

**Location: Boardroom****Time: 09.30**

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
09.30	1.	Welcome and Introductions	Chairman	verbal	
09.35		Patient Story – Integrated Care Division			
09.50	2.	Apologies for Absence	Trust Sec.	Verbal	Apologies noted
	3.	Declarations of Interest	Chair	Verbal	To note any declarations of interest in relation to items on the agenda
09.55	4.	Minutes of meeting held 30 th April 2020	Chair	Minutes	To approve the previous minutes
10.00	5.	Action sheet	Chair	Action log	To note progress on agreed actions
10.05	6.	Matters arising	Chair	Verbal	To address any matters arising not covered on the agenda
10.10	7.	Chair's Welcome	Chair	Verbal	To receive a report on current issues
Safety Quality and Effectiveness					
10.20	8.	CEO Report	CEO	Report	To receive
10.30	9.	QA Committee Chair Report	QA Chair	Report	To provide assurance on work delegated to the sub committee
10.40	10.	F & I Committee Chair Report	F&I Chair	Report	To provide assurance on work delegated to the sub committee
10.50	11	Workforce Assurance Committee Chair Report	CEO	Report	To provide assurance on work delegated to the sub committee

Coffee break

Strategy					
11.20	12.	ICP update	Dir Strategic Trans & MD ICP	Presentation	To note
Covid-19 Pandemic Response					
11.50	13.	Covid update	Dir Strategic Transform and COO	Presentation	To receive an update on the Covid restart programme
12.15	14.	Health and Wellbeing of our staff during Covid	Dir Workforce and OD	Report	To note
12.30	15.	Integrated Performance Report	COO	Report	To receive
Governance					
13.00	16.	Any other business			
Questions from Members of the Public					
	17.	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					
	18.	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			

Break

Meeting Board of Directors Meeting
Time 11.30am
Date 30th April 2020
Venue WebEx

Present:-

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

In attendance: -

Mrs E Steel	Director of Corporate Governance	ES
Miss V Lomas	Corporate Governance Manager	VL

Five observers in attendance including members of the Council of Governors and Bolton News

Apologies

Declarations of Interest

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

4. Minutes of The Board Of Directors Meetings held 26th March 2020

The minutes of the meetings held on 26th March were approved as a true and accurate reflection of the meeting.

5. **Action Sheet**

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

6. **Matters Arising**

There were no matters arising.

7. **Chair Welcome**

The Chair welcomed attendees to the meeting.

Board members noted two important birthdays this week. Firstly, Colonel Tom Moore who has raised around £30m for NHS Charities and secondly, a local boy who in the lead up to his 9th birthday has run a marathon and raised over £2000 for the Trust.

The Board also sent their condolences to the family of staff member Lourdes Campbell.

8. **CEO Report**

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

Board members asked for further information around how many staff are working from home and it was confirmed that this is included in the Covid update on the agenda. Board members were informed that the IT team received a Better Bolton Award for their work around establishing staff to be able to work from home.

9. **Quality Assurance Committee Chair Report**

Mr Thornton, the NED Chair of the Quality Assurance Committee presented his report from the meeting held on 5th April 2020.

The QA Committee had received divisional updates from each of the five clinical divisions which focussed on the current operational challenges, but it was reassuring to see that each division also highlighted some important learning which will be taken forward as part of the recovery plan.

Two SI reports were also approved at the meeting.

Non-Executives thanked the Chair of the Quality Assurance Committee and Finance and Investment Committee for opening up the meetings during this period to Board members who do not usually attend.

Resolved: the Chair Report was noted.

10. **Finance and Investment Committee Chair Report**

Mr Stuttard, the NED Chair of the Finance and Investment Committee presented his report from the meeting held on 28th April 2020.

Key points for the Board to note were:

- The committee discussed the year-end financial position which excluding PSF, is a deficit of £12.8m, against a surplus plan of £3.2m. Taking PSF/MRET of £7.1m and additional FRF of £6.4m into account the overall net position is an operating surplus of £0.5m.
- There is an impairment of £2.6m relating to fixed assets, which gives a total reported deficit of £2.1m, but this does not impact on the operating surplus of £0.5m.
- PSF and FRF monies are non-recurrent in nature.
- The final outturn for 2019/20 is subject to audit by External Auditors.
- The current costs incurred around Covid-19 were outlined noting that for March the Trust incurred expenditure of £785.4k, a loss of income of £39k and an annual leave accrual of £131.5k, giving a total revenue impact of £995.9k. The capital costs incurred were £30k.
- An update was received on the financial position for 2020/21. The intention is to operate on a break-even position for the first four months and this will then be reviewed. All contracts with the CCG will operate on a block basis and Payment by Results has been suspended to minimise the risk to the Trust. The Trust is also expecting to receive a Capital Control Total for 2020/21.
- The committee agreed that the Accounts for 2020/21 have been prepared on a going concern basis.
- iFM Bolton have achieved a profit of £492k before tax based on overall income of £27.3m. iFM incurred additional costs of £110k as a consequence of Covid which have been included in the Trusts overall Covid costs.

Board members asked for further information on the capital programme and it was confirmed that once the capital control total has been received the Trust will then be in a position to agree the revised capital programme for the year.

The Director of Finance and Director of Strategic Transformation will be meeting to discuss system savings following Covid and will be working closely with the Local Authority.

The Board congratulated the Director of Finance on the financial performance for 2019/20.

Resolved: the Chair Report was noted.

11. **Audit Committee Chair Report**

Mrs Njoroge, the NED Chair of Audit Committee presented her report from the meeting held on 28th April 2020.

The committee received an update on the draft Annual Report and Accounts noting the deadline for submission of these documents has been extended until the end of June.

It was noted that in light of Covid and lockdown restrictions it has been agreed to defer any further internal audit work that had either not yet commenced or if the relevant staff were unavailable. The draft Internal Audit plan for 2020/21 was also received and it was noted a final version will be brought back to the committee once approved by Executive Directors.

Resolved: the Chair Report was noted.

12. Covid Command Structure

Board members were asked to approve the Covid command structure which will continue through the duration of the emergency response programme. It was noted that it has now been agreed to reduce Bronze and Gold meetings to every other day.

Board members approved the structure and asked for their thanks to be formally passed to members of the silver command for their work during the pandemic.

Resolved: the Command Structure was approved.

13. Impact of Covid

The Chief Operating Officer provided a presentation to Board members outlining the impact of Covid on the organisation.

Board members queried who can make use of the equipment which has been purchased by the Trust and it was confirmed that the oxygen concentrators are a stand-alone system and can be shared between the hospital and community and also other organisations.

Reassurance was provided that there have not been many readmissions and the recovery rate is comparable with other organisations.

It was noted that the Trust has not had any issues around discharging medically optimised patients as community staff have been supporting care homes. Darley Court is at capacity but beds are available in other locations so patients can be discharged when required.

Board members queried if there were any areas in which the Trust has had issues in managing and it was confirmed that one difficulty has been around ensuring staff socially distance as they are so used to working closely.

Board members took the opportunity to formally thank all staff within the organisation for their hard work. Thanks were also extended to other local organisations for providing mutual support and also to the people of Bolton who have changed how they use and access services and complied with social distancing measures.

Resolved: the presentation was noted.

14. Workforce and Organisational Development Actions that have been taken during the Covid-19 Period

The Director of Workforce presented the report outlining the workforce and organisational development actions taken during the Covid-19 period. It was noted that at one point there were over 1000 staff absent for reasons including Covid and other causes of sickness but that figure has been falling and the Trust now has the lowest rate of sickness absence due to Covid in Greater Manchester.

Board members queried what the levels of engagement were and if there has been any feedback on the apps and resources which have been introduced. It was confirmed that face to face drop in sessions, which are socially distanced, have had the greatest uptake and there has been a number of staff registering

for the Shiny Minds app but the most popular measure of staff support has been the free gifts donated by organisations and gratefully received by staff.

The Trust is discussing short, medium and long term plans to provide psychological support for staff recognising that the duration and intensity of the pandemic may lead to PTSD.

A report will be being presented at Executives around staff who is BAME or aged over 60 who have been most affected by the pandemic and a risk assessment will be carried out on all these staff. The recommendations will feed into the Workforce Assurance Committee and this will be included in future chair reports from that committee.

Resolved: the report was noted.

15. Covid Assurance Framework

The Director of Corporate Governance advised that the Covid Assurance Framework is a short summary of key risks, controls and assurance. This will be presented at Executives next week and then at the next Quality Assurance Committee.

Resolved: the update was noted.

16. Medical Examiner Role

Dr Brown declared an interest in this item

The Medical Director presented the report for approval. It was noted that as an interim measure during Covid, Dr Malcolm Brown, Non-Executive Director has been temporarily appointed to the position of Medical Examiner.

Concern was raised regarding the current arrangements and it was confirmed that in normal circumstances this would be a conflict of interests but the current situation is extraordinary and this has been discussed and agreed with the Coroner.

The current pathway and proposed changes were outlined to Board members.

Resolved: Board members approved the recommendation.

17. Covid-19 – Operational Recovery, Transformation and Strategic Delivery

The Director of Strategic Transformation provided a presentation to Board members outlining the Trusts approach to recovery, transformation and strategic delivery in response to Covid-19.

Board members queried whether other external organisations will be involved in the recovery planning and it was confirmed that there is a reset plan which is being worked through as part of the Integrated Care Partnership. The plan will be shared with the Local Authority who will also share their plan with us.

Further detail was requested around maintaining change and it was confirmed that accelerating some of the work which has already commenced due to Covid-19 and looking at new technology.

It was confirmed that iFM Bolton will be members on the estates element of the recovery group.

FT/20/15	Monthly update to Board on Covid Reset Plan	SM
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Resolved: the presentation was noted.

18. **Integrated Performance Report**

The Chief Operating Officer presented the report.

Board members queried why falls had increased when bed occupancy has reduced. Assurance was provided that a review into this has commenced and the findings will be presented to the Quality Assurance Committee. The Director of Nursing also confirmed that a review into 3rd and 4th degree terms is also being completed but has been delayed due to Covid; this will also be presented to the Quality Assurance Committee once complete.

FT/20/16	Update on spike in 3rd and 4th degree tears to QA committee	MF
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Discussion took place around how the Trust benchmarks and it was confirmed there are multiple benchmarking tools used, but for some measures such as infection control, harm free care, pressures ulcers and falls it is difficult to give clarity organisations report these figures differently.

It was confirmed that the SHMI mortality figures for pneumonia have now moved into the as expected range.

Concern was raised around the executive summary and it was agreed it may be beneficial to hold a further education session on the SPC charts.

FT/20/17	Repeat SPC education session	AE
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Resolved: the performance report was noted.

9. **Any other business**

No other business.

10. **Date and Time of Next Meeting**

28th May 2020

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

April 2020 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/20/13	27/02/2020	Operational Plan and contract changes	operational plan update to Board	SM	May-20	suggest closed in light of continued changes for a resilient NHS
FT/20/15	30/04/2020	Covid Recover	Monthly update to Board on Covid Reset Plan	SM	May-20	added to workplan - complete
FT/19/87	19/12/2019	complaints process	update on complaints and concerns process to QA Committee	MF	Jun-20	added to QA workplan - close action
FT/19/85	19/12/2019	Urgent Care Board	update on the people plan to Board	JM	Jun-20	added to Board workplan - close action
FT/20/01	30/01/2020	patient story	FA/MF to follow up on issues raised by the patient including privacy and dignity	MF/FA	Jul-20	report back through QA Committee - added to QA workplan
FT/19/73	31/10/2019	performance report	update to QA committee on Breast waiting times	AE	Jul-20	suggest action closed but continue to monitor all
FT/19/88	19/12/2019	future strategy	review potential to be designated as a teaching hospital	SM/JM	May-20	verbal update
FT/20/03	30/01/2020	QA chair report	PEIP to follow up on action to develop "All about me" for patients with sensory impairments	MF	May-20	verbal update
FT/20/18	30/04/2020	Bolton Health City	SM and JN - offline discussion economic regeneration	SM	May-20	verbal update
FT/20/04	30/01/2020	Ward visits	Discussion with iFM re space utilisation and development of Day Rooms	Execs	Jun-20	
FT/19/78	28/11/2019	F and I Report	update on EPR implementation	AE	Jun-20	
FT/20/08	27/02/2020	Mortality report	DoN and MD to discuss if any action in relation to clinical coding should be taken through the EPR Clinical Design	MF/FA	Jun-20	
FT/20/12	27/02/2020	Operational Plan and contract changes	update for Board on Primary Care Networks	SM	Jun-20	
FT/20/16	30/04/2020	performance report	update on spike in 3rd and 4th degree tears to QA committee	MF	Jun-20	
FT/20/14	27/02/2020	Planned Care transformation	update to be provided	SM	Jul-20	
FT/19/75	28/11/2019	patient story - Admiral	Follow up report on dementia care and closing the gap to be	MF	Aug-20	
FT/19/51	25/07/2019	sustainability	update on work of the sustainability group	AE	Aug-20	
FT/20/09	27/02/2020	Seven Day services	Further discussion on implications of guidance through Execs then WAC and back to Board in three months	FA/JM	Sep-20	
FT/19/82	28/11/2019	iFM business plan	Carbon Neutral strategy	AE	Sep-20	
FT/19/84	19/12/2019	patient story	report back on the offer for children with special needs	MF	Oct-20	
FT/20/02	30/01/2020	patient story	AE to follow up with JN potential for student involvement in environmental/sustainability developments	AE	Oct-20	
FT/20/10	27/02/2020	AHP update	update on AHP workforce to be added to Workforce	JM	Oct-20	

FT/20/17	30/04/2020	performance report	Repeat SPC education session		Oct-20	future Board development item
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Key

complete	agenda item	due	overdue	not due
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Agenda Item No:	8
Meeting:	Board of Directors
Date:	28 May 2020

Title:	Chief Executive Report
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Purpose	To provide the context for the Board meeting and an update on key current issues for the Board of Directors
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Executive Summary:	<p>The Chief Executive report:</p> <ul style="list-style-type: none"> Provides an overview of the current climate in which we are operating. Includes a summary of key issues including risks, incidents and achievements. Includes any key updates from stakeholders and regulatory bodies which the Board of Directors need to be aware.
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Previously considered by:	Prepared in consultation with the Executive Team
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Recommendation	For information		
Please state if approval required or if for information		Confidential y/n	n

This issue impacts on the following Trust ambitions (please ✓ & “RAG” rate relevant boxes)			
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, Chief Executive Esther Steel, Director of Corporate Governance	Presented by:	Fiona Noden Chief Executive
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All information provided in this written report was correct at the close of play 22/05/20 a verbal update will be provided during the meeting if required

1. Context

In my weekly message to staff last week I highlighted Mental Health Awareness Week and in particular this year's theme of kindness both in terms of kindness for ourselves and each other. Over recent weeks we have seen so many examples of kindness from our staff to our patients and to each other and from the people of Bolton to us and to others. It reminds me on a daily basis how special Bolton is.

Many of our daily FABB (for a better Bolton) awards recognise the small and large acts of kindness and I see and hear every day great examples of things our staff are doing to support and care for the people in our care.

These range from individual staff taking time to do something special for a patient in our care – a great example of this is a story I heard last week about a therapist who came in on his day off when it was a glorious sunny day and sat and watched an old football match, highlights from the 1958 Bolton v United FA Cup final, with a patient who was on end of life care. He made sure to pick out the only football match which the patient had missed when he was younger so he didn't miss out. A significant small act of kindness.

On a much bigger scale the "Bolton Family" have been working through Urban Outreach to provide practical support for families across the borough – there is a [short video](#) on YouTube that shows the work our fantastic partners have been doing.

As I write this, the number of patients in our hospital with COVID-19 has reduced significantly and with the loosening of national lock down arrangements, and changes to public advice, we are planning for how we resume our elective care programme. What is clear is that responding to COVID-19 is going to be a long haul.

Now is the time that we are looking at how we retune our services to make sure we can continue to respond effectively to the inevitable further waves of COVID-19, whilst ensuring we have appropriate capacity to deal with demand such as emergencies, elective care and increased demand for community services – all whilst making sure we have safe ways of working and clear pathways that protect patients and staff.

2. This month's Board papers

Having agreed with the Chair that where possible we will theme our Board meetings so that each month we focus on a different area of our organisation and this month we will be using our patient story to highlight the work of our Integrated Care Services Division.

The update on staff health and wellbeing includes more information on the actions taken to provide support for our staff during these difficult times, we are making sure our staff have easy access to information and support and that all our staff know how to raise worries, concerns and complaints. We will also be developing a Trust-wide listening event to encourage staff to share their thoughts and experiences of the last few months which will help inform some of the areas we need to consider in our future response and reset work. I will keep you informed how we progress this.

Last month we were able to open access to our virtual Board of Director meeting to our Governors and the Bolton News, this was well received and will continue whilst we have virtual meetings.

3. Awards & Recognition

Last month we introduced our “...for a better Bolton” award which has, and will continue, to be presented on a daily basis to teams across the organisation to recognise their extraordinary contribution to our work in meeting the challenges of COVID-19.

The award winners so far since the last report are as follows:

Fri 24 April	Specialties & Business Intelligence Teams	For cross team working for the shielding of patients.
Sat 25 April	Ward E4	For being the first surgical positive C-19 area.
Sun 26 April	Laboratory Medicine	For setting up and running our in-house C-19 testing provision.
Mon 27 April	Communications Team	For ensuring that staff, patients and the public are kept up-to-date with the organisation's response to C-19.
Tue 28 April	Staff Testing Team (based at Waters Meeting)	For delivering the staff testing provision.
Wed 29 April	Programme Management Office	For co-ordinating and recording all fit testing activity across the Trust.
Thu 30 April	Elior	For keeping staff going, providing a continued service and food all, and via iFM developed great social distancing.
Fri 1 May	C4	For the way in which they have looked after each other as a team following the death of a colleague
Sat 2 May	Darley Court	For being strong together and coping in particular in very difficult circumstances.
Sun 3 May	D3	For recognising their input to the treatment of patients with C-19. D3 were a C-19 ward but have now transitioned back into being a non C-19 respiratory ward.
Mon 4 May	Women's Health Care Families Division	For moving out of H block at very short notice and for relocating some of their services to the Beaumont
Tues 5 May	Registrars	For their resilience and tenacity. All 14 registrars have all stepped up significantly, they doubled the number on-call at night at and effectively dropped a lot of their speciality training. They provided an on-call service for acute admissions. They are about as front line as you can get. They see the majority of C-19 patients that come in and they have had the majority of difficult discussions with both patients and relatives.
Wed 6 May	Public Health 0 – 19 nurses	For continuing to make every effort to assess and safeguard our most vulnerable and unseen children throughout the pandemic.

Thurs 7 May	Critical Care Comms	<p>For creating a team of mainly of non-critical care staff who have come together to help with relative communication in critical care. This enables the relatives to receive one nursing and one medical update per day.</p> <p>This work has significantly reduced the workload of medical and nursing staff and enabled them to concentrate on the care of patients.</p> <p>The relatives have commented that it reduces the stress of not being able to visit as they know they will get regular updates on their loved ones condition. In some sad cases it has also helped them come to terms with their loved ones deteriorating condition.</p>
Mon 11 May	Laburnum Lodge	As a community care setting they have continued to provide care and support for patients.
Tues 12 May	D1	For supporting our patients as one of our busiest wards during the pandemic.
Wednesday 13 May	Central Delivery Suite	For continuing to provide a safe and caring service for mums and babies
Thursday 14 May	Porters iFM	For all their work in dealing with the increased workload within the mortuary which must be very stressful at this time.
Friday 15/05	Infection control team	For all their work in advising and supporting staff during this difficult time.
Monday 18/05	Practice Education Facilitators	For all the upskilling sessions they've been running in the Education Centre. They organised the programme at short notice and with colleagues returning to work to help. The feedback from participants has been really positive, especially from those who have just joined the Trust during this difficult time.
Tuesday 19/05	Ophthalmology Retinal team	For moving the intravitreal injection service from Ophthalmic Unit at RBH to Water Meeting Health Centre on the 20th April 2020. And treating high risk patients who without these injections could lose vision (sight saving).
Wednesday 20/05	Wilfred Gere	As a community care setting they have continued to provide care and support for patients
Thursday 21/05	HSDU	For their contribution and continued to provide a valuable service and have been a great example of a supportive team.
Friday 22/05	E5/F5	For service redesign at pace.

4.0 Reportable Issues Log

Issues occurring between 20/04/20 and 20/05/20

4.1 Serious Incidents & Never Events

We reported one serious incident since the last report, this was in relation to a physical assault on a member of our staff – the incident is being investigated in accordance with our policy.

4.2 Red Complaints

No red complaints since the last report.

4.3 Regulation 28 Reports

We received a regulation 28 letter in relation to a case previously discussed with Board members as a serious incident report – we will respond to the coroner's concerns regarding the care of a patient who sadly died in February 2019.

4.4 Health & Safety Executive

There has been one RIDDOR reportable incident in this period this was in relation to the incident referred to in 4.1.

4.5 Maternity Incidents

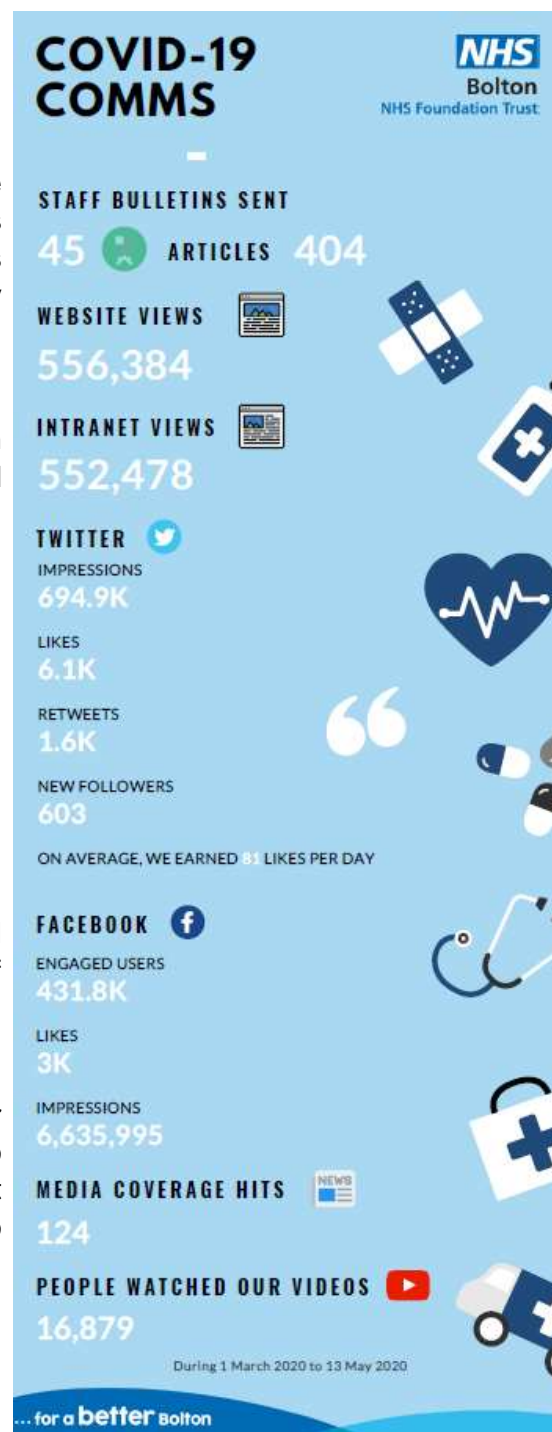
During April 2020 we delivered 450 live births and sadly four stillbirths. With great sorrow, one of our stillbirths was delivered at full term, and has been referred to the Healthcare Safety Investigation Branch (HSIB) as protocol. The initial rapid review of this case has not raised any care or service delivery concerns.

