Board of Directors - Part One

Thu 27 May 2021, 09:00 - 13:30

Zoom

Agenda

09:00 - 09:05
5 min

1. Welcome and Introductions

Verbal *Donna Hall*

00 BOD Agenda Part 1 v2.pdf (2 pages)

09:05 - 09:30
25 min

2. Patient Story

Verbal

09:30 - 09:33
3 min

3. Apologies for Absence

Verbal *Esther Steel*

09:33 - 09:35
2 min

4. Declarations of Interest

Verbal *Donna Hall*

09:35 - 09:37
2 min

5. Minutes of the meeting held on 25 March 2021

Minutes *Donna Hall*

05 Board of Directors Minutes - 25.03.2021 (Part 1).pdf (13 pages)

09:37 - 09:38
1 min

6. Action Sheet

Action Sheet *Donna Hall*

06 Board actions MArch 2021.pdf (1 pages)

09:38 - 09:39
1 min

7. Matters Arising

Verbal *Donna Hall*

09:39 - 09:40
1 min

8. Chair's Welcome

09:40 - 09:50
10 min

9. CEO Report

Report *Fiona Noden*

09 CEO report May 21_v2.pdf (8 pages)

09:50 - 10:15
25 min

10. Integrated Performance Report

Report *Executives*

10 Integrated Performance Report.pdf (51 pages)

10:15 - 10:30
15 min

11. Urgent Care Update

Presentation *Andy Ennis*

10:30 - 10:40
10 min

12. Quality Assurance Committee Chair Report

Chair Report *Andrew Thornton*

12 QA Chair report May 2021.pdf (8 pages)

10:40 - 10:50
10 min

13. Trust Mortality Report

Report *Francis Andrews*

13 mortality report BoD May 2021.pdf (18 pages)

10:50 - 11:00
10 min

11:00 - 11:25
25 min

14. Cultural Midwife - Population Health

Presentation

11:25 - 11:35
10 min

15. CNST Evidence Submission

Report *Head of Midwifery*

15 CNST Evidence Submission.pdf (26 pages)

11:35 - 11:40
5 min

16. People Committee Chair Report

Chair Report *Malcolm Brown*

16 PC Chair Report.pdf (13 pages)

11:40 - 11:50
10 min

17. Staff Wellbeing Update

Report *James Mawrey*

17 Staff Wellbeing Update.pdf (8 pages)

11:50 - 12:00
10 min

18. Nursing and Midwifery Staffing Report

Report *Karen Meadowcroft*

18 BOD Safer Staffing Report May 2021 FINAL VERSION v2.pdf (42 pages)

12:00 - 12:15
15 min

12:15 - 12:30
15 min

19. Operational Plan

Presentation *Andy Ennis*

12:30 - 12:45
15 min

20. Estates Masterplan

Presentation *Anu Kumar*

20 Estates Masterplan.pdf (8 pages)

12:45 - 12:55
10 min

21. Community Diagnostic Hub

Presentation *Rachel Noble*

12:55 - 13:05
10 min

22. Charity Branding

Presentation *Rachel Noble*

22 Charity Branding Paper.pdf (29 pages)

13:05 - 13:10
5 min

23. Finance & Investment Committee Chair Report

Chair Report *Jackie Njoroge*

F&I Chair Reports - April and May 2021.pdf (8 pages)

13:10 - 13:15
5 min

24. Audit Committee Chair Report

Alan Stuttard

24 Audit Chair Report - May 2021.pdf (7 pages)

13:15 - 13:20
5 min

25. Any Other Business

Verbal *Donna Hall*

Bolton NHS Foundation Trust – Board Meeting 27 May 2021

Location: Boardroom **Time: 09.00 – 13.30**

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
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 declarations of interest in relation to items on the agenda
09.35	5	Minutes of meeting held 25 March 2021	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
	8	Chair's Welcome	Chair	Verbal	To receive a report on current issues
Safety Quality and Effectiveness					
09.40	9	CEO Report	CEO	Report	To receive the Chief Executives update
09.50	10	Integrated Performance Report	COO	Report and Presentation	To receive the performance report
10.15	11	Urgent Care Update	COO	Presentation	To provide assurance on actions to recover ED performance
10.30	12	QA Committee Chair Report	QA Chair	Report	To provide assurance on work delegated to the sub committee
10.40	13	Mortality Report	Medical Director	Report	To provide assurance on actions to improve mortality ratings

Break

11.00	14	Cultural Midwife – Population Health	Cultural Midwife	Presentation	To inform discussion on health inequalities
11.25	15	CNST Evidence Submission	DoM	Report	To approve the evidence submission for CNST
11.35	16	People Committee Chair Report	Chair of People Com	Report	To receive assurance from the People Committee
11.40	17	Staff Wellbeing Update	DoP	Report	To receive an update on staff wellbeing
11.50	18	Nursing and Midwifery Staffing Report	Chief Nurse	Report	To receive an update on nurse staffing

Break

Strategy					
12.15	19	Operational Plan	COO	Presentation	To note the operational plan
12.30	20	Estates Masterplan	iFM	Report	To receive the estates masterplan
12.45	21	Community Diagnostic Hub	Deputy DoS	Presentation	To note
12.55	22	Charity Branding	Deputy DoS	Presentation	To note the proposed adoption of a new charity brand
Governance					
13.05	23	F & I Committee Chair Report	F&I Chair	Report	To provide assurance on work delegated to the sub committee
13.10	24	Audit Committee Chair Report	Audit Chair	Report	To provide assurance on work delegated to the sub committee
13.15	25	Any Other Business			
Questions from Members of the Public					
	26	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					
13.30	27	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**
Date:	**Thursday 25th March 2021**
Time:	**09:00**
Venue:	**Via WebEx**

Bolton NHS Foundation Trust

PRESENT:

Donna Hall	Chair	DH
Fiona Noden	Chief Executive	FN
Andy Ennis	Chief Operating Officer	AE
Francis Andrews	Medical Director	FA
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
Angela Hansen	Deputy Chief Nurse	AH

OBSERVERS:

Kathy Stacey	Assistant Director, Communications & Engagement
Natasha Macdonald	Divisional Nurse Director, Family Care
Grace Hopps	Governor
Kerry Lyons	Admiral Nurse (for patient story

INVITED GUEST:

Mrs K Crowther	Patient Story
Mr N Crowther	Patient Story

1. Welcome and Introductions

The Chair welcomed Board members and observers to the meeting

2. Patient Story

The Chair welcomed Mrs K Crowther who was in attendance supported by her son Mr N Crowther to share the story of David, her late husband's care both recently and in previous years. Dave started with cognitive impairment in 2013 and was diagnosed with Alzheimer's in 2014.

The families experience of care from the Trust covered a number of episodes, of particular concern was an earlier stay on the stroke unit when adjustments were not made for David's dementia and elements of poor care including nurses talking over patients and poor communication between health and social care were an issue. During this stay David's dentures were lost which had a significant impact on his nutrition and on his dignity. These concerns were raised at the time and Kerry Lyons the Admiral nurse specialist started to work with the family.

In 2020 David became ill and was admitted and this time experienced great care and compassion on C2 and good end of life care and support particularly from Kerry who took the time to understand who Dave was and what mattered to him and the family.

Dr Andrews expressed his apologies on behalf of the clinical teams for the issues David and his family had experienced with all board members expressing their concern and apologies for the earlier failings in the care provided.

Resolved: Board members noted the story and the importance of learning from the Crowther's experience.

It was agreed that an update on actions taken in response to Mr Crowther's story would be presented to the QA Committee in three months' time

FT/21/04	Update through QA Committee on actions in response to Mr Crowther's story	ES
FT/21/06	Patient story to be shared for learning and reflection	

3. Apologies for absence

Apologies were received from the Chief Nurse Karen Meadowcroft – the Deputy Chief Nurse Angela Hansen was in attendance.

4. Declarations of Interest

Ms R Ganz – Chair of iFM Bolton

Mrs E Steel – Company Secretary iFM Bolton

5. Minutes of the previous meeting on 28th January 2021

The minutes of the meeting held on 28th January 2021 were approved as a true and accurate reflection of the meeting.

6. Action Sheet

The updates to the action sheet were noted.

7. Matters Arising

No matters arising.

8. CEO Report

Fiona Noden presented her CEO report to the Board:

The number of Covid cases has now declined significantly with 25 Covid deaths in March and a total of 680 deaths since the onset of the pandemic.

Board members viewed a short video produced by the Medical Illustration team to reflect on and recognise the last year, a year to be proud of and a year that will never be forgotten.

Other key areas of note were highlighted:

- The vaccination programme has continued with second doses now being delivered.
- The Staff Survey results to be discussed later in the meeting, show that despite the challenges the Trust is the best in Greater Manchester for staff experience.
- Now focused on recovery from the pandemic, the next year will focus on recovering elective activity working with partners across Greater Manchester to resume elective activity.
- The Board Assurance Framework summary provided within the report highlights the key issues that could impact on the achievement of the Trust's objectives. The impact of the COVID – 19 pandemic on the objective to deliver safe and effective care remains the most significant risk.

The Chair and Board members thanked the CEO for her impact in her first year in post at such a challenging time

In response to a question about staff vaccinations, the Director of People advised that 82% of staff have now had the vaccine with phone calls to the remaining staff to explore concerns and encourage uptake of the vaccine. The BAME forum and clinicians have supported vaccination uptake.

9. Integrated Performance Report

The Chief Operating Officer shared slides highlighting key aspects of the performance report and advised that going forward performance management will resume through the Integrated Performance Meetings.

Quality

Falls and Pressure Damage

Overall KPIs for quality of care are good with strong performance on falls and pressure ulcers; the Deputy Chief Nurse reflected on her early thoughts on the process to review patient harms and the assurance this provided, that lapses in care were identified and lessons learned. A slight increase in falls in bedded areas in the community is being addressed with focused work but overall, no themes of concern in this area.

Clinical Correspondence

The Medical Director advised that this is an area where focus will be increased to ensure that correspondence is issued to a patient's GP as soon as possible. Performance is variable across the divisions, the Family Care division have put a significant amount of work into this area but there is room for improvement – a workstream is in place to support the improvements needed.

Sepsis compliance

There have been some difficulties with data during Covid as staff have been redeployed to intensive care and sepsis screening was not required for Covid patients. This has not affected mortality from sepsis, but now be refocussing with a new medical lead for sepsis appointed. The Trust recently appointed a medical lead for sepsis compliance.

Compliance with antibiotic prescribing

Guidance has changed to require a flush of sterile saline after the delivery of IV antibiotics, once this aspect is addressed performance will be above 90%

Mortality

We continue to be above two standard deviations intense workstream continues, this includes increased coding, coders working closer with clinicians and looking at comorbidities including a daily review of admissions to ensure all comorbidities have been recorded

Board members responded to the quality section of the performance report with the following questions and reflections:

- Reflecting on the patient story, is there a corelation between increased falls and encouraging patients to mobilise? Always a balance between increasing independence and protecting from falls. The majority of falls are in community bedded areas where patients are rehabilitating. Most of our falls are falls with no harm where a patient has been assisted to the floor. Accept that there is a risk when getting patients back to mobility.
- Clinical Correspondence – any EPR benefits? EPR helps, discovered some issues with transmission of letters that IT team are looking in to – working with divisions to address. New digital dictation system is working well, and the team are continuing to look at new solutions.
- Mortality – question about pulse oximetry in BAME patients – Well known that several factors including ambient light and skin colour impact on pulse oximetry readings. Readings are slightly low for BAME groups, but this doesn't not affect quality of care.

- Mortality – have looked at several issues in the past including comorbidities, impact of ambulatory care and have been assured that not quality of care – is this still the same? Mortality rate is a composite of many things, focus is on comorbidities but also continue to look at quality of care in conditions where there are statistically more deaths than expected including pneumonia, cardiac arrythmias
- New Associate Medical Director Sophie Kimber Craig appointed to support mortality and learning from deaths

Performance

Covid

We currently have 23 inpatients with COVID-19, six of whom are less than 14 days and five in critical care sadly there have been 642 hospital deaths since the outset. In the community Bolton is still one of the worst hit areas in the country, seven-day average around 109 per 100,00 of population. Recent weeks have seen an increase in cases in younger age groups corelating to the return of school children. Over 760 system deaths in Bolton as a system.

Urgent Care

With COVID abating the focus on A&E waiting times is returning, performance in this area remains a challenge with on average one in every four patients waiting more than four hours for admission or treatment. There has been a significant increase in activity over the last three weeks back to pre-covid levels of attendance. The ED team are clear about what needs to be done to move forward. Performance needs to be improved urgently and the deputy COO is leading a programme of work to oversee this.

52 week waits

4,000 patients are now waiting over 52 weeks although very few are high risk patients. All provider trusts are expecting increased national pressure to develop action plans to address this. Within GM, we are working as a system to reduce waiting times, this may mean that patients are seen outside their home area to give equity across the region and maximise efficiencies. We are continuing to work with the Beaumont when appropriate, with good team work to ensure access to waiting lists

Cancer

Performance is good and the target for the quarter should be achieved, there have been massive efforts to ensure patients who need surgery are seen and treated as soon as possible. There are a couple of areas of concern, in particular asymptomatic breast referrals where a number of factors including an increase in the number of referrals mean the Trust is not achieving the 14-day target both for breast and overall, however the majority of these patients are low risk and the mean waiting time is 18 days. This is being closely monitored with regular meetings with the team who are committed to getting back to performance.

The Chief Operating Officer formally recognised the contribution of the new Deputy Chief Nurse in Board and at IPM after just six weeks in post. Along

with the new Chief Nurse she is committed to addressing the issues raised in the report and the executive team are confident they will achieve this.

In discussing the community Covid infection rate and in particular the high levels in BL3 and linking this back to discussion at the Quality Assurance Committee, Board members agreed to invite the Director of Public Health to participate in future discussions think about how the Trust and the wider Integrated Care Partnership can work differently particularly in areas of increased deprivation.

Workforce

The Director of People advised that the majority of points in the performance report had been covered in the People Committee and were reflected in the Chair report.

Sickness absence

The Trust has the lowest sickness absence in GM and the second lowest in the NW and the divisions are continuing their work to drive down absence.

Vacancy rate

There has been a recent spike in vacancies and although more work is needed to understand the contributing factors to this increase, we are expecting an improvement following successful recruitment of student nurses – the Trust continues to have a lower vacancy rate than others in the NW

Appraisals

Appraisals provide an important opportunity for staff to talk with managers there has been excellent feedback on new appraisal process

Agency rate – slight concern that agency rates are increasing but this is due to COVID pressures – report due back to People Committee to provide assurance on actions being taken.

Finance

The detailed update on financial performance takes place through the Finance and Investment Committee and is captured in the Finance and Investment Committee Chair report. The Director of Finance advised Board members that in the previous days IPM meeting with divisions, the focus of discussion was on delivering year end position and ensuring everything on track to meet capital and revenue control totals. Divisions exceeded their cost improvement plan and are now looking at preparation for the 2021/22 financial year and a return to business as usual.

10. People Committee Chair Report

The Chair of the People Committee presented his reports from the meetings of the People Committee in February and March. Board members were asked to take the report as read but to note the following key points:

- The incredible work done on recruitment of nurses including international recruitment and innovative approaches to recruitment in all areas.
- The ongoing work to support the wellbeing and recovery of our staff during times of exceptional challenge.
- The strong performance in the recent staff survey.
- Guardian of safe working report – improved report with improved support for our junior medical staff.
- The work of the vaccine team to ensure maximum uptake of vaccination.
- Partnership working with appreciation of the work of staff side and in particular the Chair of staff side.

A challenge was posed that the report from the People Committee was very positive and yet, reflecting on the patient story and the cultural challenges this illustrated there is a need to consider how do we step back and join the two items.

The Director of People advised that when reviewing the staff survey results by division it does identify the areas with more work to do and although the Trust benchmark well against others, it is recognised that there are areas where more intervention is needed to support staff. We are aware of areas with problems and focus efforts accordingly.

Board members took a short recess

11. Staff Survey Results

The Director of People presented the results of the 2020 National Staff Survey, advising that he and other members of the Executive and senior workforce team were thrilled with the results which are the best in Greater Manchester, the second best in the Northwest and in the top 20% nationally. Although we aren't perfect the results are good which is vital given the recognised link between staff morale and patient care. Key findings as follows:

- The Trust has received very positive results for providing a caring environment and for freedom to speak up both key areas in the overall culture of the Trust.
- Our staff feel able to speak up and when they speak up, they are listened to.
- Inclusion, still a way to go but clear that the work of the BAME forum and BAME forum is starting to pay off.
- Still more to do on the wellbeing of staff given the challenge of the previous 12 months and the next 12 months of recovery.

Despite the amazing results and as discussed earlier there is still work to do and extra OD support has been made available to enable the improvements needed.

Reflecting on earlier comments in the light of the patient story all agreed the need for a balance between celebrating the results and recognising the further work required.

The survey results are analysed to a granular level to enable a focused approach to teams where results are not as good as the Trust as a whole – this will come through the staff engagement group reporting to the People Committee.

Board members discussed the detail in the report with questions and comment on the detail in the report:

- For the Acute division, covid had been particularly tough, there is more work to do in this division – this inevitably given the pressures of the last year is the division which gives most cause for concern and where actions will be focused.
- for the diagnostic division this is a new division who are making strong progress with a strong divisional leader.
- In terms of the breakdown of the results – 2400 staff (40%) completed the survey – a good return rate indicates a good positive open culture
- The survey should be taken as a signpost to potential areas of concern to identify and work with those areas highlighted for additional focus. And learning from the areas with good results.
- The results for bullying from staff from a BAME background is a concern, this is not dismissed and is being taken seriously through the BAME forum

Resolved: Board members received the staff survey and agreed that this a survey to be proud of with some recognised areas for further work including an understanding of the perception gaps. The Staff Engagement Group will get into the detail of the survey and the actions needed and feed this back to the Board through the People Committee

12. Quality Assurance Committee Chair Report

The Chair of the Quality Assurance presented his report from the meetings held in February and March. Board members were asked to take the report as read with the following areas highlighted:

- The Clinical Governance Committee provided assurance on the work of the Pneumonia pilot
- Falls – not achieving stretch target – working to understand the impact of Covid
- Overall decrease in pressure ulcers but slight increase in facial pressure in relation to oxygen masks
- Report on 3rd and 4th tears in maternity patients received – the Trust is an outlier but there is a national increase - an action plan and care bundle is in place.
- Still birth report – whilst we are not an outlier there is further work to do including on the presentation of data which currently includes late terminations.
- At the March meeting the newly appointed Cultural Liaison midwife (Benash) presented findings of analysis of BL3 inequalities and impact

on care outcomes. Benash has been invited to attend the May Board meeting to share her report.

- Mortality – as discussed earlier the trust is an outlier, the Medical Director presented in detail to the QA Committee on the actions being taken. QAC members recognised that a high mortality rate is either attributable to quality of care or quality of data. The Committee were assured through the Learning from Deaths report that the issue is not in relation to quality of care and therefore action will focus on quality of data and coding. Monthly reports will be provided.
- DNACPR – received a paper providing assurance through an audit that discussions were recorded in relation to end of life decisions.

Board members asked if any additional resource was required to address – the Medical Director advised that additional resource is being recruited to the coding team.

In relation to a question about any link between the increase in 3rd and 4th degree tears and the Covid pandemic. The Head of Midwifery advised that when these are reviewed consideration is given to any language issues and type of birth. Nationally there is a recognised higher risk in mothers from a BAME background

Resolved: The Board noted the QA Chair report

FT/21/07	Cultural Midwife to be invited to present to a future board meeting	ES

13. Learning from Deaths Report

The Medical Director presented his Learning from Deaths report – the following key points were noted:

- Frequency of reporting to Board changing to six monthly with an interim quarterly report to QA Committee.
- Over 500 deaths reviewed by the Trust team of reviewers, also linking with Greater Manchester Mental Health for a view when needed
- The independent Medical Director has a direct route to request a review
- Focus on BAME covid deaths
- There has been a delay on reviews because of front line pressures but progress has been made to reduce delay and provide timely reviews
- Where reviews identify issues with care or treatment the appropriate follow up actions are taken to ensure learning – this includes setting up a full SI investigation if reviewers feel the concerns merit this scrutiny.

The Medical Director advised that going forward he was confident that a structure was in place to ensure appropriate action and learning in relation to any themes identified in reviews. The Trust have a fully trained external reviewer undertaking the review of nosocomial deaths – further report to QA Committee in due course.

In response to questions from Board members the following points were noted:

- For all future reports ensure no patient identifiable data – the Medical Director assured Board members that her reviewed the data in his capacity as Caldicott guardian and was satisfied that this did not identify individuals.
- In response to a question about increased concerns over the last few months, the Medical Director advised that although there is no unifying theme staff pressures and the challenges of COVID have impacted on the provision of care. Important to acknowledge this impact and going forward this will be reviewed.
- BAME deaths due to Covid – this started as specific information request from October with increased reviews – the peak in October /November reflects the peak in COVID – 19.

Resolved: The Board noted the Learning from Deaths Report and the assurance this provides

14. Ockenden Report – Update on actions

The Head of Midwifery provided and update on the actions taken in response to the Ockenden report. The paper included in the pack provides the detail on the actions where the Trust is fully and partially compliant and those where more work is needed. The Trust are currently compliant with nine of the 12 actions. The report provides a table of progress on the actions, some areas of partial compliant require national action before fully compliant.

It is important to have an ongoing plan to embed actions, progress towards full compliance will be monitored through the Quality Assurance Committee.

Board members thanked the Head of Midwifery for her update on compliance and asked how our relative compliance benchmarked with peers. The Head of Midwifery advised that we compare well with other Trusts, there is only one action in our gift where we are not fully compliant, and this is in relation to the risk assessment at every contact which is difficult to evidence as we do not have an electronic patient record.

Mr North, as the NED lead for maternity safety advised that he had recently attended several conferences on maternity safety and confirmed that the report shared by the Head of Midwifery was balanced and reflective. Debate at these meetings had also asked, but not answered the question as to how maternal safety sat alongside safety for patients in other areas.

Ockenden is not the only report on midwifery quality of care, and it is important that it is viewed alongside other elements of the transformation plan at a future board.

The Board receive a twice-yearly update on maternity services and will present the transformation plan to a future board meeting.

Board members discussed the links to the report from the cultural midwife discussed earlier and to be shared at the May board meeting.

Resolved: The Board noted the update on Ockenden compliance as it currently stands.

FT/21/08	Update on Ockenden actions to May Board	ES

15. Finance and Investment Committee Chair Report

The Chair of the Finance and Investment Committee presented her reports from the meetings held in February and March. Board members were asked to take the reports as read with the following key points highlighted:

- the Committee received a presentation from the CCG finance lead on system working
- The Director of Finance reported on the development of budgets for 2021/22
- The business case for Critical Care was reviewed and approved – included for approval on the part two Board agenda.

In response to a question asking that given performance to month 11 would it be the intention to aim not to have a deficit in the overall position, the Director of Finance advised that the Trust is working towards a control total of a small deficit in line with NHSR/I requirement.

Resolved: The Board noted the update from the Chair of the Finance and Investment Committee.

16. Trust Transformation Board Chair Report

The Chair of the Transformation Board presented his reports from the meetings held in February and March. Board members were asked to take the reports as read with the following key points highlighted:

- The newly formed Committee pulls together the Digital Transformation Board and the Strategic and Transformation Board into a new Trust Transformation Board which will report directly to Board as a new committee.
- Terms of reference were approved in March and will come to Board for approval in May – the Committee needs a second Non-Executive Director.

Board members welcomed the addition of the new Committee with NED leadership to bring these key programmes to the attention of the Board and discussed the future running of the Committee and its aims and ambitions which feed into the strategy and the overall ambition for the Trust. The committee needs a balance between detailed programme management and a forward view of the Trust and over time the workplan will develop to focus on the key transformation workplans – this year, these are:

- Planned Care
- Maternity, gynae and children's services
- Urgent care

- Diagnostics
- Development of community services through the ICP.

The PMO team are developing indicators to measure success in these areas, IPM will include a transformation section for divisions to highlight where they have transformed services to give line of sight through to the Board.

In response to a question about the Clinical Strategy, Covid has delayed the development of this but from April we will start to refresh for each speciality and bring back to Board in due course

Resolved: The Board noted the Chair report from the Trust Transformation Board

17. Audit Committee Chair Report

The Chair of the Finance and Investment Committee presented his report from the meeting held in February. Board members were asked to take the reports as read with the following key points highlighted:

- External audit – end of year programme going well and on track for accounts and annual report approval
- Internal Audit – this year good progress made and on track for completion of work plan
- Information Governance advisory report ahead of a national return in June has some recommendations ahead of submission
- Benchmarking on managing risks provides assurance that the Bolton BAF is consistent and represents key risks.
- Code of Governance compliance noted and approved for the annual report.

Resolved: The Board noted the Chair of Audit Committee report.

18. Changes to the Trust's Constitution

The Director of Corporate Governance presented changes to the Trust constitution for approval. The constitution which was first adopted in 2008 has been updated over the years to meet changing needs of the Trust but this is the first comprehensive review with legal oversight since that time.

Minor changes made throughout including changes to language to make gender neutral and changes to reflect the latest model constitution.

The legal review confirmed that the constitution is fully compliant with the model guidance and includes some areas of good practice beyond the model constitution.

Following approval by the Board the Council of Governors will be asked to consider and approve the changes.

Resolved: The Board approved the proposed changes to the constitution.

19. Any other business

Members of the Board thanked the Deputy Chief Nurse for her contribution to the meeting.

20. Questions from Members of the Public

No questions asked.

21. Resolution to Exclude the Press and Public

The Board approved 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.

22. Date and Time of Next Meeting

Thursday 27 May 2021 at 09:00.

March 2021 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/21/05	25/03/2021	Actions discussion	EDI strategy to be shared after People Committee and in advance of Board	JM	Apr-21	complete - draft shared
FT/21/02	28/01/2021	People Committee	update on financial impact of apprentice levy	JM	May-21	complete - apprentic update to May people committee including financial impact
FT/21/06	25/03/2021	patient story	Patient story to be shared with the People Committee	ES/JM	May-21	complete - link to video shared - also to be shared with shadow board members for discussion
FT/21/07	25/03/2021	QA Committee Chair report	Cultural midwife to be invited to future Board for update	ES	May-21	agenda item
FT/21/08	25/03/2021	Ockenden Report	update to May Board	ES	May-21	agenda item within CNST update
FT/21/04	25/03/2021	patient story	update on learning from March pat story	KM	Jun-21	update to QA committee
FT/21/09	25/03/2021	Transformation committee	update on supporting strategies to future Board	SM/ES	Jul-21	
FT/20/36	24/09/2020	inclusion	review cover page to include inclusivity impact review	ES	Jul-21	link with presentation of EDI strategy
FT/20/40	26/11/2020	performance report	Case study or patient story to be shared to celebrate deflection/home first success	AE	Jul-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

Agenda Item 9

Title:	Chief Executive Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	27th May 2021		Discussion	
Exec Sponsor	Fiona Noden		Decision	
Summary:	The Chief Executive report: • Provides an overview of the current climate in which we are operating. • Includes a summary of key issues including risks, incidents and achievements. • Includes any key updates from stakeholders and regulatory bodies which the Board of Directors need to be aware.			
Previously considered by:	Prepared in consultation with the Executive Team			
Proposed Resolution	To note the update.			

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

Prepared by:	Fiona Noden Lindsay Dunn	**Presented by:**	Fiona Noden Chief Executive

1. Context

Since the last meeting of the Board, Bolton has experienced a significant increase in COVID cases, particularly in the BL3 areas of Rumworth, Deane and Great Lever.

Enhanced testing and a significant vaccine drive are among the measures that have been rolled out by our partners in the Bolton system in the most affected areas. You may have seen that Bolton has been the subject of significant media attention, parliamentary debate and scrutiny. Whilst the numbers of COVID patients in the hospital remain relatively low, we are experiencing a modest increase and are managing this safely.

The increase in cases in the community has led to an increase in patients accessing our COVID oximetry at home pathway, which is supporting people with a positive COVID result through remote monitoring of their condition at home in order to quickly identify deterioration and act appropriately, improving clinical outcomes. The pathway has already accepted nearly 500 patients, and is achieving positive outcomes and encouraging feedback.

We welcomed NHS Chief Executive, Sir Simon Stevens last week, to discuss with him the situation affecting Bolton and to assure him of our plans to deal with this increase in patients safely, as we have done throughout the pandemic. He welcomed the opportunity to meet staff and hear about their experiences during the pandemic. I would like to assure you that we are well placed to deal with this, and at the time of writing, our services are not adversely affected by this increase.

Our staff continue to work tirelessly as the pandemic persists, and we as senior managers remain dedicated to providing and promoting opportunities for them to access health and wellbeing support in a number of ways.

Our annual staff awards event, which was cancelled last year as with all other events, will go ahead virtually on Friday 25th June. We are looking forward to being able to celebrate the significant achievements of our staff during what has been undoubtedly the most challenging time of many of their careers.

2. This month's Board papers

This month we are looking forward to welcoming Benash Nazmeen to talk to our Board about her role as our cultural liaison midwife supporting women across the borough but in particular in areas like BL3 where many of the people we care for suffer greater ill health than in other areas of the borough. We have seen this during the COVID pandemic and in the life expectancy rates for this area of Bolton. One of our hopes in relation to the changes proposed in the recent white paper on integrating health care is that we will be able to work more closely with primary care, local authority and public health colleagues to reduce health inequalities and play our part in delivering the Bolton Vision.

This month's agenda also includes an update on our Estates Masterplan and our exciting plans to develop our main hospital site and an update on the branding we will be adopting for our charity. As well as looking to the future we will of course

also be discussing our current challenges including the actions we are taking to reduce our mortality rates and our plans to reduce urgent care waiting times. None of these plans would work without the support of our fantastic staff, our Director of People will be providing an update on actions to support staff wellbeing and our Chief Nurse will be providing the six monthly update on nurse staffing.

3. Awards & Recognition

We have submitted entries for a number of teams to both the Healthcare People Management Association (HPMA) Awards and the Royal College of Nursing (RCN) Awards and will report back on how this progresses at a future meeting.

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

COVID Swabbing Team – a team of 13 staff from all different areas and backgrounds; some clerical and others care. Special recognition to the lead, Anita Tyldesley, who has brought the team together. Covering areas such as; Outbreak teams, Staff testing, Drive thru, Supporting vaccine team, Admin.

EBME – for their support and managing the critical position with Oxygen usage, prior to the new oxygen tank being in place. They ensured that patient safety has been at the forefront of what they do. They responded immediately to the ask 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. They provided support over weekends so that staff already under a huge amount of pressure had one less worry with the numerous filter changes and management of the concentrators.

General Anaesthetics Consultants - To recognise the hard work, good team spirit and the unfaltering support. A team that has been reduced in numbers due to COVID, with staff shielding and high risk colleagues unable to undertake on call, meaning further increased commitment. They stepped up, and taken on resident duties, day and night supporting critical care as part of the major incident rota during the pandemic. Working in an area where many have not practiced for a while. They have helped the critical care team keep patients safe and provided a welcome pair of capable hands to their ITU colleagues. Whilst they continued to performed their normal on call duties for Theatres, Maternity and trauma sessions.

4. Reportable Issues Log

Issues occurring between 25th March 2021 to current:

4.1 Serious Incidents & Never Events

In the period since our last Board meeting we reported three 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

- Incident relates to a slip or fall by a staff member resulting in fractured wrist and a referral to occupational health.
- Incident relates to a needle stick injury reported as disease/BBV exposure. Two incidents relate to Sharps injury's sustained when checking patients.
- Incident relates to a slip or fall by a patient which resulted in a fracture. Two HCAs sustained injuries involving the same patient in two separate incidents. One sustained wrist fracture other soft tissue damage.

4.5 Maternity Incidents

There was three stillbirths in March and one neonatal death, both cases have been referred to HSIB. In April there was one still birth and one neonatal death.

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

We have had widespread media coverage on a number of stories:

- ITV national news, local and regional news all covered the story of Mason the buddy dog who visited our intensive care unit.
- The Bolton and Manchester Evening News both covered the story of our midwives who had babies named after them on account of their quality and compassionate care.
- A new antenatal service set up in BL3 in partnership with BCOM was covered locally, a follow up piece is planned with the MEN and was shared on social media by national organisations such as the RCM and NHSI.
- The Bolton News have run also pieces on the following stories:
  - Changes in access to maternity services
  - Retired nurses talk about Bolton being an incredible place to work
  - ANPR parking system expanded on hospital site
  - Live streaming religious services
  - Captain Tom fundraising stories

There has been widespread and ongoing coverage nationally of the increase in COVID cases in Bolton. We have taken part in a system wide press conference and continue to field enquiries about the impact this is having on hospital services.

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	Additional resource to support Medical Director and lead on these action Work with AQUA and NHS Northwest on pneumonia Root cause analysis of avoidable cardiac arrests Delivery of MRG Workstream HED benchmarking Q1 2021/22 **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	Weekly senior team "Board round" 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 New EDI strategy being developed	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, June 21 update to part two Board in May Estates Master Plan revised in line with Hospital Improvement Plan Agile Working programme – ongoing Theatre Improvement Plan being developed Plan for a Community Diagnostic Hub Being Developed for submission to NHSEI. Strategic Outline Case to Board – June 21	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	Monthly Exec to Exec meetings with CCG Regular meetings with CCG partners to discuss future working arrangements 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	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 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 New approach to partnership working in GM in response to COVID-19 GM Radiology and Pathology Cells in development	Shared approach to elective restart and the management of capacity in place across GM with Clinical Reference Groups in place to support pathway development in specialities with capacity issues - ongoing Assessment of the changes required for delivery of HT in context of C-19 - ongoing Continued involvement of executives at a GM level - ongoing Continued involvement of executives and operational/clinical leads at a GM level – ongoing	Trust Management Committee F & I Board

Agenda Item 10

Title:	Integrated Performance Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	27th May 2021		Discussion	✓
Exec Sponsor	Andy Ennis		Decision	

Summary:	The attached report provides the performance metrics regularly reviewed by the Board. The detail in this pack will be discussed with divisions at the IPM meeting prior to the Board. Executives will present key metrics to the Board and Board members are invited to raise questions on any metrics within the pack.

Previously considered by:	Integrated Performance Meeting

Proposed Resolution	To note

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:	Business Intelligence	**Presented by:**	Executives

1. Background

2. Implications

2.1 Quality and safety

2.2 Staff

2.3 Reputation

2.4 Financial

2.3 Alignment to the strategic plan

3. Summary

4. Recommendations

Bolton NHS Foundation Trust

Integrated Performance Report

April 2021

Guide to Statistical Process Control

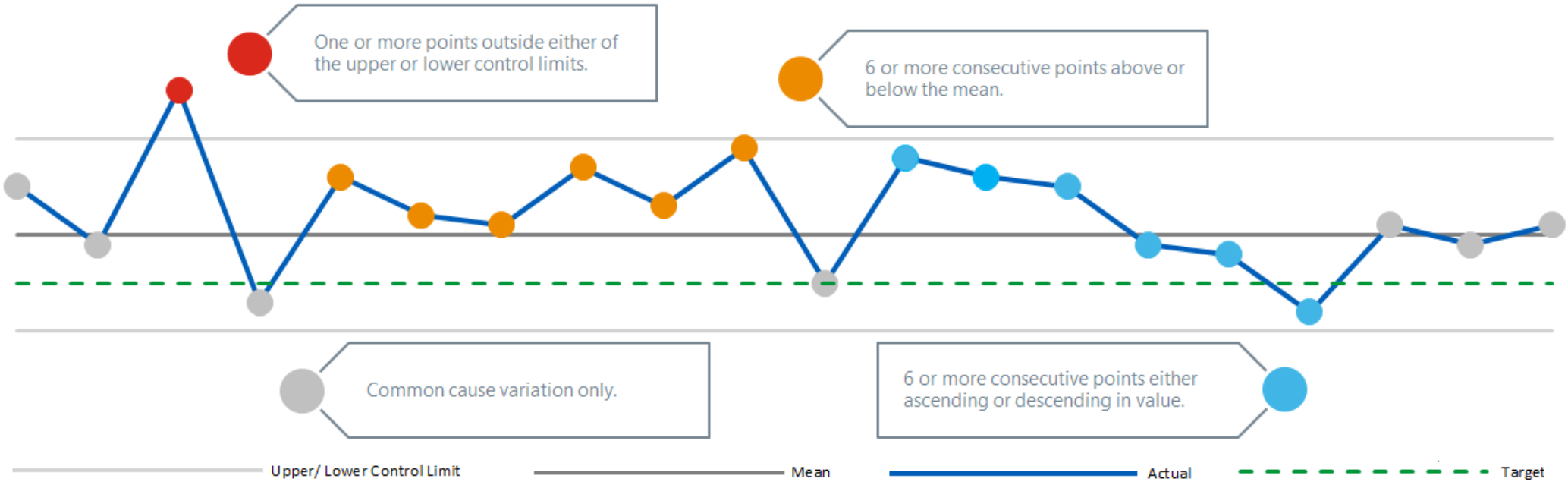
NHS Bolton NHS Foundation Trust

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

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

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

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



Executive Summary

NHS Bolton NHS Foundation Trust

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

Variation

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

Assurance

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

Quality and Safety

Harm Free Care

Pressure ulcers
Hospital acquired pressure ulcers have remained under projected number in April.
In the community, the number of Category 2 pressure ulcers has decreased from the previous month, however the figure remains above our monthly local threshold, and the number of category 3 pressure ulcers has increased to above our monthly local target.
Learning from both hospital and community harm free care panels has been shared in the relevant divisions.

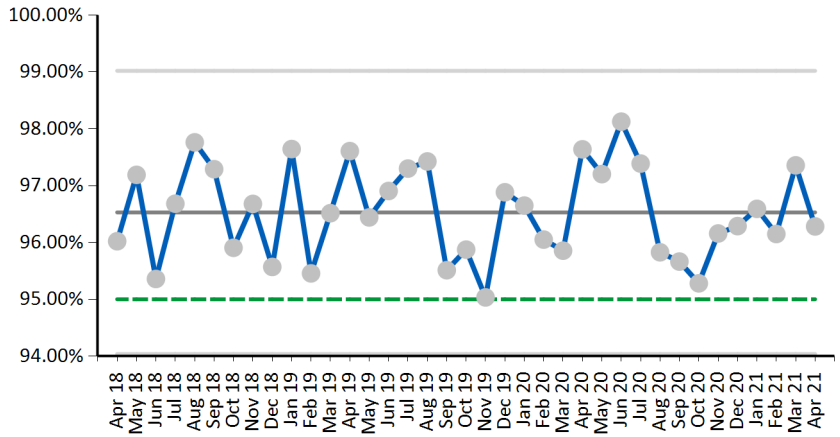
Falls
The number of inpatient falls has reduced in April. We have also seen a reduction in occupied bed days. Our performance in April keeps us under the national benchmark and shows a positive trend to achieving our local target.
Falls with harm have increased significantly with 4 falls with harm reported and investigated at HFC panel.

CAS Alerts
Issues with doorstops/door buffers alert EFA/2019/005. Update received from new iFM lead. Initial assessments completed. Business case drafted to rectify issues identified during assessments be shared with DDOs ahead of submission to CRIG. CAS website updated with progress. Group Health and Safety Committee has oversight of this alert. Alert remains open as at 17th May 2021. The alert should have been completed by: 31/04/2021

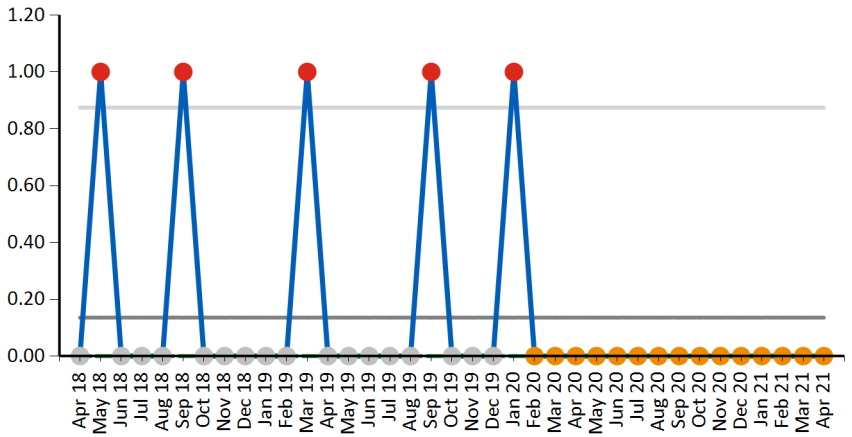
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	96.3%	Apr-21		>= 95%	97.4%	Mar-21	>= 95%	96.3%	
9 - Never Events	= 0	0	Apr-21		= 0	0	Mar-21	= 0	0	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	5.54	Apr-21		<= 5.30	5.96	Mar-21	<= 5.30	5.54	
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	4	Apr-21		<= 1.6	1	Mar-21	<= 1.6	4	
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	3.0	Apr-21		<= 6.0	6.0	Mar-21	<= 6.0	3.0	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	0.0	Apr-21		<= 0.5	0.0	Mar-21	<= 0.5	0.0	
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Apr-21		= 0.0	0.0	Mar-21	= 0.0	0.0	
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	11.0	Apr-21		<= 7.0	14.0	Mar-21	<= 7.0	11.0	
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	6.0	Apr-21		<= 4.0	0.0	Mar-21	<= 4.0	6.0	
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	0.0	Apr-21		<= 1.0	1.0	Mar-21	<= 1.0	0.0	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	82.0%	Q2 2020/21		>= 90%	83.3%	Q4 2019/20	>= 90%		
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%		
30 - Clinical Correspondence - Inpatients %<1 working day	>= 95%	82.8%	Apr-21		>= 95%	81.6%	Mar-21	>= 95%	82.8%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 95.0%	67.5%	Apr-21		>= 95.0%	66.6%	Mar-21	>= 95.0%	67.5%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	0.0%	Apr-21		= 100%	100.0%	Mar-21	= 100%	0.0%	
88 - Nursing KPI Audits	>= 85%	93.1%	Apr-21		>= 85%	92.1%	Mar-21	>= 85%	93.1%	
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days	= 100%	0.0%	Apr-21		= 100%	0.0%	Mar-21	= 100%	100.0%	

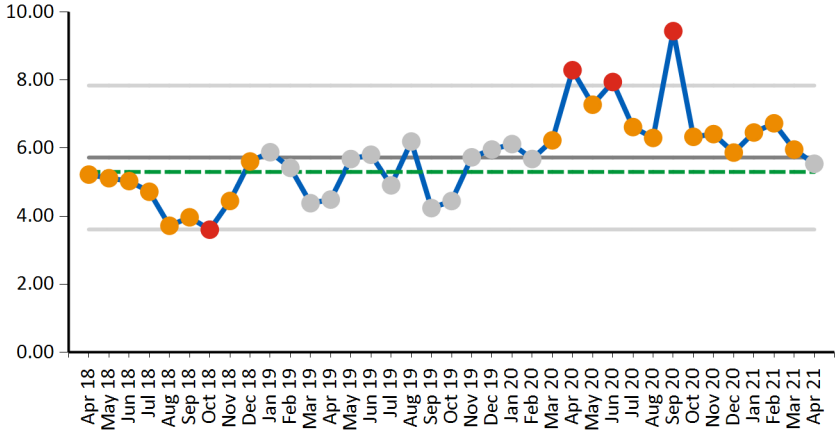
6 - Compliance with preventative measure for VTE



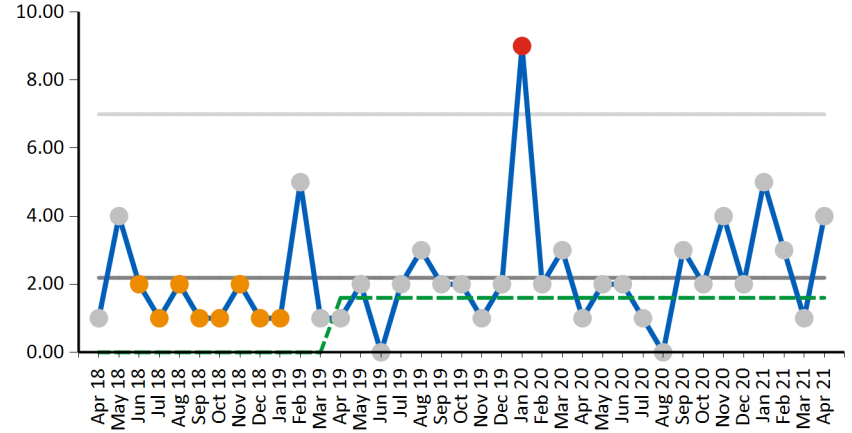
9 - Never Events



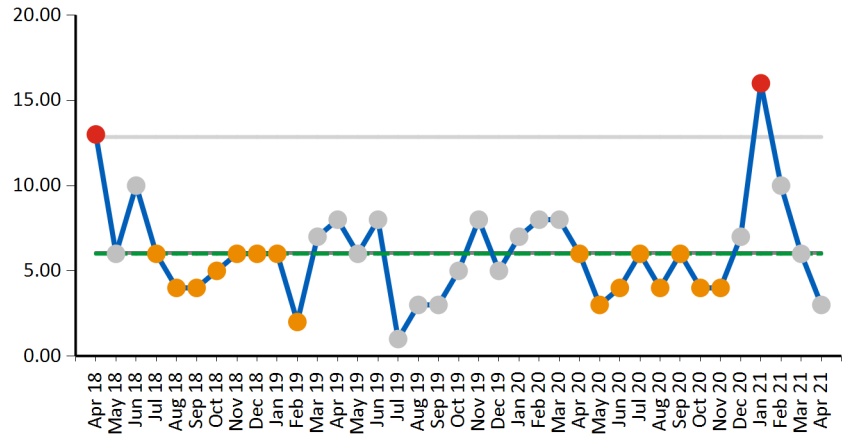
13 - All Inpatient Falls (Safeguard Per 1000 bed days)



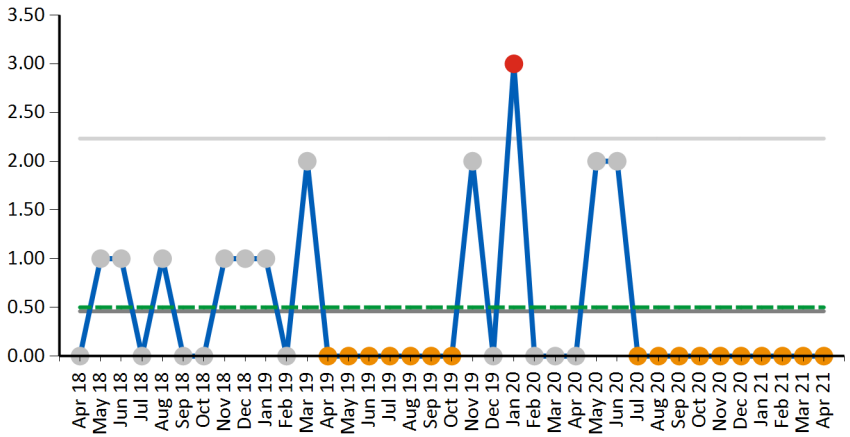
14 - Inpatient falls resulting in Harm (Moderate +)



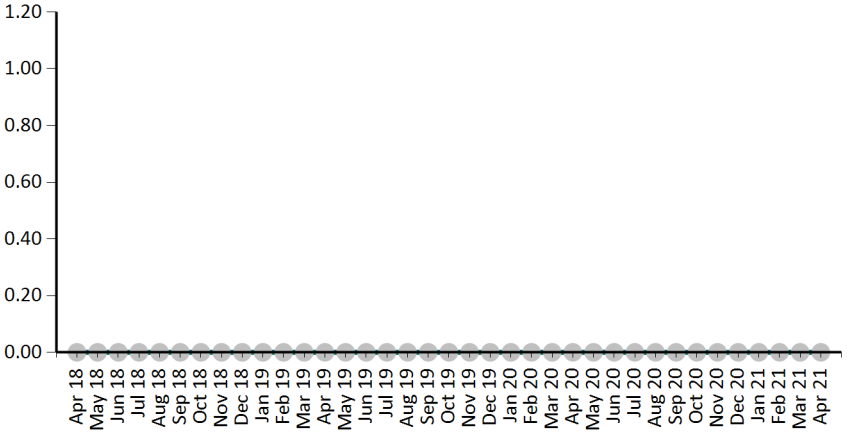
15 - Acute Inpatients acquiring pressure damage (category 2)



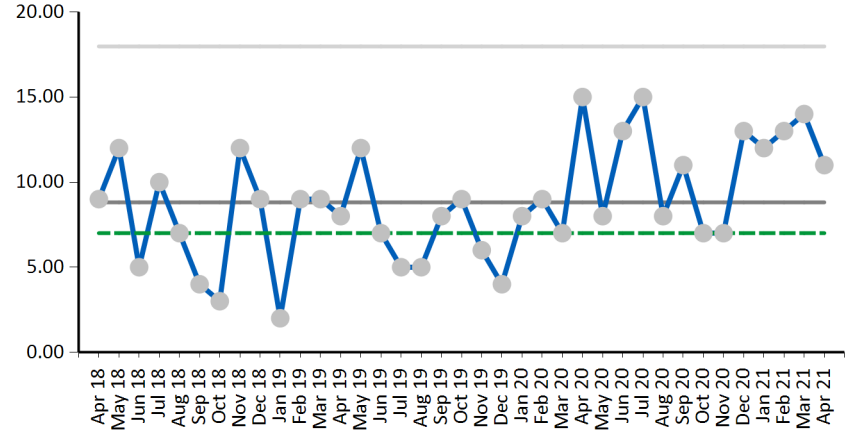
16 - Acute Inpatients acquiring pressure damage (category 3)



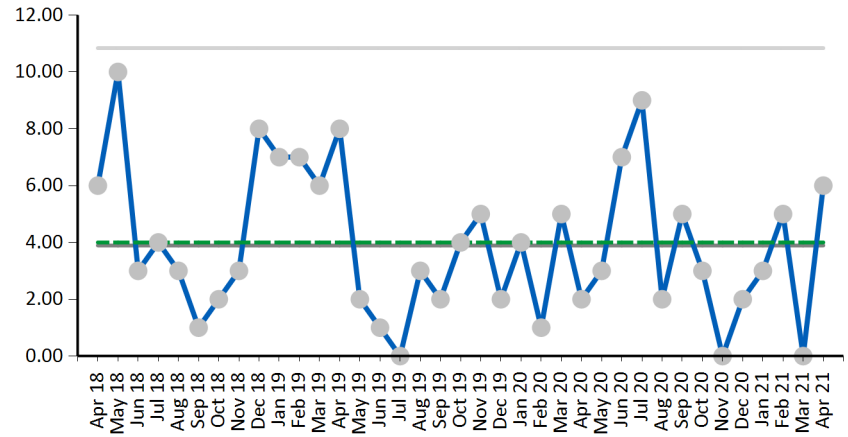
17 - Acute Inpatients acquiring pressure damage (category 4)



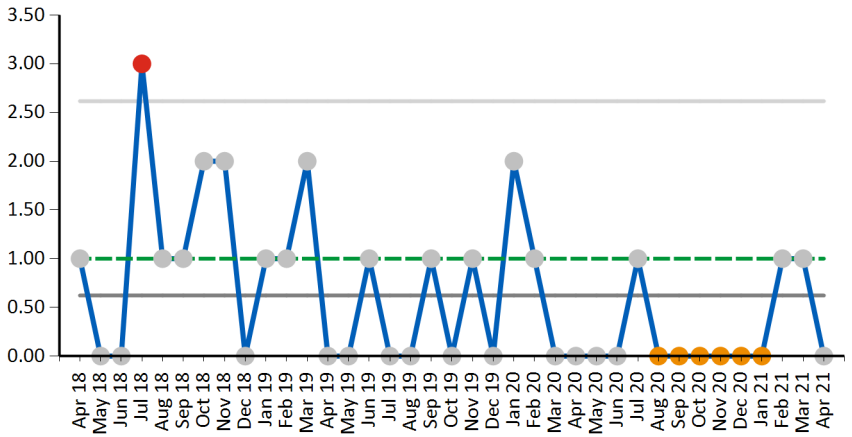
18 - Community patients acquiring pressure damage (category 2)



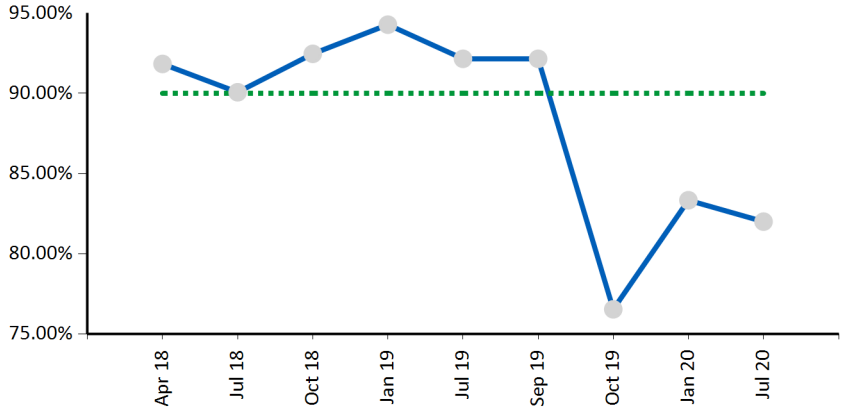
19 - Community patients acquiring pressure damage (category 3)



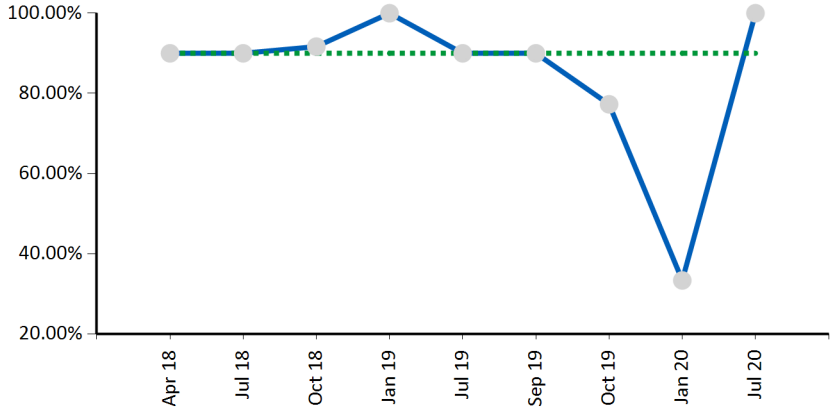
20 - Community patients acquiring pressure damage (category 4)



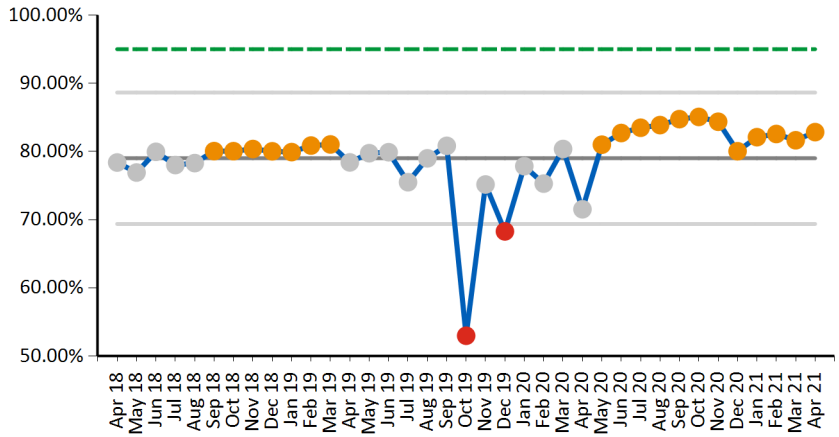
28 - Emergency patients screened for Sepsis (quarterly) - SPC data available after 20 data points



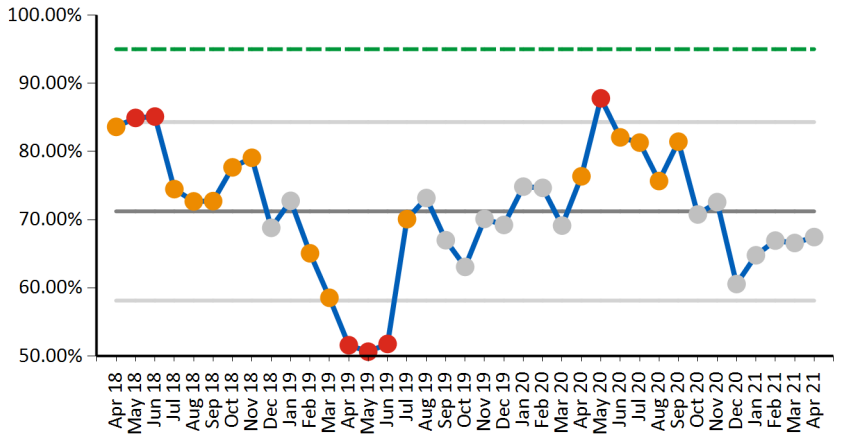
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points



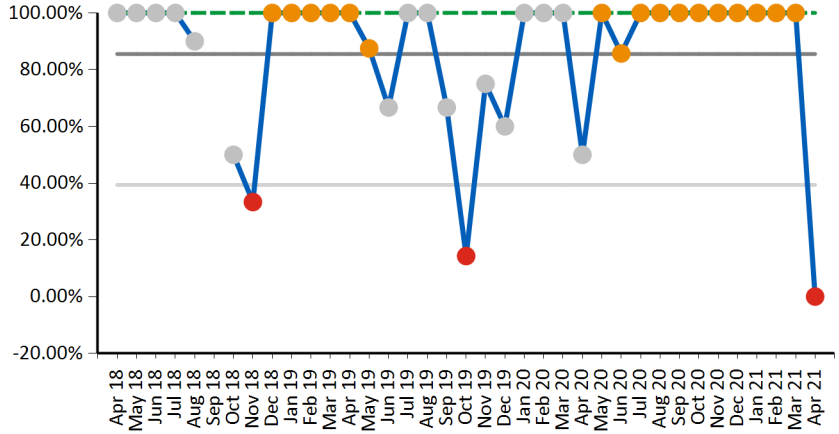
30 - Clinical Correspondence - Inpatients %<1 working day



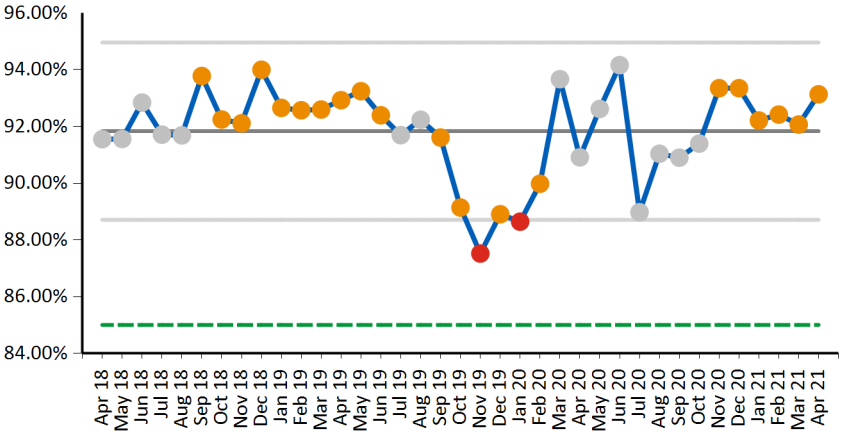
31 - Clinical Correspondence - Outpatients %<5 working days



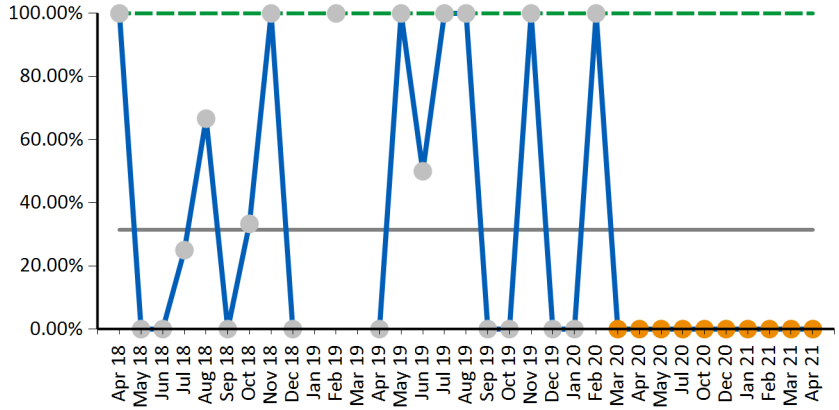
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance



88 - Nursing KPI Audits



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



Infection Prevention and Control

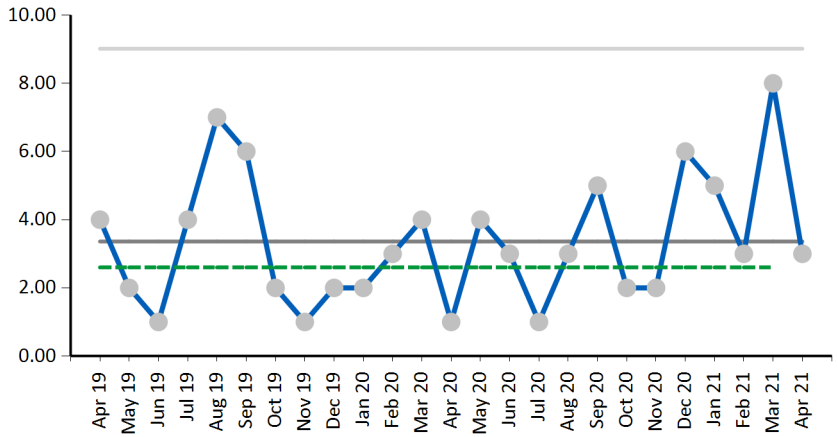
Covid-19 cases due to a new Variant of Concern (VOC) have started to cause an increase in COVID-19 cases in Bolton, firstly in the community and more recently in the hospital - including critical care. This variant has colloquially been referred to as the Indian Variant but is more accurately referred to as VOC-APR21-02 or B1.167.2. There was one nosocomial case in April but this was an isolated case and was traced back to parents of a patient passing infection to the patient (Both parents being symptomatic at the time).

