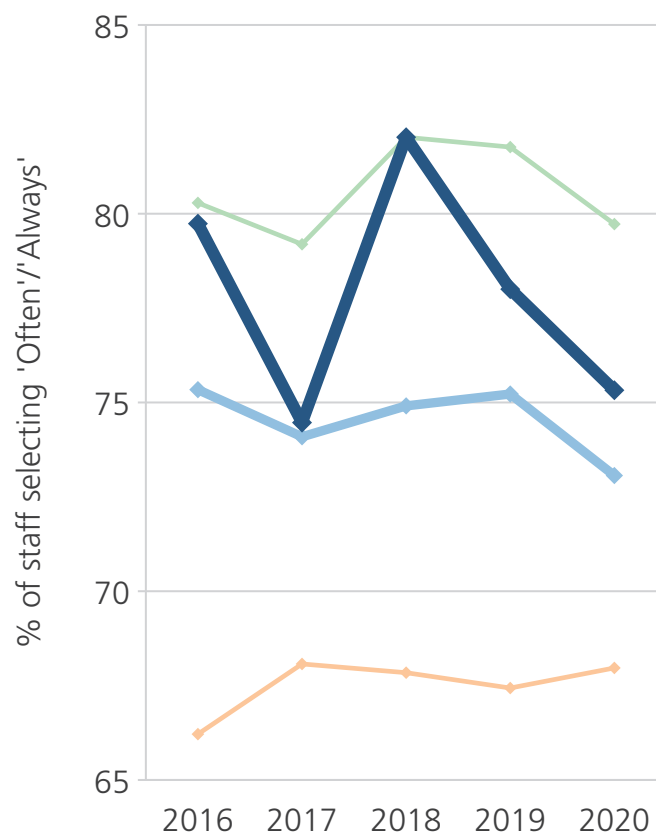
Q2a

I look forward to going to work



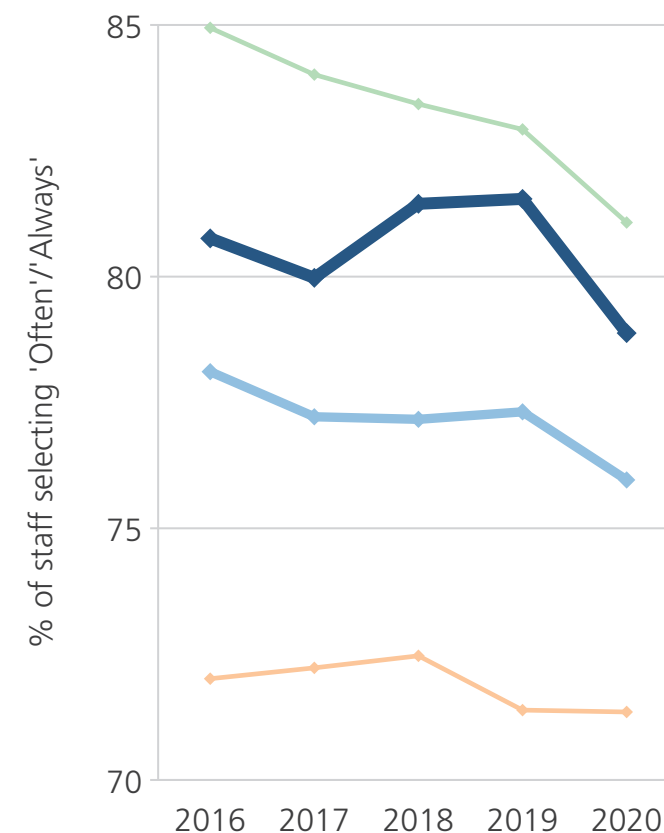
Q2b

I am enthusiastic about my job



Q2c

Time passes quickly when I am working



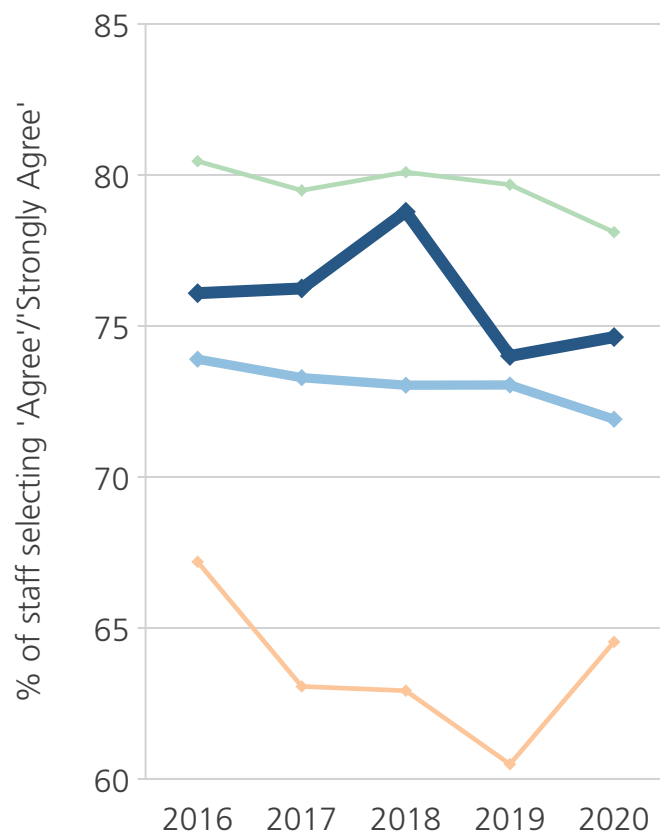
Best	67.9%	66.6%	67.6%	68.7%	67.8%
Your org	60.8%	59.2%	63.6%	66.0%	59.8%
Average	59.9%	58.5%	59.4%	59.4%	58.5%
Worst	49.4%	50.2%	50.6%	47.2%	51.8%

Best	80.3%	79.2%	82.0%	81.8%	79.7%
Your org	79.7%	74.5%	82.0%	78.0%	75.3%
Average	75.3%	74.1%	74.9%	75.2%	73.1%
Worst	66.2%	68.1%	67.8%	67.4%	68.0%

Best	84.9%	84.0%	83.4%	82.9%	81.1%
Your org	80.8%	80.0%	81.4%	81.5%	78.9%
Average	78.1%	77.2%	77.2%	77.3%	76.0%
Worst	72.0%	72.2%	72.5%	71.4%	71.4%

Q4a

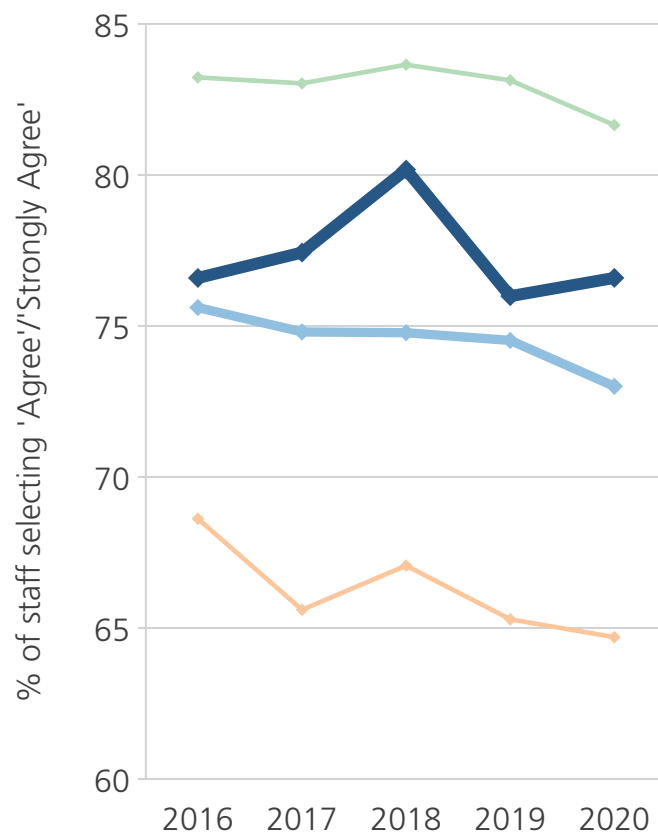
There are frequent opportunities
for me to show initiative in my role



Best	80.5%	79.5%	80.1%	79.7%	78.1%
Your org	76.1%	76.2%	78.8%	74.0%	74.6%
Average	73.9%	73.3%	73.0%	73.0%	71.9%
Worst	67.2%	63.1%	62.9%	60.5%	64.5%

Q4b

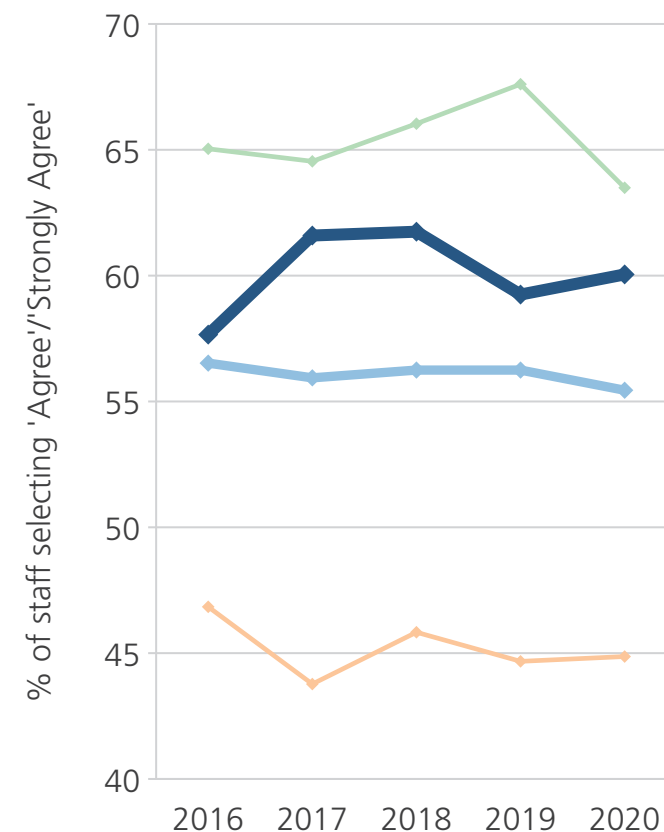
I am able to make suggestions
to improve the work of
my team / department



Best	83.2%	83.0%	83.6%	83.1%	81.7%
Your org	76.6%	77.4%	80.2%	76.0%	76.6%
Average	75.6%	74.8%	74.8%	74.5%	73.0%
Worst	68.6%	65.6%	67.1%	65.3%	64.7%

Q4d

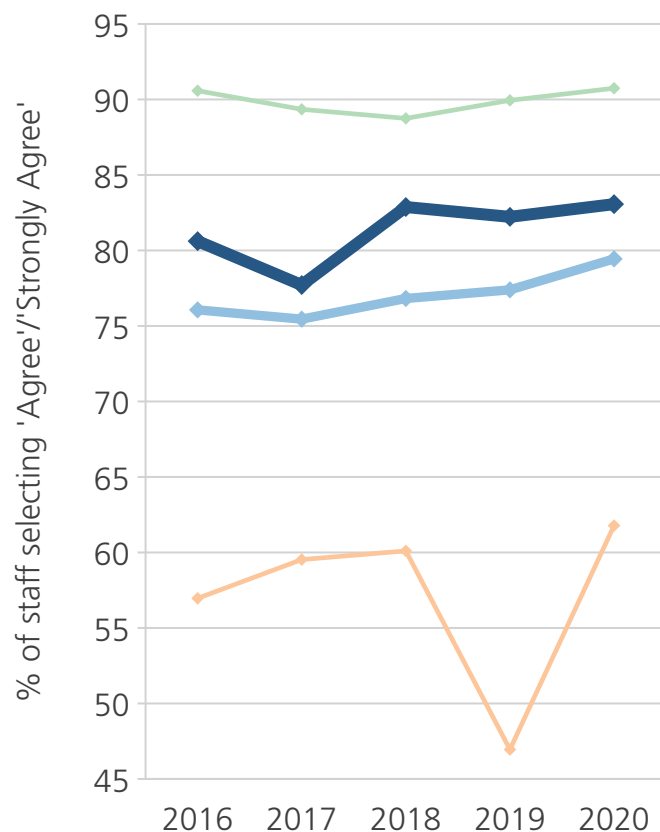
I am able to make improvements
happen in my area of work



Best	65.0%	64.5%	66.0%	67.6%	63.5%
Your org	57.7%	61.6%	61.7%	59.2%	60.0%
Average	56.5%	55.9%	56.2%	56.2%	55.4%
Worst	46.8%	43.8%	45.8%	44.7%	44.9%

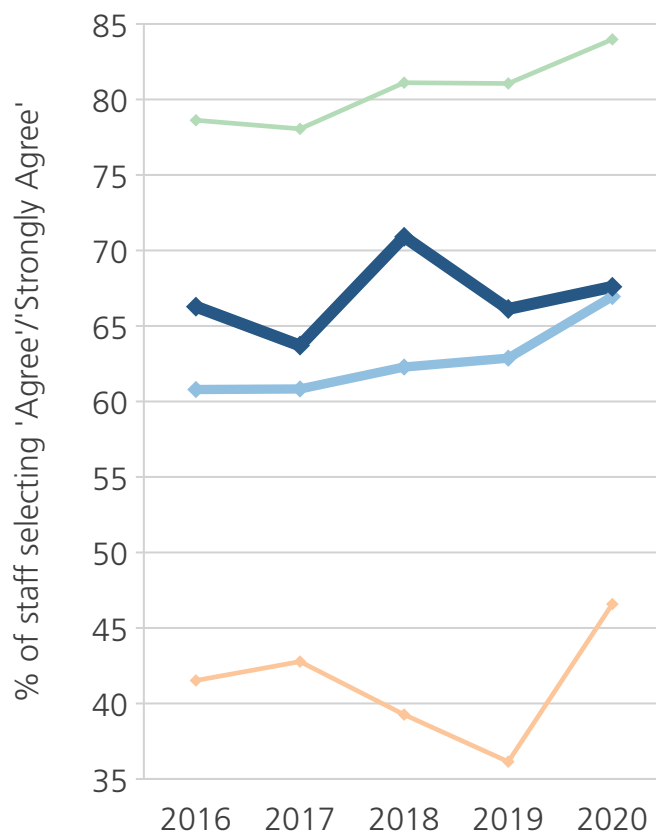
Q18a

Care of patients / service users
is my organisation's top priority



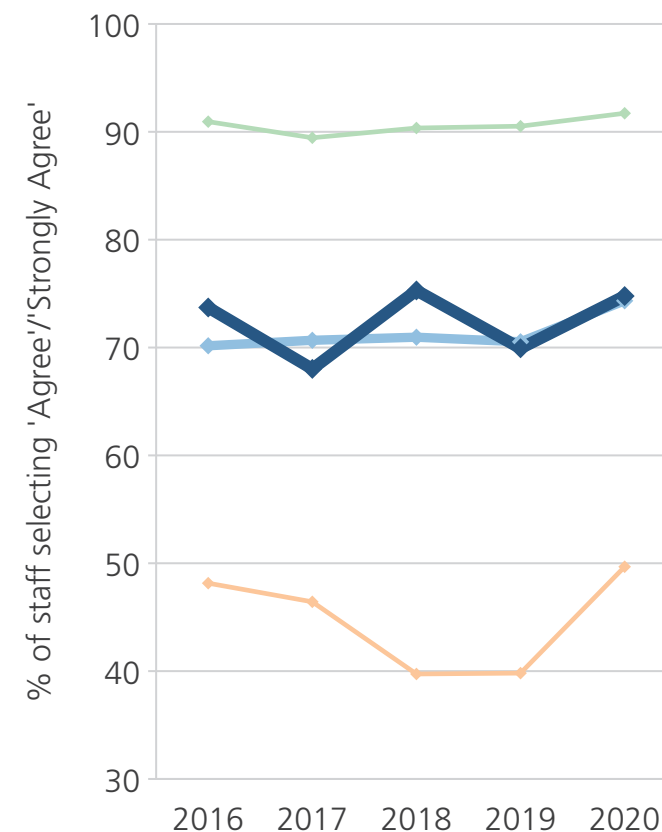
Q18c

I would recommend my
organisation as a place to work



Q18d

If a friend or relative needed treatment
I would be happy with the standard
of care provided by this organisation



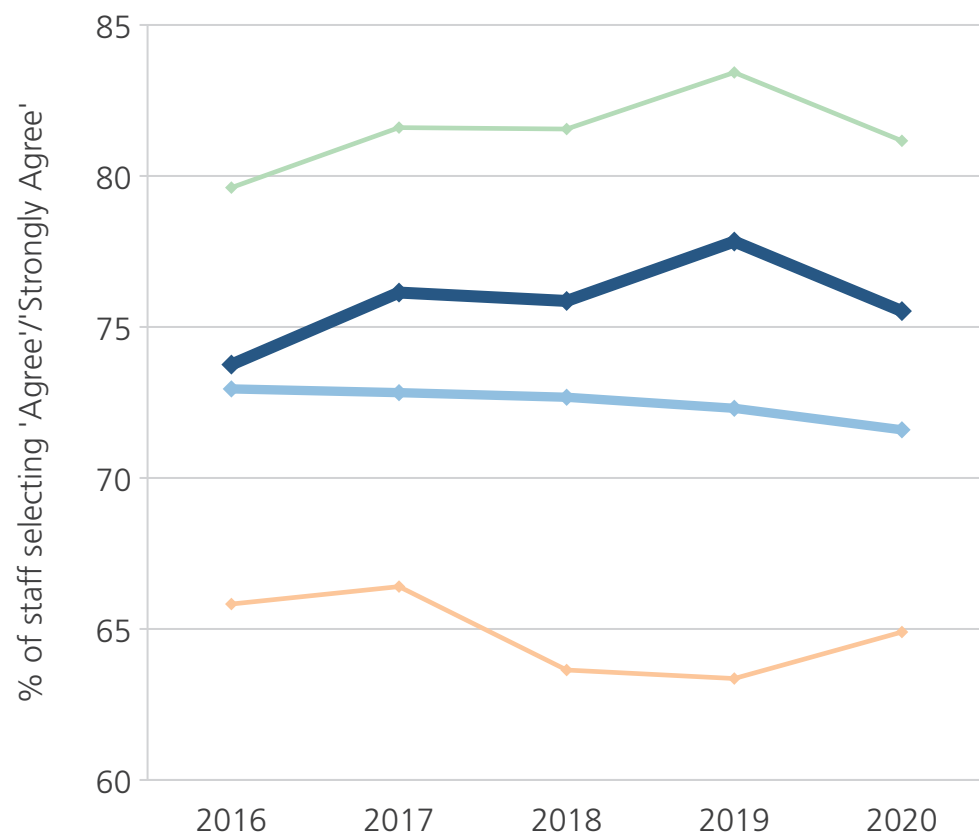
Best	90.6%	89.3%	88.7%	89.9%	90.7%
Your org	80.6%	77.7%	82.9%	82.2%	83.1%
Average	76.1%	75.5%	76.8%	77.4%	79.4%
Worst	57.0%	59.5%	60.1%	47.0%	61.8%

Best	78.6%	78.1%	81.1%	81.1%	84.0%
Your org	66.3%	63.7%	70.9%	66.1%	67.6%
Average	60.8%	60.8%	62.3%	62.9%	66.9%
Worst	41.5%	42.8%	39.3%	36.1%	46.6%

Best	90.9%	89.4%	90.4%	90.5%	91.7%
Your org	73.7%	68.0%	75.3%	69.9%	74.8%
Average	70.2%	70.7%	71.0%	70.5%	74.3%
Worst	48.2%	46.4%	39.7%	39.8%	49.7%

Q4h

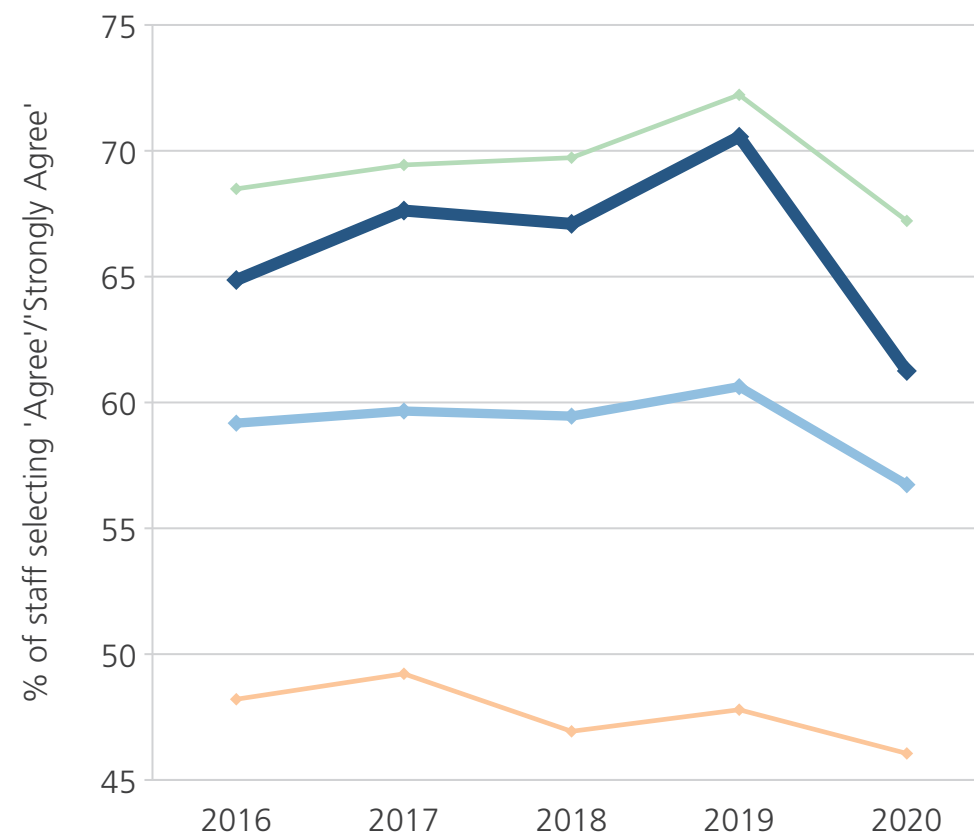
The team I work in has a set of shared objectives



Best	79.6%	81.6%	81.6%	83.4%	81.2%
Your org	73.8%	76.1%	75.9%	77.8%	75.5%
Average	72.9%	72.8%	72.7%	72.3%	71.6%
Worst	65.8%	66.4%	63.6%	63.4%	64.9%

Q4i

The team I work in often meets to discuss the team's effectiveness



Best	68.5%	69.4%	69.7%	72.2%	67.2%
Your org	64.9%	67.6%	67.1%	70.6%	61.3%
Average	59.2%	59.7%	59.5%	60.6%	56.7%
Worst	48.2%	49.2%	46.9%	47.8%	46.1%

Workforce Equality Standards

Bolton NHS Foundation Trust
2020 NHS Staff Survey Results

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

Workforce Race Equality Standard (WRES)

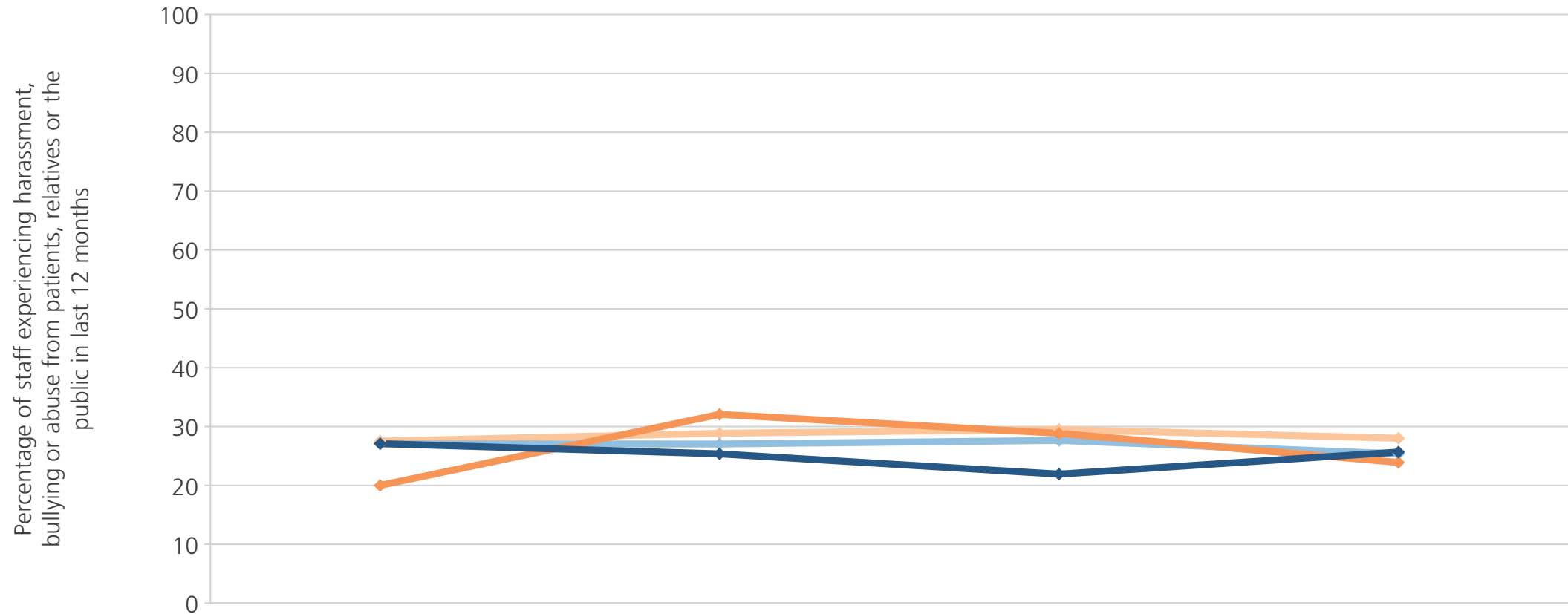
- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018 and 2019 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13a-d, and q14 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q26b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q26a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

Workforce Race Equality Standard (WRES)

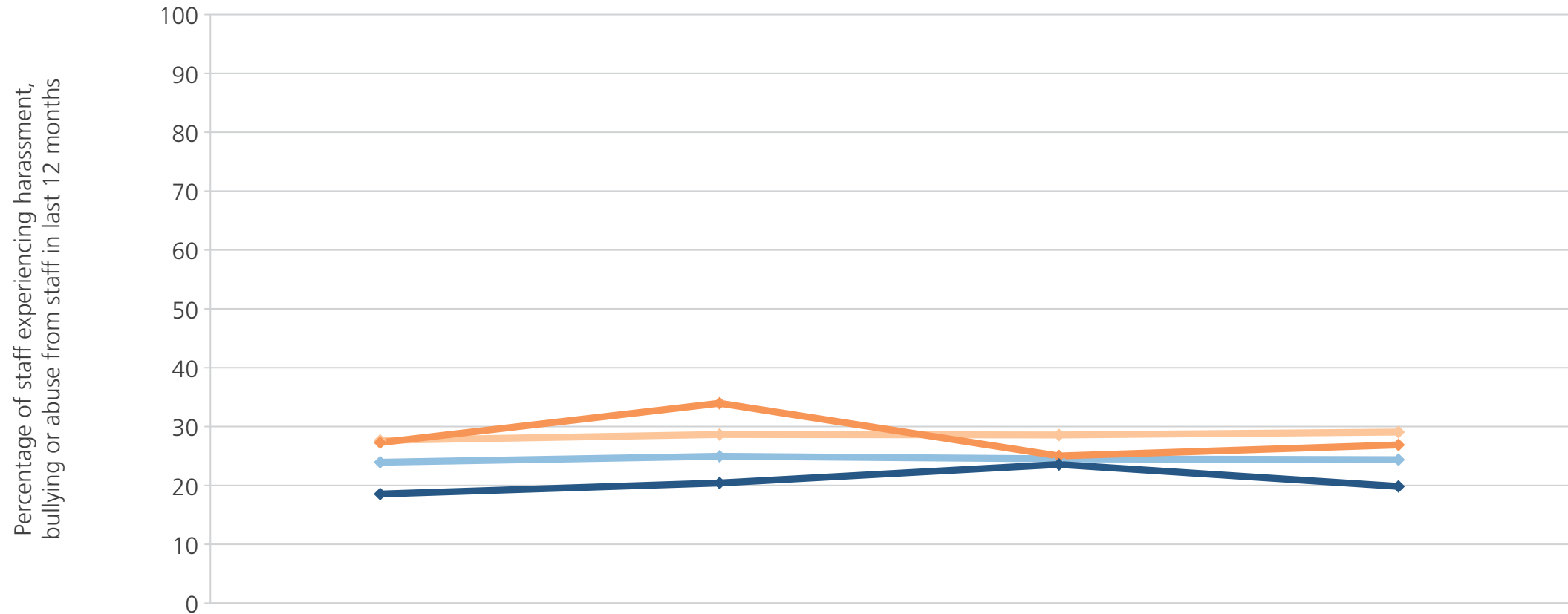
Bolton NHS Foundation Trust
2020 NHS Staff Survey Results



White: Your org	27.1%	25.4%	21.9%	25.7%
BME: Your org	20.0%	32.1%	28.8%	23.9%
White: Average	27.1%	27.0%	27.6%	25.4%
BME: Average	27.5%	28.9%	29.5%	28.0%