4.6 Whistleblowing & Freedom to Speak Up

The Freedom to Speak Up Guardian annual report will be included on the agenda for the June Board of Directors meeting.

4.7 Media coverage

Our communications team continue to support our internal and external communications in relation to COVID-19, both in terms of the immediate incident response and our reset planning and also in relation to our business as usual.



5 Board Assurance Framework

The Board Assurance Framework (BAF) is used to record the risks to the achievement of our strategic objectives, the controls to reduce or mitigate these risks, any identified gaps in these controls and the assurance that the controls are effective. The full BAF is reviewed in detail within the Audit Committee and the Risk Management Committee with a summary provided to the Board of Directors on a monthly basis through the CEO report.

Clearly COVID-19 will have a significant impact on progress towards our long term objectives. The majority of work taking place to mitigate the risks to our strategic objectives such as staff engagement and workforce planning is paused and in relation to finances, all trusts have been moved to block contracts. During the early stage of COVID-19 we temporarily suspended a number of our Assurance Committees – and although these are now back in diaries much of the business is focused on the clear priority of providing safe and effective care during the current pandemic.

We have reviewed the BAF to reflect the impact of COVID-19 on each of our strategic objectives and have, as discussed in our April Board meeting, introduced a framework to provide assurance that the risks in relation to COVID-19 are being managed, we have also in line with NHSI guidance populated an infection control assurance framework which will be shared with Board members through our Quality Assurance Committee.

While some trusts have taken a decision to pause their BAF, we will continue to maintain this as it is still a valuable source of assurance for our Board of Directors. As further assurance our internal auditors are in the process of providing feedback following their review of the BAF, via our Audit Committee in June.

Committee/Group Chair's Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	20 th May 2020	Date of next meeting:	17 th June 2020
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 D Sankey	Quorate (Yes/No):	Yes
		Key Members not present:	D Hall

Key Agenda Items:	RAG	Key Points	Action/decision
The Quality Assurance Committee met by WebEx on Wednesday 20 th May. The meeting was well attended with representation from all clinical divisions and the majority of the Trust Non-Executive Directors in attendance. All five of the clinical divisions were asked to populate a template to provide information in advance of the meeting covering current challenges and risks, actions taken and learning			
Divisional Updates from the five Clinical Divisions		Each of the five clinical divisions provided an update – these focused on the current operational challenges but each division also highlighted some important learning which will be taken forward as part of the recovery plan.	No action required – the Committee noted the reports
Pressure Ulcer Quarterly Update		The committee received the report noting there has been an increase in Q4 for the hospital but a decrease in the community. There has been a good line of sight of pressure ulcers despite Covid and the process remains transparent.	
Falls Quarterly Update		The committee received the report noting there were 91 falls during March which was a reduction however correspondingly there was a significant drop in occupied bed days due to Covid. SPC chart now included within the report which shows little change despite work that has been completed to reduce falls.	

	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

Covid Risk Assurance Report		The document was presented to provide a summary of the key risks and issues in relation to Covid and the actions and mitigations to reduce/control these risks. Alongside this document risks are also included on divisional risk registers and the impact of Covid on the Trust's strategic risks is now reflected in the BAF.	
Draft Quality Account		Draft document circulated for information. Deadline for publication has been moved to October 2020. The document is usually included in the Annual Report but will be a stand-alone document this year.	
SI 144103		The committee received the final report following a serious incident investigation into complications during childbirth. Concerns raised that the final report did not provide adequate clarity around the incident and that the recommendations did not provide enough mitigations to ensure a further similar incident did not occur.	Report to be updated taking into account concerns raised by the committee and presented to the next meeting for approval.
SI 151137		The committee received the final report following the investigation into a wrong site block. It was confirmed the final grading of the SI will be a 1 – no lasting harm to the patient.	SI Report approved.
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:	26 th May 2020	Date of next meeting:	23 rd June 2020
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Donna Hall, Bilkis Ismail, Rebecca Ganz, Fiona Noden, Andy Chilton, Lesley Wallace, Andy Ennis, Annette Walker	Quorate (Yes/No):	Yes
		Key Members not present:	Martin North, Sharon Martin




Key Agenda Items:	RAG	Lead	Key Points	Action/decision														
Month 1 Finance Report		Deputy Director of Finance	<p>The Deputy Director of Finance gave a slide presentation on the financial position.</p> <p>The financial position for Month 1 shows an overall break-even position. This is in line with the new financial regime that has been introduced to help deal with the Covid-19 situation. The financial position is summarised in the table below:</p> <table><tr><td></td><td>£m</td></tr><tr><td>Base Income</td><td>28.5</td></tr><tr><td>NHSI automatic top up</td><td>1.3</td></tr><tr><td>NHSI top up request</td><td>1.9</td></tr><tr><td>Total</td><td>31.7</td></tr><tr><td>Expenditure</td><td>31.7</td></tr><tr><td>Surplus/Deficit</td><td>0.0</td></tr></table> <p>There is a risk associated with the figures shown in relation to the £1.9m NHSI top up request as the Trust has not yet had confirmation that this will be funded. The costs associated with Covid-19 in month 1 are £1.4m which are included in the above figures.</p>		£m	Base Income	28.5	NHSI automatic top up	1.3	NHSI top up request	1.9	Total	31.7	Expenditure	31.7	Surplus/Deficit	0.0	For noting
	£m																	
Base Income	28.5																	
NHSI automatic top up	1.3																	
NHSI top up request	1.9																	
Total	31.7																	
Expenditure	31.7																	
Surplus/Deficit	0.0																	

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Committee/Group Chair's Report

<p>Month 1 Finance Report (continued)</p>		<p>Under the new financial regime all income is being treated on a block payment basis to match the expenditure being incurred by Trusts. In addition any ICIP schemes have also been paused to enable Trusts to concentrate on the impact of Covid-19. The shortfall in savings is factored into the additional resources required as part of the new financial regime. The financial regime currently has been split into 3 phases with phase 1 from April to July. In Phase 1 the aim is that all Trusts will operate on a break even basis to deal with the impact of Covid-19.</p> <p>The cash position at the end of April was £41.4m. This is as a result of advanced payments relating to the May income which has increased the cash position. As a consequence the Trust has paid 94.8% of suppliers against a 95% target required by the Better Payment Practice Code. This represents an increase of circa 6% on previous performance and is the highest position for some years.</p> <p>The Capital Programme for the Trust has been revised for this current financial year. Excluding Covid capital items the Capital Programme now amounts to £7.6m. Details are currently being drawn up for items that will be included in the Programme for this year. The Capital Expenditure in month 1 amounted to £317.0k of which £180.0k related to Covid-19 costs.</p> <p>The Director of Finance advised that the Accounts for 2019/20 are still subject to final sign off by the Auditors and there is a meeting planned for the 29th May. The Accounts will be presented to the Audit Committee on 9th June.</p> <p>The Deputy Director of Finance advised that the Costing return which is normally due in July has been deferred to September/November.</p> <p>In response to a question in relation to the £3.2m projected expenditure on EPR in 2020/21, the Chief Operating Officer advised that this would cover the roll out of EPR for the 0-19 service and the full roll out of EPR.</p> <p>The Trust Chair raised a point about whether a full financial analysis had been undertaken of the strategic plans for the Trust. The Director of Finance advised that the Director of Strategic Transformation is leading a piece of work on the strategy as part of the recovery process post Covid-19. This will incorporate the analysis referred to.</p>	
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Committee/Group Chair's Report




Authorisation of High Value Supplier Payments		Director of Finance	The Director of Finance presented a paper on the high value payments made to suppliers (NHS and non-NHS) for approval. This covered actual payments made in 2019/20 and forecast payments for 2020/21. This paper would in turn go to the Board of Directors for approval in June.	For noting
Month 1 iFM Finance Report		iFM Director of Finance	<p>The iFM Director of Finance presented the Month 1 Finance Report for iFM. iFM reported a profit of £62.5k on turnover of £1.87m. The Director of Finance did advise that iFM were progressing with their ICIP proposals although it was confirmed that any shortfall would be incorporated into the overall Trust position in terms of Covid-19 costs.</p> <p>The Director of Finance also advised that iFM would have a significant increase in pay costs in quarter 4 of this financial year as a consequence of the Agenda for Change and the 3 year pay settlement with staff. It was confirmed that this had been factored into the iFM budgets for this year.</p> <p>In response to a question regarding the Accounts for 2019/20, the Director of Finance advised that the audit would be undertaken after the Trust's accounts had been audited.</p>	For noting
Wave 3 Update		iFM Director of Finance	<p>The iFM Director of Finance presented a paper on Wave 3 in relation to the transfer of services to iFM. An Outline Business Case had been submitted to NHSI. A number of comments had been received and these will be incorporated into the Full Business Case, however there was uncertainty over the timescale for submission due to the Covid-19 situation.</p> <p>The Committee were advised that the Trust were proceeding with Materials Management and that there were other benefits to be gained from tracing and tracking of stock items.</p> <p>Whilst recognising that this had been supported by iFM's Board, a proposal was put forward for a full discussion on Wave 3 by the Board of Directors prior to submission of the Full Business Case to NHSI.</p> <p>The Committee agreed that the Full Business Case should be developed for consideration by the Board of Directors.</p>	For approval

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Committee/Group Chair's Report

Chair Report from CRIG	N/A		<p>The Director of Finance gave an update on the various Business Cases considered by CRIG at its meeting on 5th May. These highlighted a number of revenue and capital proposals, a number of which had been approved. The Committee Chair asked if a financial summary could be provided and this would be done for the June Committee meeting.</p> <p>The Trust Chair advised that if the Trust had an overall strategic framework, as indicated earlier in the meeting, then the CRIG proposal should demonstrate how the proposals would fit into the overall strategy.</p>	For noting
Chair Report from Strategic Estates Board	N/A		<p>The Director of Finance presented an update from the Strategic Estates Board meeting held on 7th May. The Board received an update on the Estates Strategy and in addition some immediate works are being undertaking mainly in areas to enhance the environment across the site to improve patient and staff experience.</p> <p>It was noted that the Healthier Together Business Case for £1.4m was still going through the Treasury process along with a number of other bids from Trusts across Greater Manchester.</p>	For noting
Risks escalated There are no new risks to be escalated to the Board.				

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Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board of Directors
Date of Meeting:	May 2020	Date of next meeting:	July, 2020
Chair:	F Noden	Parent Committee:	Board of Directors
Members present/attendees:	J Mawrey, A Ennis, M Forshaw, F Andrews, A Walker, E Steele, C Sheard, L Gammack and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	N/A
Key Agenda Items:	RAG	Key Points	Action/decision
Workforce & Organisational Development actions that have been taken during Covid-19 period		<ul style="list-style-type: none"> Update on the plethora of actions that have been taken during Covid-19. Also provided to the Board of Directors at the last meeting therefore further detail are not included within this section update. 	Actions agreed:- <ul style="list-style-type: none"> Actions welcomed and noted. Divisions and the Workforce & OD team were thanked for their leadership in this key area.
Covid – 19 Update		<ul style="list-style-type: none"> Provided a more detailed update on staff unavailability reporting (1010 unavailable staff due to C-19 reasons / sickness); The main drivers of sickness absence were considered (stress & anxiety understandable increasing); Fast-track Recruitment Activity (263 staff recruited in April); Deployment Activity (re-deploying staff throughout the organisation; Staff testing (834); New Ways of Working (Agile working). Considered the shape of the Workforce & OD support during the 'reset' period. It is not envisaged that the above work will change the main activities of the Workforce & OD Strategy. WAC and BoD will be updated should any key matters emerge. It was noted that our workforce modelling work is receiving regional and national plaudits. 	Actions agreed:- <ul style="list-style-type: none"> DoW & DDoW to meet with the Triumvirates to agree shape of Workforce & OD during the 'reset period'.

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Committee/Group Chair's Report

Covid 19 – Impact on colleagues with protected characteristics.		<ul style="list-style-type: none"> • Risk Assessment process has been agreed within our Gold Command and implementation has commenced. • 827 staff will be affected by this process. • Impact to be measured at both a Divisional and Executive level. This will help in ensuring cross organisational consistency and provide an overview of any implications (operational, financial, HR, legal). 	Actions agreed:- <ul style="list-style-type: none"> • Report to the next meeting.
COVID-19 Staff Wellness Programme Update		<ul style="list-style-type: none"> • Received an update on the actions being taken to support our workforce. Details are covered in a separate BoD paper. 	Actions agreed:- <ul style="list-style-type: none"> • Update to BoD. • Standing item on the Agenda.
Values based Corporate Induction Programme		<ul style="list-style-type: none"> • Received an update on the proposed improvements to the induction programme. The focus being to go further and deeper in incorporating our VOICE values, harnessing digital developments and streamlining subject areas. 	Actions agreed:- <ul style="list-style-type: none"> • Welcomed the agreed direction of travel.
VOICE behaviour framework		<ul style="list-style-type: none"> • Draft VOICE behaviours noted along with the implementation plan. Agreement that the behaviours represented a further cultural lever that would strike a different relationship with our workforce – helping to further develop the right culture to support innovation and transformation. 	Actions agreed:- <ul style="list-style-type: none"> • Report to next meeting, following further socialisation with the Divisions. • Subject to sign off in June the VOICE behaviours framework will be presented to BoD.

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Committee/Group Chair's Report

EDI Strategy		<ul style="list-style-type: none">• Inclusion Manager presented the actions that were being taken in the following areas:-<ol style="list-style-type: none">1. Improve understanding of the profile of our patients.2. Ensure the services we deliver are responsive to people's needs.3. Improve patient experience and accessibility.4. Create a workplace free from discrimination, harassment, abuse and discrimination.5. Inclusive leadership at all levels and empowered, engaged and well supported staff.	Actions agreed:- <ul style="list-style-type: none">• To develop the EDI Strategy on a page and work with the Communication Department on further increasing the profile within our workforce.
Guardian Of Safeworking Annual Report		<ul style="list-style-type: none">• Received a much improved Annual Report (noting previous reports had been RED rated). The new GOSW was introduced and it was quickly evident that there were much improved working relationships with the Divisions, who in turn had a better understanding of the exception reporting and subsequent actions required.• No matters of concern were escalated within the presentation / report.	Actions agreed:- <ul style="list-style-type: none">• The report was commended to the BoD.

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Committee/Group Chair's Report

Freedom to Speak Up Annual Report		<ul style="list-style-type: none"> • Pleased to note that FTSU concerns continued to be raised. Further FTSU Champions had been recruited, to provide even exposure across the organisation and staffing groups. • Divisions noted that they did not receive an overview of the matters raised within their service areas. • Discussion took place how improvements can be made to further improve the FTSU Guardian (and the FTSU Champions) visibility. • No matters of concern were escalated from the FTSU Guardian. 	Actions agreed:- <ul style="list-style-type: none"> • Outline steps that will be taken to increase visibility, along with improved Divisional reporting mechanisms. • The report was commended to the BoD.
Assurance from reporting Committees		<ul style="list-style-type: none"> • N/A – All reporting groups were stepped down due to Covid-19. They will recommence in June 	
Matters to escalate Health & Wellbeing Programme to be considered at May BoD. VOICE behaviour framework be presented to June BoD. Guardian Of Safeworking Annual Report be presented to June BoD. FTSU Annual Report be presented to June BoD. No risks to escalate to BoD			

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Agenda Item No:	14
Meeting:	Board of Directors
Date:	21 st May 2020

Title:	COVID-19 Staff Wellness Programme Update		
Purpose	This report updates the Board of Directors on the Trust's COVID-19 Staff Wellness Programme and next steps.		
Executive Summary:	<p>Preserving and protecting the health, safety and wellbeing of staff is critical for the Trust as we respond to the COVID-19 outbreak. We have taken every effort to support the physical and mental wellbeing of our workforce to enable them to stay healthy and protect themselves, colleagues, patients and families as we continue to deliver services through this challenging period.</p> <p>Our COVID-19 Staff Wellness Programme was implemented during the 'prepare' and 'active' phases of the pandemic. As our workforce transitions to the 'reset' phase it is vital that we provide a flexible, responsive and well-resourced Staff Wellness Programme that helps to restore and maintain staff wellbeing for the future.</p> <p>The Staff Health and Wellbeing Steering Group (with escalation reports to the Workforce Assurance Committee) will monitor the delivery of our Staff Wellness Programme.</p>		
Previously considered by:	<ul style="list-style-type: none"> Workforce Assurance Committee Bronze/Gold Command Groups approved key actions relating to our COVID-19 Staff Wellness Programme. 		
Recommendation	For discussion and noting.		
Please state if approval required or if for information			
		Confidential y/n	No

This issue impacts on the following Trust ambitions (please ✓ & "RAG" rate relevant boxes)			
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	
Negative Impact	Neutral Impact	Positive Impact	

Prepared by:	Lisa Gammack, Associate Director of OD	Presented by:	James Mawrey, Director of Workforce & OD
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1. Introduction

- 1.1 The British Psychological Society (BPS) has outlined three phases of support for NHS staff as we respond to COVID-19. NHS Employers are advising organisations to consider the phases of support model when developing and implementing robust and comprehensive mental wellbeing support offers. The diagram below shows what the BPS anticipates will happen during the different phases.



- 1.2 Building on our Staff Health and Wellbeing Strategy 2019-2022 we were able to develop and implement, at pace, a refreshed Staff Wellness Programme to support individuals during the prepare and active phases. The programme is being delivered alongside the Trust ensuring that we have adequate supplies of personal protective equipment and implementing robust infection control measures.
- 1.3 NHS organisations were advised at the outset of the pandemic by both NHS Employers and The Kings Fund that mental health professionals should not be brought in to carry out psychological debriefing or trauma counselling to employees who are going about their job. The evidence from the National Institute for Health and Care Excellence (NICE) is very clear in that psychological debriefing is not helpful and in fact, can cause additional harm. With this in mind, our Clinical Health Psychology Team and Wellbeing Partners have limited their support to listening and advice and they do not interfere with a person's natural coping mechanisms.
- 1.4 According to the BPS the recovery phase is 12 to 24 months following the active phase. As our workforce transitions to the recovery phase it is vital that we continue to provide a flexible, responsive and well-resourced Staff Wellness Programme aimed at restoring and maintaining staff wellbeing for the future. This in turn will help to enhance staff engagement, maximise attendance and increase retention.

2. Current Position

- 2.1 Although we currently appear to be beyond the first peak of the pandemic we remain in the active phase. Some employees are likely to still be experiencing a sense of rising to the challenge and increased camaraderie. Some are likely to have lost usual boundaries over working hours and breaks and have let social niceties slip as the focus has been on getting things done. The outbreak has created sustained pressure that will last months and we are seeing staff experiencing disillusionment and exhaustion, and some reporting of post-traumatic stress disorder. The active phase is the highest period of psychological risk where some staff will be neglecting their physical and psychological self by putting their work above their own wellbeing.

2.2 To help protect staff wellbeing we have put in place a plethora of practical and psychological support 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:-

- Drop-in support clinics at Royal Bolton Hospital (RBH) site – delivered by the our Clinical Health Psychology Team (numbers attended noted later in paper);
- Mental health telephone support – delivered by Wellbeing Partners. The team have provided telephone support on 142 occasions since mid-March;
- Free access to mental health apps including ShinyMind, Headspace, Sleepio, Daylight, etc. – to date 585 staff have accessed the ShinyMind App;
- Vivup, an online wellbeing portal – to date 1,635 staff have signed up to use the portal;
- Employee Assistance Programme – 24/7 telephone counselling and advice line, telephone number 03303 800658 – During April the EAP received 48 calls from our staff seeking advice (i.e. financial, legal, family members being furloughed, physical aspects of Covid etc Plus 9 staff contacted the EAP in April seeking psychological support i.e. telephone conversation.
- Set 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;
- Neyber, an online financial wellbeing portal;
- Chaplaincy support;
- Caring for yourself webinars available on the intranet;
- Online physical fitness classes delivered by our gym instructors;
- Alternative accommodation (where necessary);
- Accessible staff wellness tools, information and guidance;
- Free staff car parking for 3 months;
- Additional changing facilities on the RBH site;
- Catering services for staff on wards and hydration stations; and
- Distribution of donated treats and supplies to our staff.

2.3 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**.

2.4 As outlined above the Clinical Health Psychology (CHP) Team have been delivering a drop-in clinic service for all our staff with effect from 6th April 2020. In addition the team have also been providing mental help telephone support to staff. The table below shows the attendance of the clinics until 10th May 2020.

Week commencing	06/04/20	13/04/20	20/04/20	27/04/20	04/05/20
No of attendees	11	12	15	13	5

2.5 The main presenting issues that our employees have discussed with the CHP Team have included the ability to cope with death, personal health anxieties, bereavement management, redeployment and impact upon previously addressed mental health issues. In response the CHP Team have offered a range of support to individuals including validation, problem solving, self-care, coping strategies, normalisation, health and wellbeing referral etc.

2.6 The OD Team is working with the CHP Team to review the drop-in clinic support model to a sustainable model of support during the remainder of the active phase and throughout the recovery phase.

2.7 In addition to the our wellness offer, we continue to signpost staff to the #OurNHSPeople wellbeing support which is a comprehensive package of emotional, psychological and

practical support. This includes a free wellbeing telephone/text helpline, peer to peer/team/personal resilience support, bereavement telephone support service and a wealth of useful guidance.

- 2.8 The COVID-19 Staff Wellness Programme has been very positively received by the organisation. Pleasingly our recognised trade unions have formally expressed their gratitude and support to the Executive Team for the pro-active action that has been taken to protect their members' health, safety and wellbeing.

3. Regional and GM Wellbeing Support Provision

- 3.1 A North West Health and Wellbeing Leads Network has recently been established which the Associate Director of OD has joined. The purpose of the network is to facilitate the sharing of good practice, learning and resources. It also provides a mechanism to influence national staff and wellbeing programmes and a collective voice to the NHS Wellbeing Team. The NW Network's initial priority areas of regionally co-ordinated work are:

- Physical wellbeing
- Psychological wellbeing
- Occupational health

- 3.2 Discussions are underway across GM to mobilise the GM Resilience Hub offer/model that aims to provide an evidence-based mental health support programme into the recovery phase and long term for staff working across GM. Our Staff Wellness Programme will take account of forthcoming regional and GM wellbeing support when elements are operationalised and we will ensure that the enhanced offer is communicated to our staff.

4. Evolving our Approach

- 4.1 Undoubtedly our staff will have encountered a number of extreme stressors and demands during the COVID-19 outbreak, which can significantly impact on their work safety, performance, and health and wellbeing of themselves, colleagues and patients. This may include:

- Lack of sleep
- Tiredness/fatigue
- Repetition over a long period of time
- Hunger
- Dehydration
- Protective equipment burden
- Threat and danger of contracting the virus

- 4.2 An optimum level of stress can heighten performance however stress can become a problem if experiencing prolonged and repeated exposure to it. This will lead to individuals feeling overwhelmed and deterioration in performance, and health and wellbeing.

- 4.3 According to NHS England on average 70% of people will recover without the need for intervention with the right support. Some divisions are reporting cases of staff experiencing PTSD and these staff are being referred by their line manager for specialist counselling through Wellbeing Partners and signposted to national support services. Line managers have also been advised to hold regular check-ins with direct reports and take immediate action to help individuals to seek the support they need.