Blood culture contaminants have reduced but there is no consistency in this measure so it will be some months before it is evident that improvements are the product of more sustained quality improvement or natural variation.

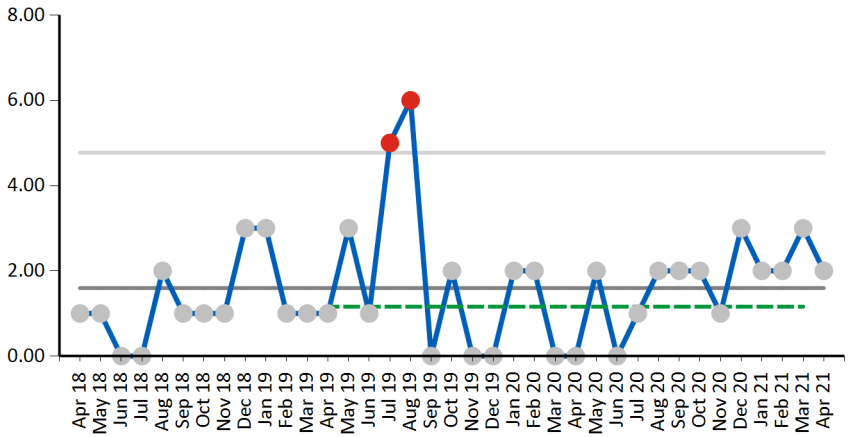
Clostridium difficile cases remain elevated (but less so than March) and remain an area of concern for the IPC service.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
215 - Total Hospital Onset C.diff infections		3	Apr-21		<= 3	8	Mar-21		3	
346 - Total Community Onset Hospital Associated C.diff infections		2	Apr-21		<= 1	3	Mar-21		2	
347 - Total C.diff infections contributing to objective	<= 3	5	Apr-21		<= 3	11	Mar-21	<= 3	5	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Apr-21		= 0	0	Mar-21	= 0	0	
218 - Total Trust apportioned E. coli BSI	<= 2	3	Apr-21		<= 3	1	Mar-21	<= 2	3	
219 - Blood Culture Contaminants (rate)	<= 3%	1.7%	Apr-21		<= 3%	4.4%	Mar-21	<= 3%	1.7%	
199 - Compliance with antibiotic prescribing standards	>= 95%	75.4%	Q4 2020/21		>= 95%	73.0%	Q3 2020/21	>= 95%		
304 - Total Trust apportioned MSSA BSIs	<= 1.0	0.0	Apr-21		<= 1.3	1.0	Mar-21	<= 1.0	0.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	<= 1	0	Apr-21		<= 1	1	Mar-21	<= 1	0	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Apr-21		= 0	0	Mar-21	= 0	0	
491 - Nosocomial COVID-19 cases		1	Apr-21			6	Mar-21		1	

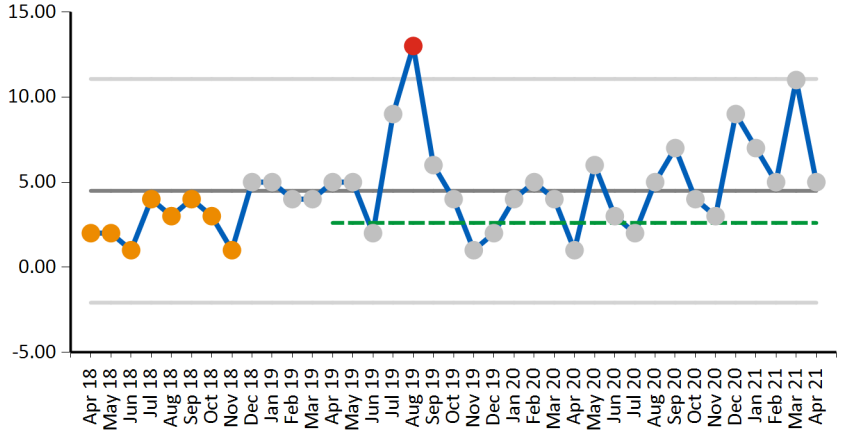
215 - Total Hospital Onset C.diff infections



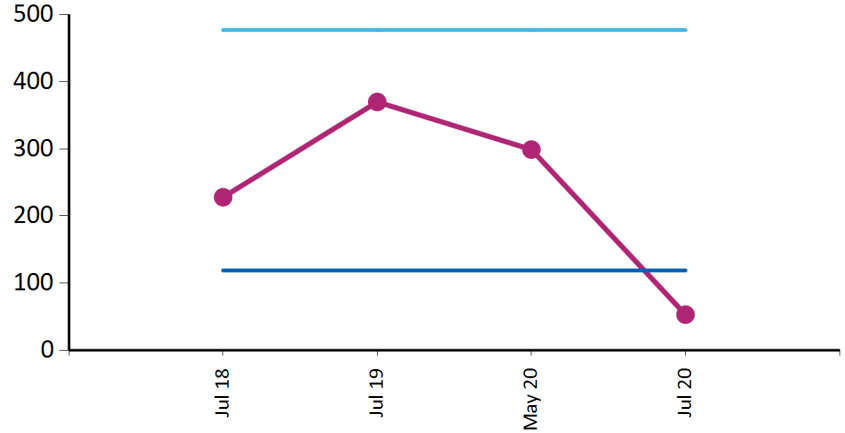
346 - Total Community Onset Hospital Associated C.diff infections



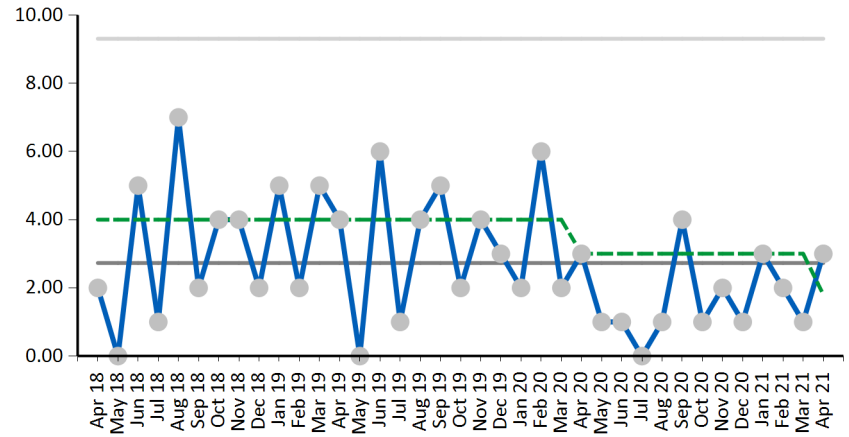
347 - Total C.diff infections contributing to objective



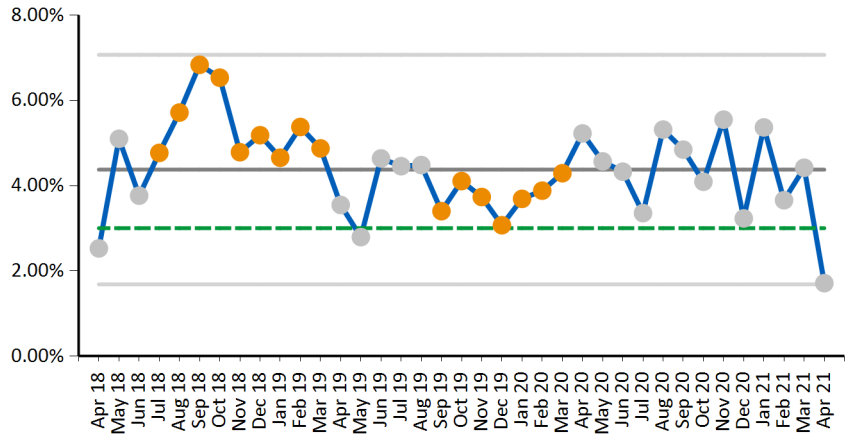
217 - Total Hospital-Onset MRSA BSIs - G Chart (Days Between Cases)



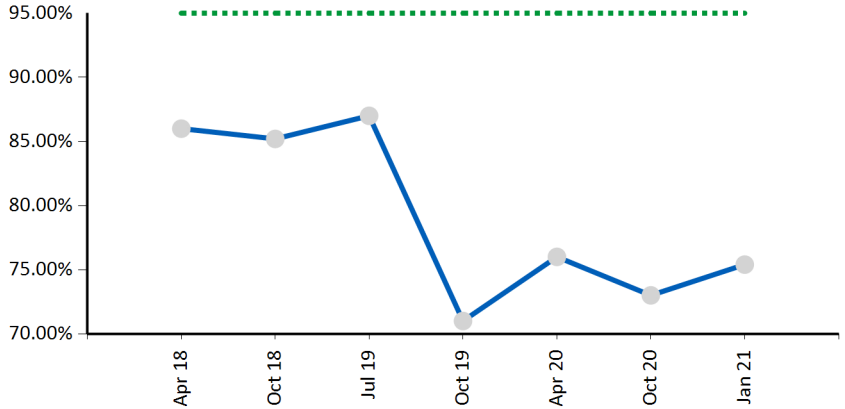
218 - Total Trust apportioned E. coli BSI



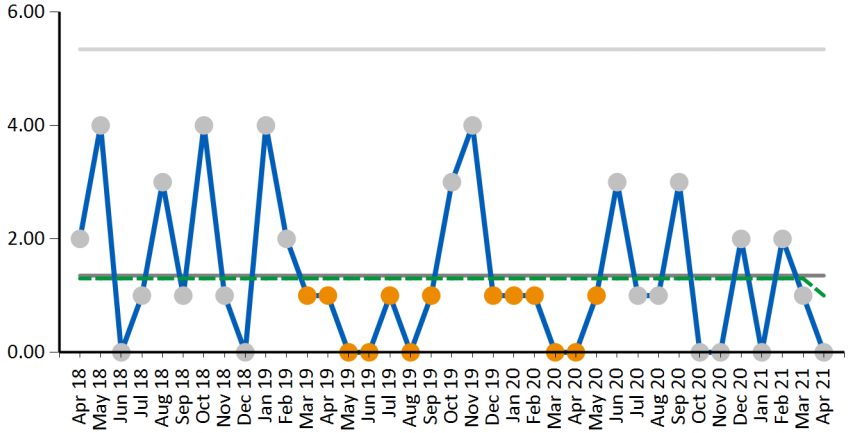
219 - Blood Culture Contaminants (rate)



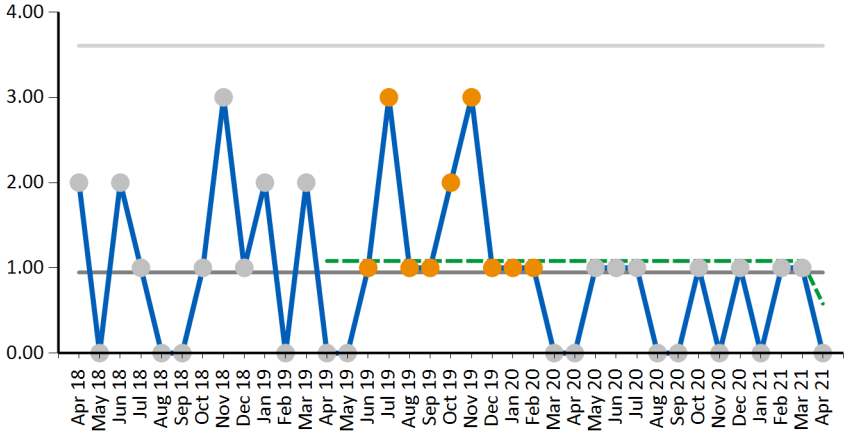
199 - Compliance with antibiotic prescribing standards - SPC data available after 20 data points



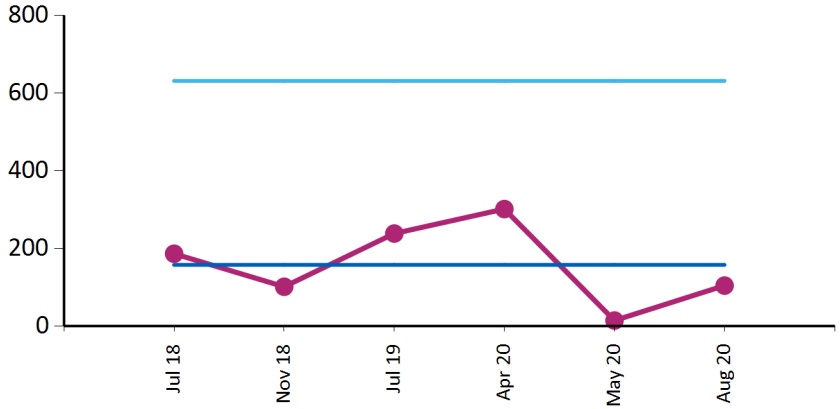
304 - Total Trust apportioned MSSA BSIs



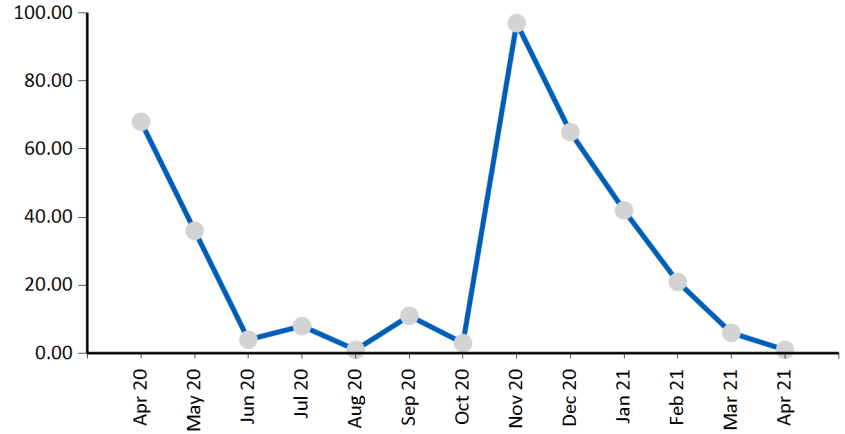
305 - Total Trust apportioned Klebsiella spp. BSIs



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 mortality crude rate fell below the mean and target to 2.1% in April from 2.3% in March. The previous five reported months have remained in control following the second peak of coronavirus pandemic in November 2020. The third peak, whilst higher than normal times in December and January, remained within the confidence limits. Crude rate is not adjusted for covid deaths nor other risk adjusted factors.

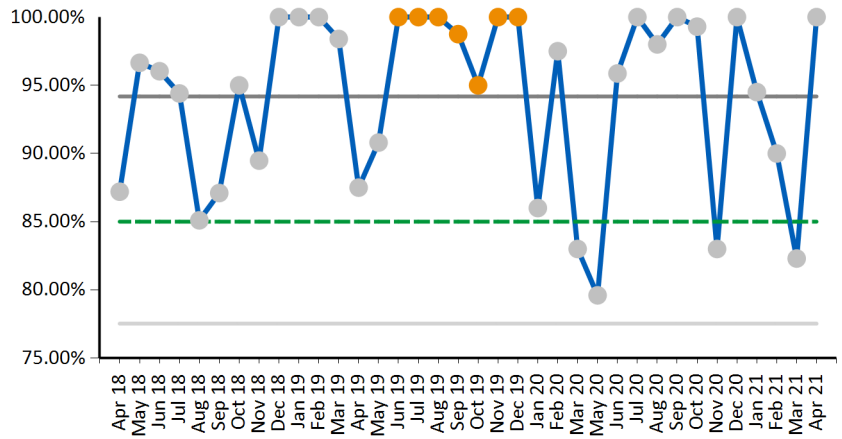
SHMI – This indicator has remained in control for the reporting period but the in-month SHMI for November 2020 is above the mean. SHMI is completely adjusted for covid deaths and remains higher than expected when benchmarked against all Acute Trusts. The most up to date published figure for SHMI is for January – December 2020, and shows Bolton NHS Foundation Trust at 114.89, significantly above the England average and fifth highest (worst) in the country.

HSMR – This mortality indicator looks at the ratio of observed in-hospital deaths, at the end of an inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 specific diagnostic groups. These 56 CCS groups account for the primary diagnoses responsible for approximately 80% of inpatient deaths. Other diagnostic groups are excluded and viewed as rare cases that cannot be well modelled. HSMR is partially adjusted for covid deaths and activity. This indicator has remained in control for the reporting period, however, the confidence limits are wide indicating instability and therefore open to wide variation before the process becomes 'out of control'. The Trusts overall benchmarked position against all Acute Trusts is significantly higher than the average.

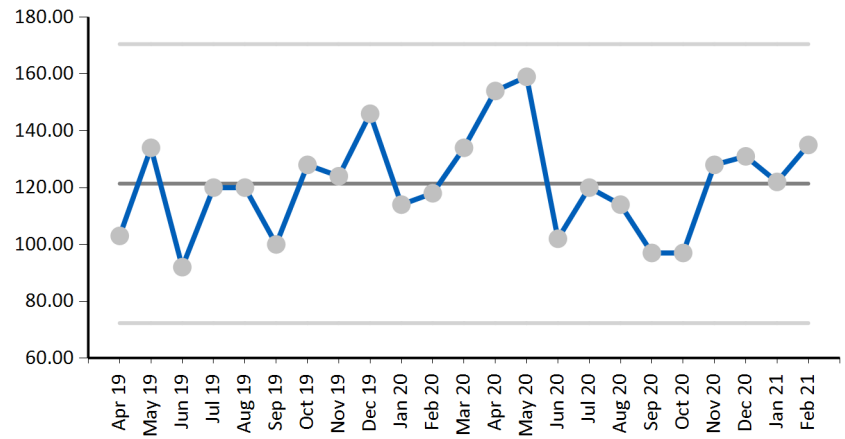
NHS improvement are working alongside the Medical Director to review deaths within all groups triggering various Mortality Indicators. There are also sub-streams of work between BI, coding and specialty clinical leads focussing on the way information is recorded that impact the risk adjustments i.e., comorbidities and depth of recording.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
3 - National Early Warning Scores to Gold standard	>= 85%	100.0%	Apr-21		>= 85%	82.3%	Mar-21	>= 85%	100.0%	
495 - HSMR		135.00	Feb-21			122.00	Jan-21			
11 - Standardised Hospital Mortality (ratio)	<= 100.00	122.00	Nov-20		<= 100.00	117.00	Oct-20	<= 100.00		
12 - Crude Mortality %	<= 2.9%	2.1%	Apr-21		<= 2.9%	2.3%	Mar-21	<= 2.9%	2.1%	

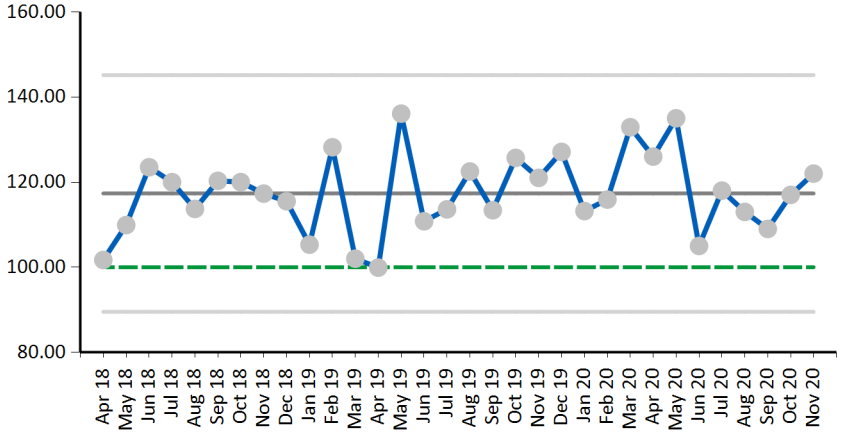
3 - National Early Warning Scores to Gold standard



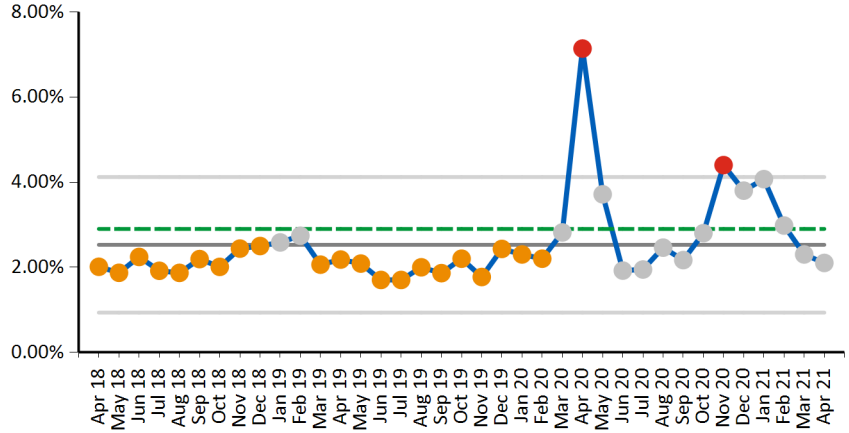
495 - HSMR



11 - Standardised Hospital Mortality (ratio)



12 - Crude Mortality %



Patient Experience

FFT
NHSE advice is to continue to collect FFT when if safe to do so. They will not be publishing until further notice. Initiatives for safe collection of FFT continue including use of QR codes with an increased focus to act on the narrative provided by the patient either negative or positive.

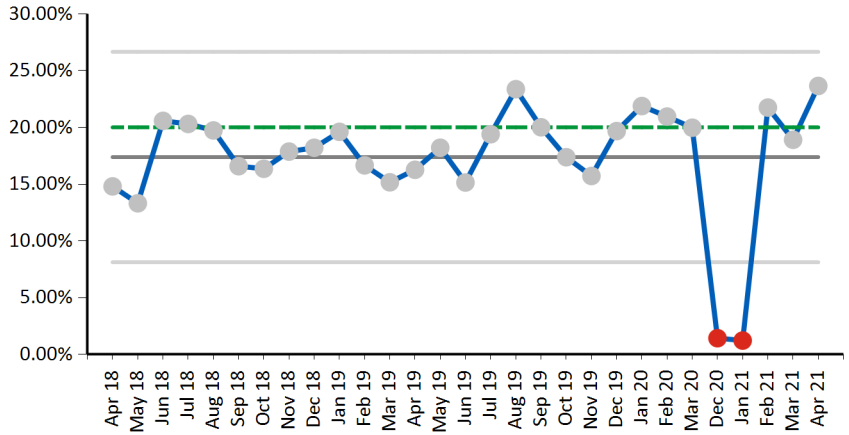
FFT is to be discussed at newly established Divisional Quality Patient Experience Meetings where scrutiny will take place relating to recommendation rates and patient narrative.

Complaints
The Trust rate for acknowledging complaints during April 2021 was 100%. The response rate was 40%.
A review of the complaints management process is underway with divisional scrutiny by the Chief Nurse and Chief Executive to identify areas for improvement. The focus is to improve the investigation of complaints and produce a quality response – the Patient Experience Manager is currently delivery a programme of training for divisional teams and individuals to support this.
A recovery plan is in place at both Divisional and Corporate level with a plan to improve performance over the next three months. This includes increased scrutiny by the Director Quality Governance, and a restructure within the patient experience team.

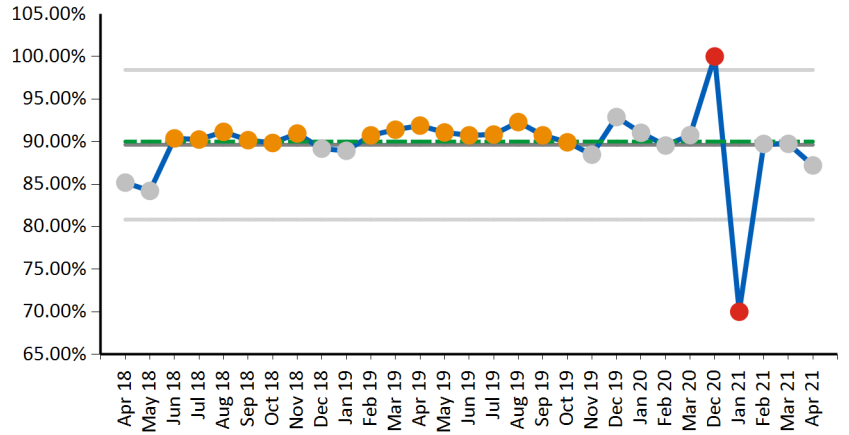
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
200 - A&E Friends and Family Response Rate	>= 20%	23.7%	Apr-21		>= 20%	18.9%	Mar-21	>= 20%	23.7%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	87.2%	Apr-21		>= 90%	89.7%	Mar-21	>= 90%	87.2%	
80 - Inpatient Friends and Family Response Rate	>= 30%	20.6%	Apr-21		>= 30%	18.6%	Mar-21	>= 30%	20.6%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	96.0%	Apr-21		>= 90%	96.6%	Mar-21	>= 90%	96.0%	
81 - Maternity Friends and Family Response Rate	>= 15%	11.9%	Apr-21		>= 15%	12.6%	Mar-21	>= 15%	11.9%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	91.3%	Apr-21		>= 90%	89.8%	Mar-21	>= 90%	91.3%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	0.0%	Apr-21		>= 15%	0.0%	Mar-21	>= 15%	0.0%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%		Apr-21		>= 90%		Mar-21	>= 90%	100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	28.7%	Apr-21		>= 15%	30.2%	Mar-21	>= 15%	28.7%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	92.6%	Apr-21		>= 90%	90.4%	Mar-21	>= 90%	92.6%	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	11.1%	Apr-21		>= 15%	12.8%	Mar-21	>= 15%	11.1%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	95.7%	Apr-21		>= 90%	88.5%	Mar-21	>= 90%	95.7%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	8.2%	Apr-21	L	>= 15%	8.3%	Mar-21	>= 15%	8.2%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	80.6%	Apr-21	L	>= 90%	89.5%	Mar-21	>= 90%	80.6%	P
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Apr-21		= 100%	100.0%	Mar-21	= 100%	100.0%	
90 - Complaints responded to within the period	>= 95%	40.0%	Apr-21	L	>= 95%	33.3%	Mar-21	>= 95%	40.0%	

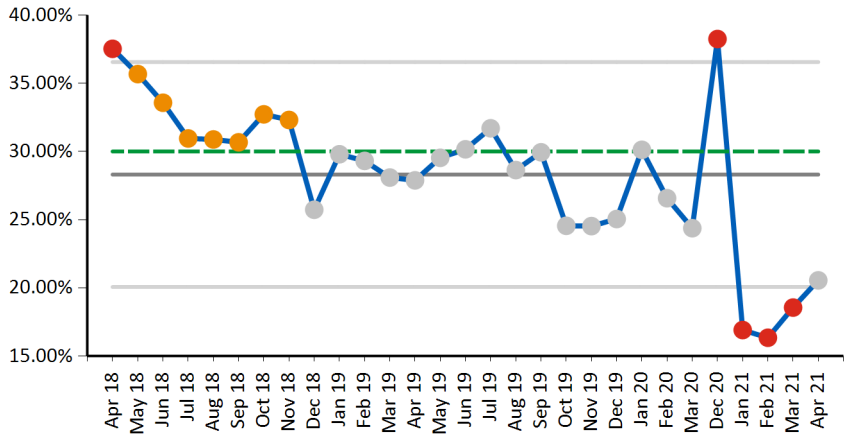
200 - A&E Friends and Family Response Rate



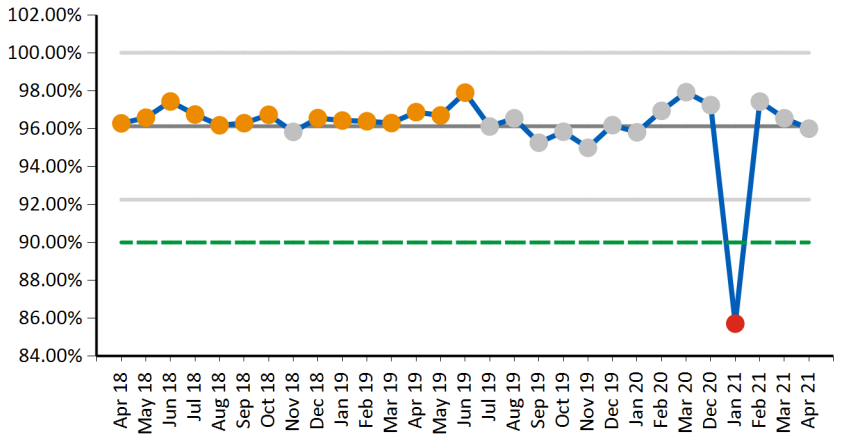
294 - A&E Friends and Family Satisfaction Rates %



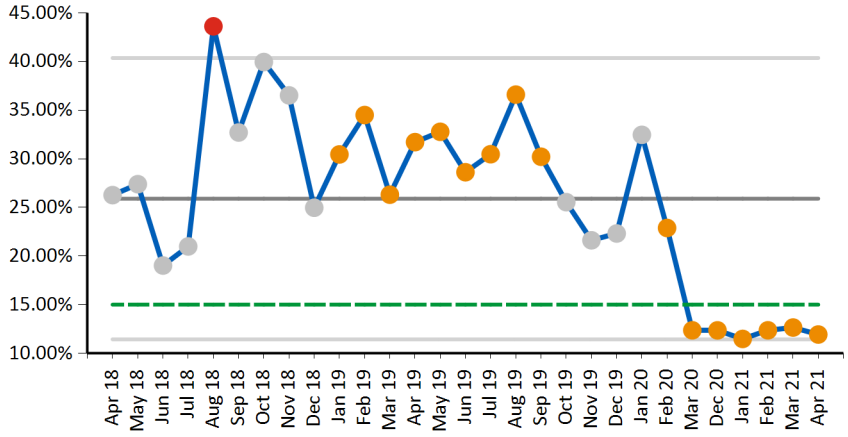
80 - Inpatient Friends and Family Response Rate



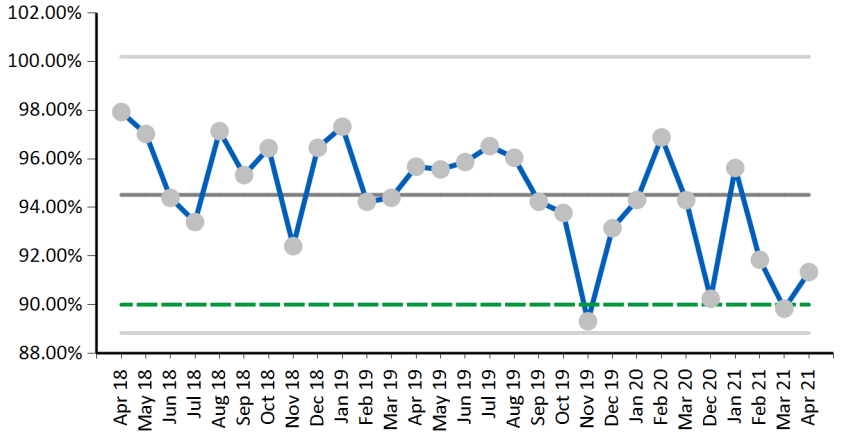
240 - Friends and Family Test (Inpatients) - Satisfaction %



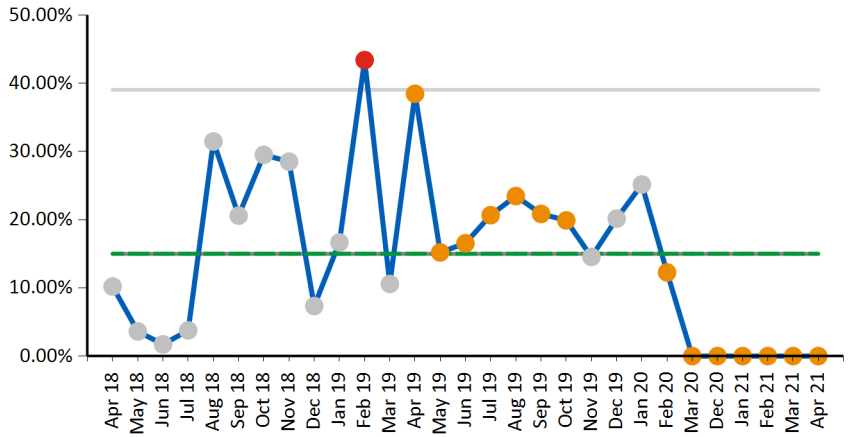
81 - Maternity Friends and Family Response Rate



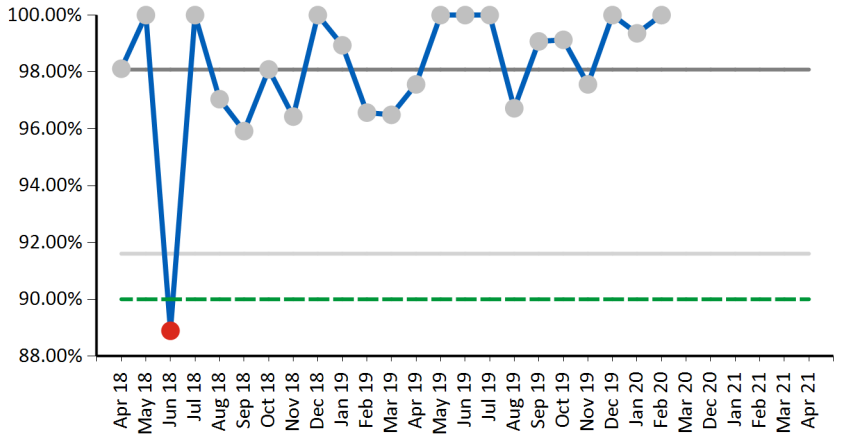
241 - Maternity Friends and Family Test - Satisfaction %



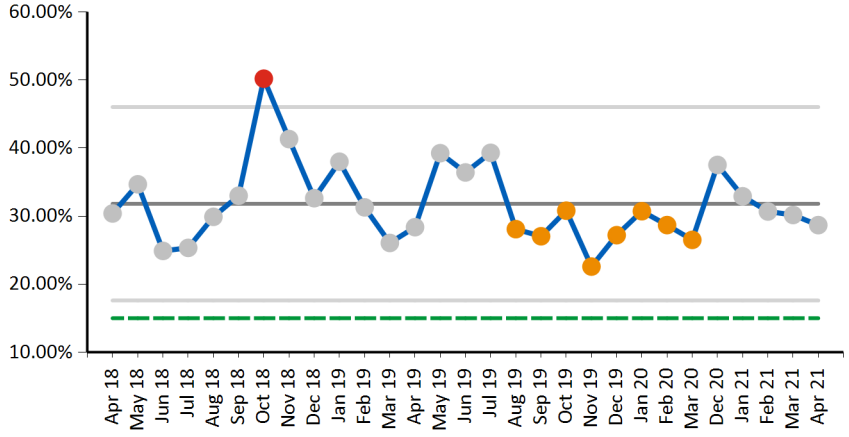
82 - Antenatal - Friends and Family Response Rate



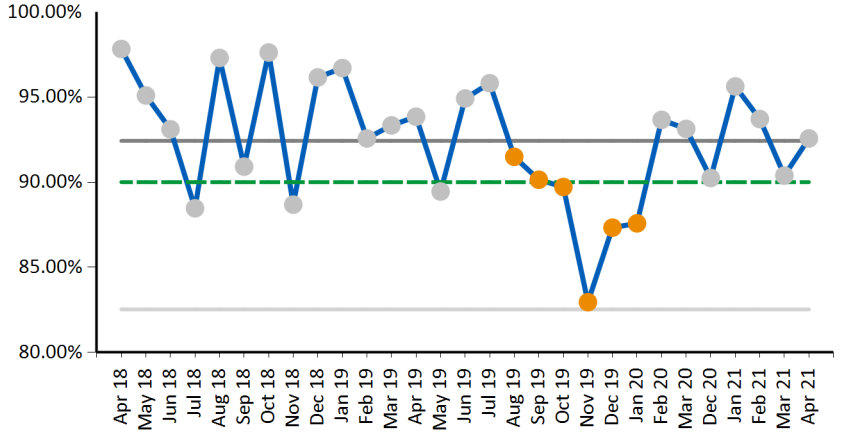
242 - Antenatal Friends and Family Test - Satisfaction %



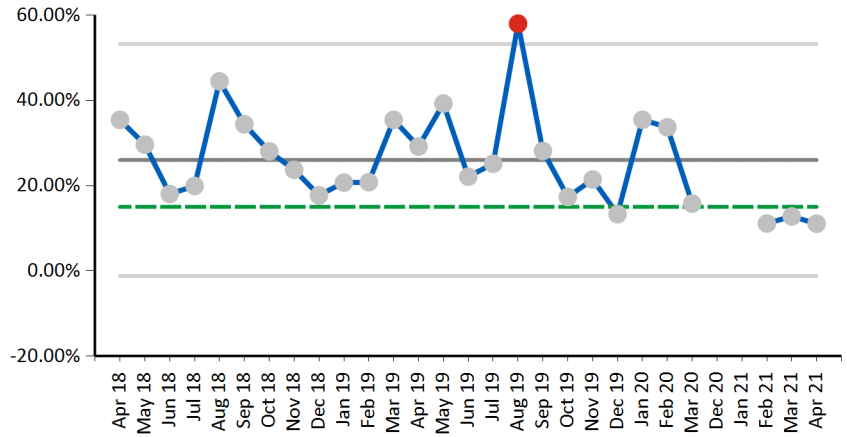
83 - Birth - Friends and Family Response Rate



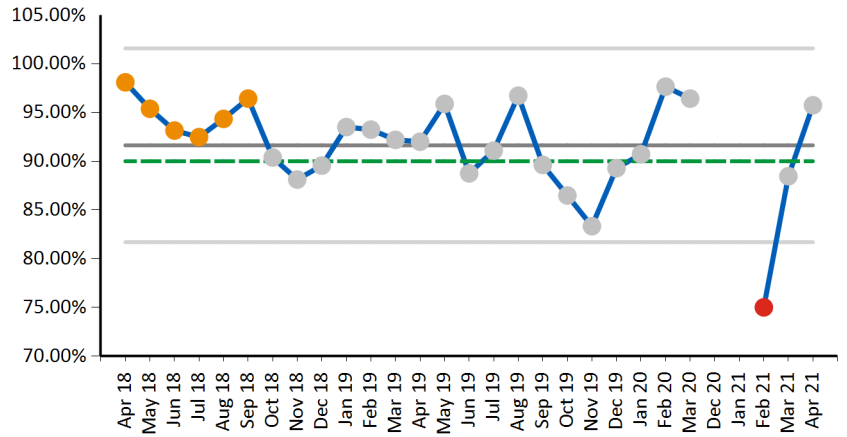
243 - Birth Friends and Family Test - Satisfaction %



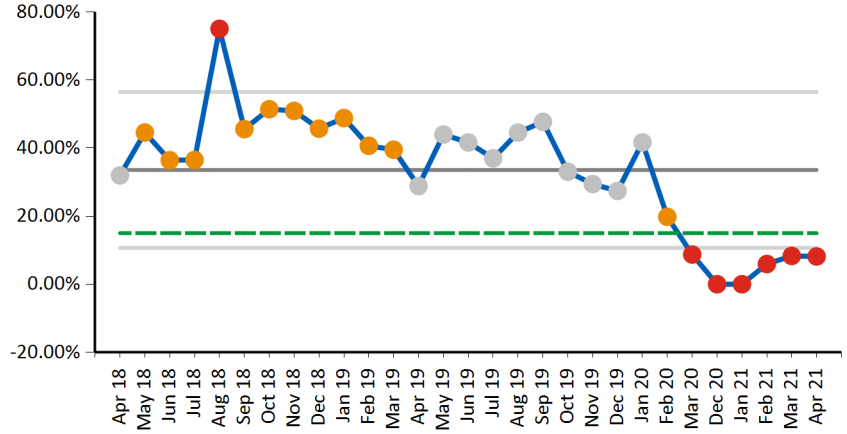
84 - Hospital Postnatal - Friends and Family Response Rate



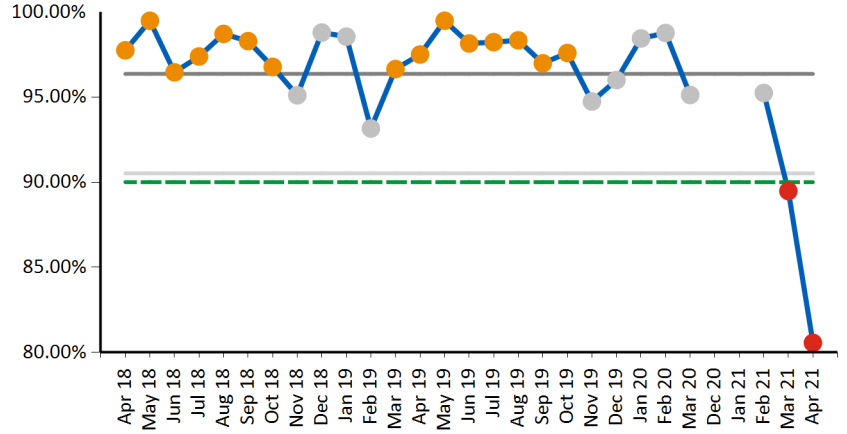
244 - Hospital Postnatal Friends and Family Test - Satisfaction %



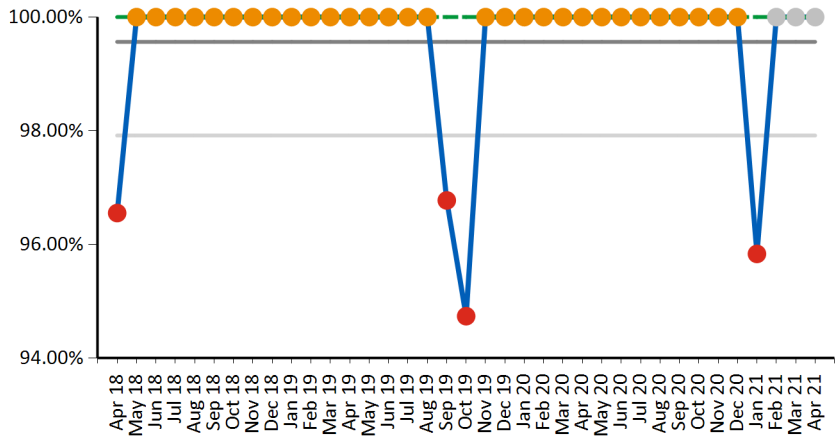
85 - Community Postnatal - Friend and Family Response Rate



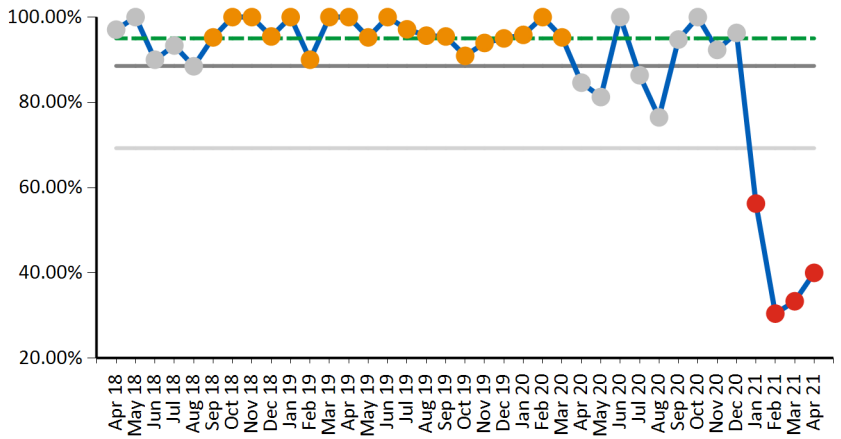
245 - Community Postnatal Friends and Family Test - Satisfaction %



89 - Formal complaints acknowledged within 3 working days



90 - Complaints responded to within the period

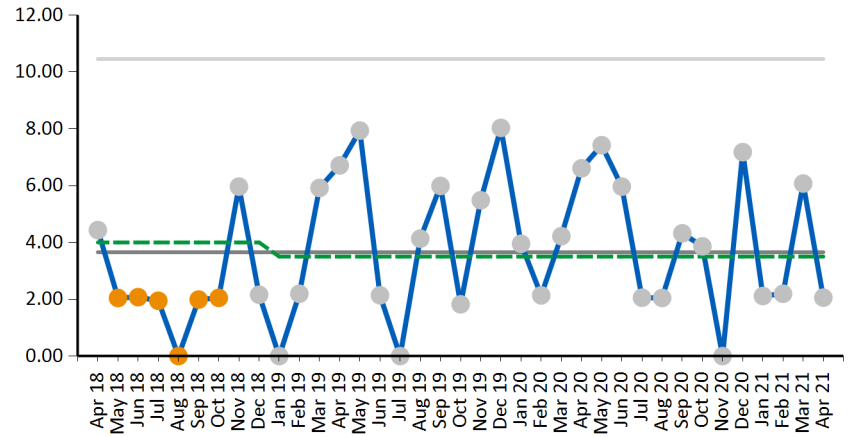


Maternity

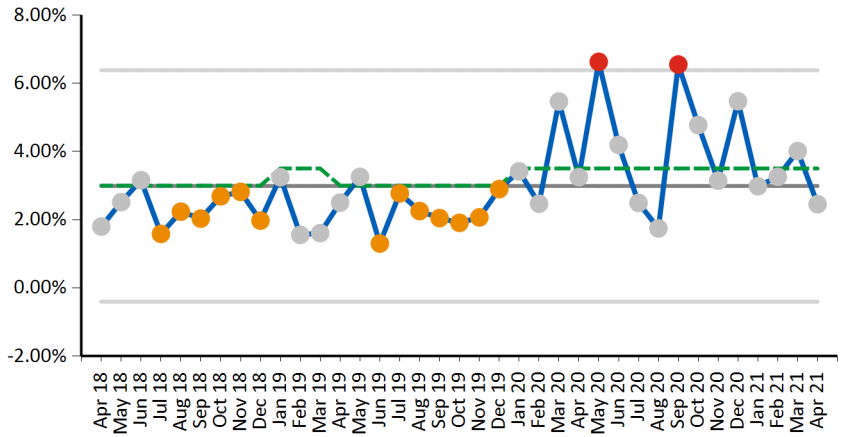
We have consistently sustained good performance in the booked by 12+6 weeks. It's also worth noting the improved performance over the last 3 months with 3/4th degree tears with the last month being the below the target of 3%. Maternity also have received only 2 complaints in month.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
322 - Maternity - Stillbirths per 1000 births	<= 3.50	2.06	Apr-21		<= 3.50	6.07	Mar-21	<= 3.50	2.06	
23 - Maternity -3rd/4th degree tears	<= 3.5%	2.5%	Apr-21		<= 3.5%	4.0%	Mar-21	<= 3.5%	2.5%	
202 - 1:1 Midwifery care in labour	>= 95.0%	98.0%	Apr-21		>= 95.0%	97.2%	Mar-21	>= 95.0%	98.0%	
203 - Booked 12+6	>= 90.0%	91.8%	Apr-21		>= 90.0%	89.8%	Mar-21	>= 90.0%	91.8%	
204 - Inductions of labour	<= 40%	44.5%	Apr-21		<= 40%	36.5%	Mar-21	<= 40%	44.5%	
208 - Total C section	<= 33.0%	32.5%	Apr-21		<= 33.0%	33.6%	Mar-21	<= 33.0%	32.5%	
210 - Initiation breast feeding	>= 65%	68.05%	Apr-21		>= 65%	70.52%	Mar-21	>= 65%	68.05%	
213 - Maternity complaints	<= 5	2	Apr-21		<= 5	1	Mar-21	<= 5	2	
319 - Maternal deaths (direct)	= 0	0	Mar-21		= 0	0	Feb-21	= 0		
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	1.4%	Apr-21		<= 6%	9.7%	Mar-21	<= 6%	1.4%	

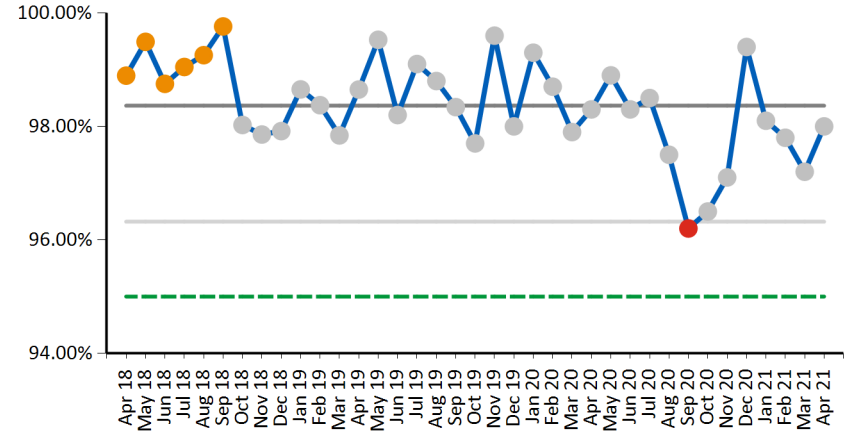
322 - Maternity - Stillbirths per 1000 births