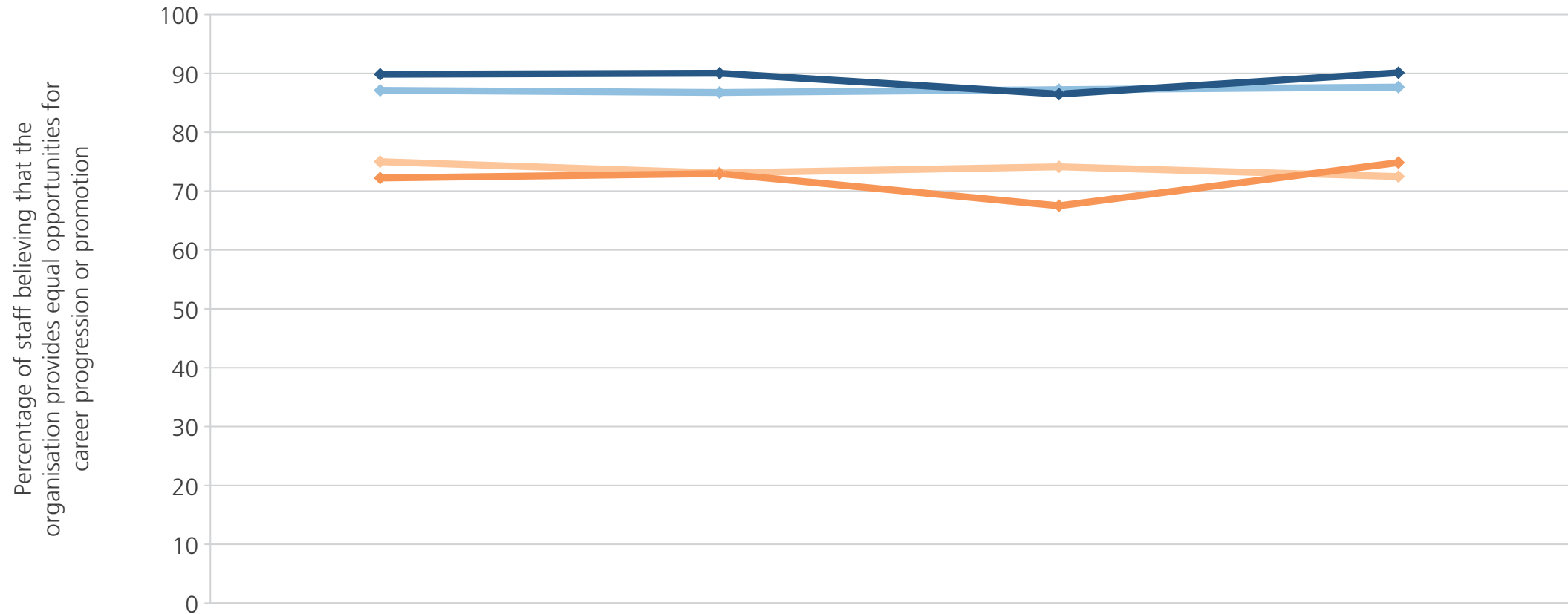
White: Responses	465	485	397	1,952
BME: Responses	55	53	52	251

Average calculated as the median for the benchmark group



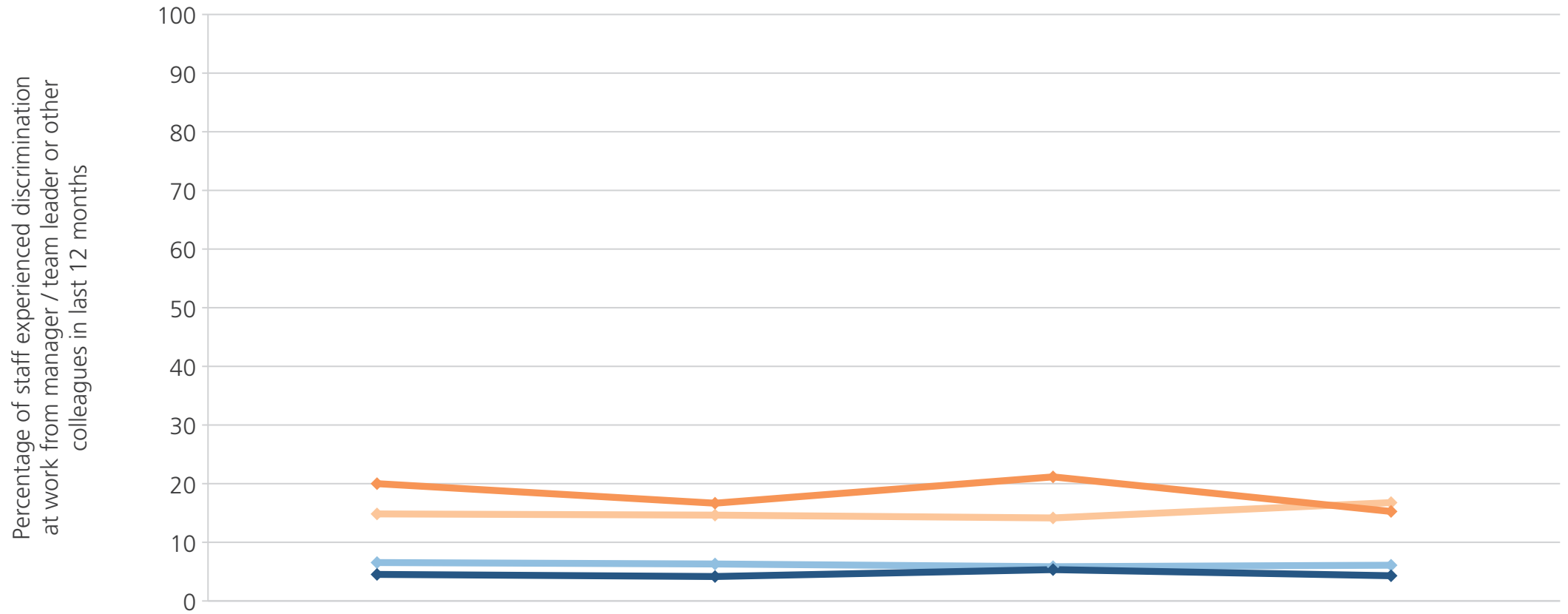
	2017	2018	2019	2020
White: Your org	18.5%	20.4%	23.6%	19.8%
BME: Your org	27.3%	34.0%	25.0%	26.9%
White: Average	23.9%	24.9%	24.5%	24.4%
BME: Average	27.6%	28.7%	28.6%	29.1%
White: Responses	464	480	399	1,956
BME: Responses	55	53	52	253

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
White: Your org	89.9%	90.0%	86.5%	90.1%
BME: Your org	72.2%	73.0%	67.5%	74.8%
White: Average	87.1%	86.8%	87.2%	87.7%
BME: Average	75.0%	73.1%	74.1%	72.5%
White: Responses	335	361	296	1,385
BME: Responses	36	37	40	163

Average calculated as the median for the benchmark group



White: Your org	4.5%	4.2%	5.3%	4.3%
BME: Your org	20.0%	16.7%	21.2%	15.3%
White: Average	6.5%	6.3%	5.8%	6.1%
BME: Average	14.8%	14.6%	14.2%	16.8%

White: Responses

464

BME: Responses

55

480

54

393

52

1,931

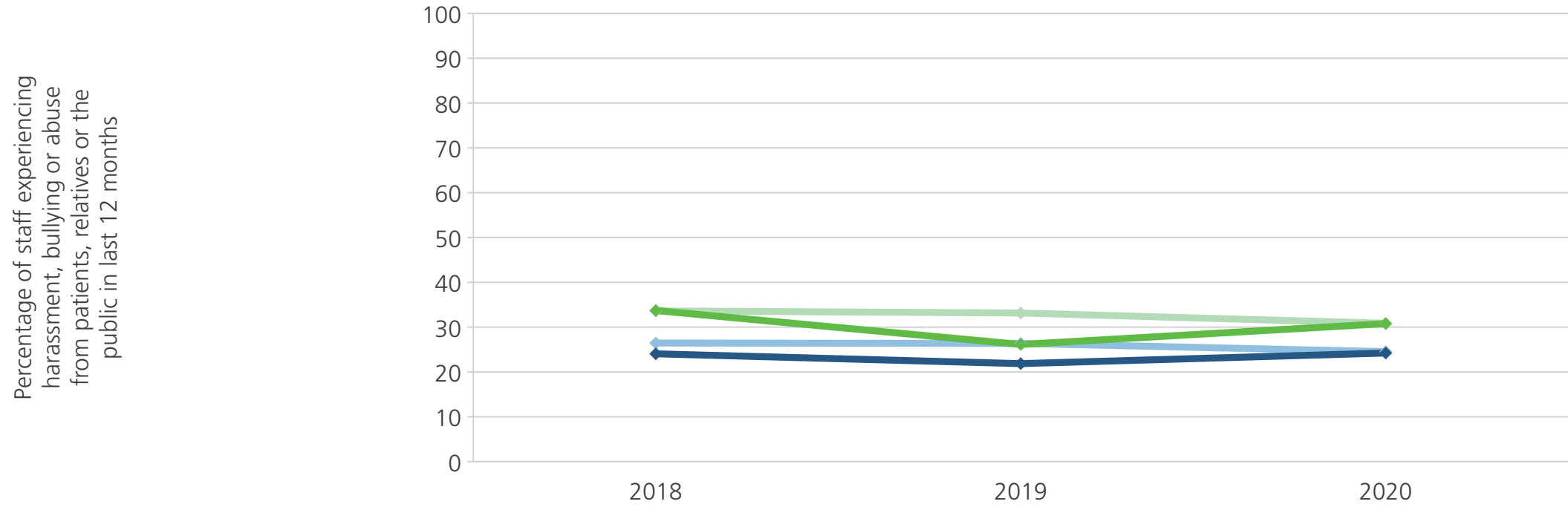
249

Average calculated as the median for the benchmark group

Workforce Disability Equality Standard (WDES)

The approach to calculating the benchmark median scores and the way in which the data for Q13d are reported has changed this year. These changes have been applied retrospectively so historical data shown in the average calculations and all figures for Q13d are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

Bolton NHS Foundation Trust
2020 NHS Staff Survey Results

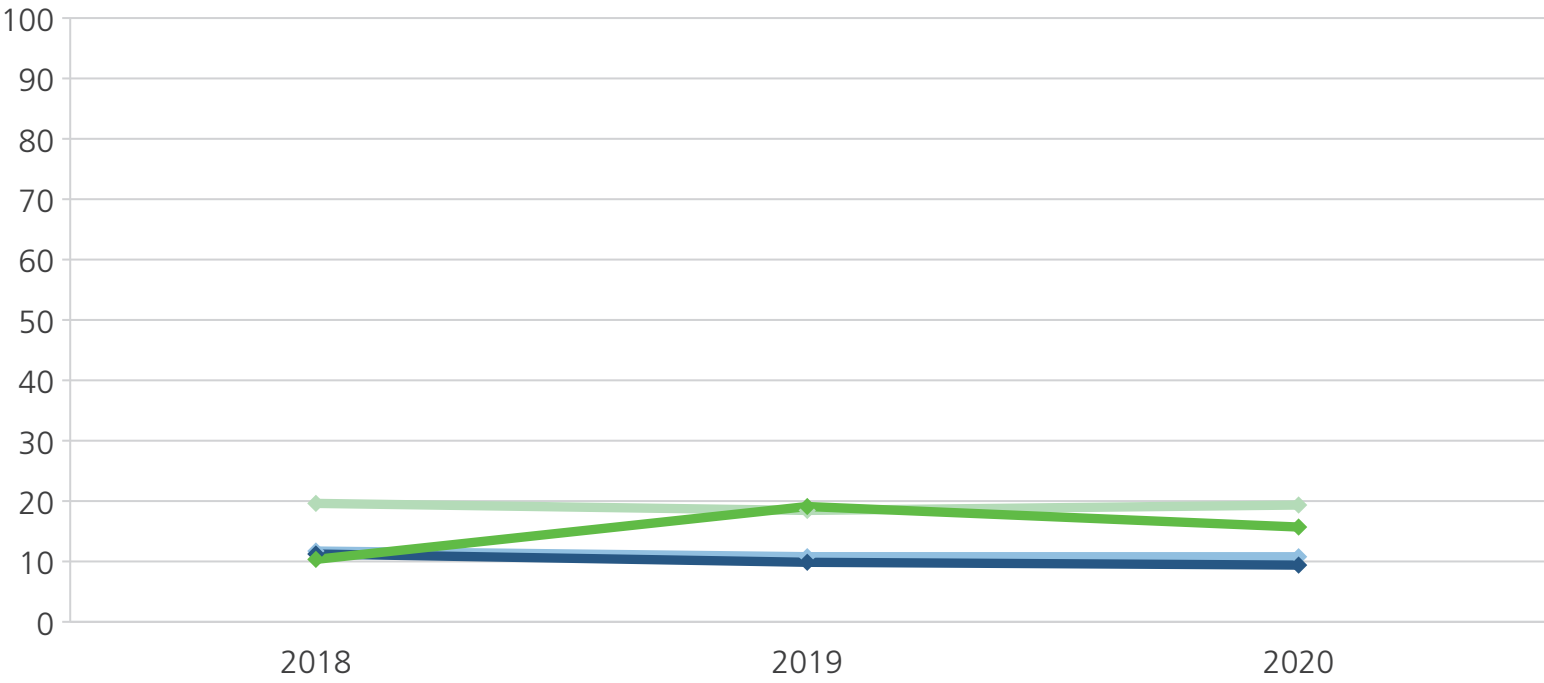


Staff with a LTC or illness: Your org	33.7%	26.1%	30.8%
Staff without a LTC or illness: Your org	24.1%	21.9%	24.2%
Staff with a LTC or illness: Average	33.6%	33.2%	30.9%
Staff without a LTC or illness: Average	26.5%	26.4%	24.5%

Staff with a LTC or illness: Responses	89	88	419
Staff without a LTC or illness: Responses	449	366	1,800

Average calculated as the median for the benchmark group

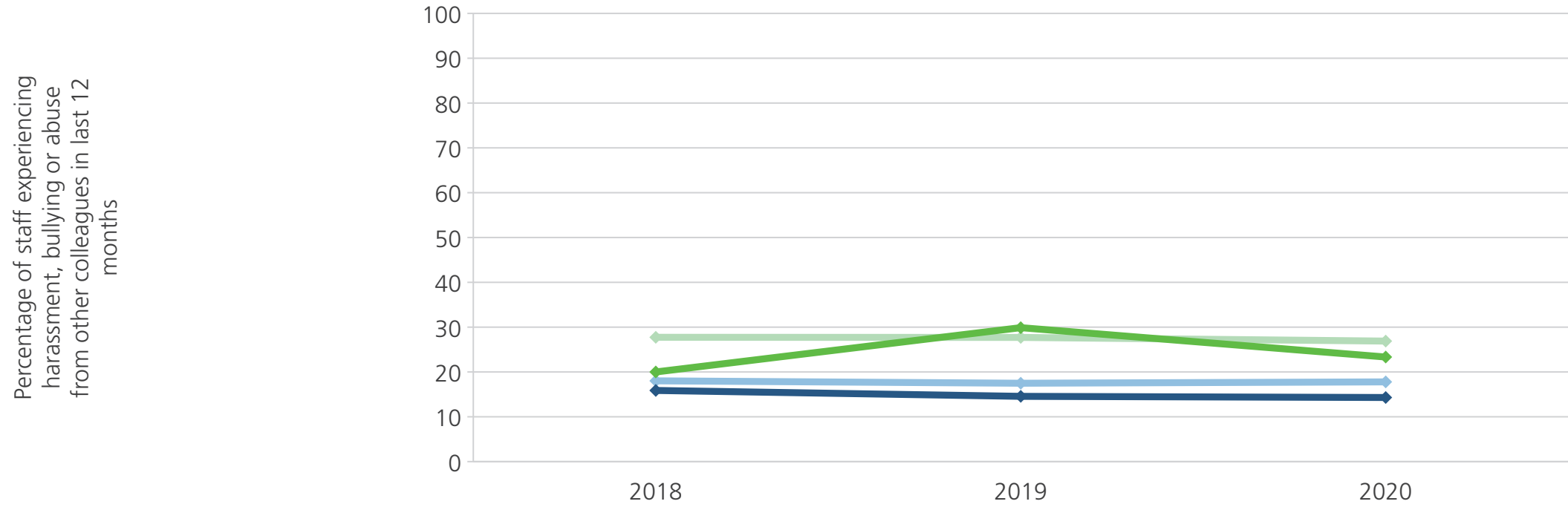
Percentage of staff experiencing
harassment, bullying or abuse
from manager in last 12 months



Staff with a LTC or illness: Your org	10.3%	19.1%	15.7%
Staff without a LTC or illness: Your org	11.2%	9.9%	9.4%
Staff with a LTC or illness: Average	19.6%	18.5%	19.3%
Staff without a LTC or illness: Average	11.7%	10.8%	10.8%

Staff with a LTC or illness: Responses	87	89	414
Staff without a LTC or illness: Responses	445	365	1,788

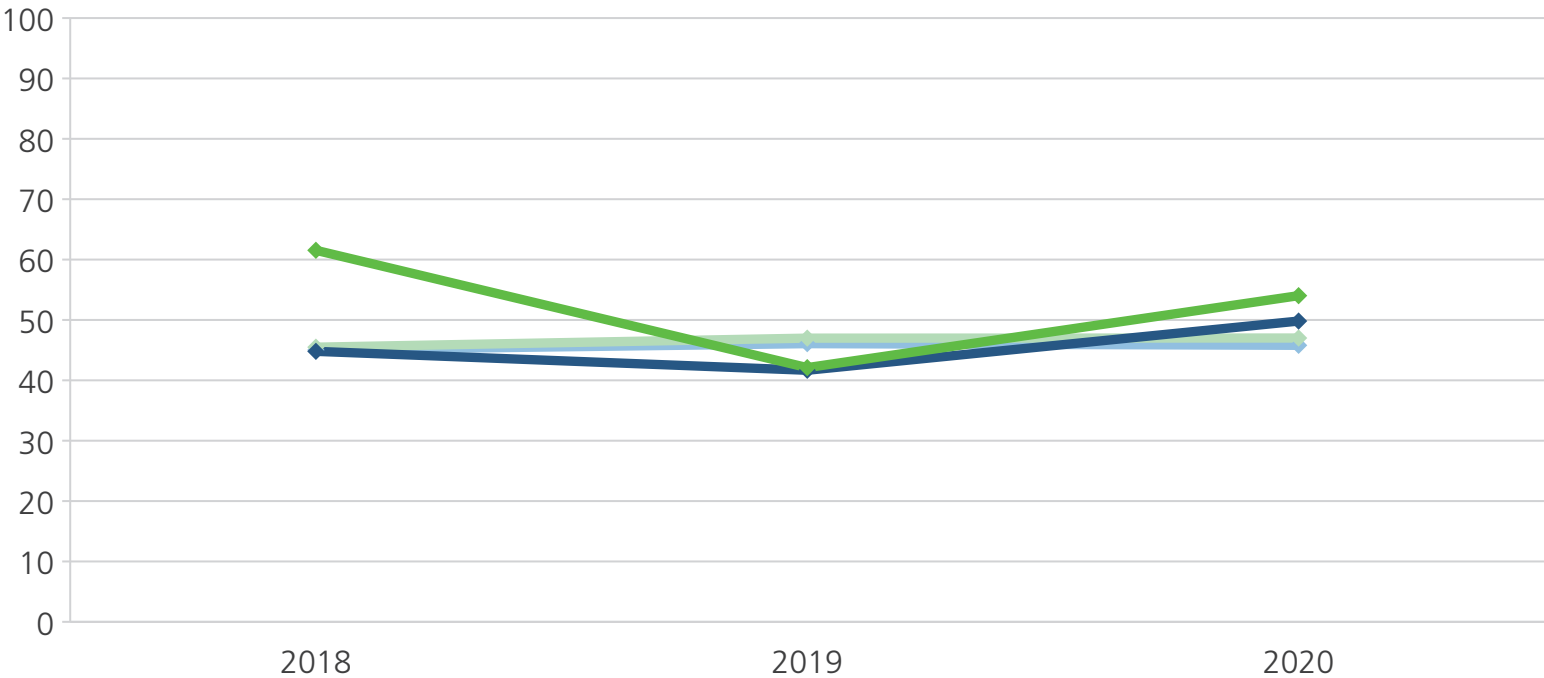
Average calculated as the median for the benchmark group



Staff with a LTC or illness: Your org	20.0%	29.9%	23.3%
Staff without a LTC or illness: Your org	15.9%	14.6%	14.3%
Staff with a LTC or illness: Average	27.7%	27.7%	26.9%
Staff without a LTC or illness: Average	18.0%	17.5%	17.8%
Staff with a LTC or illness: Responses	85	87	420
Staff without a LTC or illness: Responses	441	364	1,776

Average calculated as the median for the benchmark group

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



Staff with a LTC or illness: Your org	61.5%	42.1%	54.0%
Staff without a LTC or illness: Your org	44.8%	41.7%	49.8%
Staff with a LTC or illness: Average	45.5%	47.0%	47.0%
Staff without a LTC or illness: Average	45.0%	46.1%	45.8%

Staff with a LTC or illness: Responses

26

38

174

Staff without a LTC or illness: Responses

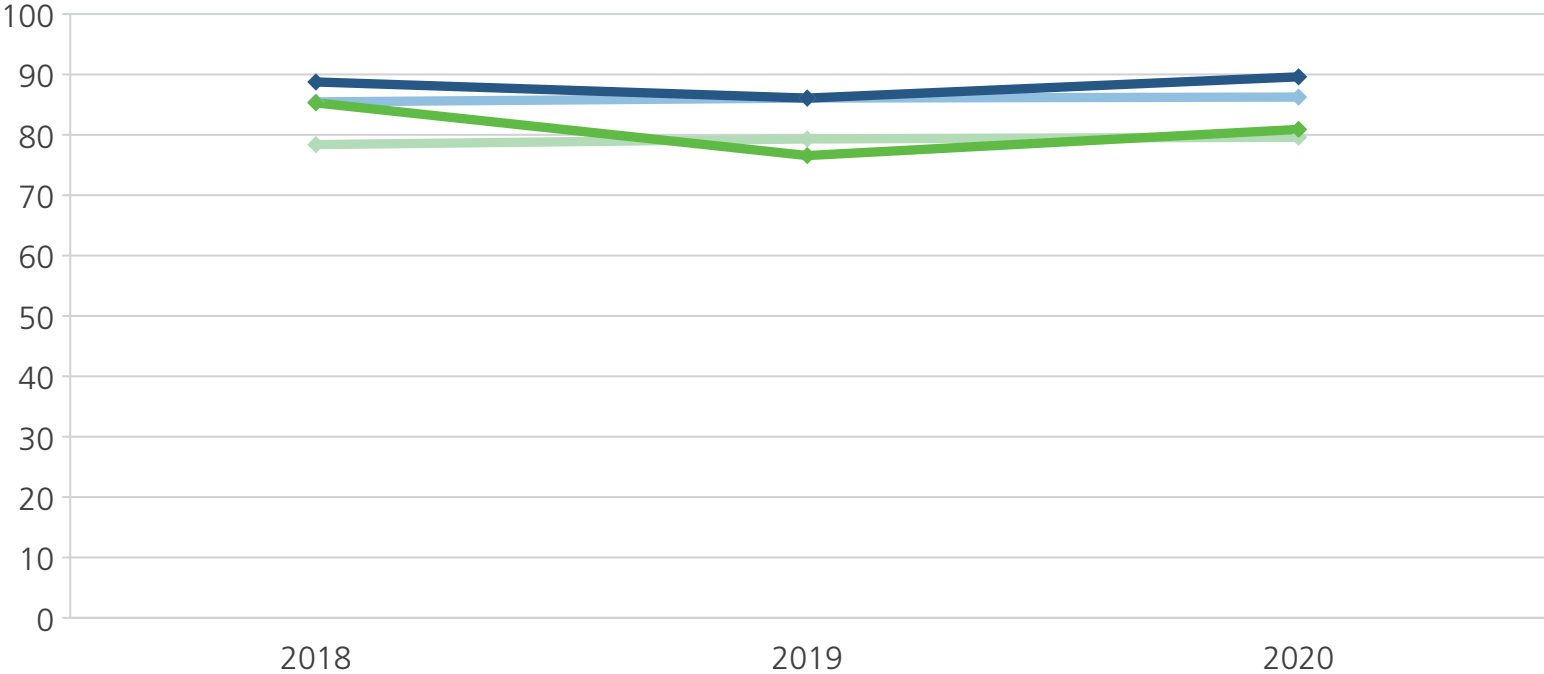
125

108

544

Average calculated as the median for the benchmark group

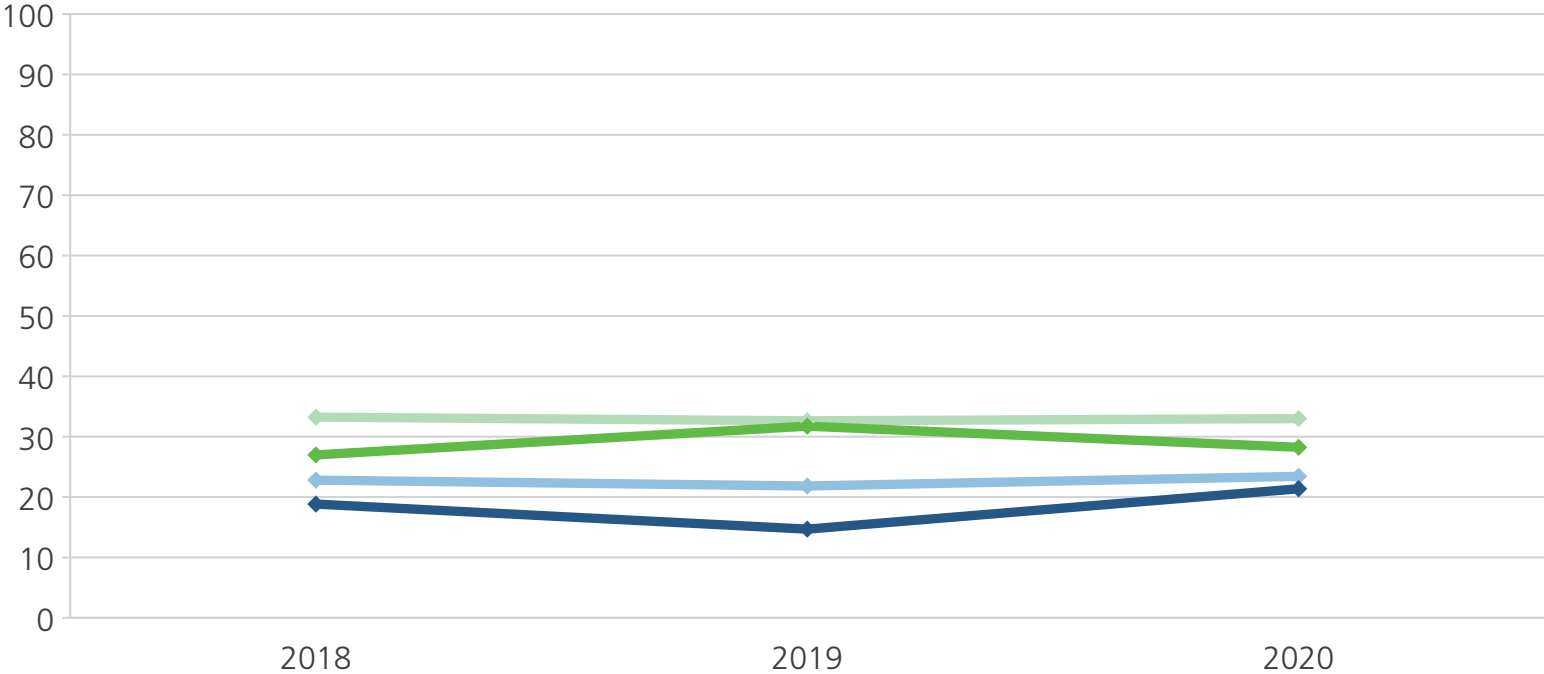
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



Staff with a LTC or illness: Your org	85.3%	76.6%	80.9%
Staff without a LTC or illness: Your org	88.8%	86.1%	89.6%
Staff with a LTC or illness: Average	78.4%	79.3%	79.6%
Staff without a LTC or illness: Average	85.5%	86.1%	86.3%

Staff with a LTC or illness: Responses	68	64	267
Staff without a LTC or illness: Responses	329	273	1,289
Average calculated as the median for the benchmark group			

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



Staff with a LTC or illness: Your org	27.0%	31.7%	28.2%
Staff without a LTC or illness: Your org	18.8%	14.7%	21.4%
Staff with a LTC or illness: Average	33.2%	32.6%	33.0%
Staff without a LTC or illness: Average	22.8%	21.8%	23.4%