- 4.4 It is vitally important that when the pandemic is over that we do not return to business as usual without considering the long-term psychological needs of our workforce. When we move into the recovery phase we will implement a stepped support model so line managers and employees can self-identify the level of support they need. With this in mind, the intention is implement psychological care in a co-ordinated way that is consistent with organisational policies and principles of compassionate care. These principles include:

- Allowing space for taking stock, utilising trained practitioner psychologists to facilitate reflection and processing of experiences;

- Organising active learning events that involve staff at all levels and feed the learning into future preparedness plans;
- Assessing the needs of staff – what did they find helpful, what ongoing support do they want now. If required, increasing our access to in-house wellbeing services offering evidence-based psychological therapies; and
- Providing spaces for ongoing peer support.

5. Immediate Priorities

5.1 The following priority actions are currently being taken and will be completed over the next 0-3 months. The OD & Divisional representatives are taking the following actions:-

- Working collaboratively with the Clinical Health Psychology Team and external providers to co-design and implement tools that facilitate debriefing and /or reflective conversations to support staff. This will also include psychological therapy support to help staff experiencing PTSD symptoms. A detailed proposal will be shared with the Executive Team by mid-June 2020.
- Working with Wellbeing Partners to enhance their service provision to ensure that it meets current and future demand. Our requirements include the provision of high-quality PTSD support and increasing face-to-face counselling provision with immediate effect. A meeting has been arranged to implement this approach.
- Designing a mechanism to provide additional support to staff returning to site from home working to help them with the psychological side of reintegrating into the workplace. The intention is to implement this approach from mid-June onwards.
- Providing regular communications to the workforce that normalises ongoing distress at this stage and continuing to signpost staff to the wellness support in place.
- Commissioned and will be promoting a series of Caring for Yourself Programmes starting in June/July 2020.
- Revisiting the concept of establishing a Wellness Centre on the hospital site and will present a detailed proposal to the Executive Team by end of June 2020.
- Refreshing the leadership and management offer and will re-launch the offer by 30th June.

6. Next Steps

6.1 The Workforce Assurance Committee will receive a detailed update on the progress of this agenda in July 2020.

7. Conclusion

7.1 The COVID-19 pandemic is a unique and unprecedented scenario. Our first priority will always be people's health – doing everything we can to stop the spread of the virus and stay physically healthy. However, we know with any traumatic events that they can have a psychological impact on our workforce. Everyone is different and will experience different emotions so we need to have in place a refocused, flexible and well-resourced Staff Wellness Programme that can rapidly meet demand moving forward.

8. Recommendations

8.1 The Board of Directors is asked to consider and note the approach that we are taking on this critical matter.

Covid-19:

Staff Mental Wellbeing Support



NHS

Bolton

NHS Foundation Trust

Time out

• Lavender rooms

these provide safe, quiet and confidential space where you can take time out to pause, reflect and access self-care resources anytime during your working day/shift. Room locations can be found on the intranet.

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 carol.monaghan@boltonft.nhs.uk

• NHS National helpline

7am to 11pm daily. Telephone 0300 131 7000 or text FRONTLINE to 85258

• Bereavement Support

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

• Other useful numbers:

Samaritans 116 123

Mind – 0300 123393 or text 8643

SANE line – 0300 304 7000

Virtual/Online Support

• Wellbeing check-ins

you can speak online to a member of the Boo Coaching Team through Zoom. These sessions are open to individuals and teams. They provide space to reflect on how you are feeling, your stress triggers and what you are doing to care for yourself. Please note that these are not counselling sessions. To book a session email hello@boo-consulting.com

• Caring for yourself 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

• Drop-in support clinics

anyone can speak confidentially to a member of the Clinical Health Psychology Team, 7 days a week, 7.30am to 2.30pm. Appointment not necessary. Clinics are held in the relatives room (no 33) on the corridor outside the ICU ward. If you prefer to speak to someone over the phone then email your name, contact details & preferred time to contact you to clinicalhealthpsychology@boltonft.nhs.uk You will be contacted between 9am to 5pm Monday to Friday.

• Wellbeing walkabouts

members of the Boo Coaching Team and the Staff Wellness Support Team will be out and about on the hospital site and dropping in to community buildings to talk to staff about their wellbeing needs and provide mental wellbeing support. Specific times when members of the team will be based in a private room for you to come along and talk to will be promoted on the intranet.

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

• Shiny Mind 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

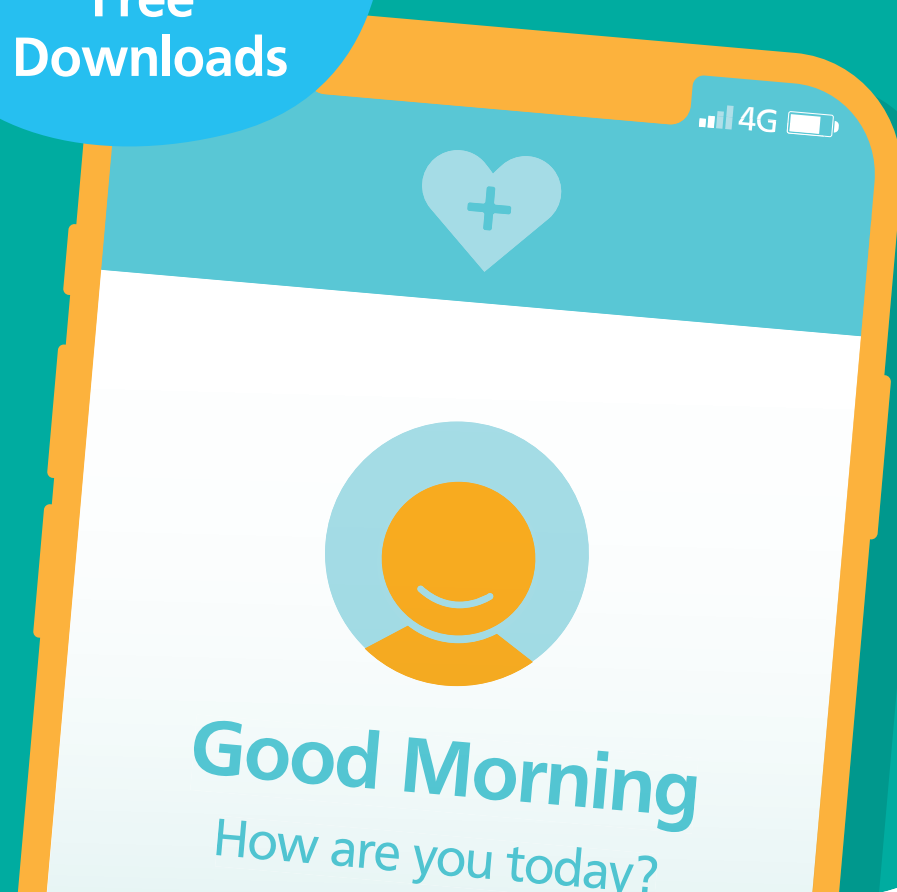
FREE App providing meditation activities & resources. Joining instructions on the intranet and in the COVID19 staff FAQs.

... for a better Bolton



Covid-19: 3 apps that can help with your **mental wellbeing**

Free
Downloads



As part of our staff wellness package we're providing **FREE** of charge to every member of staff (including iFM staff) access to a brilliant apps that provide **24/7 online wellbeing and resilience resource.**

Headspace

- All clinical and non-clinical NHS staff can access the Headspace App **FREE** of charge until 31 December 2020.
- The App provides 24/7 online guided mediation, tools to help you sleep and inspiring videos, quick mental wellbeing workouts, group meditation and much more.

ShinyMind

- A daily wellbeing and resilience app to you shine created for the NHS



Silver Cloud

- An online therapy programme proven to help with stress, anxiety, low-mood and depression
- It's already available across Greater Manchester for NHS and public sector staff
- Service available to all adults (16 years+) in Greater Manchester

The instructions on how to obtain your **FREE** access is available on BOB.

... for a **better** Bolton



Covid-19: Looking after your mental wellbeing - Managing stress



Many of us will be feeling stressed and anxious at the moment and it is by no means a reflection that you cannot do your job or are failing. Remember you have your team around you! Here are some tips to help you.



Limit your social media usage to once or twice a day. Constant outbreak updates can contribute to stress and anxiety.



Prioritise Sleep anxiety can make it harder to sleep - try not to worry if this happens. There are some sleep settings on meditation apps which might help.



Take a break from the clinical area decompress, stop and take some deep breaths. If you can, go outside into natural light - it will help your mood and help you sleep



Exercise is good for physical and mental health. It is one of the best ways to reduce stress. Even a few minutes of activity can help.



Eat healthy and stay hydrated avoid unhelpful coping strategies such as excessive caffeine, alcohol and nicotine.



Continue to make time for the things you enjoy outside of work. These can be a welcome distraction and a good way to reduce stress.



Stay in contact with family, friends and colleagues talk over difficult cases and consider formal debriefs later, especially if you feel worried or upset. We can all support each other.

Work as a team and be there for each other

... for a **better Bolton**

Bolton NHS Foundation Trust

Integrated Performance Report

April 2020

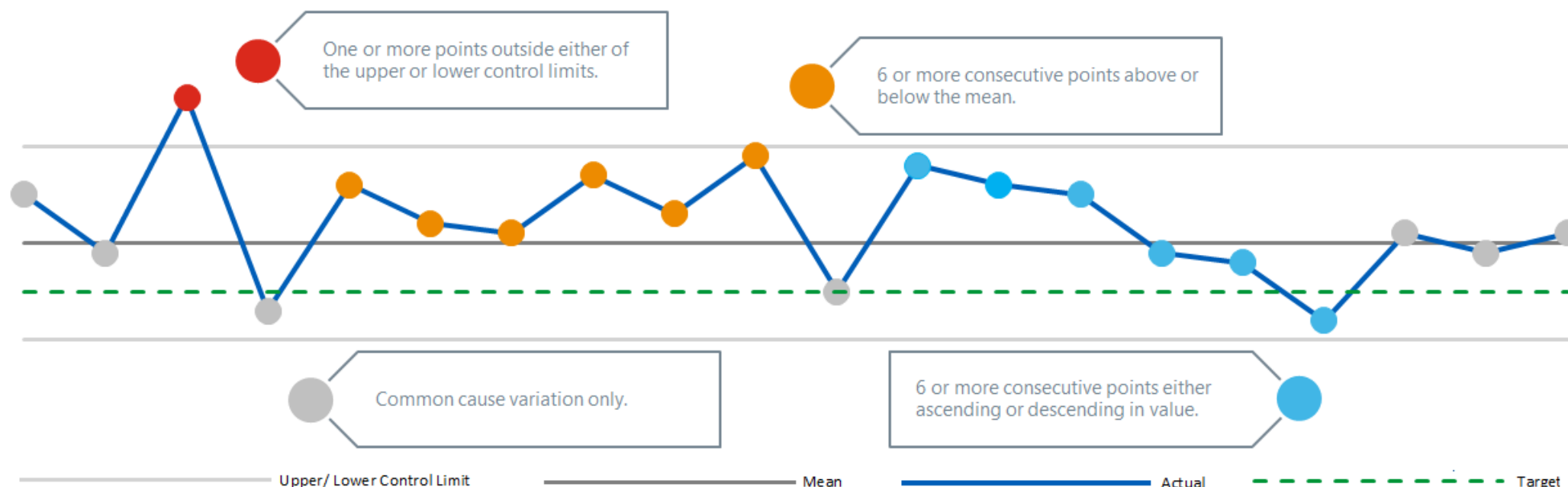
Guide to Statistical Process Control

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

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

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

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



Executive Summary

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

Variation				
14	0	0	1	0
8	0	0	0	0
3	0	0	1	0
13	1	0	0	2
9	0	1	0	0
5	0	1	4	1
3	0	3	2	3
5	0	0	0	2
0	1	3	0	0
2	0	0	1	0
2	1	0	0	1
1	0	2	0	0
2	1	1	0	0

Assurance		
1	0	14
0	0	8
0	0	4
5	0	11
1	0	9
0	4	7
0	1	10
2	1	4
0	0	4
0	1	2
1	0	3
0	0	3
1	1	2

Variation	
	Common cause variation.
	Indicates that special cause variation has occurred that is a cause for concern due to higher values in relation to the target.
	Indicates that special cause variation has occurred that is a cause for concern due to lower values in relation to the target.
	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to higher values.
	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to lower values.
Assurance	
	Indicates that we are consistently meeting the target for the indicator in question.
	Indicates that we are consistently falling short of the target for the indicator in question.
	Indicates that we will not consistently meet the target for this indicator as the target is within the range of common cause variation.

Quality and Safety

Harm Free Care

Pressure Ulcers

Significant increase seen in Community in Cat 2 pressure ulcers which has doubled to 15 in April. Cat 2 pressure ulcers have reduced in bed based areas by 2 since March. The reasons for the increase of pressure ulcers is being reviewed in relation to the emergence of COVID-19.

















Falls

There a significant increase in falls per 1000 bed days in April at 8.29. The number of actual falls has come down from 91 in March to 85 in April. There has been a corresponding reduction in occupied bed days from 14611 in March to 10255 in April.

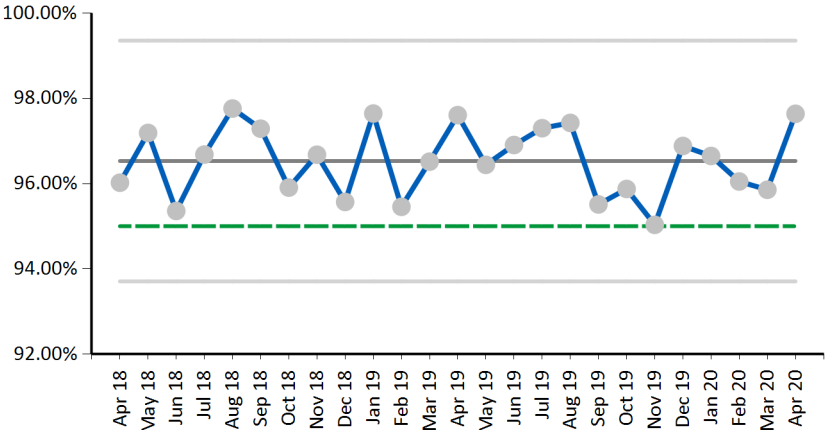
The reason for the 85 falls is being reviewed in relation to staffing, escalation, times of falls and any other relevant factors including COVID – 19. Falls with moderate to severe harm have remained within expected limits with only 1 patient having a fracture.

Nursing KPI's - Wards/departments/teams were not obligated to return KPI audit data in April due to the Covid 19 outbreak.

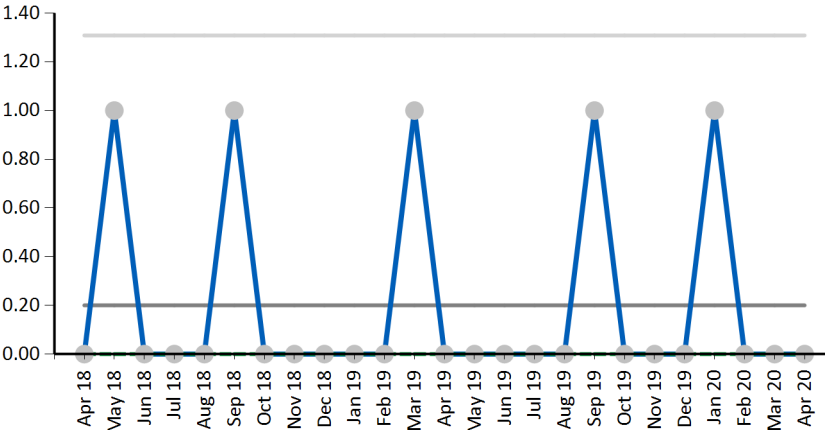
Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	97.6%	Apr-20		>= 95%	95.9%	Mar-20	>= 95%	97.6%	
9 - Never Events	= 0	0	Apr-20		= 0	0	Mar-20	= 0	0	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	8.29	Apr-20		<= 5.30	6.23	Mar-20	<= 5.30	8.29	
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	1	Apr-20		<= 1.6	3	Mar-20	<= 1.6	1	
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	6.0	Apr-20		<= 6.0	8.0	Mar-20	<= 6.0	6.0	
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	0.0	Apr-20		<= 0.5	0.0	Mar-20	<= 0.5	0.0	
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Apr-20		= 0.0	0.0	Mar-20	= 0.0	0.0	

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	15.0	Apr-20		<= 7.0	7.0	Mar-20	<= 7.0	15.0	
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	2.0	Apr-20		<= 4.0	5.0	Mar-20	<= 4.0	2.0	
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	0.0	Apr-20		<= 1.0	0.0	Mar-20	<= 1.0	0.0	
21 - Total Pressure Damage due to lapses in care	<= 6	0	Apr-20		<= 6	8	Mar-20	<= 6	0	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	92.2%	Q2 2019/20		>= 90%	92.2%	Q2 2019/20	>= 90%		
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	90.0%	Q2 2019/20		>= 90%	90.0%	Q2 2019/20	>= 90%		
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	71.5%	Apr-20		>= 80%	80.4%	Mar-20	>= 80%	71.5%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	76.4%	Apr-20		>= 72.5%	69.1%	Mar-20	>= 72.5%	76.4%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	50.0%	Apr-20		= 100%	100.0%	Mar-20	= 100%	50.0%	
88 - Nursing KPI Audits	>= 85%	90.9%	Apr-20		>= 85%	93.7%	Mar-20	>= 85%	90.9%	
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days	= 100%	0.0%	Apr-20		= 100%	0.0%	Mar-20	= 100%		

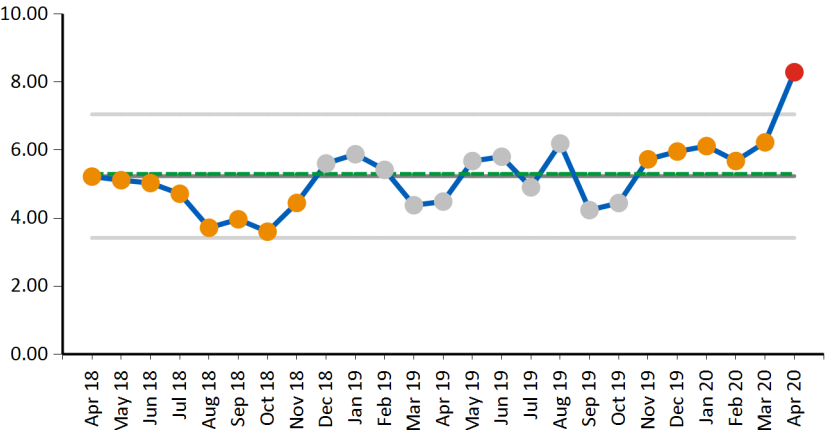
6 - Compliance with preventative measure for VTE



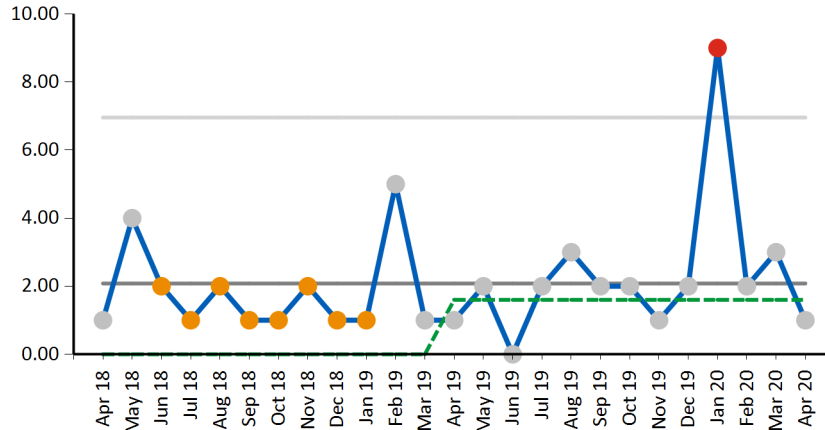
9 - Never Events



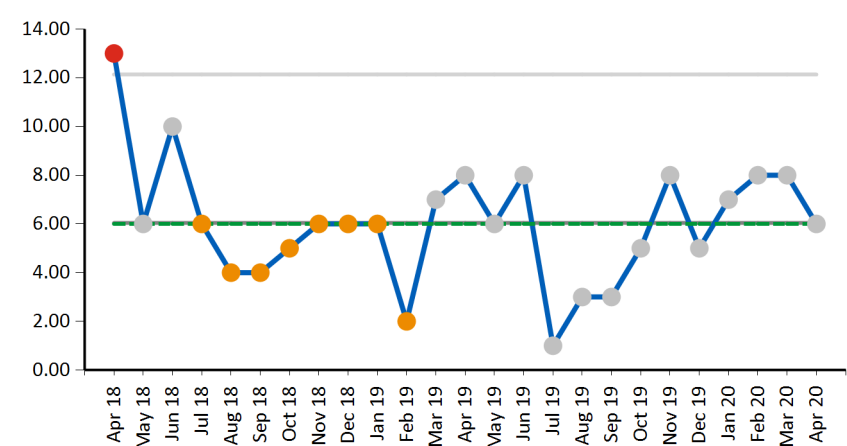
13 - All Inpatient Falls (Safeguard Per 1000 bed days)



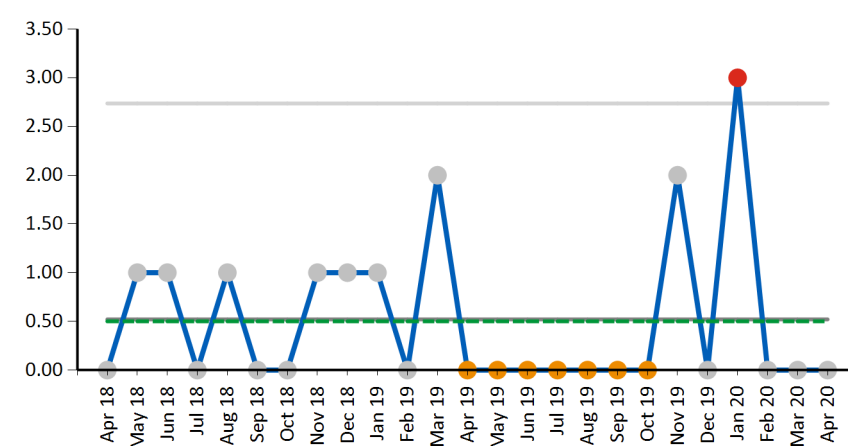
14 - Inpatient falls resulting in Harm (Moderate +)



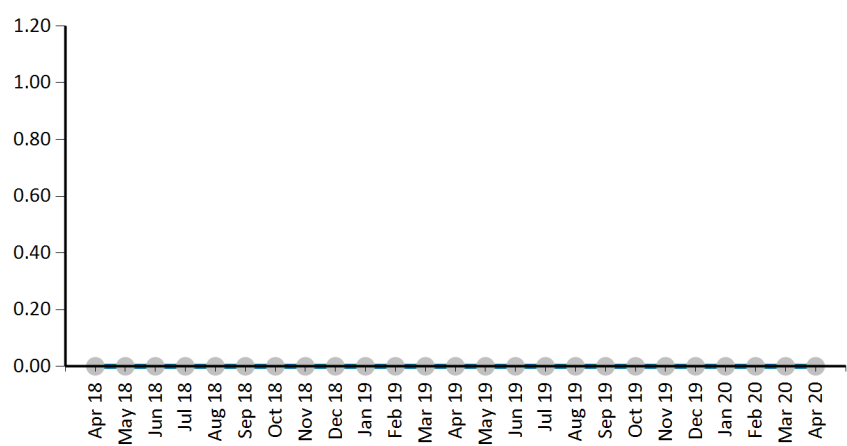
15 - Acute Inpatients acquiring pressure damage (category 2)