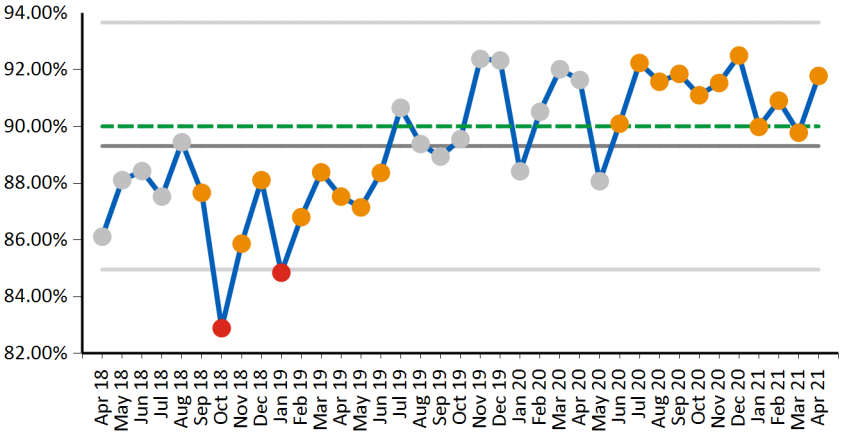
23 - Maternity -3rd/4th degree tears



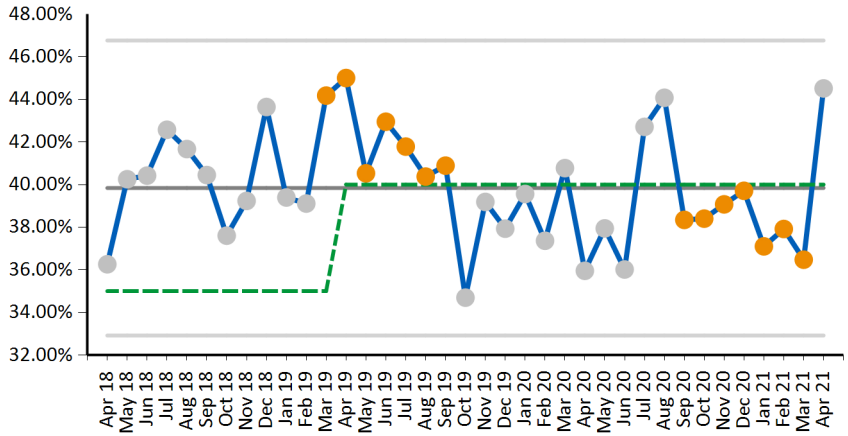
202 - 1:1 Midwifery care in labour



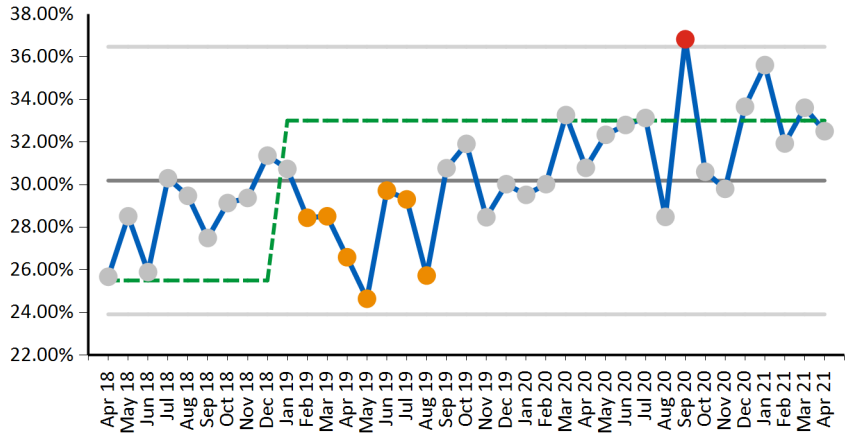
203 - Booked 12+6



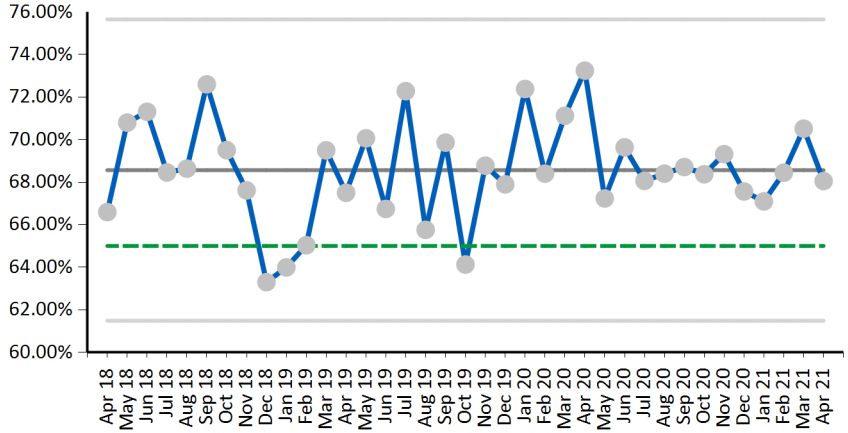
204 - Inductions of labour



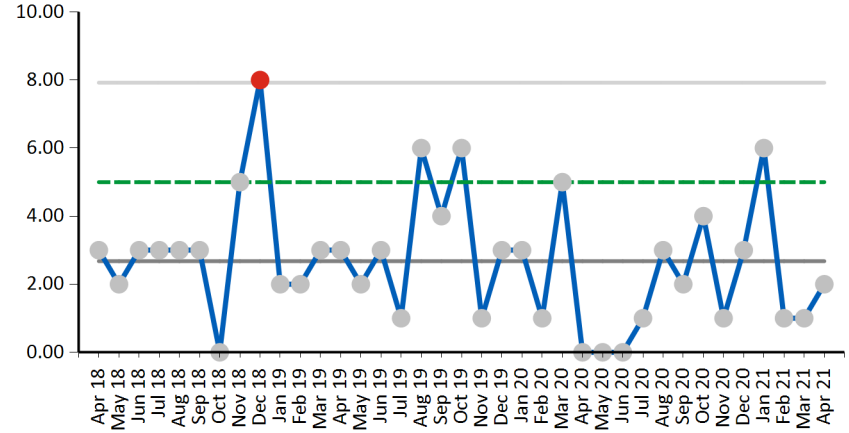
208 - Total C section



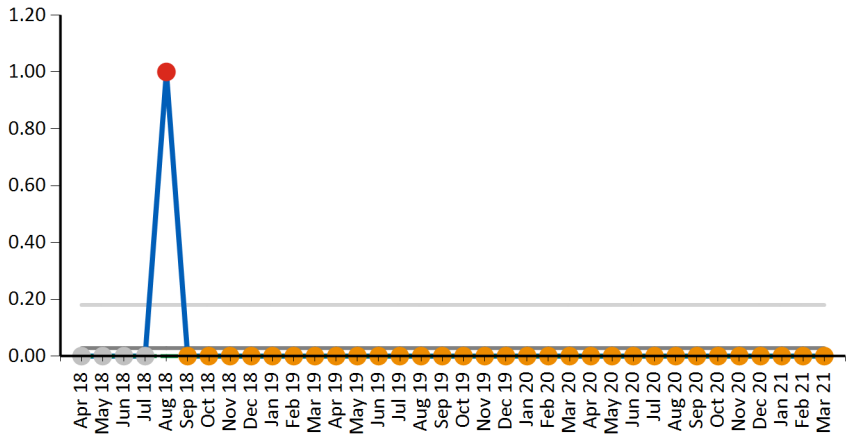
210 - Initiation breast feeding



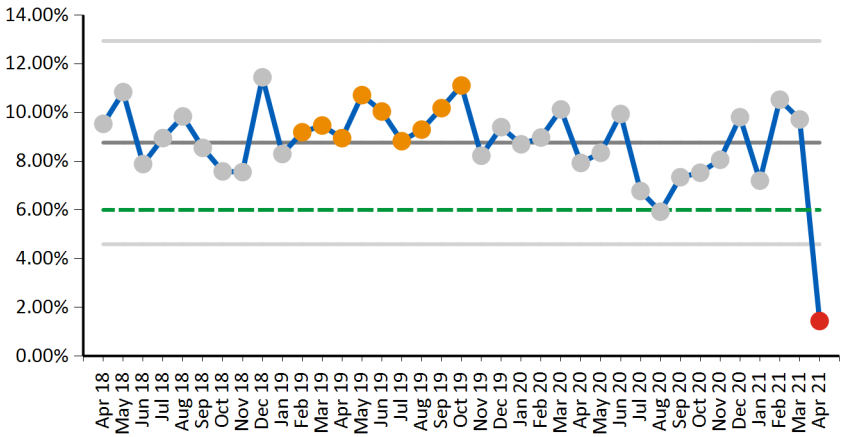
213 - Maternity complaints



319 - Maternal deaths (direct)



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

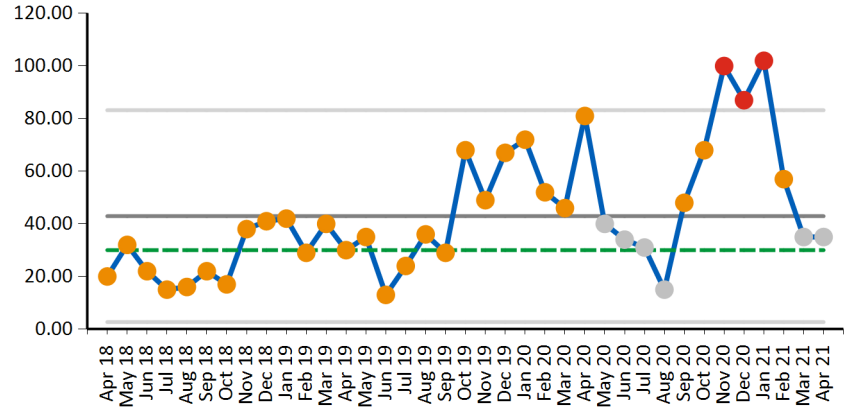


Operational Performance

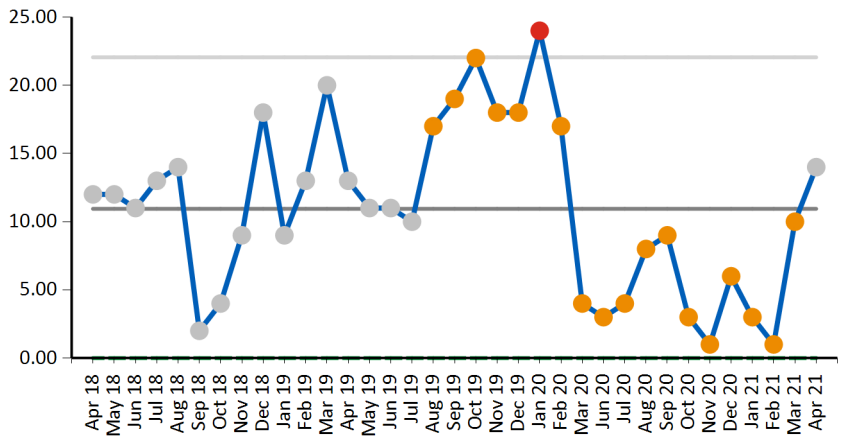
Access

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	<= 30	35	Apr-21		<= 30	35	Mar-21	<= 30	35	?
8 - Same sex accommodation breaches	= 0	14	Apr-21		= 0	10	Mar-21	= 0	14	?
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	77.1%	Apr-21		>= 75%	83.8%	Mar-21	>= 75%	77.1%	?
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	64.2%	Apr-21	L	>= 92%	62.2%	Mar-21	>= 92%	64.2%	F
42 - RTT 52 week waits (incomplete pathways)	= 0	2,762	Apr-21	H	= 0	3,132	Mar-21	= 0	2,762	F
314 - RTT 18 week waiting list	<= 25,530	26,004	Apr-21	H	<= 25,530	25,660	Mar-21	<= 25,530	26,004	?
53 - A&E 4 hour target	>= 95%	74.3%	Apr-21	L	>= 95%	74.4%	Mar-21	>= 95%	74.3%	F
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	6.4%	Apr-21		= 0.0%	5.1%	Mar-21	= 0.0%	6.4%	F
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	2.48%	Apr-21		= 0.00%	2.01%	Mar-21	= 0.00%	2.48%	?
72 - Diagnostic Waits >6 weeks %	<= 1%	37.8%	Apr-21	H	<= 1%	38.2%	Mar-21	<= 1%	37.8%	F
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	55.6%	Apr-21		= 100%	72.7%	Mar-21	= 100%	55.6%	?

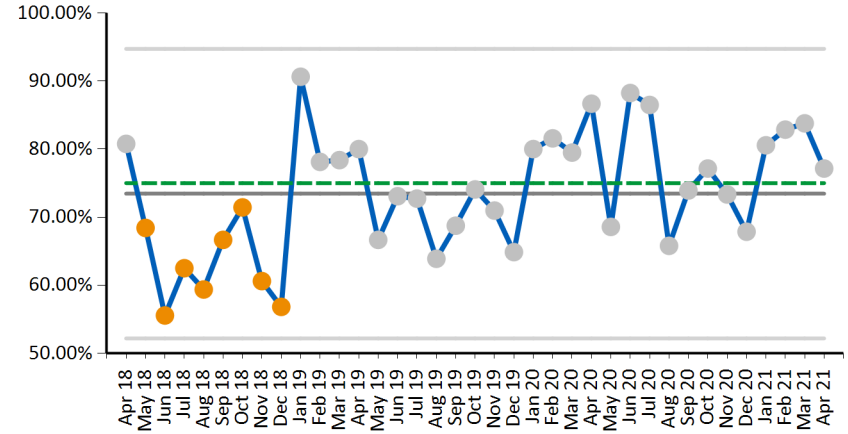
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



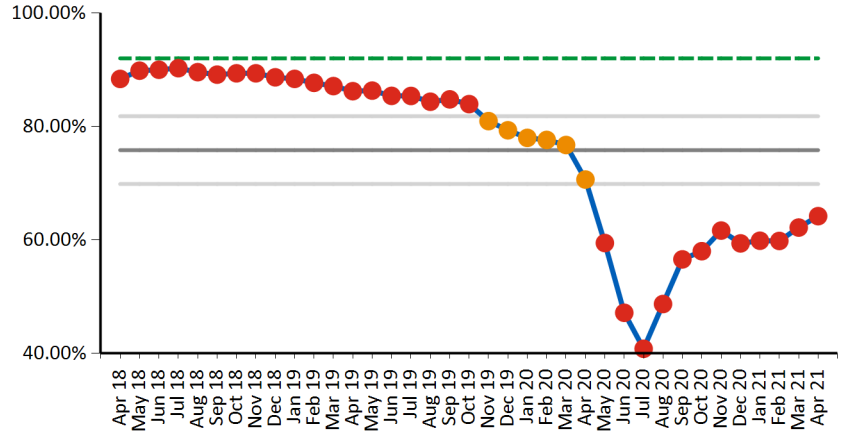
8 - Same sex accommodation breaches



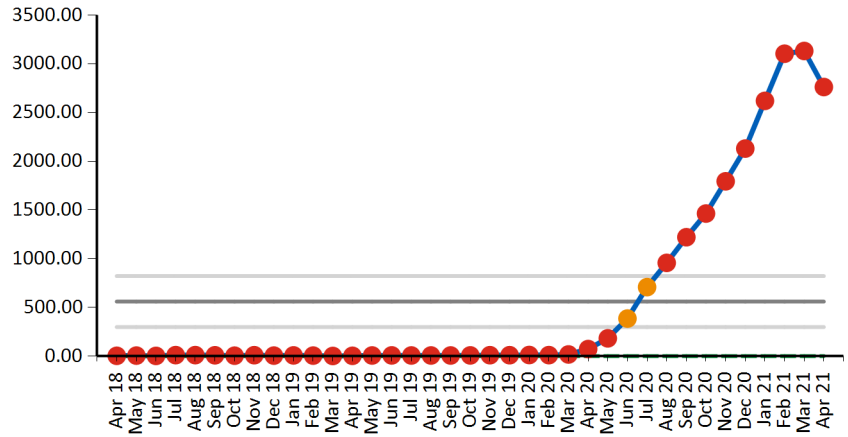
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur



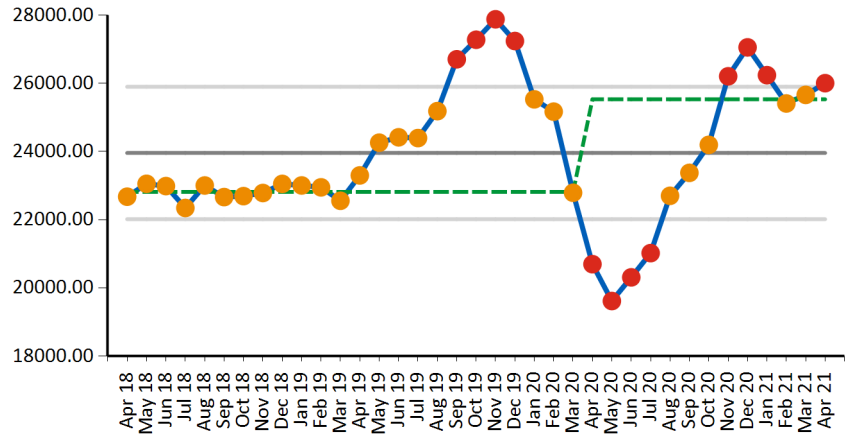
41 - RTT Incomplete pathways within 18 weeks %



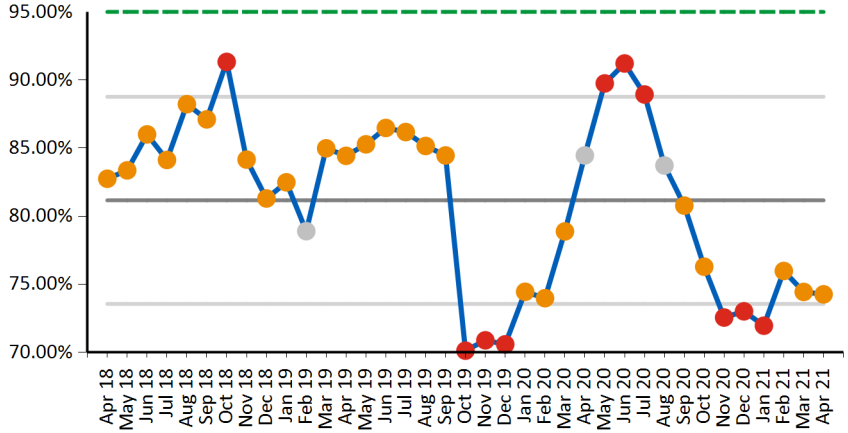
42 - RTT 52 week waits (incomplete pathways)



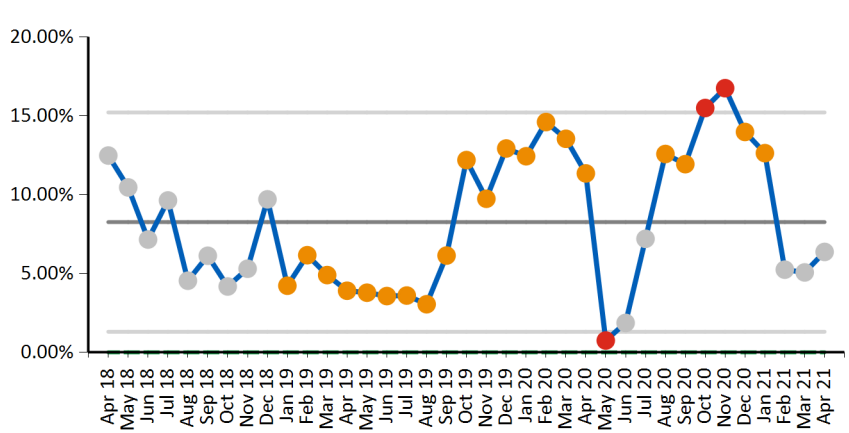
314 - RTT 18 week waiting list



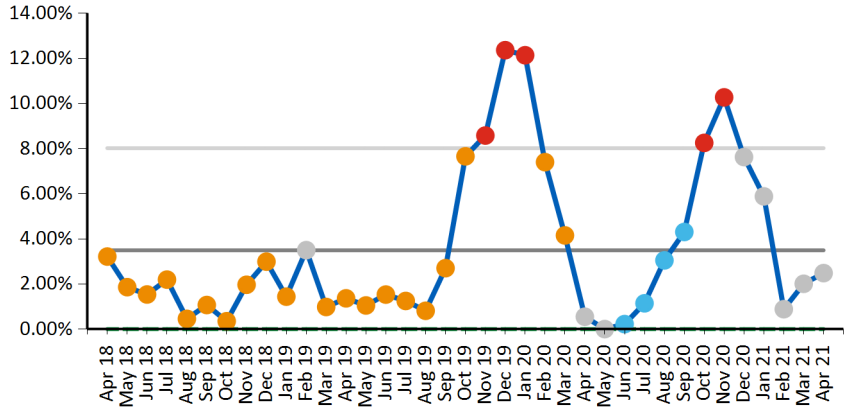
53 - A&E 4 hour target



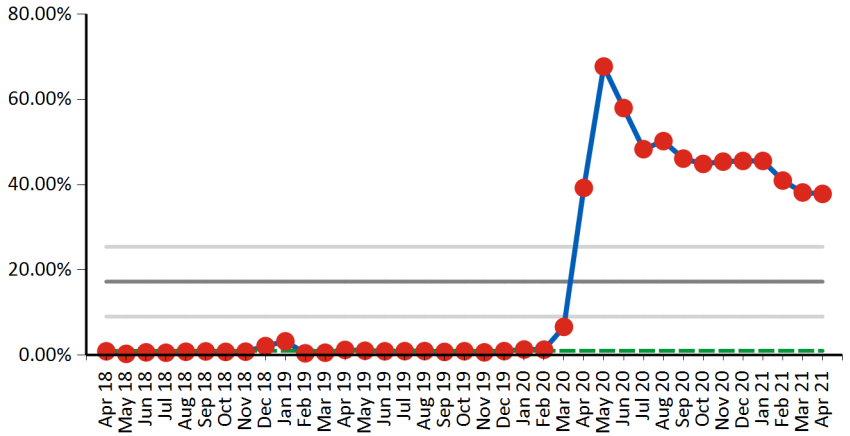
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)



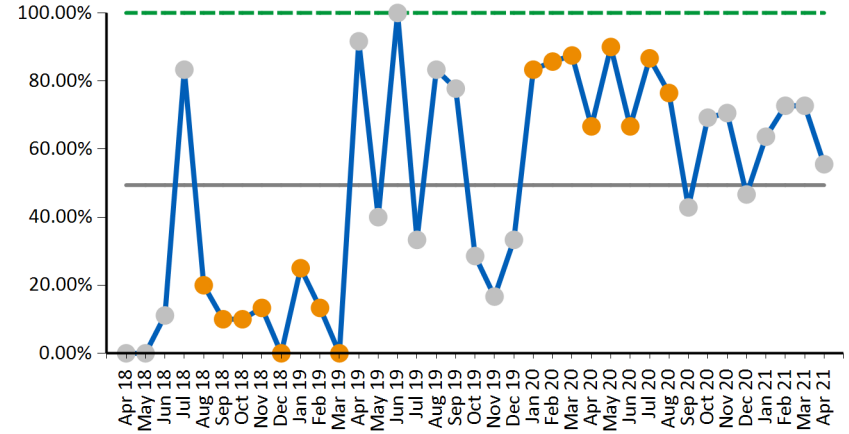
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)



72 - Diagnostic Waits >6 weeks %



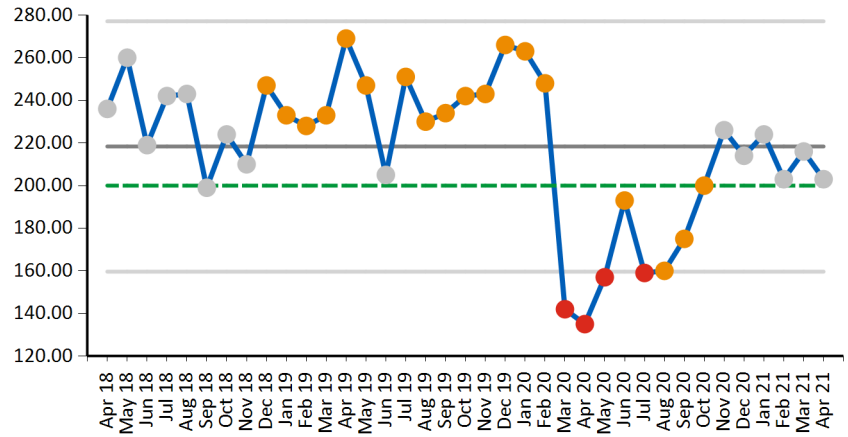
27 - TIA (Transient Ischaemic attack) patients seen <24hrs



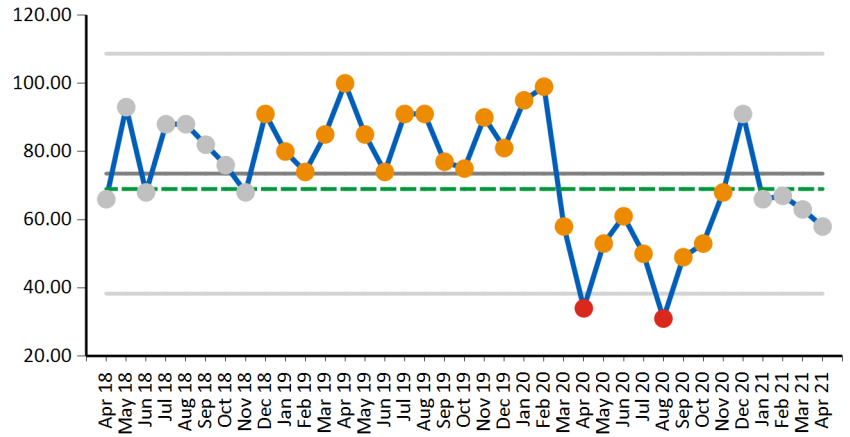
Productivity

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
56 - Stranded patients	<= 200	203	Apr-21		<= 200	216	Mar-21	<= 200	203	?
307 - Stranded Patients - LOS 21 days and over	<= 69	58	Apr-21		<= 69	63	Mar-21	<= 69	58	?
57 - Discharges by Midday	>= 30%	20.7%	Apr-21	L	>= 30%	19.8%	Mar-21	>= 30%	20.7%	?
58 - Discharges by 4pm	>= 70%	60.6%	Apr-21	L	>= 70%	58.9%	Mar-21	>= 70%	60.6%	?
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	12.0%	Mar-21		<= 13.5%	11.3%	Feb-21	<= 13.5%		?
489 - Daycase Rates	>= 80%	89.1%	Apr-21		>= 80%	88.5%	Mar-21	>= 80%	89.1%	P
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	0.9%	Apr-21		<= 1%	1.3%	Mar-21	<= 1%	0.9%	?
62 - Cancelled operations re-booked within 28 days	= 100%	94.4%	Apr-21	H	= 100%	100.0%	Mar-21	= 100%	5.6%	?
65 - Elective Length of Stay (Discharges in month)	<= 2.00	3.62	Apr-21	H	<= 2.00	3.14	Mar-21	<= 2.00	3.62	?
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.59	Apr-21		<= 3.70	4.64	Mar-21	<= 3.70	4.59	F
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	80.0%	Mar-21		>= 80%	76.5%	Feb-21	>= 80%		?
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision		8	Apr-21			11	Mar-21		8	

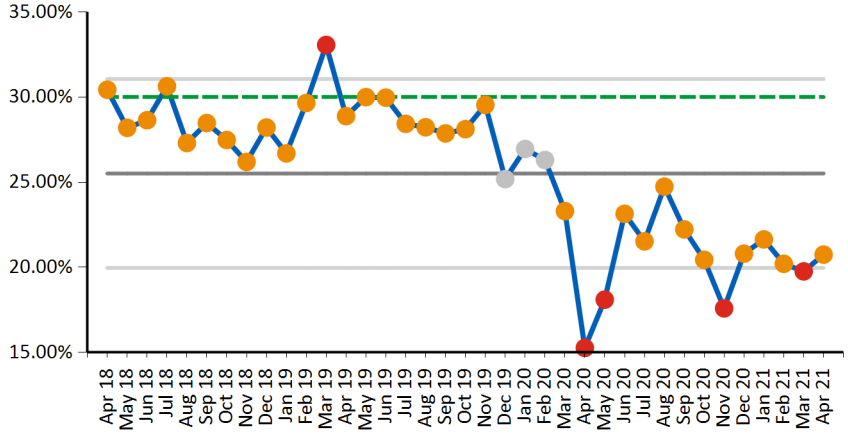
56 - Stranded patients



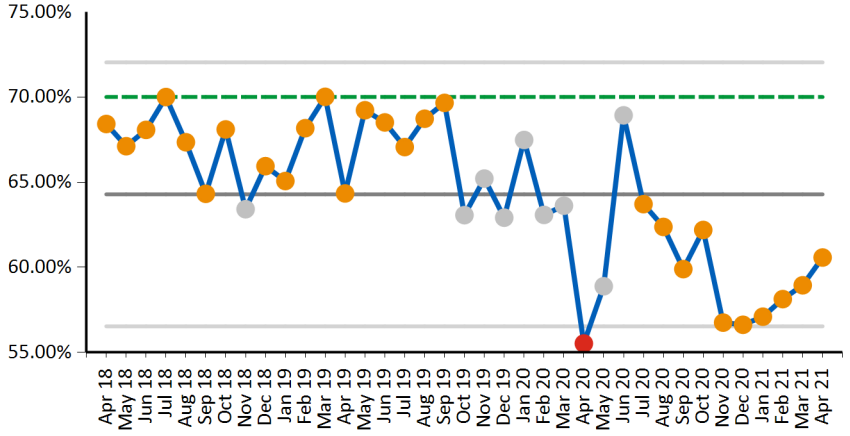
307 - Stranded Patients - LOS 21 days and over



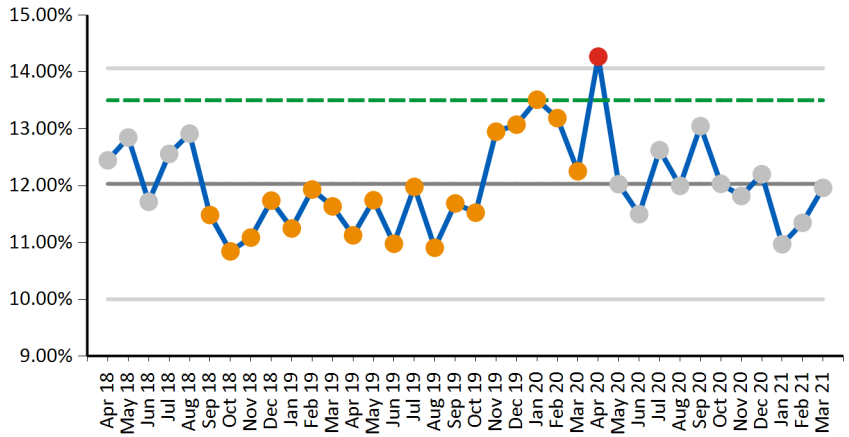
57 - Discharges by Midday



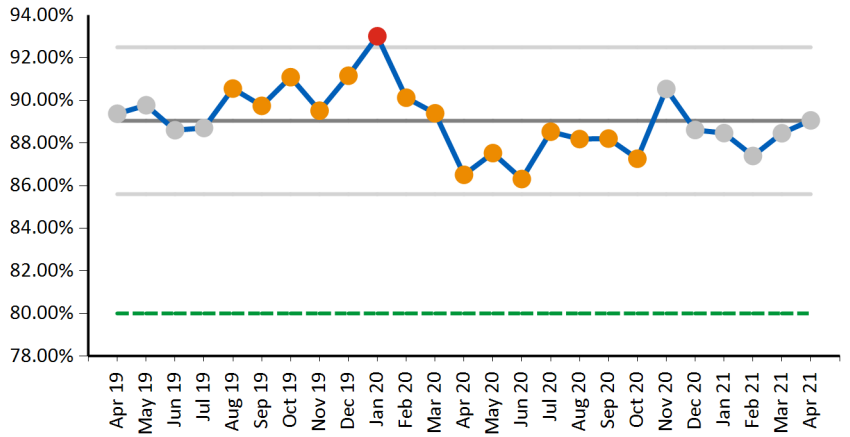
58 - Discharges by 4pm



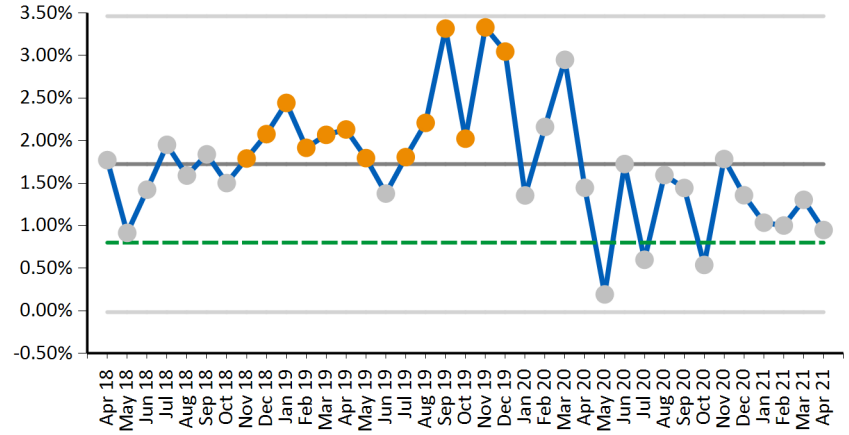
59 - Re-admission within 30 days of discharge (1 mth in arrears)



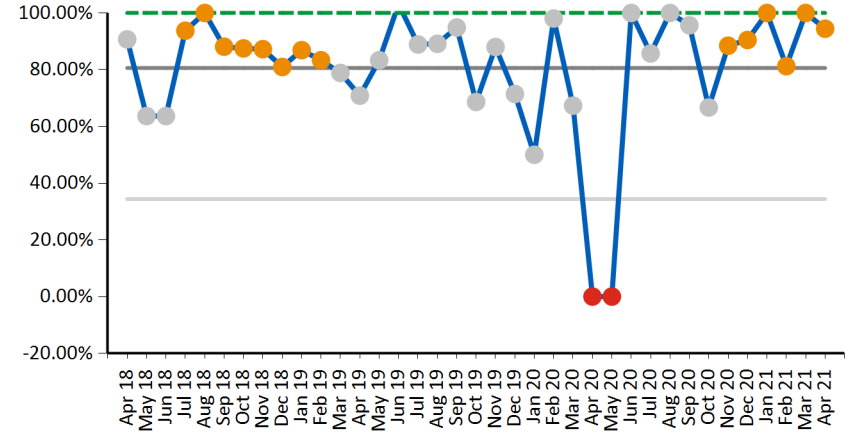
489 - Daycase Rates



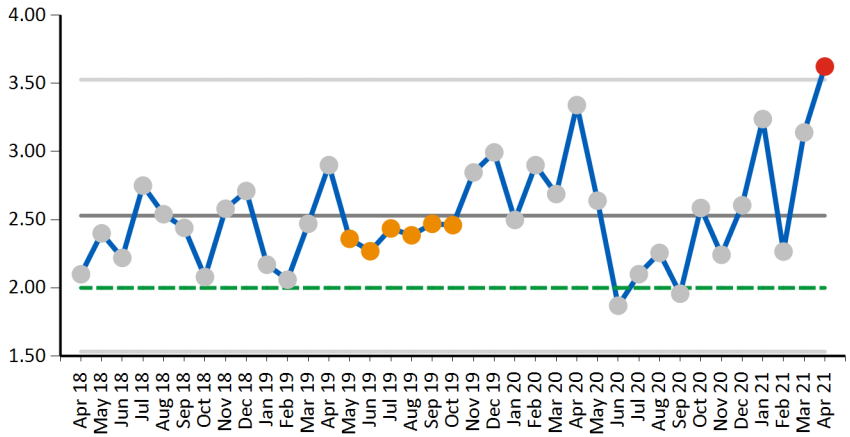
61 - Operations cancelled on the day for non-clinical reasons



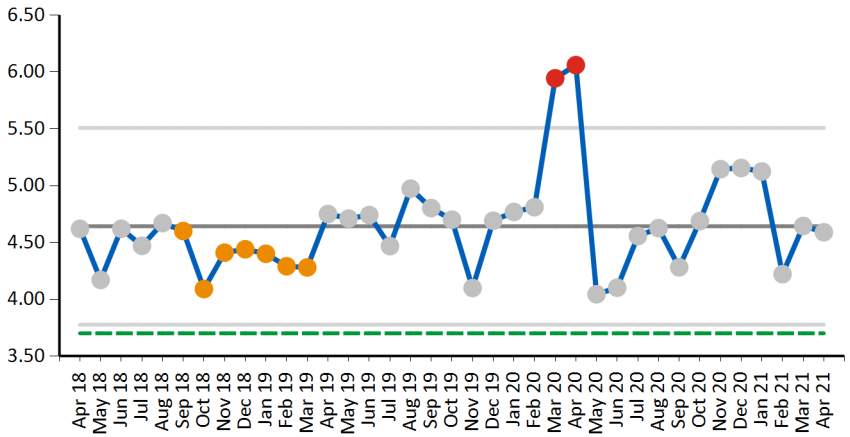
62 - Cancelled operations re-booked within 28 days



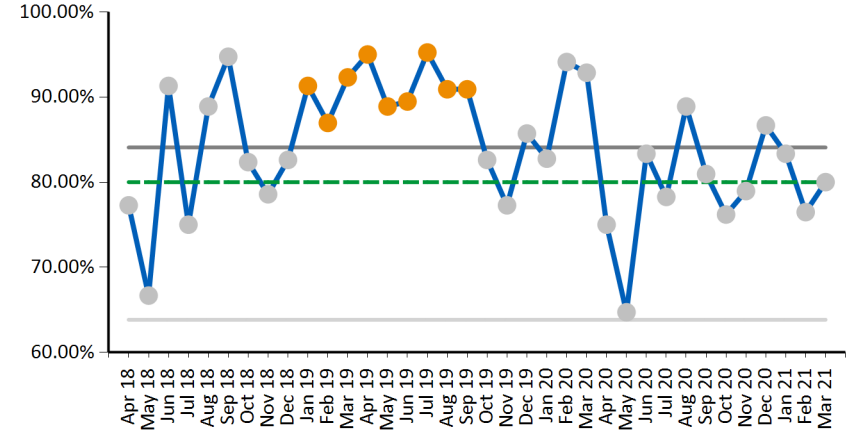
65 - Elective Length of Stay (Discharges in month)



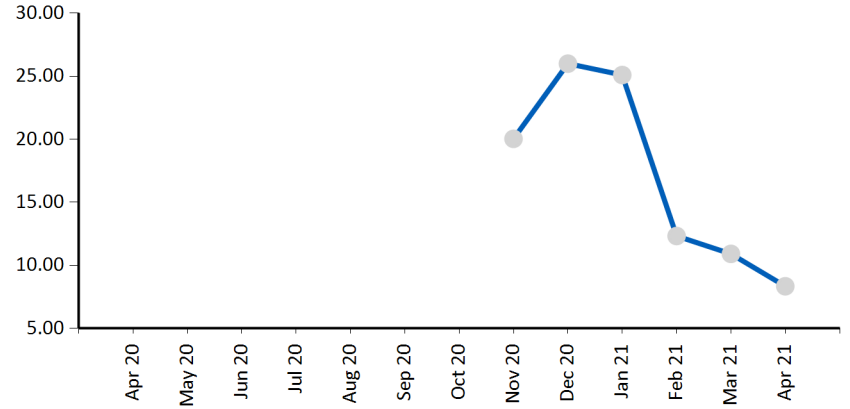
66 - Non Elective Length of Stay (Discharges in month)



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



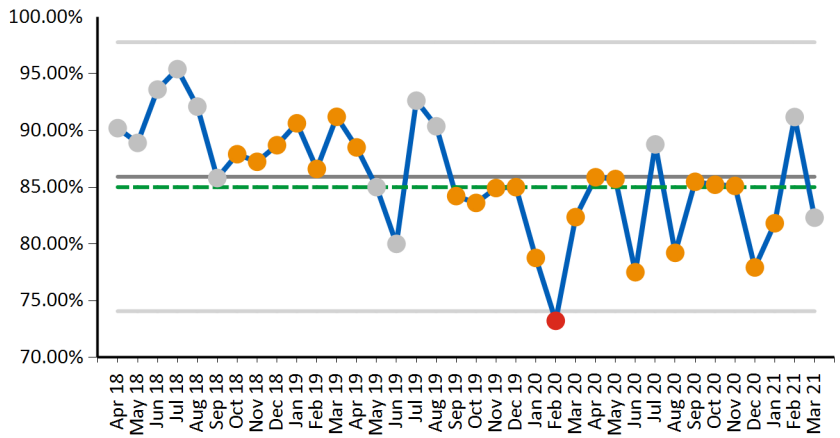
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision - SPC data available after 20 data points



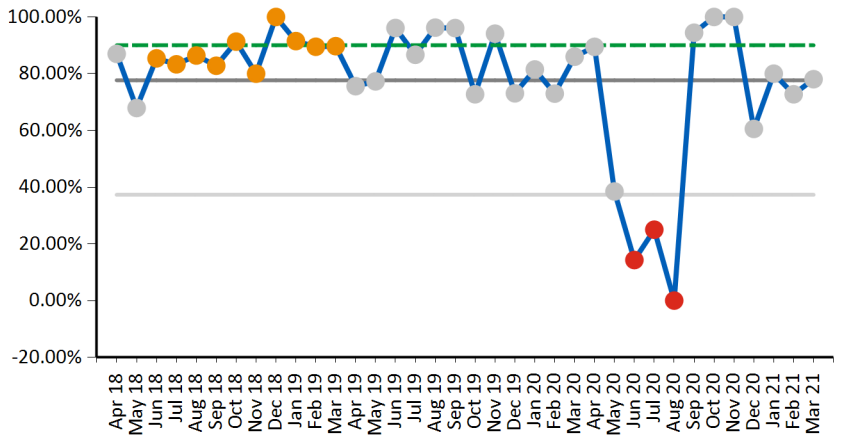
Cancer

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
46 - 62 day standard % (1 mth in arrears)	>= 85%	82.3%	Mar-21		>= 85%	91.2%	Feb-21	>= 85%		
47 - 62 day screening % (1 mth in arrears)	>= 90%	78.0%	Mar-21		>= 90%	72.7%	Feb-21	>= 90%		
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	99.1%	Mar-21		>= 96%	98.9%	Feb-21	>= 96%		P
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Mar-21	H	>= 94%	100.0%	Feb-21	>= 94%		
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Mar-21		>= 98%	100.0%	Feb-21	>= 98%		P
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	96.9%	Mar-21		>= 93%	95.8%	Feb-21	>= 93%		
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	25.0%	Mar-21	L	>= 93%	17.1%	Feb-21	>= 93%		F

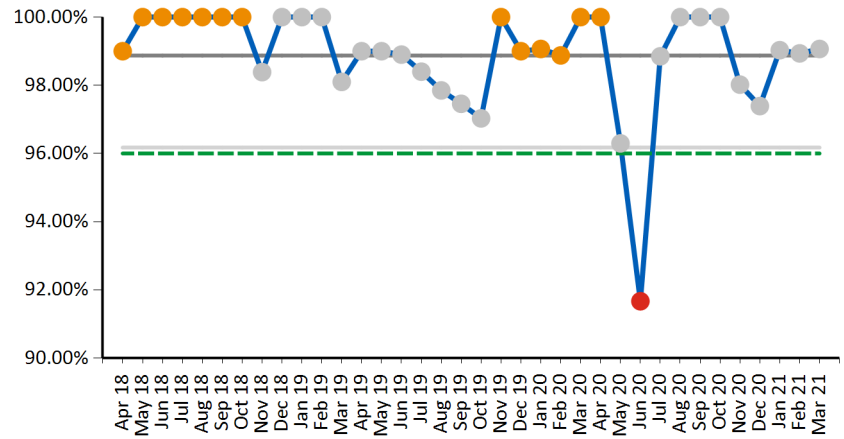
46 - 62 day standard % (1 mth in arrears)



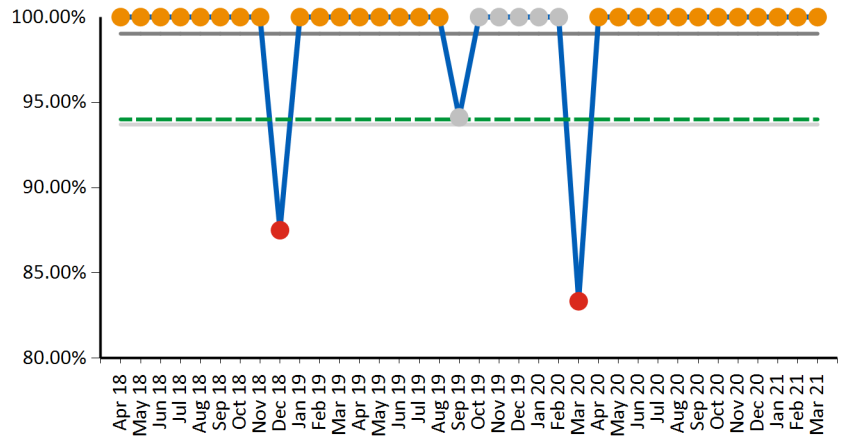
47 - 62 day screening % (1 mth in arrears)



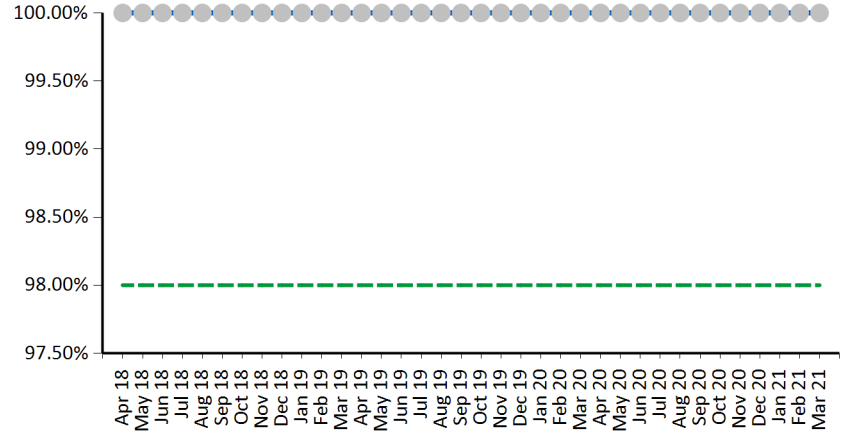
48 - 31 days to first treatment % (1 mth in arrears)



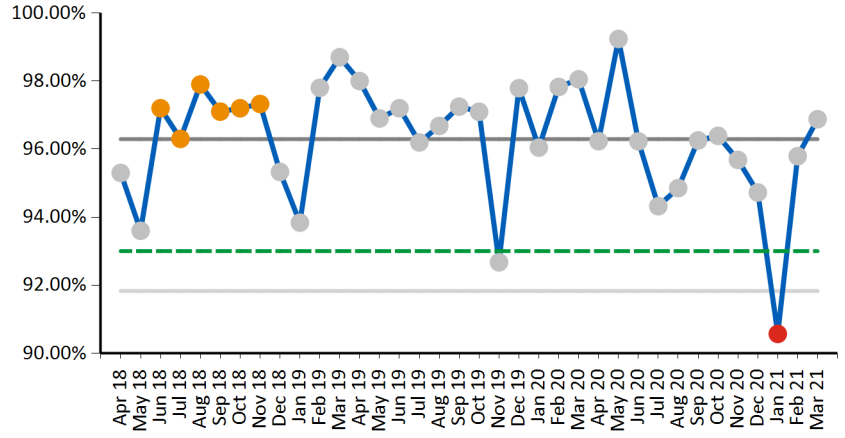
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)



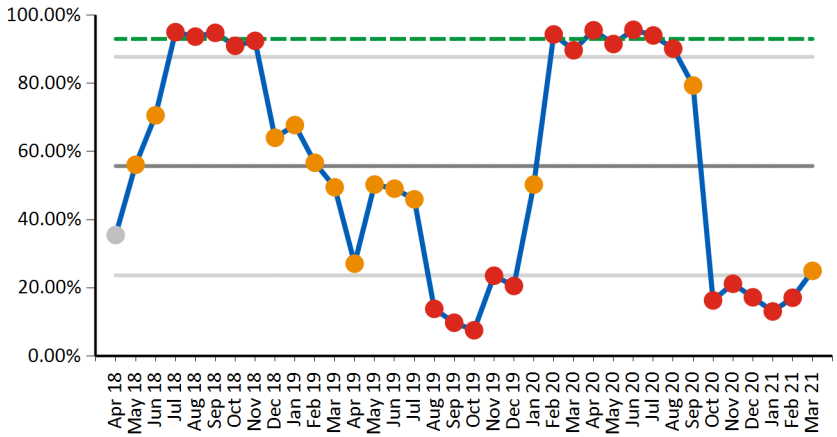
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)



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



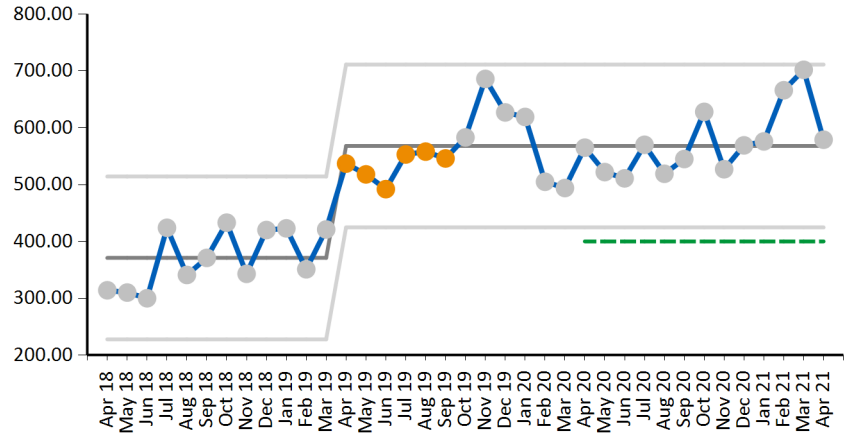
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)



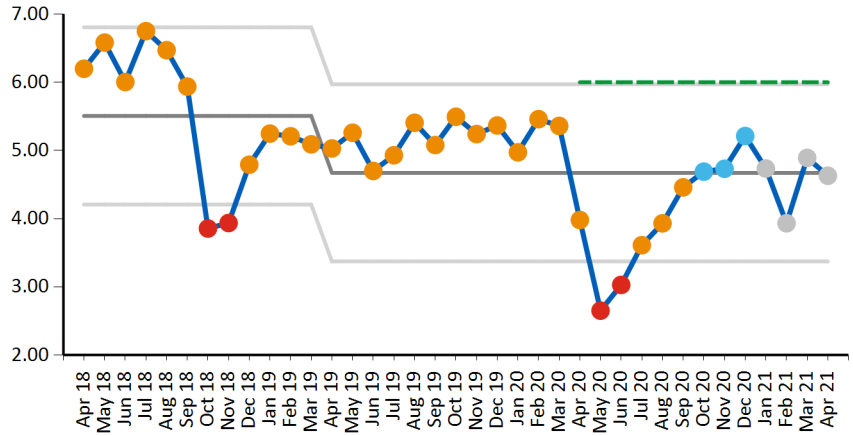
Community

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
334 - Total Deflections from ED	>= 400	579	Apr-21		>= 400	702	Mar-21	>= 400	579	
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	4.63	Apr-21		<= 6.00	4.89	Mar-21	<= 6.00	4.63	

334 - Total Deflections from ED



335 - Total Intermediate Tier LOS (weeks)



Workforce

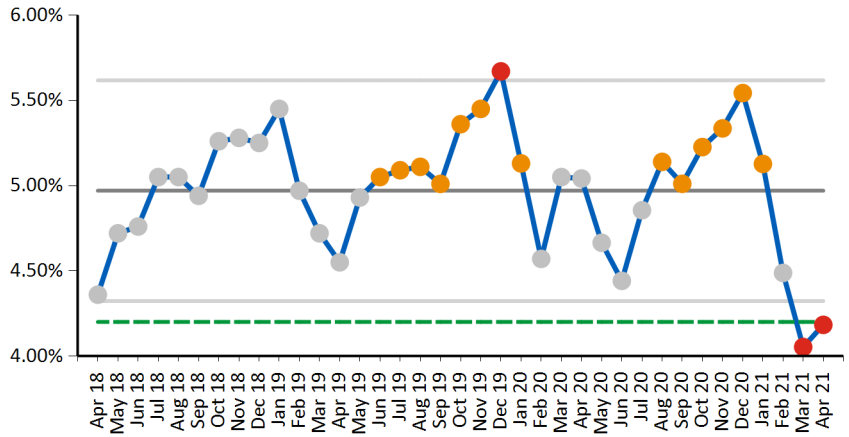
Sickness, Vacancy and Turnover

Board members will note that whilst the sickness rate has increased slightly, colleagues will be aware that it remains the lowest within GM and one of the lowest in the North West. The People Committee are sighted on the plethora of Health & Wellbeing support in place.