Staff with a LTC or illness: Responses63

Staff without a LTC or illness: Responses207

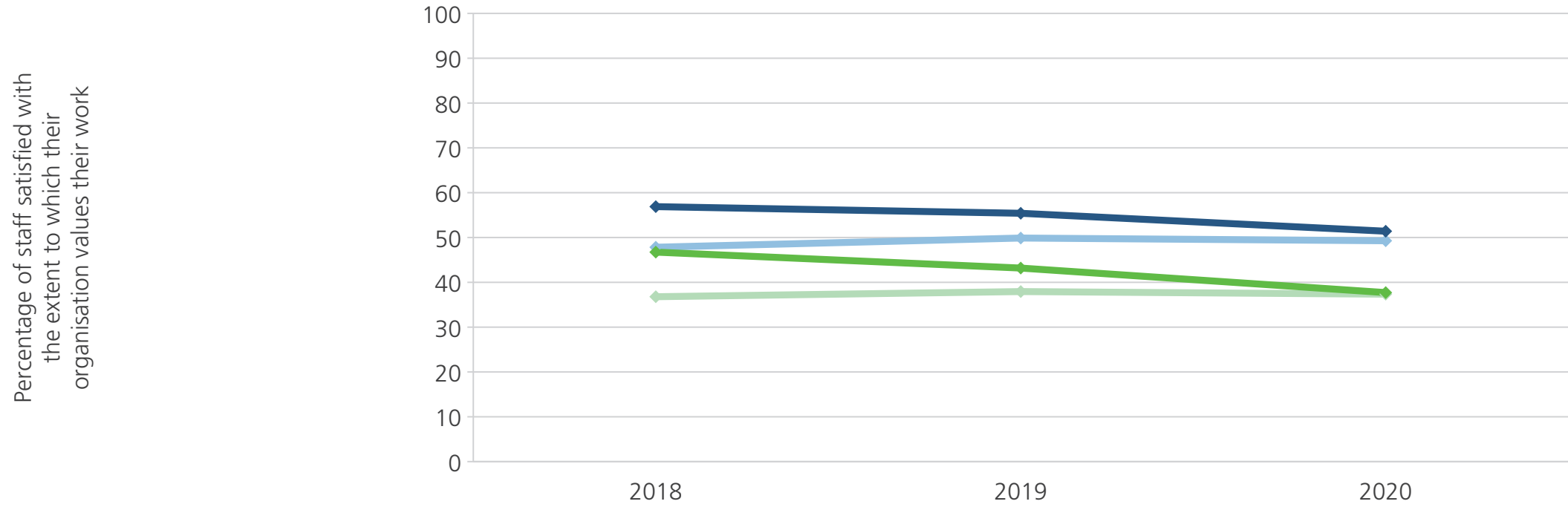
63

177

262

725

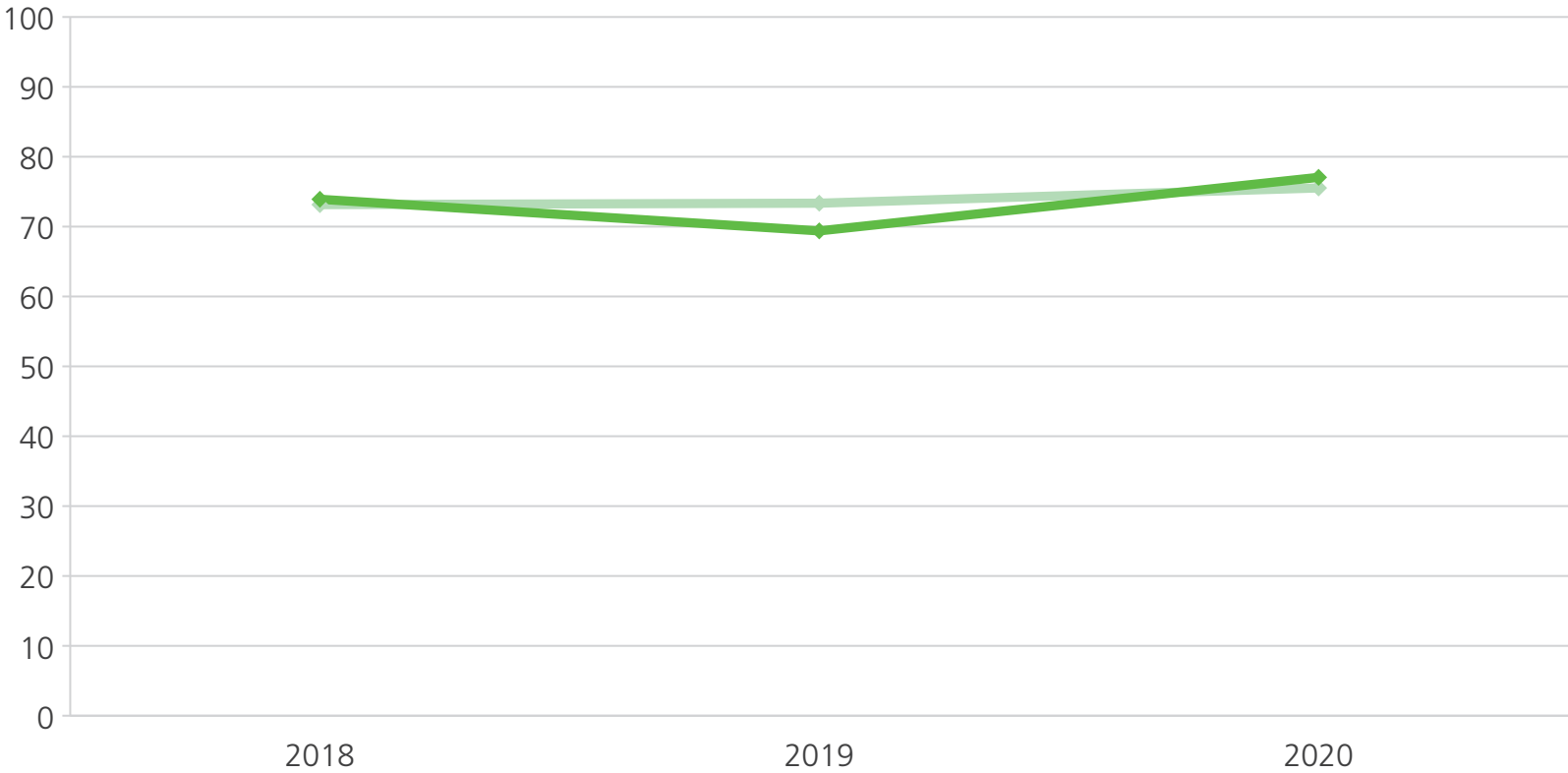
Average calculated as the median for the benchmark group



Staff with a LTC or illness: Your org	46.7%	43.2%	37.7%
Staff without a LTC or illness: Your org	56.9%	55.4%	51.4%
Staff with a LTC or illness: Average	36.8%	37.9%	37.4%
Staff without a LTC or illness: Average	47.8%	49.9%	49.3%
Staff with a LTC or illness: Responses	92	88	419
Staff without a LTC or illness: Responses	450	370	1,782

Average calculated as the median for the benchmark group

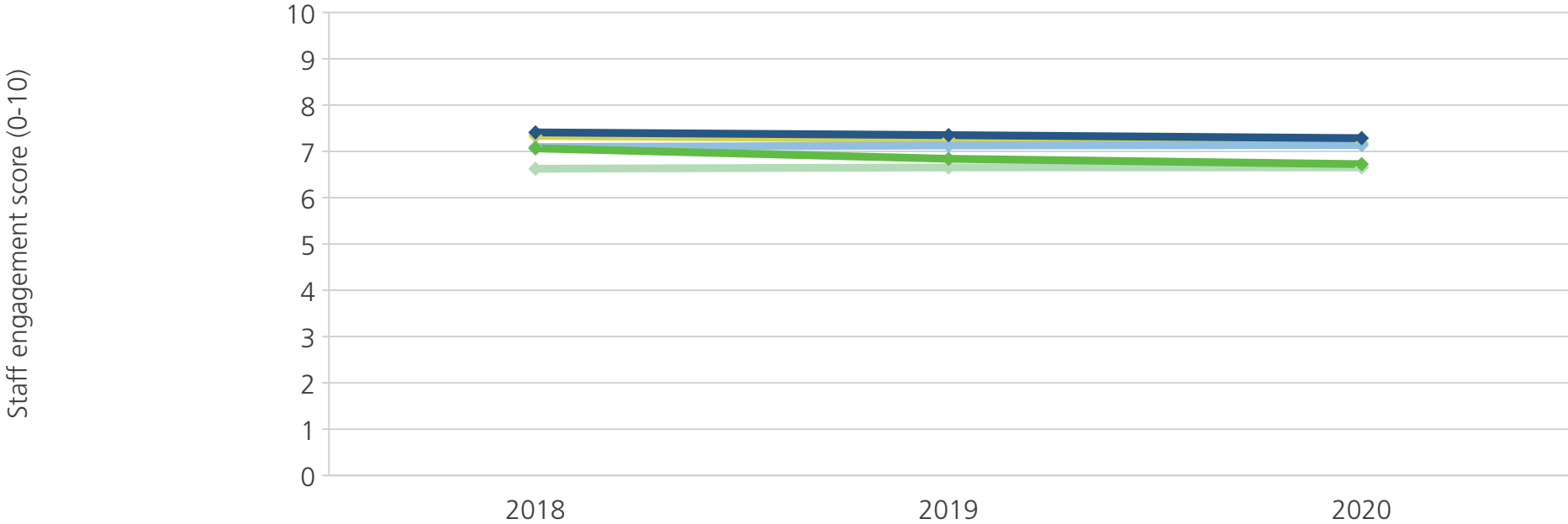
Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



Staff with a LTC or illness: Your org	73.9%	69.4%	77.0%
Staff with a LTC or illness: Average	73.1%	73.4%	75.5%

Staff with a LTC or illness: Responses 46 49 244

Average calculated as the median for the benchmark group



Organisation average	7.3	7.3	7.2
Staff with a LTC or illness: Your org	7.1	6.8	6.7
Staff without a LTC or illness: Your org	7.4	7.4	7.3
Staff with a LTC or illness: Average	6.6	6.7	6.7
Staff without a LTC or illness: Average	7.1	7.1	7.1

Organisation Responses	550	472	2,266
Staff with a LTC or illness: Responses	92	89	424
Staff without a LTC or illness: Responses	452	372	1,812

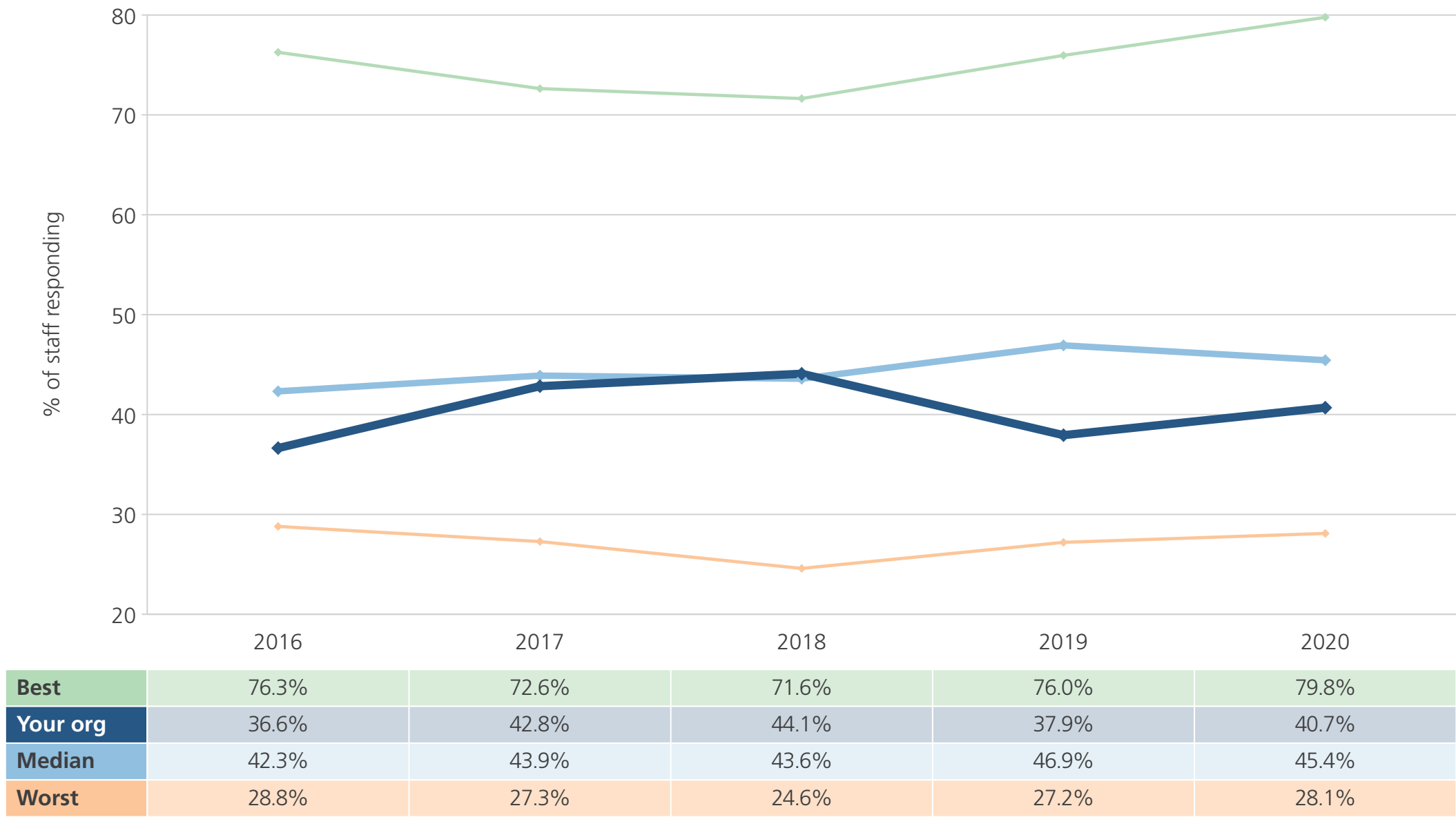
Average calculated as the median for the benchmark group

Appendices

Bolton NHS Foundation Trust
2020 NHS Staff Survey Results

Appendix A: Response rate

Bolton NHS Foundation Trust
2020 NHS Staff Survey Results



Appendix B: Significance testing - 2019 v 2020 theme results

Bolton NHS Foundation Trust
2020 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's, whereas ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	9.1	461	9.3	2240	Not significant
Health & wellbeing	6.2	468	6.2	2245	Not significant
Immediate managers †	7.1	473	7.0	2258	Not significant
Morale	6.5	459	6.5	2257	Not significant
Quality of care	7.6	399	7.8	2038	Not significant
Safe environment - Bullying & harassment	8.2	463	8.3	2250	Not significant
Safe environment - Violence	9.5	463	9.5	2244	Not significant
Safety culture	7.1	464	7.1	2260	Not significant
Staff engagement	7.3	472	7.2	2266	Not significant
Team working	7.1	469	6.7	2213	↓

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

Title	Quality Assurance Committee Chair Report
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Meeting:	Board of Directors	Purpose	Assurance	✓
Date:	25 th March 2021		Discussion	
NED Sponsor	Andrew Thornton		Decision	

Summary:	<p>The Quality Assurance Committee has met twice since the last Board of Directors' meeting.</p> <p>In January the Committee approved three SI reports and extended apologies on behalf of the Board to those affected by these incidents.</p> <p>In the meeting held earlier this month, the Committee received the quarterly mortality report and spent a significant portion of the meeting discussing the report and the comprehensive action plan.</p> <p>Committee members discussed the factors influencing these metrics which can be broadly categorised as quality of data or quality of care. While the Committee felt the Crude mortality rate provided a level of assurance about the quality of care they agreed it was important to undertake further work on the action plan before presenting to Board. The Committee will receive monthly updates on the mortality report with an update to Board scheduled for May 2021.</p> <p>A highlight of the February meeting was a presentation from the Cultural Liaison midwife, this provided a real insight into the challenges in some areas of the local community and prompted a valuable discussion on the wide ranging impact of inequalities. The presentation will be shared with the full Board in May 2021</p> <p>Further detail provided in the reports attached.</p>
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Previously considered by:	The Quality Assurance Committee
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Proposed Resolution	Board members are asked to note this report
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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:	Andrew Thornton Chair of the QA Committee
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Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	17 February 2021	Date of next meeting:	17 March 2021
Chair:	A Thornton	Parent Committee:	Board of Directors
Members present/attendees:	F Noden, A Ennis, F Andrews, M Forshaw, J Njoroge, R Ganz, M Brown, E Steel, R Sachs. Representation from the five clinical divisions	Quorate (Yes/No):	Yes
		Key Members not present:	Francis Andrews, Donna Hall, Paul Settle, Rizwan Malik

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story		The Committee heard the story of the support provided to accommodate the needs of a patient with cognitive issues enabling him to have necessary surgery in a safe and caring environment	Benefits of patient centred collaborative approach noted
Covid Update		Update on the impact of Covid-19 on the Trust, the vaccine roll out and the ongoing work to ensure that patients needing urgent treatment for other needs continue to be seen	Update noted
Clinical Governance and Quality Committee Chair Report		Key points to note: <ul style="list-style-type: none"> Pneumonia pilot provided positive outcomes Decrease in antimicrobial stewardship due to not being able to undertake audits Ockenden actions to be included in Quality Account 	Actions in place to resume audits
Quarterly Falls Report		Performance remains within the national target although the local stretch target has not been achieved – increase in activity on B and C wards in relation to influx of Covid patients	Report noted

Committee/Group Chair's Report

Quarterly Pressure Ulcer Report		Decrease in overall pressure ulcers during Q3 but slight increase in pressure ulcers associated with oxygen delivery devices in relation to Covid. Committee members discussed the impact of outsourced diabetic foot screening – this is now carried out in GP surgeries and as with many other routine procedures has been impacted by the pandemic	Report noted, Committee assured that all possible actions being taken and no category three or four ulcers reported
Quality Account Update - Diabetes		Good progress made on training compliance and improvement in reducing the number of hypoglycaemic attacks.	Discussion linked back to the earlier discussion on diabetic foot care and the need to focus on preventative care
Divisional Quality Report – Family Care Division		Q2 report covering a period when many services other than maternity were running at a reduced level with staff deployed to support the pandemic. The division highlighted work being done to improve services on the early pregnancy unit	
Quality Account Update – Consultant Presence at Handovers		Consultant presence now at 93 – 98% - also working to include presence of other members of the MSK within the audit	The division are keen to continue to improve on this metric and to improve on documentation
Third and Fourth Degree Tears		We are an outlier although there has been a national increase – incidence reduced in Jan action plan and Obstetric Anal Sphincter Care Bundle implemented Cultural relationship midwife engaged	The Committee noted the report as a good starting point and asked for a follow up report in three months
Stillbirths Assurance Report		The Trust are not an outlier but further work is required on the data which currently includes late terminations	Director of Quality Governance to work with the division and take follow up report through Clinical Governance in 3 months.

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

Committee/Group Chair's Report

SI report approval		The committee received and approved three final SI reports and expressed apologies on behalf of the Trust to those affected by each incident. One report related to the suicide of a patient in our care, and two related to concerns about care delivery	Reports approved - Committee members agreed that the report relating to the suicide of a patient should be shared with the full Board
Quality Account Arrangements		noted	
QA Committee Terms of Reference & Workplan 2021		noted	
Risk Management Committee Chair report		No issues escalated	
Comments			
Risks Escalated –			

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

Committee/Group Chair's Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:		Date of next meeting:	
Chair:	A Thornton	Parent Committee:	Board of Directors
Members present/attendees:	F Noden, F Andrews, J Njoroge, S Martin, A Hansen, R Wheatcroft, M Brown, E Steel, R Sachs. Representation from the five clinical divisions D Sankey	Quorate (Yes/No):	Yes
		Key Members not present:	A Ennis, K Meadowcroft (deputies in attendance)

Key Agenda Items:	RAG	Key Points	Action/decision
The meeting which was held by WebEx was well attended with no untoward issues			
Patient Story		In place of the patient story, Benash Nazmeen, Specialist Cultural Liaison Midwife provided a thought provoking presentation on the work that she does with some of the different communities within Bolton. The presentation highlighted the real challenge of inequality and the impact on health outcomes	The Committee spent longer than usual discussing what all agreed to be a vital topic – all were in agreement that the wider implications of inequality must thread through everything we do. Presentation to be shared with TMC and with May Board of Directors
Clinical Governance and Quality Committee Chair Report		The Medical Director reported on a packed agenda which included a number of the papers included elsewhere in this report - a number of papers were deferred to the April meeting to allow time for discussion	Report noted
		The Committee had some concerns with regard to the data on radiology reporting times – plans were agreed to review the data and report back in June 2021	

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

Committee/Group Chair's Report

Divisional Governance Report A and S		Comprehensive report providing assurance that although there are challenges, particularly in relation to the impact of Covid on elective and cancer performance. While there have been some 104 day breaches performance benchmarks well with other Trusts.	Report noted
Improving hydration		Good progress made in Q3 on education and communication strategy – ongoing work to develop SOPs for hydration stations	Report noted
Divisional Quality Report – Diagnostics and Support		Comprehensive report including detail on the roll out of Covid testing and vaccination programmes.	Report noted
Mortality		The Medical Director presented a comprehensive analysis of the current position including the action plan implemented to drive improvement. The Trust's SHMI and HSMR rates are a concern and while Committee members had some assurance that depth of clinical coding is a factor all were agreed that this must be a high priority for the Trust. Committee members requested monthly updates on the actions taken to be followed by a formal report to Board	Monthly updates to QA Committee Actions within the report noted including increased resource within the Medical Director's Office
Learning from Deaths		The report provided an update on the Learning from Deaths Programme including data and lessons learned. The Trust has independent Medical Examiners to lead the review process and Dr Kevin Jones has been commissioned to complete reviews on suspected nosocomial Covid deaths.	Agreed that in future report should be submitted to QA Committee on a quarterly basis with a six monthly update to Board

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

Committee/Group Chair's Report

DNA CPR		Report prepared and presented in response to two letters in the Bolton News expressing anecdotal concerns about the DNA CPR process. A review was instigated including a spot audit of DNA-CPR decisions and documentation and while there were examples of good practice and documentation of discussion with families some areas for improvement were identified	The Committee agreed that the report provided some assurance with regard to the process and noted the agreed actions
Updated IPC assurance framework		The Deputy Chief Nurse presented an update to the self-assessment framework and advised that there were no areas of non-compliance. Some areas were identified where actions could strengthen arrangements	Report noted
Quality Account Arrangements		Report setting timeline and priorities	Report noted
PEIP Committee chair report		Three areas identified with moderate assurance however actions are in place to follow up on these areas.	Report noted
Safeguarding Chair report		The report provided assurance that staff are fully compliant with level one and level two training. Rated amber in recognition of the increased level of referrals during the first and second wave of the pandemic (this decreased after Christmas)	Report noted
Health and Safety Committee Chair report		The report summarising the discussions at the March Health and Safety Committee provided a good example of the escalation and risk management system illustrating a risk in relation to CCTV that had been identified and escalated by the Security Committee and then escalated on to the Risk Management Committee where it was agreed that a proposal would	Report noted

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

Committee/Group Chair's Report

		be developed for review and approval by the Executive team	
Risk Management Committee Chair report		The Committee which is now chaired by the Director of Finance is functioning well with key risks well-articulated and an increasing level of confidence that there is a robust line of sight on risks	
Comments			
Risks Escalated – Mortality paper to be presented to Board in May 2021			

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

Agenda Item
13

Title:	Learning from Deaths Report
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Meeting:	Board of Directors	Purpose	Assurance	✓
Date:	25th March 2021		Discussion	✓
Exec Sponsor	Dr Francis Andrews		Decision	

Summary:	<p>This paper provides an updated position from January 2021 relating to the Learning from Deaths Programme, including data* and lessons learned.</p> <p>Plus, a proposal to amend future reporting schedule to ensure reporting reflect most up to date quarter end position.</p> <p><i>*Please note Q4 20/21 data will not be available until April 2021</i></p>
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Previously considered by:	QAC and Board in January 2021; QAC in March 2021
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Proposed Resolution	The Committee is asked to discuss the content of the report and approve the proposal regarding amendments to the reporting schedule
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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:	Debbie Redfern, QI Programme Manager	Presented by:	Dr Francis Andrews, Medical Director
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Glossary – definitions for technical terms and acronyms used within this document

LFD	Learning from Deaths
SJR	Structured Judgement Review
Ledger	Learning Disabilities Mortality Review Programme
RCP	Royal College of Physicians
NQB	National Quality Board
LFDC	Learning from Deaths Committee
QAC	Quality Assurance Committee
PDOC	Procedural Documentation Committee
GMMH	Greater Manchester Mental Health Trust

1. Background

In line with recommendations from the National Quality Board (NQB) – the Learning from Deaths process has been established to review and understand areas for improvement and excellence for learning purposes following the death of a patient (adult inpatient)

From which trusts are required to collect and publish, on a quarterly basis, specified information on deaths, including:

- Total number of inpatient deaths (including ED deaths for acute trusts)
- Total number of deaths subject to case review (SJR)
- of those deaths subject to SJRs the number of deaths judged more likely than not to have occurred due to problems in care

Plus, capture and share actions and learning points from the SJRs conducted for continuous improvement purposes.

This report provides the above information for adult inpatient deaths only, noting that maternal, neonatal and paediatric deaths are subject to different nationally directed processes, this information has been included in this report to give a comprehensive overview (see appendix 2).

Learning from Deaths Methodology – adult inpatient only

In summary the process involves taking a sample of adult inpatient deaths as well as looking at mandated categories such as deaths in patients with a learning disability, family concern, alert diagnosis etc. using a validated 'Structured Judgement Review' tool to assess the quality of care, whilst providing tangible evidence of learning from deaths.

The benefits realised by this approach include:

- Targeting of reviews to areas of mortality concern to improve patient care e.g. Pneumonia, COVID-19
- Use of a validated judgement tool
- Mutual support for reviewers
- Use of an electronic form that can be stored on a new database with easy retrieval for audit purposes
- Learning from good practice in care as well as learning from practice where things could have been better

Initial (primary) reviews are conducted by a trained reviewer; individual components of care are scored on a 5-point scale and an overall score is also determined. For any patient who is scored as 1 or 2 (very poor or poor) overall then the LFDC members collectively undertake a secondary review to determine whether the reviewer scores, especially the overall score are justified. Each case is also reviewed to determine whether on balance the death was more likely than not to have resulted from problems in care. If after the secondary review the overall score is 1 or 2 then the case is scoped to determine whether a divisional review or serious incident report needs to occur.

Cases deemed to be uniformly excellent are also reviewed at LFDC and any actions and learning points are captured are shared monthly via Learning from Deaths Learning slides (LFD slides from February 2021 can be found in appendix 3)

2. Proposed changes to reporting schedule:

As stated above trusts are required to publish their learning from deaths data on a quarterly basis.

Due to the way the data is collected, data will always be in retrospect and be continuously updated. However, in order to better synchronise reporting with the quarter ends we propose to amend the reporting schedule to the following:

March 2021 - QAC and Board (regular update and proposed schedule going forward

Month to report latest quarter *	Reporting Committee
July (Q1)	QAC and Board
October (Q2)	QAC
January (Q3)	QAC and Board
April (Q4)	QAC

**Each quarterly report will include a refresh of the four previous quarters to date to ensure up to date performance as per the date of report.*

The QAC and Board are asked to approved this proposal

3. Summary of progress up to Q4 2020/21:

- Currently there are 27 SJR trained reviewers forming the corporate learning from deaths reviewer group, plus 2 Medical Examiners for overview of process
- Additional SJR train the trainer to increase training capacity and sustainability of the training going forward
- Corporate support from Business Intelligence, Patient Services and Clinical Effectiveness – to facilitate the process and highlight inclusive patients
- Over 500 deaths reviewed using structured judgement methodology
- Learning from Deaths Policy published: <http://intranet.boltonft.nhs.uk/Interact/Pages/Content/Document.aspx?id=17543>
- Bereaved Family and Carer Engagement Policy ratified
- Establishment of Learning from Deaths Committee with oversight of the trust process, mortality metrics, collating and tracking actions and learning from reviews.
- Process for information provision to assist with LeDer reviews, Serious Incidences, investigations, complaints and GMMH reviews.
- Collation and distribution of monthly learning slides to share trust wide – see appendix 3 for example
- Establishment of Medical Examiner and Medical Examiner Officer roles - whilst impartial to the Trust and independent to the Trust's governance arrangements Medical Examiners will aim to scrutinise and review all deaths within the Trust identifying and referring any deaths of concern via the structured judgement review or direct for divisional review; whilst also identifying learning points, areas of excellence and opportunities for improvement. The Medical Examiners Officers will have the ability to cross reference intelligence from incidents (Safeguard) with known facts from the medical records
- NHS England and Improvement COVID-19 BAME Review - national guidance issued in October 2020 has advised trusts to switch focus from previous priority patient alert groups to COVID-19 patients, consideration given to including a

specific focus on deaths from BAME communities and other groups suffering disproportionate impacts from COVID-19. Therefore, during the COVID19 pandemic, from November 2020, deaths from COVID-19 have been added to the mandated deaths as an alert group with an emphasis on identifying BAME groups as a priority for review, until further notice.

- Participation in RCP COVID Review Programme – led by Consultants Dr R Lennon, Dr L Edwards and Dr J Ruddlesdin.
- Nosocomial Covid death review – Led by Dr K Jones

4. Learning from Deaths Process - Adult Inpatient Deaths only - Data

A comprehensive summary of data from the adult inpatient learning from deaths process can be found in appendix 1. Please see summary and narrative below:

	Q4 19/20			Q1 20/21			Q2 20/21			Q3 20/21			Q4 20/21 to date*
	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan
No of deaths	135	114	143	245	144	88	90	111	106	148	82	143	167
No of SJR allocated (sample)	24	6	19	27	35	21	14	23	14	28	36	45	43
No of SJRs completed	24	5	19	27	32	16	12	22	12	25	31	26	9
% SJR completion rate	100	83	100	100	91	76	86	96	86	89	86	58	21
From completed SJR No of deaths caused by problems in care	0	0	0	0	0	0	1	1	0	0	0	1	0

Please note information relating to adult inpatient deaths is provided one month in retrospect by Business Intelligence e.g. February's data is provided mid- March. SJRs are then allocated by Clinical Effectiveness within one week of receipt of this information. SJR reviewers are then given four weeks from allocation to complete the reviews, this is then followed up by an escalation process should the SJR not be completed in the initial four-week timeframe.

**At the time of report production February's death data had not yet been received by BI – therefore is not included. Furthermore, SJR allocation of January's deaths have not yet surpassed the four-week deadline for completion, so the percentage completion rate will increase and this table will be updated in subsequent reports.*

SJR Allocation and Completion rate:

In March 20, due to the emerging COVID-19 pandemic NHS England and Improvement suggested the postponement of trusts' LFD processes. This therefore affected the allocated of SJR from deaths in February onwards and the LFDC was also postponed.

The LFD process recommenced in Q2 20/21, prioritising patients who died in Q4 19/20 and Q1 20/21 from mandated criteria groups e.g. learning disabilities – hence why lower numbers for February and March. LFDC restarted in July 20; however due to operational there was no meeting in December and a condensed meeting in January 2021.

Continuing operational pressures due to the continuing COVID-19 pandemic has affected some reviewer's ability to complete reviews within the initial four-week timeframe. The escalation process is followed and where requested reviews are re-allocated to ensure action and learning can be captured from all allocated reviews.

However, despite the above significant challenges, SJR completion rate for Jan – Dec 2020 is currently 86% which is higher than national average.

Adult inpatients where death was more likely to have occurred due to problems in care

Of the deaths occurring in 2020 reviewed using SJR methodology, the following were considered to be more than likely due to problems in care:

- Q4 19/20 – 0
- Q1 20/21 – 0
- Q2 20/21 – 2*
- Q3 20/21 – 1**

** Pt 1 died 05/07/20 – on SJR primary and secondary review the LFDC concluded death was as a direct result of problems in care. Case referred for SI which was completed and presented at QAC in November 2020.*

An Anticoagulation Task and Finish Group chaired by the Medical Director and led by Chief Pharmacist to address issues highlighted in the SI and further themes from SJRs has been established in February 2021 with a comprehensive improvement plan.

** Pt 2 died – August 20 – reviewed by LFDC in Feb 21. See patient 1 - Appendix 3: Learning from Deaths Learning Slides – February 2021 for more information – case referred for divisional review*

*** Pt 3 – died December 20 reviewed by LFD in Feb. See patient 14 - Appendix 3: Learning from Deaths Learning Slides – February 2021 for more information – case referred for divisional review – outcome may change view that problems in care led to death.*

SJR referred for Divisional Review by the LFDC – Actions and Learning points

Since January 2020 there have been ten SJRs which the LFDC sent for Divisional Review. One was referred for SI scoping, but was concluded a divisional review more appropriate and another was referred for SI scoping but concluded that this incident constituted neither SI nor Divisional Review. Therefore, of the remaining eight:

- Four have a completed divisional review
- Four have been acknowledged by the division and are awaiting review

A summary of action and learning points from the completed divisional reviews are below:

- Reinforce that NEWS2/NEWS scores are escalated and documented appropriately as per RCP guidance.
- Staff education and training re falls risk assessment and implementation of fall management plans.
- During COVID19 visiting restrictions, family members to receive regular updates on relative's condition from MDT. This is especially true for patients with sensory and cognitive impairment who might struggle to keep in touch with their families remotely.
- Minimising ward transfers occurring late in the night/early hours of the morning. The majority of patients who are admitted into hospital are at risk of delirium and

moving these individuals at such hours will precipitate delirium and ultimately increase the risk of falls.