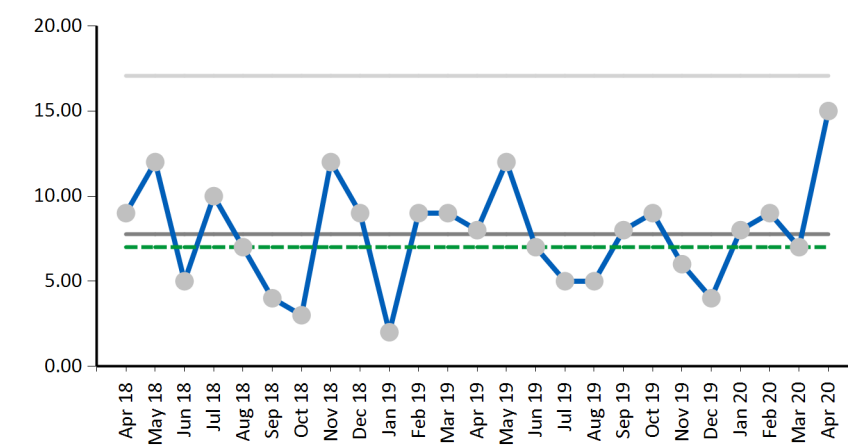
16 - Acute Inpatients acquiring pressure damage (category 3)



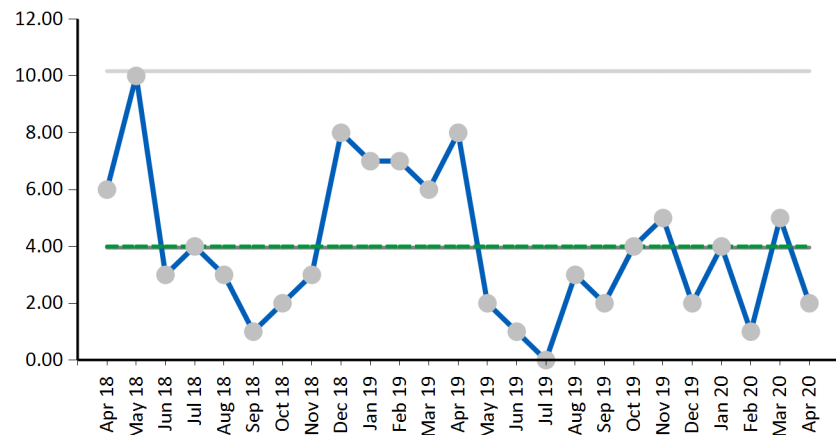
17 - Acute Inpatients acquiring pressure damage (category 4)



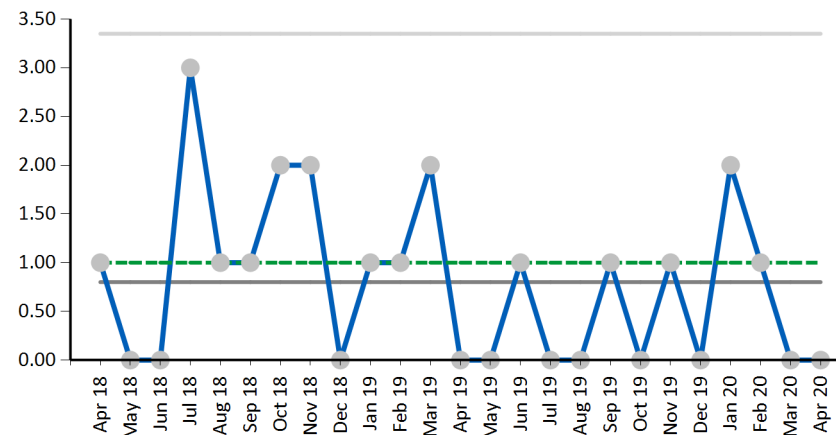
18 - Community patients acquiring pressure damage (category 2)



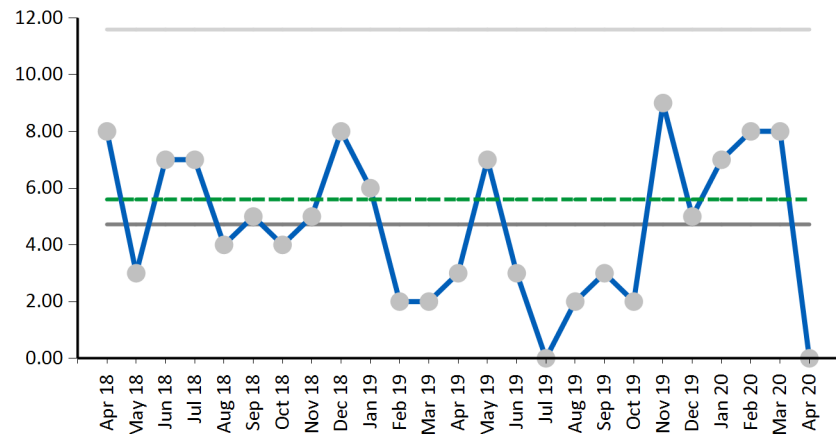
19 - Community patients acquiring pressure damage (category 3)



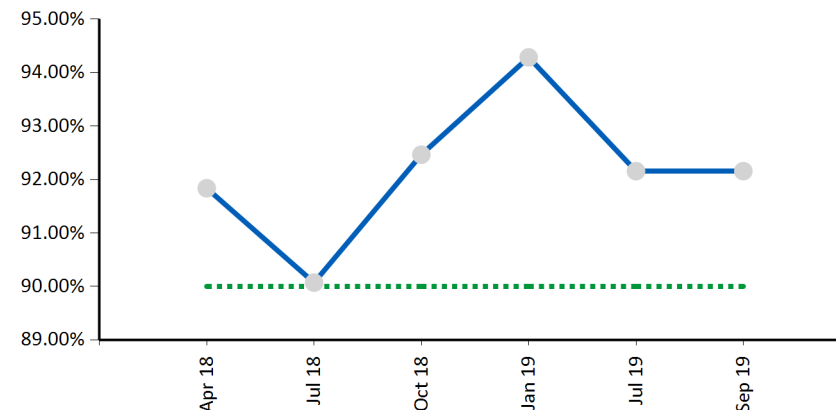
20 - Community patients acquiring pressure damage (category 4)



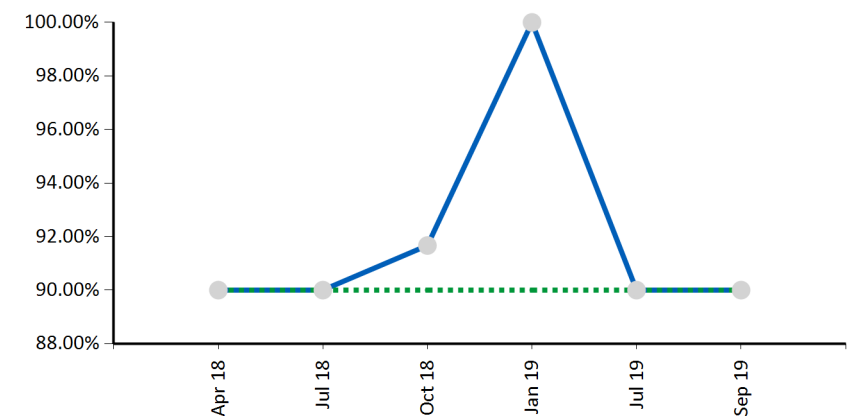
21 - Total Pressure Damage due to lapses in care



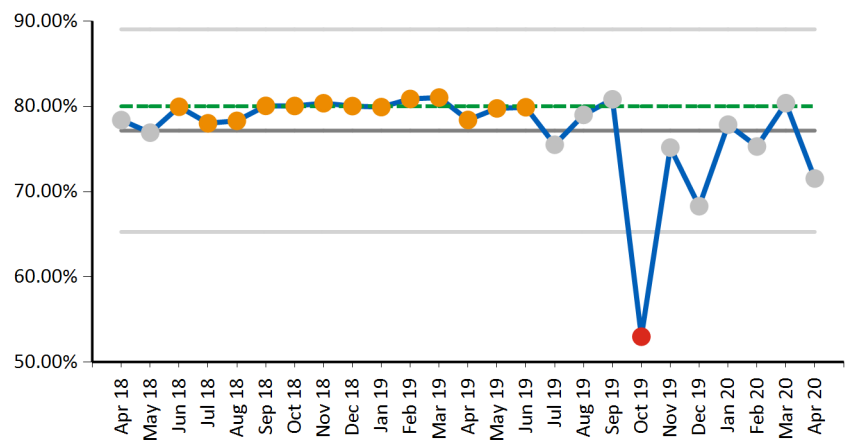
28 - Emergency patients screened for Sepsis (quarterly) - SPC data available after 20 data points



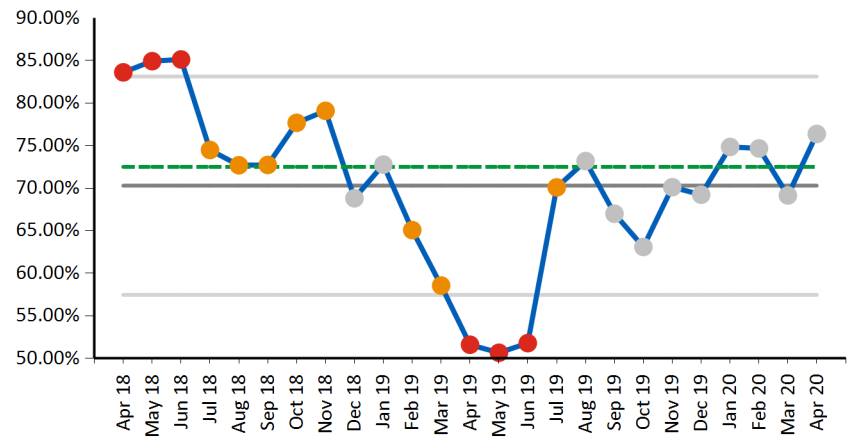
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points



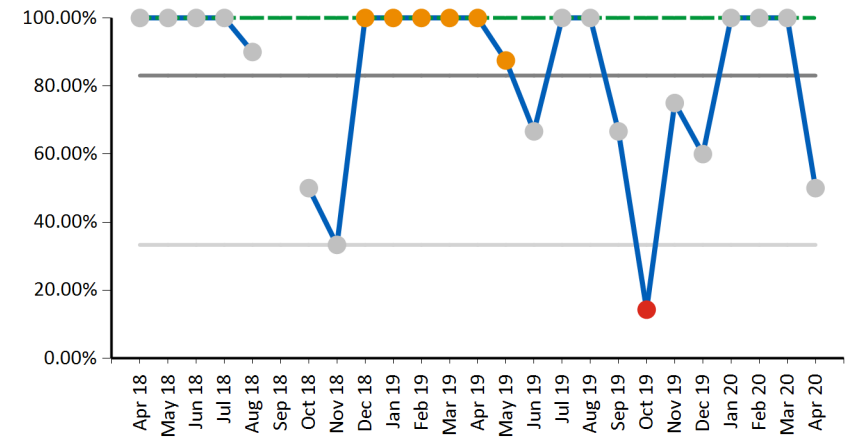
30 - Clinical Correspondence - Inpatients %<1 working day



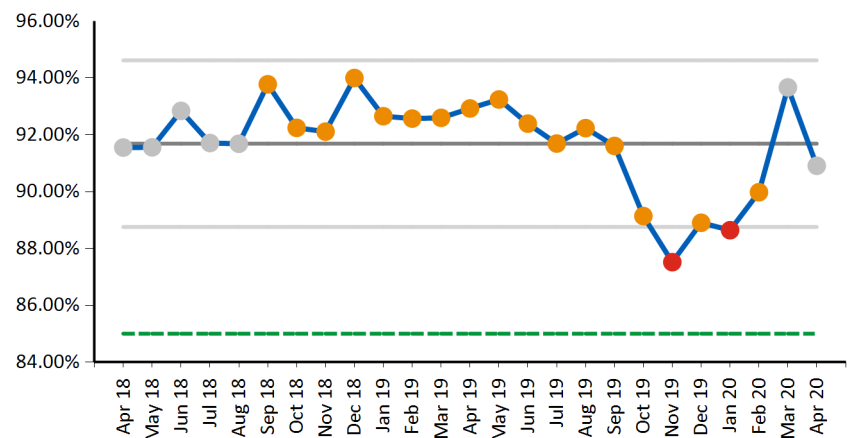
31 - Clinical Correspondence - Outpatients %<5 working days



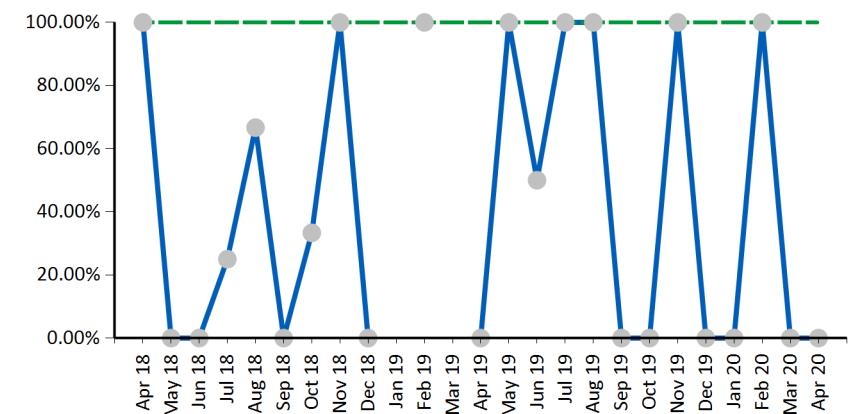
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance



88 - Nursing KPI Audits



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



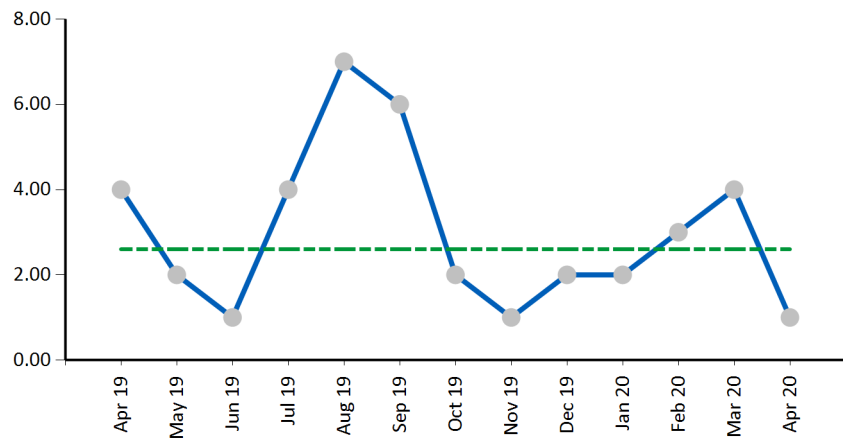
Infection Prevention and Control

The objectives for 2020/21 for Clostridium difficile, E. coli, MSSA and Klebsiella spp. have not yet been published. There continues to be a zero tolerance for MRSA bacteraemia and the same now applies to Pseudomonas aeruginosa bacteraemia. The target of no more than 32 HOHA plus COHA Clostridium difficile cases from 2019/20 equated to 2.6 cases/month; there has been case in April (a HOHA case). The Trust reduced on the number of MSSA bacteraemia in 2019/20 in reference to the previous year and this has continued in April.

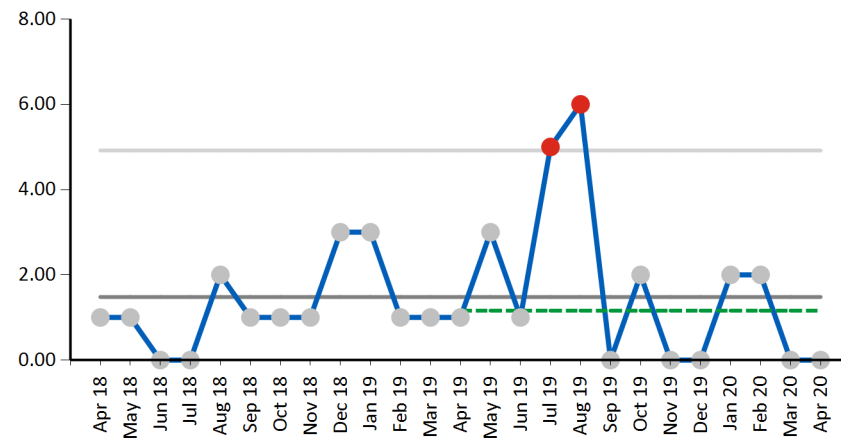
Trust activity has been heavily disrupted by COVID-19. The first wave of the pandemic is now waning and the Trust is planning for a reset during this period whilst preparing for a likely second wave

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
215 - Total Hospital Onset C.diff infections	<= 3	1	Apr-20		<= 3	4	Mar-20	<= 3	1	
346 - Total Community Onset Hospital Associated C.diff infections	<= 1	0	Apr-20		<= 1	0	Mar-20	<= 1	0	
347 - Total C.diff infections contributing to objective	<= 3	1	Apr-20		<= 3	4	Mar-20	<= 3	1	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Apr-20		= 0	2	Mar-20	= 0	0	
218 - Total Trust apportioned E. coli BSI	<= 3	3	Apr-20		<= 4	2	Mar-20	<= 3	3	
219 - Blood Culture Contaminants (rate)	<= 3%	5.2%	Apr-20		<= 3%	4.3%	Mar-20	<= 3%	5.2%	
199 - Compliance with antibiotic prescribing standards	>= 95%	71.0%	Q3 2019/20		>= 95%	87.0%	Q2 2019/20	>= 95%		
304 - Total Trust apportioned MSSA BSIs	<= 1.3	0.0	Apr-20		<= 1.3	0.0	Mar-20	<= 1.3	0.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	<= 1	0	Apr-20		<= 1	0	Mar-20	<= 1	0	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Apr-20		= 0	1	Mar-20	= 0	0	

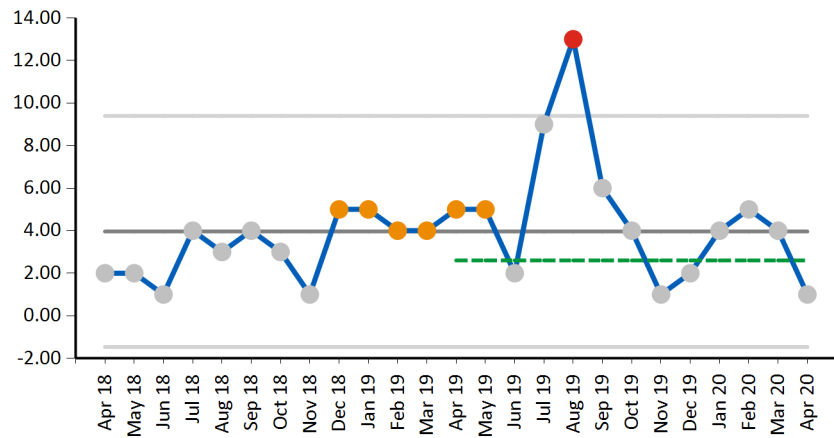
215 - Total Hospital Onset C.diff infections



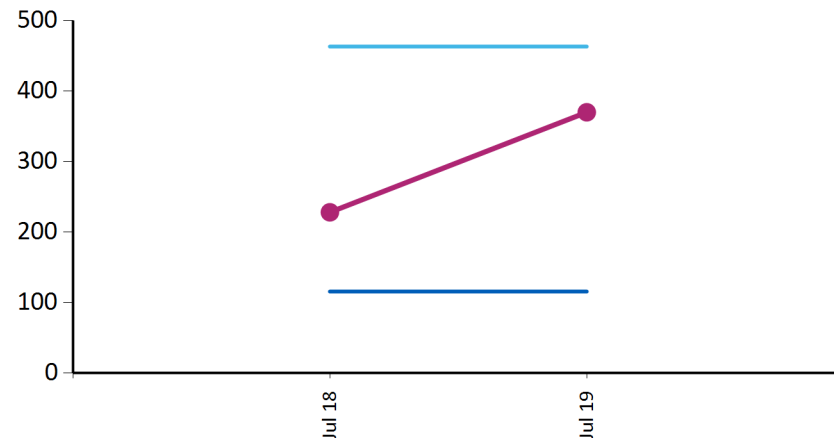
346 - Total Community Onset Hospital Associated C.diff infections



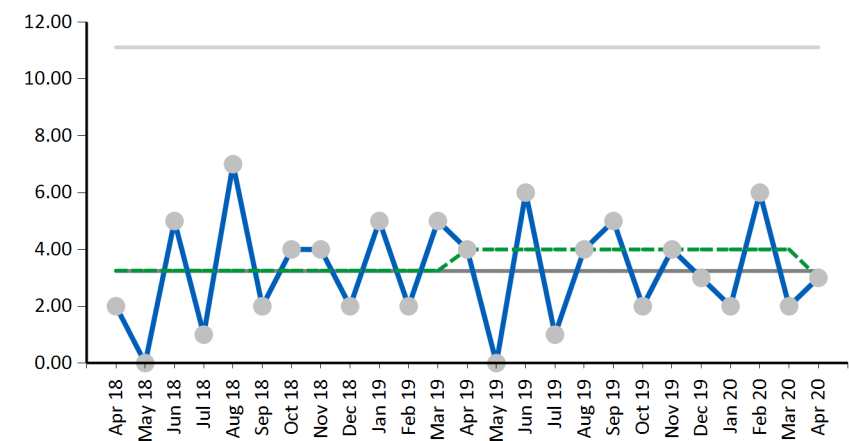
347 - Total C.diff infections contributing to objective



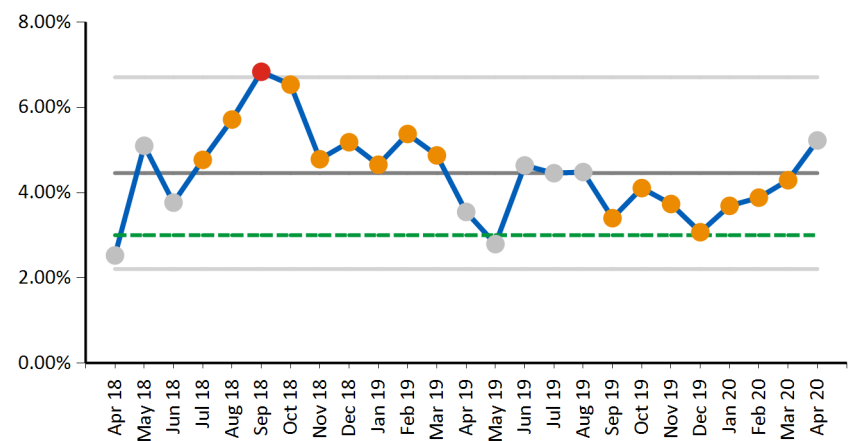
217 - Total Hospital-Onset MRSA BSIs - G Chart (Days Between Cases)