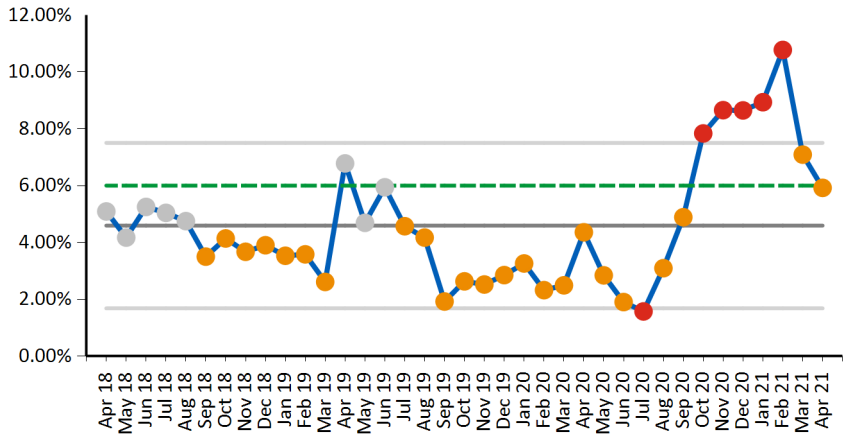
The People Committee received an update on the vacancy rate position and as forecasted this has fallen again this month. Board members will note the higher than normal turnover rates which is being reviewed at the People Committee.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
117 - Sickness absence level - Trust	<= 4.20%	4.18%	Apr-21	L	<= 4.20%	4.05%	Mar-21	<= 4.20%	4.18%	F
120 - Vacancy level - Trust	<= 6%	5.92%	Apr-21	H	<= 6%	7.09%	Mar-21	<= 6%	5.92%	?
121 - Turnover	<= 9.90%	13.94%	Apr-21	H	<= 9.90%	12.49%	Mar-21	<= 9.90%	13.94%	?
366 - Ongoing formal investigation cases over 8 weeks		1	Apr-21			6	Mar-21		1	

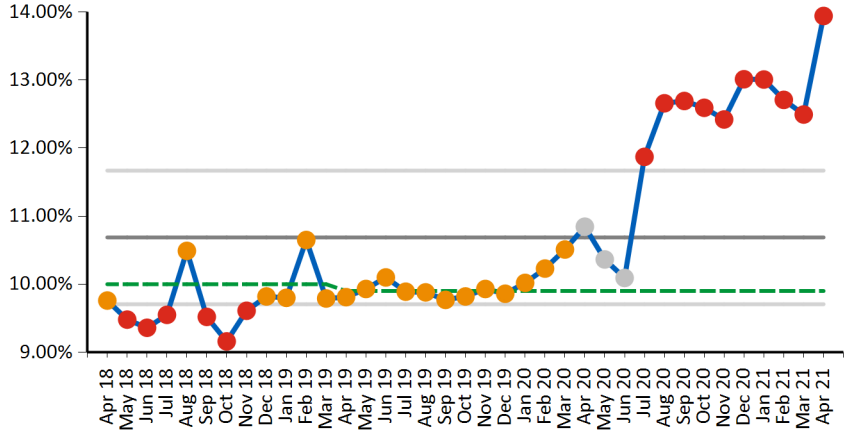
117 - Sickness absence level - Trust



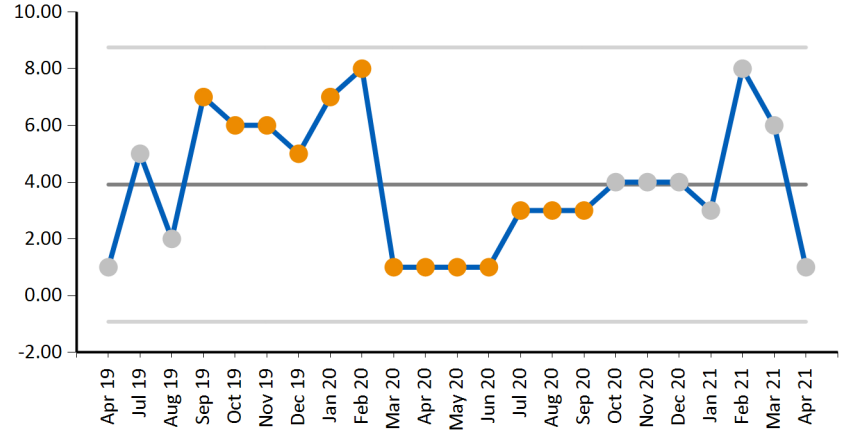
120 - Vacancy level - Trust



121 - Turnover



366 - Ongoing formal investigation cases over 8 weeks

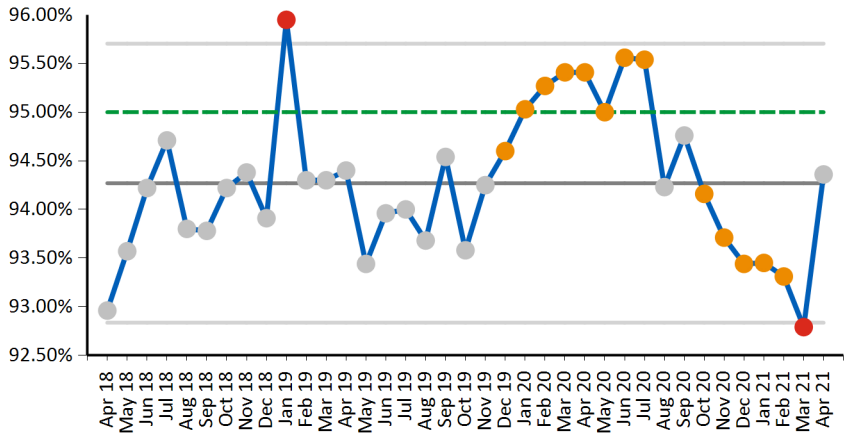


Organisational Development

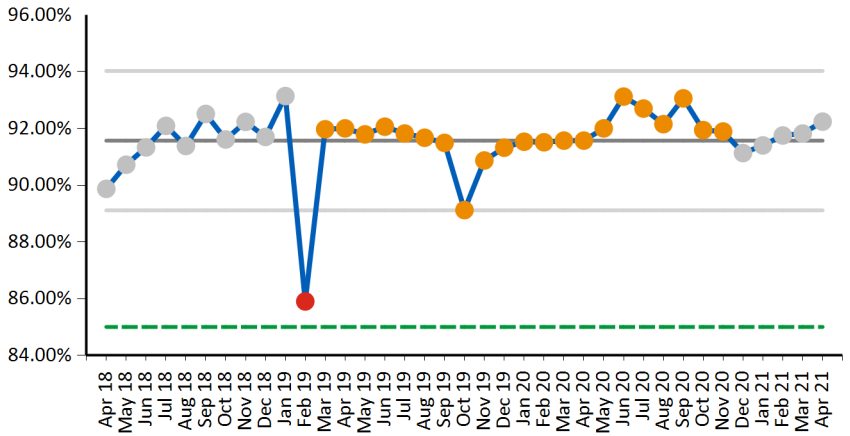
Against a backdrop of significant operational pressures the completion of statutory and mandatory training has remained a priority. As predicted Appraisal rates have been increasing as we slowly come out of the Pandemic pressures. A series of recovery actions continue to be implemented to ensure further increases in appraisal activity.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
37 - Staff completing Statutory Training	>= 95%	94.4%	Apr-21		>= 95%	92.8%	Mar-21	>= 95%	94.4%	
38 - Staff completing Mandatory Training	>= 85%	92.2%	Apr-21		>= 85%	91.8%	Mar-21	>= 85%	92.2%	
39 - Staff completing Safeguarding Training	>= 95%	96.17%	Apr-21		>= 95%	96.19%	Mar-21	>= 95%	96.17%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	83.0%	Apr-21		>= 85%	78.4%	Mar-21	>= 85%	83.0%	
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%		

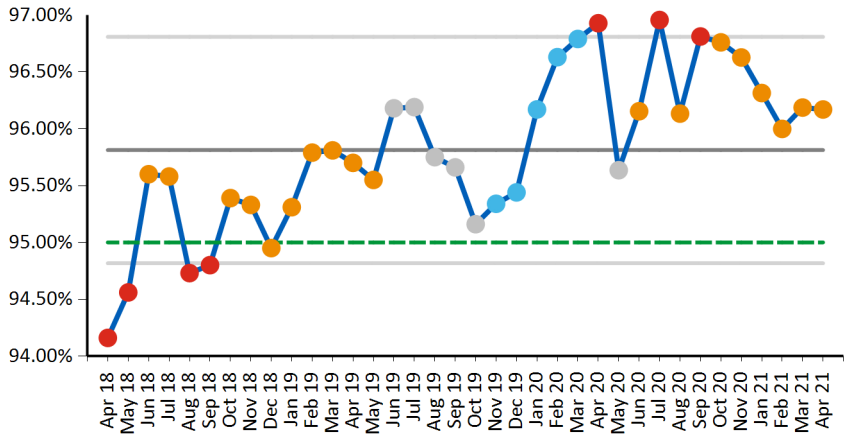
37 - Staff completing Statutory Training



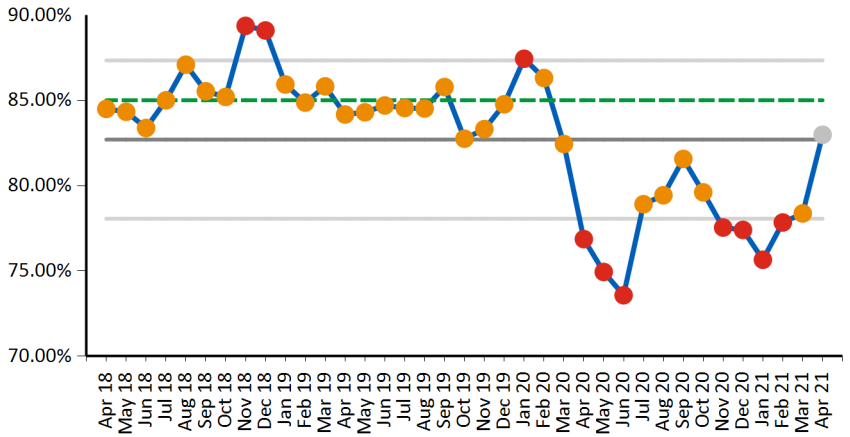
38 - Staff completing Mandatory Training



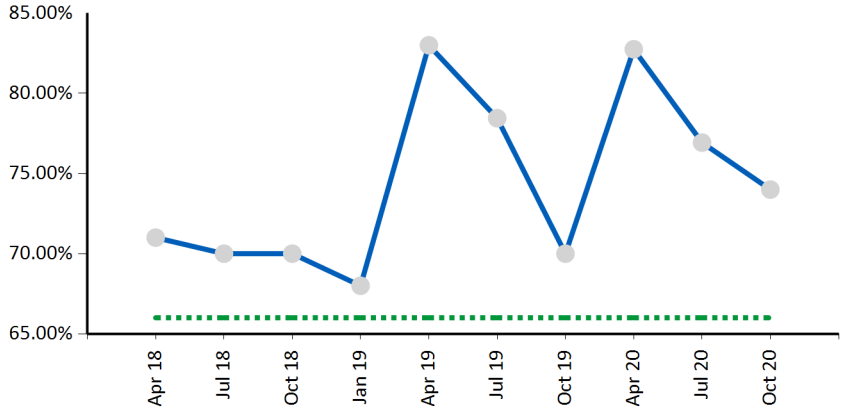
39 - Staff completing Safeguarding Training



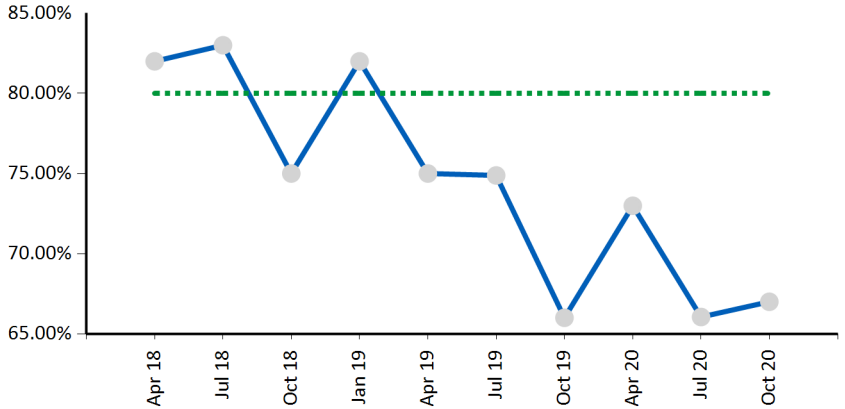
101 - Increased numbers of staff undertaking an appraisal



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

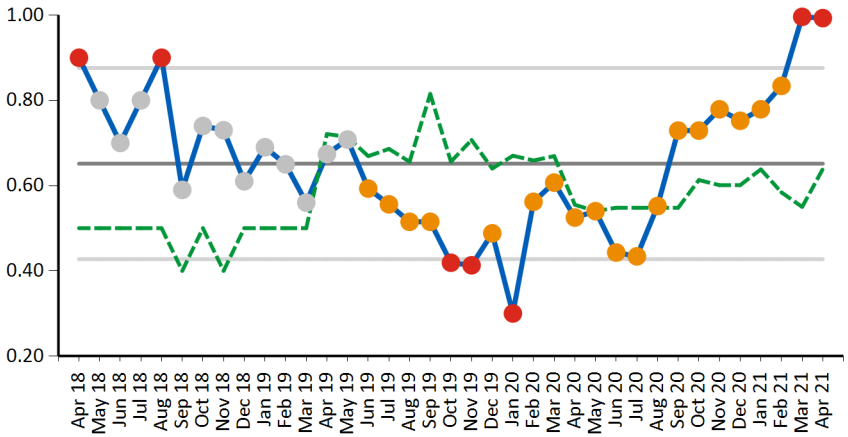


Agency

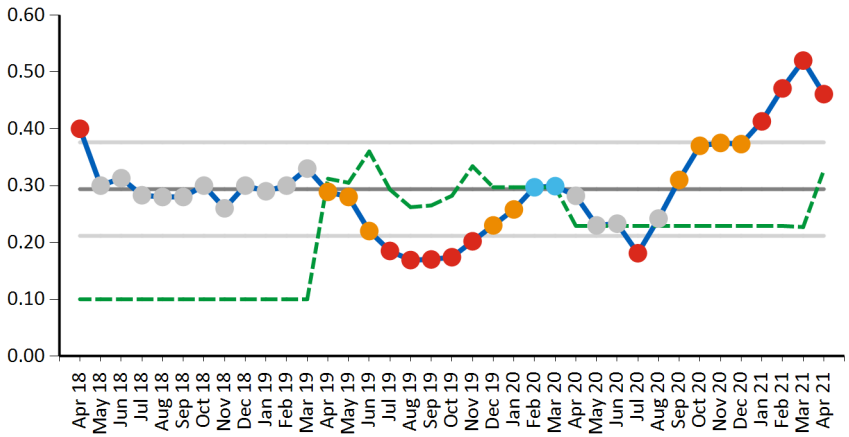
Colleagues will note that whilst there has been a slight drop in agency spend for Nursing it does remain high, which is anticipated due to recovery pressures. Work is underway to reduce the Trust's reliance on Agency spend and an update is bring provided to both the People Committee and Finance Committee. This includes filling vacancies (over recruitment in hotpsot areas), increasing our Bank pool, working with Agencies to reduce costs, better utilisation of our rosters.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
198 - Trust Annual ceiling for agency spend (£m)	<= 0.64	0.99	Apr-21		<= 0.55	1.00	Mar-21	<= 0.64	0.99	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.33	0.46	Apr-21		<= 0.23	0.52	Mar-21	<= 0.33	0.46	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.24	0.39	Apr-21		<= 0.25	0.34	Mar-21	<= 0.24	0.39	

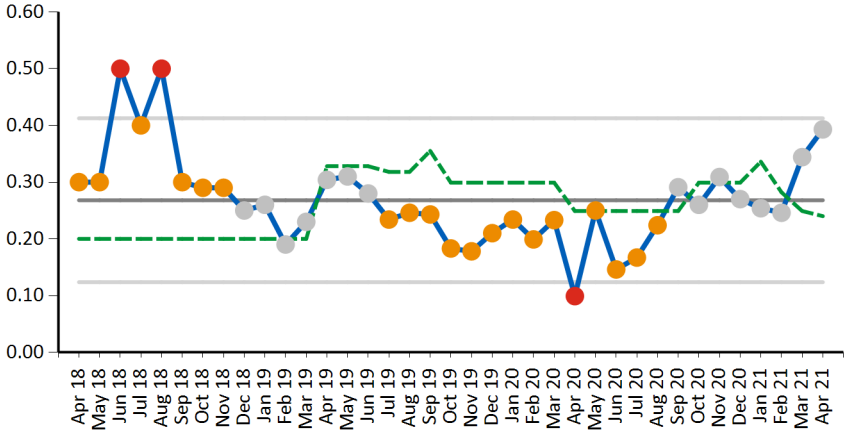
198 - Trust Annual ceiling for agency spend (£m)



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



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



Finance

Finance

Revenue Performance Year to Date - The position for the month was a deficit of £1.05m after receiving £3.46m of top up funds, £0.49m worse than plan. Revenue performance is currently rated red due to the deficit in M1, which was worse than planned.

Revenue Performance Forecast Outturn - We are continuing to forecast a break-even position for H1 (Month 1 – Month 6). Month 1 included significant costs relating to Covid-19, which are expected to reduce subject to progression of the pandemic. We are continuing detailed analysis in finance to inform divisional forecasts for Month 2. Forecast performance is rated amber due to the adverse position in month 1 and current levels uncertainty due to Covid-19.

Cost Improvement - We are required to deliver CIP savings of 1.5% (£2.9m) in H1. The current trackers indicate that savings of £2.74m FYE have been identified with an impact in H1 of £0.48m. No CIP was delivered in Month 1 and the organisation needs to regain focus on CIP. CIP is rated as there is a significant gap between identified schemes and the CIP targets.

Variable Pay - We spent £3.02m on variable pay in month 1, which was £0.287m higher than March 21. Variable pay is rated red because all costs including agency spend have risen and spending levels are above plan.

Capital Spend - Year to date spend is £0.17m. Capital envelope for 2021/2022 has been set at £9.7m, with scope to increase to £15.1m to absorb GM slippage. Capital requests for BAU/business critical schemes total £13.8m exceeding the opening capital envelope. Note the ask of £13.8m excludes schemes for theatres and WiFi, both of which are still being scoped and options for funding explored. Capital is rated as red as a result of the associated risks.

Cash Position - We had cash of £42.0m at the end of the month. Cash is rated green as there are no concerns around cash flow this year.

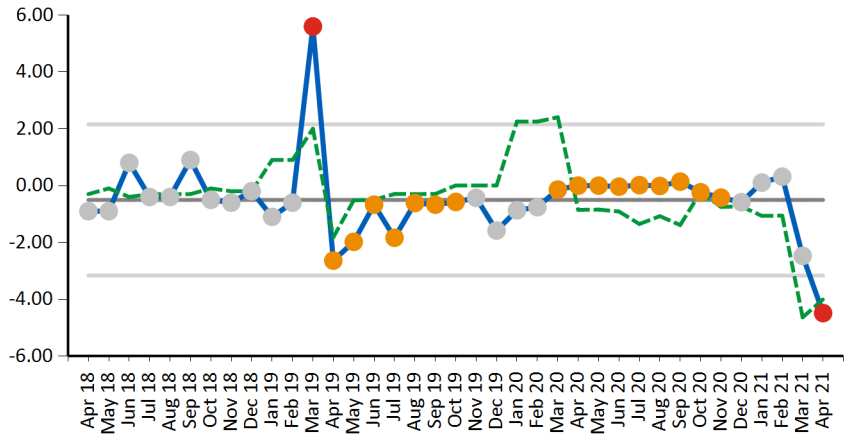
Loans and PDC - We have loans of £42.8m. Rated green as there are no concerns in this area.

Better Payment Practices Code - The format of the report is being changed to enable simpler reporting of this metric, which will be used for Month2 reporting.

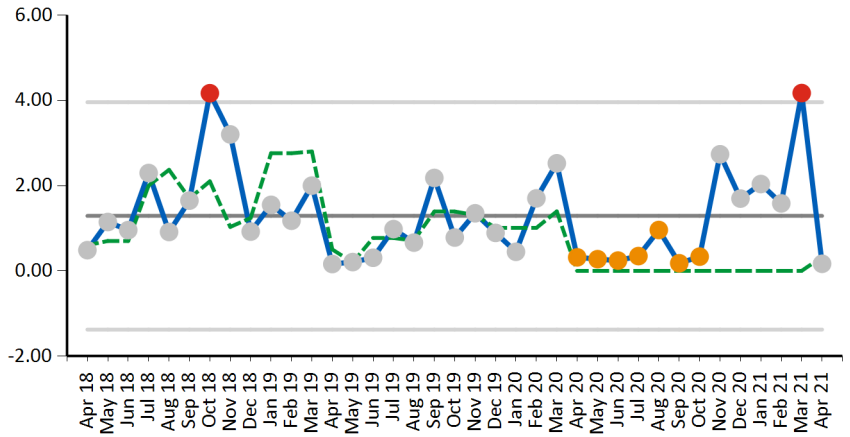
Use of Resources Rating - This is not being reported following the suspension of normal financial reporting arrangements due to Covid.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= -4.0	-4.5	Apr-21		>= -4.6	-2.5	Mar-21	>= -4.0	-4.5	
222 - Capital (£ millions)	>= 0.3	0.2	Apr-21		= 0.0	4.2	Mar-21	>= 0.3	0.2	
223 - Cash (£ millions)	= 0.0	0.0	Apr-21		= 0.0	45.5	Mar-21	= 0.0	0.0	

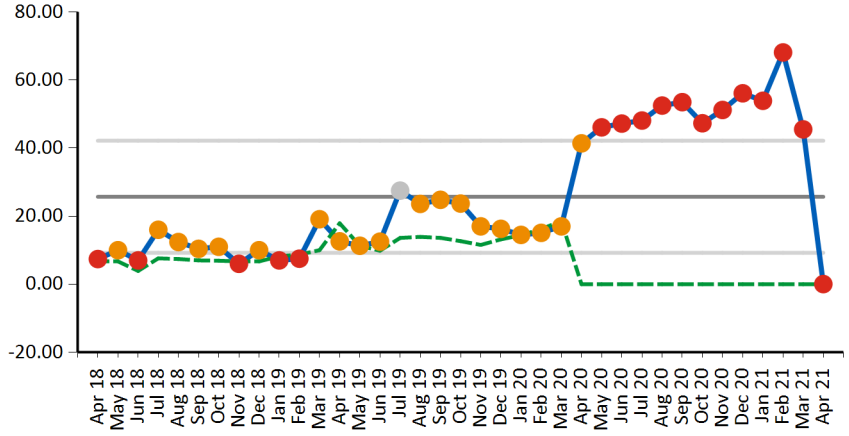
220 - Control Total (£ millions)



222 - Capital (£ millions)



223 - Cash (£ millions)



ard Assurance Heat Map - Hospital

	Indicator	Target	Council	Acute Division																													Families Division														
			Lab Lodge	AED-Adults	AED-Paeds	A4	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
	Total Beds	N/a	32	0	0	7	10	19	23	26	21	0	25	26	26	25	10	13	25	22	25	26	12	5	22	19	25	25	25	24	24	24	9	25	11	4	38	7	26	15	5	4	22	22	17	38	777
Infection Prevention Control	Hand Washing Compliance %	*Target = 100%*	100.0%	85.0%	100.0%		100.0%		95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	95.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.0%	85.0%	100.0%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	96.9%
	IPC Rapid Improvement Tool % (Gen)	*Target = 95%*	100.0%	84.2%	93.3%				100.0%	79.0%		100.0%	90.0%	94.7%	77.8%	90.0%	100.0%	94.4%	90.0%	89.5%		90.0%	93.8%	100.0%	89.5%	94.7%	89.5%	100.0%	100.0%	90.0%	89.5%	94.7%		100.0%	100.0%	93.8%	94.4%	94.4%	94.7%	80.0%	93.3%	93.8%	94.7%	94.4%	95.0%	100.0%	93.2%
	IPC Rapid Improvement Tool % (Med)	*Target = 95%*		85.0%					100.0%			91.7%	95.7%	81.0%	78.3%		100.0%	95.0%	82.6%	95.8%				94.4%	100.0%	95.0%	100.0%	87.0%	100.0%	100.0%	95.5%	91.3%		100.0%	92.3%	94.7%	85.0%	85.0%	94.4%	94.7%	100.0%			95.0%	100.0%		100.0%	93.6%
	Mattress Audit Compliance %	*Target = 100%*				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%	91.2%	100.0%	100.0%	100.0%		100.0%	95.8%			100.0%		100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%
	C - Diff	*Target = 0*	0	0	0	0	0	0	0	1	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	0	0	0	0	3
	MSSA BSIs	*Target = 0*	0	0	0	0	0	0	0	1	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	0	0	0	0	3
	E.Coli BSIs	*Target = 0*	0	0	0	0	0	0	1	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	1	0	0	0	0	0	0	3
	MRSA acquisitions	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Harm Free Care	All Inpatient Falls (Safeguard)	*Target = 0*	11	4	0	0	0	3	5	6	2	1	4	9	7	1	0	3	8	8	0	1	0	0	5	0	4	1	3	0	2	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	90
	Harms related to falls (moderate+)	*Target = 1.6*	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	1	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	4
	VTE Assessment Compliance	*Target = 95%*				97.0%	100.0%	98.8%		0.0%	0.0%	100.0%	100.0%		92.9%		100.0%	98.0%	98.1%	98.3%	100.0%	100.0%		98.0%	100.0%	100.0%	66.7%	98.1%	99.4%	63.3%	96.5%	100.0%	100.0%	99.1%	97.3%	95.3%			99.6%	92.9%	93.9%	51.9%	83.3%	83.3%	99.7%		97.1%
	Monthly New pressure Ulcers (Grade 2)	*Target = 0*	0	0	0	0	1	0	0	0	0	0.5	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	Monthly New pressure Ulcers (Grade 3)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	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
Audit	Monthly KPI Audit %	*Target = 95%*	98.7%	87.4%					93.2%	83.6%	90.4%	91.1%	93.3%	78.6%	95.2%	78.8%	93.0%	98.2%	86.0%	85.5%	95.5%	87.4%	97.5%	100.0%	95.4%	98.2%	93.1%	86.2%	95.4%	92.2%	92.5%	96.3%		97.2%	98.5%	96.9%	95.6%	95.6%	97.5%	98.6%	98.1%	96.8%	93.9%	93.6%	92.1%	95.9%	94.6%
	BoSCA Overall Score %	*w=<55%, B>55%, S>75%, G>90%*		75.3%	75.3%	84.2%			64.2%	58.3%	81.4%		81.6%	75.6%	82.3%	75.8%	84.3%	76.4%	75.1%	83.2%	92.9%	90.2%	71.8%	86.3%	85.7%	92.1%	86.8%	81.7%	90.8%	77.7%	90.4%	90.9%				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	silver			bronze	bronze	silver		silver	silver	silver	silver	silver	silver	silver	silver	platinum	gold	bronze	silver	silver	platinum	silver	silver	platinum	silver	platinum	platinum				silver	platinum	platinum	platinum	gold	gold		bronze	bronze	silver	gold	Silver
Patient Experienc	FFT Response Rate	*Target = 30%*	100.0%	23.7%	0.3%	100.0%	34.1%	0.0%	23.5%	0.0%	26.9%	54.1%	3.1%	9.0%	35.6%	62.5%	74.4%	114.3%	39.1%	30.0%	5.6%	13.3%		30.2%	0.0%	0.0%	9.3%	2.9%	16.4%	7.3%	24.6%	21.9%	45.2%	31.8%	30.8%	42.9%	3.7%	0.0%	0.0%	28.7%	28.7%		11.1%	11.1%	100.0%	75.0%	26.6%
e	FFT Recommended Rate	*Target = 97%*	92.3%	86.5%	71.4%	100.0%	78.6%		100.0%		100.0%	95.7%	100.0%	100.0%	100.0%	100.0%	83.3%	96.9%	95.8%	100.0%	90.5%	100.0%	100.0%	92.5%			100.0%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	98.6%	96.9%	95.8%	0.0%			92.6%	92.6%		95.7%	95.7%	100.0%	100.0%	96.0%
Gover-nance	Number of complaints received	*Target = 0*	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1		0	0	0	1	0	0	7
	Serious Incidents in Month	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	2
	Incidents > 20 days, not yet signed off	*Target = 0*	0	21	1	0	0	0	0	0	2	1	1	1	0	3	0	0	0	0	0	0	0	0	1	0	2	1	5	0	0	1	0	0	0	0	0	0	2	31	3	0	3	3	2	0	84
	Harm related to Incident (Moderate+)	*Target = 0*	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	7
Staff Dev elopment	Appraisals	*Target = 85%*		78.4%			77.8%	72.7%	83.7%	90.7%	80.6%	100.0%	80.0%	83.7%	89.5%	94.7%	88.9%	94.7%	83.7%	87.9%	100.0%	92.7%	100.0%	86.6%	65.7%	94.1%	74.4%	97.0%	84.1%	70.8%	93.3%	82.2%		100.0%	61.4%	84.2%	88.0%		75.0%	55.6%	60.0%	100.0%	89.2%	90.9%		89.7%	83.0%
	Statutory Training	*Target = 95%*		92.01%			97.88%	96.63%	90.94%	83.66%	84.13%	100.0%	85.90%	90.49%	89.55%	94.58%	96.51%	88.36%	89.41%	86.50%	91.49%	96.07%	97.87%	91.07%	88.48%	96.51%	95.57%	93.13%	96.78%	91.38%	95.53%	90.82%		97.12%	94.41%	98.15%	94.9%		90.6%	89.0%	88.6%	100.0%	92.2%	93.1%		92.79%	94.2%
	Mandatory Training	*Target = 85%*		91.85%			98.0%	95.7%	90.4%	79.7%	84.8%	100.0%	86.3%	88.0%	83.3%	94.8%	97.1%	89.7%	86.7%	91.8%	95.0%	97.3%	100.0%	89.4%	86.2%	97.0%	92.4%	95.6%	97.5%	90.9%	95.3%	88.5%		98.4%	91.4%	100.0%	96.0%		78.4%	86.4%	87.5%	100.0%	89.0%	92.6%		91.8%	92.2%
Staffing & Workforce	% Qualified Staff (Day)								95.0%	88.0%	88.0%		94.0%	81.0%	86.0%	96.0%	99.0%				97.0%	76.0%			96.0%	82.0%	104.0%	83.0%		92.0%	74.0%	110.0%					90.0%	90.0%	92.0%	89.0%			89.0%	91.0%	90.0%		
	% Qualified Staff (Night)								116.0%	103.0%	97.0%		100.0%	101.0%	96.0%	99.0%	100.0%				99.0%	81.0%			101.0%	83.0%	138.0%	70.0%		120.0%	97.0%	98.0%					97.0%	97.0%	98.0%	91.0%			88.0%	94.0%	116.0%		
	% un-Qualified Staff (Day)								110.0%	9400.0%	103.0%		97.0%	105.0%	104.0%	9800.0%	97.0%				85.0%	89.0%			10100.0%	72.0%	112.0%	55.0%		92.0%	111.0%	89.0%					19.0%	19.0%	89.0%	94.0%			69.0%	91.0%	121.0%		
	% un-Qualified Staff (Night)								130.0%	105.0%	117.0%		97.0%	105.0%	101.0%	100.0%	100.0%				79.0%	97.0%			108.0%	59.0%	118.0%	47.0%		94.0%	103.0%	97.0%							93.0%	99.0%			93.0%	89.0%	120.0%		
	Budgeted Nurse: Bed Ratio (WTE)		9.80	0.80	0.80	0.00	0.00	0.00	4.23	3.81	0.00	10.52	1.52	-2.17	5.81	4.27	3.53	-0.10	-0.65	7.64	3.08	1.01	0.00	10.45	4.75	4.10	1.40	1.77	-3.25	5.54	1.53	3.28	0.00	2.10	-0.19	0.16	0.74	0.74	-1.25	6.32	3.29	9.01	-5.32	1.78	2.17	7.19	100.41
	Current Budgeted WTE (Ledger)		50.78	73.28	73.28				38.03	43.34		18.07	33.71	41.23	42.69	40.70	26.93	19.97	50.82	40.30	40.01	39.97		60.93	36.15	93.60	35.52	30.21	37.79	30.21	44.50	44.49		32.75	51.23	15.92	33.57	33.57	22.00	86.31	22.12	66.93	26.34	26.34	46.62	105.69	1655.88
	Actual WTE In-Post (Ledger)		40.98	72.48	72.48				33.80	39.53		7.55	32.19	43.40	36.88	36.43	23.40	20.07	51.47	32.66	36.93	38.96		50.48	31.40	89.50	34.12	28.44	41.04	24.67	42.97	41.21		30.65	51.42	15.76	32.83	32.83	23.25	79.99	18.83	57.92	31.66	24.56	44.45	98.50	1545.67
	Actual Worked (Ledger)		47.63	88.06	88.06				46.24	47.06		10.00	38.89	50.31	42.80	45.44	23.39	26.34	55.87	43.43	43.31	43.26		56.85	37.77	106.61	48.19	31.32	46.87	41.21	51.56	49.49		30.63	55.23	15.84	32.45	32.45	26.16	91.16	20.95	61.02	39.13	31.19	48.75	97.59	1792.49
	Sickness (%)	*Target is < 4.2%*		4.47%			3.19%	22.11%	9.38%	11.94%	2.01%		10.59%	3.73%	8.06%	9.64%	3.50%	2.74%	9.16%	3.48%	10.47%	3.99%	0.00%	9.78%	5.11%	5.95%	1.95%	3.36%	5.41%	12.33%	11.50%	10.89%		4.62%	0.60%	3.61%	2.12%		1.90%	4.24%	6.05%	6.67%	9.88%	1.24%		4.68%	4.18%
	Current Budgeted Vacancies		-6.65	-15.58	-15.58	0.00	0.00	0.00	-12.44	-7.53	0.00	-2.45	-6.70	-6.91	-5.92	-9.01	0.01	-6.27	-4.40	-10.77	-6.38	-4.30	0.00	-6.37	-6.37	-17.11	-14.07	-2.88	-5.83	-16.54	-8.59	-8.28	0.00	0.02	-3.81	-0.08	0.38	0.38	-2.91	-11.17	-2.12	-3.10	-7.47	-6.63	-4.30	0.91	110.21
	Pending Appointment																																														0.00
	Substantive Staff Turnover	*Target is < 10%*		4.3%			3.5%	0.0%	20.9%	16.2%	2.9%	0.0%	16.9%	4.2%	7.1%	22.0%	7.0%	0.0%	12.7%	2.63%	14.3%	17.0%	0.0%	9.2%	15.0%	13.6%	10.0%	8.8%	8.7%	14.0%	13.9%	8.1%		10.7%	8.5%	10.0%	3.6%		19.4%	14.0%	16.7%	0.0%	8.7%	12.3%		5.1%	2.17%

Data Legend

No data returned	
No Eligible patients	

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

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

Board Assurance Heat Map - District Nursing Domiciliary

			ICS Services											DN Teams											Treatment Rooms			
	Indicator	Target	Admission Avoidance	Anti-coagulant Team	Asylum & Refugee/ Homeless & Vunerable	Bladder & Bowel Service	Community IV Therapy	Diabetes & Endo	Dietetics	Falls	Neurology & Long Term Conditions	Podiatry	Rheum-atology	Avondale and Chorley old Road	Breightmet & Little Lever	Crompton with Egerton & Dunscar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	West-houghton	Evening Service	North	West	South	Overall
Infection Control & Harm Free	Hand Washing Compliance %	*Target = 100%*		100.0%			100.0%	100.0%					100.0%	100.0%			100.0%	100.0%				100.0%						100.00%
	Monthly New pressure Ulcers (Grade 2)	*Target = 0*	0	0	0	0	0	0	0	0	0	2	0	3	0	2	0	1	0	0	0	1	1	1		0		11
	Monthly New pressure Ulcers (Grade 3)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	1	3	0	0	0	0	0	2	0	0	0		0		6
	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
	Monthly New pressure Ulcers (Unstageable)	*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
Audit	Monthly KPI Audit %	*Target = 95%*	98.24%		98.35%	97.45%	99.37%		94.44%					98.00%	98.74%	98.89%	98.39%	97.20%	98.86%		98.21%		97.42%	95.39%	98.17%		98.28%	94.63%
	BoSCA Overall Score %	*w=<55%, B>55%, S>75%, G>90%*												94.74%	91.01%	94.22%	94.23%	93.60%	94.33%	97.23%	97.23%	97.89%	97.11%	94.79%	95.60%		89.86%	95%
	BoSCA Rating													platinum	platinum	platinum	gold	platinum	platinum	platinum	platinum	platinum	platinum	platinum	gold		silver	platinum
Patient Experience	Friends and Family Response Rate %	*Target = 30%*		100.0%	100.0%	100.0%	100.0%	100.0%			100.0%			100.0%											100.0%			100.00%
	Friends and Family Recommended Rate %	*Target = 97%*		100.0%	100.0%	100.0%	100.0%	100.0%			100.0%			100.0%											100.0%			100.00%
	Number of Complaints received	*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
Staffing & Workforce	Current Budgeted WTE		41.92	8.53	4.05	4.60	12.96	22.96	21.44	63.94	27.16	34.30	22.84	11.24	15.00	17.18	17.81	11.44	13.40	12.60		14.21	11.40	19.97		24.16		433.11
	Actual WTE In-Post		32.06	7.43	4.40	4.60	13.81	22.32	19.04	55.55	25.55	31.25	21.22	13.24	14.40	17.50	18.60	11.44	11.80	11.20		12.21	10.40	17.33		24.13		399.48
	Actual WTE Worked		34.15	7.57	4.48	4.62	13.27	23.54	19.07	57.36	26.20	31.47	22.68	12.67	14.64	15.89	20.11	11.71	12.80	12.55		13.32	11.11	18.27		23.74		411.22
	Pending Appointment																											0.00
	Current Budgeted Vacancies (WTE)		9.86	1.10	-0.35	0.00	-0.85	0.64	2.40	8.39	1.61	3.05	1.62	-2.00	0.60	-0.32	-0.79	0.00	1.60	1.40	0.00	2.00	1.00	2.64	0.03	0.00	0.00	33.63
Staff Development	Sickness (%)	*Target is < 4.2%*	7.7%	0.5%	0.00%	9.8%	0.7%	2.6%	0.00%	0.2%	4.5%	0.9%	0.5%	8.4%	9.9%	5.0%	9.3%	0.9%	1.6%	2.9%		1.0%	5.6%	0.6%		7.7%		3.50%
	Total WTE with 19.81% Headroom (Sickness, Training etc)																											
	Substantive Staff Turnover Headcount (rolling average 12 months)	*Target is < 10%*	14.3%	10.0%	36.4%	0.0%	21.4%	4.0%	17.0%	16.1%	11.8%	11.6%	4.5%	0.0%	20.0%	9.8%	5.7%	0.0%	7.7%	0.0%		12.5%	8.3%	9.4%		16.4%		12.2%
	12 month Appraisal	*Target = 85%*	79.3%	100.0%	80.0%	100.0%	75.0%	90.9%	91.3%	83.8%	93.5%	100.0%	100.0%	92.3%	100.0%	82.4%	88.2%	100.0%	92.3%	100.0%		93.8%	100.0%	93.5%		100.0%		91.44%
	12 month Statutory Training	*Target = 95%*	97.2%	100.0%	100.0%	93.3%	100.0%	98.7%	100.0%	97.2%	99.4%	96.8%	96.9%	98.7%	97.2%	100.0%	93.3%	98.6%	100.0%	98.72%		95.8%	95.5%	99.5%		97.5%		98.23%
	12 month Mandatory Training	*Target = 85%*	93.8%	100.0%	92.3%	100.0%	100.0%	98.7%	96.8%	89.6%	100.0%	96.3%	91.7%	97.8%	97.9%	96.9%	96.1%	95.7%	98.0%	97.9%		100.0%	95.1%	100.0%		99.0%		97.47%

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

Title	Quality Assurance Committee Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	May 27 2021		Discussion	
NED Sponsor	Andrew Thornton		Decision	

Summary:	The Quality Assurance Committee has met twice since the last Board of Directors' meeting. In May the Committee approved five SI reports and extended apologies on behalf of the Board to those affected by these incidents. Further detail provided in the reports attached.

Previously considered by:	The Quality Assurance Committee

Proposed Resolution	Board members are asked to note this report

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

Prepared by:	Esther Steel Director of Corporate Governance	**Presented by:**	Andrew Thornton Chair of the QA Committee

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	21 April 2021	Date of next meeting:	19 May 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:	D Hall, S Moss, G Lipscombe

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story		The Diagnostic and Surgical Division shared the story of a patient with learning and behavioural issues who required interventional radiology.	The story illustrated the benefit of taking a holistic approach and treating all patients as individuals
Divisional Governance Report – Integrated Care		Alternative format report presented which committee members felt lacked the narrative to provide assurance	Divisions to revert to previous format report
Quality Account -Diabetes		Report provided assurance that steps were being taken to improve patient safety, including a pilot for self-management of diabetes for inpatients.	Committee noted the report and discussed the important public and population health aspects of the increasing incidence of diabetes.
Divisional Governance report – Acute Adult		Comprehensive report provided including full transparency on the challenges the division has experienced during the pandemic	The Committee noted the report

Committee/Group Chair's Report

Mortality update		The Medical Director provided a comprehensive report and action plan setting out the steps to be taken to reduce the Trust's mortality rate. These actions include coders working more closely with wards and additional resource to support the Medical Director	The Committee noted the report
Dementia		The Admiral Nurse attended to provide an update on the services she provides to support patients in the hospital and in the community who are living with dementia	Report noted, the Committee commended the work of the Admiral Nurse
Complaints		The Committee discussed a change in approach to the presentation of data on patient experience - the report will be replaced by a quarterly patient experience report	Report noted
Excellence Reporting		The Director of Quality Governance presented the second "Excellence Report" used for staff to report incidences of excellence in the same manner as adverse incident reporting	Report noted, action plan to be produced to adopt learning
Draft Quality Account		Draft Quality Account noted	
SI and HSIB report approval		The Committee reviewed one SI report and two reports from the Healthcare Safety Investigation Branch (HSIB)	The three reports were approved. The QA Committee expressed their apologies on behalf of the Board to those affected by the incidents.
Mortality Reduction Group Chair report		No issues escalated – the Committee are reviewing the way in which they review the Mortality Action plan	

	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

NMAHP forum		The Chief Nurse presented a proposal for a revised committee structure feeding in to QA Committee with a number of senior nurse/AHP led forums.	The Committee supported the proposed change to the governance arrangements
Comments			
Risks Escalated – no risks escalated			

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

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

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	19 May 2020	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, M Brown, E Steel, R Sachs. Representation from the five clinical divisions D Sankey	Quorate (Yes/No):	Yes
		Key Members not present:	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		The Integrated Care Division shared the story of a patient's rehabilitation after major surgery including a stay on the Critical Care unit	
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 –The Committee undertook the delegated action from QA Committee to receive assurance on stillbirths and 3rd and 4th degree tears	Report noted

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

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

Committee/Group Chair's Report

Mortality		• SHMI and HSMR higher than expected • Indicators by division – slight decrease in adults but still too high • Table of diagnostic groups – shows which conditions contribute to high SHMI – using this to focus analysis on conditions with highest HSMR – no indicators so far of poor quality of care. Aiming for completion by August. • Crude mortality shows spikes correlating with peak of Covid • Detail feeding into the report is reviewed in detail at the Mortality Reduction Group. • Looking at quality of care – not just saying it is coding seeking assurance on quality of care – no areas of concern so far - still believe that recording and coding comorbidities is a key factor. • Discussion focused on the actions now underway including the use of EPR and wider systems to improve depth of coding.	Monthly updates to QA Committee Actions within the report noted including increased resource within the Medical Director's Office
Governance Arrangements Nosocomial		• Paper setting out the governance arrangements for the review of nosocomial deaths including the arrangements for duty of candour reporting. • Independent review completed for all, no concerns with quality of care; all cases also being reviewed by the IPC team to identify any avoidable contributing factors	

	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

Divisional Governance Report Family Care		• Comprehensive report • good improvement on smoking at the time of delivery • Neonatal mortality good benchmarking • Excellence re NEWTS • Promising HENWE feedback • 3rd and 4th degree tears monitoring through action plan • Looking at how to strengthen bereavement care and after care • Culture changing in the division, juniors report more collegiate • Highest risk is second theatre, mitigations in place to ensure second theatre can be opened if needed; monitoring when theatre is opened and incident reported if there are difficulties opening the second theatre.	Report noted
CNST Evidence submission		• CNST submission – 3rd year of submission of compliance with 10 safety standards • Self certification of compliance – declaring compliant with all other than an element of standard 6 where Covid has impacted on the recording of Carbon Dioxide readings. • Mechanism for gathering service user feedback through maternity voices partnership with a paid, independent chair	CNST report on agenda for approval by Board
Falls Quarterly update		• Overall reassuring, incidences of repeat falls reducing continuing to hold harm free care panels and produce learning slides	

	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

Pressure Ulcers Quarterly update		• No category four since 2016, no grade three since summer 2020 • Aiming to continue focusing on learning and reducing ulcers • Increase in total number of pressure ulcers in relation to oxygen devices • Changing language to talk about learning rather than lapses in care to ensure focus more on what more can be done.	
SI reports		The Committee approve 5 SI reports and 1 SIB report noting the actions and giving challenge to ensure actions appropriate and timely	Committee members apologised on behalf of the Board to all affected by the incidents reviewed
Mortality Reduction Group Chair report		Detail covered in the comprehensive mortality update	Report noted
Safeguarding Chair report		The safeguarding committee and team's accountability and assurance structure is being reviewed to provide more data driven information in line with local and national priorities to ensure there is a clear Board assurance framework to enable the Trust Board to be clear about its statutory responsibilities and as such can seek assurance against these statutory requirements.	Report noted Risks escalated • Safeguarding Level 3 training - Nurse for Adults to review and plan to roll out Level 3 adult safeguarding training across the Trust • DoLS/ Liberty Protection Safeguards - Named nurse adult safeguarding to scope the new legislation to see what is required from a Trust perspective.
Risk Management Committee Chair report		Positive meeting with challenges around risk scores – no concerns to escalate	
Risks Escalated – Mortality			

	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 13

Title:	Mortality Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	27th May 2021		Discussion	✓
Exec Sponsor	Medical Director		Decision	

Summary:	The quarterly mortality report seeks to provide an update on the most recent information available to the Trust to support the focus of reducing the Trust's current mortality ratio. The aim is to bring the SHMI back to within expected levels by October 2021, and improve depth of coding to the English average of 5.5 by August 2021. Our plan is to achieve a level of comorbidity coding of and the SHMI to be back within 'as expected limits by October 2021.

Previously considered by:	Quality Assurance Committee

Proposed Resolution	For the Committee 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:	Francis Andrews, Medical Director	**Presented by:**	Francis Andrews, Medical Director

1 Introduction

The quarterly mortality report seeks to provide an update on the most recent information available to the Trust to support the focus of reducing the Trust's current mortality ratio. The aim is to bring the SHMI back to within expected levels by October 2021, and improve depth of coding to the English average of 5.5 by August 2021. Our plan is to achieve a level of comorbidity coding of and the SHMI to be back within 'as expected limits by October 2021.

2 Methodology

Information is collated via Healthcare Evaluation Data (HED) in most cases based on a 12 month period. Crude mortality is calculated from the Trust's internal Data Warehouse to give a more timely reflection and ensure the data source for Board/IPM reporting is consistent.

SHMI is available via HED in a more timely and detailed manner than available via NHS Digital and forms the basis of this report. However, this includes patients who have opted out of the NHS Data Sharing therefore will be slightly different to the published data by NHS Digital. The published NHS Digital SHMI figure is contained in the Dashboard View for reference.

The comparison peer group identifying the most similar (overall) 10 Trusts to Bolton. The activity with other trusts has been compared and those identifying as most similar using the distribution of activity by HRGs.

3 Key Points

- SHMI (NHS Digital) – The index is at 117.4 for the latest published period of the 12 months to November 2020, this is a slight fall (improvement) from the previous month rolling average. It remains significantly higher than the national average.
- SHMI (HED – HES/ONS linked datasets) - The index is at 115 for the 12 months to December 2020. This is an early indication of the published figures.
- HSMR – ratio reduced slightly to 124.61 for the 12 months to January 2021.
- Crude mortality – In hospital crude mortality fell to 2.39% in March 2021 from 3.13% in February 2021.

4 Dashboard views

4.1 Mortality Indicators

Custom Indicator Set: Mortality MRG	Trust Performance			Benchmarking		
Indicator	Current	Previous	Change	Peer	National	Position
SHMI - NHS Digital (12 mth rolling) NHS Digital SHMI Dataset (Apr 2021)	117.40 (Dec 2019 - Nov 2020)	117.67 (Nov 2019 - Oct 2020)	-0.27	105.90	100.00	High (>95%)
SHMI (12 mth rolling) HES Inpatients, HES-ONS Linked Mortality Datasets (Mar 2021)	115.05 (Jan 2020 - Dec 2020)	117.73 (Dec 2019 - Nov 2020)	-2.68	106.19	100.34	High (>95%)
HSMR (12 mth rolling) HES Inpatients (Mar 2021)	124.61 (Feb 2020 - Jan 2021)	122.66 (Jan 2020 - Dec 2020)	1.95	108.47	101.78	Very high (>99.8%)
HSMR - Weekend mortality (12 mth rolling) HES Inpatients (Mar 2021)	123.63 (Feb 2020 - Jan 2021)	117.91 (Jan 2020 - Dec 2020)	5.72	115.03	107.05	Very high (>99.8%)
HSMR - Weekday mortality (12 mth rolling) HES Inpatients (Mar 2021)	124.95 (Feb 2020 - Jan 2021)	124.34 (Jan 2020 - Dec 2020)	0.61	106.20	100.03	Very high (>99.8%)

4.2 Mortality Indicators by Division

SHMI figures included here are those calculated using HES and ONS linked datasets via the HED system and is therefore more up to date than NHS Digital published figures.

Division/Indicator	Performance	Direction of Travel
AACD		
SHMI	123.07 (Dec 2019/Nov 2020) 119.31 (Jan/Dec 2020)	↓
HSMR	124.99 (Jan/Dec 2020) 126.96 (Feb 2020/Jan 2021)	↑
AASD		
SHMI	96.29 (Dec 2019/Nov 2019) 97.59 (Jan/Dec 2020)	↑
HSMR	99.45 (Jan/Dec 2020) 101.94 (Feb 2020/Jan 2021)	↑

Dashboard to follow (currently in Development at HED)

5 Mortality rates by type

5.1 Summary Hospital-level Mortality indicator – SHMI

Definition

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. Different variable factors are taken in to account in calculating the scores - the principle one of these is that SHMI includes deaths following a patient's discharge (within 30 days).

NHS Digital published figures for the 12 months to November 2020 are shown in figure 1 which shows the SHMI for Bolton to be significantly higher than expected, and it is also the highest in the peer group. Seven out of 10 peers are also significantly higher than expected.

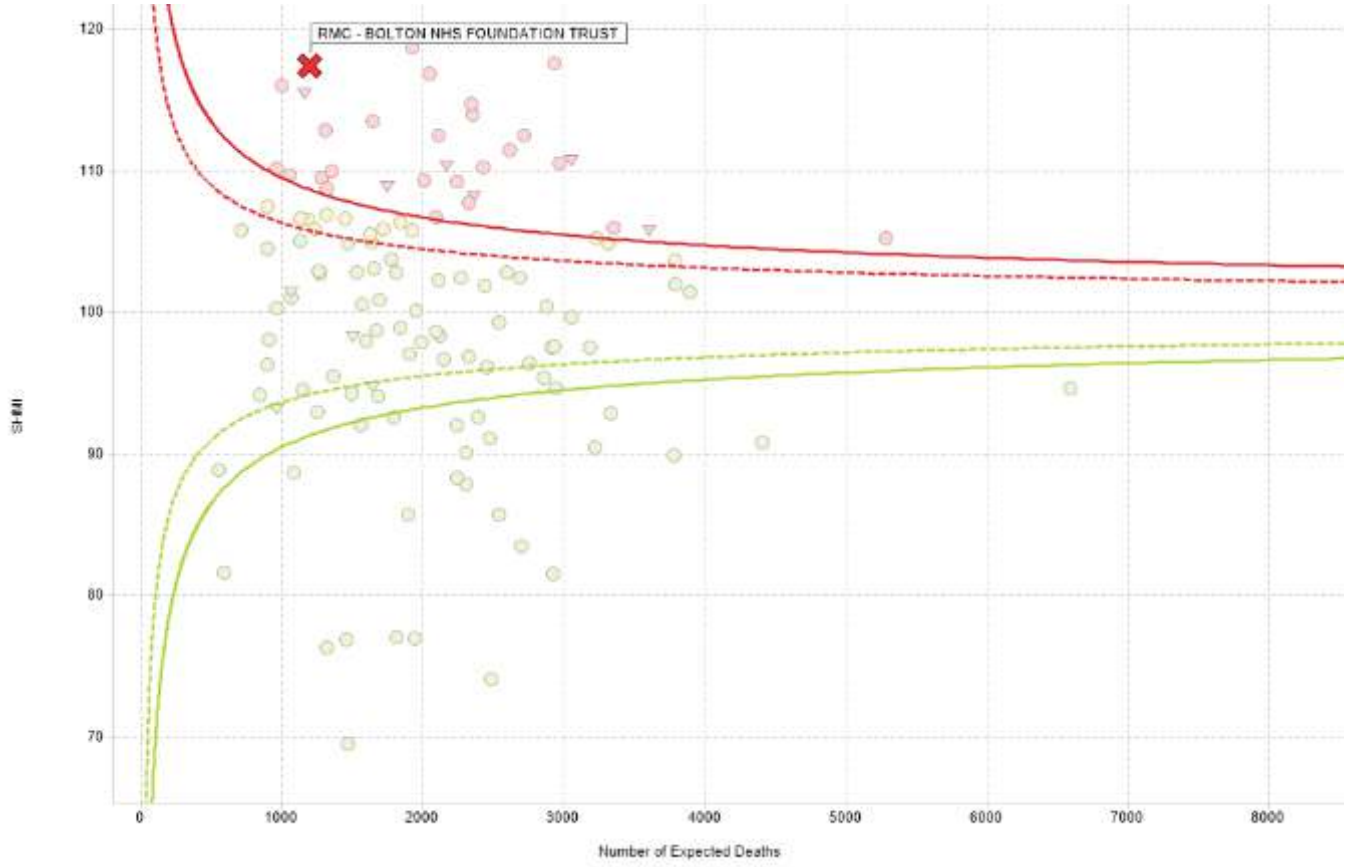


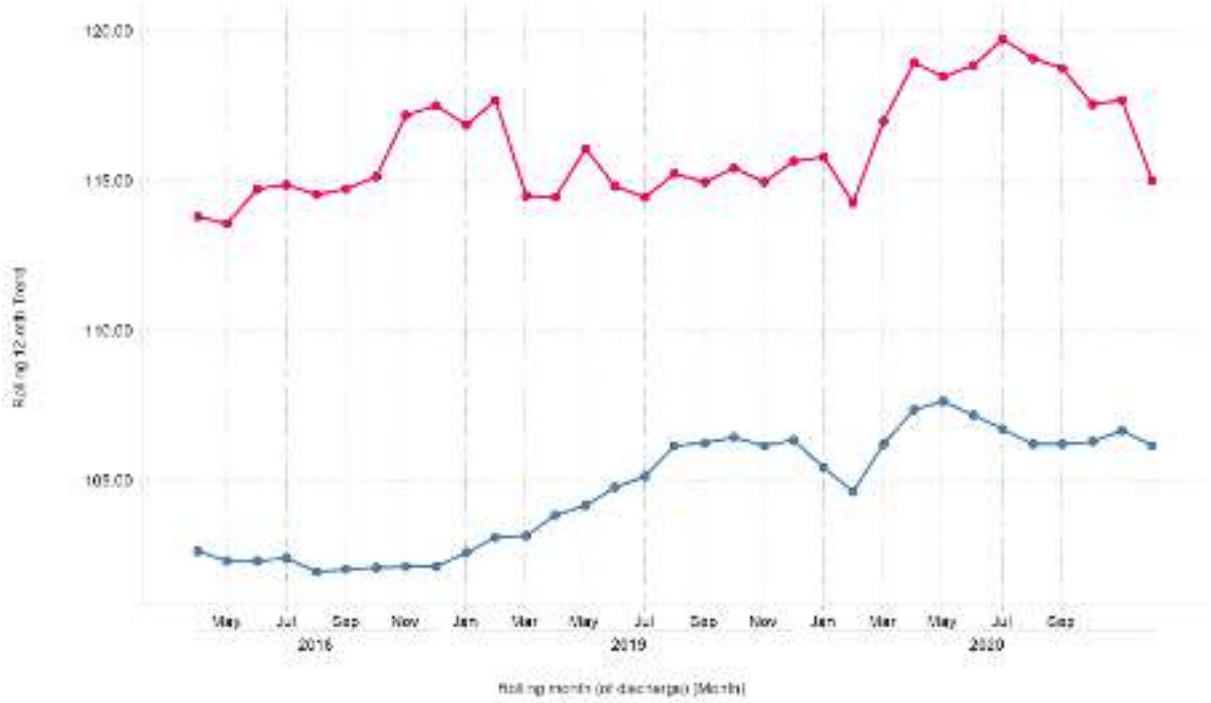
Figure 1: Plot of SHMI by hospital for England. Trusts above the solid line have a significantly higher mortality than expected.

The following information uses the SHMI figures as calculated using HES and ONS linked datasets via the HED system and is therefore more up to date than NHS Digital published figures to give an earlier indication of the situation.

Time series

The 12 month rolling average to December 2020 for Bolton is 115, **this is an early indication of the published figures**. Bolton SHMI follows the general pattern of the selected peer group but at a higher

rate. The rolling average for both the peer group and Bolton are indicated on the chart below (peer group indicated in blue).



SHMI diagnosis group (12 months to December 2020)

SHMI has been split by diagnosis group and has been sorted by the largest difference between the observed and expected deaths. The SHMI diagnosis groups with a difference of 5 or more difference in the observed and expected deaths are shown below in table 1.

Diagnostic Group (SHMI)	SHMI	Expected number of deaths	Number of patients discharged who died in hospital or within 30 days	Obs. - Exp.
Grand total	116.44	1087.22	1266	179
73 :: 122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	117.43	158.4	186	28
65 :: 108 - Congestive heart failure; nonhypertensive	133.38	40.49	54	14
93 :: 150 - Liver disease; alcohol-related	145.16	24.11	35	11
63 :: 106 - Cardiac dysrhythmias	223.47	7.16	16	9
37 :: 55 - Fluid and electrolyte disorders	162.26	13.56	22	8
57 :: 100 - Acute myocardial infarction	139.05	20.14	28	8
82 :: 123 - Influenza, 124 - Acute and chronic tonsillitis, 126 - Other upper respiratory infections,	220.13	5.45	12	7
7 :: 11 - Cancer of head and neck	329.48	2.43	8	6
15 :: 19 - Cancer of bronchus; lung	124.98	24	30	6
36 :: 48 - Thyroid disorders, 51 - Other endocrine disorders	276.11	3.26	9	6
51 :: 85 - Coma; stupor; and brain damage	282.54	3.19	9	6
64 :: 107 - Cardiac arrest and ventricular fibrillation	168.65	8.89	15	6
78 :: 130 - Pleurisy; pneumothorax; pulmonary collapse	154.98	10.32	16	6
81 :: 133 - Other lower respiratory disease, 56 - Cystic fibrosis	200.42	5.49	11	6
2 :: 2 - Septicemia (except in labor), 249 - Shock	104.25	120.87	126	5
12 :: 16 - Cancer of liver and intrahepatic bile duct	181.19	6.07	11	5
99 :: 157 - Acute and unspecified renal failure	115.18	32.12	37	5
113 :: 211 - Other connective tissue disease	176.46	6.8	12	5
142 :: 38 - Non-Hodgkin`s lymphoma	280.92	2.49	7	5

5.2 Hospital Standardised Mortality Ratio (HSMR)

Definition

The HSMR is a ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for all diagnostic(CCS) groups in a specified patient group. The expected deaths are calculated from logistic regression models with a case-mix of: age band, sex, deprivation, interaction between age band and co-morbidities, month of admission, admission method, source of admission, the presence of palliative care, number of previous emergency admissions and financial year of discharge. Figure 2 shows the HSMR. HSMR is less useful as a national comparator but is used by the CQC.