- Careful interpretation of negative CoVid19 result in those who are clinically suspicious for CoVi19. Flow team should work closely with senior clinicians when moving this group of patients rather than rely solely on CoVid19 swab results.
- Follow Trust anticoagulation guidelines with regards to atrial fibrillation and venothromboembolism management.
- Ward pharmacists to review the inpatients prescription daily, to help identify prescribing errors.
- Better communication between the doctors, nurses, hospital at night team with regards to review and management of unwell patients.
- Recognition of the acutely ill patient by ward staff, to facilitate timely escalation to senior medical team and the clinical nurse practitioner.
- Follow the trust e-observation policy.
- Ensure that medical admissions are reviewed by consultant within 14 hours of admission
- Highlight Importance of blood culture as part of septic screen
- Work with our nursing staff to ensure patients are weighed as and when clinically needed
- Look at better and more efficient way of handover, especially of long stay patients when consultants change every 2 weeks in the Gastro ward (GRL)
- Good practice - NEWS escalation during night shift, Discussions and updating family, Considered COVID as part of diagnosis and management
- Recommendations - EPR to highlight need for senior review rather than Extramed. This will allow patients to be allocated in time or priority order and consultants will be able view on one screen rather than having to log into individual wards.

Sharing Learning from Deaths:

At each LFDC each case where the care was judged to be poor or very poor, a secondary review is completed by the committee, plus the opportunity to review a case of excellence. Actions and learning points from each case reviewed are collated and disseminated to the organisation via the Learning from Deaths Learning Slides (see appendix 3 for example). The slides are distributed each month to the divisional triumvirate, governance leads and medical education for dissemination, plus included in the papers at Mortality Reduction Group. A condensed version is also included in the wider Governance Learning Slides which are distributed via Clinical Governance and Quality Assurance Committees.

5. Challenges:

COVID-19

As mentioned above the COVID-19 pandemic has posed significant challenges to the LFD process, mainly in the following ways:

- NHS England and Improvement suggested postponement of trusts' LFD processes – this led to a drop in cases reviewed and a backlog once the process recommenced in July 20. Priority is given to those deaths from the mandatory criteria e.g. learning disabilities to ensure at a minimum these deaths are reviewed.
- SJR reviewer capacity – operational pressures have meant some reviews have not been completed in the initial four-week timeframe. An escalation process is followed and cases are reallocated where required.

- SJR training sessions – whilst interest in becoming part of the SJR corporate reviewing team remains high. COVID-19 and social distancing restrictions have led to cancellation of training sessions and severe restriction in capacity of those that have taken place. However, we have an additional SJR Train the Trainer which will help training capacity and the sustainment of training going forward in 2021 once social distancing and non-mandatory training restrictions are relaxed,

Reduction in the number of corporate SJR reviewers

To date 45 members of clinical staff have received the SJR training, however there is currently 27 trained reviewers operating – an attrition rate of 40%. This is due to a variety of reasons including, staff have left the trust, changed roles or have withdrawn from the programme due to operational pressures. Please note time to complete reviews is not built into job plan-but this is now being revisited by the medical director. It typically takes 1-2 hour to complete a review and whilst every attempt is made to allocate only one review each per month, if there are insufficient reviewers this is not always possible and may cause overburden of the current SJR reviewers. This is currently on the risk register.

However, interest in becoming a SJR reviewer remains high and as soon as operational pressure allow training sessions can be arranged to translate this interest into SJR capacity – this is unlikely to happen until summer 2021 at the earliest.

Additional demand for SJRs

- Additional/changing requirements from NHS England and Improvement - National guidance advised trusts to switch focus from previous priority patient areas to COVID-19 patients, with consideration given to a specific focus on deaths of individuals from BAME communities and other groups who are suffering disproportionate impacts from COVID-19. This has been actioned from November 2020, however if the number of patients is significant this may affect our ability to complete reviews from other mandated groups. Prioritisation is in action and any issues will be escalated to the Medical Director for discussion and decision.
- Medical Examiners referring into SJR - Whilst impartial to the Trust and independent to the Trust's governance arrangements Medical Examiners can refer any deaths of concern for structured judgement review. This had led to an increase in demand for SJR in a pool of limited reviewers e.g. 18% SJR demand in December and January originated from Medical Examiners. This links back to the points above and action being to offer SJR training to interested parties once operational pressures allow.
- Nosocomial Covid SJR reviews: Dr K Jones has been commissioned to complete SJR reviews on suspected nosocomial covid deaths. Originally deaths in November and December were included, but has since been expanded. Whilst the primary review is conducted by K Jones, the cases where patients died of nosocomial covid-19 and require a secondary SJR review, which in turn has created pressure on the LFDC team to review the sizeable backlog of patients. The Medical Director, Deputy Medical Director and Assistant Director of Infection Prevention Control plan to meet with Dr Jones to draft terms of reference on how to review these specific patients and create an action plan on how to perform secondary reviews on the backlog so learning can be shared.

6. Summary and Recommendations

The learning from deaths programme continues to evolve and strengthen, with key areas of progress in Q4 20/21 being:

- Learning from Deaths policy published
- RCP COVID-19 Review Programme
- Nosocomial covid death review

However, current challenges to the LFD programme are:

- COVID-19 and operational pressures
- Reduction in the number of corporate SJR reviewers
- Additional demand for SJRs

Recommendation

The Board of Directors is asked to discuss the content of the report and approve the proposal regarding amendments to the reporting schedule

Appendix 1

Learning from Deaths – data breakdown (adult inpatient)

	Quarter 4 19-20			Quarter 1 20-21			Quarter 2 20-21			Quarter 3 20-21			Q4 20/21 to date*
	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan
Number of In-patient Deaths	135	114	143	245	144	88	90	111	106	148	82	143	167
Number Cases (Sample)	24	6	19	27	35	21	14	23	14	28	36	45	43
COMPLETED	24	5	19	27	32	16	12	22	12	25	31	26	9
%	100	83	100	100	91	76	86	96	86	89	86	58	21
Source													
Mandated Death (Alert Diagnosis)	4	1	8	0	4	2	6	3	5	3	0	13	22
LD Death	2	0	1	3	1	1	1	1	0	3	1	1	0
Mental Health Death	12	5	9	19	17	11	5	9	9	10	12	5	8
sample	6	0	1	0	12	7	0	10	0	9	0	1	0
Requested by cons/matron/Family	0	0	0	5	1	0	1	0	0	2	3	1	1
Diabetes Death	0	0	0	0	0	0	0	0	0	0	0	0	0
NELA Death	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICAL REVIEWER	0	0	0	0	0	0	1	0	0	1	0	7	9
BAME + COVID-19 Death	0	0	0	0	0	0	0	0	0	0	20	17	3
TOTAL	24	6	19	27	35	21	14	23	14	28	36	45	43
Overall Score													
1 (Very Poor)	2	0	1	0	0	0	0	0	0	0	0	1	0
2 (Poor)	1	0	3	4	5	2	1	5	3	4	8	9	3
3 (Adequate)	4	2	1	9	4	3	3	3	4	1	7	3	3
4 (Good)	12	2	14	10	21	7	8	11	4	12	13	12	3
5 Excellent	5	1	0	4	2	4	0	3	1	8	3	1	0
	24	5	19	27	32	16	12	22	12	25	31	26	9

Appendix 2 – Maternal, still birth and neonatal deaths

Details of maternal deaths, still births, neonatal deaths and childhood deaths are given in the table below to provide an overall position of Trust mortality and it should be noted that these cases are subject to a separate process of investigation and reporting

Deaths for Q4 2019-2020 to Q3 2020-2021: Maternal, stillbirths, neonatal and childhood deaths

	Q4 Jan-March 20	Q1 April-June 20	Q2 July-Sept 20	Q3 Oct – Dec 20
Maternal Deaths	0	0	0	0
Still births	5	9	4	5
Neonatal deaths	3	5	1	2
Child deaths (excluding stillbirth and neonatal death)	0	0	0	0

Details of stillbirths

Q4: Rapid review of all cases and all unavoidable

Q1: Rapid review of all cases, 2 had further divisional reviews and 1 referred to HSIB. All deemed unavoidable following reviews including HSIB. Some learning points identified following divisional reviews

Q2: Rapid review of all cases, 3 unavoidable, one currently under investigation by HSIB. Scoped as an SI. May have been unavoidable – awaiting outcome.

Q3: Rapid review of all cases, 2 unavoidable, one stillbirth at 38 + 2 weeks. Appropriate pathways followed but with some non-compliance with Diabetic pathway. Serial scans and regular monitoring. There were 2 cases of congenital abnormality both referred to St Mary's and offered medical termination of pregnancy which was declined and opted for conservative management – fetal demise at 26+3 weeks and at 30 weeks.

Details of neonatal deaths

Q4: Rapid review of all cases, one divisional review, all deemed unavoidable

Q1: Rapid review of all cases, all deemed unavoidable.

Q2: Non-viable baby born at home prematurely with signs of life-rapidly died before ambulance arrived. Coroner since agreed to class as a stillbirth

Q3: Rapid review of all cases, one expected early neonatal death unavoidable, one Cord prolapse at 23 weeks – baby did not survive.

Governance Learning Slides 2020-2021 February 2021 – Learning from Deaths



- Structured Judgement Review (SJR) methodology is used to perform an objective review of the patient's last episode of care as an inpatient, in order to understand areas of good practice and elements of improvement for sharing and learning purposes.
- Certain groups of patients and clinical conditions are mandated to have a SJR performed, plus a random sample per month. Medical Examiners can now request SJR
- There are a group of corporate SJR trained reviewers who represent the clinical MDT and perform reviews on a monthly basis.
- >470 deaths reviewed to date – deaths with overall rating of poor, very poor are subject to MDT secondary review at Learning from Deaths Committee where actions and learning points recorded, plus reviews rated as excellent reviewed for positive learning
- Learning from Deaths Committee took place on 11/02/21, the following slides are a summary of cases reviewed.

...for a **better** Bolton

LFD meeting 11/02/21
Slides Approved 01/03/21

- Patient 16 – overall rating – **EXCELLENT**
- Male – 74 y/o Died B3- May '20
- Cause of death - COVID pneumonitis



Positives and Learning:

- Clear documentation about premorbid state and dependence
- Diagnosis of COVID made early in admission
- Ceiling of care and DNACPR
- Ongoing communication with patient and family
- Palliation of symptoms Family and patient aware
- Excellent care for short hospital stay

...for a **better** Bolton

- Patient 1 – overall rating –**poor**
- Male – 91 y/o
- Died Aug '20 - Ward C1
- Cause of death - 1a) bronchopneumonia 1b) CCF 1c) aortic stenosis 2) frailty, CKD
- #NOF in May, spent 8 weeks in Lab lodge. discharged for one day, admitted following mechanical fall from wheelchair.

Positives:

- Discharge letter and meds from Lab lodge available. good nursing assessments.
- Came in with DNACPR
- Thorough assessment in ED with XRs and CT head and body map done in ED.
- Admitted as XRs needed ortho/radiology review and medics wanted to assess CXR ?heart failure.
- VTE assessment done promptly once CT head findings known.
- IDT referral done promptly on admission
- Referred to heart failure team for assessment and moved to cardiology ward for management as IP - heart failure appears to have been managed well on C1
- Physical needs as he was dying appear to have been met

Learning points:

- **Response to escalation** – Appropriate escalation of NEWS4, no medical review until 15 hours later, causing significant delay to antibiotics. NEWS4 must have bedside review within 60 minutes of escalation.
- **Advanced care planning/holistic view** – good active treatment received, but no recognition of patient's age, frailty and significant cardiac history to initiate. advance care planning whilst patient had capacity – may have enabled discharge to nursing home for end of life.
- **No family needs assessment** and confusion around visiting policy caused distress to family- told 2 at a time, not 2 in total. ward then enforced policy states it is the same 2 visitors, but allowed another visitor (staff member) to visit.

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- Patient 3 – overall rating –**ADEQUATE**
- Female – 84 y/o
- Died September '20 - Ward C1
- Frail, elderly patient with multiple co-morbidities – on review any issues in care did not directly contribute to death.

Positives:

- Clear narrative by ED clerking Dr and medical doctors and review of paramedic info and a working diagnosis of CCF and hyponatraemia
- Sepsis screening completed and ruled out at early stage to provide an alternative diagnosis
- Guidelines followed for CT scanning in an anticoagulated patient –promptly
- Excellent nursing care given fragile skin, marked oedema, high waterlow was recorded, rings and clothing that was cutting in removed and turns documented regularly
- Comprehensive post-take round and holistic consultant review again over the bank holiday weekend
- Frail patient with complex care needs - primary issue appeared to be fall in the context of decompensated heart failure with marked oedema, therefore appropriate to move to C1 for cardiac intervention
- Despite bank holiday - several medical reviews by the ward base team and results of investigation looked at and actioned
- TVN, Podiatry and physio and OT input early to care-good care

Learning points:

- **The importance of documenting conversations with family** – this may have occurred, but was not documented
- **Ensuring a senior review** when patients are deteriorating to determine treatment intentions and enable family to have the opportunity to visit

...for a better Bolton

- Patient 6 – overall rating –**poor**
- Male – 69 y/o
- Died Nov '20 - Ward E3
- Learning disability
- Cause of death - MCCC completed as: 1a HAP 1b Myasthenia Gravis 2 Osteoporosis Rejected by Registrar and referred to coroner

Positives:

- Focussed assessment by ED, amber screen for sepsis, 2 units of blood ordered, referred to medics who then referred to surgeons as primary concern lower GI bleed. Not the correct pathway initially, but can understand the rationale for referral to medicine given complex medical problems -did not cause harm and surgical review was prompt when called
- ED nursing care good-body map
- Recognised LD and allowed NOK to stay
- Moved to E3: consultant review <4 hours, clear plan and daily review by surgical team over weekend
- Prompt MDT input, med rec and pharmacy input
- LD team input from day 4 (first visit not documented but referenced later), frequent input and helped with family liaison-excellent
- Plan for Dx, but delayed by therapy concerns. Patient then became unwell later in the evening with new productive cough, increased RR, new oxygen requirement and good review by surgical junior noting CT reference to left basal consolidation-PEG antibiotics and communicated with family-good care
- Marked deterioration over course of day, consultant surgeon review and discussion with family over ceiling of care and request for medical SpR review
- Prompt Med SpR review -clear plan, steroid doubled, DNACPR discussed with NOK
- Re-review by Night medical SpR-comprehensive : diagnosed shock due to sepsis and possible Addison's-clear documentation of evidenced based management plan
- Once it was recognised that the patient was dying care was holistic, family were present, DNACPR was completed and discussed with family

Learning points:

- **Discharge planning, documentation and handover** - deemed "MFFD" on am ward round with no reference to previous night's NEWS of 7 or abnormal CRP - suggests lack of methodical approach to standard ward round using the EPR document and poor handover about overnight concern
- **Documentation of Learning disability** - There does not appear to be any part of the nursing admission document that references Learning disability
- **Capacity assessment** - no capacity assessment undertaken during admission

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- Patient 14 – overall rating –**poor**
- Female – 79 y/o
- Died Dec '20 - Ward ICU
- Case referred to Coroner: report still to be issued
- PMH: Previous Right mastectomy, COPD with poor performance status, CFS 5/6, Bilateral PUJ obstruction-bilateral ureteric stents, planned elective stent change Nov 2020-cancelled due to covid
- Referred for immediate divisional review

Positives:

- Once septicaemic shock recognized clear plan in place for theatre, subsequent plan and care in theatre and ICU-excellent
- Care on critical Care excellent with clear family communication and best care given recognising that the patient may not survive
- Appropriate assessment by anaesthetist, procedure under LA given poor performance status operation clearly documented
- Post op ICU-all exemplary
- Stepwise withdrawal of support to allow family to come to terms with death-excellent holistic care

Learning points:

- **Documentation** – ED documents missing – not scanned in
- **Failure to recognise septicaemic shock** - Despite pointers to urosepsis, distracted by ? covid and no one took ownership whilst covid result was awaited and inadequate steps were taken to resuscitate this lady in the first 9 hours of admission

Further learning and action to be gained from Divisional Review

...for a **better Bolton**

Title:	Bolton NHS Foundation Trust Maternity Services update in response to the Ockenden report
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Meeting:	Board of Directors	Purpose	Assurance	✓
Date:	25 nd March 2021		Discussion	✓
Exec Sponsor	Karen Meadowcroft		Decision	

Summary:	<p>We are now compliant with 9 of the 12 urgent actions outlined within the initial Ockenden report. This update identifies the outstanding actions to meet all 12 actions by June 2021 (with support from the Local Maternity System and Clinical Commissioning Group).</p> <p>The Family Care Division are working closely with the Executive Safety Champion and Non-executive safety champion to provide ongoing assurance on progress against the initial Ockenden report recommendations. The national portal has not yet opened for submissions, however in the meantime work is underway to ensure evidence is readily available for when the Ockenden reporting portal opens.</p>
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Previously considered by:	<p>Family Care Division – Senior Leadership Team</p> <p>Executive meeting 22nd March 2021</p>
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Proposed Resolution	To update on the current Trust position and outstanding actions
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This issue impacts on the following Trust ambitions				
<i>To provide safe, high quality and compassionate care to every person every time</i>	✓	<i>Our Estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing</i>		✓
<i>To be a great place to work, where all staff feel valued and can reach their full potential</i>	✓	<i>To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton</i>		✓
<i>To continue to use our resources wisely so that we can invest in and improve our services</i>	✓	<i>To develop partnerships that will improve services and support education, research and innovation</i>		✓

Prepared by:	Natasha Macdonald Head of Midwifery Divisional Nurse Director	Presented by:	Natasha Macdonald Head of Midwifery Divisional Nurse Director
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Glossary – definitions for technical terms and acronyms used within this document

IEA	Immediate Essential Actions
Birthrate+	Birthrate+ acuity tool
LMS	Local Maternity System
CNST	Clinical Negligence Scheme Trusts
MDT	Multidisciplinary Team
PROMT	Practical Obstetric Multi-Professional Training
HSIB	Healthcare Safety Investigation Branch
SATH	Shrewsbury and Telford Hospital NHS Trust
NHSE	NHS England
MVP	Maternity Voice Partnership
CTG	Cardiotocograph
DOM	Director of Midwifery

Appendices:

Appendix 1:	Birthrate+ gap analysis

1. Background

Following the publication of the Ockenden report in December 2020, NHS England (NHSE) requested maternity services benchmark themselves against the 12 urgent and essential actions (December 2020) then complete the associated assurance and assessment tool (January 2021). The purpose of this report is to provide a brief update on the trusts current compliance and outstanding actions.

2. Purpose

This paper provides an update to Trust Board on the Maternity services compliance status against the 12 Ockenden urgent and essential safety actions, with assurance of compliance or working towards compliance as requested by NHSE. Progress is being monitored internally by the Family Care Division, maternity teams, safety champions and externally by the Local Maternity System (LMS) and Regional Chief Midwife.

3. Quality and Safety

Bolton NHS Foundation Trust are currently fully compliant with 9 of the 12 urgent actions. Of the three remaining actions, we are partially compliant with clear actions in place to achieve full compliance. A summary of our performance against these actions can be found in the table below (*Figure 1*).

Figure 1. Essential Urgent Actions

Actions/Standard	Position as of December 2020	Current Position/Status	Actions underway to achieve full compliance
Enhanced Safety			
1. Perinatal Clinical Quality Surveillance Model	Non-Compliant	Partially Compliant	Committed to implement the surveillance model – national model not yet available Action: Implement model when confirmed and available
2. Serious Incidents (SI's) shared with Boards/LMS/HSIB	Compliant	Compliant	Compliant as SI process adopted whilst awaiting LMS process
Listening to Women and their Families			
3. Robust service feedback mechanisms	Compliant	Compliant	
4. Exec/Non Exec directors in place	Compliant	Compliant	Bi-monthly safety champion meeting scheduled and taking place
Staff training and working together			
5. Consultant led ward rounds twice daily	Partially Compliant	Compliant	Audit completed

6. MDT training scheduled	Compliant	Compliant	
7. CNST funding ring-fenced for maternity	Partially Compliant	Compliant	Written confirmation from Director of Finance
Managing complex pregnancy			
8. Named Consultant lead/audit	Partially Compliant	Compliant	Audit completed
9. Development of Maternal Medicine Centres	Partially Compliant	Partially Compliant	Clinical Commissioning Group (CCG) to confirm St Mary's as tertiary maternal medicine unit No further action required by Bolton NHS FT
Risk assessment throughout pregnancy			
10. Risk assessment recorded at every contact	Partially Compliant	Partially Compliant	Process changed following initial assessment in December Action: Spot check to be undertaken to re-assess compliance in March 2021 Action: Full audit to be completed in June 2021 to assess compliance
Monitoring fetal wellbeing			
11. Second lead identified	Compliant	Compliant	
Informed consent			
12. Pathways of care clearly described, on website	Compliant	Compliant	

Outstanding Actions from the Ockenden Assurance and Assessment tool

On review of the assurance and assessment tool (previously presented to Trust Board in January 2021) there are still a number of areas of partial compliance. In order to address this the following actions are being considered and progressed:

- A. **Perinatal Mortality Review Tool:** External representation is required for all PMRT and Serious Incident reviews. The Greater Manchester lead for maternity safety midwife is in the process of looking at implementing a regional process. An interim arrangement for mutual aid from North Manchester has been agreed until the regional process is embedded;
- B. Requirement to submit quarterly training reports to the LMS awaiting work plan for submission dates;

- C. **Leadership:** we are currently deemed non-compliant as we have a Head of Midwifery not a Director of Midwifery (DOM). Chief Nurse to consider reviewing and amending Head of Midwifery job title;
- D. Create a job specification for the Cardiotocograph champions;
- E. Establish a regular audit to ensure we are using personalised care and support plans;
- F. Establish a regular audit to evidence shared decision making between service users and care providers.

4. Staff

NHS England requested a staffing gap analysis be undertaken using a nationally recognised tool such as Birthrate+ to ensure adequate staffing. Birthrate+ plus is a recognised acuity tool and a full assessment was undertaken in August 2020. No clinical staffing gaps were identified. See Appendix 1 for the full analysis/report.

5. Summary

We are now compliant with 9 of the 12 urgent actions with a plan to be fully compliant in relation to actions within Bolton NHS Foundation Trust control by June 2021. The annual maternity audit plan includes the requirements of the Ockenden report.

The Maternity team are working closely with the Executive Safety Champion and Non-executive safety champion to provide ongoing assurance on measures taken so far. The Head of Midwifery is working closely with the Regional Midwife.

The Local Maternity System (LMS) are in the process of developing a system to facilitate external peer reviews for serious incident management and subsequent process for scrutiny and learning by the LMS.

6. Recommendations

- Trust board to note progress towards compliance with the emerging findings and recommendations from the Ockenden report;
- Support the proposed actions outlined in this report in order to achieve full compliance;
- Family Care Division to continue working towards full compliance against the 12 urgent actions in partnership with the LMS and CCG.

Appendix 1.



Ockenden Report
Final 9 February 202

Agenda Item
15

Title:	Finance & Investment Committee Chair Reports
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Meeting:	Board of Directors	Purpose	Assurance	✓
Date:	25 th March 2021		Discussion	
Exec Sponsor:	Annette Walker		Decision	

Summary:	The attached Chair's reports are from the Finance and Investment Committee meetings held on 23 February and 23 March 2021.
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Previously considered by:	Finance & Investment Committee.
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Proposed Resolution	The Board are asked to note the Chair's reports.
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This issue impacts on the following Trust ambitions			
<i>To provide safe, high quality and compassionate care to every person every time</i>		<i>Our Estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing</i>	
<i>To be a great place to work, where all staff feel valued and can reach their full potential</i>		<i>To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton</i>	
<i>To continue to use our resources wisely so that we can invest in and improve our services</i>	✓	<i>To develop partnerships that will improve services and support education, research and innovation</i>	✓

Prepared by:	Annette Walker	Presented by:	Jackie Njoroge
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Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	23 rd February 2021	Date of next meeting:	23 rd March 2021
Chair:	Jackie Njoroge	Parent Committee:	Board of Directors
Members Present:	Donna Hall, Becks Ganz, Bilkis Ismail, Fiona Noden, Annette Walker, James Mawrey, Lesley Wallace, Esther Steel, Andy Chilton, Rachel Noble, Adele Morton	Quorate (Yes/No):	Yes
		Key Members not present:	Andy Ennis

Key Agenda Items:	RAG	Lead	Key Points	Action/decision																					
NHS Financial Regime 2021 and beyond		Director of Finance	The Committee received a presentation on the Finance Regime for 2021 and beyond. This covered the strategic financial context, likely arrangements, benefits and risks. This will be discussed further at February’s Board meeting.	Noted.																					
Month 10 Finance Report		Deputy Director of Finance	<p>The Committee received an update on the financial position as at Month 10. This showed an in-month surplus of £0.15m after receipt of top up funds of £3.6m. This is £1.2m better than plan.</p> <p>The financial position is summarised in the table below:</p> <table><thead><tr><th></th><th>Month 10 £m</th><th>YTD £m</th></tr></thead><tbody><tr><td>Base Income</td><td>30.2</td><td>285.9</td></tr><tr><td>NHSI top up</td><td>0.0</td><td>21.9</td></tr><tr><td>GM top up</td><td>3.6</td><td>14.3</td></tr><tr><td>Total</td><td>33.8</td><td>322.1</td></tr><tr><td>Expenditure</td><td>33.7</td><td>323.1</td></tr><tr><td>Surplus/Deficit</td><td>0.1</td><td>(1.0)</td></tr></tbody></table> <p>£1.7m was spent on Covid related items during the month and income of £0.1m was lost.</p>		Month 10 £m	YTD £m	Base Income	30.2	285.9	NHSI top up	0.0	21.9	GM top up	3.6	14.3	Total	33.8	322.1	Expenditure	33.7	323.1	Surplus/Deficit	0.1	(1.0)	Noted.
	Month 10 £m	YTD £m																							
Base Income	30.2	285.9																							
NHSI top up	0.0	21.9																							
GM top up	3.6	14.3																							
Total	33.8	322.1																							
Expenditure	33.7	323.1																							
Surplus/Deficit	0.1	(1.0)																							

	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

			We continue to forecast a deficit of £1.7m for Months 7 – 12 excluding the annual leave accrual.																				
Progress Update on the 20/21 and 21/22 Income and Cost Improvement Programme		Director of Finance	<p>The Committee received an update on the 20/21 and 21/22 Income and Cost Improvement Programme (ICIP).</p> <p>The Trust committed to delivering as much of its 20/21 ICIP as was safe and practical to do so and has approached the planning and preparation of the 21/22 programme in the same way.</p> <p>A final summary of the 20/21 programme was noted as follows:</p> <table><tr><th>ICIP identification 20/21</th><th>W/C</th><th>End 20/21 Dec 2020</th></tr><tr><td>2021 Targets</td><td>FT targets (3%)</td><td>£ 6,219,821</td></tr><tr><td rowspan="3">Foundation Trust current position (exc. iFM)</td><td>Identified 20/21 effect</td><td>£ 5,559,354</td></tr><tr><td>Risk rated 20/21 effect</td><td>£ 5,242,027</td></tr><tr><td>Delivered (20/21)</td><td>£ 4,302,258</td></tr><tr><td colspan="2">Variance to FT 3% target 20/21 effect</td><td>£ 660,467</td></tr><tr><td colspan="2">Variance to FT 3% target risk rated 20/21</td><td>£ 977,794</td></tr></table> <p>Work is ongoing to identify and develop further cost improvement schemes and will include identifying how the benefits from new ways of working can be captured and released.</p>	ICIP identification 20/21	W/C	End 20/21 Dec 2020	2021 Targets	FT targets (3%)	£ 6,219,821	Foundation Trust current position (exc. iFM)	Identified 20/21 effect	£ 5,559,354	Risk rated 20/21 effect	£ 5,242,027	Delivered (20/21)	£ 4,302,258	Variance to FT 3% target 20/21 effect		£ 660,467	Variance to FT 3% target risk rated 20/21		£ 977,794	Noted.
ICIP identification 20/21	W/C	End 20/21 Dec 2020																					
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Variance to FT 3% target risk rated 20/21		£ 977,794																					
Finance Staff Development		Head of Income & Contracting	<p>The Committee received a presentation which provided an overview of:</p> <ul style="list-style-type: none">• Finance Staff Development;• Future Focused Finance – a national initiative focused on culture, workshop and leadership; and,• Bolton FT's progress towards 'Level 3' of the Towards Excellence Accreditation.	The Committee noted progress towards re-accreditation and supported continued efforts to attain Level 3.																			

	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 10 iFM Finance Report		iFM Director of Finance	<p>The iFM Director of Finance presented the iFM financial position for Month 10 and year to date. The overall position is a post tax profit of £371.0k. Details are set out in the table below:</p> <table><tr><td></td><td>Month 10</td><td>YTD</td></tr><tr><td></td><td>£,000</td><td>£,000</td></tr><tr><td>Turnover</td><td>4,317</td><td>28,880</td></tr><tr><td>Expenditure</td><td>-4,377</td><td>-28,251</td></tr><tr><td>Profit</td><td>-60</td><td>629</td></tr><tr><td>Tax</td><td>-5</td><td>-258</td></tr><tr><td>Profit after tax</td><td>(65)</td><td>371</td></tr></table> <p>iFM continue to benefit from the NHSI financial support for Covid related expenditure. Additional Covid costs will be recovered through contract variations from the Trust.</p>		Month 10	YTD		£,000	£,000	Turnover	4,317	28,880	Expenditure	-4,377	-28,251	Profit	-60	629	Tax	-5	-258	Profit after tax	(65)	371	Noted.
	Month 10	YTD																							
	£,000	£,000																							
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Profit	-60	629																							
Tax	-5	-258																							
Profit after tax	(65)	371																							
Risks escalated																									
There were no risks escalated to the Board of Directors.																									

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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)

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	23 rd March 2021	Date of next meeting:	27 th April 2021
Chair:	Jackie Njoroge	Parent Committee:	Board of Directors
Members Present:	Becks Ganz, Bilkis Ismail, Fiona Noden (for part of meeting), Annette Walker, Andy Ennis (for part of meeting), James Mawrey, Lesley Wallace, Andy Chilton, Rachel Noble	Quorate (Yes/No):	Yes
		Key Members not present:	Donna Hall

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Update from the System Finance Group		Director of Finance, Bolton FT/Chief Finance Officer, Bolton CCG	<p>The Committee received an update on the work of the System Finance Group, noting that we are on a journey towards one system with one budget in the future to ensure we effectively use our resources to offer the best possible care and support where it is most needed in the most affordable ways.</p> <p>Details of the principles, framework and financial mechanisms within the System Finance Strategy were provided.</p> <p>The Committee will receive further regular updates.</p>	For noting.
Initial Financial Plan 21/22		Director of Finance	<p>The Committee received a presentation on the Financial Plan for 21/22. This covered the strategic context, financial re-set principles, an opening draft working plan, the capital position and risks. This will be further discussed at March's Board of Directors' meeting.</p>	The Committee supported approval of the working plan.