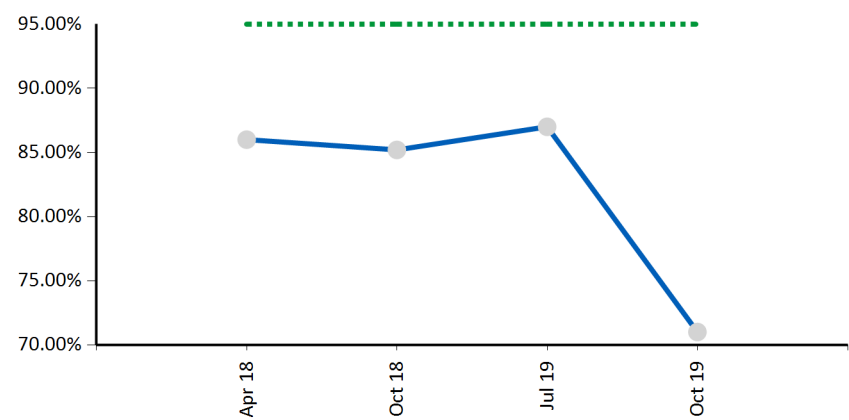
218 - Total Trust apportioned E. coli BSI



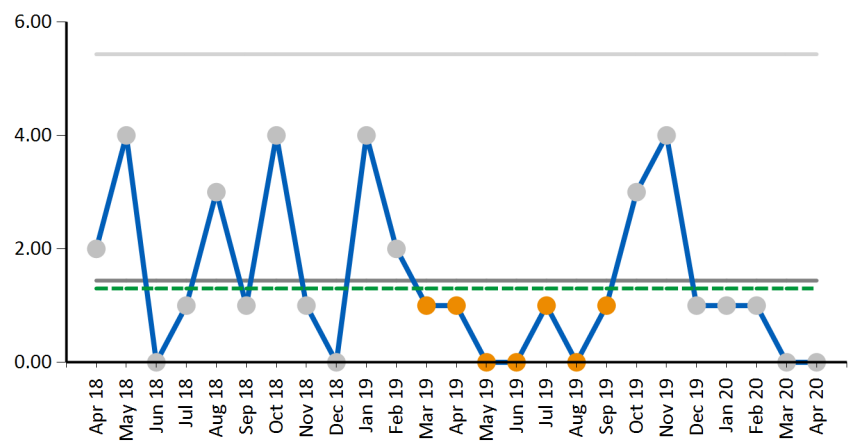
219 - Blood Culture Contaminants (rate)



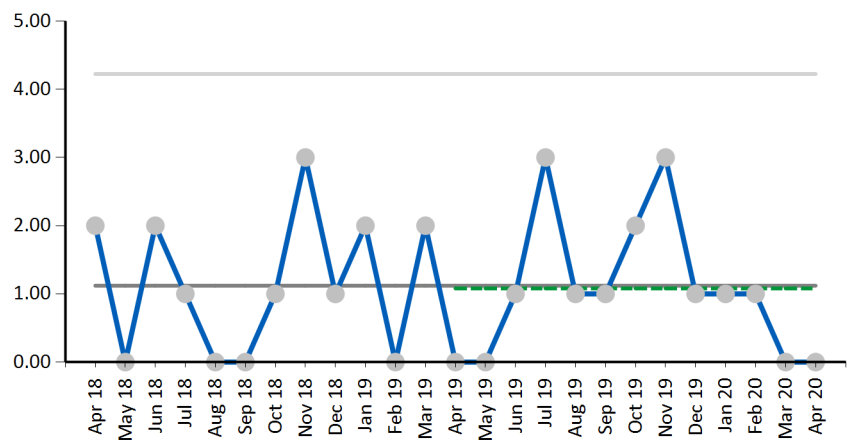
199 - Compliance with antibiotic prescribing standards - SPC data available after 20 data points



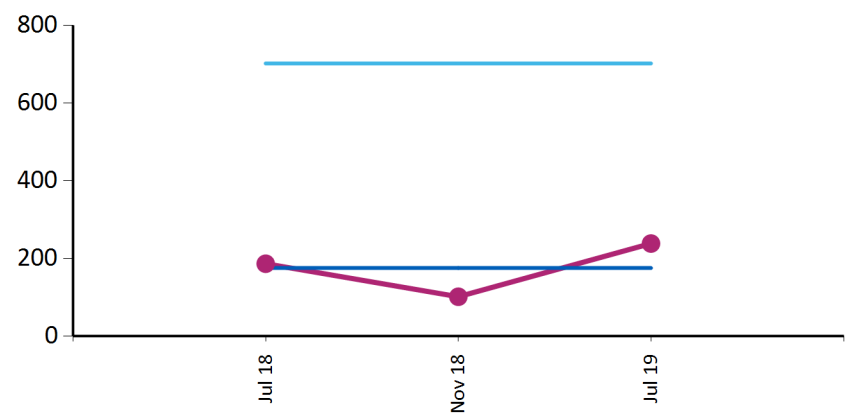
304 - Total Trust apportioned MSSA BSIs



305 - Total Trust apportioned *Klebsiella* spp. BSIs



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



Mortality

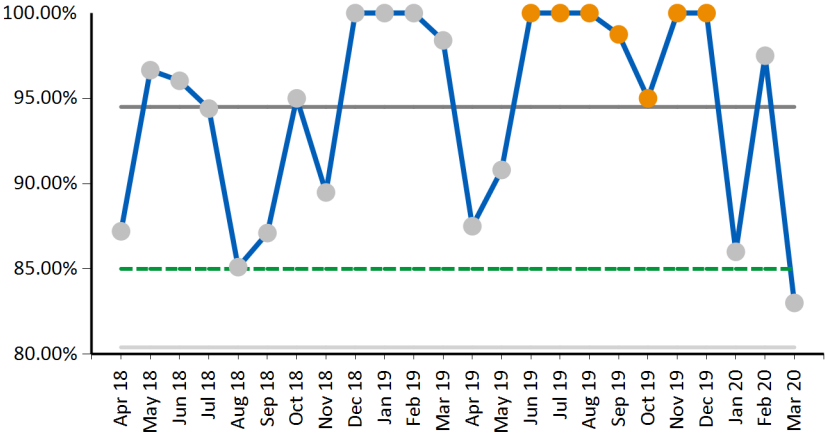
Crude – as anticipated, the impact of Covid-19 has had an enormous impact this month. The number of deaths and subsequent crude mortality rate has more than doubled from March to April – partly from the higher death numbers and partly due to lower discharges (denominator). The rate had begun to rise in March 2020 due to the lower number of admissions (and subsequent in month short term discharges) but the number of deaths in April has increased from 115 deaths in March 2020 to 220 in April. By comparison, April 2019 showed 98 deaths. The crude rate is unadjusted for co-morbidities and other confounding variables such as age, admission method and diagnosis grouping.

RAMI and SHMI – following discussions and approval with the Medical Director, there has been a change in the way RAMI and SHMI are reported. Previously, both were reported as 12 month rolling averages but this did not fit with the new style SPC reporting as the actual in month figure is required to enable the actual situation to be analysed. Therefore, any changes in performance can be picked up faster than the average position (albeit with the time lag associated with these two indicators). The rolling average also has the potential to mask any in month problem areas which could be looked into more timely with explanations sought and changes to processes implemented.

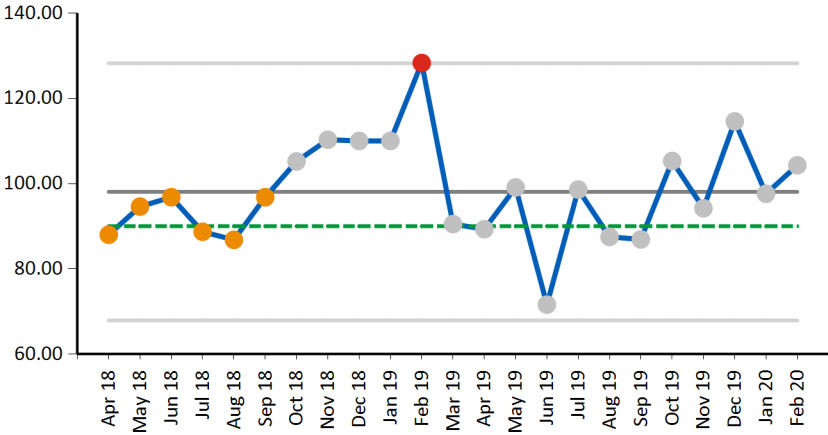
There is a time lag for both RAMI and SHMI so the impact of Covid hasn't yet been observed within these two indicators. In the reporting period both indicators remain in control, however, there is a wide variation in the process and both indicators remain above the original target set. The indicators should also be analysed within a benchmarking context against other Trusts in England, this is completed on a quarterly basis through the Mortality Reduction Group.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
3 - National Early Warning Scores to Gold standard	>= 85%	83.0%	Mar-20		>= 85%	97.5%	Feb-20	>= 85%		
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)	<= 90	104.3	Feb-20		<= 90	97.6	Jan-20	<= 90		
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 100.00	121.10	Nov-19		<= 100.00	125.60	Oct-19	<= 100.00		
12 - Crude Mortality %	<= 2.9%	7.1%	Apr-20		<= 2.9%	2.8%	Mar-20	<= 2.9%	7.1%	

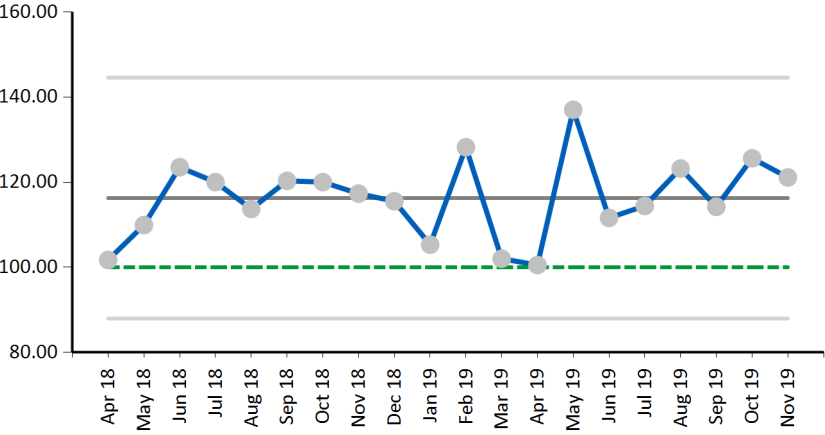
3 - National Early Warning Scores to Gold standard



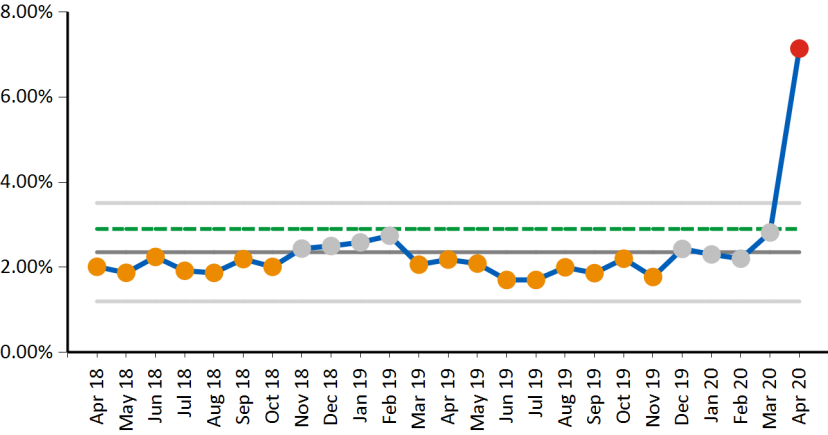
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)



11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)



12 - Crude Mortality %



Patient Experience

Friends and Family Test

Due to NHSE guidance to suspend the collection of FFT, no data is available for April 2020. The current guidance extends to June 2020 and the position will be reviewed once further guidance is received.

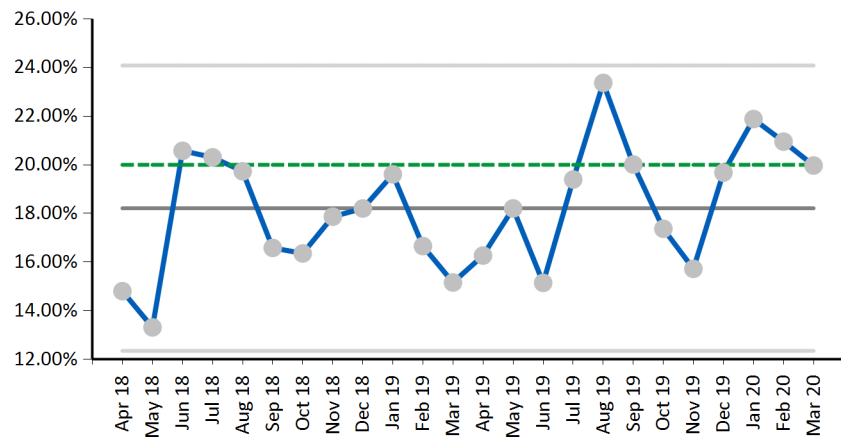
Complaints

The Trust trajectory of 95% was not achieved in April 2020 with 4 out of 26 complaints breaching the 35 working day target giving a performance of 84.6%. The Patient Experience Team are continuing to support Divisions to compile complaint responses during COVID-19.

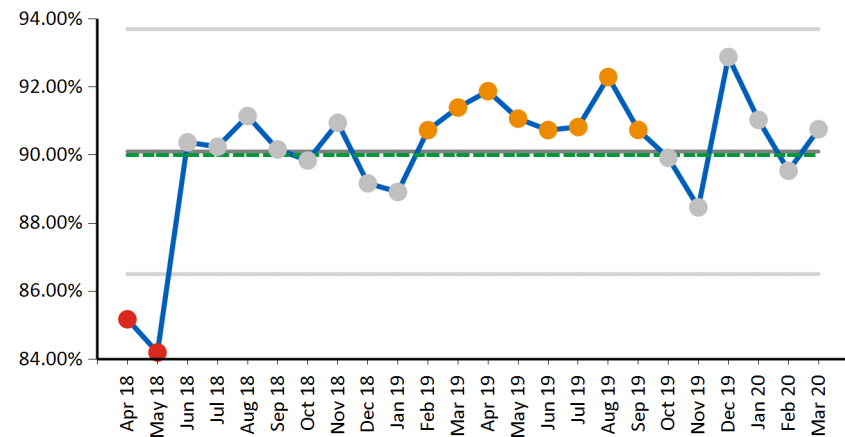
Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
200 - A&E Friends and Family Response Rate	>= 20%	20.0%	Mar-20		>= 20%	21.0%	Feb-20	>= 20%		
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	90.8%	Mar-20		>= 90%	89.5%	Feb-20	>= 90%		
80 - Inpatient Friends and Family Response Rate	>= 30%	24.4%	Mar-20		>= 30%	26.6%	Feb-20	>= 30%		
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	97.9%	Mar-20		>= 90%	96.9%	Feb-20	>= 90%		
81 - Maternity Friends and Family Response Rate	>= 15%	12.4%	Mar-20		>= 15%	22.9%	Feb-20	>= 15%		
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	94.3%	Mar-20		>= 90%	96.9%	Feb-20	>= 90%		
82 - Antenatal - Friends and Family Response Rate	>= 15%	0.0%	Mar-20		>= 15%	12.3%	Feb-20	>= 15%		
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%		Mar-20		>= 90%	100.0%	Feb-20	>= 90%		
83 - Birth - Friends and Family Response Rate	>= 15%	26.5%	Mar-20		>= 15%	28.7%	Feb-20	>= 15%		
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	93.1%	Mar-20		>= 90%	93.7%	Feb-20	>= 90%		
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	15.8%	Mar-20		>= 15%	33.7%	Feb-20	>= 15%		
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	96.4%	Mar-20		>= 90%	97.7%	Feb-20	>= 90%		

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	8.7%	Mar-20		>= 15%	19.8%	Feb-20	>= 15%		
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	95.1%	Mar-20		>= 90%	98.8%	Feb-20	>= 90%		
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Apr-20		= 100%	100.0%	Mar-20	= 100%	100.0%	
90 - Complaints responded to within the period	>= 95%	84.6%	Apr-20		>= 95%	95.2%	Mar-20	>= 95%	84.6%	

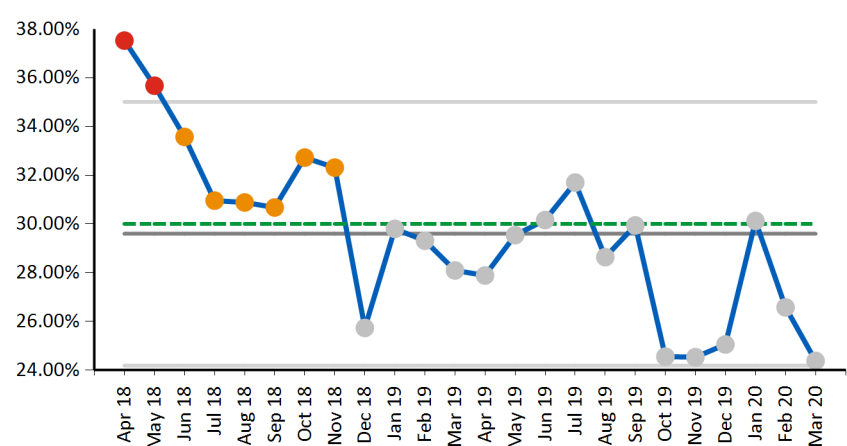
200 - A&E Friends and Family Response Rate



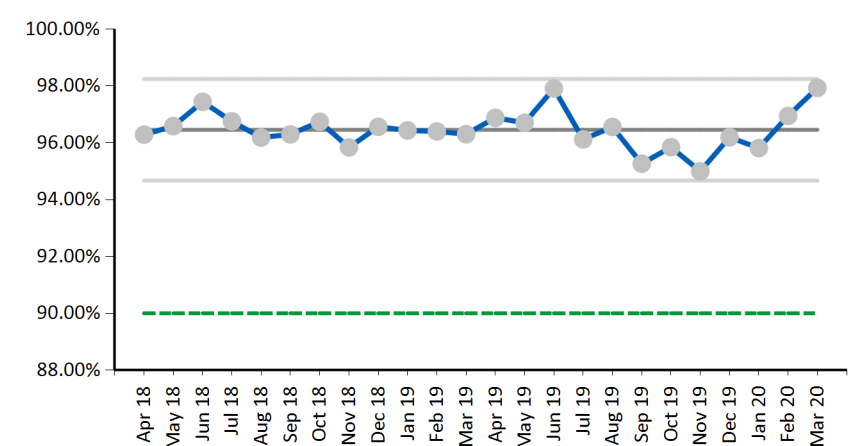
294 - A&E Friends and Family Satisfaction Rates %



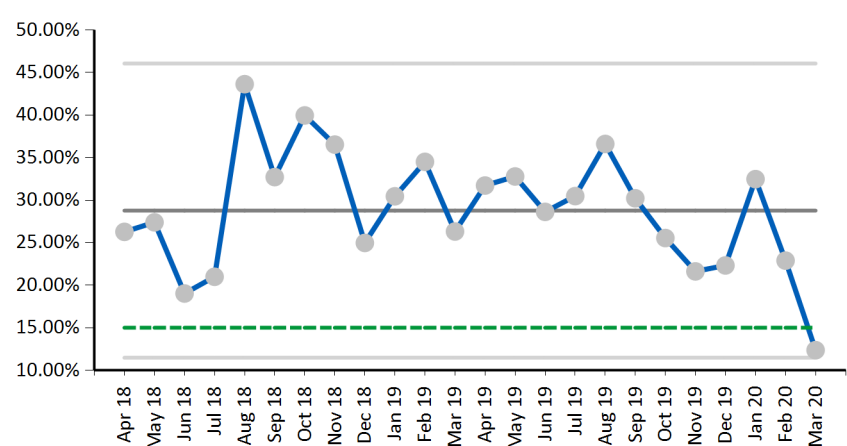
80 - Inpatient Friends and Family Response Rate



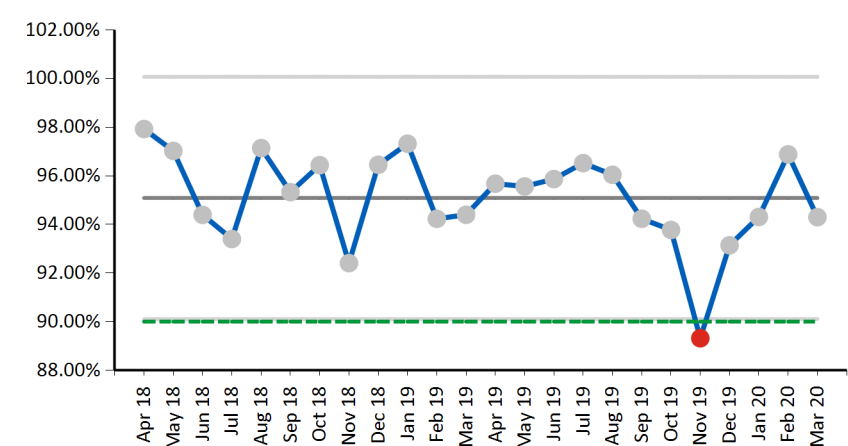
240 - Friends and Family Test (Inpatients) - Satisfaction %



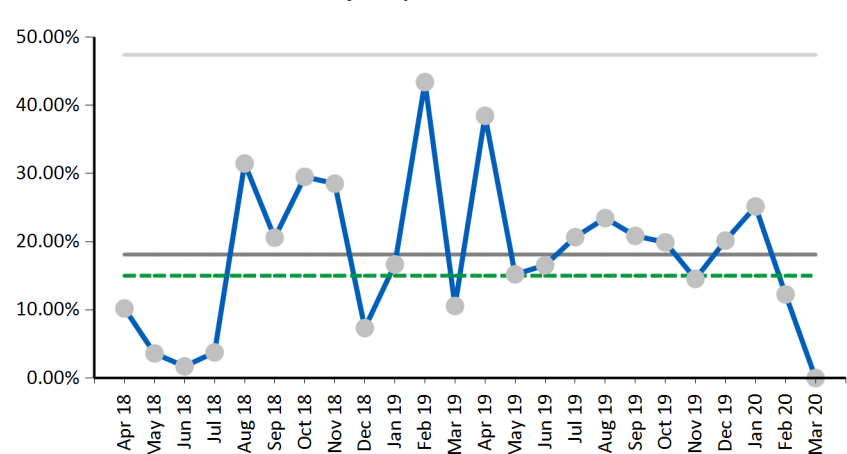
81 - Maternity Friends and Family Response Rate



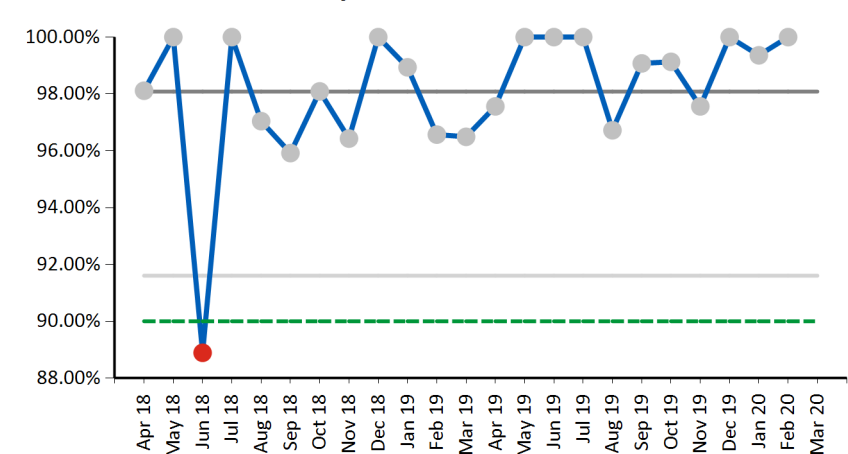
241 - Maternity Friends and Family Test - Satisfaction %