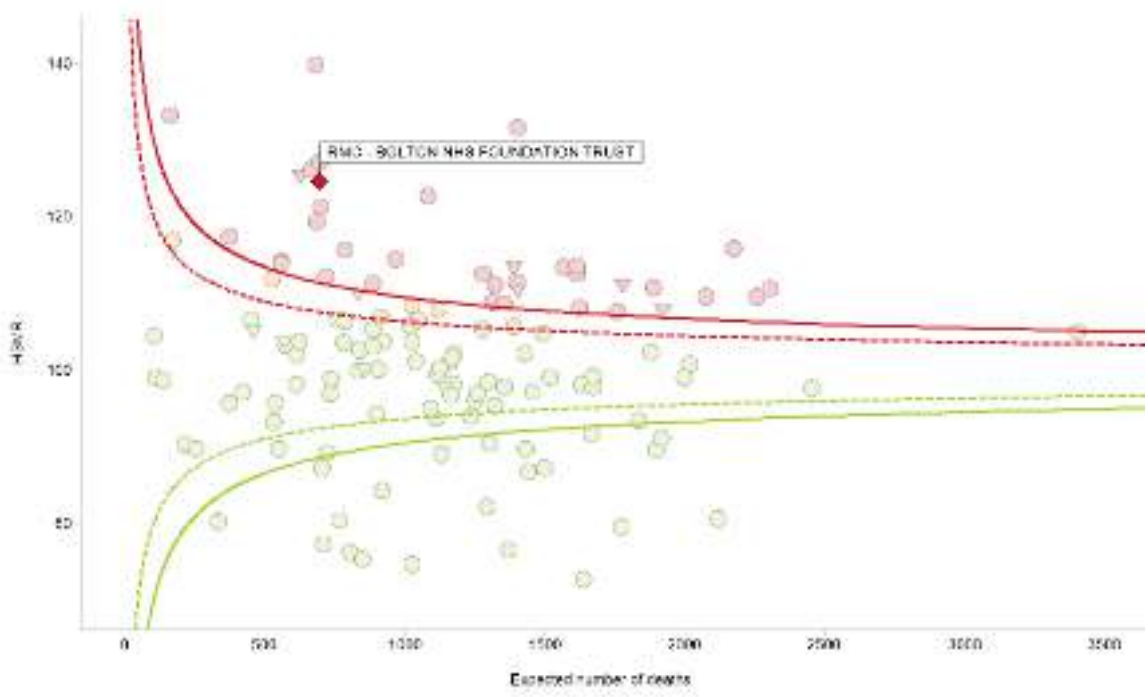


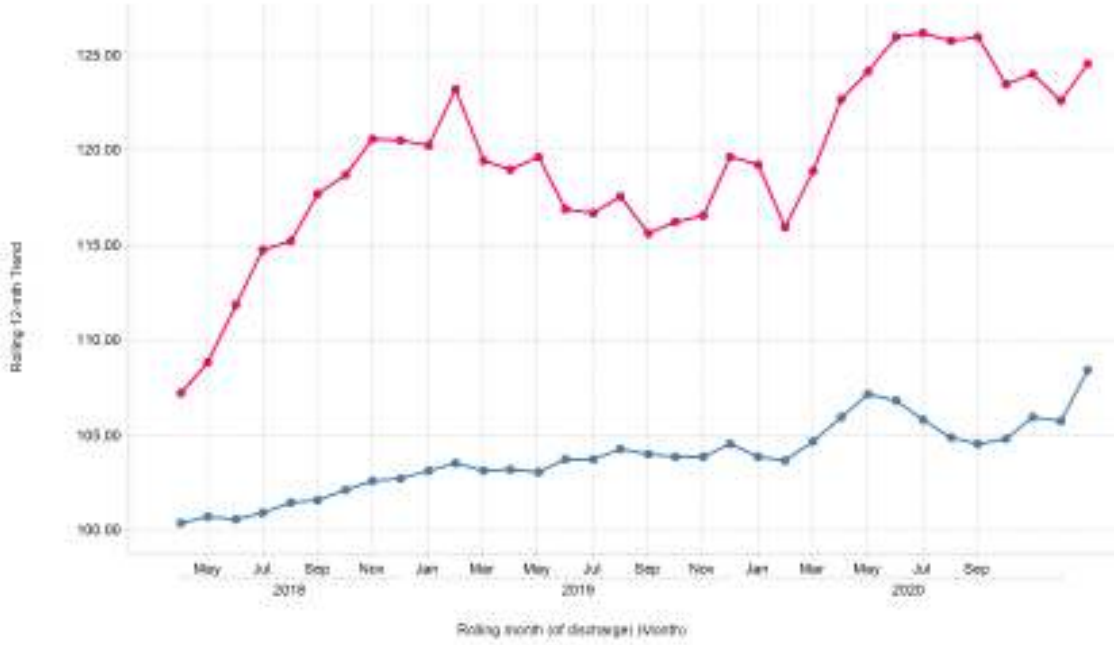
Figure 2: Plot of HSMR by hospital for England. Trusts above the solid line have a significantly higher mortality than expected.

When comparing against the selected peer group Bolton shows the second highest HSMR at 124.61 in the 12 months to January 2021, Rotherham NHS Foundation Trust is highest at 125.27. Wirral University Teaching Hospital NHS Foundation Trust is lowest at 97.67. Six of the eleven Trusts in the peer group (including Bolton) are outside of the upper control limits.

Time series

The 12 month rolling average of the peer group and Bolton are shown below. The peer group is indicated in blue.

HSMR is adjusted for Covid as according to the following: *Patients with a primary diagnosis of Covid-19 (in the first episode or second episode if the first contains a primary diagnosis of a sign or symptom) are placed in CCS group '259 - Residual codes; unclassified' and will therefore be excluded from the HSMR. If the Covid-19 coding appears elsewhere in the spell or in subsidiary diagnoses the patient may be included in the HSMR.*



CCS Diagnosis group

HSMR by diagnosis group is split below for the 12 months to December 2020. The difference between observed and expected deaths greater or equal to four are shown below.

CCS Group (of diagnosis)	HSMR	Number of observed deaths	Expected number of deaths	Number of discharges	Obs.- Exp
Grand total	124.61	858	688.55	16603	169.45
122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	144.89	181	124.92	1018	56.08
108 - Congestive heart failure; nonhypertensive	171.93	59	34.32	380	24.68
2 - Septicemia (except in labor)	114.64	126	109.91	615	16.09
150 - Liver disease; alcohol-related	143.53	35	24.38	179	10.62
106 - Cardiac dysrhythmias	279.24	14	5.01	599	8.99
129 - Aspiration pneumonitis; food/vomitus	134.23	26	19.37	81	6.63
159 - Urinary tract infections	141	22	15.6	688	6.4
100 - Acute myocardial infarction	126.31	29	22.96	330	6.04
224 - Other perinatal conditions	153.42	16	10.43	677	5.57
107 - Cardiac arrest and ventricular fibrillation	151.36	15	9.91	23	5.09
157 - Acute and unspecified renal failure	118.79	31	26.1	240	4.9
133 - Other lower respiratory disease	247.49	8	3.23	196	4.77
38 - Non-Hodgkin`s lymphoma	230.15	8	3.48	279	4.52
55 - Fluid and electrolyte disorders	159.65	11	6.89	222	4.11

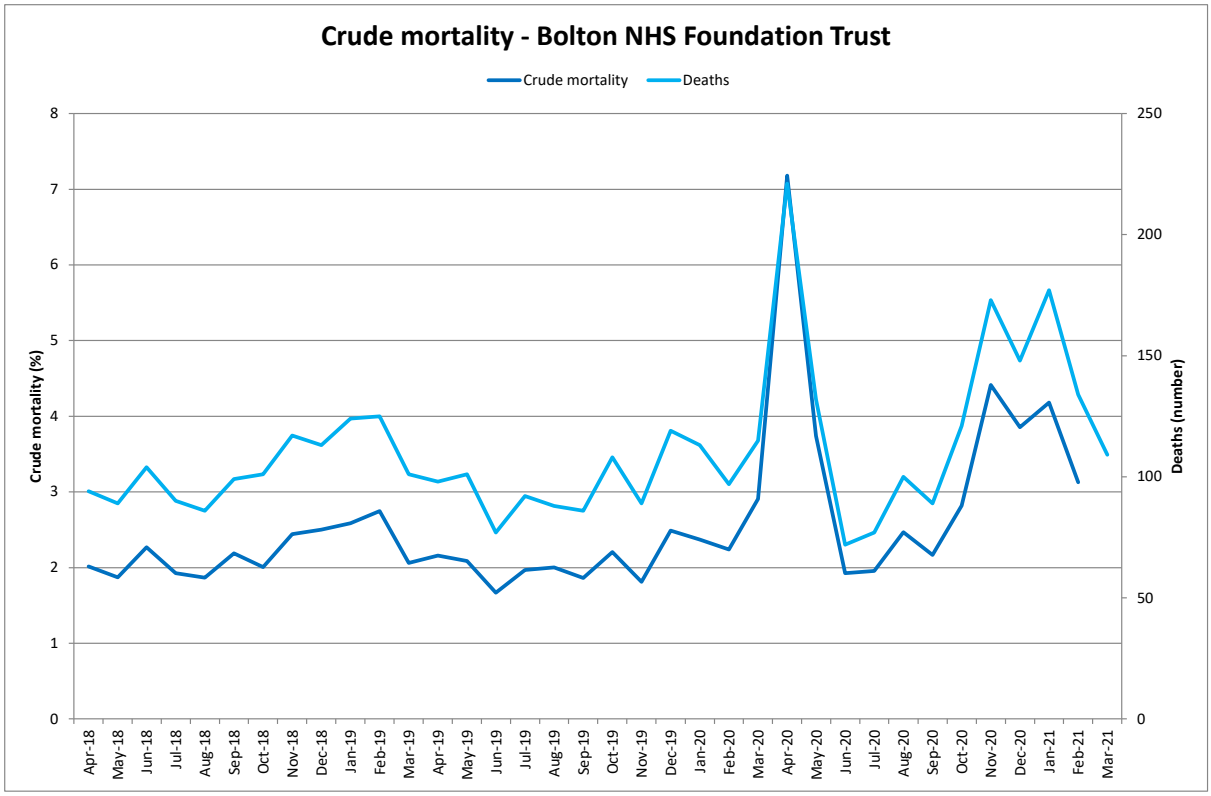
5.3 Crude Mortality Rate – Day cases excluded

Definition

A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in a specific time period and then compares that against the amount of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted. It tells you how a Trust's mortality rate changes over time; however it cannot be used to compare or contrast between hospitals.

Time series

The crude rate is not adjusted for Covid mortality or spells. The rate peaks in April 2020 due to the first wave of the COVID pandemic with a subsequent second wave peak to November 2020 and rising again into January 2021.


Crude mortality - Bolton NHS Foundation Trust
Crude mortality
Deaths
Crude mortality (%)
Deaths (number)
0
1
2
3
4
5
6
7
8
0
50
100
150
200
250
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
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Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21

6 HSMR CuSUM deaths above expected

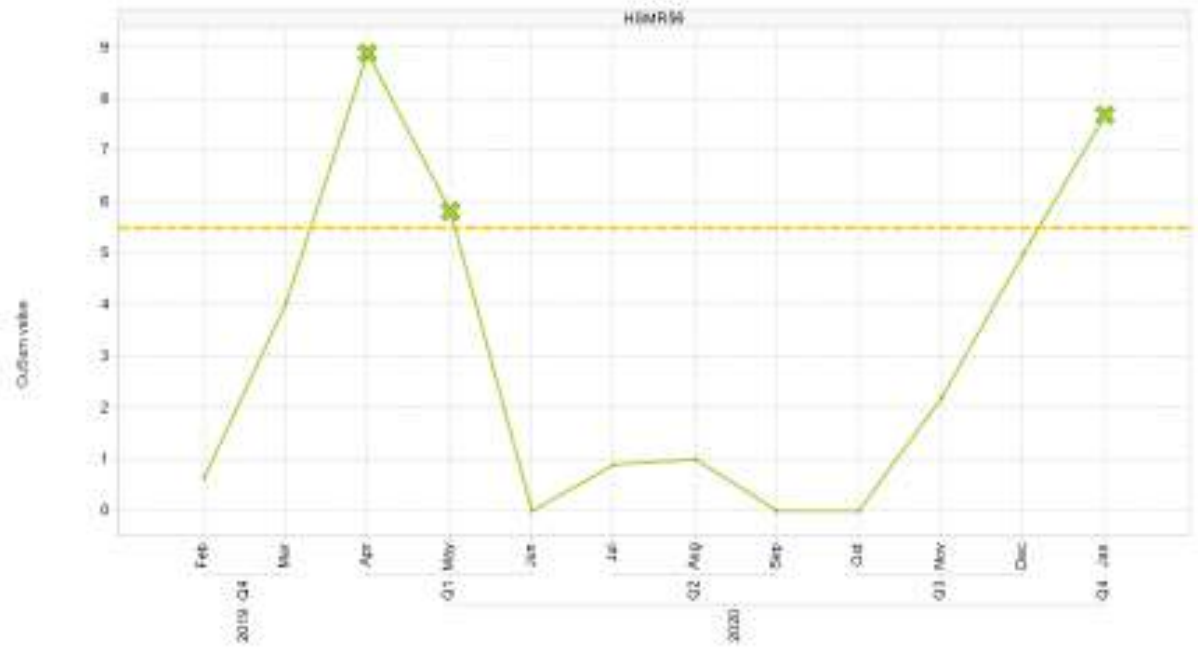
Definition

CuSum statistical process control techniques are commonly applied to mortality monitoring to detect changes in mortality rates over time. The CuSum value increases when patients die and decreases when they survive. They are calibrated with a 'trigger' value, and if a CuSum exceeds its trigger, it should be investigated. A CuSum chart is 'reset' after each trigger and continues monitoring. A trigger value of 5.48 is used for all of the 56 disease groups within the aggregated CUSUM and has been confirmed by CQC. The chart will rest to zero after a trigger. When the CUSUM drops it is showing less deaths than the previous month compared to expected. The CUSUM reporting period is January to December 2020.

All alerting CCS diagnosis groups, sorted by number of observed deaths are shown below.
RED figures highlight CUSUM triggers in the latest three months, **BLUE** figures highlight groups with fewer than 5 expected deaths in a year, and **GREY** figures are censored or missing.

CCS Group	HSMR	Discharges	Observed Deaths	Expected Deaths	Triggers in 12-months (Aggregate)	Triggers in last three months (Aggregate)	Latest aggregate CuSum Value	Triggers in 12-months (Patient-level)	Triggers in last three months (Patient-level)	Trigger Value (Patient-level CuSum)
HSMR56	124.61	16,603	858	688.55	3	1	7.70	0	0	
106 - Cardiac dysrhythmias	279.24	599	14	5.01	1	0	2.48	0	0	9.03
107 - Cardiac arrest and ventricular fibrillation	151.36	23	15	9.91	1	0	0.00	0	0	8.63
108 - Congestive heart failure; nonhypertensive	171.93	380	59	34.32	2	0	3.51	2	0	10.69
122 - Pneumonia (except that caused by tuberculosis o...	144.89	1,018	181	124.92	3	1	4.65	1	1	12.18
129 - Aspiration pneumonitis; food/vomitus	134.23	81	26	19.37	1	1	6.36	0	0	9.46
134 - Other upper respiratory disease	268.51	384	2	0.74	1	0	0.00	0	0	7.00
148 - Peritonitis and intestinal abscess	326.70	11	2	0.61	1	0	0.00	0	0	7.00
150 - Liver disease; alcohol-related	143.53	179	35	24.38	1	1	0.00	0	0	9.79
154 - Noninfectious gastroenteritis	473.86	258	1	0.21	1	0	0.00	0	0	6.43
157 - Acute and unspecified renal failure	118.79	240	31	26.10	1	0	0.79	0	0	9.99
159 - Urinary tract infections	141.00	688	22	15.60	1	0	0.00	0	0	9.76
251 - Abdominal pain	268.33	1,310	2	0.75	2	0	0.00	0	0	6.60

The HSMR (of the 56 diagnosis groups) triggered an alert three times in the latest 12 months reporting period in April, May 2020 and January 2021. HSMR is adjusted for Covid but only at the primary diagnosis level therefore will be slightly inflated over April/May 2020 due to the first wave of the Covid pandemic.



7 Outlier CQC alerts

The trust composite is a pilot indicator created from 12 specific indicators within insight. The composite indicator score helps to assess a trusts overall performance but it is neither a rating nor a judgement. The composite should be used alongside other evidence in monitoring Trusts.

Taken from *CQC Insight for Acute NHS Trust, March 2021 release*

KLOE	Indicator	National average	Performance			National comparison
			Previous	Latest	Change	
E2	**Hospital Standardised Mortality Ratio (HSMR)** Dr Foster - Dr Foster - HSMR (06 Jan 2021)	100.0	118.7 Jul 18 - Jun 19	124.2 Jul 19 - Jun 20		
E2	**Hospital Standardised Mortality Ratio (Weekday)** Dr Foster - Dr Foster - HSMR (06 Jan 2021)	100.0	115.2 Jul 18 - Jun 19	124.2 Jul 19 - Jun 20		
E2	**Summary Hospital-level Mortality Indicator (SHMI)** NHS Digital - SHMI (05 Jan 2021)	1.00	1.17 Jul 18 - Jun 19	1.18 Jul 19 - Jun 20		
E2	**In-hospital mortality: Acute cerebrovascular disease** Hospital Episode Statistics - CQC - HES Mortality (28 Feb 2021)	100	134.2 Oct 18 - Sep 19	161.9 Oct 19 - Sep 20		

8 Discussion

8.1 Appointment of New Clinical Lead

Most significantly, Dr Sophie Kimber-Craig, consultant anaesthetist has started as the Associate Medical Director and will be overseeing this work going forward.

8.2 Quality of care

In agreement with NHSi/E, all patients with a higher than expected SHMI mortality at an agreed fixed point (the end of November 2020) are being reviewed, as well as all patients with a higher than expected HSMR and the patients who are also showing on early CUSUM indicators (see below). The updated tables on pages 4 and 7 will have some changes from November as these are the most up to sate (December 2020). There are 11 disease categories which are flagging for both SHMI and HSMR which will help efficiency at this stage, nevertheless there are 1266 patients with a higher than expected SHMI, 64 patients who are unique to the HSMR group and 27 patients who have died who are in an early warning CUSUM alert; this is a total of 1357 patients. Each review will assess the overall quality of care to assess whether this may have impacted on the mortality and is an abbreviated form of the structured judgement review.

Each review will also determine whether the diagnosis obtained from the first consultant episode is correct and if not what the diagnosis is, with further analysis of these working with the coding team. Finally, the number of charlson comorbidities recorded in the clinical record will be matched against other evidence such as the summary care record and medication list and compared with the coded comorbidity.

Reports from these exercises will be brought to the mortality reduction group, owned by the appropriate speciality and action plans devised. The aim is to complete this exercise by mid-August 2021.

Work has commenced and reviewers in specialities will be assisted by external reviewers. Already, a report has been produced from the diagnostic group CS 82: influenza, acute tonsillitis and upper respiratory disorders, and the following groups have been reviewed: . No problems in care were identified but it became clear that a significant number of comorbidities were not recorded so could not be coded, and the diagnosis in addition was incorrect in the majority of cases, probably due to the phrasing that was used by medical staff in recording diagnosis. Reviews are underway for a number of other diagnostic groups starting with those that caused the highest SHMI score and have just been completed for thyroid and endocrine, cancer of the lung and bronchus, ventricular fibrillation and abdominal pain. Particularly striking is a review of lung cancer-all patients who died had no problems in care and were all terminally ill so further coding analysis and mortality calculation is being undertaken to understand why they are showing as excess deaths.

8.3 Recording and coding

Depth of recording of comorbidities is too low at Bolton and is believed to be a major contributor to our lower than expected death rates, which in turn raises the SHMI. Furthermore, the terminology used by medical staff is affecting the ability of codes to record the diagnosis which is also affecting the mortality rates. An early trial of using a shielding nurse to collect real time data has run into logistical problems despite hard work from them and the Acute Adult division will be employing someone directly to do this work urgently. Approval is being sought for 2 permanent liaison coders to fulfil this role longer term

The Appendix describes a comprehensive action plan which addresses these issues, covering a training programme for all medical staff, regular meetings between coders and clinicians to review cases and the recording of comorbidities as well as EPR improvements and palliative care expansion

9 Conclusion

The mortality figures for Bolton NHS FT remain higher than expected. Quality of patient care is being examined for all groups where there are expected deaths for assurance and this work is now underway, working to a deadline

A comprehensive plan addressing this and the other underlying issues around recording and coding of co-morbidities accompanies this paper but there is further urgent work to implement around comorbidity recording that is being addressed, and education of medical staff is underway

The timeline for this work to return the mortality figures to within range has been stated.

10 Appendix - Action plan

Mortality Review Programme Plan Last Updated 12/05/2021							
	No.	Action	Details	Owner	Timescale	Current Status	RAG
1. Management and Communications	1.1	Senior project manager to oversee actions and progress	Approach to CCG and agency if required	James Mawrey/Francis Andrews	31/03/2021	Sam to provide leadership and 12 month B7 to support.	
	1.2	Appoint Associate Medical Director for medical leadership and action	Post advertised	Hilary Wilkinson/Francis Andrews	31/03/2021	Appointed. Commence May 2021	
	1.3	Sensitive communications to be sent to all medical and operational staff	Explain the mortality issues carefully, communicate what is required from clinicians	Francis Andrews/Kathy Stacey	31/03/2021	Francis gave an update in the April Staff Briefing. Piece drafted for staff update and ready to go out.	
2. Training and Education	2.1	EPR Training for Junior Doctors	Review of EPR training for junior doctors	Simon Irving	30/04/2021	EPR training for junior doctors - this action is over due, FA to meet with SI	
	2.2	Clinical Recording and Coding Training	Clinical coding education workshop	Julie Ryan	03/05/2021	First workshop held. Programme of delivery to be agreed. FY1 and 2 and CT 1 and 2 sessions diarised. Sophie KC to deliver some of the training to free up some of Janet's time. Janet meeting SKC on Monday.	
	2.3	Ward Clerk training	Standard training package to be developed	Claire McPeake	30/04/2021	SB requested update	
	2.4	Redesign of ward clerking documentation	Ward clerk documentation to be reviewed and improved.	Claire McPeake	30/05/2021		
	2.5	Contract & Income Training	Training to inform divisions around new income arrangements to replace PbR	Finance/SB/JR	31/05/2021	SB requested that Adele Morton do first draft of some slides (05/05/21)	
	2.6	Understanding barriers for clinical teams	Survey underway to understand barriers	Claire McPeake	30/03/2021	Audit undertaken and identifies areas for improvement. SB to link in with Nithin to understand what actions then fall out of this?	
	2.7	Actions following survey discussed above in action 2,6		Claire McPeake/Nithin	30/05/2021	Confirm action required following the survey. SB to pick up with Nithin.	
3. Coding Review	3.1	Medical director, clinical coding manager and EPR trainer to work with medics to identify incorrect recording Target CAU D1 and D2 and ED	Janet Wilkinson and EPR Trainer	Julie Ryan	31/03/2021	Holistic approach to begin WC 29th March. Dates to be arranged, FA to walk around with Janet as an introduction. CAU D1 and D2 and ED all visited by Coding manager, EPR trainer and MD 20th April	
	3.2	Medical director, clinical coding manager and EPR trainer to work with medics to identify incorrect recording Target surgical wards	Same action as above carried out on ED and assessment wards	Julie Ryan	21/05/2021	Yvonne to diarise asap	
	3.3	Finding from review (action 3,1) identified that - more COWs required (CAU D1 D2 ED)	Sam to chase up with Jeff	Jeff Marshall	21/05/2021		
	3.4	Review of patient records and daily reports going to wards	Clinician to review notes and feedback to wards	FA/SKC	14/05/2021	Trail process undertaken with shielding cons. Difficulties encountered and therefore a plan B is required. FA and SKC to explore potential of a new role to conduct this work.	
	3.5	Reviewing early warning indicators of mortality	HED to produce Cusum data flagging early rises in mortality that require rapid case reviews to include in IPM with depth of recording	Francis Andrews, Liza Scanlon and Sophie Kimber Craig	31/05/2021		

4. Clinical Review	4.1	Review of deteriorating patient provision, metrics and education, action plan	Ensure that deteriorating patients have prompt response and being measured	Simon Irving	31/03/2021	Update requested 26.3.21 Update chased as no response 9.4.21 Francis to meet with Simon	
	4.2	Review of Sepsis identification and use of bundles with action plan	Ensure education for sepsis comprehensive and quality improvement methodology in place	Marta Martina-Iglesias/Anne Gerard	30/04/2021	Sepsis Bundle Pilot going ahead first 2 weeks of May. AG to provide an update WC 17th May	
	4.3	Reviews of clinical diagnostic groups with excess mortality	Understand reasons for highest excess mortality groups	Francis Andrews	30/05/2021	Plan to ensure diagnostic groups with highest mortality are reviewed including clinical care and depth of coding on regular basis This review includes... Does the diagnosis make sense? Have we recorded co morbidities? Is there a concern with quality of care? Reviews complete for non specific ado pain, cardiac arrest, tonsillectomy and resp tract infection. Cases shared with external reviewers, also shared with relevant specialities to ensure co ownership. FA to provide final timetable for reviews and reporting in MRG. Acute liver disease cases identified and require input from gastro.	
5. Reporting and Review	5.1	Develop divisional mortality reports to be shared with DMDs and DDOs	Ensure that report from HED available that gives data by division and directorate where possible	Julie Ryan	31/03/2021	Depth of recording by speciality, divisional SHMI and CUSUM alerts going to IPM	
	5.2	Ensure mortality and co morbidity scores have a ward to board oversight process in place	Looking to include in IPM score card	Julie Ryan	30/04/2021	Mortality and co morbidity scores by speciality to be included in IPM score card	
	5.3	Monthly meetings with specialties to review and improve clinical data recording Uncoded / un outcomed report to be discussed at this meeting	Each division to ensure action taken	Julie Ryan	30/04/2021	Income Team engaged with, looking at updating Income packs to include recording information. Will become part of the monthly divisional meetings. JR has requested that Adult Acute trial the first one. First meeting 27th April to discuss coding, depth of coding, income and data quality. With Cardiology, gastro, respiratory and elderly medicine. By the end of May all acute specialities to be completed. And then a plan to	
6. EPR Optimisation	6.1	Ensure EPR, coding and BI are involved in all system requirements and design sign off	Team to set up process	Julie Ryan	30/04/2021	Informatics task and finish subgroup formed and meeting fortnightly consisting of BI, Training, Coding and EPR. SB requested progress update around what has been identified and achieved at this group	
	6.2	Review of EPR coding capability	Review with Allscripts if any other deployment of the solution is managing the coding as we are not bespoke.	David Mills / Phillipa Winter	31/03/2021	Initial conversation Anna from allscripts to see if system can flag recording comorbidities. Further conversation now required with EPR team. Simon has been talked to Salford around automatically pulling comorbidities from previous admissions. JR to discuss with Simon to ensure this will be picked up.	
	6.4	Coding review document tab needs to be relaunched and communicated		Gill Parr / Janet Wilkinson/ Simon Irving	TBA	Completed	
7. Audit	7.1	Agree coding audit plan for the year	Review documentation and mortality outliers jointly between coders and clinicians in all directorates	Julie Ryan	31/03/2021	Recruited additional auditor now in post. This will allow for the standard planned audit programme to run along side a more flexible programme of audit to respond to more immediate needs informed by the analysis. FA and JR To agree audit plan and where that is reported to in terms of oversight and governance	
	7.2	Develop a standard audit process in the adult acute division	Snap shot audit process no health issues recorded	Claire McPeake	30/03/2021	First audit complete ongoing timetable now in play. SB requested outcome of audit and timetable.	

11 Glossary

CCS and SHMI groupings available from (see SHMI specification)
https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current/shmi-data

'As Expected' mortality: This is usually expressed as a funnel chart, using confidence intervals. Using the 'official' SHMI definitions, 'as expected' mortality is explained within the 95% confidence intervals. Outside of the 'as expected' grouping means an organisation is either an outlier in terms of mortality performance.

Common Cause Variation: is fluctuation caused by unknown factors resulting in a steady but random distribution of output around the average of the data. It is a measure of the process potential, or how well the process can perform when **special cause variation** removed. A common characteristic is to be stable and "in control". We can make predictions about the future behaviour of the process within limits. When a system is stable, displaying only common cause variation, only a change in the system will have an impact.

Control Limits: indicate the range of plausible variation within a process. They provide an additional tool for detecting special cause variation. A stable process will operate within the range set by the upper and lower control limits which are determined mathematically (three standard deviations above and below the mean).

Crude Mortality Rate: The crude mortality rate is based on actual numbers. It is calculated by the number of deaths divided by the number of discharges (not including day cases, still births and well born babies). This is different to SHMI which features adjustment based on population demographics and related mortality expectations.

Hospital Standardised Mortality Rate (HSMR): The HSMR is a method of comparing mortality levels in different years, or between different hospitals. The ratio is of observed to expected deaths, multiplied conventionally by 100. Thus, if mortality levels are higher in the population being studied than would be expected, the HSMR will be greater than 100. This methodology allows comparison between outcomes achieved in different trusts, and facilitates benchmarking

Rolling average: The most recent months performance with the previous 11 months included thus providing an annual average. This is an effective way of presenting monthly performance data in a way that reduces some of the expected variation in the system i.e. seasonal factors providing a much smoother view of performance allowing trends to be more easily discerned.

National Peer Group: All other UK NHS acute Trusts (i.e. not including specialist, community or mental health trusts), enabling the Trust to benchmark itself against all other UK hospitals.

Summary Hospital-Level Mortality Indicator (SHMI): The nationally developed mortality ratio designed to be used to allow comparison between NHS organisations. This indicator also includes mortality within 30 days post discharge, so represents in hospital and out of hospital (within 30 days) mortality. The SHMI is the NHS 'Official' marker of mortality and is Glossary Directorate of Performance Assurance, published on a quarterly basis. Because of its inclusion of mortality data within 30 days of hospital discharge, when published, the most recent information available is quite historic, sometimes up to 6 months behind present day.

Sigma: A sigma value is a description of how far a sample or point of data is away from its mean, expressed in standard deviations. A data point with a higher sigma value will have a higher standard deviation, meaning it is further away from the mean.

Special Cause Variation: the pattern of variation is due to irregular or unnatural causes. Unexpected or unplanned events (such as extreme weather recently experienced) can result in special cause variation. Systems which display special cause variation are said to be unstable and unpredictable. When systems display special cause variation, the process needs sorting out to stabilise it. There are usually two types of special cause variation, trends and outliers. If a trend, the process has changed in some way and we need to understand and adopt if the change is beneficial or act if the change is deterioration. The outlier is a one-off condition which should not result in a process change. These must be understood and dealt with on their own (i.e. response to a major incident).

Standard Deviation: Standard deviation is a widely used measurement of variability or diversity used in statistics and probability theory. It shows how much variation or "dispersion" there is from the "average" (mean, or expected value). A low standard deviation indicates that the data points tend to be very close to the mean, whereas high standard deviation indicates that the data are spread out over a large range of values.

Understanding Mortality Rates – CRUDE, HSMR, RAMI and SHMI

	Crude	SHMI	HSMR
Numerator	Actual number of deaths	Total number of observed deaths in hospital and within 30 days of discharge from the hospital	All spells culminating in death at the end of the patient pathway, defined by specific diagnosis codes for the primary diagnosis of the spell: uses 56 diagnosis groups which contribute to approx. 80% of in hospital deaths in England
Denominator	Number of discharges	Expected number of deaths	Expected number of deaths
Adjustments		• Sex • Age group • Admission method • Co-morbidities based on Charlson score • Year index • Diagnosis group No adjustment is made for palliative care. Details of the categories above can be referenced from the methodology specification document at http://www.ic.nhs.uk/services/summar y-hospital-level-mortality-indictorshmi	• Sex • Age in bands of five up to 90+ • Admission method • Source of admission • History of previous emergency admissions in last 12 months • Month of admission • Socio economic deprivation quintile (using Carstairs) • Primary diagnosis based on the clinical classification system • Diagnosis sub-group • Co-morbidities based on Charlson score • Palliative care • Year of discharge
Exclusions	Excludes day cases, still births and well born babies.	Excludes specialist, community, mental health and independent sector hospitals; Stillbirths, Day cases, regular day and night attenders. Palliative care patients not excluded.	Excludes day cases and regular attendees. Palliative care patients not excluded
Whose data is included		All England non-specialist acute trusts except mental health, community and independent sector hospitals via SUS/HES and linked to ONS data for out of hospital deaths. Deaths that occur within 30 days are allocated to the last hospital the patient was discharged from.	England provider trusts via SUS/HES

Title:	Preparation for CNST Submission Update

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	27th May 2021		Discussion	✓
Exec Sponsor	Karen Meadowcroft		Decision	✓

Summary:	Now in its third year, the maternity incentive scheme supports the delivery of safer maternity care through an incentive element to Trusts' contributions to the CNST. Bolton NHS Foundation Trust has met the requirements for the previous two years and received the rebate accordingly. This third year has been delayed due the Covid-19 pandemic and the submission date is currently July 15th 2021. This paper provides a progress update in meeting the third year ten safety actions in preparation for this submission.

Previously considered by:	Quality Assurance Committee

Proposed Resolution	The Board agrees that the standards will be met and supports the declaration

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:	Natasha Macdonald Debora Tinsley	**Presented by:**	Karen Meadowcroft Chief Nurse

Background

1. In 2018/19 NHS Resolution (NHSR) supported a CNST discount incentive scheme which was available to all Trusts offering maternity services. This discount is dependent on the Trust declaring it has met the required ten safety actions.

2. Bolton NHS Foundation Trust met the required standards for both years one and two and as a result received a combined rebate of £1.6 million against its CNST contribution.

3. The third year of this scheme has been subject to delays and alterations to the standards due to Covid-19 but still consists of the ten safety actions.

4. The latest submission date for the Trust's declaration that it has met these standards is July 15th 2021.

5. As with previous years it is for Trust Board to declare that the service has met the ten safety actions. This declaration is subject to external validation.

6. This paper provides a progress update on achieving the ten safety actions.

Bolton NHS Foundation Trust year three submission

1. As mentioned previously the submission date is July 15th. In order for the declaration to be signed by this date the following timetable is in place:

Date	Forum
5th May	Clinical Governance and Quality Committee
19th May	Quality Assurance Committee
27th May	Trust Board
16th June	Quality Assurance Committee
15th July	Submission to NHS Resolution

2. Appendix one outlines:
    a. the safety actions and expands on how they are intended to improve the safety of maternity services.
    b. achievement and progress towards achieving those safety actions and the evidence collected.

Next Steps

1. If supported the declaration will be signed and submitted to NHS Resolution.

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CNST – Maternity Incentive Scheme 2021

Submission date July 15th 2021

What is it?

- **Maternity incentive scheme year three**

"Now in its third year, the maternity incentive scheme supports the delivery of safer maternity care through an incentive element to trusts' contributions to the CNST. The scheme, developed in partnership with the national maternity safety champions, rewards trusts that meet **ten safety actions** designed to improve the delivery of best practice in maternity and neonatal services. " (NHS Resolution website)

This reward is in the form of a rebate against the Trust's CNST contributions.

These safety actions are one of the ways by which maternity services are assessed. Others currently being actioned (and that the committee will be familiar with) include the Ockenden Report.

Timeline for submission

Date 2021	Forum
5th May	Clinical Governance and Quality Committee
19th May	Quality Assurance Committee
27th May	Trust Board
16th June	Quality Assurance Committee
15th July	Submission to NHS Resolution

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
1	Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?	Yes	Yes
2	Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?	Yes	Yes
3	Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?	Yes	Yes
4	Can you demonstrate an effective system of clinical workforce planning to the required standard?	Yes	Yes
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes	Yes
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?	Partly	Yes
7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	Yes	Yes
8	Can you evidence that each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?	Yes	Yes
9	Can you demonstrate that the Trust safety champions (obstetrician, midwife and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?	Yes	Yes
10	Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme?	Yes	Yes

Safety Action 1

Are you using the National Perinatal Mortality Tool to review perinatal deaths to the require standard?

- What is it and how does it improve safety?
  - It is a standardised way of reviewing perinatal deaths to ensure local and national learning to improve care
- Meeting the standard:
  - We have a dedicated team that ensures all suitable deaths (there are gestational limits) are entered into the tool for review
  - This team also ensures that the parents are informed and supported along this process
  - There is a monthly team review meeting to consolidate any learning. This is being widened to include peer review from other Trusts

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
1	**Safety action 1: Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?**	Yes	Yes
Required standards	a) i. All perinatal deaths eligible to be notified to MBRRACE-UK from Monday 11 January 2021 onwards must be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within four months of the death.		
	ii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT from Friday 20 December 2019 to 15 March 2021 will have been started.		
	iii. A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Thursday 1 October 2020 will have been started within four months of each death. This includes deaths after home births where care was provided by your Trust staff and the baby died.		
	b) i. At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Friday 20 December 2019 to Monday 15 March 2021 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool.		
	ii. At least 40% of all deaths of babies (suitable for review using the PMRT) who were born and died in your Trust, including home births, from Saturday 1 August 2020 to Thursday 31 December 2020 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool.		
	c) For 95% of all deaths of babies who were born and died in your Trust from Friday 20 December 2019, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your Trust staff and the baby died. If delays in completing reviews are anticipated parents should be advised that this is the case and be given a timetable for likely completion.		
	d) Quarterly reports will have been submitted to the Trust Board from Thursday 1 October 2020 onwards that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the Trust maternity safety champion.		
Evidence supplied	1. PMRT report 2. Position Paper on Stillbirth and Perinatal Mortality Rates Jan 2021 3. Case Review Meeting Agenda 4. Integrated Governance Report		

Safety Action 2

Are you submitting to the Maternity Services Data Set (MSDS) to the required standard?

- What is it and how does it improve safety?
  - The MSDS has been developed to help achieve better outcomes of care for mothers, babies and children
  - As well as providing timely data, the data set also provides a wide range of information about care given to users of NHS-funded Maternity Services in England
- Meeting the standard
  - We have a dedicated BI team and specialist midwife to support the collection, input and reporting of data

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
2	**Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?**	Yes	Yes
Required standards	NHS Digital will issue a monthly scorecard to data submitters (Trusts) that can be presented to the Board. It will help Trusts understand the improvements needed in advance of the assessment.		
	The scorecard will be used by NHS Digital to assess whether each MSDS data quality criteria has been met		
	All 13 criteria are mandatory. Items 1, 2, 4-13 will be assessed by NHS Digital and included in the scorecard. Item 3 will be reported to NHS Resolution.		
Evidence collected	1. MSDS scorecard 2. Email 3/3/21 confirming we have met the standard		

Safety Action 3

Can you demonstrate that you have transitional care services to support the recommendations made in the ATAIN programme?

- What is it and how does it improve safety?
  - Avoidable Term Admissions Into Neonatal Units
  - The number of unexpected admissions of full-term babies (ie those born at 37 weeks or more) into the neonatal unit is seen as a proxy indicator that harm may have been caused at some point along the maternity or neonatal pathway
- Meeting the standard
  - There is a dedicated group that meets weekly to review these admissions
  - This is attended by Neonatal and Obstetric consultants
  - It is supported by a task and finish group, led by the ward managers, to identify themes and develop actions

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
3	Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme? Please note that standards a, b and c have been removed.	Yes	Yes
Required standards	D) Commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2 have been shared, on request, with the Operational Delivery Network (ODN) and commissioner to inform a future regional approach to developing TC.		
	E) A review of term admissions to the neonatal unit and to TC during the Covid-19 period (Sunday 1 March 2020 – Monday 31 August 2020) is undertaken to identify the impact of: · closures or reduced capacity of TC · changes to parental access · staff redeployment · changes to postnatal visits leading to an increase in admissions including those for jaundice, weight loss and poor feeding.		
	F) An action plan to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews, including those identified through the Covid-19period as in point e) above has been agreed with the maternity and neonatal safety champions and Board level champion.		
	G) Progress with the revised ATAIN action plan has been shared with the maternity, neonatal and Board level safety champions.		
Evidence collected	1.Completed return for review 2. Minutes from ATAIN meeting 3. ATAIN action plan 4. Integrated Governance Report		

Safety Actions 4 and 5

Can you demonstrate an effective system of clinical workforce planning to the required standard?

- What is it and how does it improve safety?
  - These are both about ensuring the staffing of the service is safe
    - Anaesthetic staff
      - Are they dedicated to maternity on the rota?
      - Is the department ACSA accredited?
    - Neonatal medical and nursing staff
      - Do the staffing levels meet BAPM standards?
    - Midwifery staff
      - Do the staffing levels meet recognised standards?

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
4	Can you demonstrate an effective system of clinical* workforce planning to the required standard? Standard 1 (obstetric medical workforce) removed	Yes	Yes
Required standards	Anaesthetic medical workforce Dedicated theatre lists with a named consultant, or SAS (Staff Grade, Associate Specialist and Specialty Doctors) doctor who is able to work without consultant supervision, with no other clinical commitment should be provided. Duty consultant anaesthetist or SAS (Staff Grade, Associate Specialist and Specialty Doctors) doctor who is able to work without consultant supervision availability at a time when labour ward rounds are taking place.		
	Neonatal medical workforce The neonatal unit meets the British Association of Perinatal Medicine (BAPM) national standards of junior medical staffing. If this is not met, an action plan to address deficiencies is in place and agreed at board level		
	Neonatal nursing workforce The neonatal unit meets the service specification for neonatal nursing standards. If these are not met, an action plan is in place and agreed at board level to meet these recommendations		
Evidence collected	1. Sample from anaesthetic staffing rota and confirmation that the department meets ACSA standards 2a and b. Samples from Neonatal staffing rotas 3. BoD Staffing Paper - Comprehensive Overview 4. Integrated Governance Report		

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?	Yes	Yes
Required standards	a) A systematic, evidence-based process to calculate midwifery staffing establishment is completed.		
	b) The midwifery coordinator in charge of labour ward must have supernumerary status; (defined as having no caseload of their own during their shift) to ensure there is an oversight of all birth activity within the service		
	c) All women in active labour receive one-to-one midwifery care		
	d) Submit a 12-monthly midwifery staffing oversight report that covers staffing/safety issues to the Board.		
Evidence collected	1. Ockenden report Feb 21 (includes Birthrate Plus report as appendix 1) 2. BoD Staffing Paper - Comprehensive Overview 3. Extract from delivery suite rota		

Safety Action 6

Can you demonstrate compliance with all five elements of the Saving Babies Lives bundle Version 2?

- What is it and how does it improve safety?
  - Version two of the Saving Babies Lives bundle aims to provide detailed information for providers and commissioners of maternity care on how to reduce perinatal mortality across England. It brings together five elements of care that are widely recognised as evidence-based and/or best practice.

- Meeting the standard
  - NHS Resolution is very specific on the requirements for the CNST safety action (see next slide)
  - For the whole of SBL there are clinical leads for each element and a project group. In addition to looking at action based measures, the group have begun the development of an outcomes based dashboard to see if the actions are resulting in improvements
  - The most recent MBRACE report gives a reassuring picture and confirms along with the GM dashboard and our own data that we benchmark well, are seeing improving performance and have met and maintained the first of the safety ambitions (to reduce perinatal mortality by 20% by 2020)

Action number	Maternity safety action 6	Are we meeting this action?	Will we meet the action at July 15th?	What is outstanding?
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle version two?	Partly	Yes	
Required standards	Element one: • Recording of carbon monoxide reading for each pregnant woman on Maternity Information System (MIS) and inclusion of these data in the providers' Maternity Services Data Set (MSDS) submission to NHS Digital. • Carbon Monoxide (CO) measurement at booking is recorded. • CO measurement at 36 weeks is recorded. Target is 80%			This was suspended due to it being an aerosol generating procedure. When restarted, it was noted that there is not currently a field in the MSDS to allow us to record it. At the time of writing, this has not been resolved by NHS Digital. Therefore we are undertaking an audit into compliance that will be concluded at the end of May.
	Element two: • Pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded at booking. Target is 80%			
	Element three: a) Women booked for antenatal care who had received leaflet/information by 28+0 weeks of pregnancy. b) Women who attend with RFM who have a computerised CTG. Target is 80%			
	Element four: • Percentage of staff who have received training on fetal monitoring in labour in line with the requirements of Safety Action eight, including: intermittent auscultation, electronic fetal monitoring, human factors and situational awareness. • Percentage of staff who have successfully completed mandatory annual competency assessment. *90% target has been removed for this year			
	Element five: • a) Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth. • b) Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth. • c) Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance). Target is 85%			
Evidence collected	1. Chairs report to Safety Champions meeting 2. Position Paper on Stillbirth and Perinatal Mortality Rates Jan 2021 3. Extracts from performance dashboards 4. Clinical guideline on management of fetal growth restriction 5. Training logs 6. Completed audit 7. Additional information on pathways			

Safety Action 7

Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?

- What is it and how does it improve safety?
  - Maternity Voices Partnership (MVP), is an independent, multi-disciplinary advisory and action forum with service users at the centre. It incorporates the principles and practice of participatory co-design and co-production to ensure that the principles of MVPs are at the core of the commissioning, monitoring and continuous improvement of maternity services
- Meeting the standard
  - There is a well established Bolton MVP in which staff from Bolton NHS FT are involved (e.g. Consultant Midwife, Specialist Cultural Liaison Midwife). The MVP has continued to meet virtually during the pandemic. It appointed a new chair in April 2020 and they are very proactive in promoting the MVP and being involved in service change

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
7	Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services?	Yes	Yes
Evidence collected	1. ToR for the MVP 2. Report to Patient Experience and Inclusion Committee 3 and 4. Minutes and notes from meetings 5. MVP Charter on service changes due to Covid-19 6. MVP chair job description 7. MVP response to service change (companion policy) 8. Gap analysis comms tool kit		

Safety Action 8

Can you evidence that each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?

- What is it and how does it improve safety?
  - Every staff group working on the unit have current training in processes and equipment. It also builds team unity by training multi-disciplinary groups together wherever possible
- Meeting the standard:
  - We have a dedicated practice education team to deliver training
  - Training sessions are established that bring together all staff groups

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
8	Can you evidence that each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019? *In the current year we have removed the threshold of 90%. This applies to all safety action 8 requirements. We recommend that trusts identify any shortfall in reaching the 90% threshold and commit to addressing this as soon as possible*	Yes	Yes
Required standards	a) Can you evidence that each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session since the launch of MIS year three in December 2019?		
	b) Can you evidence that multi-professional - system testing occurs with anaesthetic/maternity/neonatal teams in the clinical area, and that risks/issues identified are addressed.		
	c) Can you evidence that the team required to be involved in immediate resuscitation of the newborn and management of the deteriorating new born infant have attended your in-house neonatal resuscitation training or Newborn Life Support (NLS) course since the launch of MIS year three in December 2019.		
Evidence collected	1. Training dashboards 2. Covid-19 response drill 3. Lessons learned from drill		

Safety Action 9

Can you demonstrate that the Trust safety champions (obstetric, neonatal and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?

- What is it and how does it improve safety?
  - It allows the staff to have a 'voice' at Board
  - It is essential for creating a transparent culture where concerns can be raised
  - It is essential for supporting the Board of Directors in being briefed on the service
- Meeting the standard
  - The safety champions meet monthly where they discuss not only any issues but also progress with initiatives
  - Walk rounds of the service are conducted on a regular basis by the safety champions

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
9	Can you demonstrate that the Trust safety champions (obstetrician, midwife and neonatal) are meeting bi-monthly with Board level champions to escalate locally identified issues?	Yes	Yes
Required standard	a) A pathway has been developed that describes how frontline midwifery, neonatal, obstetric and Board safety champions share safety intelligence from floor to Board and through the local maternity system (LMS) and MatNeoSIP Patient Safety Networks.		
	b) Board level safety champions are undertaking bi-monthly feedback sessions for maternity and neonatal staff to raise concerns relating to safety issues, including those relating to Covid-19 service changes and service user feedback and can demonstrate that progress with actioning named concerns are visible to staff.		
	c) Board level safety champions have reviewed their continuity of carer action plan in the light of Covid-19. Taking into account the increased risk facing women from Black, Asian and minority ethnic backgrounds and the most deprived areas, a revised action plan describes how the maternity service will resume or continue working towards a minimum of 35% of women being placed onto a continuity of carer pathway, prioritising women from the most vulnerable groups they serve.		
	d) Together with their frontline safety champions, the Board safety champion and MatNeoSIP Patient Safety Networks has reviewed local outcomes in relation to national reports		
	e) The Board Level Safety Champion is actively supporting capacity (and capability) building for all staff to be actively involved in the following areas: • Maternity and neonatal quality and safety improvement activity within the Trust, including that determined in response to Covid-19 safety concerns • Specific national improvement work and testing lead by MatNeoSIP that the Trust is directly involved with		
Evidence collected	1a and 1b Safety Champions posters 2a and b Papers from Safety Champions meetings 3. Continuity of Carer action plan 4. Position Paper on Stillbirth and Perinatal Mortality Rates Jan 2021 5. Paper "Understanding Bolton's Pregnancy Demographics" 6. Minutes from MatNeo improvement group		

Safety Action 10

Have you reported 100% of qualifying cases to HSIB and (for 2019/2020 births only) reported to NHS Resolution's early Notification (EN) Scheme?

- What is it and how does it improve safety?
  - A maternity investigation programme as part of a national action plan to make maternity care safer. They are undertaking approximately 1,000 independent maternity safety investigations to identify common themes and influence systemic change
- Meeting the standard:
  - The Maternity Incentive scheme audit our reports to assess compliance with the standard. They have queried 2 cases by email but on investigation these did not meet the criteria for submission

Action number	Maternity safety action	Are we meeting this action?	Will we meet the action at July 15th?
10	Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme?	Yes	Yes
Required standards	a) Reporting of all outstanding qualifying cases for the year 2019/20 to NHS Resolution's EN scheme.		
	b) Reporting of all qualifying cases to the Healthcare Safety Investigation Branch (HSIB) for 2020/21.		
	c) For qualifying cases which have occurred during the period 1 October 2020 to 31 March 2021 the Trust Board are assured that: 1. the family have received information on the role of HSIB and the EN scheme; and 2. there has been compliance, where required, with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of the duty of candour.		
Evidence collected	1. Sample of referral portal 2. Correspondence with the Maternity Incentive Scheme re audit on criteria a) and b) 3. Integrated Performance report		

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CNST – Maternity Incentive Scheme 2021

Thank you

Agenda Item: 16

Title:	People Committee Chair's Reports (April and May 2021)

Meeting:	Board of Directors	Purpose:	Assurance	✓
Date:	27th May 2021		Discussion	
Exec Sponsor:	James Mawrey		Decision	

Summary:	This report provides an update on the April and May People Committee. There are no areas of concern to escalate to the Board of Directors. The following matters are worthy of noting in this summary section:- 1. 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. 2. Absence rates remain low, when compared to peer organisations. At the time of the May Committee there was no evidence the recent Covid spike in the Community were having an adverse impact on staff absence rates. 3. A focused discussion on the Leadership Agenda was welcomed. In particular, the discussions regarding the following programmes: Medical Leadership, OBM leadership; Coaching and Mentoring and BAME leadership. It was noted that further work is taking place regarding wider multidisciplinary leadership programmes 4. The Committee received a helpful report from the Guardian of Safe working. It was noted that the GOSW had not issued any fines and all the exception reports were being progressed in the appropriate manner. 5. The Committee received an update on the Health Education England action plan and welcomed the wide range of actions that have been taken since the last visit. Including the recruitment of 5 O&G Consultants; Review of rota's and staffing levels; Senior support measures; Improved culture, Improved induction and improved teaching. It was noted that the view of the Division is that improvements would be recognised in the forthcoming HEE visit.

Previously considered by:	Not applicable

Proposed Resolution:	The Board is requested to note and be assured by these reports.

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, Non-Executive Director

Committee/Group Chair's Report

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	April 2021	Date of next meeting:	May 2021
Chair:	M Brown	Parent Committee:	Trust Board
Members present/attendees:	F Noden, J Mawrey, A Ennis, K Meadowcroft, S Martin, A Hansen, E Steel, A Stuttard, M North, C Sheard, P Henshaw, L Gammack, A Chilton, H Barji, I Ismail and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	F Andrews, A Walker

Key Agenda Items:	RAG	Key Points	Action/decision
Resourcing		• Following a recent appointment day 84 Nurses have been offered employment and will commence in September. Given travel restrictions it is expected that the 15 oversees nurses will now commence in June (earliest) • The Covid vaccination programme is ongoing with 69% of staff having now had their second dose. Of these 75% of Clinical Vulnerable, 61% of BAME staff have and their second dose. Support is in place to encourage the highest possible take up (via Medical Directors office, BAME Forum and Vaccination team). • The positive Recruitment position compared to GM/North-West and wider NHS was noted by all members.	**Actions agreed:-** • The report was noted. • The next report to include an update on Exit Interviews and a heatmap of establishment versus vacancies across the Clinical areas

	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

Go Engage		• The Committee received the quarterly findings of the Go Engage survey. • The Trust received an overall engagement score of 4.02% which was higher than last quarter. Albeit the overall response rate of 17% was low and recovery actions were discussed. • Overall the results highlight a high level of engagement across the Trust. Six of the engagement enablers including clarity, mindset, personal development, perceived fairness, influence and recognition were significantly higher than the last quarter. Four of the enablers specifically; clarity, mindset, resources and recognition were also significantly higher than the same period last year. • It was noted that Psychological Safety had dropped (although not considered a low score) and discussion ensued on areas of focus. • Divisional reports will be distributed with Divisional actions being escalated via the Experience & Wellbeing Group.	**Actions agreed:-** • The report was noted. • Update to be provided at the next meeting on the enabling actions to support Psychological Safety of our workforce. • Explore and report back how we can make improvements to our facilities to support staff in their hydration and nutrition.

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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

Apprenticeship report		• The impact of Covid has meant that 63 Staff achieved an Apprentice qualification last year, compared to 116 staff last year. This drop mirrors the position in other local NHS organisations. • Discussions ensued regarding the target for 21/22 and it was deemed further work was required before this would be agreed. Specifically making clear how the apprentice qualification links with our strategic plans and serves to deliver against our levy target.	**Actions agreed:-** • Update on proposed target ensuring alignment to strategic plans and levy target.

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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

EDI Plan		• The People Committee welcomed the first draft of the EDI Strategy. • Concern was raised regarding the level of meaningful engagement that had taken place on the Strategy. Furthermore more focus was required on the patient element of the plan. • Given the extensive work that is required the People Committee did not endorse this plan for approval to the BoD. Instead it was requested that this would need to come back to the Committee in two months' time with actions taken on the areas highlighted.	**Action agreed:-** • Report back in June, 21.
FTSU Report		• Another excellent report by the FTSU Guardian on the enabling actions that have been taking place during the last quarter. ➢ The Trust now has 31 FTSU Champions; 26 cases were raised in the last quarter; monthly meetings continue to be held with MB, BI, FN and JM. The FTSU Guardian is now required (as with all Trusts) to report quarterly on the number of staff who have reported detriment	**Action agreed:-** • The report was noted.

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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

Occupational Health Update		• It was confirmed that the service was successfully TUPE transferred on 1st April. Committee members and OH staff themselves all noted that this was considered a positive step forward. Carol Sheard was thanked for her tight Project Management of this transfer. • Priorities for the next 1-3 months, 3-12months were discussed and agreed.	**Action agreed:-** • Presentation was noted • Regular Occupational Health KPI reporting via the integrated dashboard.
Integrated Workforce Report		• The report triangulated key workforce data to support informed discussions. • Pleasing to note that appraisal rates have been improving. • Divisions were pleased that the full and more granular dashboard (pre covid) would recommence in May meeting.	**Action agreed:-** • Presentation was noted.
Risks Escalated		• None. Matters being managed within Committee.	

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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

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	May 2021	Date of next meeting:	June 2021
Chair:	M Brown	Parent Committee:	Trust Board
Members present/attendees:	F Noden, J Mawrey, A Ennis, A Hansen, F Andrews, S Martin, E Steel, A Stuttard, M North, P Henshaw, L Gammack, K Stott, A Chilton, I Ismail and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	A Studdard, A Walker, C Sheard

Key Agenda Items:	RAG	Key Points	Action/decision
Resourcing		• The Committee received an update on a number of recent appointments across all staffing groups. It was noted that the Nurse vacancy level is currently running at 3.24% (positive benchmark position). • Noted that the Indian nurses who were due to onboard with the Trust in Quarter 1 will now be delayed due to the Covid position in India. • Discussion took place on the development of new roles (e.g. Physician Associates) and how these need to be more clearly mapped in to Divisional Workforce Plans. • The absence rates for the Trust remain low when compared to peer organizations. At this time there is no evidence that the recent spikes in the community has resulted on increased sickness absence rates.	**Actions agreed:-** • The report was noted. • A more focused report on Exit Interviews at the next meeting, outlining key themes and actions to improve response rates. • A more focused report on how new roles are being mapped into our Workforce Planning processes.

	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

		• The Covid vaccination programme is ongoing with 83% of staff having now had their first dose and 75% having had their second dose. Of these 88% of Clinical Vulnerable, 76% of BAME staff have and their second dose. Support remains in place to encourage the highest possible take up (via Medical Directors office, BAME Forum and Vaccination team). • Some discussion took place on the Exit Interview process. Albeit it was felt more information was required on emerging themes and how response rates can be improved.	

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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

Analysis of Staffing levels. January 20-March, 21.		• The Committee received a very comprehensive report on current staffing levels, along with an overview on Agency spend. • It was noted all staff groups have shown an increase in headcount during the reporting period (net increase of 80 staff). Of note the HC increase was significantly higher during Wave 1 due to temporary deployments. • Agency expenditure is driven in the main by nursing and medical staffing. With nursing staffing accounting for 48% of all agency spend, medical 35% of all agency spend, and AHP 11% of all agency spend. • Colleagues noted that the Trust spent £1.9m on agency staffing exclusively in support of COVID pressures (centrally funded).	**Actions agreed:-** • The report was noted. • DoF has confirmed paper will the discussed at Finance Committee in June.

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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

Staff Engagement Programme		• The Committee noted that the next NHS Staff Survey is due in October. Plans are in place, at a Trust and Divisional level, to build upon our existing strong position. Details included (non exhaustive): further improving culture & behaviours, strengthen relationships, enhancing our approach to recognition, enhancing our approach to wellness, strengthening EDI.	**Actions agreed:-** • The report was noted. • Progress to monitored by the Staff Experience Group with regular updates to the Committee.
Apprenticeship Target Update		• This report built on the report from the last meeting and Committee members supported the target of 138, along with the aspirations of how these would be achieved at Divisional level.	**Actions agreed:-** • The report was noted. • Progress to monitored by the People Development Group with bi-annual updates to the Committee.
People Development Update		• The report gave an updated position on the current people development agenda. A detailed discussion took place on Medical Leadership Programme (commencing in Quarter 2); Coaching and Mentoring Programme; BAME Development Programme; Operational Development Programme. It was noted that further programmes will be designed to cover the full multi-disciplinary workforce.	**Actions agreed:-** • The report was noted. • Progress to monitored by the People Development Group with quarterly updates to the Committee.