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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 11 Finance Report		Deputy Director of Finance	<p>The Committee received an update on the financial position as at Month 11. This showed an in-month surplus of £314k, £1.4m better than plan. The year to date position is a deficit of £0.7m, £3.2m better than plan.</p> <p>The financial position is summarised in the table below:</p> <table><thead><tr><th></th><th>Month 11 £m</th><th>YTD £m</th></tr></thead><tbody><tr><td>Base Income</td><td>31.4</td><td>317.3</td></tr><tr><td>NHSI top up</td><td>0.0</td><td>21.9</td></tr><tr><td>GM top up</td><td>3.6</td><td>17.9</td></tr><tr><td>Total</td><td>35.0</td><td>357.1</td></tr><tr><td>Expenditure</td><td>34.6</td><td>357.7</td></tr><tr><td>Surplus/Deficit</td><td>0.3</td><td>(0.6)</td></tr></tbody></table> <p>Excluding annual leave accrual, the current forecast is a £0.4m deficit.</p> <p>The Committee also received updates on cost improvement plans, variable pay, capital spend, cash and loans.</p>		Month 11 £m	YTD £m	Base Income	31.4	317.3	NHSI top up	0.0	21.9	GM top up	3.6	17.9	Total	35.0	357.1	Expenditure	34.6	357.7	Surplus/Deficit	0.3	(0.6)	For noting.
	Month 11 £m	YTD £m																							
Base Income	31.4	317.3																							
NHSI top up	0.0	21.9																							
GM top up	3.6	17.9																							
Total	35.0	357.1																							
Expenditure	34.6	357.7																							
Surplus/Deficit	0.3	(0.6)																							
High Value Supplier Payments	N/A	Deputy Director of Finance	<p>The Committee received an in-year update of the expenditure against the High Value Supplier Payments (expenditure over £2m), noting two additional high value contracts and a revised increase in forecast expenditure for 6 high value supplier payments.</p>	For noting.																					

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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 11 iFM Finance Report		iFM Director of Finance	<p>The iFM Director of Finance presented the iFM financial position for Month 11 and year to date. The overall position is a post tax profit of £334k. Details are set out in the table below:</p> <table><thead><tr><th></th><th>Month 11 £,000</th><th>YTD £,000</th></tr></thead><tbody><tr><td>Turnover</td><td>3,577</td><td>32,457</td></tr><tr><td>Expenditure</td><td>-3,607</td><td>-31,858</td></tr><tr><td>Profit</td><td>-30</td><td>599</td></tr><tr><td>Tax</td><td>-6</td><td>-265</td></tr><tr><td>Profit after tax</td><td>(36)</td><td>334</td></tr></tbody></table> <p>Capital works now exceed budget and work is ongoing to ensure iFM meet their capital plan target.</p>		Month 11 £,000	YTD £,000	Turnover	3,577	32,457	Expenditure	-3,607	-31,858	Profit	-30	599	Tax	-6	-265	Profit after tax	(36)	334	
	Month 11 £,000	YTD £,000																				
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Tax	-6	-265																				
Profit after tax	(36)	334																				
Combined Critical Care and Equipment Capital Business Case		Director of Finance	<p>National funding of £2.1m was received during the pandemic to upgrade our Critical Care Unit. The unit was already part of the Capital Programme for 2020/21 and a project had been approved within the delegated limits of CRIG. Following confirmation of the national funding, the scope of the project was extended and work commenced due to the timescales set nationally, in advance of full Board approval which is required as the project exceeds £2m. The commencement of the project is a breach of the Trust's SFIs and was reported to the Audit Committee in March.</p> <p>Given the circumstances and timings, the Committee endorsed the Business Case for approval by the Board.</p>	Recommended for approval by the Board.																		
Chairs' Reports		Director of Finance	<p>The Committee received and noted the Chairs' Reports from the following meetings:</p> <ul style="list-style-type: none">• CRIG held on 2nd March• Contract & Performance Review Group held on 1st March• Strategic Estates Board held on 4th March	For noting.																		
Risks escalated																						

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

Title	Trust Transformation Board Chair Report
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Meeting:	Board of Directors	Purpose	Assurance	
Date:	25 th March 2021		Discussion	
NED Sponsor	Martin North		Decision	✓

Summary:	<p>The Trust Transformation Board (TTB) is a new committee of the Trust Board bringing together the Strategy & Transformation Board and the Digital Transformation Board with a NED chair to provide leadership and oversight to the Trust Transformation and Digital improvement programmes.</p> <p>TTB has met twice since its inception – Chair reports attached. Board members are asked to note the Chair reports.</p> <p>Board members are asked to consider the membership of this group and specifically if a second NED should be asked to join the group, specifically to act as deputy Chair.</p> <p>The terms of reference are with TTB members for comment and will be shared with the Board in May. Any further significant change to the overall duties and responsibilities of this committee will be presented for formal approval and in line with good practice the terms of reference will be reviewed on an annual basis.</p> <p>Further detail provided in the reports attached.</p>
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Previously considered by:	N/A
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Proposed Resolution	Board members are asked to note this report
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This issue impacts on the following Trust ambitions			
<i>To provide safe, high quality and compassionate care to every person every time</i>	✓	<i>Our Estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing</i>	✓
<i>To be a great place to work, where all staff feel valued and can reach their full potential</i>	✓	<i>To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton</i>	✓
<i>To continue to use our resources wisely so that we can invest in and improve our services</i>	✓	<i>To develop partnerships that will improve services and support education, research and innovation</i>	✓

Prepared by:	Martin North Non-Executive Director	Presented by:	Martin North Non-Executive Director
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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)

Name of Committee/Group:	Trust Transformation and Digital Board	Report to:	Trust Board
Date of Meeting:	15 th February 2021	Date of next meeting:	15 th March 2021
Chair:	Martin North Non-Executive Director	Parent Committee:	Trust Board
Members Present:	Samantha Ball, Sara Booth, Rachel Carter, Michelle Cox, Andy Ennis, Lisa Gammack, Angela Hansen, Marie Higgin, Louise Kemp, James Logue, Jeff Marshall, Sharon Martin, Karen Meadowcroft, David Mills, Martin North, Esther Steel, Jo Street, Annette Walker, Phillipa Winter	Quorate (Yes/No):	Yes
		Key Members not present:	Frances Beckett, Rayaz Chel, Simon Irving, Rachel Noble, Fiona Noden, Claire McPeake, Debbie Redfern, Jen Riley, Lianne Robinson, Richard Sachs, Kathy Stacey, Maddie Szekely, Debora Tinsley, Philip Webster, Raw Wheatcroft

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Chairs Report: Clinical Design Committee		PW/JM/DM	<ul style="list-style-type: none"> Some delay in the EPR programme due to COVID. VDI Outage - there will be a divisional review in March and review of the actions and timescales. 	<ul style="list-style-type: none"> PW/JM/DM reviewing the action plan with Divisions as set out by Emergency Planning Lead.
Chairs Report: Finance Sub-Group and sign off		JM/DM	<ul style="list-style-type: none"> Forecast underspend on the budget this year at M9, however whole 20/21 allocation expected to be spent. 21/22 budget planning work has commenced. 	<ul style="list-style-type: none"> AW/DM will meet to review the budget to ensure robust budget setting for next year.
Digital Programme Status Report including all projects (Clinical Systems Programme)		PW/JM/DM	<ul style="list-style-type: none"> Three EPR projects this financial year which have not progressed to where we had envisaged due to the knock on effect of the pandemic. <ul style="list-style-type: none"> A&E Paediatrics; outpatients and community. Intermediate Care Beds. EPR storage is currently a risk. 	<ul style="list-style-type: none"> Projects are being progressed with launch planned for June / July 2021. Plan in place for procuring additional storage.

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Committee/Group Chair's Report

Obstetrics Transformation Business Case		JL	<ul style="list-style-type: none"> A business case was presented last year which highlighted gaps in resource, particularly at Consultant level, which meant we had a risk. The Division currently have a risk around theatre capacity. 	<ul style="list-style-type: none"> The business case was approved and we have recruited five new Consultants who joined the Trust in November 2020. When these Consultants joined us we implemented a Resident Consultant Model, which means we now have a Consultant available 138 hours a week. Risk decreased. JL is finalising a business case for extra staff to reduce this risk.
PACS		LK	<ul style="list-style-type: none"> The PAC imaging project has been led at a GM level. Bolton FT has a Project Group in place and the implementation plan is progressing well. We have received assurance from Greater Manchester around security and data sharing, however this work has delayed the go live date slightly, until 13th March. 	<ul style="list-style-type: none"> System will Go Live 13th March.
Comments				
Risks escalated <ul style="list-style-type: none"> Maternity Theatre Capacity – Business Case being developed. COVID impact on Digital Programme. Programme scheduled to deploy to 3 x identified projects in July 2021 (subject to EPR Project Board confirmations) EPR Storage is a risk – plan in place to procure additional storage. 				

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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)

Name of Committee/Group:	Trust Transformation and Digital Board	Report to:	Trust Board
Date of Meeting:	15 th March 2021	Date of next meeting:	12 th April 2021
Chair:	Martin North Non-Executive Director	Parent Committee:	Trust Board
Members Present:	Samantha Ball, Michelle Cox, Lisa Gammack, Angela Hansen, James Logue, Jeff Marshall, Sharon Martin, David Mills, Martin North, Cheryl Thompson, Francesca Dean, Amanda Shaw, Simon Irving, Lianne Robinson, Richard Sachs, Kathy Stacey, Rachel Noble, Fiona Noden	Quorate (Yes/No):	Yes
		Key Members not present:	Frances Beckett, Rayaz Chel, Claire McPeake, Debbie Redfern, Jen Riley, Maddie Szekely, Debora Tinsley, Philip Webster, Raw Wheatcroft, Annette Walker, Sara Booth, Andy Ennis, Phillipa Winter, Esther Steel, Jo Street, Karen Meadowcroft, Louise Kemp, Marie Higgin, Rachel Carter

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Terms of Reference		SM	<ul style="list-style-type: none"> SM had drafted new Terms of Reference and members were asked to provide comments. A deputy Chair is required in the event of MN's absence, to ensure the meeting remains quorate. Digital Transformation is part of the Board's agenda but need to decide where Digital Performance will sit. 	<ul style="list-style-type: none"> Members to provide comments on draft ToR. It was agreed the Terms of Reference will be reviewed annually. SM/ES will meet to discuss this and provide an update at the next meeting. SM/PW will meet to discuss this and provide an update at the next meeting.
GIRFT		DT	<ul style="list-style-type: none"> There has been a lot of work taking place on GIRFT, but divisional meetings have been on hold for some time due to the Covid Pandemic. It was agreed clinical coding will sit in FA's workstream, rather than at this meeting. 	<ul style="list-style-type: none"> DT will reinstate GIRFT meetings in the near future. SM will look at this with Julie Ryan's team.

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Committee/Group Chair's Report

Transforming Outpatients		SB	<ul style="list-style-type: none"> Phase 1 was launched in September 2020. Workshops have been taking place, but we have not yet been able to progress with Acute Adult due to the current work pressures in that division. Outcomes and KPIs for PIFU have been developed. It was agreed Transforming Outpatients will be included in IPM meetings. There is a new app available called My Recovery App which could be a good fit for outpatients and elective pathways. 	<ul style="list-style-type: none"> SB has arranged this with Andy Ennis. FN confirmed there are still a lot of questions around the governance of this App – but we can look at this again once those questions have been answered.
Model Hospital		SB	<ul style="list-style-type: none"> The Model Hospital Team have been doing a lot of work in the background, and will shortly be in a position to have a detailed conversation around how best we use the large volume of data we have on this. 	<ul style="list-style-type: none"> This will be on the agenda for a detailed discussion at the next meeting.

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Committee/Group Chair's Report




Healthy Child Programme		JL	<ul style="list-style-type: none"> This service was established in April 2019 to bring together people from the Trust and Charity and volunteering sector to provide care for children in Bolton. It is a three year contract and has proved to be a success. Innovation – there is an ask within the contract to provide a digital offer as part of the service (i.e. confidential text based service for young people). The risk to this service is the need to make savings in Public Health Services in the upcoming financial year. Another risks to this service are around IT and Estates. 	<ul style="list-style-type: none"> The next financial year costs will be absorbed by the Trust, but we need to identify how we can make significant savings to this service in future. We are looking at a business case to scan paper notes to make them electronic.
Digital Strategy		PW	<ul style="list-style-type: none"> The overall Trust Strategy lays the foundation for the Digital Strategy. PW talked through the Digital Strategy and SWOT analysis, as it is important to ensure we do not miss anything important. The Digital Strategy will go to the Trust Board in May for decision. 	<ul style="list-style-type: none"> TTB attendees will send their comments around this to PW so she can incorporate them into the Digital Strategy. PW/LG will also ensure specifics around staff are also included.
Informatics		PW	<ul style="list-style-type: none"> Improvements have been made to the Informatics Risk Register, we are driving forward results and acknowledging function concerns. There is a risk re Office 365 – we are trying to recruit someone with the right skills, including governance, for this but it is proving a challenge. 	<ul style="list-style-type: none"> PW/DM will set up a clinical group, including governance, to look at how best to take this forward. PW is working on this and will provide an update in due course.

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Committee/Group Chair's Report

Comments
Risks escalated <ul style="list-style-type: none">• Healthy Child Programme – financial risk as savings are required going forward.• Health Child Programme – risks around IT and Estates.• Office 365 – need to recruit someone with the right skills, including governance.

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Agenda Item 17

Title:	Audit Committee Chair Report
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Meeting:	Board of Directors	Purpose	Assurance	✓
Date:	25 th March 2021		Discussion	
Exec Sponsor:	A Walker		Decision	

Summary:	The attached Chair report is from the Audit Committee meeting held on 2 nd March.
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Previously considered by:	Audit Committee.
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Proposed Resolution	The Board are asked to note the report.
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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:	A Walker	Presented by:	A Stuttard
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Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	2 nd March 2021	Date of next meeting:	4 th May 2021
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Bilkis Ismail, Malcolm Brown <i>In attendance:</i> Annette Walker, Lesley Wallace, Catherine Hulme, Esther Steel, Richard Sachs, Collette Ryan, Othmane Rezgui (PwC), Tim Cutler (KPMG)	Quorate (Yes/No):	Yes
		Key Members not present:	Martin North <i>Attendees not present:</i> Chris Paisley (KPMG), Karen Finlayson (PwC)

Key Agenda Items:	RAG	Key Points	Action/decision
Terms of Reference	N/A	The Committee reviewed the Terms of Reference (ToR) and agreed a number of amendments. The main one was regarding Clinical Audit which was deleted from the ToR and this function will now be undertaken by the Quality Assurance Committee. In addition, the People Committee was added to the Board Governance Committees.	To be submitted for Board approval.
Health Technical Update	N/A	KPMG provided their Technical and Sector Update for the Committee. Particular attention was drawn to the Auditing of Accounting Estimates and Related Disclosures.	To note.
External Audit Plan		KPMG gave an update on the planning for the External Audit. Discussions had been held with the Finance Team and to date no major issues had been identified. KPMG confirmed the levels of materiality for the Trust, iFM and the Group and set out the scope and timing of their audit work. Particular attention was drawn to the requirements for Value for Money (VFM) which would result in an increase in the Audit fees of £10.0k. The Audit Committee confirmed their agreement to the increase. The Finance Team and Director of Corporate Governance had completed most of the requests for information from the Auditors under the VFM requirement.	To note.

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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

Internal Audit Progress Report 2020/21 and Internal Audit Reports		<p>PwC presented the Internal Audit Progress Report. Since the last Audit Committee the following activities have been performed:</p> <ul style="list-style-type: none"> Completed 3 reports Issued 3 Terms of References and completed planning meetings for 4 reviews Commenced field work for 5 reviews Undertake a follow up exercise on outstanding recommendations <p>With regard to the 3 completed reports these covered Quality Governance, Health and Safety and Information Governance/DSP Toolkit. The Information Governance/ DSP Toolkit was an advisory report in advance of the submission of a national requirement in June 2021. The report contained a number of recommendations with particular reference to the need for evidence to support the work undertaken.</p> <p>The follow up exercise on outstanding recommendations identified 27 recommendations as implemented with 18 overdue against their original implementation date. A number of the overdue recommendations were as a direct consequence of the impact of Covid 19. However it was agreed that the Director of Finance would take these to the Executive Team to expedite their completion.</p> <p>The Auditors advised that they were currently on track to complete their work in terms of being able to meet the requirements for the Head of Internal Audit Opinion.</p> <p>The Chair thanked both the Auditors and the Departments in the Trust for the work undertaken given the difficult circumstances.</p>	To note.
Managing Risk	N/A	The Auditors referred to a national report that had been undertaken by PwC looking at Managing Risk in the NHS. The report analysed the risks identified in Trust BAFs. It was pleasing to note that the risk for Bolton were consistent with the risks identified in the report.	To note

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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

Local Counter Fraud Specialist Progress Report		The Local Counter Fraud Specialist (LCFS) gave an update on the work undertaken since the last Committee. Reference was made to the roll out by the NHS Counter Fraud Authority of the Government Counter Fraud Functional Standard across the NHS (including subsidiary companies). For Bolton the work already includes iFM. Updates were provided on 7 investigations, 5 of which had been closed and 2 were still under investigation.	To note.
Accounting Update		<p>The Head of Financial Services provided an update on the preparation of the 2020/21 Annual Accounts. The key points covered:</p> <ul style="list-style-type: none">• Revaluation• Review of Accounting Standards• Changes to the Annual Report and Accounts• Accounts Planning	To note.
Arrangements for the Annual Report	N/A	<p>The Director of Corporate Governance gave an update on the requirements for the Annual Report and Accounts in accordance with guidance issued by NHSI. Key dates included:</p> <ul style="list-style-type: none">• Draft Accounts submission to NHSI – 27th April• Annual Report submitted to NHSI – 15th June• Laid Report sent to NHSI – 20th September	To note.

	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




Register of Interests, Gifts and Hospitality		<p>The Director of Corporate Governance presented an update on the Register of Interests, Gifts and Hospitality. The Trust maintains the following Registers of Interest:</p> <ul style="list-style-type: none"> • A record of all interests of Board members (FT and iFM) • A register of Governors' interests • A register of gifts and hospitality for all staff • A register of sponsorship for courses and conferences for all staff • A register of any secondary employment for all staff • A register of any potential conflicts of interest for all staff <p>In addition, the DCG gave an update on the Internal Audit actions from the report in 2020.</p>	To note.
Changes to the Trust Constitution		The Director of Corporate Governance presented a revised Trust Constitution including a legal review to ensure full compliance with the NHS model core constitution. A number of changes were proposed and these will be submitted to the Board of Directors and Council of Governors for approval. The Audit Committee recommended the changes for approval.	Recommended for approval.
Compliance with the NHS FT Code of Governance		The Director of Corporate Governance presented a review of compliance with the NHS FT Code of Governance. This is an annual review and the Code has remained unchanged since 2014. The Audit Committee noted the list of disclosures required in the Annual Report and approved the inclusion of a declaration within the Annual Report to confirm that the Trust is compliant with all provisions of the Code.	Approved.
Register of Sealings – February 2021	N/A	None to report.	To note.

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	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




Bolton FT Register of Waivers	N/A	The Director of Finance presented the Register of Waivers since the last Audit Committee covering the period November 20 to January 21. There had been an increase in the number of waivers (11 to 18 compared to the previous period) with a small increase in value. The bulk of these related to the need to take action quickly due to the Covid pandemic. Full explanations were provided for all the waivers and duly noted by the Committee.	To note.
iFM Register of Waivers	N/A	The iFM Director of Finance presented the Register of Waivers since the last Audit Committee. A similar trend was noted with regard to an increase in the numbers (16 to 21) and value. Again a full explanation was provided for each of the waivers and duly noted by the Committee.	To note.
Bolton FT Losses and Special Payments Report	N/A	The Head of Financial Services presented the report for the period 1 st April 2020 to 31 st January 2021. A total of £124.0k was reported with the main item being bad debts written off of £83.0k. This latter figure mainly represented a review of long outstanding debts and a tidying up of the position.	To note.
iFM Losses and Special Payments Report	N/A	The iFM Director of Finance presented the report for the period 1 st April 2020 to 31 st January 2021. There was just one item to note.	To note.
Standing Financial Instructions Breach Report	N/A	In accordance with the requirements of the Standing Financial Instructions the Director of Finance reported 2 breaches of the SFIs relating to capital expenditure. Both of these relate to the pandemic and the need to undertake the work quickly in advance of the formal business cases being approved by the Board of Directors. The Audit Committee noted the details and concurred with the recommendation of the Finance & Investment Committee that in the unlikely event that this were to happen again that the Board is briefed in advance of the business case being prepared. The Audit Committee took the view that no further action was required.	To note.

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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

Auditor Appointments	N/A	At the end of the meeting Members of the Audit Committee considered both the External Audit and Internal Audit contracts. The initial contract terms were due to come to an end in September 2021 and May 2021 respectively but both contracts had options for extensions. The Audit Committee made recommendations in respect of the contracts which would be taken forward by the Director of Corporate Governance and the Procurement Team. The External Audit contract would require approval by the Council of Governors.	To note.
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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
18

Title	Changes to the Trust Constitution
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Meeting:	Board of Directors	Purpose	Assurance	
Date:	25 March 2021		Discussion	✓
Exec Sponsor	Esther Steel		Decision	✓

Summary:	<p>The Trust's constitution has been revised with a legal review undertaken to ensure full compliance with the NHS model core constitution.</p> <p>A number of changes are proposed, these are detailed within the following paper.</p>
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Previously considered by:	Prepared by the Director of Corporate Governance and reviewed by Brown Jacobson LLP, Approval recommended by Audit Committee
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Proposed Resolution	Board members are asked to note and comment on the proposed changes. After revisions to formatting and presentation, the update will then be submitted for Council of Governor approval.
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This issue impacts on the following Trust ambitions			
<i>To provide safe, high quality and compassionate care to every person every time</i>	✓	<i>Our Estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing</i>	✓
<i>To be a great place to work, where all staff feel valued and can reach their full potential</i>	✓	<i>To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton</i>	✓
<i>To continue to use our resources wisely so that we can invest in and improve our services</i>	✓	<i>To develop partnerships that will improve services and support education, research and innovation</i>	✓

Prepared by:	Esther Steel Director of Corporate Governance	Presented by:	Esther Steel Director of Corporate Governance
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1. Background

All NHS Foundation Trusts (FTs) are required to have a constitution that is in accordance with Schedule 7 of the 2006 Act

A model constitution is provided and all FTs are required to develop a constitution that is in accordance with the act. A Trust's initial constitution is scrutinised at the time of authorisation, future changes do not need to be approved by Monitor but should after approval by the Board of Directors and the Council of Governors be submitted to NHSI.

Bolton NHS Foundation Trust's initial constitution was approved in 2008 and has had a number of reviews since then to maintain alignment with the model core constitution and changing requirements of the Trust.

This latest review has been undertaken to ensure the constitution remains fit for purpose, and while the majority of the changes are presentational there are some changes proposed to enhance the previous processes in regard to Board and Governor meetings, membership of the Trust and eligibility to be a member, a governor and a director of the Trust.

2. Proposed changes

The key changes are summarised in, a tracked changes copy of the constitution is also provided for reference. Further work will be undertaken after Audit Committee debate to ensure the formatting and numbering of the final document is correct.

Table 2 is provided for reference and sets out the findings of the legal review, providing assurance that the proposed changes provide the Trust with a constitution that meets both the Trust's and NHSI's requirements.

3. Next Steps

- a. The Audit Committee will be asked to comment on the proposed changes and subject to any further changes recommend approval to the Board of Directors.
- b. Following Audit Committee review a "clean copy" with all formatting and numbering issues corrected will be prepared for Board members to review alongside a summary of changes with a tracked changes version available on request. Board members will be asked to formally approve the revised constitution noting that this may be subject to further minor changes
- c. Subject to any further changes following Board a clean version and a summary of changes with a presentation covering the key points will be prepared for discussion and approval at a full meeting of the Council of Governors
- d. Subject to Council of Governor approval the revised constitution will be formally adopted and published on the Trust website with a copy provided to NHSI

Table One – summary of key changes

Throughout	Removal of all gender specific terminology
	Removed references to “Terms of Authorisation” – superseded by the “Provider Licence”
	Changed from one public constituency with areas to four public constituencies
	Removed references to predecessor trust as no longer relevant
	Added additional definitions to the definitions section
	Added more detail on membership and governors including circumstances in which an individual might not become or continue as a member or as a governor
Para 8	inserted requirement for Annual Members meeting (previously only in the Annex)
Para 10	Change to the detail on voting to reflect that they will be undertaken in accordance with NHS Provider model rules (previously Monitor model rules)
Para 11	Made explicit that Appointed Governors term should also be limited to the same terms as elected Governors.
Para 12	Moved some of the Governor duties from the Annex to the main body of the constitution
Para 13	Added the right of the Governors to require a director to attend a meeting of the Council of Governors
Para 19A	new addition to include general duty of the Board of Directors
Para 26	Added more detail on declarations of interest
Para 31	Increased detail on the disclosure of information to the public
Para 35.2	Removed some of the detail for annual report requirements (the detail is still provided in the annual report but in accordance with the FT reporting manual rather than the constitution)
Para 37	increased the detail on approval of changes to the constitution (in line with latest version of the model constitution)
Para 39	to be removed no longer reflects the statutory position for the dissolution of an FT
Para 41	removed the section on notice and added defect/deficiency clause
Annex 2	now formatted as a table
Annex 3	presentational changes
Annex 4	will be current model election rules – not included at this stage
Annex 5	moved main aspects to para 12A, added additional information on eligibility to be a governor and added a clear process for the removal of a governor
Annex 6	added additional detail on Council of Governors Standing Orders

Annex 7	to be replaced with the Standing Orders as approved in January 2021
Annex 8	additional detail included on eligibility for membership and disqualification from membership
Annex 9	Dispute resolution – clarification of process for disputes
Annex 10	now in the main body of the constitution

Provision in the constitution	Is the provision a mandatory constitutional requirement?	Is the provision a statutory duty or power or other obligation?	Source of statutory duty, power or other obligation			Constitution legally compliant?	Reference in constitution	
			Core NHS	Sched 7 NHS	Other		Core constitution	Schedule
Validity of act of the trust is not affected by any vacancy among the directors or by any defect in the appointment of any director	No	Yes	36(5)			Yes	40	
Half of governors voting must approve amendment of constitution	No	Yes	37(1)(a)			Yes	37A.1	
Half of directors voting must approve amendment of constitution	No	Yes	37(1)(b)			Yes	37A.1	
Trust must inform NHSI of amendments of constitution	No	Yes	37(4)			Yes	37A.5	
Principal purpose of the trust is provision of the NHS in England	No	Yes	43(1)			Yes	2.1	
The Trust's income from the provision of goods and services for the NHS in England is greater than other income	No	Yes	43(2A)			Yes	2.2	
The trust may undertake additional income activities	No	Yes	43(3)			Yes	2.4	
The trust may implement a proposal to increase its non-NHS income by 5% or more if half the governors voting agree	No	Yes	43(3D)			Yes	35.9	
The trust may do anything which appears to be necessary or expedient for the purpose of or in connection with its functions	No	Yes	47(1)			Yes	3.1	
The trust's constitution specifies the description of significant transaction or that it contains no such description	No	Yes	51A			Yes	40.3	
The trust's constitution specifies that the trust may enter a significant transaction only if more than half the governors voting approve	No	Yes, but only if the constitution expressly excludes a description of	51A			Yes	40.2	

Provision in the constitution	Is the provision a mandatory constitutional requirement?	Is the provision a statutory duty or power or other obligation?	Source of statutory duty, power or other obligation			Constitution legally compliant?	Reference in constitution	
			Core NHS	Sched 7 NHS	Other		Core constitution	Schedule
The trust's constitution excludes a description of significant transaction	Yes, if the constitution does not require the CoG to approve	Yes, if the constitution does not require the CoG to approve	51A			Yes	N/A	N/A
The trust's constitution specifies that a significant transaction excludes a statutory transaction	No	No			Good practice	Yes	40.5	
The trust's constitution specifies that the trust may enter a statutory transaction (merger, acquisition, separation or dissolution) only if more than half the <u>governors approve</u>	No	Yes	56(1A), 56A(2), 56B(2) or 57A(2)			Yes	40.1	
If the trust is established as a result of merger, its constitution specifies that on the grant of, the directors of the applicant trust(s) may exercise its powers until a board of <u>directors is appointed</u>	No	Yes	56(11)			Yes	N/A	N/A
If the trust is established as a result of acquisition, its constitution specifies that on the grant of application the directors may exercise the functions of a person whom the constitution specifies is a director but who is <u>vet to be appointed</u>	No	Yes	56A(5)			Yes	N/A	N/A
If the trust is established as a result of separation, its constitution specifies that on the grant of application, the proposed directors may exercise its powers until a <u>board of directors is appointed</u>	No	Yes	56B(5)			Yes	N/A	N/A
Contested elections for public and patient members of the council of governors must be by secret ballot	No	Yes	59(5)			Yes	10.3	Annex 4 para 19.1

Provision in the constitution	Is the provision a mandatory constitutional requirement?	Is the provision a statutory duty or power or other obligation?	Source of statutory duty, power or other obligation			Constitution legally compliant?	Reference in constitution	
			Core NHS	Sched 7 NHS	Other		Core constitution	Schedule
The trust must take steps to secure that membership of any public and patients' (if any) constituency is representative of those eligible for membership	No	Yes				Yes		Annex 8 para 3
The trust must exercise its functions effectively, efficiently and economically	No	Yes				Yes	Not included	Not included
The constitution names the trust	Mandatory	Yes		2(1)		Yes	1	
The trust's name includes the words 'NHS foundation trust'	Mandatory	Yes		2(1)		Yes	1	
The constitution specifies its principal purpose	Mandatory	Yes		2(2)		Yes	2	
All areas of public constituencies are electoral areas	Mandatory	Yes		3(2)		Yes		Annex 1
The constitution specifies the minimum number of members of each constituency or each class	Mandatory	Yes		5		Yes		Annexes 1 and 2
The constitution provides for opt out membership of the staff constituency	No	Yes		6(2)		Yes	7.8	
The constitution provides for opt out membership of the patients' constituency	No	Yes		6(3)		Yes	N/A	N/A
Minimum age for membership	No	No			Good practice	Yes	8.3	
The constitution specifies prescribed statutory circumstances in which a person may not become or continue as a member	No	Yes		8(1)		Yes	8	
The constitution provides for other circumstances in which a person may not become or continue as a member	No	Yes		8(2)		Yes	8.4	Annex 8 para 4
More than half the governors must be elected public and / or patient governors	No	Yes		9(1)		Yes		Annex 3
At least three governors are staff governors	No	Yes		9(2)		Yes		Annex 2 and 3