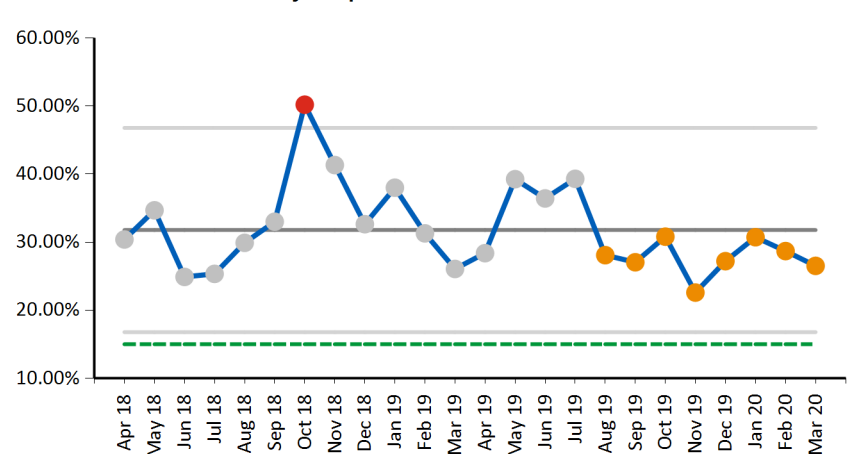
82 - Antenatal - Friends and Family Response Rate



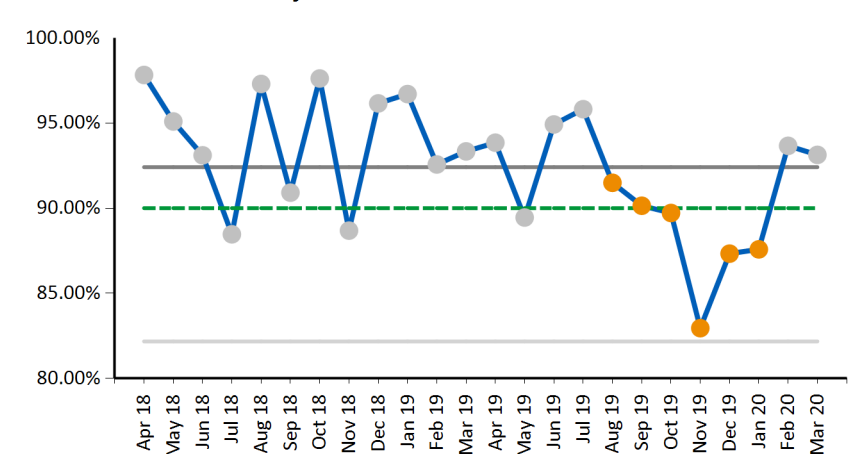
242 - Antenatal Friends and Family Test - Satisfaction %



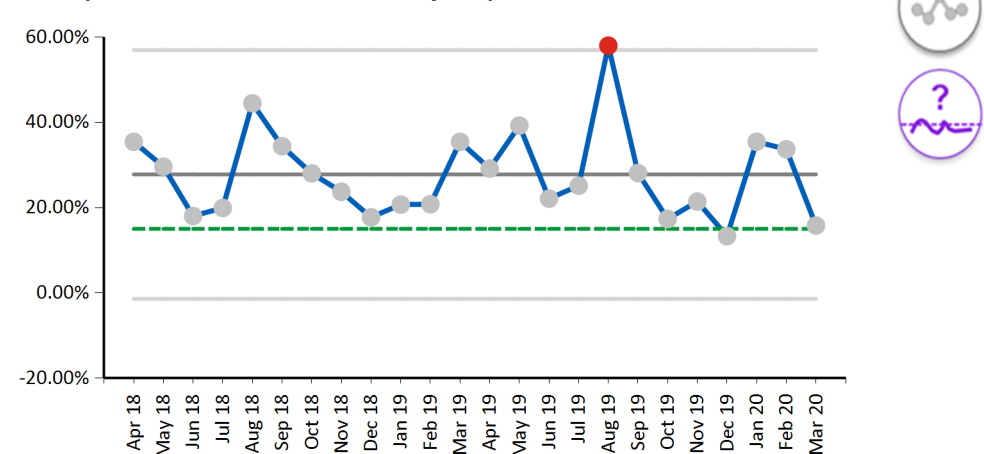
83 - Birth - Friends and Family Response Rate



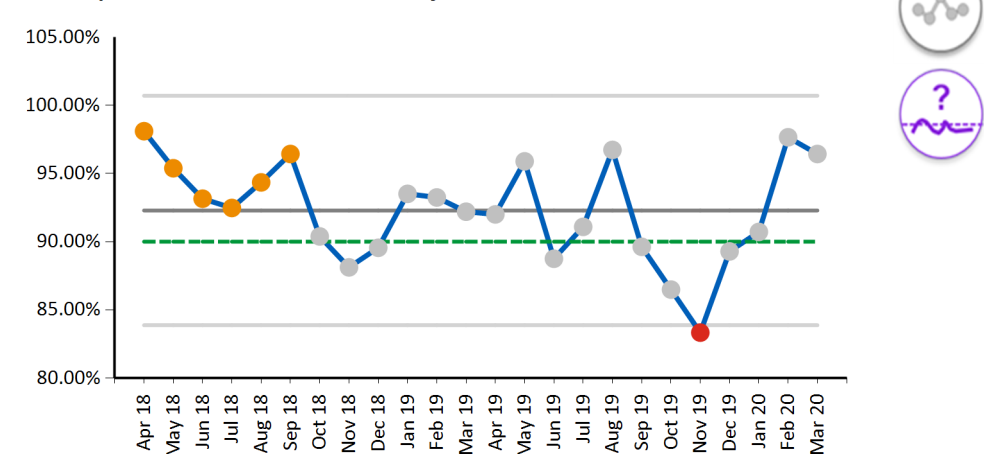
243 - Birth Friends and Family Test - Satisfaction %



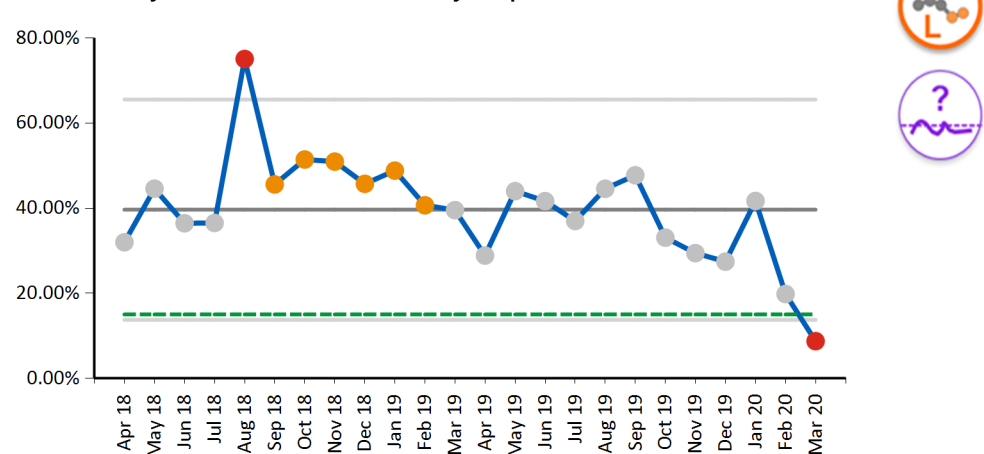
84 - Hospital Postnatal - Friends and Family Response Rate



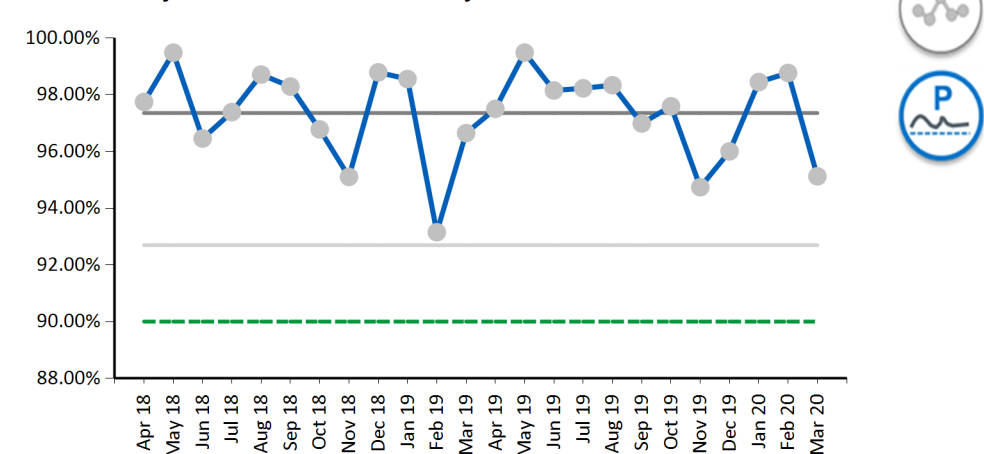
244 - Hospital Postnatal Friends and Family Test - Satisfaction %



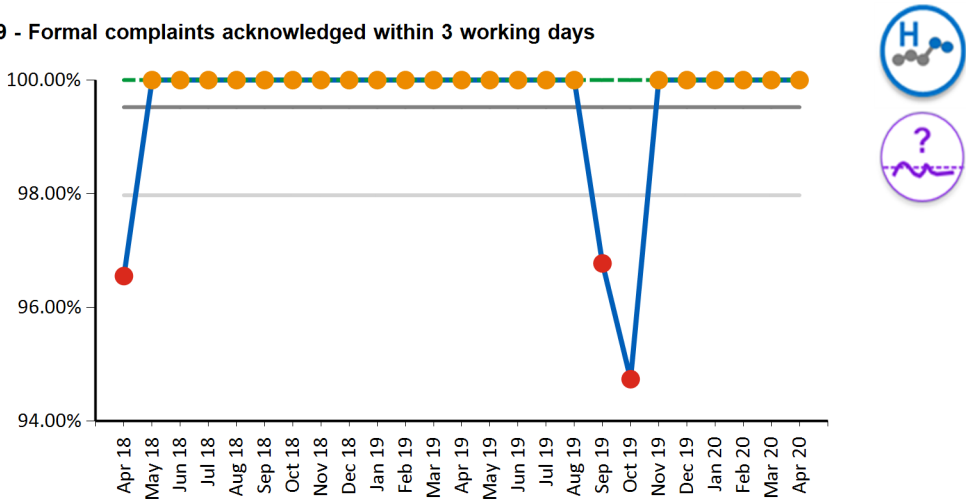
85 - Community Postnatal - Friend and Family Response Rate



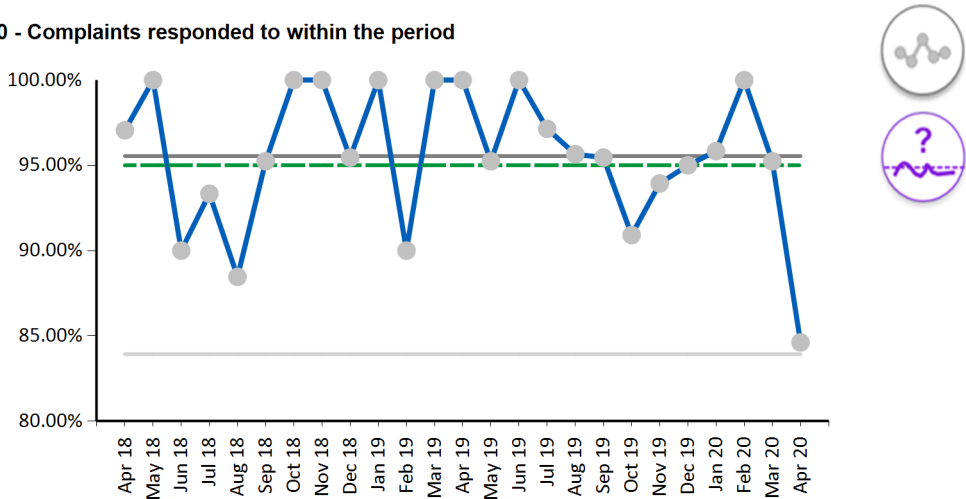
245 - Community Postnatal Friends and Family Test - Satisfaction %



89 - Formal complaints acknowledged within 3 working days



90 - Complaints responded to within the period

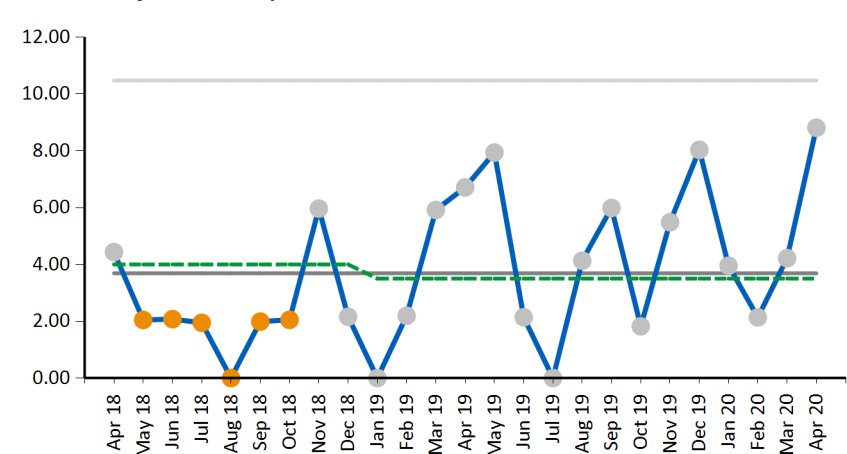


Maternity

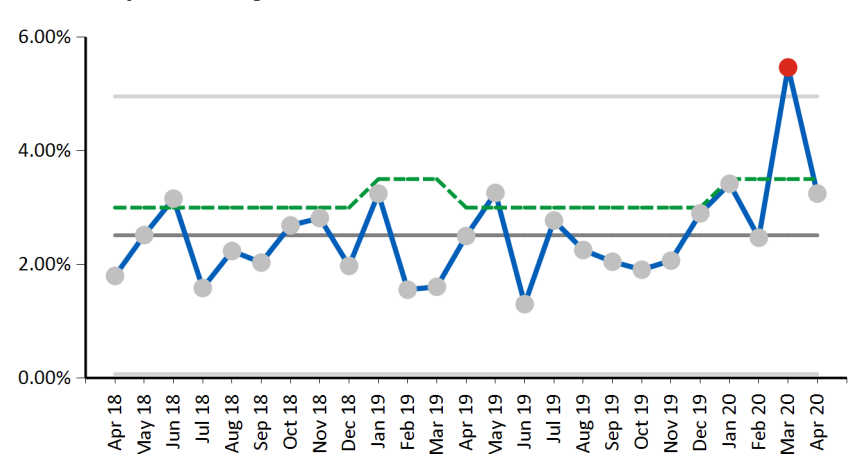
- Still Birth rate for April will require amendment to reflect a rate of 6.61 for April 20.
- Work is ongoing in relation to 3rd and 4th degree tears which have shown a slight improvement.
- Reduction in Induction of labour rate, which is linked to Covid-19 action plan.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
322 - Maternity - Stillbirths per 1000 births	<= 3.50	8.81	Apr-20		<= 3.50	4.22	Mar-20	<= 3.50	8.81	
23 - Maternity -3rd/4th degree tears	<= 3.5%	3.2%	Apr-20		<= 3.5%	5.5%	Mar-20	<= 3.5%	3.2%	
202 - 1:1 Midwifery care in labour	>= 95.0%	98.3%	Apr-20		>= 95.0%	97.9%	Mar-20	>= 95.0%	98.3%	
203 - Booked 12+6	>= 90.0%	91.6%	Apr-20		>= 90.0%	92.0%	Mar-20	>= 90.0%	91.6%	
204 - Inductions of labour	<= 40%	36.0%	Apr-20		<= 40%	40.8%	Mar-20	<= 40%	36.0%	
208 - Total C section	<= 33.0%	30.8%	Apr-20		<= 33.0%	33.3%	Mar-20	<= 33.0%	30.8%	
210 - Initiation breast feeding	>= 65%	73.24%	Apr-20		>= 65%	71.12%	Mar-20	>= 65%	73.24%	
213 - Maternity complaints	<= 5	0	Apr-20		<= 5	5	Mar-20	<= 5	0	
319 - Maternal deaths (direct)	= 0	0	Apr-20		= 0	0	Mar-20	= 0	0	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	7.9%	Apr-20		<= 6%	10.1%	Mar-20	<= 6%	7.9%	

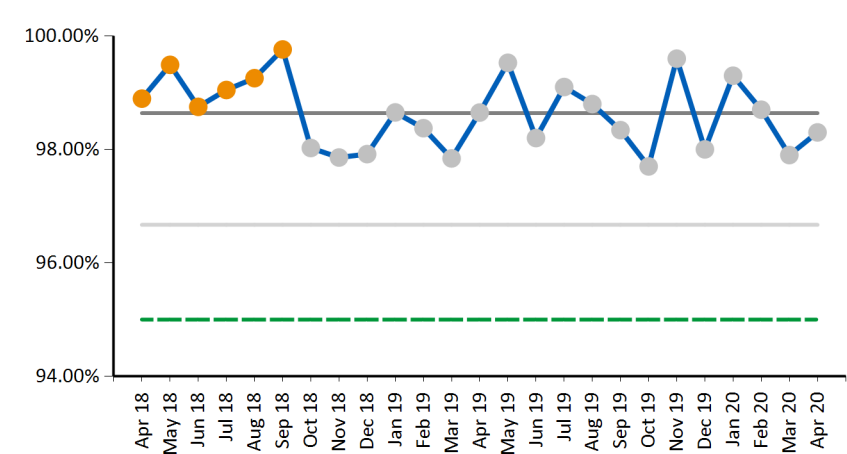
322 - Maternity - Stillbirths per 1000 births



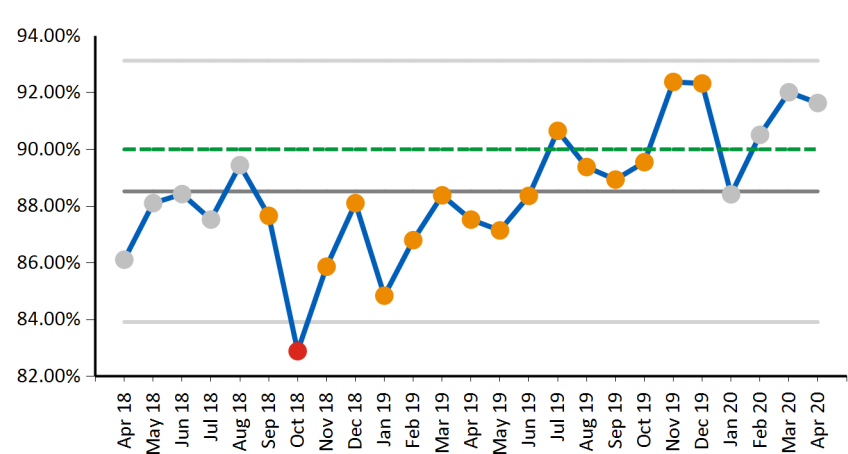
23 - Maternity -3rd/4th degree tears



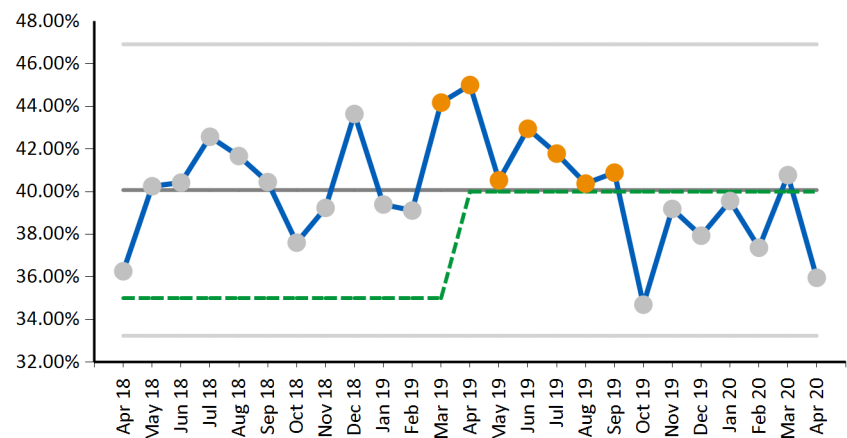
202 - 1:1 Midwifery care in labour



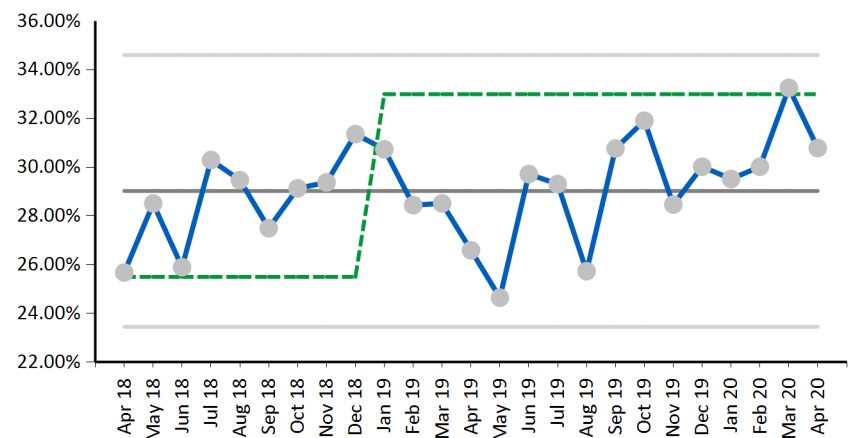
203 - Booked 12+6



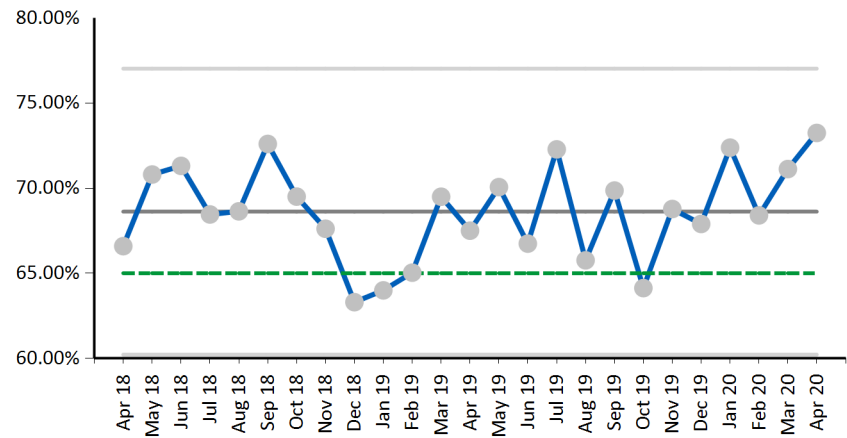
204 - Inductions of labour



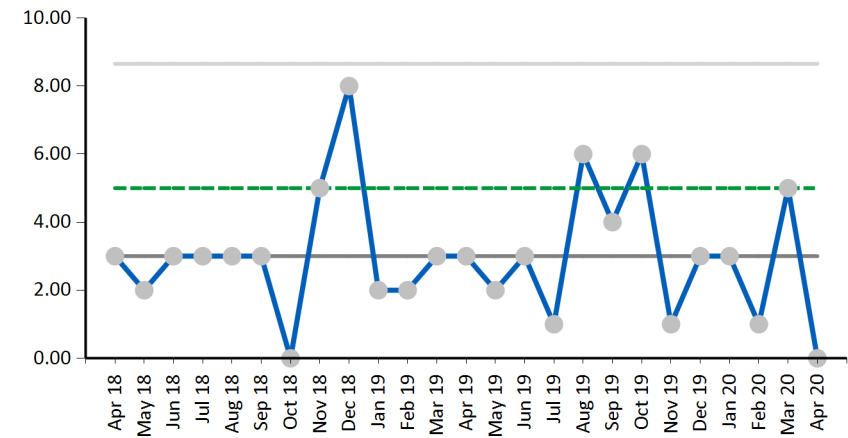
208 - Total C section



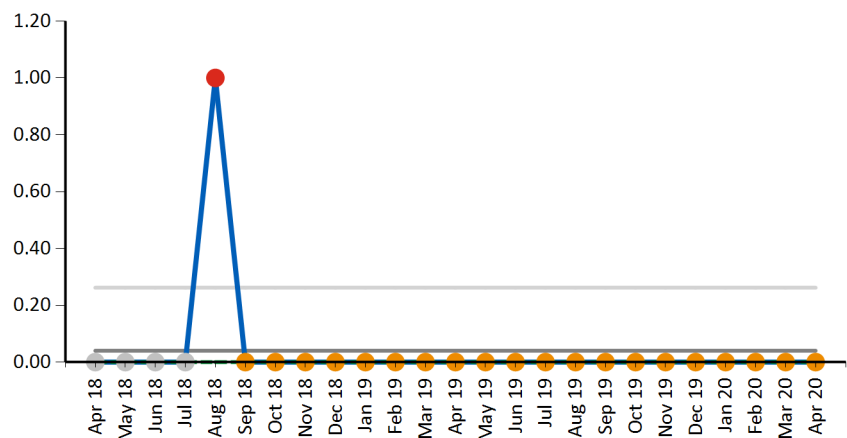
210 - Initiation breast feeding



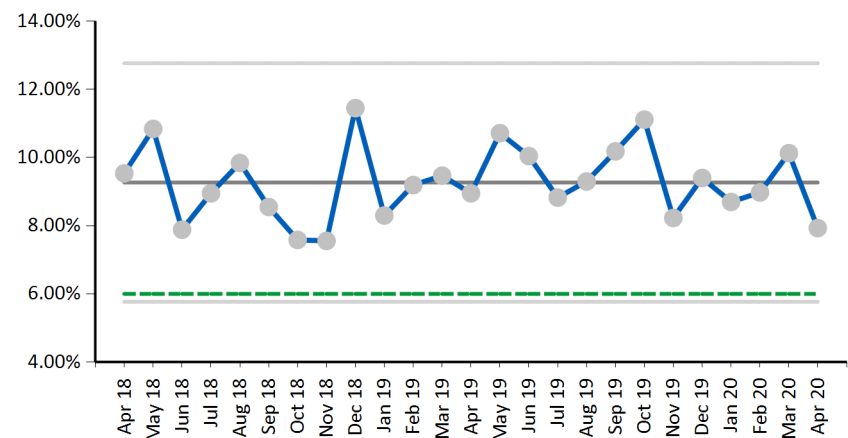
213 - Maternity complaints



319 - Maternal deaths (direct)

