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Guardian of Safe working Quarterly and Annual report		• The Committee commended a very helpful and detailed report. • Within the last year 249 exception reports were received. A granular level of detail was provided on these exception reports and the Committee were assured appropriate actions were being taken. No fines have been levied by the GOSW. • The GOSW discussed the visibility actions she had taken to ensure she appropriately received updates from key Junior Doctor matters.	**Actions agreed:-** • The report was commended
Health Education England Update plan		• The Committee welcomed the wide range of actions that have been taken since the last meeting. Including the recruitment of 5 O&G Consultants; Review of rota's and staffing levels; Senior support measures; Improved culture, Improved induction and improved teaching. • It was noted that the view of the Division is that improvements would be recognised in the forthcoming HEE visit.	**Actions agreed:-** • The report was commended • Update to be provided following the next HEE visit.

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Integrated Workforce Report		• The report triangulated key workforce data to support informed discussions.	**Action agreed:-** • The report was noted.
Subgroup Updates		• The Director of People provided updates on the People Development Group, EDI Group, Staff Expereience Group and Workforce Digital Group.	**Action agreed:-** • The reports were noted.
Risks Escalated		• None. Matters being managed within Committee.	

	No assurance – could have a significant impact on quality, operational or financial performance;
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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: 17

Title:	Staff Wellness Update

Meeting:	Board of Directors	Purpose:	Assurance	✓
Date:	27th May 2021		Discussion	
Exec Sponsor:	James Mawrey		Decision	

Summary:	This report provides the Board of Directors with an overview of how the organisation is creating a culture of staff wellness & wellbeing. Included in the paper is an update of the 'offer' and what further actions are being undertaken to support our staff now and beyond.

Previously considered by:	Not applicable. Albeit similar update papers have been provided to the People Committee on a regular basis.

Proposed Resolution:	The Board of Directors are asked to note the contents of this report and support the priority areas for action.

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, Deputy Director of OD	Presented by:	James Mawrey, Director of People

1. Purpose

1.1 This report provides the Board of Directors with an overview of how the organisation is creating a culture of staff wellness & wellbeing. Included in the paper is an update of the 'offer' and what further action is being undertaken to support our staff now and beyond.

2. Background

2.1 We recognise the enormous pressure this pandemic has put on our workforce and colleagues will be aware that we increased the provision of staff health and wellbeing support from the outset. Over the last 14 months we have continued to adapt and enhance our offer to ensure our staff feel safe and protected to respond to the pandemic.

2.2 Our proactive staff wellness and engagement approach has resulted in our Trust achieving the lowest sickness absence levels in Greater Manchester and the second lowest in the North West region. Our staff wellness approach also contributed to the Trust achieving the highest staff engagement score compared to other acute and combined acute and community trusts in Greater Manchester and the North West.

2.3 Our Leadership teams (all levels), Staff Experience Steering Group and People Committee have been instrumental in driving forward this critical cultural agenda and we are extremely pleased that Malcolm Brown, Non-Executive Director and Chair of the People Committee, has agreed to be the Trust's Wellbeing Guardian (a requirement within the NHS People Plan). As the Guardian, his role is to work with the Executive Team, on behalf of the Board of Directors, to ensure a culture of wellbeing is adopted within our organisation.

2.4 We are now very much in the thrust of developing and executing recovery plans to increase elective activity and manage the increasing back log of patients requiring treatment. It is clear from our recent staff survey results and talking with staff that they are feeling fatigued and anxious about a potential wave 4 and the scale and pace of the recovery work. It is therefore critical that we continue to listen to our staff and engage them in co-designing the support they need to rise to the challenges that we continue to face.

2.5 Our 2020 NHS staff survey results showed:

- Our score for Health and Wellbeing was 6.2 compared to the average (6.1).
- 35% of our staff stated that our Trust definitely takes positive action on health and wellbeing compared to the average (31.7%).
- 27.2% of our staff said they had experienced musculoskeletal problems as a result of work activities compared the average (28.8%).
- 45.1% of our staff said they felt unwell as a result of work-related stress during the last 12 months compared to the average (44.1%). This is our best score for this specific question over the last five years.
- 43.9% of our staff said they came to work in the last 3 months despite not feeling well enough to perform their duties compared to the average (46.6). This is our lowest score for this specific question over the last 5 years. This is likely to come as no surprise to the Board given the unprecedented pressure our staff have been working under responding to the pandemic to ensure the people of Bolton receive high quality care. The NHS workforce is known for putting the patient first every time even if it's to the detriment to their own health and wellbeing.
- 59.7% of our staff reported being satisfied or very satisfied with opportunities for flexible working compared to the average (55.5%). This is our best score in the last five years.

2.6 We are proud that our Trust continues to have low vacancy rates compared to other GM Trusts, however, retaining staff is a concern for us given the unprecedented period they have worked through and the war on talent within the NHS. A recent BMA survey showed that one in five doctors are considering quitting the NHS for an alternative career and one in four will likely take a career break. That is a huge problem that will affect everyone. Without a resilient and engaged workforce, patient care risks being compromised.

3. Current Staff Wellness Offer

3.1 We are fully committed to improving and investing in staff health and wellbeing and continuously reviews the offer available to ensure our workforce are receiving high quality and timely support.

3.2 As colleagues will be aware we have a plethora of practical and psychological support in place which is available to all staff. Below is a brief overview (non-exhaustive) which has been shared with our workforce via our internal communication channels: -

- Mental health telephone support delivered by the Occupational Health Service – 511 staff have attended the mental health drop-in sessions during April 2020 and March 2021. This resulted in 303 mental wellbeing follow up appointments and 210 counselling sessions;
- Employee Assistance Programme; 24/7 telephone counselling and advice line, telephone number 03303 800658 – 278 staff have accessed the service since 1st April 2020 and 155 of those staff have received telephone counselling (between 1 to 6 sessions);
- Free access to mental health apps including ShinyMind, Headspace, Sleepio, Daylight, etc. – to date 731 staff are active users of the ShinyMind App;
- Vivup; an online wellbeing portal – to date 2339 staff have signed up to use the portal;
- Neyber; an online financial wellbeing portal and financial wellbeing webinars;
- Chaplaincy support;
- Caring for Yourself Programme – delivered via face to face sessions and webinars which are available on the intranet – 242 staff have attended the sessions since April 2020;
- Caring for Your Teams Programmes – delivered via face to face sessions and webinars which are available on the intranet – 47 managers have completed the programme since it launched in December 2020 and a further 18 managers are due to attend in June 2021;
- Free online physical fitness classes delivered by the Trust's gym instructors;
- Accessible staff wellness tools, information and guidance;
- Free staff car parking;
- Additional changing facilities on the RBH site;
- Catering services for staff on wards and hydration stations; and
- Distribution of donated treats and wellbeing gifts to our staff, e.g. vouchers, self-care bags, water bottles, positivity packs, thank you team lunches etc.

3.3 We have used clear, simple communications reminding staff of the support that they can access. A copy of the visuals we have shared are attached at **appendix one.** The staff wellness offer is continually promoted via the weekly staff comms update, the intranet, Team Brief and the Chief Executive's weekly blog.

3.4 In addition to the core wellness offer, there has been a significant focus on improving staff rest facilities alongside reviewing our estate utilisation plan. We successfully secured NHS Charities funding to make improvements to some existing facilities which were identified by divisions as being in need of attention. This programme of work is due to be completed by July 2021.

3.5 It should be noted that during the peak of the pandemic additional staff wellness support was put in place which now stepped up and down according to need, this includes:

- Setting up lavender rooms across the RBH site and in community buildings – these provide safe and quiet space for staff to take time out and access wellbeing resources;
- Arranging alternative accommodation for staff (where necessary);
- Holding drop-in support clinics on the RBH site – delivered by the Trust's Clinical Health Psychology Team;

3.6 We have also done some extensive work to support staff that were shielding. This has included carrying out a survey to help understand to what extent they felt supported whilst shielding to identify where further support is required. In addition to this the Chief Executive hosted listening sessions with shielding staff which were very emotional with attendees sharing their experiences and feelings of loss, disappointment and sadness. It was clear that some staff felt more could have been done to support them. Attendees were very appreciative of the support provided by Victoria Fletcher-Simm, the Shielding Support Officer. It was clear from the listening session and survey findings that robust measures need to be put in place to ensure that individuals have a safe and supported return to the work place when shielding ends. Subsequently a paper was presented to the Executive Team in March 2021 outlining a range of actions that would be taken to enhance the support available to shielding staff and effectively manage their safe return to site.

4. Latest Developments

4.1 We are fully committed to improving and investing in staff health and wellbeing and continuously reviews the offer available to ensure our workforce are receiving high quality and timely support. The Workforce and OD Directorate working collaboratively with divisions are developing a number of new interventions and approaches with the aim of further supporting our staff. This includes:

4.1.1 **Occupational Health (OH) Service** – we took the decision to bring the OH service back in-house from 1st April 2021 to improve the level of support provide to divisions and the organisation. The OH Manager is currently consulting key stakeholders to help shape a new and improved service level agreement. The OH Team are thrilled that they are back part of the Bolton family and are super keen to build on the strengths of the service and ensure their support is accessible, impactful and timely.

4.1.2 **Schwartz Rounds** – plans are in place to introduce Schwartz Rounds in July 2021. The Rounds will create space for staff from multi-disciplines to come together to discuss the emotional aspects of working in healthcare. The Executive Team have approved the license costs and resources required to implement the approach. A Clinical Lead has been identified and we are currently establishing a steering group and arranging training for the Clinical Lead, steering and group and facilitators. The Schwartz Rounds Steering Group will formally report into the Staff Experience Steering Group.

4.1.3 **Long Term Psychological Support** – the Workforce and OD Directorate are currently exploring with our Clinical Health Psychology Service and OH Service the feasibility of developing a dedicated Clinical Psychologist role focusing solely on staff support. This would be a treatment service which goes beyond the staff counselling service currently provided by the OH Service. It would enable our staff to receive rapid support instead of being referred elsewhere when they are experiencing significant levels of distress and trauma. In addition, we are exploring the provision of a network of psychological first aiders across the Bolton system to build on the expertise and support provided by trained psychological first aiders in the Chaplaincy Service and within Bolton Council. There is much discussion in the North West region amongst Staff Wellbeing Leads about the effectiveness of psychological first aiders and there has been a suggestion to create a NW network of first aiders. We will of course take account of the learning from elsewhere and any regional developments in a future proposal on this concept.

4.1.4 **Trauma Risk Management (TRiM)** – we are currently developing a proposal to implement the TRiM approach which is a trauma-focused peer support system designed to help individuals who have experienced a traumatic, or potentially traumatic event. TRiM Practitioners are individuals identified within the organisation who have undergone specific training allowing them to understand the effects that traumatic events can have upon people. They are not counsellors or therapists, but understand confidentiality and are able to listen and offer practical advice and assistance. The TRiM approach is fully consistent with the traumatic stress management guidance issued by the National Institute for Health and Care Excellence. A costed proposal will be presented to the Executive Team in June 2021.

4.1.5 **Supporting staff with long-Covid** – the Workforce and OD Directorate are working in partnership with staff side colleagues to develop and implement initiatives to support individuals suffering with long-Covid symptoms to remain in or return to work. This includes new guidance for employees and line managers and enabling individuals to connect with other colleagues in a similar situation to provide mutual support.

4.1.6 **Smoke-Free Trust** – during March 2021 Health and Improvement Practitioners (HIPs) carried out walkabouts on the RBH site and engaged in conversations with patients and employees that smoke to understand what the key challenges and barriers are for people to quit smoking. This exercise proved to be extremely valuable and it is clear that staff and patients would welcome additional support to stop smoking. The insights gained will inform a behaviour change campaign which will be co-designed with an external marketing and creative agency that has been appointed.

4.1.7 **Staff Wellness Champions** – a network of champions across the organisation has been established to help colleagues to lead healthier lifestyles and further drive forward our staff health and wellbeing agenda. So far 19 champions have been identified and plans are in place to showcase the important work they do and encourage more colleagues to become a champion. Champions network meetings have been scheduled throughout this year and a champion's profile has been developed.

5. Key Priorities 2021-22

5.1 To develop and sustain ways to enhance the health and wellbeing of our staff there needs to be a culture of wellness and clear leadership, supported by partnership working and a solid plan that continues to be developed and is underpinned by a proactive and engaged approach. In addition to the developments outlined in section four of this report, our priorities over the next 12 months will be:

- **Targeted OD support** – there is a wealth of evidence that shows there is a strong correlation between performance and engagement and wellbeing. The OD Service will continue to provide OD expertise and practical support to divisions to address performance 'hot spots' and support culture change and transformation. The team are currently working closely with the Adult Acute Care Division to implement an OD roadmap that helps to improve A&E performance, building on the strengths of the department.
- **Supportive work culture** – we will continue to normalise speaking up, reaching out for help and prioritising self-care. We will also implement new ways for employees to be healthier in the workplace and support and reward healthy behaviour change and habits.
- **Model of wellness leadership** – we will build on pre-existing resources, tools and training to equip all line managers with the skills, knowledge and support to increase advocacy and ownership of the mental and physical wellbeing of staff. We need compassionate leaders at all levels within the organisation that role model our 'Be Kind' behaviour. We are currently refreshing our leadership and management development

offer and delivering a series of leadership masterclasses which have been very positively received.

- **Agile working** – we will support teams and individuals to work more agilely and ensure they do so in a healthy and safe way. This includes enhancing our policies, procedures and processes, ensuring everyone, who works at home either on a part-time / full-time / ad-hoc basis, completes a robust risk assessment and supporting line managers and employees to work in a virtual/remote way.
- **Further embed the VOICE Behaviour Framework** – working under extreme pressure can change someone's character and it can change the way they communicate with people. We therefore need to help our staff to reflect on their own behaviour, understand what is driving their behaviour and amend their behaviour if it is having a negative impact on themselves and others. The VOICE Behaviour Framework provides clarity on how we expect all staff to behave and what they should accept from other staff. We will design and implement a range of interventions to help employees and teams to display the right behaviours.
- **FABB conversations** – building on the successful launch of the FABB conversations approach we will further embed the approach by putting measures in place to ensure that all employees receive FABB check-ins in addition to the their FABB annual appraisal conversation. We will also introduce 'My Wellbeing Plans' as part of the toolkit. The aim is to help individuals take greater responsibility for their own health and wellbeing.
- **Staff wellness centre** – we have successfully secured charitable funding to refurbish the Sports and Social Club on the RBH site and repurpose it as a new Staff Wellness Centre. This facility will be used to deliver a range of wellness activities solely for staff which will provide a haven away from the busy clinical areas. The RBH onsite gym will continue to be located within the building. Discussions are underway to firm up the timescales for the refurbishment work and the opening date.
- **Flexible working** – we will continue to encourage and support teams/departments to offer and implement flexible working practices. The agile working project group are working hard to put policies, processes and support in place to increase remote and home working across the organisation. Increasing flexible working options will help us to attract and retain staff and create a much more carer friendly organisation.
- **Wellbeing audit** – we will carry out an online assessment that measures workplace team and employee wellbeing and resilience. This will help us to identify the key wellbeing objectives and priorities for our organisation, providing clarity of direction so we can channel resources towards those areas that need the most support and are the highest risk of impacting on engagement and performance. The audit will go beyond what the Bolton Engage pulse surveys and NHS national staff survey measures. A full proposal will be shared with the Staff Experience Steering Group and Executive Team in due course.

6. Next Steps

6.1 The Workforce and OD Directorate will work with key stakeholders to refresh the Trust's Staff Health and Wellbeing Strategy to ensure that it is fit for purpose and underpins the delivery of the Workforce and OD Strategy.

6.2 The new Divisional People Committees will have a focus on staff wellbeing and will report back on the progress of their Divisional Great Place to Work Plans via their Chairs Reports to the People Committee. The Staff Experience Steering Group will continue to take responsibility for the delivery of the staff wellness agenda and ensure that impactful measures are put in place to address areas of concerns.

6.3 Divisions will continue to be supported by the OD Service and Communications and Engagement Department to develop, communicate and deliver their Divisional Great Place to Work Plans. The plans will be regular refreshed to take account of latest staff feedback.

7. Conclusion

7.1 Looking after the health and wellbeing of our staff directly contributes to the delivery of high quality patient care. Poor workforce health has high and far reaching costs for the Trust, staff and ultimately our patients and service users.

7.2 The characterisation of NHS staff as 'heroes' and 'super humans' can be damaging, however, well intentioned. Our staff are just people who are desperate not to let our patients, their colleagues or the organisation down. That often means that they stay silent for too long when it comes to their own wellbeing. We therefore need to explore every avenue and innovation to reverse this trend and give our staff the tools they need to tackle burnout and build thriving, sustainable careers.

7.3 If there is one lesson that we must all take away from the last 14 months, it is that our mental and physical health are our most valuable assets. We therefore need to protect our employees' wellbeing at all costs.

8. Recommendations

8.1 The Board of Directors are asked to:

- Note the contents of this report and support the priority areas for action.

Covid-19:
Staff Mental Wellbeing Support

NHS
Bolton
NHS Foundation Trust

Telephone Support

- Employee assistance programme
a 24 hour 7 day a week confidential helpline and telephone counselling service. Telephone 03303 800658

- Occupational health support
Mondays 1.30 to 3.30pm, Wednesdays & Fridays 9.30am to 11.30am. Alternatively email StaffhealthEnq@boltonft.nhs.uk

- NHS National helpline
7am to 11pm daily. Telephone 0300 131 7000 or text FRONTLINE to 85258

- NHS Greater Manchester Resilience Hub
If you have been affected by covid-19, feel anxious, or overwhelmed, we can help you and your family. Visit www.penninecare.nhs.uk/mcrhub-covid19 Call 03330 095 071 or email gm.help@nhs.net

Bereavement Support

- Speak to Laura Prescott, Bereavement Liaison Nurse or Suzanne Lomax, Clinical Lead for Bereavement Services on 01204 390448 (Ext 5448).

- Greater Manchester Bereavement Service
can help find the right support for anyone in Greater Manchester who has been bereaved or affected by a death. The service also provides support for professionals seeking advice. You do not need to feel alone as you deal with your grief. 0161 983 0902
Monday to Friday, 9am to 5pm (except bank holidays)
salccg.gm.bs@nhs.net
www.greater-manchester-bereavement-service.org.uk

- Greater Manchester Wellbeing Toolkit
Supporting the wellbeing of our workforce in Greater Manchester, the Wellbeing Toolkit has been created for colleagues in health and care, included the NHS and social care, as well as those in the voluntary sector, those delivering health and care services in the private sector and our unwaged workforce too. Please share it with colleagues, and family and friends too. We are all unique and have different wellbeing needs. This toolkit has been designed to help you find the wellbeing resources that are right for you; including physical, practical and psychological support. Download the toolkit at www.gmhsc.org.uk/wellbeing-toolkit

- Other useful numbers:

Samaritans 116 123

Mind – 0300 123393 or text 8643

SANE line – 0300 304 7000

Virtual/Online Support

- Caring for yourself/teams webinars
there are a range of webinars that were developed as part of the Caring for Yourself Programme that has been delivered across the Trust. The webinars can be found on the intranet.

- Vivup
Visit www.vivup.co.uk to access a range of online health and wellbeing tools and resources.

- Silver Cloud digital mental health platform
a FREE online support for mental health and wellbeing available to all GM residents. It provides online therapy to help with stress, anxiety, low mood and depression. Silver Cloud also offers a number of online programmes to help improve sleep or build resilience. Each programme uses proven methods, including cognitive behavioural therapy, and all information entered is anonymous, confidential and secure. To find out more and sign up to use Silver Cloud, go to https://GM.silvercloudhealth.com/signup

Face-to-Face Support

- Bolton 1point
Various Counselling/CBT Support Available – Employees must contact Bolton 1point directly, this will require an individual assessment, please note this service is for Bolton residents - 01204 917744/917745 or visit www.1pointbolton.org.uk

Chaplaincy & Spiritual Support

- Mosque and prayer rooms
Open to all staff 24/7 but you are asked to remember social distancing when using the rooms.

- Chaplaincy Office
open 8am to 4pm, Monday to Friday on Ext 5770. Outside of these hours please telephone 07401 289802. Alternatively e-mail Neville.markham@boltonft.nhs.uk or Catherine.binns@boltonft.nhs.uk

Mobile Phone Apps

- Shinymind App
FREE App providing mental wellbeing & resilience activities, resources, tools & functionality to send/receive positivity messages between colleagues within the Trust. If you have a valid works email address then you have been sent an email from Hello@Shinymind.co.uk follow the instructions and download the App. If you don't have a valid works email address then send your personal email address to wellnessmatters@boltonft.nhs.uk and you will be sent the joining instructions.

- Headspace App
FREE App providing meditation activities & resources. Joining instructions on the intranet and in the COVID19 staff FAQs.

Last updated: 28th April 2021

... for a better Bolton

Title:	Nursing and Midwifery Staffing Report			
Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	May 2021		Discussion	✓
Exec Sponsor	Karen Meadowcroft		Decision	
Summary:	NHS Trusts have a duty to ensure safe staffing levels are in place and patients are cared for by appropriately qualified and experienced staff. Demonstrating safe staffing is one of the essential standards that all health care providers must meet to comply with Care Quality Commission (CQC) regulation, Nursing and Midwifery Council (NMC) recommendations and NICE guidelines. The National Quality Board (2016) guidance includes expectations for nursing and midwifery staffing levels to assist local Trust Board decisions in ensuring the right staff, with the right skills are in the right place at the right time. This biannual nursing and midwifery staffing report outlines the national and regional position with regards to nurse staffing and provides analysis of our workforce position at the end of December 2020 and the actions being taken to mitigate and reduce our vacancy position. Included in the report are Divisional reviews undertaken in April 2021 using professional judgement and aligning safe staffing against national guidance relevant to the individual speciality areas. These include explanations of staffing models utilised, compliance with staffing and workforce KPI's, recruitment and retention issues and plans to address these. Also included are their plans to incorporate the recently developed Nursing Associate role within the workforce. Staffing levels, nurse recruitment and retention continues to be managed as a significant organisational priority.			
Previously considered by:				
Proposed Resolution	The Board of Directors is requested to: 1. Approve the content of this staffing review 2. Recognise the work undertaken over the past 12 months 3. Support the introduction of the validated Safer Care Nursing Tool 4. Support the review of nurse staffing following the outcome of the SNCT assessment			

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 Hansen, Deputy Chief Nurse	**Presented by:**	K Meadowcroft, Chief Nurse

INDEX

1 Introduction

1.1 This bi-annual, comprehensive report is provided to the Board of Directors on Nursing and Midwifery staffing. The report details our position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance for adult wards 2016[1], and the NHS Improvement (NHSI) Developing Workforce Safeguards Guidance, published in October 2018[2]. The Guidance recommends that the Board of Directors receive a bi-annual report on staffing in order to comply with the CQC fundamental standards on staffing and compliance outlined in the well-led framework[3].

1.2 The report provides an analysis of our nursing and midwifery workforce position at the end of **December 2020** and the actions being taken to mitigate and reduce the vacancy position, specifically within the staff nurse and midwifery band 5 and 6 workforce.

2 National Context and Guidance

2.1 Nationally nursing and midwifery workforce supply remains challenging with the shortfall in registered nurses being well-documented across all NHS providers. NHS Trusts are reporting a shortage of almost 145,000 staff, representing 1 in 11 posts. Forecasts suggest this gap could reach almost 250,000 by 2030 if current trends continue without significant action. There are **43,000** vacancies in nursing which equates to 1 in 8 posts with approximately 80% of the vacant shifts currently filled by bank and agency staff. Within maternity services, the Royal College of Midwifery (RCM) report a shortage of approximately **3,500** midwives[4].

2.2 The increased demands for health and social care together with an unprecedented political landscape presents an ever increasing challenge in addressing nursing workforce shortages and growth: -

- High number of nurses leaving the NHS and the profession every year, equating to 7,000 staff members' year on year.
- An aging workforce with an increase of nurses and midwives predicted to reach retirement age within the next 5 years.
- A growing population which is expected to increase a further 11% to 62 million by 2041.
- An aging population, as well as evolving healthcare needs, such as the increase in cases of obesity, diabetes and antibiotic resistance.
- Increasing acuity and dependency of patients with many patients requiring enhanced supervision.
- Advances in medicine and technology requiring a wider range of healthcare services to be provided.

2.3 The demand for staff to support these factors exceeds the supply available to many Trusts who are competing to recruit from the same supply of nurses. Ensuring we meet safe staffing levels continues to be a significant challenge.

2.4 HEE has not been responsible for commissioning undergraduate nursing places since 2017, and the higher education market now determines the numbers of students. In response to demand from prospective students in 2017, the first year of the new arrangements, the number of applicants fell by 11,000 (21%). Universities accepted a higher proportion of applicants than previously, so there was only a 3% fall in the number of new nursing students. Since 2017, numbers of nursing places have not increased as

[1] NQB 2016, Supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time.
[2] NHSI 2018, Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing. NHS Improvement, London
[3] https://www.cqc.org.uk/files/inspection-framework-nhs-trusts-foundation-trusts-trust-wide-well-led
[4] State of Maternity Services Report 2108- England

anticipated, and did not meet the Department's 2018-19 and 2019-20 commitments of a 25% increase. The number of applicants for September 2020 increased by 6% compared with 2019, but is still lower than the number of applicants in 2017. The changes in funding arrangements also removed NHS bursaries for nursing students, moving them onto the existing student loan arrangements in December 2019. Figures for September 2020 show an increase of 15%, there are no predicted figures yet for 2021. The government announced the introduction of new maintenance grants for nursing students from September 2020. The rise in applicants also comes after the recent recruitment campaigns by the NHS associated with the need to accelerate the recruitment in order to manage the pandemic.

2.5 The government has pledged to train, recruit and retain an additional 50,000 nurses by 2024/25. To support this ambition, it has announced that from September 2020[5] students studying the nursing, midwifery and allied health subjects will receive a non-repayable and non-means tested grant of at least £5,000 a year, in addition to existing mainstream student support. In addition, the government advised there will be up to £3,000 further funding available to attract students to the highest priority subjects based on the government's assessment of vulnerability and workforce priorities. The government has advised the funding will be offered to existing students as well as new course entrants.

2.6 In October 2018, NHSI published The Developing Workforce Safeguard's Guidance[6] which provides a resource to support the Trusts compliance against the NQB's guidance on safe staffing and to comply with CQC standards. The Guidance describes 14 key recommendations to strengthen governance arrangements and improve workforce outcomes.

2.7 In January 2019, NHS England published the NHS Long Term Plan which set out service commitments for NHS England's £33.9 billion additional funding settlement that did not include detailed plans to secure the workforce needed to deliver them. The plan recognises the key role that staff will take in delivering improvements to services and the need to develop the workforce to support these ambitions. The Interim People Plan was published in June 2019 and commits to a workforce implementation plan to lay the foundations to achieve this ambition.

2.8 In February 2019, NHSI launched a national Safe Staffing Fellow programme in collaboration with The Shelford Group and supported by the Chief Nursing Officer for England. The programme has been designed to support organisations develop evidence-based approaches to effective staffing decisions, taking into account all elements that contribute to safe, effective care and quality patient experience. The Trust is currently in the process of securing a place to join the faculty which aims to build a team of experts that will sustain best practice and embed their knowledge and skills to develop safe and effective workforce solutions.

2.9 NHS Employers, supported by HEE, have developed a nursing degree apprenticeship route into nursing. They have also developed a new nursing associate role, which bridges the gap between registered nurses and healthcare assistants and aims to provide a new pipeline for registered nurses. Numbers of nursing degree apprentices were as expected (1,041 in 2018-19, up from 304 the previous year). For nursing associates, HEE projects that it will recruit 7,529 trainees between 1 January 2019 and 31 March 2020, against a target of 7,500 for this period. By December 2019, it had recruited 2,739 with regional trajectories in place for the remaining quarter. All local Trusts were planning to make more use of apprenticeships, primarily nursing associates.

[5] https://www.gov.uk/government/news/nursing-students-to-receive-5-000-payment-a-year

[6] NHSI 2018, Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing. NHS Improvement, London

Larger employers (including NHS providers) must pay an apprenticeship levy, which they can use to pay for apprenticeship training and assessment. In 2018-19, NHS organisations spent less than 30% of their levy payments.

3 Greater Manchester (GM) Context

3.1 GM Provider organisations and HEIs continue to work in collaboration in order to increase the pre–registration education pipeline. Due to the success of the collaboration in GM between the Chief Nurses and HEIs there has been an overall increase of **17%** in the number of adult nursing, **18%** increase in CYP and Mental Health and an overall **16%** increase in midwifery students commencing a programme of education in September 2020 in comparison to September 2018. The HEIs anticipate they will be able to recruit to the additional numbers requested by the GM Chief Nurses for their programmes that commenced in January/February 2020. Training lead times however, results in these nurses not translating into an additional workforce supply until 2022/23.

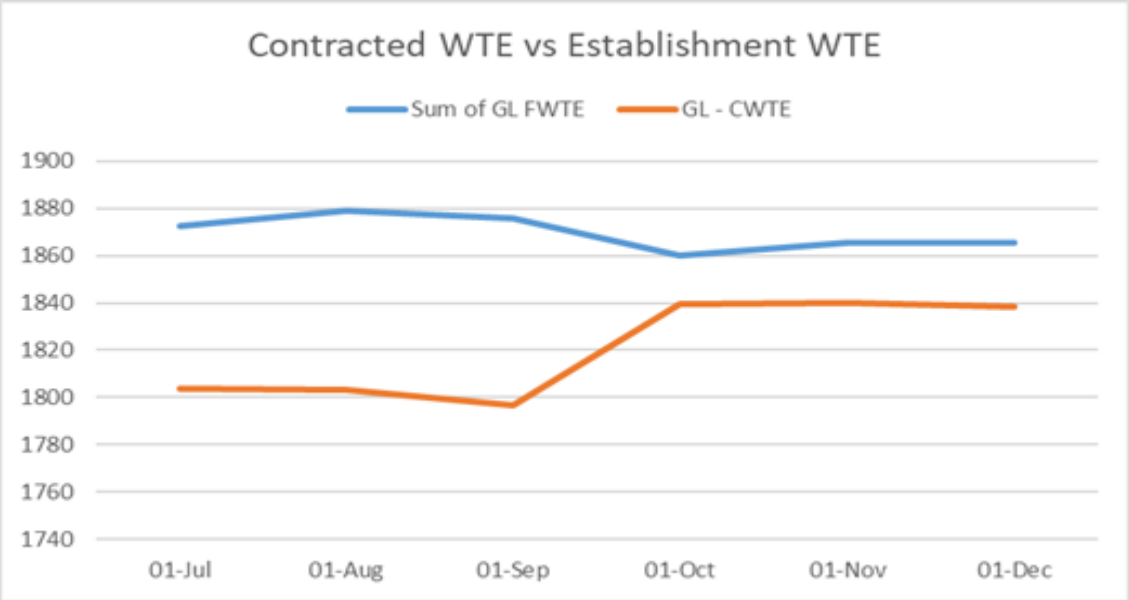
4 Bolton Workforce Position

4.1 At the end of December 2020, there was a total of **27.20 WTE** qualified nursing and midwifery vacancies (numbers below include Health Visitors, Midwives, Qualified Nurses and School Nurses) across the Trust compared to **69 WTE** at the end of June 2020. This is a **decrease** in the overall nursing and midwifery vacancies of **41.8 WTE** since June 2020. The reduction in vacancies is as a result of timely recruitment for newly qualified nurses, and attraction of experienced nurses in areas such as A&E, Theatres, Midwifery and Critical Care.

Table 1 funded establishments compared to staff in post and vacancies

Date	Contracted WTE	Established WTE	Vacancies
01-Jul-20	1803.6	1872.6	69.0
01-Aug-20	1803.5	1879.0	75.6
01-Sep-20	1796.5	1875.8	79.3
01-Oct-20	1839.5	1859.8	20.4
01-Nov-20	1840.1	1865.4	25.3
01-Dec-20	1838.2	1865.4	27.2

Graph 1 Contracted WTE compared to Established WTE



4.2 In late 2020 and early 2021 NHS England made available a series of funding streams to support international nurse recruitment, and the recruitment of Health Care Support Workers (HCSW). The Chief Nursing officer for England set an ambition to reduce Health Care Support Worker vacancies to 1.4% Nationally. We submitted a number of successful bids in relation to this. Details are listed below:

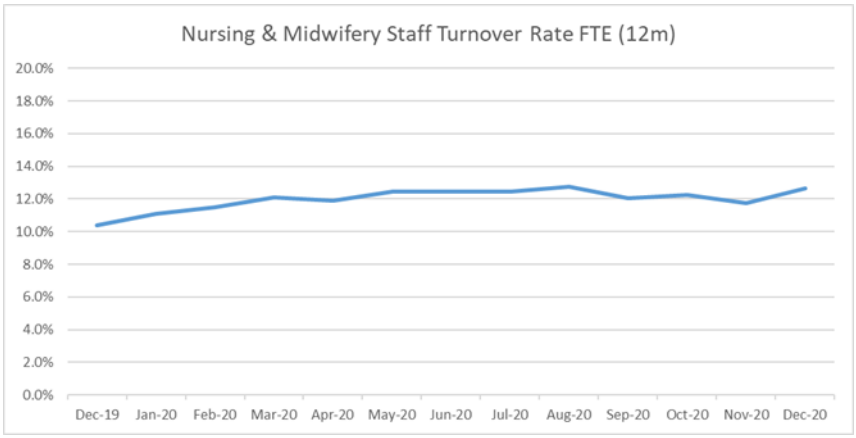
- We received funding of over £260k in support of the recruitment of 15 general nurses and 15 critical care trained nurses from overseas. This funding includes £50k which we can use to provide pastoral support to the international nurses we recruit. Interviews have taken place for both general and critical care and a number of offers have been made to overseas candidates. The majority of those candidates are from India. However, the UK Governments recent decision to add India to the list of 'red' countries will delay the arrival of those candidates. As of May 2021 the National directive is to suspend all recruitment from India for the time being due to the deterioration of the situation in India. The Chief Nursing Officer set recruitment targets for all Trusts, if Bolton FT achieve the planned recruitment we will meet the National target set by NHS England.
- We have recruited 40 Health Care Support Workers to commence employment in July 2021. In keeping with NHSE recommendations an equal number of these appointments will come with and without care experience. The aim is to widen opportunity for people who have not previously worked in healthcare.

4.3 **Nursing and Midwifery Turnover**

The graphs below show Nursing and Midwifery turnover; this is shown as in month. The high rate in July is lower than August and December 2020 and was due to the completion of the HEE initiative which incorporated the nursing students on the emergency register with the NMC which enabled students to be part of the substantive nursing workforce to support the national response to the pandemic.

Table 2 Nursing and Midwifery Turnover | **Graph 2 – Nursing & Midwifery Staff Turnover Rate FTE (12months)**

Month	Turnover Rate FTE (12m)
Dec-19	10.4%
Jan-20	11.1%
Feb-20	11.5%
Mar-20	12.1%
Apr-20	11.9%
May-20	12.4%
Jun-20	12.5%
Jul-20	12.4%
Aug-20	12.7%
Sep-20	12.0%
Oct-20	12.3%
Nov-20	11.8%
Dec-20	12.6%



Turnover has been stable throughout the year, with the exception of July when a large number of student nurses returned to their student status deployment into paid roles during the first pandemic wave in line with HEE guidance.

4.4 Retention

Our nursing retention is a key work stream for the Nursing Midwifery and AHP (NMAHP) Workforce Forum which reports to the NMAHP Professional Forum which reports to the Quality Assurance Committee and for the Resourcing and Talent Management Sub-group which reports to the Trust People Committee. These meetings will monitor retention rates and actions in support of retention.

4.5 Impact of Brexit

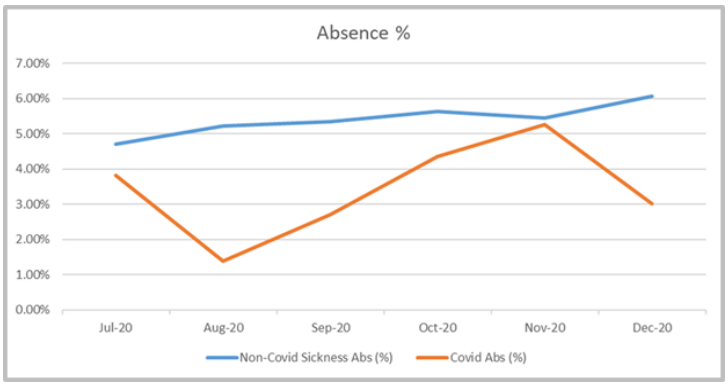
In light of Brexit and the issue of EU nationals no longer having the automatic right to work in the UK after the UK had left the EU, guidance from the government was produced in late 2018 outlining a settlement scheme for existing EU nationals who were working in the UK at the time of the scheme launch. This scheme gave such EU nationals and their families the right to apply for 'settlement' in the UK and, once they had that status, they were permitted to work within the UK without any additional immigration checks or permissions. We ensured that this scheme was promoted to all our EU workers and the majority confirmed that they would be applying for settled status.

For nursing staff, a total of 37 individuals were identified as being EU nationals. From that number 14 were Irish nationals who were not required to apply for settlement and are permitted to work post-Brexit without any special work permits or settlement permissions. The remaining 23 included 4 Spanish nationals who took the difficult decision to return to Spain in 2019 following a decision from the Spanish nursing regulator not to recognise any non-EU nursing experience. All the remaining 19 nurses remain as part of our workforce.

Table 3 | **Graph 3**
Monthly Percentage Sickness and Absence rates

Monthly percentage Sickness Absence rates

Month	Non-Covid Sickness Abs (%)	Covid Abs (%)
Jul-20	4.70%	3.81%
Aug-20	5.22%	1.39%
Sep-20	5.34%	2.71%
Oct-20	5.63%	4.36%
Nov-20	5.45%	5.27%
Dec-20	6.07%	3.02%



4.6 Sickness and Absence

Nursing and Midwifery sickness absence rates followed a very similar pattern to the rest of the Trust during 2020.Table 3 and Graph 3 demonstrate how Covid 19 absence reduced significantly from November 2020 onwards and sickness reporting for 2021 has shown a continued downward trend for Covid 19 with us recording the lowest overall absence rates across GM in March 2021.

The initiation of staff testing and impact of the successful vaccination programme has impacted positively on reduction of the Covid 19 absences.

4.7 Recruitment

Our Senior Nurses and Workforce team worked in partnership to introduce a recruitment calendar for nursing which sets out recruitment activity for both experienced nurses and newly qualified nurses. This initiative has supported a strong pipeline of newly qualified nurses by interviewing and offering them posts at the earliest stage; offers of employment have been made to 84 students who attended the Trusts open day on 13th March 2021 these students will commence employment in September 2021.

In addition to the generic Trust recruitment, specialist and difficult to recruit to areas such as A&E, Theatres, and Paediatrics also run their own bespoke recruitment campaigns and activity with support from the Employee Service Centre (the centralised recruitment team in Workforce). These campaigns have been successful resulting in an improved staffing position in all specialised areas. Theatre recruitment has been particularly successful following the approval of a business case for extra theatre capacity in 2020. The Theatre service had 25 WTE qualified and 7 WTE unqualified positions to fill. The concerted joint-working between Theatre teams and the Employee Service Centre resulted in all of the vacancies been filled with the last couple of vacancies recruited into in late February 2021.

5 Nursing Associates

5.1 Bolton FT was a pilot site for initiating the new role of Nursing Associates and a total of **28** Nursing Associates (NA) working within the trust, in the hospital setting and

community based areas. **15** of these Nursing Associates have successfully completed preceptorship, with the other **13** currently on the preceptorship programme. Significant work has been undertaken to enhance the skills of the Nursing Associates and to ensure the role is safely and appropriately embedded within the nursing workforce.

5.2 Senior Nursing teams are continuing to review establishments and skill mix as the NA workforce continues to grow and be introduced into clinical areas. The NA role is to be introduced in theatre areas following a Quality Impact Assessment (QIA) and agreed competency training framework. The community team have successfully piloted the Nursing Associate within their workforce and now wish to expand this skill mix further. It is acknowledged that there are more opportunities to be explored for the Nursing Associate role within the organisation. The Trainee Nurse Associate intake for September 2021 has a total of 12 trainees divided across the organisation.

5.3 The intakes of student nurses were negatively affected during 2020 due to the Covid 19 pandemic with an intake of only 15 student nurses in May 2020, from the University of Bolton, out of a maximum 60 places. The intake in September 2020 was 69 from the University of Bolton and 30 from the University of Salford. The intake in February 2021 was 45, out of a maximum 60 places. This will have a negative impact on the workforce in 3 years' time when fewer students will be due to qualify. In order to address this issue there is currently work taking place with the University of Bolton to look at practice plans and the implications of having 2 larger intakes of 90 student nurses in both September and February, from the University of Bolton, rather than a third intake in May. We are required to expand clinical placement numbers therefore there is the potential to change the HEI profile by taking equal amounts of student nurses from Bolton and Salford universities rather than taking the majority of our student nurse numbers from the University of Bolton to address the potential shortfall from Bolton Universities intake plans.

Within the community settings there are 3 Registered Nurse Degree Apprenticeships commencing their top up to Registered Nurse status in August/ September 2021 due to commence studies at the University of Central Lancashire.

Our target for the University of Bolton student nurses is contracted to 180 per year split currently between 3 intakes: February, May and September with an extra 30 students from the University of Salford in the September intake.

There is a plan for 40 Health Care Support Workers to commence employment in July 2021. In keeping with NHSE recommendations an equal number of these appointments will come with and without care experience. The aim is to widen opportunity for people who have not previously worked in healthcare.

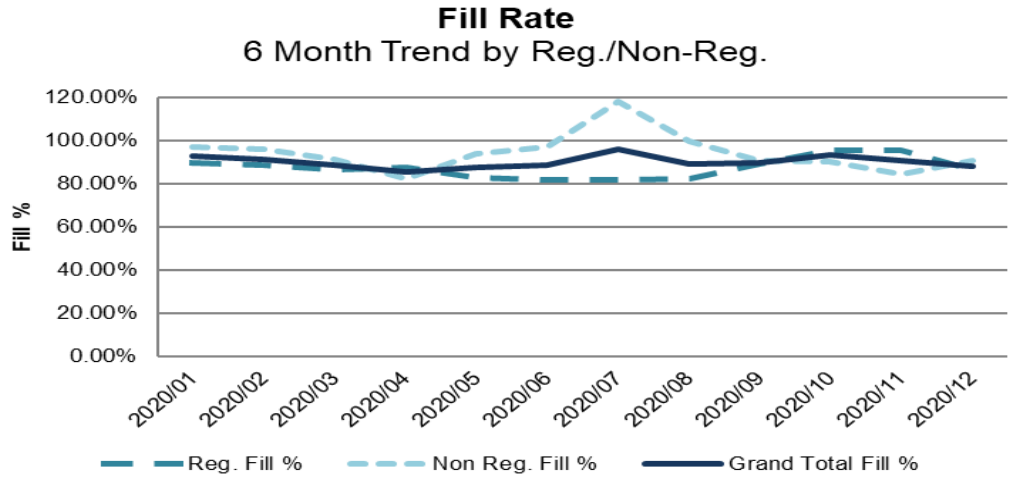
6 Safe Staffing

6.1 The NHSI's Developing Workforce Safeguards Guidance (2018) builds upon the NQB Safe Staffing Guidance (2016) and is designed to help Trusts manage workforce

planning. The recommendations focus on accountability and monitoring of nursing establishments and responding to unplanned changes in daily staffing. The guidance supports a triangulated approach to staffing decisions, combining evidence based tools such as the Safer Nursing Care Tool (SNCT), professional judgement and outcomes that are based on patient needs, acuity, dependency and risks.

6.2 A 'Safe Staffing Report' is submitted monthly to NHSI detailing the planned and actual staffing levels and care hours per patient day (CHPPD). Planned and Actual staffing is extracted from the Health Roster System and patient occupied bed days are supplied by Business Intelligence colleagues before submission. **Graph 4** details our registered (nursing and midwifery), non-registered (healthcare assistants and support staff) and overall fill rates for the period January to December 2020. This shows that whilst there has been variation in fill-rates over the course of the year, average of these is 86.98% (reg.), 94.04% (non-reg.) and 89.89% (overall), in excess of the 80% minimum threshold.

Graph 4 Fill Rates



6.3 National guidance advises that boards must have local dashboards in order to cross reference quality metrics. As part of the Patient Safety Incident Analysis (PSIA) there is a section on staffing and any incidents raised that are associated with staffing at the time of the identification of a pressure ulcer. Staffing is discussed as part of the harm free care investigation process and any implications of this are identified.

This data is added to the Trust 'Heatmap' report, a monthly dashboard which provides a comparison of nursing and midwifery workforce and safe staffing data against other metrics.

7 Care Hours Per Patient Day (CHPPD)

7.1 Care Hours per Patient Day (CHPPD) is a nationally comparable metric for recording and reporting nursing and care staff deployment. CHPPD is calculated by dividing the number of actual nursing/midwifery (both registered and unregistered) hours available on a ward over a 24-hour period by the number of patients occupying a bed. It is widely acknowledged that CHPPD does not take into account hour by hour fluctuations in ward activity which can be more limiting to wards that have a high level of day case patient flow activity. However, the CHPPD does provide a consistent figure for benchmarking nurse staffing levels against other Trusts.

7.2 We refer to NHSI's Model Hospital in order to benchmark CHPPD against peers. For the 12 months January to December 2020 national median CHPPD was 5.4, whereas peer Trusts median was 4.9, by comparison we achieved 5.7.

Table 4 outlines our CHPPD trend over the 12-month period. Comparing CHPPD to similar organisations can be helpful; however, this is undertaken with caution when completing workforce reviews due to the configuration of services within each individual organisation. Very low CHPPD figures may indicate a potential patient safety risk. This is an area we plan to explore in the future with the SNCT.

Table 4 – Trust CHPPD Trend from January-December 2020

Year / Month	Reg. CHPPD No.	Non Reg. CHPPD No.	Grand Total CHPPD No.
2020/01	4.68	3.41	8.10
2020/02	4.64	3.46	8.11
2020/03	5.42	3.98	9.40
2020/04	7.74	4.79	12.53
2020/05	7.60	6.32	13.91
2020/06	5.88	5.43	11.32
2020/07	5.87	5.42	11.29
2020/08	5.87	4.72	10.59
2020/09	6.00	4.34	10.34
2020/10	6.26	4.44	10.70
2020/11	6.23	4.12	10.35
2020/12	5.77	4.13	9.90

8 Daily Staffing

8.1 Daily staffing levels continue to be assessed across each shift by senior nursing and midwifery to ensure these are adequate to meet patients' nursing needs, as recommended by NICE (2014). Nurse staffing is a standing agenda item at each of the Trusts corporate flow meetings. Escalation processes are in place to mitigate the impact of when planned staffing levels are not achieved to ensure the safe delivery of care.

9 Nursing Establishment Reviews – Safer Nursing Care Tool (SNCT)

9.1 The SNCT is endorsed by NQB and NHSI. The tool is evidence based and calculates recommended staffing establishment levels following the analysis of patient acuity and dependency data collected over a 20-day census period. The SNCT is endorsed by NICE for use in adult inpatient wards in acute hospitals. There are also tools to use in Children and Young people's inpatient wards in acute hospitals and acute assessment units. We have not previously used the tool in its intended manner and establishment reviews undertaken in previous years have not included this data, instead being done by professional judgement alone.

9.2 NHSI recommends that establishment setting should be completed annually with a bi-annual review. In future we will complete their annual establishment reviews using a triangulated approach, comparing SNCT data with quality outcomes and professional judgement within each inpatient ward department. A Standard Operating Procedure (SOP) will be developed to support senior nurses.

9.3 The Shelford Chief Nurses have recently commissioned a review of the SNCT descriptors and tool to reflect an increase in patient acuity and new roles within the workforce (Nursing Associates). The SNCT for Emergency Departments (EDs) is under development. This tool will support workforce decisions in EDs through assessment of patient acuity and activity within the department.

9.4 Future census collection periods will take place 6 monthly (Feb and Sept to mitigate for seasonal variation. This will provide an adequate amount of data to support future establishment reviews.

9.5 The SafeCare Tool is a part of the Allocate Software Health Suite; part of the existing contract the Trust holds but currently it is only being used in a limited way. It has functionality to record red-flags and record professional judgement against staffing levels. Currently, the Workforce Deployment Team are working to implement the 'roster maintenance' aspects of the system; redeploying staff 'live' when moving between wards, recording staff attendance and finalising shifts when worked. Once ward teams demonstrate that they are performing above 80% compliance on these metrics then training on patient safety aspects of the system will commence. The aim is for this to begin from May 2021.

9.6 Nurse and Midwifery staffing across the organisation has been reviewed against current establishments. For the purposes of this report it has not been possible to include a review of the actual establishments. Once the acuity and dependency tool has been rolled out successfully this will enable a robust review of establishments to be undertaken. A second staffing paper including an establishment review will be presented to Executive Directors in December 2021 thus ensuring timely inclusion in the 2021-2022 budget setting should investment in nurse and midwifery staffing be required. The following sections are reflective of the current Divisional staffing reviews undertaken.

10 Family Care Division

10.1 Acute Paediatrics Staffing Review

This Divisional report highlights the staffing planning on the acute paediatric ward and provides assurance on compliance with staffing and workforce KPIs. The report also outlines the activity undertaken to ensure safe patient care and support colleagues in other areas of the hospital. We provide acute and community services for children under the Family Care Division. This section outlines the staffing in Acute Paediatric Children's Unit which includes acute children's medicine, high dependency, scheduled and unscheduled surgery and paediatric assessment.

The past 12 months has seen an increase in the number of children and young people with complex mental health, social and behavioural issues being admitted to the acute children's ward. This has had an impact not only on acuity and levels of staffing, but also on the ability to provide specialist care for these young people on a general paediatric ward.

The outcome of the National Children's Survey was published in 2019 and Bolton children's acute services scored higher that the rest of England in 10 measures with the majority of these areas relating to how children and their families were treated and supported by staff. These results were extremely positive as we continue to improve and grow our services for children.

The Acute Paediatric unit is outlined in **Table 5** below. Nursing staffing covers all areas outlined below and all areas are considered when reviewing staffing and safe care.

10.2 Configuration of the Acute Paediatric Unit

Table 5 – Acute Paediatric Unit Configuration

E5 Acute Paediatric inpatient ward	Paediatric Inpatient Unit consisting of 28 beds configured as • 17 cubicles, • 4 bedded bay, • 7 bedded bay.
Paediatric Critical Care unit (PCCU)	Consisting of 3 HDU bed spaces.
Surgical Elective Day Case Unit	Consisting of a 7 bedded bay for minor elective surgery, day case only.
F5 - Short Stay Paediatric Assessment Unit (SSPAU) and Rapid Access Clinic (RAC)	Consisting of – • 7 bedded bay with 4 cubicles & 3 bed spaces. • 1 Triage room. • Red and Green waiting area

10.3 National Staffing guidelines for Acute Paediatrics

In June 2018 the National Quality Board on behalf of NHS England, NHS Improvement and the CQC along with a range of national bodies produced *Safe, Sustainable and Productive staffing - An improvement resource for children and young people's inpatient wards in acute hospitals.* The guidance recognised previous RCN guidance published in 2003, 2011 and 2013, which recommended staffing ratios for age groups. However, this improvement resource specifically focussed on safe staffing levels and stated that

while the previous RCN guidance was useful, there is no 'one-size-fits-all' for staffing on acute paediatric units.

The NHSEI guidance highlighted that in more recent years, both the acuity of patients and the reduction in length of stay combined with the inception of Paediatric Assessment Units (PAUs) indicated the need to review staffing levels at a minimum annually. It advised that this should be reviewed more frequently in response to any known service pressures such as increased clinical acuity and seasonal activity.

The guidance from NHSEI recommended that standards for general inpatient children's wards should reflect the age of the child as well as acuity. It also stated that the changing health environment increasingly indicated that the bedside care of children had little difference between day and night and this should be acknowledged in staffing models.

The guidance focused on children being cared for by staff who have the right knowledge, skills, expertise and competence to meet their needs. It acknowledged that while additional and unregistered staff work on children's wards to meet the demands of inpatient areas, these staff should not be included in the nursing ratio establishment.

The guidance recommends that the ward should also have a supervisory ward sister/charge nurse and a shift coordinator covering a 24-hour period who is not included in the baseline bedside establishment. In addition, there should be a nurse on each shift with Advanced Paediatric Life support (APLS) qualifications and 7-day play worker cover.

To ensure these standards are met, our children's unit worked with the Greater Manchester Network where an agreed nurse / patient ratio of 1:5 24/7 was implemented across all age groups. We have built this standard into winter and summer staffing models and this is also aligned with the unit escalation policy in that if the ratio exceeds 1:5, this is escalated within the Division and the Trust as a pressure. In addition, in winter this is escalated to the GM hub.

There are plans to utilise the children's and young person's SNCT within the next 12 months to further inform the Trust with regards to safe staffing levels.

10.4 Winter and Summer model for staffing (seasonal modelling)

In line with National guidance the unit operates a seasonal staffing model which is reviewed twice a year. In addition, staffing levels are monitored daily with the staffing huddles and reviewed 3 times per week to ensure safe staffing. On a yearly basis, additional funding from the CCG in winter supports enhanced rates to be offered to staff undertaking additional duties for a 6-week period covering the peak winter period in November to December. This additional funding is vital in ensuring staffing resilience and maintaining patient safety in line with the winter plan.

In 2020–2021, during the different waves of Covid 19, the unit has not seen the levels of acuity as in previous years and has not seen the normal winter surge due to less seasonal infection rates such as bronchiolitis in children. Therefore, bank spend has been zero as additional staff have not been required, and the unit has maintained safe staffing levels within existing establishment. It should be noted that a number of the staff from the paediatric areas received extra training and were deployed to adult areas to maintain safety during the pandemic.

The unit saw a small surge in activity when schools returned in September 2020, however no additional staffing resource was required to meet this increase.

10.5 Staffing Reviews

Twice yearly staffing modelling to cover seasonal variation, along with staffing reviews 3 times per week ensures the following is in place:

- Nursing staffing ratios are supported by a wider team of Advanced Paediatric Nurse Practitioners (APNP's) on F5 Assessment Unit, Nurse Associates (NA), Health Care Assistants (HCA's), Assistant Practitioners (AP's) and Play Specialists provide cover. It also considers support from other members of the wider multi-disciplinary team and close working with the Children's Community Nursing Team to support flow and early discharge particularly during the winter pressure period.
- Although the GM recommendation is a staffing ratio of 1:5, the unit tries to ensure a staffing ratio of 1:4 (plus a supernumerary nurse in charge) to ensure flexibility to meet unpredictable need and acuity.
- The band 6 shift lead is supernumerary and the band 7 ward manager is supernumerary as per guidance and works Monday to Friday on a flexible basis so that she can engage with staff on different shifts.
- There is always a minimum of 1 paediatric nurse per shift with the Advanced Paediatric Life Support course (APLS).
- The High Dependency Unit is staffed on a ratio of 1:2 by paediatric nurses with the appropriate skills and expertise with access to support from paediatric medical staff and senior nurses.
- The Short Stay Paediatric Assessment Unit (F5) is staffed 24 hrs per day with at least one registered children's nurse. Advanced Paediatric Nurse Practitioners cover the service from 0730 – midnight, with a middle grade doctor covering overnight.
- Play Specialists are available 7 days a week, 0730 – 2000 to provide distraction or prepare children undergoing procedures. The use of play techniques is encouraged across the multi-disciplinary team, with play specialists taking the lead in developing techniques other staff can adopt.
- The staff ratio to child requirement for HDU is in place as 1:2 which is set by the Critical Care Network.

10.6 Staffing KPIs

Figure 2 shows that from April 2020 to March 2021 the unit predominantly met requirements as outlined by NHSI/E and the CQC.

The exceptions are as follows:

- **May 2020** – 97% Play team cover - this was due to short term unexpected sickness.
- **September 2020** – 90% Shift co-ordinator cover – this was due to increased activity when children returned to school and long term sick leave of a band 6 co-ordinator.
- **December 2020** – 98% Shift co-ordinator cover – this was due to short term sickness.
- **March 2021** – 98% Shift co-ordinator cover – this was due to increased cover needed due to CAMHS patient admitted requiring 2:1 nursing supervision.