Provision in the constitution	Is the provision a mandatory constitutional requirement?	Is the provision a statutory duty or power or other obligation?	Source of statutory duty, power or other obligation			Constitution legally compliant?	Reference in constitution	
			Core NHS	Sched 7 NHS	Other		Core constitution	Schedule
At least one governor is appointed by a qualifying local authority	No	Yes		9(4)		Yes		Annex 3
At least one governor is appointed by a university that provides a medical or dental school to one of the trust's hospitals	No	Yes		9(6)		Yes		Annex 3
The council of governors should appoint one of themselves to the lead governor	No	No			Code of Governance	Yes		Annex 5 para 8
The maximum term of office of an elected governor is three years	No	Yes		10(1)		Yes	11.1	
The constitution specifies the maximum period for which an elected governor may hold office	No	No			Good practice	Yes	11.6	
The constitution specifies the general duties of the council of governors	No	Yes		10A		Yes	12A.1	
The constitution specifies the trust will take steps to secure that governors are equipped with skills and knowledge they require	No	Yes		10B		Yes	12A.2	Annex 4 para 1.3
The governors may require one or more directors to attend a meeting	No	Yes		10C		Yes	13.2A	
The trust may pay travelling and other expenses to governors	No	Yes		11		Yes	16	
The council of governors should meet at least four times a year	No	No			Code of Governance A.5.1	Yes		Annex 6 para 1.2
Validity of CoG's decision-making is not affected by any vacancy among the governors or by any defect in the appointment of any governor or the calling of a meeting	No	No			Good practice	Yes	40	Annex 6 para 1.13

Provision in the constitution	Is the provision a mandatory constitutional requirement?	Is the provision a statutory duty or power or other obligation?	Source of statutory duty, power or other obligation			Constitution legally compliant?	Reference in constitution	
			Core NHSA	Sched 7 NHSA	Other		Core constitution	Schedule
The constitution provides for the chairman to preside at meetings of the council of governors. (NB the chairman is not a member of the council of governors and therefore does not have a vote.)	Mandatory	Yes		12		Yes	13.1	Annex 6 para 6.1
The constitution provides for meetings of the CoG to be open to members of the public	Mandatory	Yes		13(1)		Yes	13.2	Annex 6 para 5.1
The constitution provides for members of the public to be excluded from a meeting of the CoG for special reasons	No	Yes		13(2)			13.2	Annex 6 para 5.1
The constitution makes provision as to conduct for elections for membership of the CoG	Mandatory	Yes		14(1)(a)			10.1	Annex 4
The constitution makes provision as to appointment of persons to membership of the CoG	Mandatory	Yes		14(1)(b)		Yes		Annex 3
The constitution makes provision as to practice and procedure of the CoG	Mandatory	Yes		14(1)(c)		Yes		Annex 6
The constitution makes provision as to removal of a member of the CoG	Mandatory	Yes		14(1)(d)		Yes		Annex 5 para 4
The constitution provides a process for a governor to appeal against removal	No	No			Code of Governance	Yes		Annex 5 para 4
The constitution provides for the trust's board of directors to exercise its powers	Mandatory	Yes		15(2)		Yes	3.2	
Constitution provides for three or more persons authorised by the BoD to exercise discharge powers under s45 of the Mental Health Act 2007	No	Yes			s45 MHA 2007	yes	discussed with lawyers and agreed not required	

Provision in the constitution	Is the provision a mandatory constitutional requirement?	Is the provision a statutory duty or power or other obligation?	Source of statutory duty, power or other obligation			Constitution legally compliant?	Reference in constitution	
			Core NHS	Sched 7 NHS	Other		Core constitution	Schedule
The constitution provides for any of the trust's powers to be delegated to a committee of directors or to an executive director	No	Yes		15(3)		Yes	3.3	
The constitution provides for the board to consist of executive and non-executive directors	No	Yes		16(1)		Yes	19.1	
The constitution provides for the NEDs to outnumber the EDs	No	No			Code of Governance	Suggest inclusion	19.2.4	
The constitution provides for the executive directors to include the CEO (accounting officer), finance director, registered medical practitioner or registered dentist, and registered nurse or registered midwife	No	Yes		16(1)(a) and (2)		Yes	19.3 - 19.7	
The constitution provides for one of the non-executive directors to be chairman	No	Yes		16(1)(b)		Yes	19.2.1	
The constitution provides for the CoG at a general meeting to appoint the chairman and other NEDs	No	Yes		17(1)		Yes	21.1	
The constitution provides for removal of a NED to require approval of three quarters of the CoG	No	Yes		17(2)		Yes	21.3	
The constitution provides for the NEDs to appoint or remove the CEO	No	Yes		17(3)		Yes	23.1	
The constitution provides for a committee of the chairman, CEO and other NEDs to appoint or remove the EDs	No	Yes		17(4)		Yes	23.3	
The constitution provides for the CEO's appointment to require the CoG's approval	No	Yes		17(5)		Yes	23.2	

Provision in the constitution	Is the provision a mandatory constitutional requirement?	Is the provision a statutory duty or power or other obligation?	Source of statutory duty, power or other obligation			Constitution legally compliant?	Reference in constitution	
			Core NHS	Sched 7 NHS	Other		Core constitution	Schedule
The constitution provides for the CoG at a general meeting to decide remuneration etc of NEDs	No	Yes		18(1)		Yes	27.1	
The constitution provides for a committee of NEDS to decide remuneration etc of the EDs	No	Yes		18(2)		Yes	27.2	
The constitution provides that the general duty of the BoD and each director individually to act with a view to promoting the trust's success so as to maximise the benefits for the members of the corporation as a whole and for the public	No	Yes		18A		Yes	19A	
The constitution provides for duties of a director to avoid conflicts of interest and not to accept benefits from third parties	No	Yes		18B		Yes	26	
The constitution provides for directors to declare interests	No	Yes		18C		Yes	26.5	
The constitution provides for the BoD to send to the CoG copies of agendas of meetings and minutes of meetings	No	Yes		18D		Yes	24A.2	
The constitution provides for meetings of the BoD to be open to members of the public	No	Yes		18E(1)		Yes	24A.1	
The constitution provides for members of the public to be excluded from a meeting of the BoD for special reasons	No	Yes		18E(2)		Yes	24A.1	
The constitution provides for the trust to have prescribed registers	Mandatory	Yes		20(1)		Yes	28	
The constitution provides for admission to and removal from registers	No	Yes		20(2)		To be confirmed	29	
The constitution provides for dealing with directors' and governors' conflicts of interest	No	Yes		21		Yes	15 and 26	

Provision in the constitution	Is the provision a mandatory constitutional requirement?	Is the provision a statutory duty or power or other obligation?	Source of statutory duty, power or other obligation			Constitution legally compliant?	Reference in constitution	
			Core NHS	Sched 7 NHS	Other		Core constitution	Schedule
The constitution provides for public inspection of prescribed documents	No	Yes		22		Yes	31	
The constitution provides for the trust to have an auditor	No	Yes		23(1)		Yes	32.1	
The constitution provides for the CoG to appoint or remove the auditor at a general meeting	No	Yes		23(2)		Yes	32.3	
The constitution provides for the trust to have an audit committee comprising NEDs	No	Yes		23(6)		Yes	33	
The constitution provides for the trust to keep accounts etc	No	Yes		24(1)		Yes	34	
The constitution provides for the trust to prepare annual accounts	No	Yes		25(1)		Yes	34.4	
The constitution provides for the trust to prepare an annual report	No	Yes		26(1)		Yes	35.1	
The constitution provides for the trust to give annual forward planning information to NHSI	No	Yes		27(1)		Yes	35.4	
The constitution provides for the trust to hold a members' annual meeting	No	Yes		27A(1)		Yes	8A	
The constitution provides for the members at an annual meeting to decide whether to approve a constitutional amendment affecting the CoG's powers or duties	No	Yes		27A(4)		Yes	37A.3	
The constitution provides for the CoG at a general meeting to approve the annual accounts, any auditor's report and the annual report	No	Yes		28(1)		Yes	36	
The constitution provides for a trust to combine a para 27A meeting with a para 28 meeting	No	Yes				Yes	36.3	

Provision in the constitution	Is the provision a mandatory constitutional requirement?	Is the provision a statutory duty or power or other obligation?	Source of statutory duty, power or other obligation			Constitution legally compliant?	Reference in constitution	
			Core NHSA	Sched 7 NHSA	Other		Core constitution	Schedule
The constitution provides for authentication of the fixing of the trust's seal	Mandatory	Yes		29(1)		Yes	37	



Bolton NHS Foundation Trust

Constitution

Version Control

January 2021		<ul style="list-style-type: none"> Major review
October 2016		<ul style="list-style-type: none"> Change to areas of the public constituency Reduction in number of governors from 39 to 35 Change references to the regulator Monitor to NHS Improvement Update to model election rules to include electronic voting
November 2015	7	<ul style="list-style-type: none"> Membership age reduced to 14
Nov 2013	6	<ul style="list-style-type: none"> Addition of version control section Removal of reference to PCT Change CRB to DBS Removal of clauses to establish initial COG and Board Removal of reference to the Audit commission Monitor panel Approval of significant transactions Change to Constitution approval
Sept 2012	5	<ul style="list-style-type: none"> The continuation of the body corporate known as Monitor; Change from the 'Board of Governors' to the 'Council of Governors'; Requirement for the principal purpose (i.e. provision of goods and services for the health service in England) to be stated in the constitution; Introduction of the new legal duty to ensure that income of NHS funded goods and services is greater than income from other sources; Introduction of additional oversight and scrutiny by the Council of Governors over activities generating non-NHS income; Replacement of HM Treasury with Secretary of State as regards giving guidance over FT accounts
2011	4	<ul style="list-style-type: none"> Name changed to Bolton NHS Foundation Trust Reduced number of out of area governors from four to three
2010	3	<ul style="list-style-type: none"> Change to allow flexibility to the number of Directors Change to limit the number of elections to one per year temporary addition of Community staff governor
2009	2	<ul style="list-style-type: none"> Addition of a Governor to represent LINK Change to quorum requirement for AMM
2008	1	<ul style="list-style-type: none"> approved on authorisation 1st October 2008

BOLTON NHS FOUNDATION TRUST CONSTITUTION

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1. Name

The name of the foundation trust is Bolton NHS Foundation Trust (the trust).

2. Principal purpose

- 2.1. The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England.
- 2.2. The trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.
- 2.3. The trust may provide goods and services for any purposes related to –
 - 2.3.1. the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
 - 2.3.2. the promotion and protection of public health.
- 2.4. The trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

3. Powers

- 3.1. The powers of the trust are set out in the 2006 Act, ~~subject to any restrictions in the terms of Authorisation.~~
- 3.2. The powers of the trust shall be exercised by the Board of Directors on behalf of the trust.
- 3.3. Any of these powers may be delegated to a committee of directors or to an executive director.

4. Membership and constituencies

- 4.1. The trust shall have members, each of whom shall be a member of one of the following ~~two~~ constituencies:
 - 4.1.1. the Public Constituencies
 - 4.1.2. the Staff Constituency
- 4.2. The members of the trust are those individuals whose names are entered in the register of members.

- 4.3. Members may attend and participate at members meetings, vote in elections for, and stand for election to the Council of Governors, and take such other part in the affairs of the trust as is provided in this constitution.
- 4.4. The Trust shall hold members meetings in accordance with the provisions of Annex 8

5. Application for membership

- 5.1. An individual who is eligible to become a member of the trust may do so on application to the trust.
- 5.2. Subject to this constitution, membership is open to any individual who is entitled under this constitution to be a member of one of the Public Constituencies or one of the classes of the Staff Constituency, and who (unless they are a member of one of the classes of the Staff Constituency) completes a membership application form in whatever form the Secretary specifies.

6. Public Constituencies

- 6.1. An individual who lives in an area specified in Annex 1 as an area for a public constituency may become or continue as a member of the trust.
- 6.2. Those individuals who live in an area specified as an area for any public constituency are referred to collectively as ~~the a~~ Public Constituency.
- 6.3. The minimum number of members in each ~~area for the~~ Public Constituency is specified in Annex 1.

7. Staff Constituency

- 7.1. Subject to paragraph 7.3 below an individual who is employed by the trust under a contract of employment (which for the avoidance of doubt includes full and part time contracts of employment) with the trust may become or continue as a member of the trust provided:
 - 7.1.1. ~~they are~~ employed by the trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
 - 7.1.2. ~~they have~~ been continuously employed by the trust ~~and/or the Predecessor Trust~~ under a contract of employment for at least 12 months.
- 7.2. Subject to paragraph 7.3 below individuals who exercise functions for the purposes of the trust, otherwise than under a contract of employment with the trust, may become or continue as members of the staff constituency

provided such individuals have exercised these functions continuously for a period of at least 12 months.

- 7.3. For the avoidance of doubt, the eligibility to be a member of the Staff Constituency described at paragraph 7.2 above does not include those who assist or provide services to the trust on a voluntary basis.
- 7.4. Those individuals who are eligible for membership of the trust by reason of the previous provisions are referred to collectively as the Staff Constituency.
- 7.5. The Staff Constituency shall be divided into four (4) descriptions of individuals who are eligible for membership of the Staff Constituency, each description of individuals being specified within Annex 2 and being referred to as a class within the Staff Constituency.
- 7.6. The **Trust Secretary** shall make a final decision about the class of which an individual is eligible to be a member.
- 7.7. The minimum number of members in each class of the Staff Constituency is specified in Annex 2.

Automatic membership by default – staff

- 7.8. An individual who is:

7.8.1. eligible to become a member of the Staff Constituency, and

7.8.2. invited by the trust to become a member of the Staff Constituency and a member of the appropriate class within the Staff Constituency,

shall become a member of the trust as a member of the Staff Constituency and appropriate class within the Staff Constituency without an application being made, unless they inform the trust that they do not wish to do so.

8. Restriction on membership

- 8.1. An individual who is a member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class of the trust.
- 8.2. An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.
- 8.3. A member of any constituency must be fourteen (14) years of age or over
- 8.4. An individual who:

8.4.1. has threatened, harassed, harmed or abused staff, patients and/or visitors of the trust or the Predecessor Trust; or

8.4.2. has been a vexatious complainant. For the purposes of this paragraph a vexatious complainant is an individual who is found by the trust (applying the relevant trust policy) to have abused or used inappropriately the trust's or the Predecessor Trust's complaints procedure

shall be refused membership of the trust or where an existing member shall have ~~their~~ membership of the trust withdrawn.

8.5. Further provisions as to the circumstances in which an individual may not become or continue as a member of the trust are set out in Annex 8.

8A Annual Members' Meeting

8A.1 The trust shall hold an annual members' meeting. The annual members' meeting shall be open to the public.

8A.2 Further provisions for the annual members' meeting are set out in Annex 8.

9. Council of Governors – composition

9.1. The trust is to have a ~~board-Council~~ of ~~G~~governors, which shall comprise both elected and appointed governors. ~~The board of governors shall be known as the Council of Governors.~~

9.2. The composition of the Council of Governors is specified in Annex 3.

9.3. The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are ~~areas or~~ classes within a constituency, by their ~~area or~~ class within that constituency. The number of governors to be elected by each constituency, or, where appropriate, by each ~~area or~~ class of each constituency, is specified in Annex 3.

10. Council of Governors – election of governors

~~40.1.~~ Elections for elected members of the Council of Governors shall be conducted in accordance with the Model Rules for Elections, as may be varied from time to time: on the basis of [single transferable vote (STV)] polling and the Model Rules for Elections shall be construed accordingly

~~40.2.~~10.1. The Model Rules for Elections, as ~~may be varied~~ published from time to time by NHS Providers, form part of this constitution. ~~The Model~~

Rules for Elections current at the date of their adoption under this constitution ~~and~~ are attached at Annex 4.

~~10.3.~~10.2. A subsequent variation of the Model Rules for Elections by the Department of Health or NHS Providers or a successor body shall not constitute a variation of the terms of this constitution. For the avoidance of doubt, the trust cannot amend the Model Rules for Elections.

~~10.4.~~10.3. An election, if contested, shall be by secret ballot.

11. Council of Governors - tenure

11.1. An elected governor may hold office for a period of up to 3 years following each election that resulted in their election as a governor.

11.2. An elected governor shall cease to hold office if they cease to be a member of the constituency or class or area of the constituency by which they were elected, or if they are disqualified for any of the reasons set out in this Constitution. which, for the avoidance of doubt, this includes in respect of a Public Governor a governor moving their principal residence from one area within the Public Constituency to another.

11.3. An elected governor shall be eligible for re-election at the end of their term.

11.4. An elected governor may not, if re-elected for more than a single term of office hold office for more than nine (9) consecutive years in total.

11.5. The trust shall conduct annual elections for elected governors during each year (being a period of 12 months commencing on an anniversary of the Authorisation Date) in respect of each governor whose term of office shall expire at the end of that year, with any governors elected pursuant to such an annual election taking office on the next anniversary of the Authorisation Date following such election.

11.6. An Appointed Governor shall hold office for a period up to three years.

11.7. An Appointed Governor shall be eligible for re-appointment after the end of that period; subject to paragraph 11.8 below;

11.8. An Appointed Governor may not hold office for longer than nine consecutive years.

11.9. An Appointed Governor shall cease to hold office if the appointing organisation terminates their appointment or if they are disqualified for any of the reasons set out in this Constitution.

11.10. For the purposes of this paragraph 11 years of office are consecutive unless there is a break of at least 12 months between them.

12. Council of Governors – disqualification and removal

12.1. The following may not become or continue as a member of the Council of Governors:

12.1.1. a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

12.1.2. A person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

12.1.3. a person who has made a composition or arrangement with, or granted a trust deed for, **their** creditors and has not been discharged in respect of it;

12.1.4. a person who within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on **them**.

12.2. Governors must be at least 16 years of age at the date they are nominated for election or appointment.

12.3. Further provisions as to the circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 5.

12A Council of Governors – duties of Governors

12A.1 The general duties of the Council of Governors are:

12A.1.1 to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; and

12A.1.2 to represent the interests of the members of the trust as a whole and the interests of the public.

12A.2 The trust must take steps to secure that the Council of Governors are equipped with the skills and knowledge they require in their capacity as such.

12A.3 Further provision as to the roles and responsibilities of the Council of Governors is set out in Annex 5.

13. Council of Governors – meetings of governors

13.1. The **Chair** of the trust (i.e. the **Chair** of the Board of Directors, appointed in accordance with the provisions of paragraph 20.1 or paragraph 21.1 below) or, in **their** absence the Deputy **Chair** (appointed in accordance with the provisions of paragraph 22 below), shall preside at meetings of the Council of Governors.

13.2. Meetings of the Council of Governors shall be open to members of the public ~~save that members of the public may be excluded from a meeting for special reasons. Members of the public may be excluded from a meeting (whether for the whole or part of such meeting) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons arising from the nature of that business following appropriate resolution by the Council of Governors~~

13.3. the Council of Governors may require one or more of the directors to attend a meeting for the purposes of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the trust's or directors' performance).

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13.4. The **Chair** may exclude any member of the public from a meeting of the Council of Governors if **they are** interfering with or preventing the proper conduct of the meeting.

14. Council of Governors – standing orders

The standing orders for the practice and procedure of the Council of Governors, as may be varied from time to time, are attached at Annex 6.

15. Council of Governors - conflicts of interest of governors

15.1. If a governor has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as **they** become aware of it. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

15.2. Further provisions on disclosure of interests are listed in Annex 6.

16. Council of Governors – travel expenses

The trust may pay travelling and other expenses to members of the Council of Governors as determined by the trust.

17. Council of Governors – referral to the Panel

17.1. In this paragraph, the Panel means a panel of persons appointed by NHS Improvement to which a governor of an NHS foundation trust may refer a question as to whether the trust has failed or is failing —

17.1.1. to act in accordance with its constitution, or

17.1.2. to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

17.2. A governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

18. Council of Governors – further provisions

Further provisions with respect to the Council of Governors are set out in Annex 5.

19. Board of Directors – composition

19.1. The trust is to have a Board of Directors to manage the business of the trust and to exercise all powers of the trust (subject to any contrary provisions in the 2006 Act and/or this constitution) which shall comprise both executive and non-executive directors.

19.2. The Board of Directors is to comprise:

19.2.1. a non-executive **Chair**

19.2.2. a minimum of five (5) non-executive directors; and

19.2.3. a minimum of five (5) executive directors.

19.2.4. The number of executive directors will not exceed the number of non-executive directors excluding the **Chair**.

19.3. One of the executive directors shall be the Chief Executive.

19.4. The Chief Executive shall be the Accounting Officer.

19.5. One of the executive directors shall be the finance director.

19.6. One of the executive directors is to be a registered medical practitioner or a registered dentist (within the meaning of the Dentists Act 1984).

19.7. One of the executive directors is to be a registered nurse or a registered midwife.

19A Board of Directors – general duty

The general duty of the Board of Directors and of each director individually, is to act with a view to promoting the success of the trust so as to maximise the benefits for the members of the trust as a whole and for the public.

20. Board of Directors – qualification for appointment as Chair or another non-executive director

- 20.1. A person may be appointed as the Chair or another non-executive director only if – they are a member of the Public Constituency, and they are not disqualified by virtue of paragraph 24 below.
- 20.2. The Chair must on appointment for each and every term of office meet the Independence Criteria and may not have previously served as the chief executive of the trust ~~or the Predecessor Trust~~.
- 20.3. Every other non-executive director must on appointment and throughout their term of office meet the Independence Criteria.
- 20.4. The Independence Criteria are that the Chair on appointment for each and every term of office and every other non-executive director on appointment and throughout their term of office should;
 - 20.4.1. not have been an employee of the trust within the last five (5) years;
 - 20.4.2. not have, or have had within the last three (3) years a material interest in any matter within the meaning of paragraph 5.3 of Annex 7;
 - 20.4.3. not receive or have received additional remuneration from the trust (apart from a director's fee), participate in the trust's performance-related pay scheme (if any) or be or have been a member of the trust's pension scheme;
 - 20.4.4. not have any close family tie with any director, senior employee or professional advisor to the trust;
 - 20.4.5. not have any significant business link with any other director of the trust including through any involvement in any company or body; or
 - 20.4.6. not have served on the trust Board of Directors for more than nine (9) years from the date of their first appointment ~~(including any tenure as a director of the Predecessor Trust)~~.

21. Board of Directors – appointment and removal of Chair and/or other non-executive directors

21.1. The Council of Governors at a general meeting of the Council of Governors shall appoint or remove the **Chair** of the trust and/or the other non-executive directors.

21.2. Appointment of the **Chair** or of a non-executive director shall require the approval of a majority of the members of the Council of Governors.

21.3. Removal of the **Chair** or any other non-executive director shall require the approval of three-quarters of the members of the Council of Governors.

21.4. The procedures for the appointment and removal of the Chair and other Non-Executive Directors are set out in Annex 7.

~~21.3.~~

22. Board of Directors – appointment of deputy Chair

The Council of Governors at a general meeting of the Council of Governors shall appoint one of the non-executive directors as a Deputy **Chair**. If the **Chair** is unable to discharge their office as **Chair** of the trust, the Deputy **Chair** shall be acting **Chair** of the trust.

23. Board of Directors - appointment and removal of the Chief Executive and other executive directors

23.1. The **Chair** and the other non-executive directors shall appoint or remove the Chief Executive.

23.2. The appointment of the Chief Executive shall require the approval of the Council of Governors.

23.3. A committee consisting of the **Chair**, the Chief Executive and the other non-executive directors shall appoint or remove the other executive directors. The **Chair** shall act as **Chair** of such committee.

24. Board of Directors – disqualification

The following may not become or continue as a member of the Board of Directors:

24.1. a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;

24.1A A person in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);

~~24.1-24.2.~~ a person who has made a composition or arrangement with, or granted a trust deed for, **their** creditors and has not been discharged in respect of it;

~~24.2-24.3.~~ a person who within the preceding five years has been convicted in the British Isles of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on **them**;

~~24.3-24.4.~~ a person who is a member of the Council of Governors or a governor of another NHS foundation trust;

~~24.4-24.5.~~ a person who is the spouse, partner, parent or child of a member of the Board of Directors (including the **Chair**) of the trust;

~~24.5-24.6.~~ a person who is a member of a committee which has, any role on behalf of a local authority to scrutinise and review health matters including a local authority's Overview and Scrutiny Committee covering health matters;

~~24.6-24.7.~~ a person who is the subject of an unexpired disqualification order made under the Company Directors Disqualification Act 1986;

~~24.7-24.8.~~ a person whose tenure of office as a **Chair** or as an officer or director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for nondisclosure of a pecuniary interest;

~~24.8-24.9.~~ a person who has within the preceding five (5) years been lawfully dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;

~~24.9-24.10.~~ in the case of a non-executive director, a person who has:

~~24.9.1-24.10.1.~~ refused without reasonable cause to fulfil any training requirement established by the Board of Directors; or

~~24.9.2-24.10.2.~~ refused to sign and deliver to the Secretary a statement in the form required by the Board of Directors confirming acceptance of the code of conduct for directors.

~~24.10-24.11.~~ on the basis of disclosures obtained through an application to the Disclosure and Barring Service (DBS), they are not considered suitable by the **Trust Secretary in consultation with the** trust's director responsible for Human Resources on the grounds that this would adversely affect public confidence in the trust or otherwise bring the trust into disrepute;

~~24.11-24.12.~~ they are a person who has had **their** name removed or been suspended from any list (including any performers list maintained by a **Clinical Commissioning Group**) prepared under the 2006 Act or under any related subordinate legislation or who has otherwise been suspended or disqualified from any healthcare profession, and has not subsequently had **their** name included in such a list or had **their** suspension lifted or qualification reinstated.

~~24.12-24.13.~~ they have within the preceding five (5) years been:

~~24.13.1.~~ made subject to a Hospital Order under section 37 of the MHA whether or not subject to restrictions under section 41:

~~24.12.1-24.13.2.~~ made subject to an interim Hospital Order under section 38 of the MHA;

~~24.12.2-24.13.3.~~ made subject to a transfer direction under section 48 of the MHA whether or not subject to restrictions under section 49; and/or

~~24.12.3-24.13.4.~~ made subject to an order under the Criminal Procedure (Insanity) Act 1964 as amended

~~24.13-24.14.~~ they have previously been or are currently subject to a sex offender order and/or required to register under the Sexual Offences Act 2003 or have committed a sexual offence prior to the requirement to register under current legislation.

24A Board of Directors – meetings

~~24A.1 Meetings of the Board of Directors shall be open to members of the public. Members of the public may be excluded from a meeting for special reasons.~~

~~24A.2 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.~~

25. Board of Directors – standing orders

The standing orders for the practice and procedure of the Board of Directors, as may be varied from time to time, are attached at Annex 7.

26. Board of Directors - conflicts of interest of directors

~~26.1. The duties that a director of the trust has by virtue of being a director include in particular:~~

26.1.1. a duty to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the trust.

26.1.2. a duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

26.2. The duty referred to in paragraph 26.1.1 is not infringed if:

26.2.1. the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or

26.2.2. the matter has been authorised in accordance with the Constitution.

26.3. The duty referred to in paragraph 26.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

26.4. In paragraph 26.1.2, "third party" means a person other than:

26.4.1. the trust; or

26.4.2. a person acting on its behalf.

26.5. If a director of the trust has in any way a direct or indirect interest in a proposed transaction or arrangement with the trust, the director must declare the nature and extent of that interest to the other directors.

26.6. If a declaration under this paragraph proves to be, or becomes, inaccurate, incomplete, a further declaration must be made.

26.7. Any declaration required by this paragraph must be made before the trust enters into the transaction or arrangement.

26.8. This paragraph does not require a declaration of an interest of which the director is not aware or where the director is not aware of the transaction or arrangement in question.

26.9. A director need not declare an interest:

26.9.1. if it cannot reasonably be regarded as likely to give rise to a conflict of interest;

26.9.2. if, or to the extent that, the directors are already aware of it;

26.9.3. if, or to the extent that, it concerns terms of the director's appointment that have been or are to be considered:

26.9.3.1. by a meeting of the Board of Directors; or

26.9.3.2. by a committee of the directors appointed for the purpose under the Constitution.

26.10. Further provisions as to conflicts of interests are in Annex 7.

~~If a director has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Board of Directors, the director shall disclose that interest to the members of the Board of Directors as soon as they become aware of it. The Standing Orders for the Board of Directors shall make provision for the disclosure of interests and arrangements for the exclusion of a director declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.~~

27. Board of Directors – remuneration and terms of office

- 27.1. The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the **Chair** and the other non-executive directors.
- 27.2. The trust shall establish a committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other executive directors.
- 27.3. The trust may reimburse executive directors' travelling and other costs and expenses incurred in carrying out their duties as the remuneration committee of non-executive directors decides. These are to be disclosed in the annual report.
- 27.4. The remuneration and allowances for directors are to be disclosed in bands in the annual report.

28. Registers

The trust shall have:

- 28.1. a register of members showing, in respect of each member, the constituency to which **they** belong and, where there are classes or areas within it, the class or area to which **they** belong;
- 28.2. a register of members of the Council of Governors;
- 28.3. a register of interests of governors;
- 28.4. a register of directors; and

28.5. a register of interests of the directors.

29. Admission to and removal from the registers

- 29.1. The Secretary shall add to the register of members the name of any individual who is accepted as a member of the trust under the provisions of this constitution.
- 29.2. The Secretary shall remove from the register of members the name of any member who ceases to be entitled to be a member under the provisions of this constitution.