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

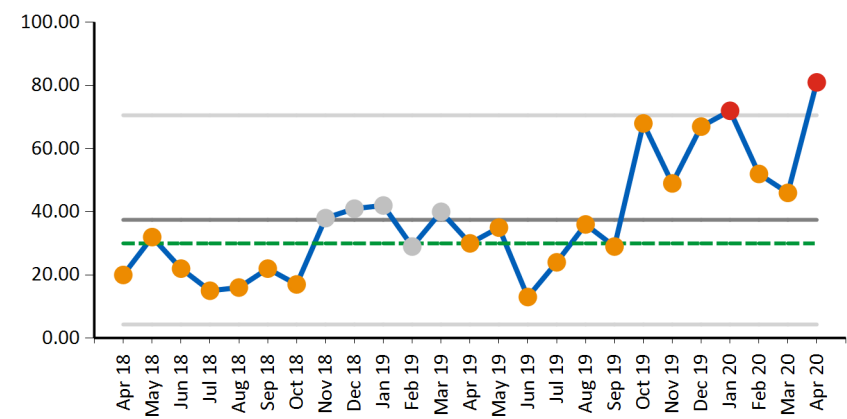


Operational Performance

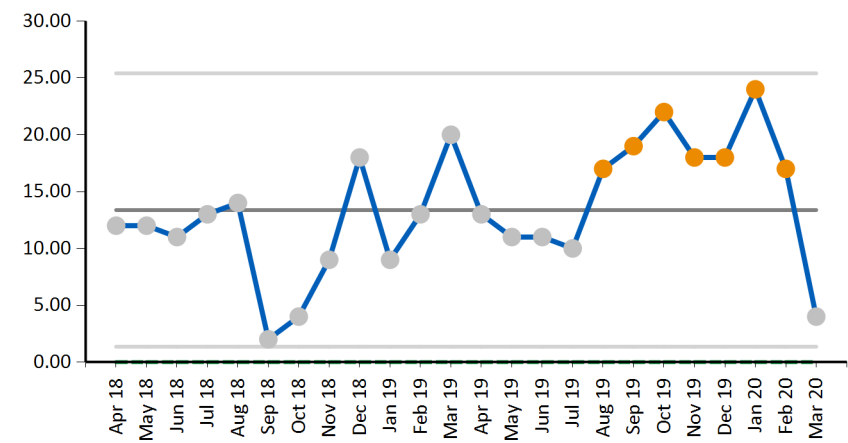
Access

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	<= 30	81	Apr-20		<= 30	46	Mar-20	<= 30	81	
8 - Same sex accommodation breaches	= 0	4	Mar-20		= 0	17	Feb-20	= 0		
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	86.7%	Apr-20		>= 75%	79.5%	Mar-20	>= 75%	86.7%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	70.6%	Apr-20		>= 92%	76.7%	Mar-20	>= 92%	70.6%	
42 - RTT 52 week waits (incomplete pathways)	= 0	72	Apr-20		= 0	17	Mar-20	= 0	72	
314 - RTT 18 week waiting list	<= 25,530	20,695	Apr-20		<= 22,812	22,790	Mar-20	<= 25,530	20,695	
53 - A&E 4 hour target	>= 95%	84.5%	Apr-20		>= 95%	78.9%	Mar-20	>= 95%	84.5%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	11.4%	Apr-20		= 0.0%	13.6%	Mar-20	= 0.0%	11.4%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	0.55%	Apr-20		= 0.00%	4.15%	Mar-20	= 0.00%	0.55%	
72 - Diagnostic Waits >6 weeks %	<= 1%	39.2%	Apr-20		<= 1%	6.6%	Mar-20	<= 1%	39.2%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	66.7%	Apr-20		= 100%	87.5%	Mar-20	= 100%	66.7%	

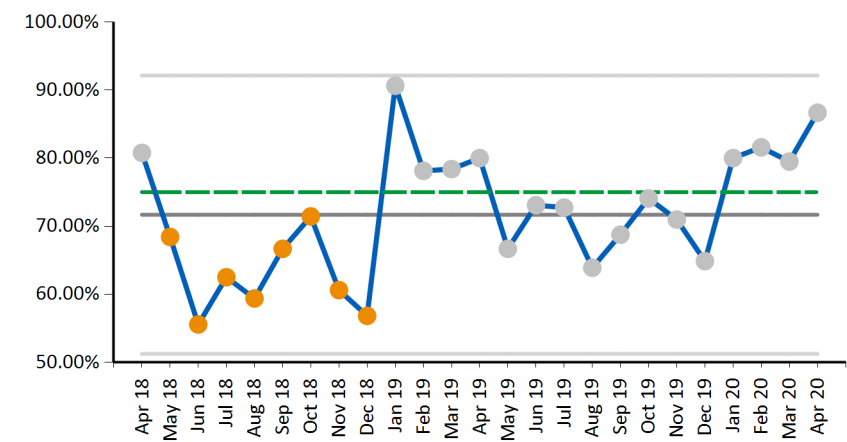
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



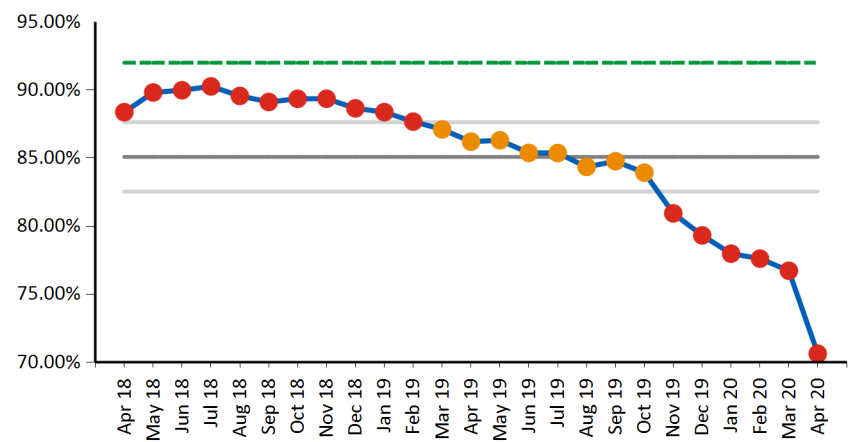
8 - Same sex accommodation breaches



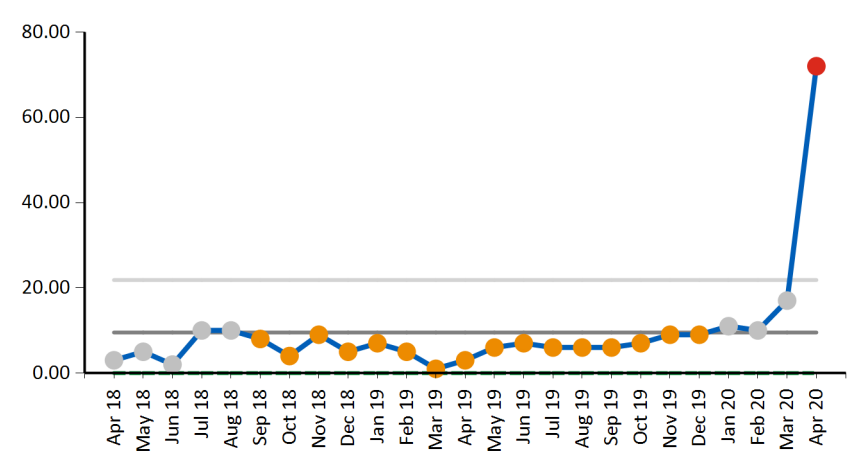
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur



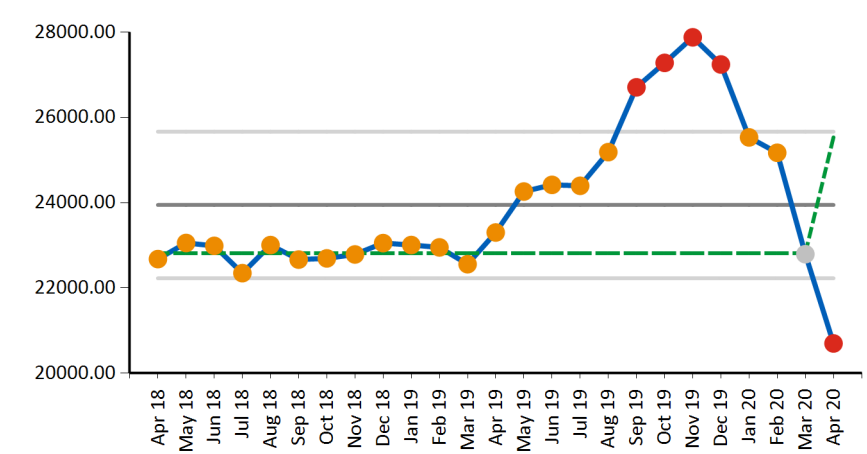
41 - RTT Incomplete pathways within 18 weeks %



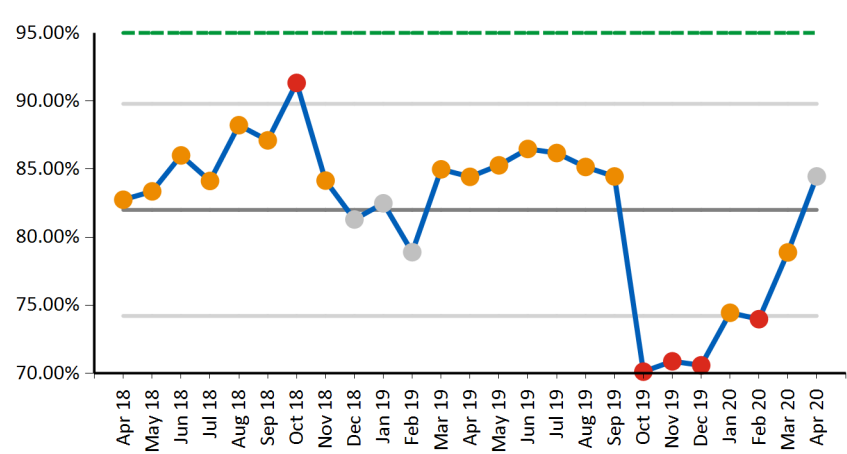
42 - RTT 52 week waits (incomplete pathways)



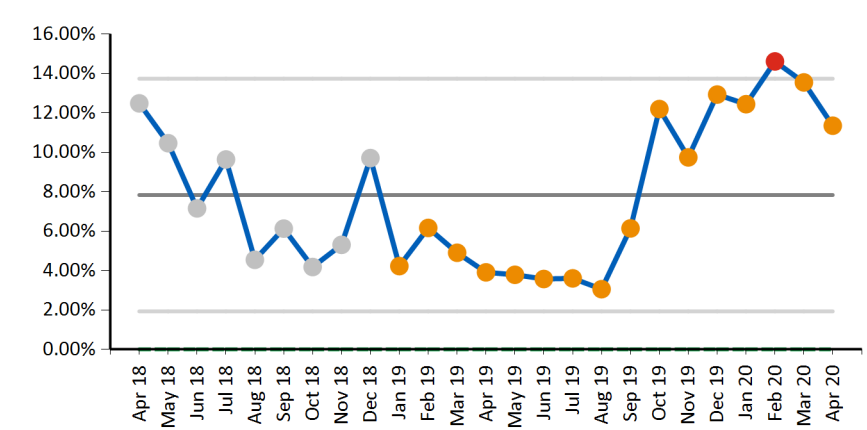
314 - RTT 18 week waiting list



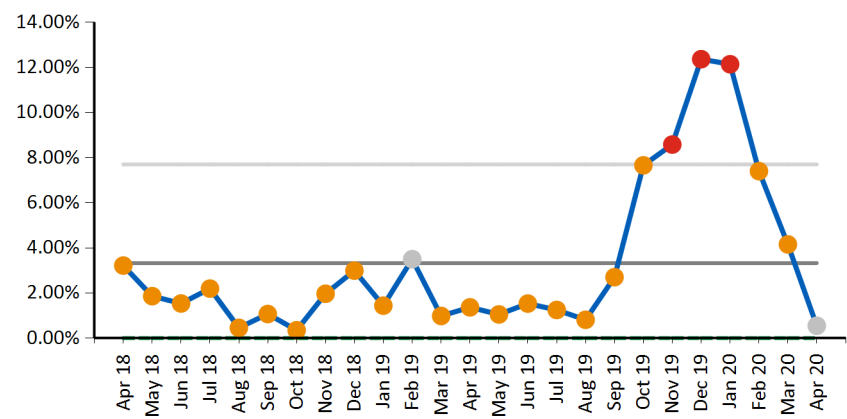
53 - A&E 4 hour target



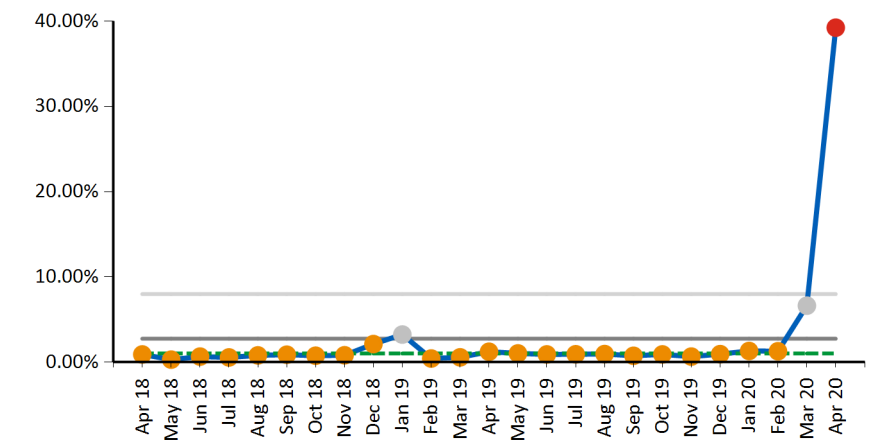
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)



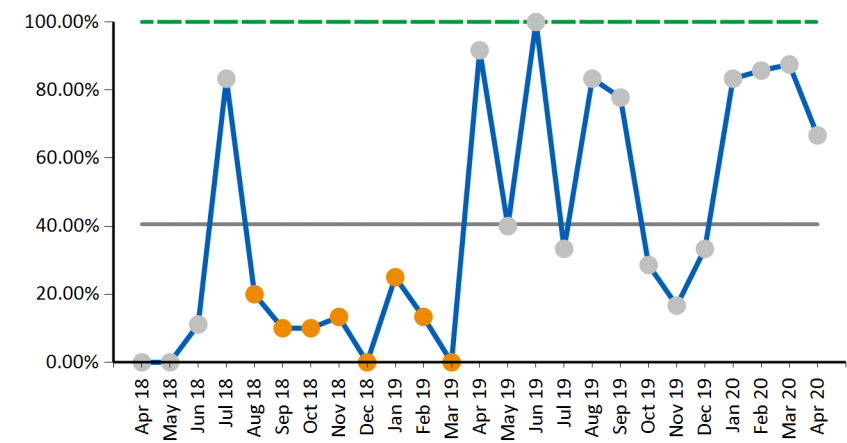
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)



72 - Diagnostic Waits >6 weeks %



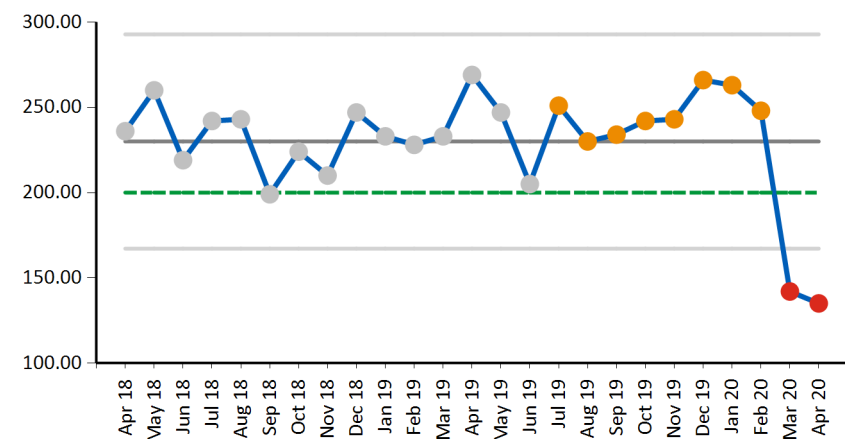
27 - TIA (Transient Ischaemic attack) patients seen <24hrs



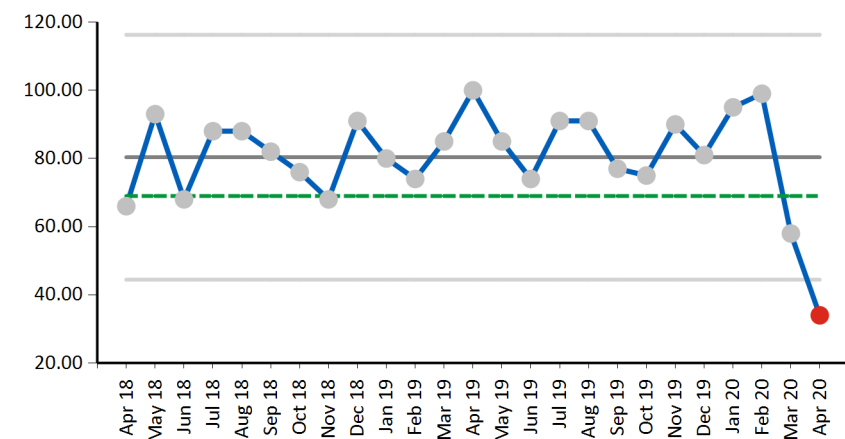
Productivity

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
56 - Stranded patients	<= 200	135	Apr-20		<= 200	142	Mar-20	<= 200	135	
307 - Stranded Patients - LOS 21 days and over	<= 69	34	Apr-20		<= 69	58	Mar-20	<= 69	34	
57 - Discharges by Midday	>= 30%	15.3%	Apr-20		>= 30%	23.3%	Mar-20	>= 30%	15.3%	
58 - Discharges by 4pm	>= 70%	55.5%	Apr-20		>= 70%	63.6%	Mar-20	>= 70%	55.5%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	12.8%	Mar-20		<= 13.5%	13.2%	Feb-20	<= 13.5%		
489 - Daycase Rates	>= 80%	86.7%	Apr-20		>= 80%	86.7%	Apr-20	>= 80%	86.7%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	1.4%	Apr-20		<= 1%	2.9%	Mar-20	<= 1%	1.4%	
62 - Cancelled operations re-booked within 28 days	= 100%	0.0%	Apr-20		= 100%	67.3%	Mar-20	= 100%	416.7%	
318 - Delayed Transfers Of Care (Trust Total)	<= 3.3%	0.5%	Apr-20		<= 3.3%	3.7%	Mar-20	<= 3.3%	0.5%	
65 - Elective Length of Stay (Discharges in month)	<= 2.00	3.39	Apr-20		<= 2.00	2.69	Mar-20	<= 2.00	3.39	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	6.05	Apr-20		<= 3.70	5.94	Mar-20	<= 3.70	6.05	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	94.1%	Feb-20		>= 80%	82.8%	Jan-20	>= 80%		