Table 6 - Compliance with Staffing KPIs

2020 – 2021 Compliance	Nurse to Child Ratio – all ages 0-16 years.	Super-numerary Ward manager Mon-Fri	Super-numerary shift coordinator	APLS trained Band 6/7	7 day play team cover	Bank hours used
April 2020	1:2	100%	100%	100%	100%	0
May 2020	1:2	100%	100%	100%	97%	0
June 2020	1:2.4	100%	100%	100%	100%	0
July 2020	1.2.1	100%	100%	100%	100%	0
August 2020	1.1.9	100%	100%	100%	100%	0
Sept 2020	1:2.9	100%	90%	100%	100%	0
October 2020	1:2.6	100%	100%	100%	100%	0
Nov 2020	1:2.1	100%	100%	100%	100%	0
Dec 2020	1:2.1	100%	98%	100%	100%	0
January 2021	1.2.1	100%	100%	100%	100%	0
February 2021	1:2.1	100%	100%	100%	100%	0
March 2021	1:2.3	100%	98%	100%	100%	0

10.7 Workforce KPIs

Table 7 below shows the unit compliance with our Workforce KPIs. There is work to do in a number of areas and this is being monitored via Divisional IPM monthly meetings.

The exceptions are as follows:

Sickness

- **Sickness target –** Our sickness threshold is 4.2% and July to October 2020 some improvement in sickness levels was noted. Mostly this was related to short term sickness, however there has also been a small numbers of long term sickness and also long term sickness following bereavement.
- **November 2020 - March 2021 -** Although the figures for this period is above Trust sickness levels, the figure has remained consistent. This aligns with some staff commencing a period of LTS in November 2020.

Level 3 Safeguarding Children's training

In mid-2020, compliance with level 3 safeguarding children's training was poor, this was due to a number of reasons including limited places on courses and Covid 19. There has been excellent progress with compliance with safeguarding children's training and the service has now reached the 95% Trust target.

Statutory Training

Compliance reduced in September and October due to the reduced places on face-to-face training due to Covid 19 wave 1 backlog.

February and March reduction is due to sick leave and those staff who have been on long term sick leave now due their training.

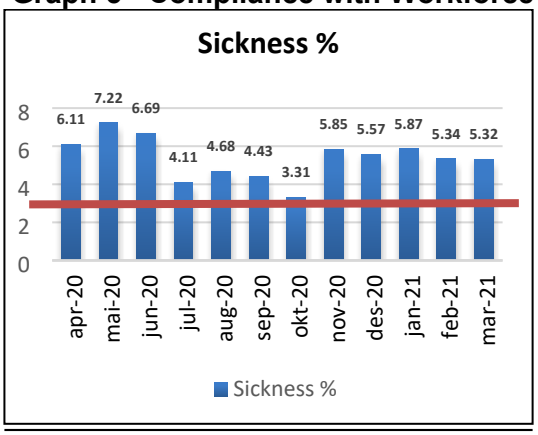
Appraisals

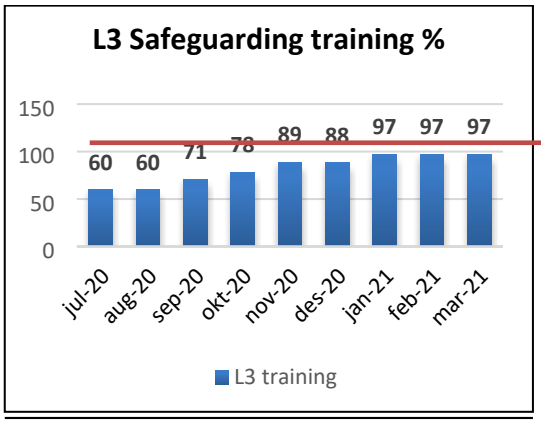
Appraisals from August 2020 to January 2021 met the target of 85%. This has since reduced to below the Trust target in February and March 2021. There is ongoing work to increase appraisal rates and it is expected that compliance will be met in the April/May data with the number of staff booked to have their appraisal in April and May 2021, this is on target to be achieved.

Table 7 – Compliance with Workforce KPIs

2020 /2021 Compliance	Attendance	% Sickness Target 4.2%	Level 3 Safe-guarding Training	Statutory Training 95% Compliance	Mandatory Training 85% compliance	Appraisals 85% compliance
April 2020	93.98%	6.11%	No data	**No data**	**No data**	65.69%
May 2020	92.78%	7.22%	60%	**No data**	**No data**	81.37%
June 2020	93.31%	6.69%	60%	95.00%	94.77%	83.33%
July 2020	95.89%	4.11%	60%	95.25%	95.78%	83.17%
August 2020	95.30%	4.68%	60%	95.04%	96.63%	95.84%
Sept 2020	95.32%	4.43%	70.77%	94.83%	96.07%	95.00%
October 2020	95.57%	3.31%	78.13%	94.37%	94.57%	91.79%
Nov 2020	96.69%	5.85%	89.06%	95.37%	95.60%	87.50%
Dec 2020	94.15%	5.57%	87.69%	95.22%	95.44%	85.58%
January 2021	94.43%	5.87%	96.83%	95.92%	94.72%	85.07%
Feb 2021	94.13%	5.34%	97.00%	94.00%	94.00%	82.00%
March 2021	94.66%	5.32%	97.00%	94.00%	94.00%	82.00%

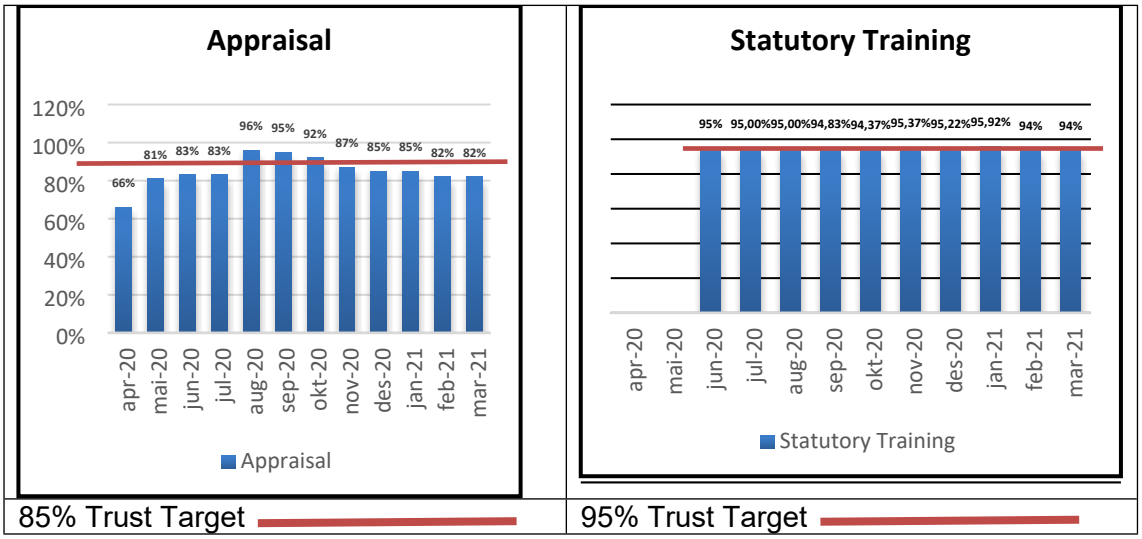
Graph 5 - Compliance with Workforce KPIs





4.2% Trust target

95% Trust Target



10.8 Staff in post

The chart below shows a comparison between WYE establishment and staff in post.

The rationale for each staff group is as follows –

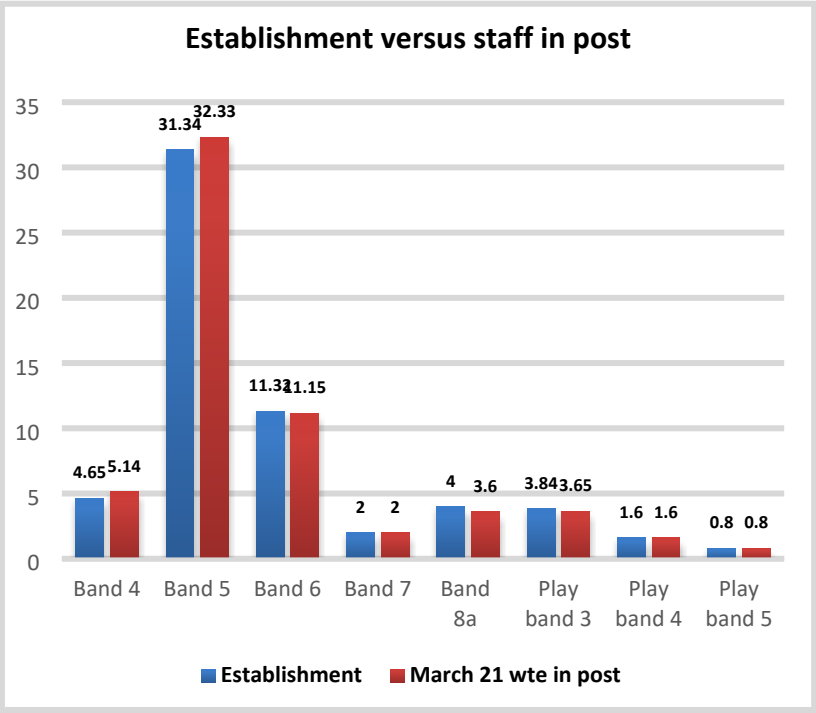
- **Hospital Play Team** –One member of staff reduced their hours which accounts for the reduction.
- **Band 2/3** – All HCAs are recruited at Band 2 level and progress to a band 3 when they have completed their Care Certificate and met the required competencies. The under establishment from April 2020 is cause by one leaver, some reduction of hours and a HCA leaving to commence nurse training.
- **Band 4** – This pay band is our Nurse Associates and Assistant Practitioners, it is slightly over established but offset by under establishment on other lines.
- **Band 5** – There is a slight over establishment on the band 5 RN line capitalising on the opportunity to recruit student nurses at the point of qualification.
- **Band 6** - Is slightly over established to ensure there is a Band 6 to support both surgical day case and education and support for students on the ward. In December 2020 one of the band 6 staff left to work in community which accounts for the under establishment that month.
- **Band 7** – Is fully established following a vacancy mid–year for a Governance lead which has now been recruited to.
- **Band 8A** – This is the matron and APNP line and is slightly under established due to an APNP reducing their hours.

Table 8 - Staff in post

	Pay Band	WTE Est	2020 / 01	2020 / 02	2020 / 03	2020 / 04	2020 / 05	2020 / 06	2020 / 07	2020 / 08	2020 / 09	2020 / 10	2020 / 11	2020 / 12
Hospital play team	Band 3	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.84	3.65	3.65	3.65
	Band 4	1.6	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60	1.60
	Band 5	0.8	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
HCA, NA, AP, RN, APNP, Matron	Band 2/3	13.82	14.68	14.19	14.35	13.25	13.06	10.94	10.48	10.48	11.28	10.67	11.47	11.47
	Band 4	4.65	4.25	4.25	4.25	4.25	4.25	4.22	5.14	5.14	5.14	5.14	5.14	5.14
	Band 5	31.34	29.18	29.18	27.26	27.26	27.26	28.26	28.26	26.78	28.51	30.94	32.33	32.33
	Band 6	11.32	11.91	11.91	11.91	11.91	11.91	11.91	11.76	11.76	11.76	11.76	11.76	11.15
	Band 7	2.00	2.00	2.00	2.00	1.00	1.00	1.00	1.00	2.00	2.00	2.00	2.00	2.00
	Band 8 A	4.00	3.95	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	3.60	3.60

Green – Meets establishment; Amber – Below establishment; Red – Above Establishment

Graph 6 – Establishment v Staff in Post



10.9 Recruitment and retention

The unit experiences very few issues with recruitment and retention and is a unit of choice for students to gain their first post. Student nurses evaluate their placement very positively and many return for elective placements.

Recruitment to band 6 and above posts is fairly static with staff choosing to stay on the unit for many years, leading to skilled core staff on the unit.

In Bands 3 and 4 we seen the greatest turnover, but positively many staff have left to start nurse training this includes HCAs and NAs.

We currently have 4 TNAs on Acute Paediatrics and currently no vacancies. There are plans to review skill mix as Band 5s leave. There are also plans to increase TNAs/NAs in the Children's Community Nursing team. Discussions are ongoing with regards to role development. Nurse Associate recruitment has been very successful, and the unit has 3 NAs who are valued members of the team. 2 of these NA have expressed an interest in progressing to Nurse training and 2 of our band 3 HCAs staff have gained places on nurse training.

Turnover

Our turnover target is **10%**, according to the March 2021 workforce report staff turnover on E5 is **5.85%.** This is for the time period March 2020 to February 2021. As mentioned previously, this has not significantly impacted on staffing on the unit and has been predominantly for development opportunity retirement or promotion.

As there are very few leavers, there is not enough exit interviews to be able to analyse themes and trends. However, of those completed, all state the positive experience on the ward and all would recommend the ward as a place of work.

However, because of the lack of movement in the Band 6 line, there is very little opportunity for promotion from band 5 to band 6 which means that band 5 staff need to go elsewhere for promotion.

10.10 Actions taken since last review

There is a continuing increasing trend of young people with Mental Health being admitted to the ward and becoming social admissions because there is no accommodation for them and they don't meet the criteria for a mental health admission. These young people continue to be challenging to staff on the ward who are not trained to manage mental health patients. These types of admission have a significant effect on sickness levels and surges in sickness especially amongst HCAs.

E5 ward has rolled out the NHSE training tool 'We can talk' which provides online training for staff which is designed to help staff communicate better with young people in mental health crisis. This will be evaluated once the training is completed and it is embedded in practice.

Winter planning for winter 2021/22 will commence in May 2021. Winter 2020 was unprecedented as the unit saw very few respiratory admissions and remained at low acuity for the duration of the winter pressure period and beyond. It is difficult to predict what winter 2021 will bring but we will undertake our routine planning to include provision for another potential Covid 19 wave.

To strengthen the senior leadership on the unit and provide support to staff around risk, governance processes and training needs for staff. This role has been extremely well received and already is making improvements in relation to safe patient care.

11 Family Care Division

11.1 Maternity, Gynaecology and Neonatal Staffing review

We provide acute and community maternity services, inpatient and outpatient gynaecology and neonatal care within the Family Care Division. Each area has been subject to a full staffing review.

11.2 Maternity

We provide maternity care for 5800 women. Maternity care is provided within the community within GP surgeries and children centres and on site at the Royal Bolton Hospital site. This review has taken into consideration NICE recommendations Birth-rate Plus® (BR+) tool for midwifery staffing, and professional judgement. A staffing report is presented to board bi-annually. In response to the initial Ockenden report (2020) NHS England requested all maternity services undertake a staffing Gap analysis using a recommended tool. We benchmarked against the 2020 Birth-rate Plus® assessment, which confirmed no clinical midwifery establishment shortfalls. This offers external validation of safe maternity staffing.

Birth-rate Plus® can provide any given service with a recommended ratio of clinical midwives to births in order to assure safe staffing levels. This means that taken overall to provide safe high quality maternity services, the NHS in England needs 1 clinical midwife for every 28 births.

Our Maternity Birth-rate Plus® establishment is currently set at 1:27. The acuity data is recorded contemporaneously using the Birth-rate Plus Acuity Tool on Central Delivery Suite. The coordinator uses this tool to assess 'real time" workload arising from the numbers of women needing care and their condition on admission and during the processes of labour and birth. The delivery suite acuity tool advises where the midwives need to be and the Helicopter bleep holder ensures the staffing follows the women to the areas where demand is required at that point in time.

Table 9- Midwife to birth ratios

Indicator	Goal	Red Flag	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
1:1 Midwifery Care in Labour	95%	<90%	98.3%	98.9%	98.3%	98.5%	97.5%	96.2%	96.5%	97.0%	99.4%	98.1%	97.8%	97.2%
Number of births	Information only		454	539	503	487	489	463	518	459	418	473	456	494
Unit Closures	0	1	0	0	0	0	3	2	2	0	0	2	0	0
Midwife/ Birth Ratio (rolling)	1.29	1.30	1:27.4	1:27.2	1:27	1:28.9	1:28.7	1:29.1	1:29	1:25	1:23.9	1:27:3	1:26.8	
Monthly percentage Sickness	4.20%	>=4.75%	5.25%	4.31%	5.21%	4.72%	6.10%	6.99%	6.10%	6.02%	5.57%	3.96%	3.71%	4.35%

Midwifery staffing needs to be considered as a whole unit rather than in ward areas as midwives are redeployed to high acuity areas. As shown above during the August, September and October when the Midwife to Birth ratio was at the upper limit and sickness was exceptionally high the unit had an excessive number of closures. In October 15 newly qualified midwives joined the Trust and Covid 19 related sickness reduced. Of the two closures in January only one was attributable to staffing due to late notice sickness.

11.3 Additional Roles, Initiatives and Innovation

Midwifery Triage implemented The Birmingham symptom-specific obstetric triage system (BSOTS) in late 2020. The system is based on established triage systems in emergency medicine and uses a uniform assessment with clinical prioritisation of the common conditions that women present within maternity triage. In order to have senior oversight to triage women the decision was made for the Advanced Practitioners to be part of the midwifery workforce, rather than the medical staffing complement.

11.4 Neonatal services

Current cot base within Family Division

We provide level 3 neonatal care as part of the North West operational delivery network. With 37 cots, (7 intensive care cots, 9 high dependency cots and 19 special care cots)

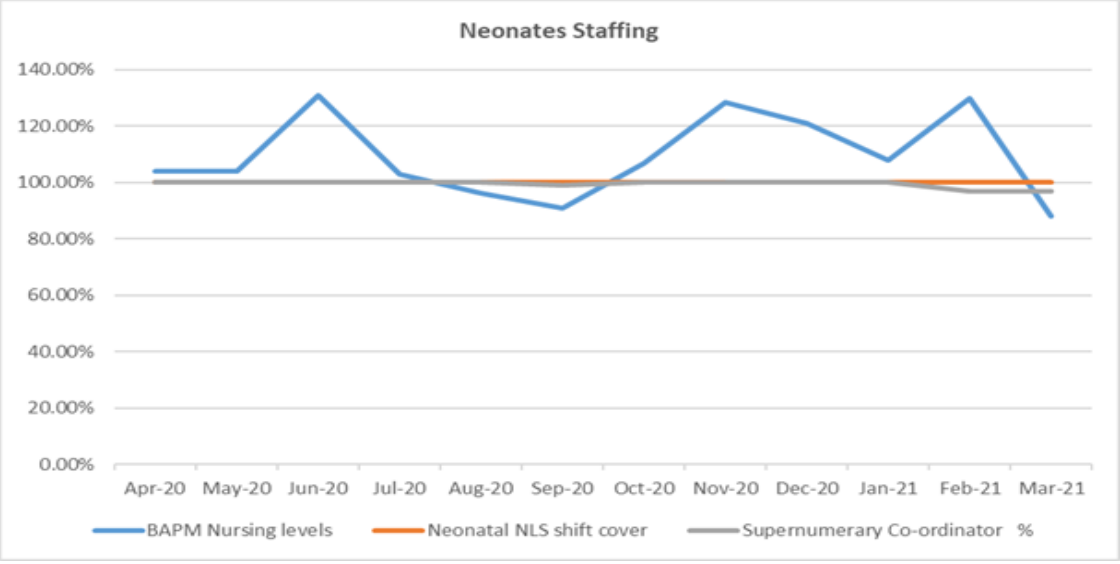
Staffing levels on the Neonatal Unit are monitored in accordance with national standards agreed by the British Association of Perinatal Medicine 2011 (BAPM). These standards provide staff to patient ratios based on acuity which are 1:1 for intensive care, 1:2 for high dependency care and 1:4 for special care, as well as a supernumerary shift coordinator (band 7) in charge. The table below demonstrates that neonatal staffing consistently achieves BAPM compliance, whilst maintaining a supernumerary coordinator. Despite higher than average sickness rates staffing was maintained.

During the peak of Covid 19 neonatal units experienced a reduction in admissions due to extreme prematurity. No neonatal clinical pathways were reduced during Covid 19.

Recruitment and retention

The unit experiences very few issues with recruitment and retention and is a unit of choice for students to gain their first post. Student nurses evaluate their placement very positively. Recruitment to band 6 and above posts is fairly static with staff choosing to stay on the unit for many years, leading to skilled core staff on the unit.

Graph 7 - Neonates Staffing



11.5 Gynaecology Services

Current Ward/Department Based Areas within Family Division

- M6 Emergency and Urgent care for Early Pregnancy and Gynaecology (M6 EAC) continues to provide emergency gynaecology and assessments for early pregnancy, including subsequent admissions for urgent diagnostics and treatments. M6 / (previously M1) have seen a rise in referrals since the streaming of pathways from ED.
- Women's Health Care (WHC) is a dedicated gynaecology out-patient department for diagnostics and treatments, which supports 18 Consultant Gynaecologists, who facilitate the delivery of high quality gynaecology services.

Summary of actions taken Jan 2020 – March 2021

The gynaecology ward has previously been used as a contingency area to transfer outliers from other Divisions, in particular orthopaedic patients.

The Gynaecology Out-patient Diagnostics and Treatments Department, Women's Health Care, is now delivering to full capacity as staffing allows.

M6 Early Pregnancy and Gynaecology Assessment Unit continues to deliver services from M6/M1 wards and remains an amber area due to the unknown Covid 19 status of the unplanned activity.

In line with government guidance and Covid 19 planning, all elective gynaecology activity remains on a 'green' site in ASSD. This has allowed M6 to increase the required capacity, demographically, to ensure the appropriate changes have been facilitated around safe social distancing within the unit and the necessary sensitive distancing required for a compassionate journey for women experiencing issues in early pregnancy.

M6 also continues to support bed flow and has amber bed capacity currently for 4 outliers. This is staffed by recruiting bank staff in contingency planning.

Staffing Reviews Undertaken

In response to patient feedback a further staffing review has been undertaken across gynaecology on M6 Gynaecology and Early Pregnancy Emergency and Urgent Care (EUC), following a Quality Improvement Programme commissioned by the Chief Executive in October 2020. The QIP paper for EPA and the completed action plans was presented to the Executive Team in January 2021 by the unit Matron.

The paper cited the following recommendations:

- bereavement support in pregnancy loss;
- senior nurse oversight 24/7;
- additional Band 6 roles (including a triage nurse role and a part time Practice Educator).

In light of changes in new ways of working and service delivery as a result of the pandemic, the review of nursing workforce is constant, flexing to meet the constant changes and demands of the service. This has ensured that staffing levels meet the needs of emergency, elective and outpatient services within the Division. The role of the Nurse Associate and Advanced Nurse Practitioner to support the MDT in working across gynaecology is being modelled.

Contingency planning a nursing work force to fit the future has commenced, as recommended as part of the 2-year plan cited, in the staffing review paper presented to the executive team in January 2020.

To facilitate the clinical activity of the new O&G Consultants in Women's Health Centre Outpatients Department, 0.42 WTE Band 3 have been recruited and recruitment of 0.64 WTE RN Band 5 has been approved.

Quality and Safety Focus on Sickness and Absence

- From January 2020 onwards, sickness absence in gynaecology escalated above the KPI threshold, with a high 7.73% in January falling to below threshold in March to 3.31% for nursing and support staff. Recorded absence cause was musculo-skeletal, trauma and anxiety. All staff were supported in their wellbeing to facilitate their return to work.

Monthly percentage sickness	January 7.73%	February 4.46%	March 3.31%

- Efficient deployment of trained staff across all the gynaecology service, both on and off site is maximised on a shift by shift basis overseen by the Gynaecology Matron, with clear escalation processes to enable them to respond to concerns about staffing.
- Gynaecology continues to be successful at filling vacancies, continues to have good retention and a low turnover of staff and is a popular choice of employment especially by student nurses.
- Attendance continues to be monitored at the monthly Directorate surgery which is well embedded within the Division.

11.6 Additional Roles, Initiatives and Innovation

A view of the future

Nurse Associates

As part of future proofing gynaecology services, the recruitment of the Nurse Associate (NA) is planned to ensure appropriate skill mix across the Gynaecology clinical areas.

Advanced Practitioners

The recruitment of an Advanced Nurse Practitioner in gynaecology is planned within the Gynaecology Nursing and Support Workforce Review Paper. Constant service development in gynaecology demonstrates the need for different ways of working to ensure appropriate use of skills and competencies. Opportunities continue to exist to increase multidisciplinary working and develop and utilise skills across the workforce. The development of nurse specialists in specific roles, such as outpatient hysteroscopy and emergency care are being scoped, these are necessary to support both the medical and nursing profession, taking into account the interdependencies with obstetrics and gynaecology emergency care.

11.7 Highlights

Going from strength to strength

Our gynaecology outpatient services have successfully reset and the service was transformed literally overnight, in response to Covid 19 planning.

- In March we recruited 3.2 WTE Band 6 including a triage nurse for M6 Gynaecology and Early Pregnancy EUC, facilitating the improvements in quality and governance in the provision of accessible care 24/7 by efficient streaming of flow from ED and SACU to facilitate an improved patient experience.
- Shielding staff have again returned safely to roles which are non-patient facing clinical but supportive of clinical care and are proving to be essential roles in monitoring the quality and governance of our performance, for example, telephone triage, advice and support to GP's and patients and overseeing activity such as EPR discharges, VTE assessments and KPI Audits.
- Celebrate and educate – Our gynaecology nursing and support teams along with our medical colleagues and other disciplines continue to celebrate our successes related to continued excellent patient feedback, exemplar practice and achievements as we also reflect and highlight our failings as learning and improvement in action.

Reviews of staffing numbers and skill mix continue and any changes will be based on triangulation of acuity, current quality indicators and outcomes and professional judgment, whilst taking into account any available national guidance.

11.8 Conclusion

This report highlights the staffing planning for our Maternity Neonates and Gynaecology and provides assurance on compliance with staffing. Maternity and Neonatal staffing benchmark favourably against national staffing requirements and no areas of concern have been identified within Gynaecology.

12 Acute Adult Care Division

Recruitment has been challenging in light of the pandemic but has remained a focus throughout the year with a divisional recruitment calendar being utilised to achieve safe staffing in all areas. A matron leads recruitment, working closely with the Employee Services Centre to ensure all adverts, interviews and events are scheduled and delivered to as planned. Adverts for the recruitment of experienced registered nurses not being as successful as planned however adverts continue for experienced and newly qualified nurses bi-annually on social media platforms, with flyers sent to local universities highlighting recruitment events. The newly qualified recruitment event in September 2020 resulted in 13 (3 withdrew later) newly qualified nurses being appointed into vacant posts commencing from January 2021.

Regular HCA recruitment events are held events in October and November 2020 with 15 HCAs appointed.

Staffing reviews of establishments and vacancies have been undertaken six monthly. The current vacancy position is 18 RN WTE and 22 HCA WTE. This position is inclusive of the opening of one contingency ward (B3), but does not include the staffing required for the second contingency ward currently still open (B4).

Contingency/winter wards have been opened and remain opened, in part, due to the pandemic to support a red pathway for positive Covid 19 patients. These areas are staffed by a mix of a contingency team, direct recruitment and staff seconded from other wards.

Wards were supported during the Covid 19 pandemic by movement of specialist nurses (e.g. respiratory and endoscopy) within AACD on to the wards aligned to their specialism/area of expertise to support care delivery. The Division also received help from the closing of A4 and deployment of staff from the 0-19 service which helped at the most challenging times.

The Division continues to take high numbers of student nurses across Years 1-3 of the training programme. The student capacity taken pre-Covid 19 was 165 students. This reduced to 149 students from September 2020 due to areas being closed that previously received students or a reduced number of students taken from previous year.

The GM Synergy Model is embedded in D3, D4, C2 and H3. In 2020 plans were in place to roll out the model further to B1, C3 and C4, however due to the pandemic this has been delayed. The intention is to promote the Synergy approach to all areas and a coaching approach even if areas cannot increase their student capacity.

The Division has shown excellent resilience in supporting student nurses during this challenging period and always continue to engage with the development needs for supporting students in practice (SSSA standards and coaching training). The Division continue to show a commitment to educating and developing the future workforce.

Third year student nurse engagement events did not take place across the organisation over the past year, however it is anticipated the Pre-registration facilitator team have plans in place to re-start this imminently.

12.1 Staffing Reviews Undertaken

During the pandemic the staffing reviews considered and subsequently uplifted staffing establishments for the red pathway wards to support the level of acuity and dependency of patients in those areas. The uplift also supported the additional time it takes between patients for staff to safely don and doff PPE. Furthermore, the staffing review considered whether any further establishment changes were required on a more permanent basis as a result of Covid 19, however it was deemed that the next staffing review will consider this more closely as the decision in part is dependent on numbers of positive patients being admitted and having progressed through the seasons to understand any learning and variation to what requirements may be.

12.2 Ward/Department Areas

The Division have 13 wards (15 when winter ward and contingency beds are opened on B3 and B4). Additionally, we have an Emergency Department, BCAU, Discharge Lounge and departments such as Endoscopy & Bowel Screening.

Contingency beds were opened and closed on a number of occasions and in response to seasonal and pandemic requirements. Ward B4 opened in August and September 2020. A small core team of RNs and HCAs were relocated to support delivery of care. The ward opened on a more permanent basis in October 2020 which resulted in an increase of bed base usage from occupancy of half a ward to a full ward. This resulted in deploying allocated staff for the planned winter ward earlier than anticipated to B4.

Leadership was initially strengthened by reallocating a Band 6 Sister from CDU until the secondment of a Band 7 Ward Manager was appointed to, commencing in mid-November. Over time we have seen the bed base to B4 fluctuate and simultaneously seen the staffing in the division fluctuate to accommodate the changes required. Using B4 as green capacity has enabled us to safely support “at risk” staff who were unable to work in a red ward. This illustrates changes implemented to keep staff and patients safe while managing the bed base. Additionally, and throughout the pandemic where a ward has turned red we have swiftly reviewed the staff working in the area and deployed to green wards where necessary.

From mid-October we saw the opening of the winter ward early on B3 as Gastroenterology, with a Ward Manager appointed for B3. This was as a result of the number of Covid 19 positive patients in the Trust and C3 (previously gastroenterology) was utilised as a further red ward as part of the divisional bed modelling plans. The winter ward which consisted of staff from the AACD bed bases had no Gastroenterology experience therefore the experience to maintain safety and skills was provided by the IBD team and the trainee ANP alongside the gastroenterologists.

In conjunction with ‘The Ward Leader’s Handbook’ (NHSi) and the operational requirements of the role the ward managers in the division work a 5-day week with 3 shifts worked in a managerial/supervisory capacity and 2 clinical shifts to support how they lead care, staff and themselves. However, during the pandemic and in response to the level of staff unavailability of staff this was not always possible to achieve.

12.3 Additional Roles, Initiatives and Innovation

During the pandemic the Division was supported by staff from the 0-19 service from FCD to provide inpatient care alongside our specialist nurses, departmental RNs and HCAs to support shortfalls when Covid19 cases were at their highest and staff shortages were challenging.

The Division has recruited TNAs in previous years, currently 4 apprenticeship TNAs and 3 self-funding TNAs, but due the pandemic did not recruit any in September 2020 or March 2021. We plan to recruit 2 TNAs in the September 2021 intake. The recruitment process will include an expectation that the 2 TNAs trained will take up roles as Nurse Associates (NA) on qualifying within the division.

NAs have been successfully embedded in the workforce particularly within the Emergency Department, currently employing 5 NAs in Minors and 1 in Paediatrics. NAs are being utilised within the Emergency Department.

Current advert is out to recruit NAs into complex care to support the skill mix requirements ahead of a further 6 monthly staffing review in response to addressing the RN vacancy rate in complex care. The staffing establishments are at 105% to provide a further uplift on each ward/department of 5% to support what is most appropriate for the area, thus allowing a degree of freedom in recruiting to the emerging needs within the area. The NAs are not utilised as RNs, however given the impact NAs can have, complex care are using the 5% uplift to enhance the skills available in appointing NAs to improve patient care in what are deemed hard to recruit to areas.

Following the successful adoption of HCA twilight shifts, two of the complex care wards have successfully implemented twilight RN shifts to support care requirements This was as in response to feedback received that the administration of medicines and completion of patient observations and care requirements was not completed timely. The introduction of the RN twilight shifts has facilitated earlier completion of care and subsequent improved sleep for our patients.

12.4 Acute Adult Division Specific Information

During Covid 19 the Division has gone through many changes to ensure the safety of patients and staff. This has been demonstrated through ward reconfiguration to enable segregation of Covid 19 positive, suspect and those patients who have non-Covid 19 related illness.

This challenge not only affected how the Division utilised and altered its bed-base, but also how it affected the availability of staff within nursing (and other professions) to attend work due to Covid 19 related sickness or staff isolation. On a daily basis this was closely managed to enable the continued safe delivery of patient care and was supported by an altered staffing establishment utilising non-ward based nurses to continue to create safe staffing levels.

The offer of paid student nurses in year 2 and year 3 of training was taken up by the Division This provided additional resource into the bed base.

The Divisional turnover and leavers position over the last 12 months (Jan 2020-Dec 2020) fluctuated as expected. The monthly turnover varied from lowest position of 0.16% to the highest turnover recorded of 1.25%. This is reflected in the leaver

headcount position of 2 and 14. The position does not include staff who flexi retire or rotational doctors and does not separate nursing workforce leavers from all leavers.

The exit interviews in the Division highlight reasons for leaving as retirement (including flexi retirement), promotion, re-location and work-life balance.

It has been recognised by the Trust that exit interview uptake is low and particularly during the pandemic. Workforce have therefore amended the process from 1st March 2020 to automate the process via ESR, this is as yet in its infancy but as this creates a more confidential way to complete the exit interview we are optimistic that this will encourage uptake. Any themes and actions as a result of exit interviews are discussed at Senior Management Team and Divisional Board.

12.5 Analysis of Workforce Data

The data included reflects the divisional position in relation to staffing, sickness, fill rates and CHPPD.

Graph 8 – Staff in Post – 12-month trend by pay band

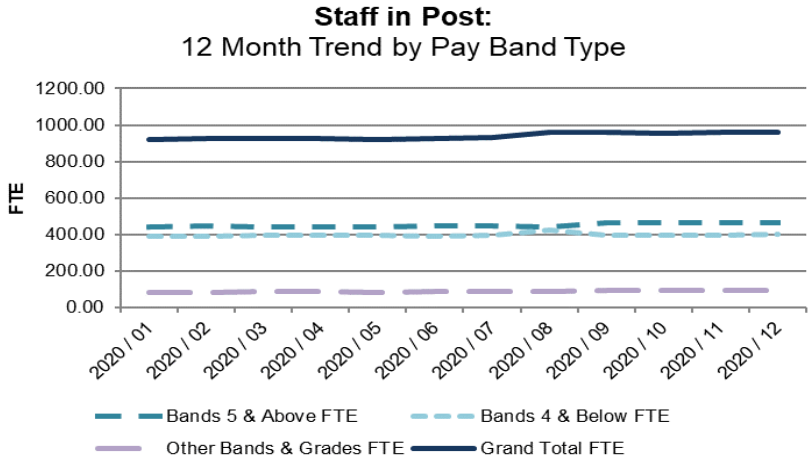
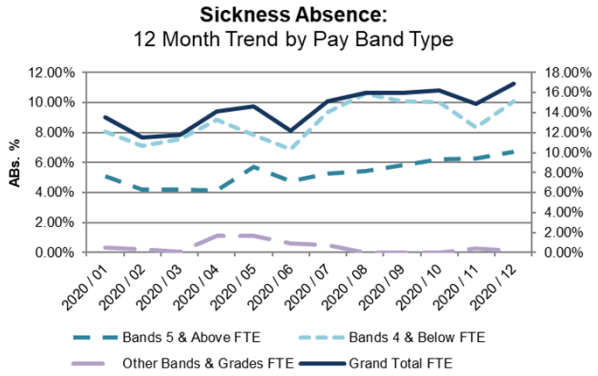


Table 10 reflects all staff groups including nursing. The data demonstrates an increase in staffing in Bands 5 and above from month 9 that likely reflects the commencement of newly qualified nurses employed in September. This is seen in rosters which also reflects nursing numbers are relatively stable.

Table 10 – Acute Adult Workforce Data

Year / Month	Bands 5 & Above FTE	Bands 4 & Below FTE	Other Bands & Grades FTE	Grand Total FTE
2020 / 01	439.50	393.64	86.09	919.23
2020 / 02	447.51	392.46	86.19	926.17
2020 / 03	443.09	395.30	87.47	925.86
2020 / 04	441.97	394.70	87.13	923.80
2020 / 05	440.19	394.62	86.13	920.94
2020 / 06	450.10	391.07	86.63	927.80
2020 / 07	448.91	394.00	91.38	934.29
2020 / 08	442.18	427.35	90.88	960.41
2020 / 09	466.75	398.21	93.03	958.00
2020 / 10	464.83	396.51	94.13	955.47
2020 / 11	467.43	394.72	95.73	957.88
2020 / 12	462.37	404.88	95.03	962.28

Graph 9a – Sickness Absence 12-month trend by pay band



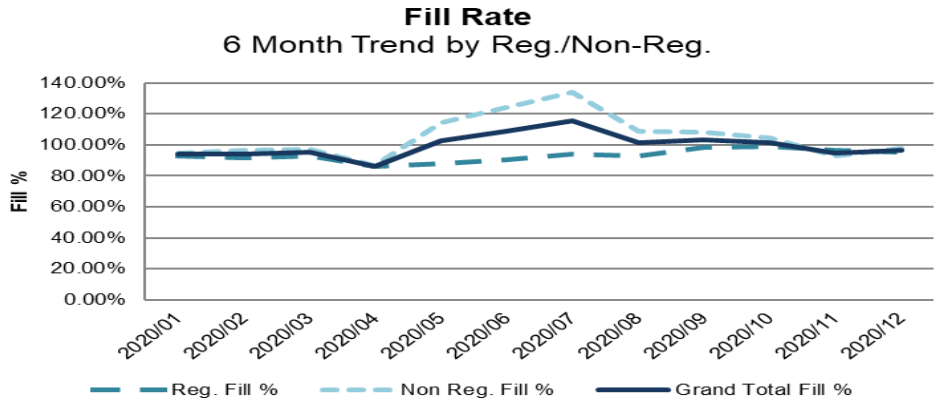
Please Note: Other Bands & Grades reported on Secondary Axis due to low numbers

The sickness noted in Table 11 reflects the Divisional position for all staff (including nursing), with the removal of any Covid 19 related sickness from the data shown. The data reflects that the highest rate of sickness was seen in Bands 4 and below which is a notable theme. The top 3 reasons for absence related to Stress, MSK and gastroenterology over the 12 months, with the exception of April and December when we saw pregnancy related sickness feature in the top 3 reasons for absence. All sickness absence is managed in line with the Trust Attendance Management policy.

Table 11 – Sickness

Year / Month	Bands 5 & Above FTE	Bands 4 & Below FTE	Other Bands & Grades FTE
2020 / 01	5.12%	8.07%	0.35%
2020 / 02	4.19%	7.10%	0.24%
2020 / 03	4.18%	7.55%	0.07%
2020 / 04	4.16%	8.86%	1.14%
2020 / 05	5.70%	7.82%	1.14%
2020 / 06	4.74%	6.88%	0.61%
2020 / 07	5.24%	9.39%	0.47%
2020 / 08	5.43%	10.58%	0.00%
2020 / 09	5.86%	10.08%	0.00%
2020 / 10	6.21%	10.04%	0.00%
2020 / 11	6.27%	8.37%	0.28%
2020 / 12	6.70%	10.09%	0.14%

Graph 9b – Fill rate



The data in Table 12 reflects inpatient fill rates against pre-agreed establishments as part of annual budget setting. The data reflects a position noted during the pandemic crisis which resulted in April experiencing an increase in sickness in Bands 4 and below. This resulted in a reduced fill rate for, all wards opened. Moving from May to October the Division experienced periods of time when we consolidated bad bases which resulted in the reallocation of staff from empty wards to other areas thus increasing fill rates. Additionally, we also had support from the 0-19 service in FCD and specialist nurses and endoscopy staff who were able to assume the role of RNs (where safe to do so) or HCAs on ward environments, resulting in the position of above 100%. In October all staff support provided to the Division were returned to their usual roles which subsequently resulted in a small reduction in fill rates once again.

Table 12 – Inpatient Fill Rates against Pre-Agreed Establishments

Year / Month	Reg. Fill %	Non Reg. Fill %	Grand Total Fill %
2020/01	92.98%	94.64%	93.92%
2020/02	91.63%	96.34%	94.30%
2020/03	92.97%	96.83%	95.12%
2020/04	85.79%	86.46%	86.15%
2020/05	87.65%	114.48%	102.39%
2020/06	90.09%	124.13%	108.56%
2020/07	94.07%	133.69%	115.46%
2020/08	92.75%	108.51%	101.28%
2020/09	98.13%	108.09%	103.53%
2020/10	98.68%	104.20%	101.67%
2020/11	96.37%	93.08%	94.57%
2020/12	95.18%	97.66%	96.51%

In April and May (Table 13) we see CHPPD increase which is likely to be a reflection of the number of unoccupied beds across the bed base as admissions to hospital were reduced. We also know that during the pandemic we had paid student nurses, specialist nurses and staff from 0-19 service and Endoscopy which will account for when we see in particular CHPPD increase in the non-registered staff group.

The CHPPD position has been variable throughout the past 12 months (minimum of 6.9 and maximum of 13.9).

Graph 10 – CHPPD position

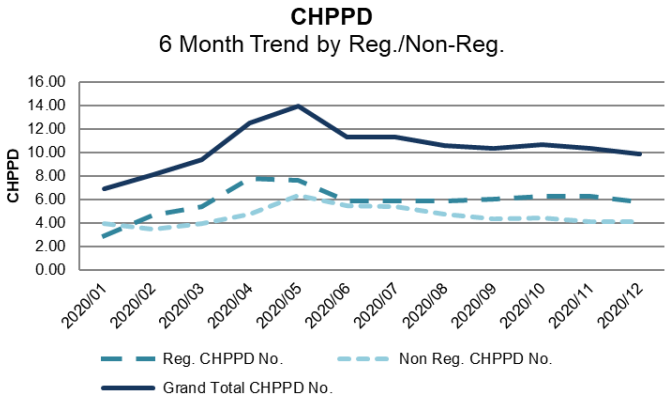


Table 13 – CHPPD Position

Year / Month	Reg. CHPPD No.	Non Reg. CHPPD No.	Grand Total CHPPD No.
2020/01	2.93	3.97	6.91
2020/02	4.64	3.46	8.11
2020/03	5.42	3.98	9.40
2020/04	7.74	4.79	12.53
2020/05	7.60	6.32	13.91
2020/06	5.88	5.43	11.32
2020/07	5.87	5.42	11.29
2020/08	5.87	4.72	10.59
2020/09	6.00	4.34	10.34
2020/10	6.26	4.44	10.70
2020/11	6.23	4.12	10.35
2020/12	5.77	4.13	9.90

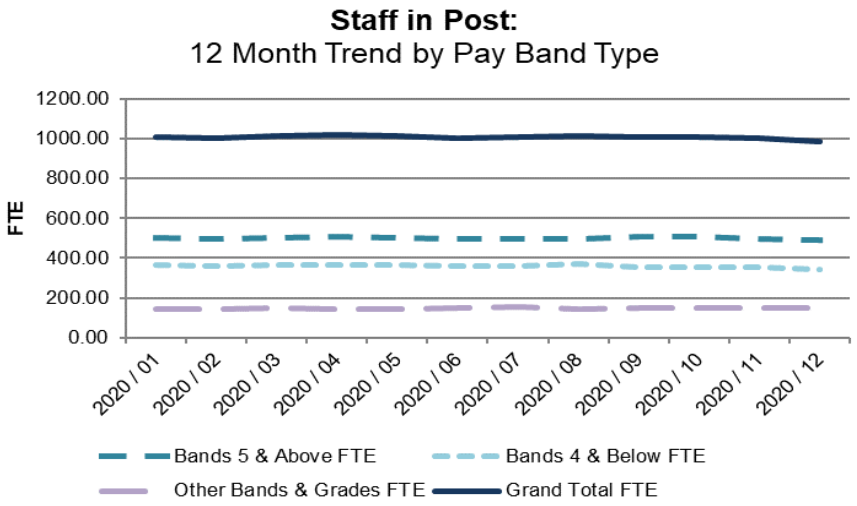
13 Anaesthetic and Surgical Services Division Staffing Review

The Anaesthetic and Surgical Services Division (ASSD) staffing has demonstrated immense flexibility since March 2020 as cross divisional staffing was utilised to provide safe care and support across critical care, maintain cancer performance and urgent cancer surgery.

13.1 Staff in Post

Staffing has remained mainly static in relation to staff in post at all grades. The chart below shows a degree of correlation which is attributable to recruitment of student nurses into registered nurses (Graph 11). A decrease in Band 4 and below posts was evident and therefore a recruitment process was undertaken to address this. The increase in other bands is reflective of Advanced Nurse Practitioner roles in surgical assessment and an increase in specialist oncology roles to support cancer pathways and an increase in band 6 roles in critical care.

Graph 11 – Staff in Post – 12-month trend by pay band



The Division has worked consistently since the last review to recruit to all RN vacancies particularly in theatres and recovery. Previously, these areas have carried significant vacancies.

Table 14 - Staffing

Year / Month	Bands 5 & Above FTE	Bands 4 & Below FTE	Other Bands & Grades FTE	Grand Total FTE
2020 / 01	500.59	364.20	143.52	1008.31
2020 / 02	498.92	360.16	144.52	1003.61
2020 / 03	502.39	367.67	146.52	1016.58
2020 / 04	507.49	365.30	145.27	1018.06
2020 / 05	503.54	362.91	145.94	1012.39
2020 / 06	497.70	360.25	146.74	1004.69
2020 / 07	496.04	358.12	156.74	1010.89
2020 / 08	496.17	370.67	145.74	1012.58
2020 / 09	508.52	353.31	146.74	1008.57
2020 / 10	506.13	354.08	148.44	1008.65
2020 / 11	498.85	354.21	150.52	1003.58
2020 / 12	492.12	345.01	151.52	988.65

13.2 Sickness monitoring

Sickness absence within all Nursing and AHP roles continues to be closely monitored. The Divisional Nurse Director and HR business partner hold a sickness and health and well-being clinic each month and discuss with matrons and ward managers all staff shielding, short term and long term sickness. This is to provide support for staff members off sick and to maintain the sickness process and policy. High levels of sickness across the HCA workforce have been noted and can be correlated across waves of Covid 19 surge. The intelligence from these meetings has been able to establish trends in relation to anxiety and stress. Health and well-being and VIVup (Mental Health app) has been actively encouraged across the Division. Areas with increased sickness have been focused in Covid red areas and critical care. Trends and the subsequent requirement for a focus on staff health appointments and counselling offers has been escalated via People's Committee.

Graph 12 –Sickness Absence

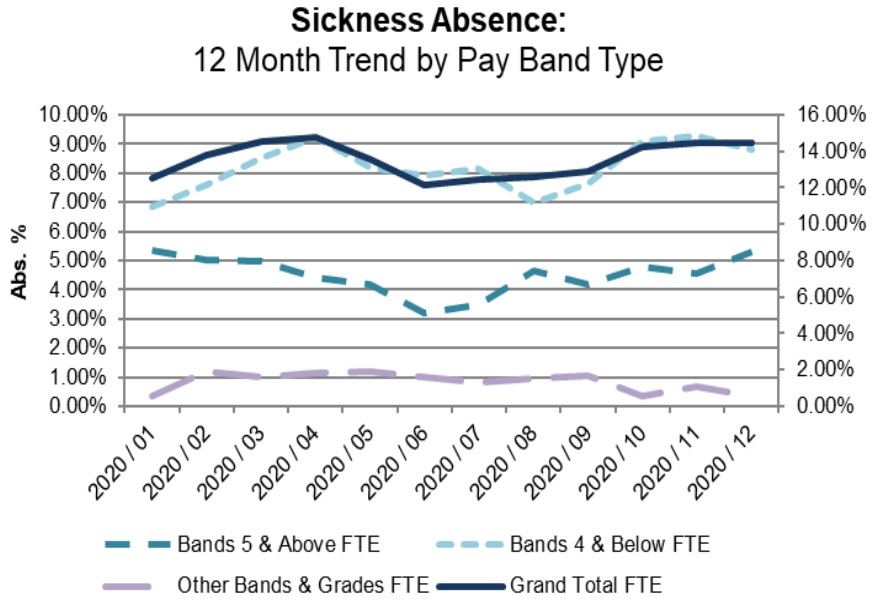


Table 15 – Sickness Absence

Year / Month	Bands 5 & Above FTE	Bands 4 & Below FTE	Other Bands & Grades FTE
2020 / 01	5.33%	6.84%	0.37%
2020 / 02	5.03%	7.60%	1.18%
2020 / 03	4.97%	8.54%	1.01%
2020 / 04	4.43%	9.21%	1.14%
2020 / 05	4.19%	8.18%	1.21%
2020 / 06	3.21%	7.92%	1.00%
2020 / 07	3.46%	8.13%	0.82%
2020 / 08	4.67%	6.99%	0.96%
2020 / 09	4.16%	7.66%	1.06%
2020 / 10	4.81%	9.07%	0.35%
2020 / 11	4.54%	9.26%	0.65%
2020 / 12	5.31%	8.81%	0.34%

13.3 Agency Fill rate

Agency fill rate fluctuated across the last twelve months and this correlated with the continuing flex of staffing required to meet operational demand. The lack of suitably available critical care agency nurses is reflected in the fill rate as national demand increased for ITU staff. Utilisation of staff from other areas such as theatres and specialist nurses supported critical care staffing. Daily reviews of national ratios were undertaken across critical care to ensure safe staffing ratios were maintained. Educational staff within the unit and additional staff working extra shifts maintained safety and quality.

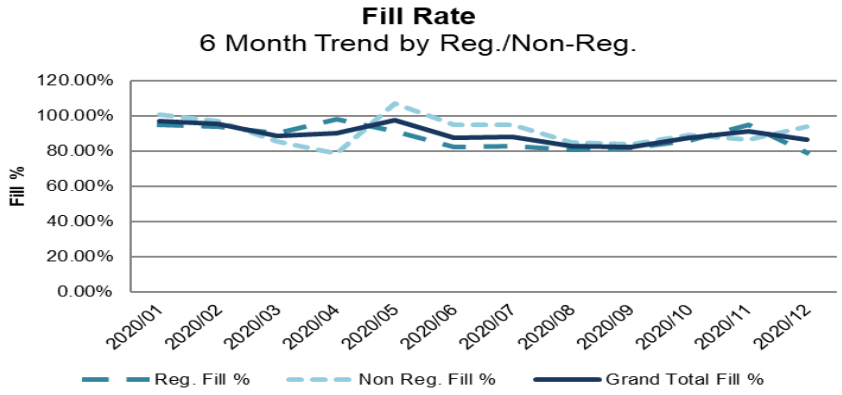
G5 (former elective orthopaedic ward) was closed in March 2020 and the staff were redeployed across the Division to support staffing gaps which reduced the requirement for fill rate for RN's. A rise in request for agency staff was seen when A4 was opened to support trust wide bed demand and when R1 was additionally opened to support Super green elective cancer and urgent surgical cases.

The demand for HCA additional shifts consistently reflects vacancies and the trends seen with sickness due to anxiety and stress.

Table 16 – Fill Rates

Year / Month	Reg. Fill %	Non Reg. Fill %	Grand Total Fill %
2020/01	94.87%	100.47%	97.17%
2020/02	94.02%	96.78%	95.15%
2020/03	90.33%	85.45%	88.26%
2020/04	97.82%	78.60%	90.14%
2020/05	91.14%	106.80%	97.22%
2020/06	82.39%	94.84%	87.69%
2020/07	82.58%	94.79%	87.77%
2020/08	80.75%	85.06%	82.62%
2020/09	81.43%	83.65%	82.41%
2020/10	86.01%	88.99%	87.32%
2020/11	95.00%	86.21%	91.18%
2020/12	79.20%	93.67%	86.29%

Graph 13 – Fill Rate



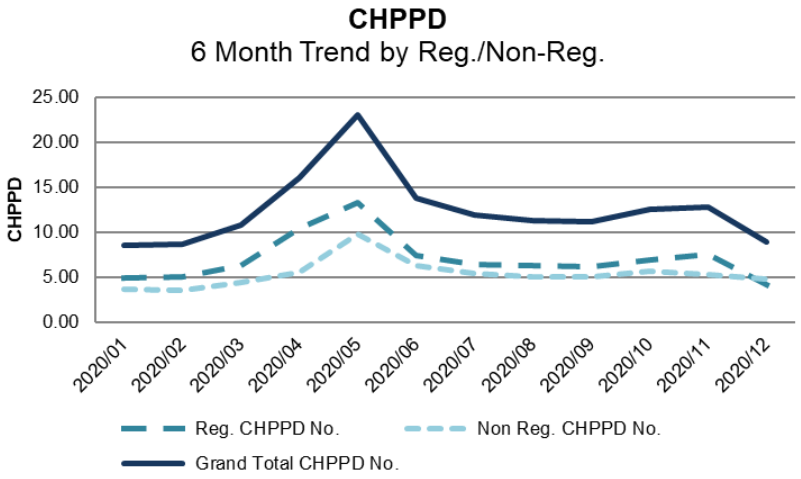
13.4 Care Hours

The ASSD matrons support safe staffing each day and work with the other divisions via operational capacity meetings to ensure safe staffing numbers. The CHPPD increased across April/May which reflected the first wave of Covid 19 when increased bed capacity was available and shows reduce patient to staff numbers. The increase in CHPPD also reflects when clinical staff had been deployed from routine roles to support demand at ward level. The Divisional Assistant Nurse Director is currently supporting the workforce team to ensure staff are trained and confident to use Safe care effectively to monitor CHPPD.

Table 17 - CHPPD

Year / Month	Reg. CHPPD No.	Non Reg. CHPPD No.	Grand Total CHPPD No.
2020/01	4.91	3.63	8.55
2020/02	5.06	3.59	8.65
2020/03	6.34	4.43	10.77
2020/04	10.47	5.60	16.07
2020/05	13.23	9.85	23.08
2020/06	7.41	6.32	13.73
2020/07	6.42	5.45	11.86
2020/08	6.25	5.06	11.31
2020/09	6.19	5.02	11.21
2020/10	6.90	5.61	12.52
2020/11	7.51	5.25	12.77
2020/12	4.19	4.76	8.95

Graph 14 - CHPPD



Summary of actions taken within division to support nurse staffing.

- Safe staffing monitored daily across critical care through all episodes of Covid 19 surge and staff deployed to ensure safety.
- Theatre recruitment drive hugely successful to fill previous difficult to fill roles. Increased maternity theatre's staffing skill mix.
- Continue to support NA roles in the division and due to offer appointments to 5 staff.
- Successful overseas recruitment for critical care with 6 staff offered appointments. This will help to support well-being and turnover in critical care. Turnover in critical care has resulted from staff promotion and staff taking up appointments in specialist areas and for some leaving the critical environment. Staff in critical care are being offered support from BOO coaching and all leavers are offered exit interviews.
- Successful HCA recruitment and Bi- monthly recruitment events.
- Successfully appointed x 3 ANP's in Urology and SAU following completion of training programme. ANP roles are difficult to recruit to therefore the division is committed to two further trainee ANP posts over next 6 months.

13.5 Additional Roles, Initiatives and Innovation

Covid 19 has resulted in a variety of examples of staff undertaking new roles, adapting services and using innovation to lead in challenging situations. The practice educator team within the Division created a nursing passport with core clinical skills to provide a framework for nursing being redeployed across the Division. This documentation demonstrated training to enable the transfer of skills.

Theatre practice educator team trained over 100 staff in various roles from PPE guidance, ventilator management and 'proning' procedure to support critical care.

13.6 Next steps

The Division is currently focusing on reset and the demand to increase activity for RTT. The Nursing Associate role will be instrumental to support elective day case and orthopaedic F6 which will reopen from June 2021. Focus continues with regards to recruitment of RN's into departmental areas such as urology and ophthalmology. A new Matron has been appointed for Ophthalmology and is due to commence in post in July 2021.

Staff training across theatres and critical care areas will continue to ensure the workforce can continue to flex for potential Covid 19 waves. Further recruitment continues in theatres to increase RN night cover as per guidance.

The Divisional senior nursing team is continuing the Aspiring leaders in house programme to talk with staff and encourage development and support future aspiring staff. Additionally, practice educators continue to ensure opportunities and training is available for all grades. There are plans to support further TNA training roles, Theatre practitioner roles and advanced practice.

Skill mix reviews will recommence in Quarter 1 for all areas.