30. Registers – inspection and copies

- 30.1. The trust shall make the registers specified in paragraph 28~~29~~ above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations.
- 30.2. The trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the trust, if the member so requests.
- 30.3. So far as the registers are required to be made available:
- 30.3.1. they are to be available for inspection free of charge at all reasonable times; and
- 30.3.2. a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 30.4. If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

31. Documents available for public inspection

- 31.1. ~~31.1.~~ The trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times:
- 31.1.1. a copy of the current constitution;
- ~~31.1.2. a copy of the current provider licence;~~
- ~~31.1.3.~~ 31.1.2. a copy of the latest annual accounts and of any report of the auditor on them;
- ~~31.1.4.~~ 31.1.3. a copy of the latest annual report; and

~~31.1.5. a copy of the latest information as to its forward planning; and~~
~~31.1.6.~~
~~31.1.7. a copy of any notice given under section 52 of the 2006 Act.~~
~~31.1.4. .~~

31.2. The trust shall also make the following documents relating to a special administration of the trust available for inspection by members of the public free of charge at all reasonable times:

31.2.1. A copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;

31.2.2. A copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act;

31.2.3. A copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act.

31.2.4. A copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;

31.2.5. A copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;

31.2.6. A copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor's decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;

31.2.7. A copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;

31.2.8. A copy of any final report published under section 65I (administrator's final report);

31.2.9. A copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act;

31.2.10. A copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.

~~31.2-31.3.~~ Any person who requests a copy of or extract from any of the above documents is to be provided with a copy.

~~31.3-31.4.~~ If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

32. Auditor

- 32.1. The trust shall have an auditor and is to provide the auditor with every facility and all information, which **they** may reasonably require for the purposes of **their** functions under Schedule 10 of the 2006 Act.
- 32.2. A person may only be appointed as the auditor if **they** (or in the case of a firm, each of its members) is a member of one or more of the bodies referred to in paragraph 23 (4) of Schedule 7 to the 2006 Act.
- 32.3. The Council of Governors shall appoint or remove the auditor at a general meeting of the Council of Governors.
- 32.4. The auditor shall be required to carry out their duties in accordance with Schedule 10 to the 2006 Act and in accordance with any directions given by NHS Improvement on standards, procedures and techniques to be adopted.

33. Audit committee

The trust shall establish a committee of non-executive directors as an **Audit Committee** to perform such monitoring, reviewing and other functions as are appropriate.

34. Accounts

- 34.1. The **Trust** must keep proper accounts and proper records in relation to the accounts.
- 34.2. NHS Improvement may with the approval of the Secretary of State give directions to the **Trust** as to the content and form of its accounts.
- 34.3. The accounts are to be audited by the trust's auditor.
- 34.4. The trust shall prepare in respect of each financial year annual accounts in such form as NHS Improvement may with the approval of the Secretary of State direct.
- 34.5. The functions of the trust with respect to the preparation of the annual accounts shall be delegated to the Accounting Officer.

34.6. In preparing its annual accounts, the Accounting Officer shall require the trust to comply with any directions given by NHS Improvement with the approval of the Treasury Secretary of State as to:

34.6.1. the methods and principles according to which the accounts are to be prepared; and

34.6.2. the information to be given in the accounts;

~~and shall be responsible for the duties of the trust as set out in paragraph 25 of Schedule 7 to the 2006 Act. The trust shall comply with any such requirements of the Accounting Officer.~~

34.7. The annual accounts, any report of the auditor on them, and the annual report are to be presented to the Council of Governors at a meeting of the Council of Governors.

34.8. The trust shall lay a copy of the annual accounts, and any report of the auditor on them, before Parliament and once it has done so, send copies of those documents to NHS Improvement.

35. Annual report and forward plans

35.1. The trust shall prepare an Annual Report and send it to NHS Improvement.

35.2. Each Annual Report is to contain:

35.2.1. information on any steps taken by the trust to secure that (taken as a whole) the actual membership of its Public Constituencies and of the classes of the Staff Constituency are representative of those eligible for such membership; and

~~35.2.2. any other information NHS Improvement requires, including information required by 'the NHS Foundation Trust Code of Governance' as summarised at Schedule A of that Code~~

~~35.2.3.~~

~~35.2.4. a statement of how the Board of Directors and the Council of Governors operate, including a high-level statement of which types of decisions are to be taken by each of the boards and which are to be delegated by the board of directors under a scheme of delegation;~~

~~35.2.5. the names of the Chair, the Deputy Chair, the chief executive, the senior independent director and the chairmen and members of the nomination, audit and remuneration committees;~~

~~35.2.6. the number of meetings of the Board of Directors and the committees set out in paragraph 35.1.2.2 above and individual attendance by directors;~~

~~35.2.7. the names of the non-executive directors whom the Board of Directors determine to be independent, with reasons where necessary;~~
~~35.2.8. a description of each director's expertise and experience~~
~~35.2.9. a clear statement about the Board of Directors' balance, completeness and appropriateness;~~
~~35.2.10. the names of the governors and details on their constituency, whether they are elected or appointed and the duration of their appointments;~~
~~35.2.11. the number of meetings of the Council of Governors and individual attendance by governors and directors; and~~
~~35.2.12. any other significant commitments of the Chair and any changes to them during the year.~~

35.3. The trust is to comply with any decision NHS Improvement makes as to:

35.3.1. the form of Annual Reports;

35.3.2. when the reports are to be sent to ~~them~~it;

35.3.3. the periods to which the Annual Reports are to relate.

35.4. The trust shall give information as to its forward planning in respect of each financial year to NHS Improvement.

35.5. The document containing the information with respect to forward planning (referred to above) shall be prepared by the directors.

35.6. In preparing the document, the directors shall have regard to the views of the Council of Governors.

35.7. Each forward plan must include information about –

35.7.1. the activities other than the provision of goods and services for the purposes of the health service in England that the trust proposes to carry on, and

35.7.2. the income it expects to receive from doing so.

35.8. Where a forward plan contains a proposal that the trust carry on an activity of a kind mentioned in sub-paragraph ~~45.5.1~~35.7.1- the Council of Governors must –

35.8.1. determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the trust of its principal purpose or the performance of its other functions, and

35.8.2. notify the directors of the trust of its determination.

- 35.9. A trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the **Council of Governors** of the trust voting approve its implementation.

36. Meeting of Council of Governors to consider annual accounts and reports

- 36.1. The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors:

36.1.1. the annual accounts

36.1.2. any report of the auditor on them

36.1.3. the annual report.

36.2. The documents shall also be presented to the members of the trust at the annual members' meeting by at least one member of the Board of Directors in attendance.

36.3. The trust may combine a meeting of the Council of Governors convened for the purposes of paragraph 36.1 with the annual members' meeting.

37. Instruments

- 37.1. The trust shall have a seal.

- 37.2. The seal shall not be affixed except under the authority of the Board of Directors.

- 37.3. A document purporting to be duly executed under the trust's seal or to be signed on its behalf is to be received in evidence and, unless the contrary is proved, taken to be so executed or signed.

37A Amendments to the Constitution

37A.1 The trust may make amendments of this Constitution only if:

37A.1.1 more than half of the members of the Council of Governors of the trust voting approve the amendments; and

37A.1.2 more than half of the members of the Board of Directors of the trust voting approve the amendments.

37A.2 Amendments made under paragraph 37A.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as this Constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

37A.3 Where an amendment is made to this Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the trust):

37A.3.1 at least one member of the Council of Governors must attend the next annual members' meeting and present the amendment; and

37A.3.2 the trust must give the members an opportunity to vote on whether they approve the amendment.

37A.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the trust must take such steps as are necessary as a result.

37A.5 Amendments by the trust of its Constitution are to be notified to Monitor. For the avoidance of doubt, Monitor's functions do not include a power or duty to determine whether or not this Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

38. Indemnity

The trust may provide an indemnity to any member of the Council of Governors, the Board of Directors or the Secretary that if any such person acts honestly and in good faith such person will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their functions, save where they have acted recklessly. Any costs arising in this way will be met by the trust. The trust may purchase and maintain insurance against this liability for its own benefit and for the benefit of the Council of Governors and the Board of Directors and the Secretary.

39. ~~Dissolution of the Trust~~Not used

~~The trust may not be dissolved except by order of the Secretary of State for Health, in accordance with the 2006 Act.~~

40. Mergers etc. and significant transactions

40.1. The trust may only apply for a ~~statutory merger, acquisition, separation or dissolution~~ Statutory Transaction with the approval of more than half of the members of the ~~Council of Governors~~.

40.2. The trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the ~~t~~Trust voting approve entering into the transaction.

40.3. For the purposes of paragraph ~~40.2~~ 40.3, "Significant transaction" means amounts equal to or greater than 25% of:-

40.3.1. in relation to assets, the gross assets (being the sum of fixed assets and current assets) subject to the transaction whether contingent or not, divided by the gross assets of the foundation trust

40.3.2. in relation to income, the income attributable to the assets or the contract associated with the transaction whether contingent or not, divided by the income of the foundation trust

40.3.3. in relation to acquisitions or divestments whether contingent or not, the gross capital (being the market value of the target's shares and debt securities plus the excess of current liabilities over current assets) of the company being acquired or divested, divided by the total capital (being the total taxpayers' equity) of the ~~Foundation Trust~~ following completion, or the effects on the total capital of the ~~Foundation Trust~~ resulting from a transaction.

~~40.3.3.~~

40.4. In assessing the value of any contingent liability for the purposes of paragraph 40.3, the directors:

40.4.1. Must have regard to all circumstances that Directors know, or ought to know, affect or may affect, the value of the contingent liability; and

40.4.2. May rely on estimates of the contingent liability that are reasonable in the circumstances; and

40.4.3. May take account of the likelihood of the contingency occurring.

40.5. A Statutory Transaction under paragraph 40.1 is not a significant transaction for the purposes of paragraph 40.2.

41. Notices~~Validity of actions~~

~~Any notice required by this constitution to be given shall be given in writing or shall be given using electronic communications to an address for the time being notified for that purpose. "Address" in relation to electronic communications includes any number or address used for the purposes of such communications.~~

~~41.1. A notice shall be treated as delivered forty eight (48) hours after the envelope containing it was posted or, in the case of a notice contained in an electronic communication, immediately after it was sent provided it was sent between the hours of 09.00 and 17.00 on a working day, and at~~

~~09.00 on the next working day if such notice was sent on a non-working day or outside the hours of 09.00 to 17.00 hours.~~

No defect or deficiency in the appointment or composition of the members or the Council of Governors or the Board of Directors shall affect the validity of any decision or action taken by them.

42. Interpretation and definitions

- 42.1. Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this constitution shall bear the same meaning as in the 2006 Act.

the **2006 Act** is the National Health Service Act 2006.

the **2012 Act** is the Health and Social Care Act 2012.

the **Accounting Officer** is the person who from time to time discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act.

Appointed Governor means the Local Authority Governors and the Partnership Governors

Authorisation Date means the date that the trust's initial authorisation as an NHS Foundation Trust took effect.

Board of Directors means the Board of Directors as constituted in accordance with this Constitution and "Board" shall be construed accordingly.

Chair is the Chair of the Board of Directors appointed in accordance with paragraph 21 of this Constitution, interchangeable with the term Chairman.

Chief Executive means the Chief Executive and Accounting Officer of the Trust appointed in accordance with paragraph 23 of this Constitution.

Constituencies means the Public Constituencies and the Staff Constituency.

Constitution means this Constitution of Bolton NHS Foundation Trust and all annexes to it.

Council of Governors means the Council of Governors of the trust as constituted in accordance with this Constitution.

Financial Year means: (a) the period beginning with the date on which the trust is authorised as a Foundation Trust and ending with the next 31 March; and (b) each successive period of twelve (12) months beginning with 1 April.

the **Independence Criteria** means those criteria set out at paragraph 20.4 above

Local Authority Governor means a governor appointed by one or more local authorities in accordance with the provisions of this Constitution and as specified in Annex 3.

the **MHA** means the Mental Health Act 1983.

Model Rules for Elections means the model form rules for the conduct of elections published from time to time by NHS Providers.

Monitor is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act, which operates with the National Health Service Trust Development Authority as NHS Improvement.

NHS Improvement is the operating name of body corporate previously known as Monitor, as provided by Section 61 of the 2012 Act and the National Health Service Trust Development Authority operating as a single body, and references in this constitution to NHS Improvement shall be construed as references to Monitor.

NHS Foundation Trust Code of Governance means the Code of Governance published by Monitor in July 2014 or such similar or further guidance as Monitor may publish from time to time.

Partnership Governor means a governor appointed by a ~~p~~**Partnership Organisation**.

Partnership Organisation means those organisations that may appoint Partnership Governors as listed at paragraph 1.4 of Annex 3

~~**Predecessor Trust** means Bolton Hospitals NHS Trust or Royal Bolton Hospital NHS Foundation Trust.~~

Public Constituency means all those individuals who live in ~~an the~~ areas specified as an area for a public constituency in Annex 1.

Public Governor means a member of the Council of gGovernor elected by the members of ~~one of the areas in the a~~ Public Constituency.

Secretary or Trust Secretary means the secretary of the trust or any other person appointed by the trust pursuant to paragraph 2.1 of Annex 7 to perform the duties of the secretary

Secretary of State means the Secretary of State for Health and Social Care.

Staff Constituency means that part of the Trust's membership consisting of the staff of the Trust and other persons as more particularly provided for in paragraph 7 of this Constitution and which is divided into the Staff Classes as specified in Annex 2; all those individuals who are eligible for membership of the trust as set out at paragraphs 7.1 to 7.3 (inclusive)

Staff Governor means a member of the Council of gGovernor elected by the members of one of the classes of the Staff Constituency.

Statutory Transaction means a merger under section 56 of the 2006 Act, an acquisition under section 56A of the 2006 Act, a separation under section 56B of the 2006 Act, and dissolution under section 57A of the 2006 Act.

Trust means Bolton NHS Foundation Trust.

~~**terms of authorisation** are the terms of authorisation issued by Monitor under Section 35 of the 2006 Act.~~

voluntary organisation is a body, other than a public or local authority, the activities of which are not carried on for profit.

42.2. Save as otherwise permitted by law, the Chair shall be the final authority for all purposes on the interpretation of this constitution (on which they should be advised by the Trust Secretary).

ANNEX 1 - THE PUBLIC CONSTITUENCIES

(Paragraphs 6.1 and 6.3)

Areas comprising the <u>a</u> Public Constituency	Electoral Wards as set out in The Borough of Bolton (Electoral Changes) Order 2004	Minimum number of Members	<u>Number of</u> <u>Governors to</u> <u>be elected</u>
Bolton North East	Astley Bridge Bradshaw Broughtmet Bromley Cross Crompton Halliwell Tonge with the Haulgh	250	<u>6</u>
Bolton South East	Farnworth Great Lever Harper Green Hulton Kearsley Little Lever & Darcy Lever Rumworth	250	<u>6</u>
Bolton West	Atherton Heaton & Lostock Horwich & Blackrod Horwich North East Smithills Westhoughton North & Chew Moor Westhoughton South	250	<u>6</u>
Out of Area	All electoral divisions in England not falling	100	<u>2</u>

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	within an area detailed above in this table as being a Public Constituency		
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ANNEX 2 - THE STAFF CONSTITUENCY

~~The Staff Constituency is divided into four (4) classes as follows:~~

~~1. Nurses and midwives who are registered with their regulatory body to practice.~~

~~2. Doctors and dentists who are registered with their regulatory body to practice.~~

~~3. Allied health professionals and scientists who are registered with their regulatory body to practice in a clinical capacity.~~

~~4. All other staff.~~

~~The minimum number of members in each class is to be 20% of the total number of employees who are eligible for membership of that class.~~

<u>Staff Class</u>	<u>Minimum number of Members</u>	<u>Number of Governors to be elected</u>
<u>Nurses and midwives who are registered with their regulatory body to practise</u>	<u>20% of the total number of employees who are eligible for membership of the class</u>	<u>2</u>
<u>Doctors and dentists who are registered with their regulatory body to practise</u>	<u>20% of the total number of employees who are eligible for membership of the class</u>	<u>1</u>
<u>Allied health professionals and scientists who are registered with their regulatory body to practise in a clinical capacity</u>	<u>20% of the total number of employees who are eligible for membership of the class</u>	<u>1</u>
<u>All other staff</u>	<u>20% of the total number of employees who are eligible for membership of the class</u>	<u>2</u>

ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

- 1 The Council of Governors shall comprise thirty ~~four~~ (34) governors composed as set out below and as illustrated in the following table:

- 1.1 Twenty (20) ~~Public~~ ~~G~~Governors ~~which must be more than half the total membership of the Council of Governors~~ elected by members of the trust from the Public Constituencies ~~with each area~~ as set out in Annex 1. ~~appointing six (6) governor save that the out of area area of the Public Constituency may appoint two (2) governors:~~
- 1.2 ~~Six~~ (6) ~~Staff~~ ~~G~~Governors elected by the Staff ~~Classes set out in Annex 2. Constituency, with the following number of governors elected from each class within the Staff Constituency by that class:~~

Nurses and midwives who are registered with their regulatory body to practise	2
Doctors and dentists who are registered with their regulatory body to practise	4
Allied health professionals and scientists who are registered with their regulatory body to practise in a clinical capacity	4
All other staff	2

- 1.3 Two (2) ~~Local Authority~~ ~~G~~Governors appointed by Bolton Metropolitan Borough Council or any successor local authority for an area which includes the whole or part of an area forming part of the Public Constituencies set out at Annex 1.

1.4 Six (6) Partnership Governors:

- (a) Two (2) ~~G~~Governors appointed by educational institutions from the further and/or higher education sector which shall be: one (1) governor appointed by the University of Bolton and one (1) by Salford University.
- (b) Two (2) ~~Partnership~~ ~~G~~Governors appointed by voluntary organisations which shall be ~~two (2) governors~~ appointed by the Council for Voluntary Services (CVS).or a successor organisation
- (c) One (1) ~~Partnership~~ ~~G~~Governor appointed by the Bolton LMC (Local Medical Committee), ~~who must be a practising GP.~~
- (d) One (1) ~~Partnership~~ ~~G~~Governor appointed by Bolton Healthwatch or a successor organisation

~~The following organisations (or their successor organisations) shall be partnership organisations for the purpose of this constitution:~~

~~University of Bolton
Salford University
Council for Voluntary Services
Bolton Healthwatch~~

1.5 Members of the Public Constituencies may elect any of their number to be a Public Governor and members of the Staff Classes may elect any of their number to be a Staff Governor.

Composition of the Council of Governors:

Public Constituency

	Number of seats
Bolton West	6
Bolton North East	6
Bolton South East	6
Out of Area	2

Sub Total 20

Staff Constituency

	Number of seats
Nurses and midwives who are registered with their regulatory body to practise	2
Doctors and dentists who are registered with their regulatory body to practise	1
Allied health professionals and scientists who are registered with their regulatory body to practise in a clinical capacity	1
All other staff	2

Sub Total 6

Appointed Governors Constituency

	Number of seats
Bolton Metropolitan Borough Council	2
University of Bolton	1
Salford University	1
Council for Voluntary Services	2
Bolton Local Medical Committee	1
Bolton Healthwatch	1

Sub Total 8

TOTAL 34

ANNEX 5 – ADDITIONAL PROVISIONS – COUNCIL OF GOVERNORS

1 Roles and responsibilities of the Council of Governors

~~1.1 The roles and responsibilities of the Council of Governors, which are to be carried out in accordance with this constitution and the trust's authorisation include:~~

~~1.1.1 to hold the Board of Directors to account for the performance of the trust, including ensuring that the Board of Directors acts so that the trust does not breach its terms of authorisation;~~

~~1.1.2 to respond as appropriate when consulted by the Board of Directors in accordance with this constitution;~~

~~1.1.3 to undertake such functions as the Board of Directors shall from time to time request;~~

~~1.1.4 to prepare and review on an annual basis the trust's membership strategy and its policy for the composition of the Council of Governors and of the non-executive directors;~~

~~1.1.5 when appropriate to make recommendations for the revision of this constitution.~~

1.1 The statutory duties of the Council of Governors are provided in paragraph 12A of the constitution.

1.2 Each governor shall act in the best interests of the trust at all times and with proper regard to the provisions of the NHS Foundation Trust Code of Governance and the Code of Conduct for Governors.

1.3 All governors shall comply with the Code of Conduct for Governors, as agreed by the Board of Directors and the Council of Governors.

2 Appointed Governors

Local Authority Governors

2.1 The Trust Secretary, having consulted with Bolton Metropolitan Borough Council or any successor local authority for an area which includes the whole or part of an area forming part of the Public Constituency, is to adopt a process for agreeing the appointment of Local Authority Governors with that local authority.

Partnership Governors

2.2 The Partnership Governors are to be appointed by the partnership organisations, in accordance with a process agreed with the Trust Secretary

General Provisions

2.3 Appointed Governors:

- 2.3.1 shall normally hold office for a period of three (3) years commencing on the date such election is to have effect;
- 2.3.2 are eligible for re-appointment subject to paragraph 2.3.3;
- 2.3.3 may not where reappointed hold office for longer than nine (9) consecutive years

3 Eligibility to be a Governor

3.1 A person may not become a governor of the trust, and if already holding such office will immediately cease to do so, if:

- 3.1.1 they are a director of the trust, or a governor of another foundation trust or a director (or equivalent) of a health service organisation (unless they are an appointed governor appointed by the health service organisation for which they are a governor or director);
- 3.1.2 they are the spouse, partner, parent or child of a member of the Board of Directors (including the Chair) of the trust;
- 3.1.3 they are a member of a committee which has, any role on behalf of a local authority to scrutinise and review health matters including a local authority's Overview and Scrutiny Committee covering health matters;
- 3.1.4 being a member of the Staff Constituency they have a current and unexpired written warning which has been imposed following disciplinary action by the trust ~~or the Predecessor Trust~~ arising out of their employment with the trust ~~or Predecessor Trust~~. if a Staff Governor is suspended from duties for any reason they will also be suspended from their role as a Staff Governor for the duration of their suspension. Whilst a Staff Governor is under suspension, the Staff Governor cannot attend meetings of the Council of Governors as a member of the Council of Governors, but missing any meetings of the Council of Governors will not count as failure to attend for the purposes of paragraph 4.1.2 of this Annex 5. For the avoidance of doubt, a member will not be precluded from eligibility as a Governor by reason of their suspension or in the event that they are the subject of an on-going disciplinary procedure and/or fact-finding investigation. Spent disciplinary warnings will not preclude eligibility to be a Governor.:-
- 3.1.5 they refuse to sign a declaration in the form specified by the Secretary that they are a member of a Public Constituency or the Staff Constituency as the case may be of particulars of their qualification to

- ~~vote as a member of the trust,~~ and that they are not prevented from being a member of the Council of Governors;
- 3.1.6 they are a vexatious complainant within the meaning of paragraph 8.4.28-4.3;
- 3.1.7 on the basis of disclosures obtained through an application to the ~~Disclosure and Barring Service~~, they are not considered suitable by the ~~Trust Secretary~~Secretary and the trust's director responsible for Human Resources;
- 3.1.8 they have within the preceding five (5) years been lawfully dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a health service organisation;
- 3.1.9 they are a person whose tenure of office as the Chair or as a member or director of a health service organisation has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- 3.1.10 they are a person who has had ~~their~~ name removed or been suspended from any list (including any performers list maintained by a primary care trust) prepared under the 2006 Act or under any related subordinate legislation or who has otherwise been suspended or disqualified from any healthcare profession, and has not subsequently had ~~their~~ name included in such a list or had ~~their~~ suspension lifted or qualification reinstated~~;~~;
- 3.1.11 they have within the preceding five (5) years been:
- (i) made subject to a Hospital Order under section 37 of the MHA whether or not subject to restrictions under section 41;
 - (ii) made subject to an Interim Hospital Order under section 38 of the MHA;
 - (iii) made subject to a transfer direction under section 48 of the MHA whether or not subject to restrictions under section 49; and/or
 - (iv) made subject to an order under the Criminal Procedure (Insanity) Act 1964 as amended.
- 3.1.12 they have previously been or are currently subject to a sex offender order and/or required to register under the Sexual Offences Act 2003 or have committed a sexual offence prior to the requirement to register under current legislation~~;~~;
- 3.1.13 any of the grounds contained in paragraph 12 of the Constitution apply to that person;

3.1.14 in the case of an elected Public Governor, they cease to be a member of the Constituency by whom they were elected;

3.1.15 they have previously been removed as a governor of the trust or removed as a governor or expelled from membership of another foundation trust;

3.1.16 in the case of an Appointed Governor, the appointing organisation terminates the appointment, or they leave, retire or are suspended from their employment. If an Appointed Governor is suspended from their duties for any reason by the appointing organisation they will also be suspended from their role as Governor for the duration of their suspension. Whilst an Appointed Governor is under suspension, the Appointed Governor cannot attend meetings of the Council of Governors as a member of the Council of Governors, but missing any meetings of the Council of Governors will not count as failure to attend for the purposes of paragraph 4.1.2 of this Annex 5;

3.1.17 they are a person who is not a fit and proper person as defined by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and/or condition G4 of the Trust's provider licence;

3.1.18 they are subject to a direction made under the Education Act 2011 or the Safeguarding Vulnerable Groups Act 2006;

3.1.19 they have failed to make, or has falsely made, any declaration as required to be made under Section 60 of the 2006 Act;

3.1.20 their term of office was terminated pursuant to paragraph 4.2 of this Annex 5;

3.2 Where a person has been elected or appointed to be a Governor and that person becomes disqualified from that appointment that individual shall notify the Trust in writing of such disqualification as soon as practicable and in any event within fourteen days of first becoming aware of those matters which rendered the individual disqualified.

3.3 If it comes to the notice of the Trust that a Governor is disqualified, the Trust shall immediately declare Governor disqualified and shall give the Governor notice in writing to that effect as soon as practicable.

3.4 Upon the giving of notice under paragraphs 3.2 and 3.3 of this Annex, that person's tenure of office as a Governor shall thereupon be terminated and the individual shall cease to be a Governor and the individual's name shall be removed from the Register of Governors.

4 Termination of office and removal of Governors

4.1 A person holding office as a governor shall immediately cease to do so if:

4.1.1 they resign by notice in writing to the Secretary;

4.1.2 they fail to attend three (3) consecutive meetings, unless the ~~other~~ Council of Governors ~~are~~is satisfied that:

4.1.2.1 the absences were due to reasonable causes; and

4.1.2.2 they will be able to start attending meetings of the Council of Governors again within such a period as the ~~other~~ Council of Governors ~~considers~~ considers reasonable.

4.1.3 in the case of an elected governor, they cease to be a member of the constituency or class ~~or area of the constituency~~ by which they were elected ~~which for the avoidance of doubt includes in respect of a Public Governor a governor moving their principal residence from one area within the Public Constituency to another;~~

4.1.4 in the case of an appointed governor, the appointing organisation terminates the appointment, the appointing organisation ceases to exist or they withdraw themselves as the Appointed Governor representative;

4.1.5 they have refused without reasonable cause to undertake any training which the Council of Governors requires all governors to undertake;

4.1.6 they have failed to sign and deliver to the Secretary a statement in the form required by the Secretary confirming acceptance of the code of conduct for governors;

~~4.1.7 they are removed from the Council of Governors under the following provisions;~~

~~4.1.7.1 a governor may be removed from the Council of Governors by a resolution approved by not less than two thirds of the remaining governors present and voting on the grounds that they have committed a serious breach of the code of conduct for governors, or they have acted in a manner detrimental to the interests of the trust, and the Council of Governors consider that it is not in the best interests of the trust for them to continue as a governor.~~

~~4.1.7 they cease to fulfil the requirements of paragraph 3.1 above;~~

4.2 A Governor may be removed from the Council of Governors by a resolution approved by not less than three-quarters of the remaining Governors present and voting at a meeting of the Council of Governors on the grounds that:

- 4.2.1 They have committed a material breach of the Code of Conduct for Governors; and/or
- 4.2.2 They have acted in a manner detrimental to the interests of the Trust; and/or
- 4.2.3 The Council of Governors consider that it is not in the best interests of the Trust for them to continue as a Governor. Circumstances where it may not be appropriate for an individual to continue as a Governor include the circumstances set out in paragraph 4.3;
- 4.3 The Council of Governors may remove a Governor in accordance with paragraph 4.2.3 where the Council of Governors finds that their continuing as a Governor would or would be likely to:
 - 4.3.1 Prejudice the ability of the Trust to fulfil its principal purpose or of its purposes under this Constitution or otherwise to discharge its duties and functions; or
 - 4.3.2 Prejudice the Trust's work with other persons or body with whom it is engaged or may be engaged in the provision of goods and services; or
 - 4.3.3 Adversely affect public confidence in the goods and services provided by the Trust; or
 - 4.3.4 Otherwise bring the Trust into disrepute or is detrimental to the interest of the Trust; or
 - 4.3.5 Not in the best interests of the Trust for that person to continue in office as a Governor; or
 - 4.3.6 Fail to comply in a material way with the values and principles of the NHS or the Trust.
- 4.4 Upon a Governor resigning under paragraph 4.1.1 of this Annex or upon the Council of Governors resolving to terminate a Governor's tenure of office in accordance with the above provisions that Governor shall cease to be a Governor and their name shall be removed from the register of Governors.
- 4.5 The decision of the Council of Governors to terminate the tenure of office of the Governor concerned shall not take effect until the later of:
 - 4.5.1 Seven days after the date of decision; or
 - 4.5.2 Where the Governor applies for the decision to be referred to an independent assessor, the date on which the independent assessor determines the matter.
- 4.6 The Governor in question will be permitted to appeal any decision of the Council of Governors to terminate that Governor's tenure of office made in accordance

with paragraph 4.2 in writing, within 28 days of the date upon which notice of the decision is received, for that decision to be referred to an independent assessor.

4.7 On receipt of an application under paragraph 4.6 above the Council of Governors and the applicant Governor will co-operate in good faith to agree on the appointment of the independent assessor. If the parties fail to agree on the identity of the independent assessor within twenty-one days of the date upon which the application is received by the Council of Governors, then the Council of Governors shall request the Chartered Institute of Arbitrators to nominate an independent assessor.

4.8 The independent assessor will consider the evidence and conclude whether the decision to remove the Governor was reasonable or otherwise.

4.9 The independent assessor's decision will be binding on the parties. If the independent assessor finds that the decision of the Council of Governors to remove the Governor was not reasonable, the decision of the Council of Governors will be rescinded.

4.10 The Trust shall bear the independent assessor's costs unless the independent assessor determines that such costs shall be shared between the Trust and the Governor.

4.11 A Governor:

4.11.1 Who resigns or whose tenure of office is terminated under paragraph 4.1 of this Annex shall not be eligible to stand for re-election for a period of six years from the date of their resignation or removal from office; or

4.11.2 Whose tenure is terminated under paragraph 4.2 of this Annex shall not be eligible to stand for re-election for a period of nine years from the date of their removal from office or the date upon which any appeal against their removal from office is disposed of whichever is the later.

4.11.3 Not less than twenty percent of the Governors may, where the process leading to the possible removal of a Governor has been initiated, require the appointment of an independent assessor to consider the evidence and advise as to the appropriateness of removal. It will also be available to the Chair to initiate any such independent assessment at any time.

4.12 A Governor may resign from office at any time during the term of office by giving notice in writing to the Trust Secretary save that if in the opinion of the Trust Secretary the Governor's conduct and tenure are or may become subject to review or investigation which may lead to his or her removal under paragraph 4.2, then any such notice of resignation will not be effective without the agreement of the Chair or (if the Chair is conflicted) the Deputy Chair.

4.13 The Chair or (if the Chair is conflicted) the Deputy Chair may suspend a Governor whose conduct and tenure are subject to review or investigation if in the opinion

of the Chair or the Deputy Chair such review or investigation may lead to the Governor's removal under paragraph 4.2.

5 Vacancies amongst Governors

5.1 Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply:

5.1.1 where the vacancy arises amongst the appointed governors, the Secretary shall request that the appointing organisation appoints a replacement to hold office for the remainder of the term of office.

5.1.2 where the vacancy arises amongst the elected governors, the Council of Governors shall be at liberty either:

5.1.2.1 to invite the next highest polling candidate for that seat at the most recent election, who is willing to take office, to fill the seat until the next annual election, at which time the seat will fall vacant and be subject to election for any unexpired period of the term of office of the governor who is being replaced.

5.1.2.3 If there is no other candidate available the governors may choose to leave the seat vacant until the next elections are held unless to do so would mean that there is no longer a majority of public governors on the Council of Governors.

5.2 No defect in the election or appointment of a Governor nor any deficiency in the composition of the Council of Governors shall affect the validity of any act or decision of the Council of Governors.

6 Expenses and Remuneration of Governors

6.1 The trust may reimburse governors for travelling and other costs and expenses incurred in carrying out their duties as the Board of Directors decides.

6.2 The trust may at their discretion decide to reimburse the cost and expense of a governor's carer arrangements necessarily and reasonably incurred in such governor carrying out their duties as the Board of Directors decide.

6.3 In respect of a Staff Governor who is an employee of the Trust, the Board of Directors shall seek to facilitate such employee's reasonable participation as a Staff Governor during normal working hours to the extent reasonably necessary for the performance of their duties as a Staff Governor (including reasonable time off from **their** contracted duties) and shall not make any corresponding deduction from salary.

6.4 Governors are not to receive remuneration from the trust otherwise than as set out in paragraphs 6.1 and/or 6.2 and/or 6.3 above of this Annex 5.

7 **Governors Code of Conduct**

The trust may from time to time publish a governors' code of conduct and each governor shall be required to follow and observe such code of conduct's provisions.

ANNEX 6 – STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE COUNCIL OF GOVERNORS

1 Meetings of the Council of Governors

Calling meetings

- 1.1 The Council of Governors is to meet a minimum of four (4) times in each Financial Year. Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give at least fourteen (14) days' written notice of the date and place of every meeting of the Council of Governors to all governors. Notice will also be published on the trust's website.
- 1.2 Meetings of the Council of Governors may be called by the Secretary, or by the [ChairmanChair](#).
- 1.3 Meetings of the Council of Governors may be called by ten (10) governors (including at least two (2) elected governors and two (2) appointed governors) who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all governors as soon as possible after receipt of such a request.
- 1.4 The Secretary shall call a meeting on at least fourteen (14) but not more than twenty eight (28) days' notice.
- 1.5 If the Secretary fails to call such a meeting following notice pursuant to paragraph 1.3 of Annex 6 above then the [ChairmanChair](#) or ten (10) governors, whichever is the case, shall call such a meeting.

Quorum

- 1.6 Subject to paragraph 1.7 of Annex 6 below, fifteen (15) governors including no fewer than ten (10) Public Governors, no fewer than two (2) Staff Governors and no fewer than one (1) appointed governor shall form a quorum for the Council of Governors.
- 1.7 The Council of Governors shall not be quorate unless a majority of governors present are Public Governors.
- 1.8 The Council of Governors may invite the Chief Executive or any other member or members of the Board of Directors, or a representative of the auditor or other advisors to attend a meeting of the Council of Governors.
- 1.9 The Council of Governors may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

1.9A A Governor who has declared a non-pecuniary interest in any matter may participate in the discussion and consideration of the matter but may not vote in respect of it: in these circumstances the Governor will count towards the quorum of the meeting. If a Governor has declared a pecuniary interest in any matter, the Governor must leave the meeting room, and will not count towards the quorum of the meeting, during the consideration, discussion and voting on the matter. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the Meeting. The meeting must then proceed to the next business.

Voting

- 1.10 Except as provided for in ~~paragraph 20.2 of the main body of the~~this constitution or the 2006 Act and the following provisions of this paragraph, questions arising at a meeting of the Council of Governors shall be decided by a majority of votes of the Governors present and voting on the question.

1.10A At the meeting of the Council of Governors a vote shall be decided on a show of hands, the result being declared by the Chair and recorded in the minutes. The entry in the minutes shall confirm the result without recording the number in favour or against the motion unless a request is made under Standing Order 2.17.

1.10B A paper ballot may be used if a majority of the Governors present so request. If a paper ballot is used, it shall be taken at such time and place and in such a manner as the Chair of the meeting shall direct and the result of the ballot shall be deemed to be the resolution of the meeting at which the ballot was demanded. The demand for a ballot shall not prevent the continuance of a meeting for the transaction of any business other than the question on which a ballot has been demanded.

1.10C If at least one-third of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.

1.10D No resolution of the Council of Governors shall be passed if it is opposed by all of the Public Governors present.

- 1.11 ~~In case of an equality of votes the person presiding at or chairing the meeting shall have a casting vote. Not used~~

Committees

- 1.12 The Council of Governors may not delegate any of its powers to a committee or sub-committee, but it may appoint committees to assist the Council of Governors in carrying out its functions. The Council of Governors may appoint governors and may invite directors and other persons to serve on such committees. The

Council of Governors may, through the Secretary request that external advisors assist them or any committee they appoint in carrying out its duties.

- 1.13 All decisions taken in good faith at a meeting of the Council of Governors or of any committee shall be valid even if it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the governors attending the meeting.

2 Disclosure of interests

- 2.1 Any governor who has a material interest in a matter as defined below shall declare such interest to the Council of Governors and shall withdraw from the meeting and play no part in the relevant discussion or decision and shall not vote on the issue (and if inadvertently they do remain and vote, their vote shall not be counted).
- 2.2 Any governor who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a not less than two thirds of the remaining governors.

Subject to the exceptions below, a material interest in a matter is where a governor:

- 2.2.1 holds any directorship of a company;
- 2.2.2 holds any interest or position in any firm or company or business;
- 2.2.3 has any interest in an organisation providing health and social care services to the National Health Service; or
- 2.2.4 holds any position of authority in a charity or voluntary organisation in the field of health and social care;
- 2.2.5 receives research funding/grants either as an individual or to their department;
- 2.2.6 holds interests in pooled funds that are under separate management.

and such organisation is, in connection with the matter, trading with the trust or entering into a financial arrangement with the trust, or is likely is to be considered as a potential contractor to the trust. In the case of two persons living together as a couple (whether married or not) the interest of one shall be deemed to be also an interest of the other

- 2.3 The exceptions which shall not be treated as material interests are as follows:
- 2.3.1 shares held in any company where the value of those securities does not exceed £10,000 or the number of shares held does not exceed

2% of the total number of issued shares in a company whose shares are listed on any public exchange;

- 2.3.2 an employment contract with the trust held by a Staff Governor;
- 2.3.3 an employment contract with a local authority held by a Local Authority Governor;
- 2.3.4 an employment contract with a partnership organisation held by a Partnership Governor.

3 Declaration

An elected governor may not vote at a meeting of the Council of Governors unless, before attending the meeting, they have made a declaration in the form specified by the Secretary of the particulars of their qualification to vote as a member of the trust and that they are not prevented from being a member of the Council of Governors. An elected governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of elected governors.

4 Agendas and Papers

- 4.1 An agenda, copies of any questions on notice and/or motions on notice to be considered at the relevant meeting and any supporting papers shall be sent to each Governor so as to arrive with each Governor normally no later than 7 days in advance of each meeting. Minutes of the previous meeting will be circulated with these papers for approval and this will be a specific agenda item.
- 4.2 The Council of Governors may determine that certain matters shall appear on every agenda for a meeting of the Council of Governors and shall be addressed prior to any other business being conducted.
- 4.3 A Governor desiring a matter to be included on the agenda shall make his request in writing to the Trust Secretary at least 14 days before the meeting. Requests made less than 14 clear days before a meeting may be included on the agenda at the discretion of the Chair.
- 4.4 The request should state whether the item of business is proposed to be transacted in the presence of the public and should include appropriate supporting information. Receipt of such matters via electronic means is acceptable.

5 Admission of the Public

- 5.1 All meetings of the Council of Governors are to be general meetings open to members of the public unless the Council of Governors decides otherwise in relation to all or part of a meeting for reasons of commercial confidentiality or on other proper grounds. The Chair may exclude any member of the public from a meeting of the Council of Governors if they are interfering with or preventing the proper conduct of the meeting.

5.2 Nothing in these Standing Orders shall require the Council to allow members of the public or press to record proceedings in any manner whatsoever, other than in writing, or to make any oral report of proceeding as they take place without the prior agreement of the Council of Governors

6 Chair of Meetings

6.1 The Chair of the Trust, or in that person's absence, the Deputy Chair is to preside at meetings of the Council of Governors. If the Chair is absent from a meeting or temporarily absent on the grounds of a declared conflict of interest the Deputy Chair shall preside. If the Chair and Deputy Chair are absent from the meeting or absent temporarily on the grounds of a declared conflict of interest, such non-executive director as the Governors present shall choose shall preside.

6.2 The Chair of the Trust is not a member of the Council of Governors but the Chair of the Trust or, in their absence, the Deputy Chair of the Trust is to preside over meetings of the Council of Governors.

7 Chair's Ruling

7.1 Statements of Governors made at meetings of the Council of Governors shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.

7.2 Save as permitted by law, at any meeting the person presiding shall be the final authority on the interpretation of Standing Orders (on which that person should be advised by the Trust Secretary).

8 Minutes

8.1 The minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it. The approved minutes will be conclusive evidence of the events of the meeting and retained by the Trust Secretary.

8.2 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.

9 Standards of business conduct

9.1 In relation to their conduct as a Governor of the Trust, each Governor must comply with the Constitution, the Code of Conduct for Governors, the NHS Foundation Trust Code of Governance, the requirements of the law and any guidance issued by Monitor.

9.2 Governors will confirm their agreement to adhere to the Code of Conduct for Governors by signing a copy annually and returning it to the Trust Secretary.

9.3 Canvassing of Directors or Governors or of any members of any committee of the Trust directly or indirectly for any appointment by the Trust shall disqualify the candidate for such appointment.

9.4 A Governor shall not solicit for any person any appointment under the Trust or recommend any person for such appointment, but this Standing Order shall not preclude a Governor from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

10 Suspension of Standing Orders

10.1 Except where this would contravene any statutory provision or any direction made by Monitor, any one of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Council of Governors are present, including one Public Governor and one Staff Governor, and that a majority of those present vote in favour of suspension.

10.2 A decision to suspend Standing Orders shall be recorded in the minutes of the meeting.

10.3 A separate record of matters discussed during the suspension of Standing Orders shall be made and shall be available to the Chair and the members of the Council of Governors.

10.4 No formal business may be transacted while Standing Orders are suspended.

10.5 The Trust's Audit Committee shall review every decision to suspend Standing Orders.

11 Variation and Amendment of Standing Orders

These Standing Orders may only be amended in accordance with paragraph 37A of the Constitution.

12 Review of Standing Orders

These Standing Orders shall be reviewed annually by the Council of Governors. The requirement for review extends to all documents having effect as if incorporated in these Standing Orders.

13 Interpretation and definitions

13.1 These Standing Orders are the standing orders referred to in paragraph 14 of the Constitution. If there is any conflict between these Standing Orders and the Constitution, the Constitution shall prevail.

13.2 Terms defined in the Constitution shall have the same meaning in these Standing Orders.

ANNEX 7– STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

~~1 The Appointment and Removal of the Chair and/or other non-executive directors~~

~~1.1 Subject to paragraph 21.3 of the main body of the constitution only a member of the Public Constituency is eligible for appointment as the Chair or another non-executive director.~~

~~1.2 The Chair and the other non-executive directors are to be appointed by the Council of Governors using the following procedure:~~

~~1.2.1 The Council of Governors will maintain a policy for the appointment of the Chair and the other non-executive directors which takes account of the membership strategy, and which they shall review from time to time and not less than every three years.~~

~~1.2.2 The Council of Governors may work with an external organisation recognised as expert at appointments to identify the skills and experience required for non-executive directors.~~

~~1.2.3 Appropriate candidates (not more than five (5) for each vacancy) will be identified by a nominations and remuneration committee through a process of open competition, which takes account of the policy maintained by the Council of Governors and the skills and experience required;~~

~~1.2.4 The nominations and remuneration committee will comprise the senior independent director who should act as Chair of the committee, two elected governors and one appointed governor. The Chair or senior independent director of another Foundation Trust or NHS Trust shall be invited to act as an independent assessor to the nominations and remuneration committee.~~

~~1.2.5 The Chair and any other non-executive director may hold office for a period of up to 3 years and shall, subject to the Independence Criteria be eligible for re-appointment at the end of this term.~~

~~1.3 The removal of the Chair or any other non-executive director shall be a decision of the Council of Governors and shall be carried out in accordance with the following procedures:~~

~~1.3.1 Any proposal for removal must be proposed by a governor and seconded by no fewer than ten (10) governors including at least two (2) elected governors and two (2) appointed governors.~~

~~1.3.2 Written reasons for the proposal shall be provided to the Chair or other non-executive director in question, who shall be given the opportunity to respond to such reasons.~~

~~1.3.3 In making any decision to remove a non-executive director (other than the Chair), the Council of Governors shall take into account any annual appraisal carried out by the Chair.~~

~~1.3.4 Removal of the Chair or any other non-executive director shall require the approval of three-quarters of the members of the Council of Governors.~~

~~1.3.5 If any proposal to remove the Chair or other non-executive director is not approved at a meeting of the Council of Governors, no further proposal can be put forward to remove such non-executive director based upon the same reasons within twelve (12) months of the meeting.~~

~~2 Appointments~~

~~2.1 The Chief Executive and Chair shall appoint the Secretary of the trust and subject to following good employment practice may also remove a Secretary from that position.~~

~~2.2 The Board of Directors shall, following consultation with the Council of Governors, appoint one of the non-executive directors to be the senior independent director. The senior independent director shall make himself available to members and governors who have concerns that they do not feel they can raise with the Chair or any executive director of the trust. Recourse to the senior independent director shall not replace the right to instigate the dispute resolution procedures at Annex 9.~~

~~1 Committees and Delegation~~

~~1.1 The Board of Directors may delegate any of its powers to:~~

~~1.1.1 a committee of directors or;~~

~~1.1.2 to an executive director.~~

~~1.2 The Board of Directors shall maintain a formal schedule of matters reserved for decision by the Board of Directors~~

~~1.3 The Board of Directors shall appoint an audit committee of non-executive directors to monitor and review the exercise of the auditor's functions.~~

~~1.4 The Board of Directors shall appoint a remuneration committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the executive directors.~~

~~1.5 The Board of Directors may appoint committees consisting wholly or partly of persons who are not executive directors or non-executive directors of the trust for any purpose that is calculated or likely to contribute to or assist it in the exercise of its powers but it may not delegate the exercise of any of its powers to such committee.~~

2 — Meetings of the Board of Directors

- ~~2.1 — The Board of Directors shall meet sufficiently regularly to discharge its duties effectively.~~
- ~~2.2 — Save in the case of emergencies or the need to conduct urgent business, the Secretary shall give to all directors at least fourteen (14) days' written notice of the date and place of every meeting of the Board of Directors.~~
- ~~2.3 — Meetings of the Board of Directors may be called by the Secretary, or by the Chair.~~
- ~~2.4 — Meetings of the Board of Directors may be called by four (4) directors who give written notice to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all directors as soon as possible after receipt of such a request.~~
- ~~2.5 — The Secretary shall call a meeting on at least fourteen (14) but not more than twenty-eight (28) days' notice.~~
- ~~2.6 — If the Secretary fails to call a meeting following notice pursuant to paragraph 4.4 of this Annex 7 then the Chair or four (4) directors, whichever is the case, shall call such a meeting.~~
- ~~2.7 — Seven (7) directors including no fewer than two (2) executive directors, and no fewer than two (2) non-executive directors (one of whom must be the Chair or the Deputy Chair of the Board) shall form a quorum.~~
- ~~2.8 — The Board of Directors may agree that its members can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.~~
- ~~2.9 — The Chair of the trust or, in their absence, the Deputy Chair of the Board of Directors, is to chair meetings of the Board of Directors.~~
- ~~2.10 — Subject to the following provisions of this paragraph 4, questions arising at a meeting of the Board of Directors shall be decided by a majority of votes.~~
- ~~2.11 — In case of an equality of votes the Chair shall have a second and casting vote. No resolution of the Board of Directors shall be passed if it is opposed by all of the non-executive directors present or by all of the executive directors present.~~
- ~~2.12 — The Secretary shall keep and maintain a record of the number of meetings of the Board of Directors and the attendance of individual directors.~~

3 — Conflicts of Interest of Directors

- ~~3.1 — Any director who has a material interest in a matter as defined below shall declare such interest to the Board of Directors and shall withdraw from the meeting and play no part in the relevant discussion or decision and shall not vote on the issue (and if inadvertently they do remain and vote, their vote shall not be counted).~~

~~3.2 Details of any such interest shall be recorded in the register of the interests of directors.~~

~~3.3 A material interest in a matter is where a director:~~

~~3.3.1 holds any directorship of a company;~~

~~3.3.2 holds any interest (excluding a holding of shares in a company whose shares are listed on any public exchange where the holding does not exceed 2% of the total issued share capital or the value of such share holding does not exceed £10,000) or position in any firm or company or business;~~

~~3.3.3 has any interest in an organisation providing health and social care services to the National Health Service; or~~

~~3.3.4 holds a position of authority in a charity or voluntary organisation in the field of health and social care;~~

~~and such organisation is, in connection with the matter, trading with the trust or entering into a financial arrangement with the trust, or is likely to be considered as a potential contractor to the trust. In the case of two persons living together as a couple (whether married or not) the interest of one shall be deemed to be also an interest of the other.~~

~~6. Role of Secretary of the Trust~~

~~The Secretary's role shall include but not be limited to:~~

~~ensuring good information flows within the Board of Directors and committees of the Board of Directors and between senior management, non-executive directors and governors;~~

~~ensuring that the Standing Orders of both the Board of Directors and Council of Governors are complied with;~~

~~advising the Board of Directors and the Council of Governors (through the Chair) of all governance matters;~~

~~being available to give advice and support to individual directors, particularly in relation to the induction of new directors and assistance with professional development.~~

~~7. Additional Provisions~~

~~This Annex 7 is to be read in conjunction with the trust's standing orders, which contain additional provisions.~~

ANNEX 8 MEMBERSHIP AND MEMBERS MEETINGS

1 Members Meetings

- 1.1 The trust is to hold a members meeting (called the annual members meeting) within nine (9) months of the end of each Financial Year.
- 1.2 All members meetings other than annual meetings are called special members meetings.
- 1.3 Members meetings are open to all members of the trust, governors and directors, and representatives of the auditor. Annual ~~m~~Members meetings are also open to all members of the public who are not members of the trust, but only in the capacity as an observer (which for the avoidance of doubt does not include any right to address the meeting, speak, be heard or vote at such meeting). Special members meetings should not be open to members of the public unless the Council of Governors decides otherwise.
- 1.4 The Council of Governors may invite representatives of the media and any experts or advisors whose attendance they consider to be in the best interests of the trust to attend a members meeting.
- 1.5 All members meetings are to be convened by the Secretary by order of the Council of Governors.
- 1.6 The Council of Governors may decide where a members meeting is to be held and may also for the benefit of members arrange for the annual members meeting to be held in different venues each year.
- 1.7 The Council of Governors shall also fix an appropriate quorum for each venue provided that the aggregate of the quorum requirements shall not be less than the quorum set out below at the annual members meeting.
- 1.8 At each annual members meeting the Board of Directors shall present to the members:
 - 1.8.1 the annual accounts
 - ~~1.8.2~~ any report of the auditor [on the annual accounts](#)
 - ~~1.8.21.8.3~~ the annual report
 - ~~1.8.31.8.4~~ forward planning information for the next financial year
- 1.9 At each annual members meeting the Council of Governors shall present to the members:
 - 1.9.1 a report on steps taken to secure that (taken as a whole) the actual membership ~~of each area of its Public Constituency and of each of the classes of the Staff Constituency are is~~ representative of those eligible for such membership;

- 1.9.2 the progress of the membership strategy
- 1.9.3 any proposed changes to the policy for the composition of the Council of Governors and of the non-executive Directors
- 1.10 At any members meeting the results of the election and appointment of governors and the appointment of non-executive Directors that have occurred since the preceding members meeting will be announced.
- 1.11 Notice of a members meeting is to be given:
 - 1.11.1 by notice to all members;
 - 1.11.2 by notice prominently displayed at the head office and at all of the Trust's places of business; and
 - 1.11.3 by notice on the trust's website at least fourteen (14) clear days before the date of the meeting.
- 1.12 The notice of a members meeting must:
 - 1.12.1 be given to the Council of Governors and the Board of Directors, and to the auditor;
 - 1.12.2 state whether the meeting is an annual or special members meeting;
 - 1.12.3 give the time, date and place of the meeting; and
 - 1.12.4 indicate the business to be dealt with at the meeting.
- 1.13 Before a members meeting can do business there must be a quorum present. Except where this constitution says otherwise a quorum is at least ten members present from the public constituencies and at least ten members present from the staff constituency.
- 1.14 The trust may make arrangements for members to vote by post, or by using electronic communications.
- 1.15 It is the responsibility of the Council of Governors, the Chair of the members meeting and the Secretary to ensure that at any members meeting:
 - 1.15.1 the issues to be decided are clearly explained;
 - 1.15.2 sufficient information is provided to members to enable rational discussion to take place.
- 1.16 The Chair of the trust, or in their absence the Deputy Chair of the Board of Directors, or in their absence one of the other non executive Directors shall act as Chair at all members meetings of the trust. ~~If neither the Chair, the Deputy Chair of the Board of Directors or a non executive Director is present, the members of the Council of Governors present shall elect one of their numbers to~~

~~be Chair of that member's meeting and if there is only one (1) governor present and willing to act they shall be Chair of that members meeting.~~

- 1.17 If no quorum is present within half an hour of the time fixed for the start of the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Council of Governors determine. If a quorum is not present within half an hour of the time fixed for the start of the adjourned meeting, the number of members present during the meeting is to be a quorum.
- 1.18 A resolution put to the vote at a members meeting shall be decided upon by a poll.
- 1.19 Every member present and every member who has voted by post or using electronic communications is to have one vote. In the case of an equality of votes the **Chair** of the meeting is to have a second or casting vote.
- 1.20 The result of any vote will be declared by the **Chair** of the members meeting and entered in the minute book. The minute book will be conclusive evidence of the result of the vote.

1.21 The ruling of the Chair on a point of order shall be final.

1.22 The agenda shall set out the business to be conducted at the meeting. No business other than that set out in the agenda shall be considered at a Members' meeting unless specifically agreed by the Chair.

2 Termination of Membership

- 2.1 A member shall cease to be a member if:
- 2.1.1 they resign by notice to the Secretary;
 - 2.1.2 they die;
 - 2.1.3 they are expelled from membership under this constitution;
 - 2.1.4 they cease to be entitled under this constitution to be a member of the Public Constituencies or of any of the classes of the Staff Constituency;
 - 2.1.5 it appears to the Secretary that they no longer wish to be a member of the trust, and after enquiries made in accordance with a process approved by the Council of Governors they fail to demonstrate that they wish to continue to be a member of the trust;
 - 2.1.6 they are disqualified from membership by paragraph 8 of the Constitution or paragraph 4 of this Annex 8;
- 2.2 A member may be expelled by a resolution ~~approved by not less than two thirds of the majority~~ of the Council of gGovernors present and voting at a meeting of the Council of Governors. The following procedure is to be adopted:

- 2.3 Any member may complain to the Secretary that another member has acted in a way detrimental to the interests of the trust.
- 2.4 If a complaint is made, the Council of Governors may itself consider the complaint having taken such steps as it considers appropriate to ensure that each member's point of view is heard and may either:
- 2.4.1 subject to the disputes procedure set out at Annex 9, paragraph 1 dismiss the complaint and take no further action; or
 - 2.4.2 for a period not exceeding twelve (12) months suspend the rights of the member complained of to attend members meetings and vote under this constitution;
 - 2.4.3 arrange for a resolution to expel the member complained of to be considered at the next meeting of the Council of Governors.
- 2.5 If a resolution to expel a member is to be considered at a meeting of the Council of Governors, details of the complaint must be sent to the member complained of not less than one (1) month before the meeting with an invitation to answer the complaint and attend the meeting.
- 2.6 At the meeting of the Council of Governors the Council of Governors will consider evidence in support of the complaint and such evidence as the member complained of may wish to place before them.
- 2.7 If the member complained of fails to attend the meeting of the Council of Governors without due cause the meeting may proceed in their absence.
- 2.8 A person expelled from membership will cease to be a member upon the declaration by the Chair of the meeting of the Council of Governors that the resolution to expel them is carried.
- 2.9 No person who has been expelled from membership is to be re-admitted except by a resolution carried by the votes of two-thirds of the Council of Governors present and voting at a meeting of the Council of Governors.

3 Representative membership

The Trust shall take steps to ensure that taken as a whole its actual membership is representative of those eligible for membership. To this end the Trust shall at all times have in place a membership strategy which shall be approved by the Council of Governors, and which shall be reviewed by them from time to time.

4 Disqualification from membership

A person may not become or continue as a member of the Trust:

- 4.1 If, in the opinion of the Council of Governors, there are reasonable grounds to believe that they are likely to act in a way detrimental to the interests of the trust, or;

- 4.2 If they are subject to a direction made under the Education Act 2011 or the Safeguarding Vulnerable Groups Act 2006;
- 4.3 If they are subject to a Sexual Offenders Order under the Sexual Offences Act 2003 or other relevant legislation; or
- 4.4 If they have been removed as a member of the trust or removed as a member of another NHS foundation trust.

ANNEX 9 FURTHER PROVISIONS

1 Dispute Resolution Procedures

1.1 ~~In the event of any dispute about the entitlement to membership the dispute shall be referred to the Secretary who shall make a determination on the point in issue. If the Member or applicant (as the case may be) is aggrieved at the decision of the Secretary they may appeal in writing within 14 days of the Secretary's decision to the Council of Governors whose decision shall be final dealt with as follows:-~~

1.1.1 ~~Where an individual is held by the trust to be ineligible and/or disqualified from membership of the trust and disputes the trust's decision in this respect, the matter shall be referred to the Chief Executive (or such other officer of the Trust as the Chief Executive may nominate) as soon as reasonably practicable thereafter.~~

1.1.2 ~~The Chief Executive (or a nominated representative) shall:~~

- (a) ~~Review the original decision having regard to any representations made by the individual concerned and such other material, if any, as the Chief Executive considers appropriate;~~
- (b) ~~Then either confirm the original decision or make some other decision as appropriate based on the evidence which the Chief Executive has considered; and~~
- (c) ~~Communicate his decision and the reasons for it in writing to the individual concerned as soon as reasonably practicable.~~

1.1.3 ~~Notwithstanding paragraph 2.2 of Annex 8 and paragraph 1.1.2 of this Annex 9 an independent assessor may be appointed (as if it had been a possible removal pursuant to and using the process set out in 1.1.2 of this Annex 9) to consider the evidence and advise on whether this justified disqualification under the terms of the Constitution.~~

1.1.4 ~~In the event that the independent assessor appointed pursuant to paragraph 1.1.3 advises that the evidence justifies the disqualification, the original decision to disqualify shall stand. If however the independent assessor advises that there is at least reasonable doubt that the evidence justified disqualification, the matter shall be put to the Council of Governors to decide whether to uphold the disqualification or not (such decision requiring support of not less than three quarters of the Governors present and voting at a meeting of the Council of Governors convened for that purpose). If the Council of Governors does not uphold the disqualification, then such~~

disqualification shall not stand and the individual subject to the proposed disqualification shall remain a member of the trust.

1.1.5 Pending a decision of the independent assessor or the Council of Governors as referred to in paragraph 1.1.4, the individual shall (without prejudice to the outcome of such review process) not be able to exercise any right or powers of member.

4.1 —

1.2 In the event of any dispute about the eligibility and disqualification of a Governor the dispute shall be referred to the Council of Governors whose decision shall be final.

1.3 In the event of dispute between the Council of Governors and the Board of Directors:

1.3.1 in the first instance the **Chair** on the advice of the Secretary, and such other advice as the **Chair** may see fit to obtain, shall seek to resolve the dispute;

1.3.2 if the **Chair** is unable to resolve the dispute **they** shall refer the dispute to the Trust Secretary who shall appoint a joint special committee constituted as a committee of the Board of Directors and a committee of the Council of Governors, both comprising equal numbers, to consider the circumstances and to make recommendations to the Council of Governors and the Board of Directors with a view to resolving the dispute;

1.3.3 if the recommendations (if any) of the joint special committee are unsuccessful in resolving the dispute, ~~either constituent may resolve to refer the dispute for resolution by Monitor. the Chair may refer the dispute back to the Board of Directors who shall make the final decision.~~

1.4 On the satisfactory completion of this disputes process the Board of Directors or Council of Governors, as appropriate, shall implement any agreed actions.

1.5 The existence of the dispute shall not prejudice the duty of the Board of Directors in the exercise of the Trust's powers on its behalf.

1.6 Nothing in this procedure shall prevent the Council of Governors, if it so desires, from informing Monitor that, in the Council of Governors' opinion, the Board of Directors has not responded constructively to concerns of the Council of Governors and that the Trust is not meeting the conditions of its provider licence.

4.3.3 —

ANNEX 10 Amendment of the constitution

~~1.1 The trust may make amendments of its constitution only if —~~

~~1.1.1 More than half of the members of the Council of Governors of the trust voting approve the amendments, and~~

~~1.1.2 More than half of the members of the Board of Directors of the trust voting approve the amendments.~~

~~1.2 Amendments made under paragraph 1.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.~~

~~1.3 Where an amendment is made to the constitution in relation the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the trust) —~~

~~1.3.1 At least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment, and~~

~~1.3.2 The trust must give the members an opportunity to vote on whether they approve the amendment.~~

~~— If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the trust must take such steps as are necessary as a result.~~

~~Amendments by the trust of its constitution are to be notified to NHS Improvement. For the avoidance of doubt, NHS Improvement's functions do not include a power or duty to determine whether or not the constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.~~