14 Integrated Community Services Division Staffing Review

This section of the staffing review provides a comprehensive Divisional update on nurse staffing, but focuses mainly within the community bed base areas. An overview of the current staffing position and the work that has been taken and continues to be taken to ensure staffing levels are safe and sustainable is also provided.

14.1 Background

Significant investment has been made into a variety of nursing establishments across the Division. The majority of investment has been made within community bed based inpatient areas and has been based on NICE guidelines, QNI (2017) professional judgement, the enhanced care project and consideration of quality indicators. We also participated in the Lord Carter Review in 2015.

14.2 Establishment Review

The Division uses Model Hospital to support establishment reviews within the community bed base alongside other key metrics including Care Hours Patient per Day (CHPPD), acuity data including enhanced care requirements and national staffing guidance. However, currently there is no guidance available to determine what are considered to be safe staffing levels for domiciliary based community nursing services. Future workforce planning within the Division will take into account the health and social care needs of the people living within the newly established primary care networks and neighbourhoods being mindful of the intention to ensure the neighbourhood offer is multi professional and shared care with both health and social care. This work is undertaken in conjunction with clinical staff, finance and business managers.

The Integrated Community Services Division is very diverse with over 19 nursing specialties. There is a total of 311 nursing staff registered with the Nursing and Midwifery Council Nurses comprising of 299 (250.5 wte) registered nurses and 12 (11.2 wte) nursing associates. This aspect of the report focuses on the following areas:

- All community bed based areas (A4 until May 2020, Darley Court until October 2020)
- Community nursing services
- Treatment rooms
- Specialist nursing services

14.4 Summary of actions taken – in 2020

- Continued investment in ensuring community nursing services by investment in a further 7 SPQ-DN places - on track to have all AfC B6 in community nursing teams qualified by June 2022
- Embedding of the Nursing Associate role (12 an increase from 4)
- Recruitment of an additional 8 Nursing Associates
- Investment in additional specialist nursing roles – diabetes inpatient specialist nurses and rheumatology lead nurse, interim Covid 19 IPC nurses

14.5 Staffing Reviews Undertaken

- Review of placement of all Specialist Practitioner Qualification-District Nursing (SPQ-DN) in community nursing teams leading to reallocation of members of staff to ensure all teams have a minimum 2 qualified DNs (including the team leader). This has since proven to be a very effective relocation of skilled nursing staff, where we have already begun to realise the benefits of increasing the SPQ DN in the teams, especially where there had previously been non-qualified SPQ caseload holders. The benefits include the increase in skill, supervision and support for patients on active caseloads and the staff who work in the individual teams.
- Diabetes Nurse Specialist review – recognition following the GIRFT review that there was a requirement for a delivery of 7-day inpatient specialist nurse support and this was supported and funded in October 2020.
- Introduction of the Nursing Associate in Treatment Room Service and the community Hubs
- Agreement to further embed the Nursing Associate in the community nursing teams where it is clinically safe to do so.

14.6 Bed based areas

The community bed-base was reviewed and rationalised during 2020. As part of the response to the pandemic and the implementation of the Discharge to Assess model it was identified that the bed base on A4 was no longer necessary; therefore, it was released from the ICSD portfolio in May 2020. Due to significant estate issues which could have an impact on the safety of staff, there was further rationalisation of the community bed-base and subsequently Darley Court closed in October 2020 and beds were reconfigured in Wilfred Geere and Laburnum Lodge. The overall nursing beds reduced in the Division during 2020 from 57 to 16 all of which are currently located in Laburnum Lodge.

14.7 Divisional Recruitment and Retention

To support the retention of staff within the Division implemented the following:

- Fortnightly meetings with all Matrons and Principles Service Leads for escalation of staffing concerns and recruitment challenges
- Commencement of talent management and succession planning considerations for grades 7 and 8a investment
- Success in application for 7 HENW places for the SPQ-DN course to ensure the community caseloads are led by qualified district nurses
- Use of the Apprenticeship Levy to provide education opportunities at Masters, Degree and Diploma level
- Staff are offered clinical supervision, mentorship and coaching

14.8 Nurse Associates

ICSD is fully committed to embedding the role of the Nursing Associate (NA) in the nursing teams and during 2020 increased the overall number of staff from 3 to 11. The NA role is positioned in a variety of services including community nursing, admission avoidance, homeless and vulnerable adults and treatment room. We have ambitions to have NA contributing to 25% of the community nursing workforce

14.9 Advanced Practitioners

We currently have advanced clinical practitioners working within the Admission Avoidance Team and the homeless and vulnerable adult's team. The retention rate for the students who qualified in September 2020 is 100% which is an improvement on the 2019 qualifying cohort which was 50%.

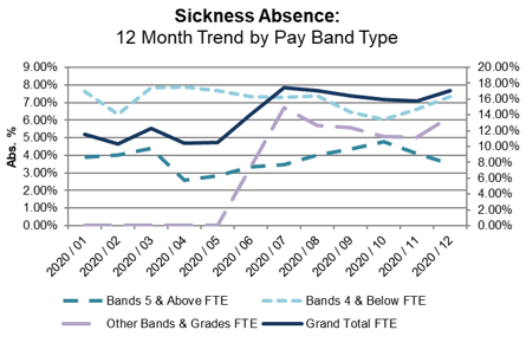
14.10 Staff in post

Throughout 2020 there has been an overall static picture in relation to the total number of clinical staff in post. A noticeable reduction was seen in bands 4 and below but this was due to the transfer of that particular staff group from ward A4 to other divisions following the removal of the ward from ICSD portfolio.

Staff Turnover

There has been an overall reduction in turnover across the Division in 2020 of 10.47% overall compared to 11.87 % in December 2019.

Graph 15 Sickness Absence



Please Note: Other Bands & Grades reported on Secondary Axis due to low numbers

Table 18 - Sickness Absence

Year / Month	Bands 5 & Above FTE	Bands 4 & Below FTE	Other Bands & Grades FTE
2020 / 01	3.87%	7.64%	0.00%
2020 / 02	4.01%	6.35%	0.00%
2020 / 03	4.41%	7.86%	0.00%
2020 / 04	2.57%	7.86%	0.00%
2020 / 05	2.85%	7.66%	0.00%
2020 / 06	3.35%	7.35%	3.34%
2020 / 07	3.45%	7.28%	6.71%
2020 / 08	4.02%	7.37%	5.68%
2020 / 09	4.34%	6.46%	5.56%
2020 / 10	4.78%	6.05%	5.06%
2020 / 11	4.11%	6.63%	5.04%
2020 / 12	3.49%	7.33%	6.22%

The overall non Covid 19 related sickness absence for 2020 was 4.85% which is a reduction of the overall total for 2019 (5.3%). The Division takes a proactive approach to managing sickness related absence and monthly long term sickness clinics are held with the DND and HR business partners and assistants to receive assurance that robust processes are in place to support staff to be well and in work. Additionally, every month a deep dive is undertaken when a particular team is identified as having has significant and persistent absence; this is presented at the ICSD People Group to provide further assurance there are systems in place to manage short and long term absence and if a team require additional support.

Temporary staffing

The use of temporary staffing in community nursing services is unusual; there is minimal formal bank staff usage due to the nature of the work required and the shifts tend to be filled form the Divisional staff as opposed to staff from other areas of the organisation unless they have significant community nursing experience.

Investment is staff development

There has been significant investment in 2020 in the training and development of all our clinical and non-clinical staff within ICSD accessing HEE and upskill funding and the apprenticeship level for a plethora of training including Masters level leadership courses, coaching at level 7, end of life care, lower limb training, PGCE, NMP, clinical skills training.

14.11 Student nurses and trainee nursing associates

ICSD welcomes students and prides itself in creating an environment for students to learn in an optimal environment and develop the skills they need for their future nursing careers. We welcome students to join us when they qualify. The pandemic delivered significant challenges with community placements however students reported feeling well supported in the work place and relished the opportunity to learn in extraordinary times. The matrons hold fortnightly virtual check-ins with all students and this creates a safe space to provide feedback, create wider learning experiences and has been received very positively by the students.

14.12 Safe Staffing in Allied Health Professions – AHP Optimised Staffing Tool (APOST)

In the future the Trust is hoping to work in collaboration with NHSI and the Shelford AHP Group to develop an evidence based workforce tool to determine optimal AHP staffing requirements. The tool will support the delivery of safe and high-quality patient care in line with level of dependency / acuity of the patient cohort. The AHPOST tool is being developed to describe AHP patient therapeutic care levels (priority & acuity), as well as dependency to determine safe staffing levels.

A review of the small number of nursing staff that work within the Diagnostics and Support services division will be included in this review.

14.13 Diagnostic & Support Services.

Within our diagnostic and support services division there is a small number of Registered Nursing staff in the Out-patients Department and Radiology. It is planned that these nursing posts and establishments will be reviewed as part of the AHP staffing review.

15 Conclusion

This paper clearly establishes our Trust-wide staffing position. Research evidence of the association between nurse staffing levels and patient outcomes is compelling, improved nurse and midwifery staffing is associated with reduced risk of patient harms and lower mortality rates. Reviews of staffing numbers and skill mix are ongoing and changes are based on triangulation of acuity, current quality indicators and outcomes and professional judgement, whilst taking into account any available national guidance.

The paper provides assurance that the staffing establishments in place currently across the organisation are safe, and that the Divisions are cognisant of key issues and analyses in the consideration of nurse and midwifery staffing levels.

The NHSI and CQC guidance recommends the use of an evidence based workforce tool and the paper identifies the need to deploy the appropriate tools and methodologies to give validation of safe staffing in line with dependency. It should be noted though that some of our data is immature and therefore correlation between staffing levels and the proportion of patients receiving harm-free care is at times difficult to establish. It is recognised that decisions regarding the correct staffing establishments for different types of wards can be ambiguous and that the evidence is insufficient with regards to the effectiveness of using defined approaches or toolkits to determine requirements. Despite this lack of evidence national guidance does still advise the use of an evidence based workforce tool in the consideration of staffing levels. We recognise that the decision support toolkit is not currently utilised and therefore establishments have been determined over time predominantly through the use of expert professional judgement. In order to address this, we are currently in the process of implementing the Safer Care Nursing Tool (SCNT) to inform professional judgement to identify adequate nursing establishments.

The reset of services post Covid 19 will require assurance from a validated tool. The introduction of the SNCT is planned, the data gathered from this will be utilised to review nurse staffing establishments to ensure patient safety across all clinical areas. This will be carried out by assessing the acuity and dependency and resource available in each area. Once the SNCT has been utilised to assess all areas it is anticipated that there will be a further staffing review paper produced. This may potentially also inform a business case for investment or potential skill mix reviews which may be required should any shortfalls in nursing establishment be identified.

16 Recommendations

- The Trust Board is requested to support the implementation of the Safer Nursing Care Tool in order to validate the safe nurse staffing in correlation to the acuity and dependency needs of our patients.
- The Trust Board is requested to support the review of nurse staffing following the outcome of the SNCT assessment.

.

Agenda Item 20

Title:	Revised Estates Master Plan

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	27th May 2021		Discussion	
Exec Sponsor	Annette Walker		Decision	✓

Summary:	The attached Presentation is a visual summary of the latest changes anticipated against the main aspects of the Trust's Estates master plan in line with estates strategy agreed in 2019. The new hospital project Strategic outline case is progressing at pace with preferred option for phase 1 development worked up with lead Design teams. Members will note the Master planning for the site has been updated in line with some of the key work streams supporting the Estates strategy and presented for discussion on progress.

Previously considered by:	Trust Board July 2019

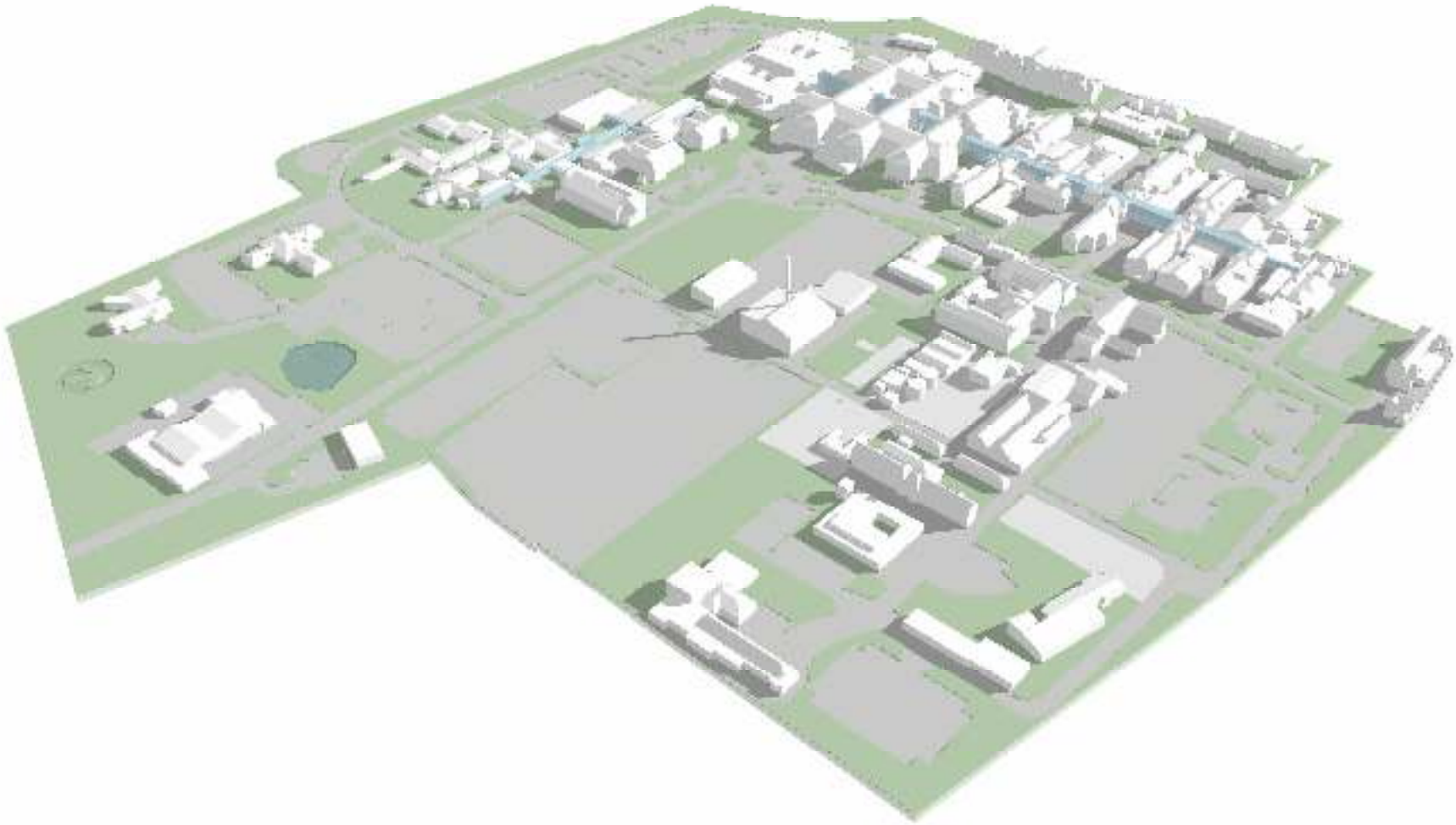
Proposed Resolution	To note revised planning across the site with progress shown against previous Estates Strategy linking with key work streams like: • Theatre planning • New Hospital project - Phase 1 • BCMS • New Hospital project - Phase 2

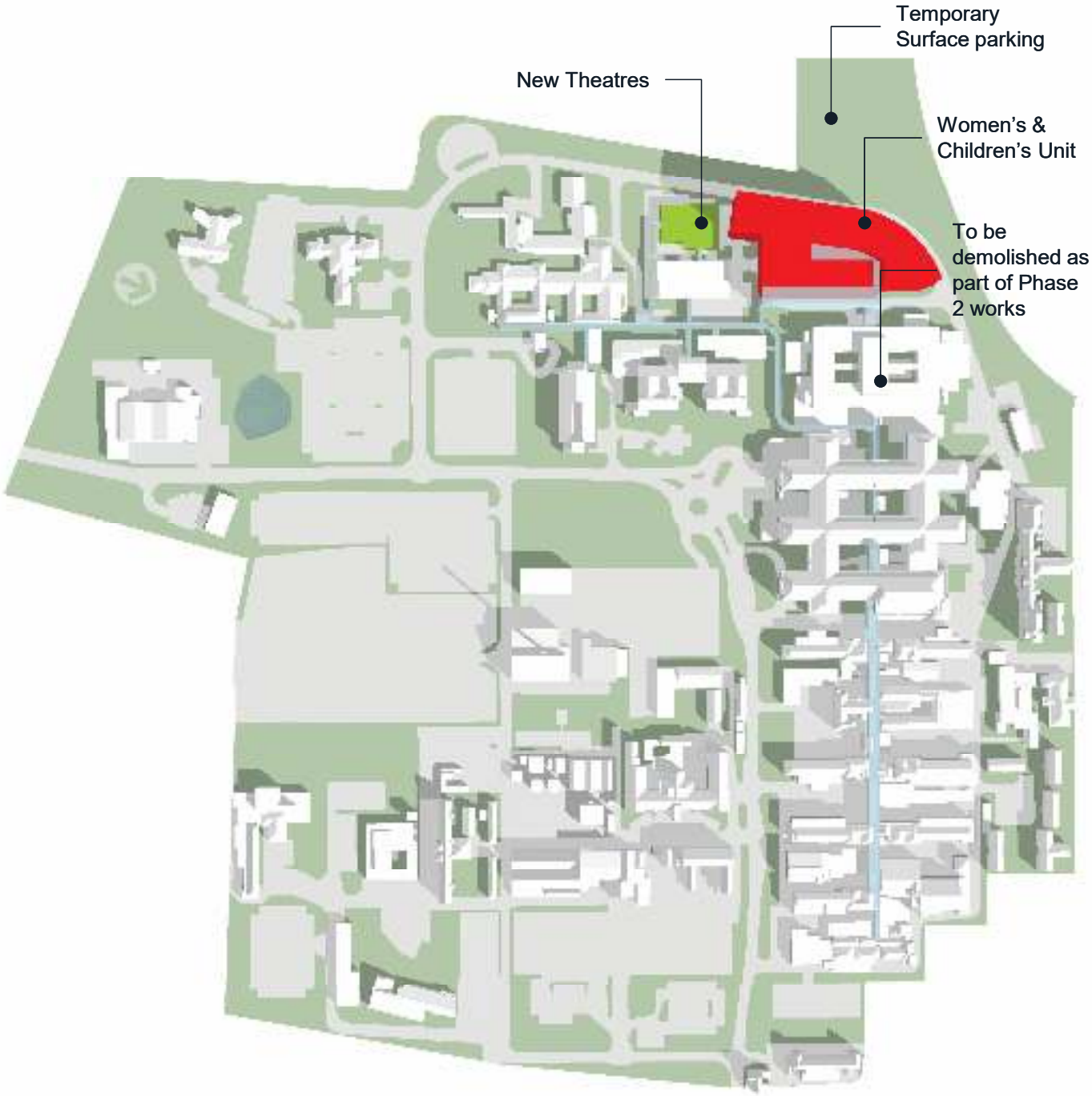
This issue impacts on the following Trust ambitions			
*To provide safe, high quality and compassionate **care** to every person every time*	✓	*Our Estate will be **sustainable** and developed in a way that supports staff and community Health and Wellbeing*	✓
*To be a great place to work, where all **staff** 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:	Anu Kumar , Director of Operations IFM	**Presented by:**	Anu Kumar , Director of Operations IFM

ROYAL BOLTON HOSPITAL

Master planning




Temporary
Surface parking
New Theatres
Women's &
Children's Unit
To be
demolished as
part of Phase
2 works

Option B1 (preferred option)

Build adjacent to existing maternity block

Target Area 26 000m²

Available floorplates

Ground - 5 100m² +

upper - 4 600m² +

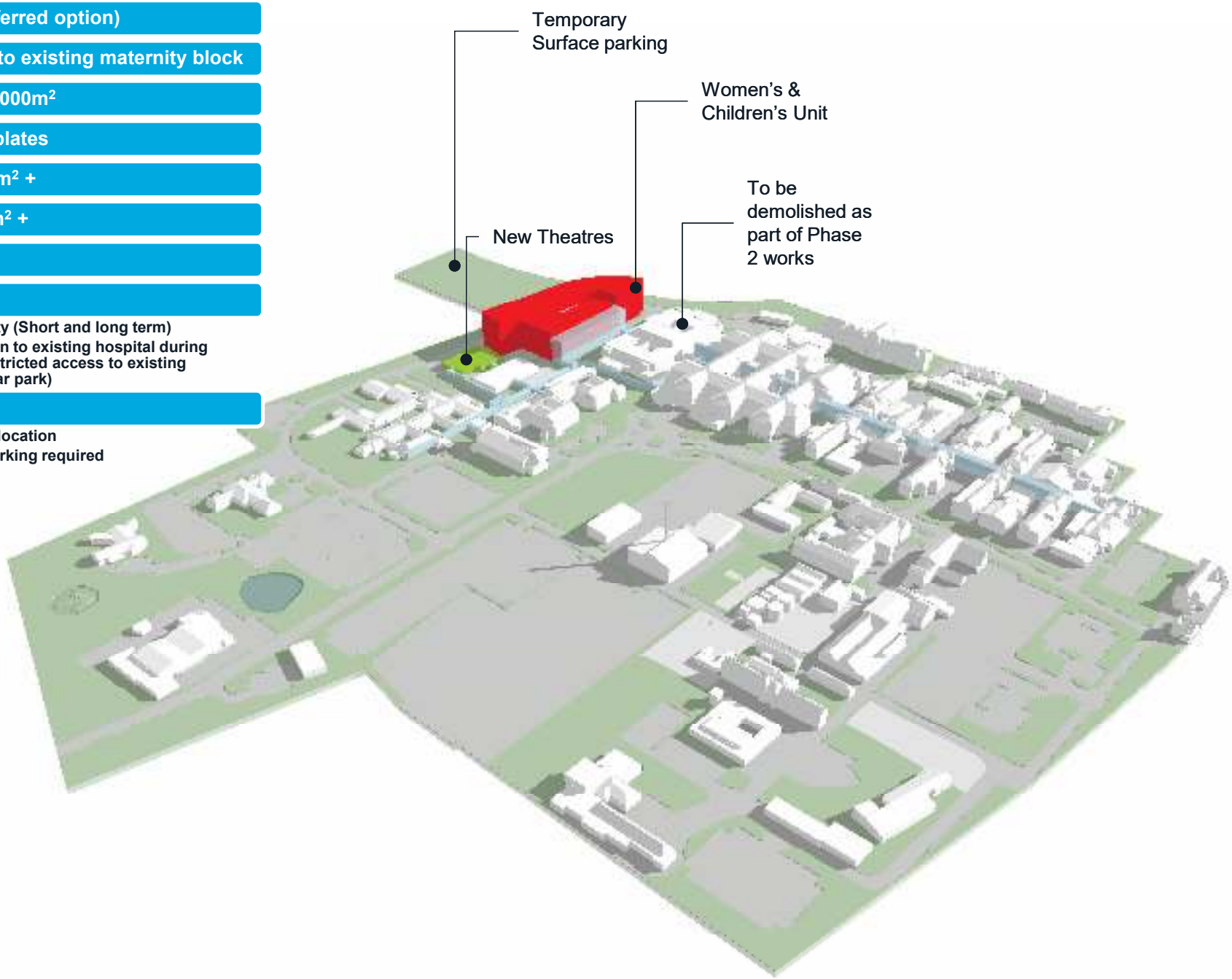
5.5 - 6 storeys

Advantages

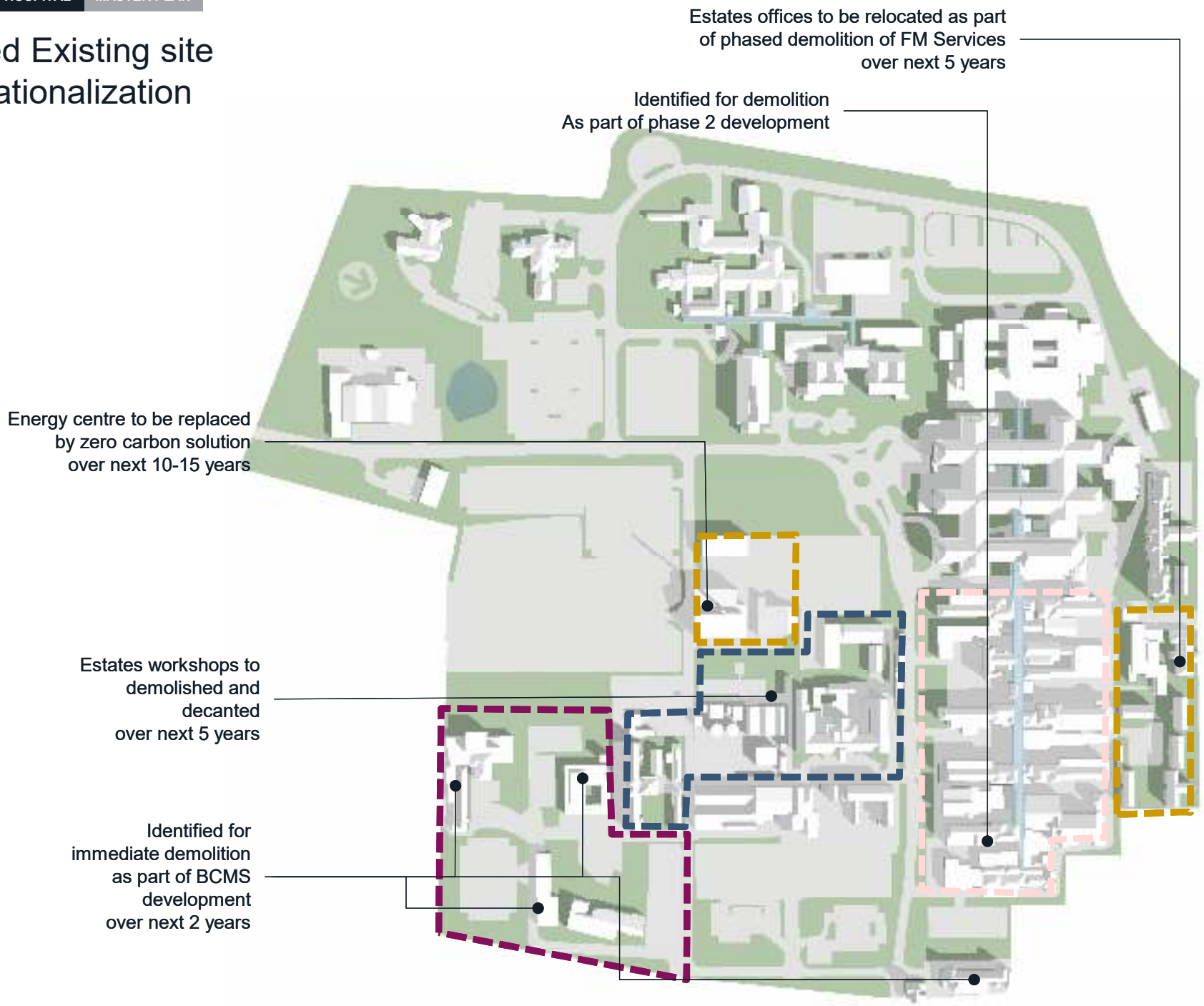
- Good connectivity (Short and long term)
- Limited disruption to existing hospital during construction (restricted access to existing maternity from car park)

Disadvantages

- Not a prominent location
- Additional car parking required



Proposed Existing site Estate rationalization



2019 Master Plan

1 Car Parking

2 Residential

Site Area (including pond) - 2.8 Hectares
46 housing units @ 95m² footprint

3 Mental Health Step-down Sub-Acute zone including relocation of Renal Dialysis Unit and Integrated Care Management.

3 Storey Building Footprint:
3a - 4200m²

4 Maternity and Outpatients

4-5 Storey Building Footprint:
4a - 3680m²
4b - 5700m²

5 Critical Care & Theatres

4 Storey Building Footprint:
5a - 5600m²

6 Main Entrance / A&E

Refurbishment / extension to existing building.

7 Acute Support Services, Pathology & Mortuary

4 Storey Building Footprint:
7a - 4200m²

8 FM

2 Storey Building Footprint:
8a - 2100m²
8b - 2100m²
8c - 2100m²

9 BCMS

4/5 Storey Bolton College Medical School (Bd) and associated proposed multi storey car park (Bb).

10 Minerva CAMHS

84 no. 1 bed flats over 3 storeys:
10a - 1170m²
10b - 1170m²
10c - 1170m²
10d - 1170m²
Total: 336 no. 1 bed flats

3 Storey Building Footprint:
10e - 1280m²
10f - 1200m²

11 Future Hospital Development

2 Storey Building Footprint:
11a - 5080m²

2021 Master Plan

New Decant theatres
- Enable decant theater facilities onsite to support theater development and upgrade

Phase 1
- The new hospital development phase 1 project which will include for women's and children specialties.

Greater Manchester Mental Health Services onsite
- The free hold occupancy of GMMH

Parking onsite
- Multistorey car parking and staff hub
- Patients and visitors Carpark

BCMS
- Bolton school of medical sciences Development and associated student parking provisions

Phase 2 - Critical Care and Diagnostics
- Rationalize Blocks A, B,C,D to develop phase 2 of new hospital development Project

Main entrance and A&E / E,F,G Blocks
- Reconfigure the current spaces to support agile clinical spaces to support and enable phase 1 and phase 2 projects

FM
- Reconfigure all accommodation blocks and reconcile them with central admin hub for dedicated services

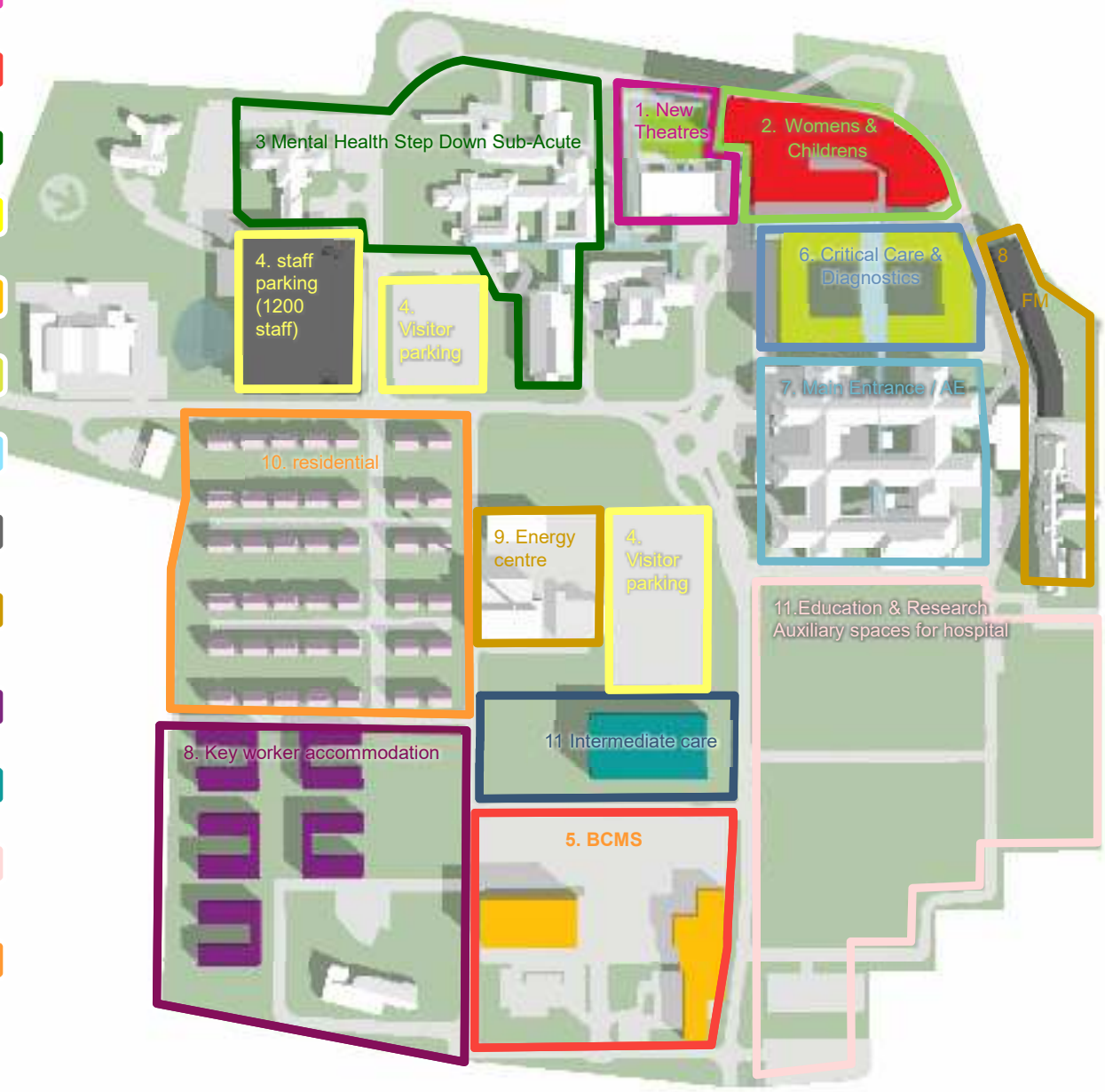
Energy Center
- The energy center will be phased out in 15 years time to support low carbon initiative builds on site as part of sustainability management plan

Key worker accommodation
- Development to support key worker and student campus facilities onsite

Intermediate care unit
- Development to support stepdown facility to support intermediate care

Education and research auxiliary development space
- Lower end of the site planned to support wider Bolton master planning for heath city where by land can be used to support teaching and research facilities and future hospital initiatives

Residential Zone



Site Master Plan

- Enabling works (theatres) (1000m²)
- Phase 1 –womens' & Childrens' unit(26 000m²)
- Multi-Storey Staff parking and social (1200 spaces)
- Phase 2 – theatres, diagnostics & wards (20 000m²)
- BCMS(6000m²)
- FM/ Service Hub

Advantages

- Good connectivity
- Very compact and efficient build
- Good connectivity for new staff MSCP
- Releases largest portion of site for redevelopment
- Creates new entrance to hospital away from A+E

Disadvantages

- Timeline and phasing need to be planned
- Significant investment required
- 10-15 year implementation period

Agenda Item 22

Title:	Rebranding of the Bolton NHS Charitable Fund

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	27th May 2021		Discussion	
Exec Sponsor	Sharon Martin		Decision	✓

Summary:	The purpose of this paper is to seek approval from the Board of Directors – in its capacity as Corporate Trustee – to change the name of the Charity from 'Bolton NHS Charitable Fund' to 'our Bolton NHS charity' and to pass a resolution approving the name change under the authorised powers set out in the Charity's governing document.

Previously considered by:	The Executives and the Charitable Funds Committee

Proposed Resolution	The Board of Directors – in its role of Corporate Trustee – is asked to: • Agree to pass a resolution to approve the name change (from 'Bolton NHS Charitable Fund' to 'our Bolton NHS charity') under authorised powers set out in the charity's governing document • Note the next steps • Support the use of the NHS Big Tea 2021 as the platform for the soft-launch of the new charity branding

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:	Sarah Skinner Charity Manager	**Presented by:**	Rachel Noble Deputy Director of Strategy

Introduction

The purpose of this paper is to seek approval from the Board of Directors – in its capacity as Corporate Trustee – to change the name of the Charity from 'Bolton NHS Charitable Fund' to 'our Bolton NHS charity' and to pass a resolution approving the name change under the authorised powers set out in the charity's governing document.

The value of a strong identity/brand

The National Council for Voluntary Organisations (NCVO) states that a new identity/brand should be distinctive, relevant, memorable and flexible. A brand is crucial in engaging audiences and is the window to the ethos, values and mission of the Charity. It is more than just a logo and should reflect the experience a prospective supporter can expect if they decide to engage with the Charity.

The existing charity brand is arguably just a logo, which has a corporate feel and very little that prospective supporters can recognise and relate to as there is no mention of the words 'Bolton', 'hospital', 'NHS' or 'charity'. As we look to grow the profile of the Charity and firmly embed it within the local VCSE sector and our local communities, it is essential we have an inclusive brand that patients, residents and local businesses not only relate to but want to champion with pride.

Introducing 'our Bolton NHS charity'

The 'our Bolton NHS charity' branding has been designed by local agency, Portfolio Design, who worked with us to develop the 'for a better Bolton' strategy branding. Its design is modern, versatile and aligns with the 'for a better Bolton' strapline so the link between the charity and Bolton NHS Foundation Trust is apparent to staff, patients and visitors. The word 'our' fosters a sense of belonging and community, which is exactly the experience we want to create for our supporters as we grow the charity to make it resilient and sustainable for the future. You can see the whole brand identity here.

Use of the NHS Big Tea event as a platform for soft launch

The NHS Big Tea 2021 is a national fundraiser organised by NHS Charities Together, which coincides with the 73rd anniversary of the NHS. Due to the pandemic, the NHS Big Tea 2020 was cancelled, but this year it is back and promises to be 'an outpouring of love and gratitude to the people at the heart of the NHS'. At 3pm on Monday 5th July, NHS charities and their supporters across the UK are invited to join the biggest tea break in celebration of the 'ordinary yet extraordinary people who continue to go above and beyond for us and our loved ones'.

Externally, the focus will be on supporters organising and hosting tea parties (in line with Government guidance) with proceeds going to their chosen NHS charity. Internally, NHS employees are encouraged to take five minutes whenever and however they can. This event will provide the ideal platform to promote the new identity and branding, all while raising vital funds and promoting staff health and wellbeing.

Next steps

- Subject to approval, report the name change to the Charity Commission using the online service and inform other organisations, as required
- Complete the necessary waiver and statements of case to authorise expenditure in line with the Trust SFIs and charity financial scheme of delegation
- Work with Portfolio Design to design and produce the required collateral to support the soft launch
- Work with Communications and Organisational Development to promote the NHS Big Tea to staff

Recommendations

The Board of Directors – in its role of Corporate Trustee – is asked to:

- Agree to pass a resolution to approve the name change (from 'Bolton NHS Charitable Fund' to 'our Bolton NHS charity') under authorised powers set out in the charity's governing document
- Note the next steps
- Support the use of the NHS Big Tea 2021 as the platform for the soft-launch of the new charity branding


Hello.
We are.
Portfolio.

You may not have heard of us, but you'll have seen our work.

So, here comes the bit about how we invent, we innovate, we inspire. We explore, we explain, we excite. We definitely do all those things. But you've probably heard all that before.

We could dazzle you with flamboyant words and extravagant promises but we deal in actions. We're straight up. Tell us what you need and we'll get it done. No matter how big or small your project. We craft brand communications that motivate.
That change minds. Solve problems. Improve lives.

Big claims. We know. But it's because we deal with people not target audiences, feelings not functions that our clients stick with us and recommend us to others.
Most importantly, we listen and we respond. We put you at ease so we can really understand what makes you tick. Identify how we can fulfil your objectives and exceed your expectations.

We don't shout about us, we shout about you.

Portfolio.

Our Bolton NHS Charity Branding.

Portfolio.

Bolton NHS Charitable Fund
Registered as a Charity
No: 1050488

Portfolio

What is the purpose of the Charity?

Portfolio

To provide educational facilities, equipment and services to enhance the patient experience and improve health outcomes...

... for the people of Bolton.

Portfolio.

This is our Bolton
This is our hospital
This is...

'Our Bolton NHS Charity'

'Our Bolton NHS Charity'

… for a better Bolton

Portfolio.


I'm running for
'Our Bolton
NHS Charity'


'Our Bolton
NHS Charity'
needs your help


I raised money for
'Our Bolton
NHS Charity'


I shaved my head for
'Our Bolton
NHS Charity'

Portfolio.

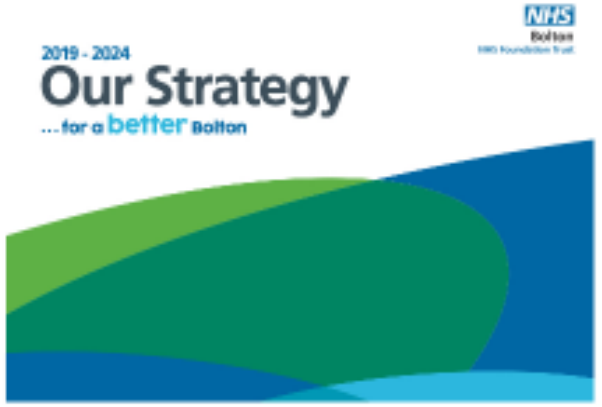
We would keep things very simple and link with the better Bolton umbrella

2019 - 2024

Our Strategy

... for a better Bolton

... for a better Bolton



Portfolio

And put the focus on ‘Our’

our Bolton NHS Charity

Portfolio.

Then add some personality

Add some flexibility for a variety of uses

Alternate colour options

Portfolio

Adding a hand written font gives a very personal touch and also adds another dimension to the core message

Portfolio.

It'll need to be flexible enough to cover a wide range of fundraising activities

Portfolio


We're raising
money for..
our
Bolton
NHS charity


We're
running for..
our
Bolton
NHS charity

This is..
our
Stacey's Story

Portfolio

This is..
our
Henry's Story

Portfolio.

This is..
our
Jasmine's Story

Portfolio.


This is..
our
Stacey's Story
0800 801801
our
Bolton
NHS charity
... for a better bolton

Portfolio


This is..
our
Jasmine's Story
0800 801801
our
Bolton
NHS charity
... for a better Bolton

Portfolio.

Portfolio


Questions?
Portfolio.

Agenda Item 23

Title:	Finance & Investment Committee Chair Reports

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	27th May 2021		Discussion	
Exec Sponsor:	Annette Walker		Decision	

Summary:	The attached Chair's reports are from the Finance and Investment Committee meetings held on 27th April and 25th May 2021.

Previously considered by:	Finance & Investment Committee.

Proposed Resolution	The Board are asked to note the Chair's reports.

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:	Annette Walker	**Presented by:**	Jackie Njoroge

Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	27th April 2021	Date of next meeting:	25th May 2021
Chair:	Jackie Njoroge	Parent Committee:	Board of Directors
Members Present:	Becks Ganz, Bilkis Ismail, Fiona Noden, Annette Walker, Andy Ennis, James Mawrey, Lesley Wallace, Andy Chilton, Rachel Noble, Matt Greene	Quorate (Yes/No):	Yes
		Key Members not present:	

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Financial Plan Update		Director of Finance	The Committee received an update on the Financial Plan for 21/22, building on the presentation provided in March. This included an explanation of changes since the previous meeting, an update on the capital position and a description of the principles agreed by all GM Directors of Finance in relation to the requirement that GM has to break-even against the system envelope. A full update on the Financial Plan will be provided to the Committee in May. The Committee agreed that this item should be rated 'amber' due to there not yet being certainty on the second half of the year (H2).	Noted.

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

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

Committee/Group Chair's Report

<table>
<tr>
<td>Month 12 Finance Report</td>
<td></td>
<td>Deputy Director of Finance</td>
<td>The Committee received an update on the financial position as at Month 12. This showed a year to date deficit against NHSI Monitoring of £459k as per forecast. The accounts position is a deficit of £7.9m mainly due to the inclusion of £8.9m of impairments.

The financial position is summarised in the table below:

<table>
<tr><th></th><th>Month 12
£m</th><th>YTD
£m</th></tr>
<tr><td>Base Income</td><td>49.7</td><td>366.9</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>21.3</td></tr>
<tr><td>Total</td><td>53.3</td><td>410.1</td></tr>
<tr><td>Expenditure</td><td>53.3</td><td>410.6</td></tr>
<tr><td>NHSI Adjusted Surplus/Deficit</td><td>0.0</td><td>(0.5)</td></tr>
<tr><td>Impairments</td><td>(8.5)</td><td>(8.9)</td></tr>
<tr><td>NHSI excluded items</td><td>1.4</td><td>1.5</td></tr>
<tr><td>Accounts Surplus/(Deficit)</td><td>(7.1)</td><td>(7.9)</td></tr>
</table>

£1.6m was spent on Covid related items during the month and £22.5m for the year. £43.2m of top-ups were received during the year.

The Committee wholeheartedly thanked the Finance Team for their tremendous efforts during the year.</td>
<td>Noted.</td>
</tr>
</table>

	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 12 iFM Finance Report		iFM Director of Finance	The Committee receive an update on iFM Bolton's financial performance for the year to March 2021. The overall position was a pre-tax profit of £565k based on OHF contract income of £22.55m. Post-tax profit was £294k. Details are set out in the table below: **Month 12 £,000** / **YTD £,000** Turnover 5,077 / 37,534 Expenditure (5,111) / (36,969) Profit (34) / 565 Tax (7) / (272) **Profit after tax (41) / 293** It was noted that discussions have commenced with the FT in relation to the 2021/22 contract value.	Noted.
Procurement Quarterly Update		Director of Finance	The Committee received an update on the work undertaken by the Procurement Team during 2020/21, the ongoing strategic collaboration with GM and the development of a Procurement Strategy for 2021/22. The Committee commended the Procurement Team on the fantastic work they had undertaken throughout the year, noting they had been instrumental in ensuring staff safety through the delivery of PPE. The Committee agreed that this was a strong report on performance and the amber rating is as a result of the high risk Internal Audit Report and some future uncertainty around the level of achievable savings.	The Committee noted the report and asked to see the Procurement Strategy once available.
Chairs' Reports	N/A	Director of Finance	The Committee received and noted the Chairs' Reports from the following meetings: • CRIG held on 20th April • Contract & Performance Review Group held on 7th April	Noted.

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

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

Committee/Group Chair's Report

Comments
Risks escalated

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

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

Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	25th May 2021	Date of next meeting:	22nd June 2021
Chair:	Jackie Njoroge	Parent Committee:	Board of Directors
Members Present:	Becks Ganz, Bilkis Ismail, Fiona Noden, Annette Walker, James Mawrey, Lesley Wallace, Andy Chilton, Rachel Noble	Quorate (Yes/No):	Yes
		Key Members not present:	Andy Ennis

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
System Finance Update		Bolton CCG CFO	The Committee received an update on the work of the System Finance Group, noting the following key points: • There are four main workstreams: Estates, Workforce, Prescribing and System Appraisal of Spend. • Significant work has been undertaken in regard to system wide data and linked datasets. • Future savings plans are to be system focused rather than organisation first. • The System Finance Strategy covers the Bolton Health & Care System and will focus on long term financial sustainability. The Committee will receive further regular updates. The Committee has asked for further information on how patient perspectives on transformation will be captured. This is rated 'amber' due to the early development of the work however the Committee recognised the good joint work being undertaken.	The Committee has asked for further information on how patient perspectives on transformation will be captured.

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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

<table>
<tr><td>2021/22 Financial Plan (H1)</td><td></td><td>Director of Finance</td><td>The Committee received and noted the initial 2021/22 Financial Plan for the first six months of the financial year (H1) following previous presentations in March and April 2021. The paper set out the key elements of the Trust's 2021/22 Financial Plan submission to GM of 28th April 2021 and to NHSI on 26th May 2021.

Guidance for the second half of the financial year (H2) has not yet been provided by NHSI.</td><td>For noting.</td></tr>
<tr><td>Month 1 Finance Report</td><td></td><td>Deputy Director of Finance</td><td>The Committee received an update on the financial position as at Month 1. This showed an in-month surplus of £1.047m after receipt of top up funds of £3.46m. This is £0.49m worse than plan.

The financial position is summarised in the table below:

<table>
<tr><th></th><th>Month 1
£m</th><th>YTD
£m</th></tr>
<tr><td>Base Income</td><td>29.1</td><td>29.1</td></tr>
<tr><td>GM top up</td><td>3.5</td><td>3.5</td></tr>
<tr><td>Total Income</td><td>32.6</td><td>32.6</td></tr>
<tr><td>Expenditure</td><td>33.6</td><td>33.6</td></tr>
<tr><td>NHSI Adjusted Surplus/(Deficit)</td><td>(1.0)</td><td>(1.0)</td></tr>
<tr><td>NHSI Excluded items</td><td>0.0</td><td>0.0</td></tr>
<tr><td>Surplus/Deficit</td><td>(1.0)</td><td>(1.0)</td></tr>
<tr><td>Plan</td><td>(0.6)</td><td>(0.6)</td></tr>
<tr><td>Variance to Plan</td><td>(0.5)</td><td>(0.5)</td></tr>
</table>

The Committee also received updates on cost improvement plans, variable pay, capital spend, cash and loans.</td><td>The Committee requested an update on variable pay at a future meeting.</td></tr>
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Committee/Group Chair's Report

Month 1 ICIP Report		Director of Finance	The Committee received and noted the Month 1 ICIP Report. H1 savings to date are £479k against a target of £2.9m. Each Division has made good progress with planning and preparation for 2021/22 however actions are underway to support divisional teams with costing and the quality impact assessment process. Given the latest increase in Covid rates, a risk to the Cost Improvement Programme was noted and mitigations will be required.	The committee has asked that a divisional leader attends to discuss their approach to ICIPs.
Finance Department Business Plan 2021/22 and Annual Calendar		Deputy Director of Finance	The Committee received and noted the Finance Department Business Plan for 2021/22 and Annual Calendar.	For noting.
Month 1 iFM Finance Report		iFM Director of Finance	The iFM Director of Finance presented the iFM financial position for Month 1. The overall position is a post tax profit of £24k, in line with budget. The month end cash position remains healthy at £4m. Income has yet to be agreed with the Trust. A contract proposal has been submitted to the Trust at the last contract monitoring meeting and forms the basis of the budget.	For noting.
Chairs' Reports		Director of Finance	The Committee received and noted the Chairs' Reports from the following meetings: • CRIG held on 4th May • Strategic Estates Board held on 6th May • Contract & Performance Review Group held on 12th May This item has been rated 'amber' overall due to the significant number of 'red' ratings in the Contract & Performance Review Group Chair Report. It was noted that these are all linked to recovery and have oversight via the Director of Strategic Transformation.	For noting.
Risks escalated				

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Agenda Item 24

Title:	Audit Committee Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	27th May 2021		Discussion	
Exec Sponsor:	A Walker		Decision	

Summary:	The attached Chair report is from the Audit Committee meeting held on 4th May 2021.

Previously considered by:	Audit Committee.

Proposed Resolution	The Board are asked to note the report.

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

Prepared by:	A Stuttard	**Presented by:**	A Stuttard

Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	4th May 2021	Date of next meeting:	9th June 2021
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Bilkis Ismail, Malcolm Brown, Martin North *In attendance:* Annette Walker, Lesley Wallace, Catherine Hulme, Esther Steel, Richard Sachs, Collette Ryan, Ibby Ismail, Othmane Rezgui (PwC), Tim Cutler (KPMG), Karen Finlayson (PwC)	Quorate (Yes/No):	Yes
		Key Members not present:	*Attendees not present:* Chris Paisley (KPMG)

Key Agenda Items:	RAG	Key Points	Action/decision
External/Internal Audit Contract Extensions	N/A	The Director of Corporate Governance confirmed that the extensions to both contracts had been agreed and were being actioned. It was confirmed that the Council of Governors had approved the External Audit contract as required under the Constitution.	To note.
Going Concern Report		The Head of Financial Services presented the Going Concern Report. In addition to the financial elements relating to the Going Concern requirements it was noted that there was now additional guidance in respect of the continuation of the services by the organisation.	Approved.

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Committee/Group Chair's Report

Draft Annual Accounts 2020/21		The Head of Financial Services presented the Draft Annual Accounts for 2020/21. The main points noted were: • The Trust had a year end deficit of £7,828k. • The adjusted financial performance after removing impairments, capital donations and centrally procured inventories was a deficit of £460k. • Year end cash balance of £45.5m (an increase of £28.5m from 1st April 2020). • Capital expenditure of £14.9m against a control total of £14.9m. It was explained that in relation to the control total set by NHSI the key figure was the operating deficit of £460k. The Director of Finance confirmed that this was in line with the control total. Of particular note was the increase in the cash balance. Some of this will reduce when the year end creditors particularly on capital items are paid. However this increase is to be welcomed and strengthens the overall position of the Trust. The Head of Financial Services confirmed that the deadline for submission of the Draft Accounts had been met. The Committee thanked the Finance Team for their work on the Accounts and the Trust for delivery of the control total.	To note.
Draft Annual Report		The Director of Corporate Governance (DCG) presented the Draft Annual Report for 2020/21. The DCG advised that this is a working draft for information ahead of being presented for further review at the next meeting of the Audit Committee prior to submission to the Board at the end of May. There were no major changes to the content from previous years although there was a strengthening of the Equality, Diversity and Inclusion requirements. The DCG asked that any comments on the report be fed through to her.	To note.

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Committee/Group Chair's Report

Draft Annual Governance Statement 2020/21		The Director of Corporate Governance presented the Draft Annual Governance Statement for 2020/21 which is incorporated within the Annual Report and Accounts. Again comments were invited. The final version will be submitted to the Board of Directors within the Annual Report.	To note.
Update on 2020/21 Audit Planning		KPMG gave an update on the External Audit risk assessment and planned audit approach in respect of the Financial Statements Audit. Work on the audit of the Accounts was ongoing and there was close liaison with the Trust's Finance Team. At this stage no major issues had been identified. Further work was being undertaken in respect of the revaluation and impairment of assets. KPMG advised that most of the information in respect of the value for money requirements had been provided although there were a few items that were being chased up.	To note.
Health Technical Update	N/A	KPMG provided their Technical and Sector Update for the Committee.	To note.

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Committee/Group Chair's Report

Internal Audit Progress Report		PwC presented the Internal Audit Progress Report. Since the last Audit Committee the following activities have been performed: • Completed three reports. • Carried out planning meetings and agreed the scope for three reviews. • Commenced the field work for two reviews. It was noted that there was a change to the Internal Audit Plan that due to the pandemic the usual on site ward visit review during Q4 was not deemed practicable. Of the three reports, one in relation to iFM Contract Management was deemed high risk, however a full action plan had been agreed with management. The risk was mainly in respect of the contract management framework in terms of policies and procedures. It was noted however that there were areas of good practice in relation to this review. PwC confirmed that a sufficient level of work had been completed for the purposes of the Head of Internal Audit Statement for 2020/21. This represented a significant improvement on the position compared to last year and PwC were thanked for their input.	To note.
Counter Fraud Work Plan 2021/22		The Local Counter Fraud Specialist (LCFS) presented the Counter Fraud Work Plan for 2021/22. The Audit Committee approved the Plan noting that there was provision for 101 days at an annual fee of £35k which remained unchanged from the previous year.	Approved.
Counter Fraud Annual Report 2020/21		The LCFS presented the Counter Fraud Annual Report for 2020/21. The report covered the activities undertaken by the LCFS and provides the Trust with assurance that the activities adhere to the functional standards of the NHS Provider Contract of Fraud, Corruption and Bribery. Of particular note was the support and response from management and staff regarding the approach to anti-fraud matters and culture.	To note.

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Committee/Group Chair's Report

Register of Interests, Gifts and Hospitality		The Director of Corporate Governance presented an update on the Register of Interests, Gifts and Hospitality. There was one item to note, namely the inclusion of a potential conflict of interest of a senior member of staff who is leaving to join a commercial organisation. This had highlighted a potential gap in the Standards of Business Policy which would be updated.	To note.
Bolton FT Register of Waivers		The Director of Finance presented the Register of Waivers since the last Audit Committee covering the period February 2021 to March 2021. There had been a small decrease in the number of waivers compared to the same period last year with a decrease in value. Full explanations were provided for all the waivers and duly noted by the Committee.	To note.
iFM Register of Waivers		The iFM Director of Finance presented the Register of Waivers since the last Audit Committee. The number of waivers had increased from 16 to 27 with a significant increase in value compared to the same period last year. It was noted that there had been some particular issues with regard to the Patient Transport Services which had required urgent action. In addition there were a number of capital purchases late on in the financial year. The Committee did express some concern over some of the explanations and it was agreed to incorporate a review of the process for waivers as part of the Internal Audit Plan for 2021/22. It was also agreed to review the arrangements for Patient Transport Services.	To note.
Bolton FT Losses and Special Payments Report	N/A	The Head of Financial Services presented the annual report for 2020/21. The Trust had incurred costs of £204k for losses and special payments during the financial year. £17k was in relation to litigation payments and £187k in relation to losses and ex-gratia payments. The overall figure was consistent with previous years.	To note.
iFM Losses and Special Payments Report	N/A	The iFM Director of Finance presented the annual report for 2020/21. iFM Bolton had incurred £28k for losses and special payments during the financial year. No payments had been made for litigation purposes.	To note.

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Committee/Group Chair's Report

Standing Financial Instructions Breach Report	N/A	There were no breaches to report.	
iFM Bolton Standing Financial Instructions Breach Report	N/A	There were no breaches to report.	

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