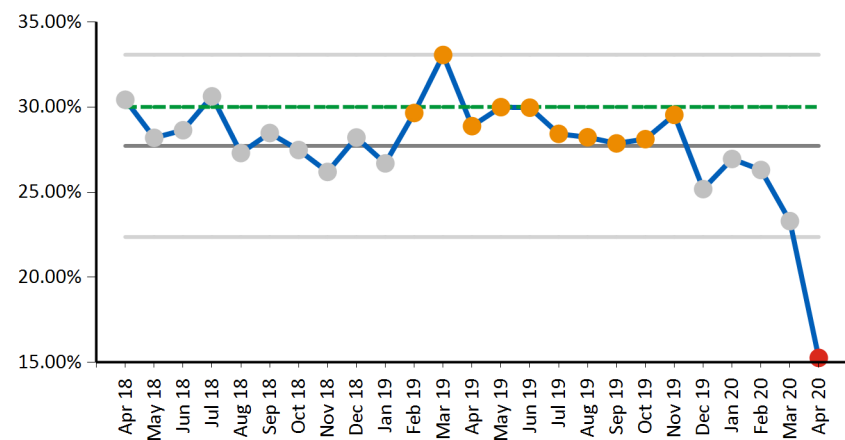
56 - Stranded patients



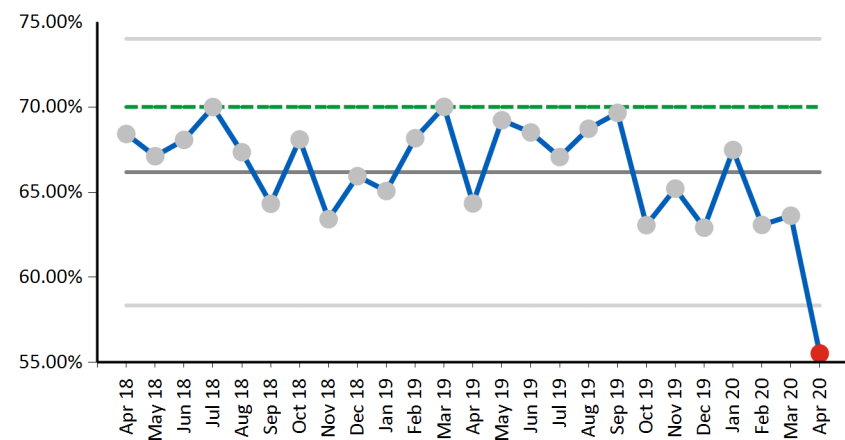
307 - Stranded Patients - LOS 21 days and over



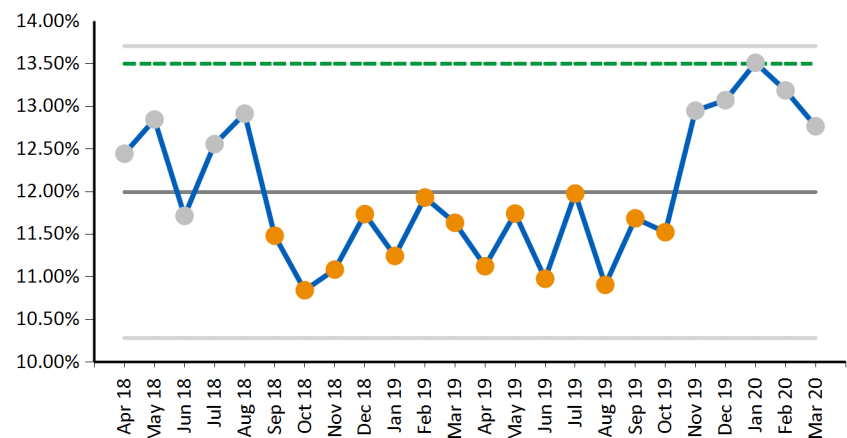
57 - Discharges by Midday



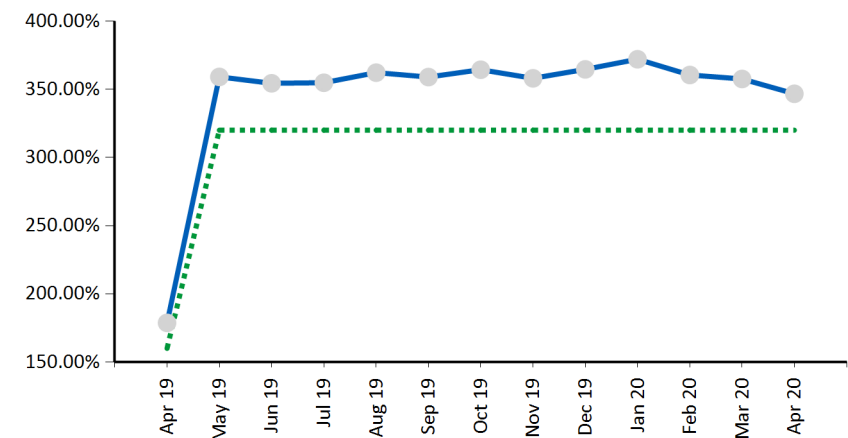
58 - Discharges by 4pm



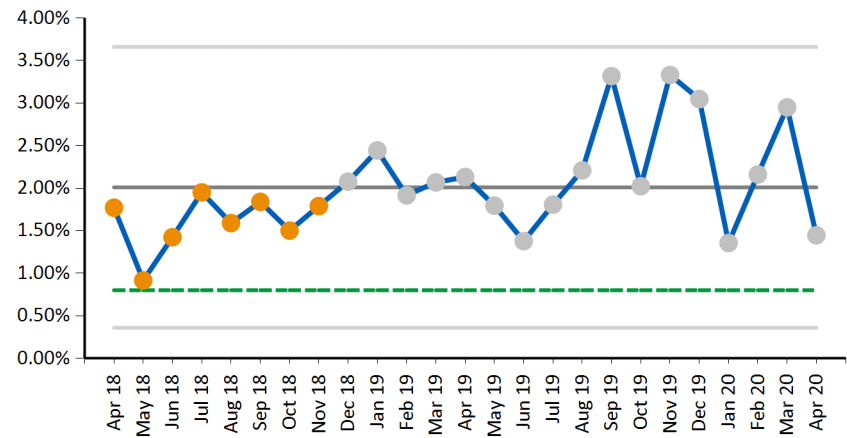
59 - Re-admission within 30 days of discharge (1 mth in arrears)



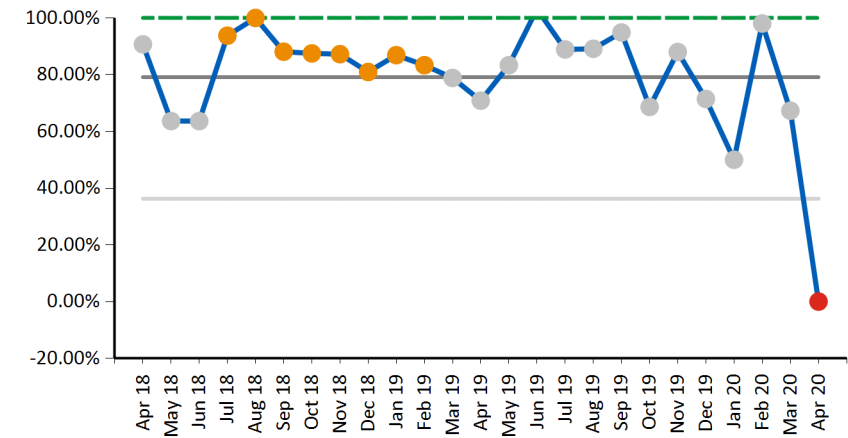
489 - Daycase Rates - SPC data available after 20 data points



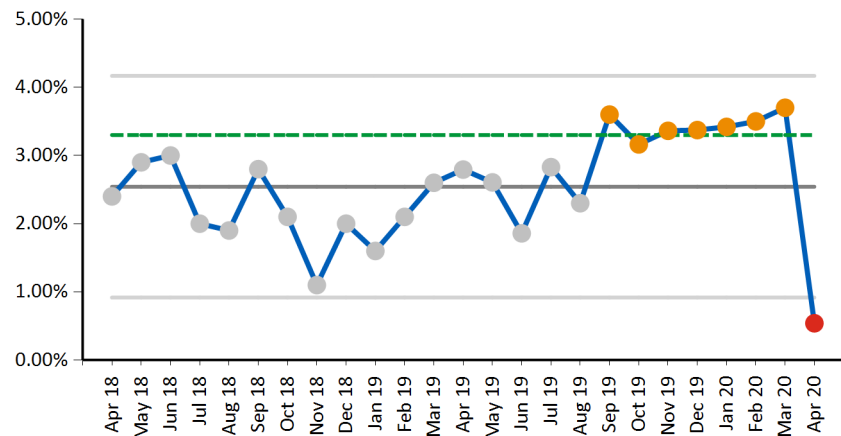
61 - Operations cancelled on the day for non-clinical reasons



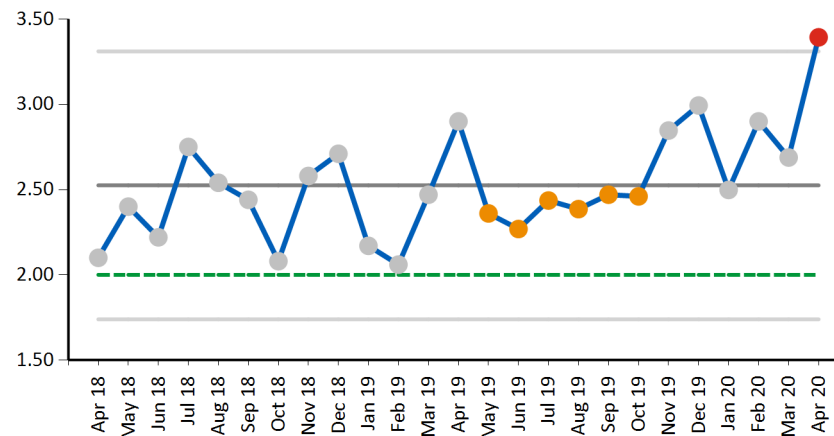
62 - Cancelled operations re-booked within 28 days



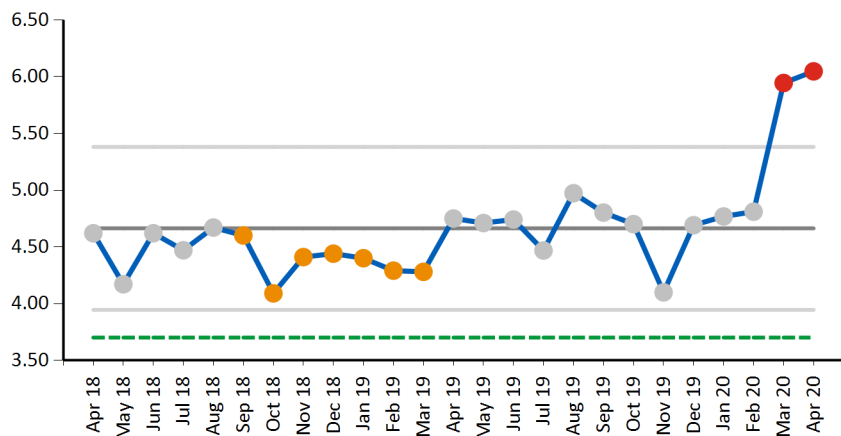
318 - Delayed Transfers Of Care (Trust Total)



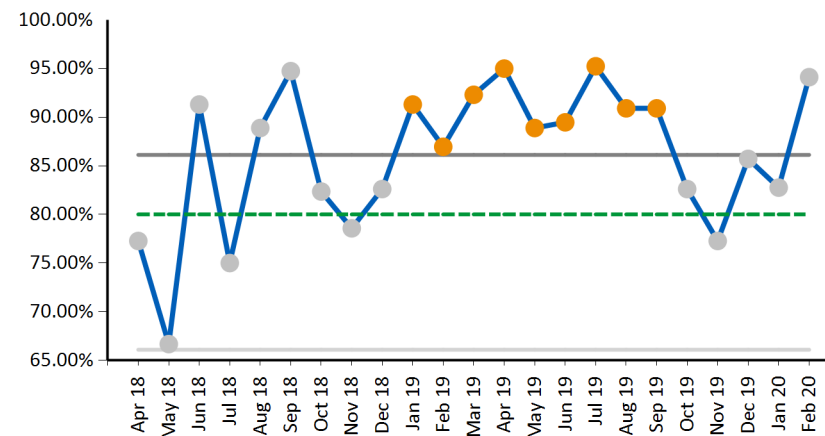
65 - Elective Length of Stay (Discharges in month)



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

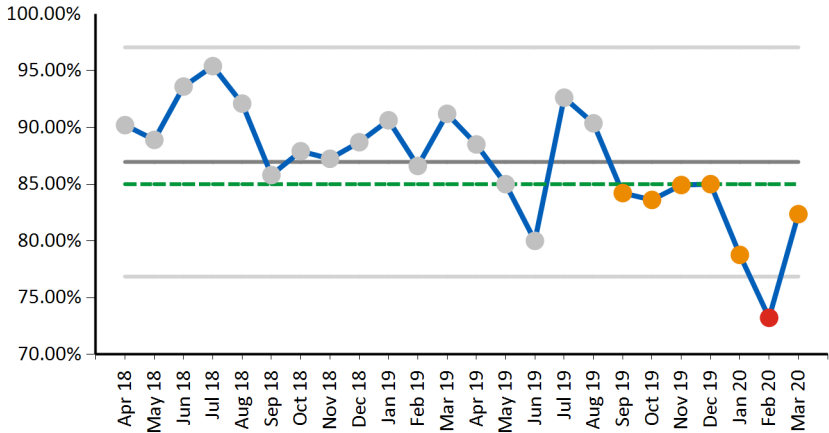


73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)

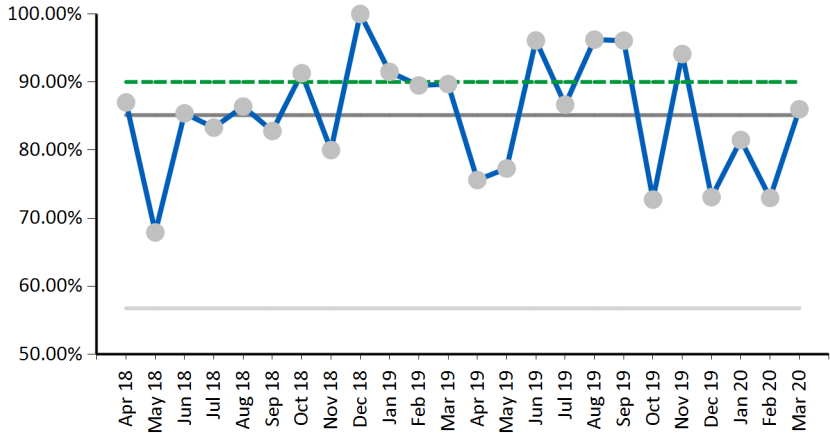


Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
46 - 62 day standard % (1 mth in arrears)	>= 85%	82.4%	Mar-20		>= 85%	73.2%	Feb-20	>= 85%		
47 - 62 day screening % (1 mth in arrears)	>= 90%	86.0%	Mar-20		>= 90%	73.0%	Feb-20	>= 90%		
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	100.0%	Mar-20		>= 96%	98.9%	Feb-20	>= 96%		
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	83.3%	Mar-20		>= 94%	100.0%	Feb-20	>= 94%		
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Mar-20		>= 98%	100.0%	Feb-20	>= 98%		
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	98.0%	Mar-20		>= 93%	97.8%	Feb-20	>= 93%		
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	89.7%	Mar-20		>= 93%	94.3%	Feb-20	>= 93%		

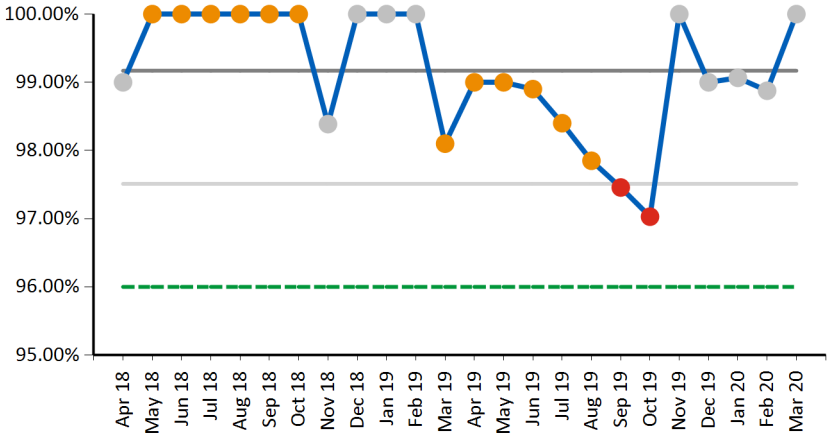
46 - 62 day standard % (1 mth in arrears)



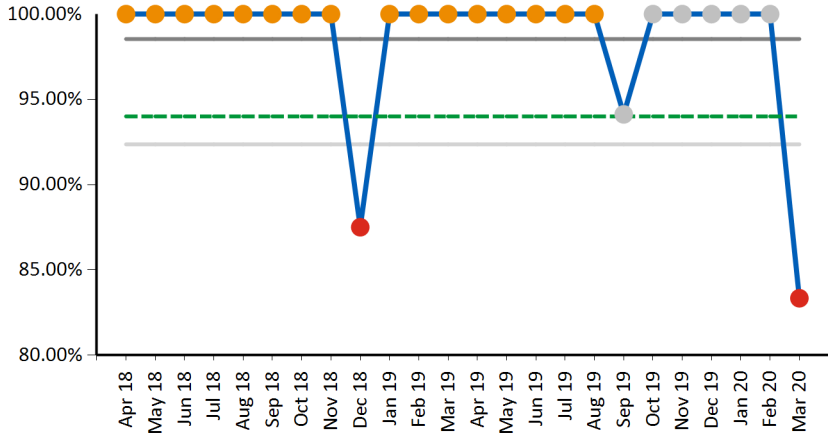
47 - 62 day screening % (1 mth in arrears)



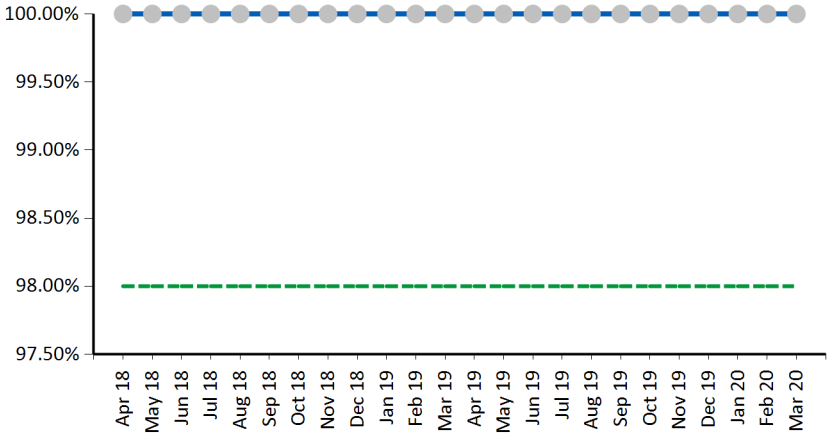
48 - 31 days to first treatment % (1 mth in arrears)



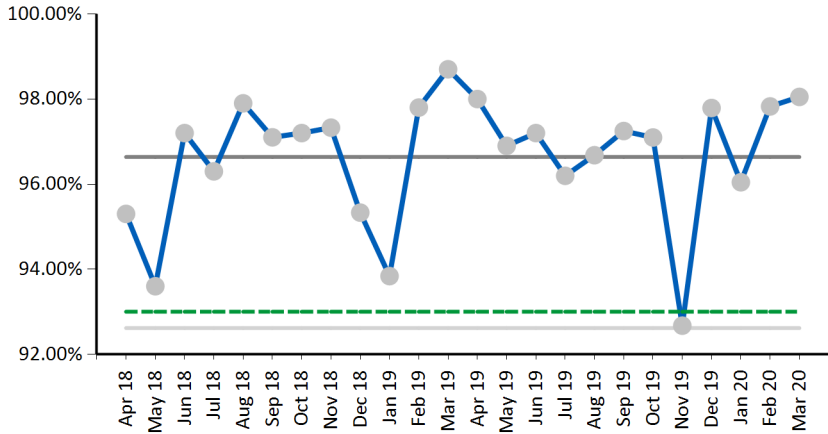
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)



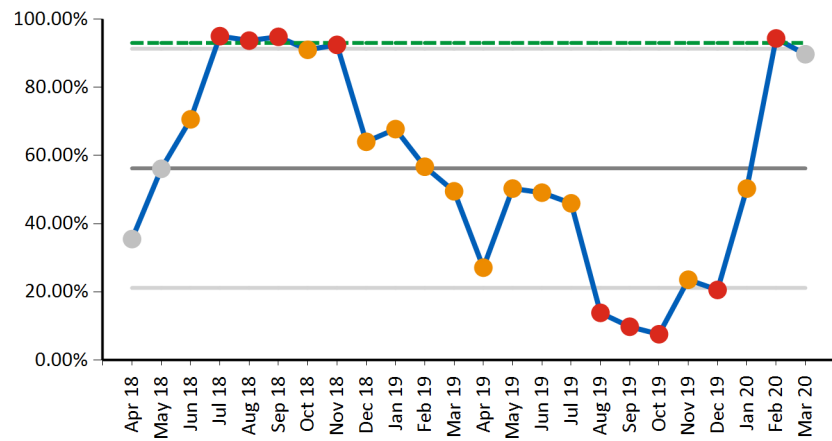
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)



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











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



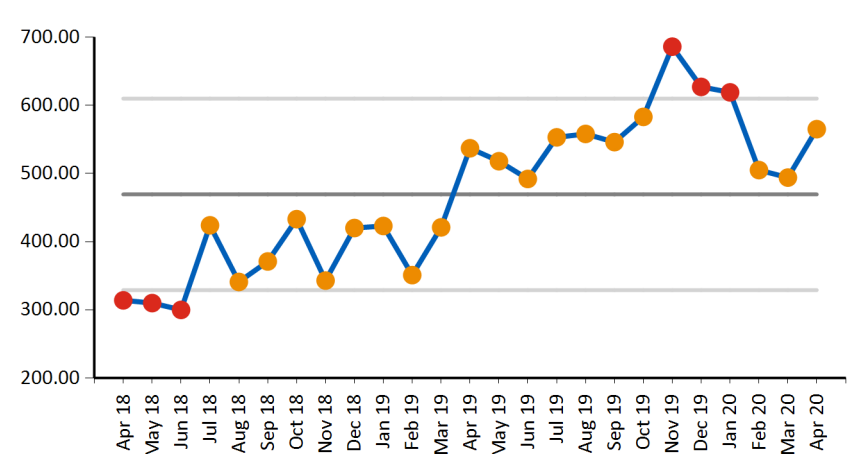
Community

Delayed Transfers of Care and Medically Optimised

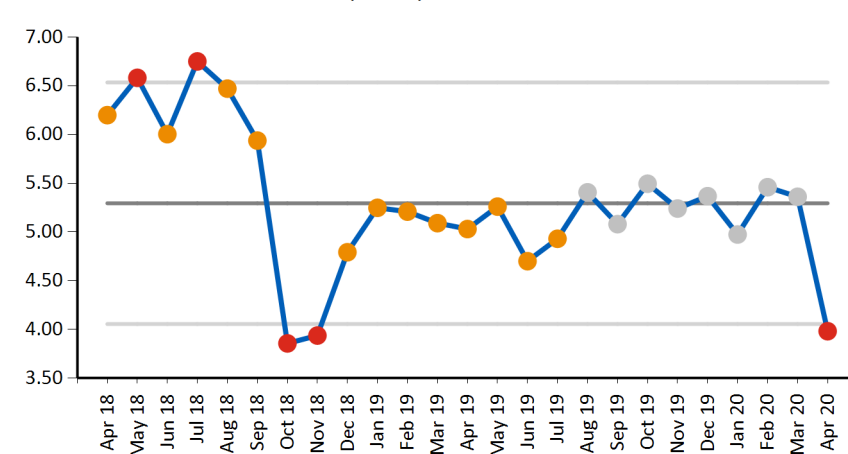
During March the new COVID discharge service requirements were implemented in order to support the freeing up of hospital capacity. This has seen large scale reorganisation of hospital integrated discharge team, hospital therapy services and integrated community health and social care services. The implementation has been effective at significantly reducing both the numbers of people in hospital who are medically optimised and the numbers of people who are experiencing reportable delayed transfers of care.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
334 - Total Deflections from ED	>= 400	565	Apr-20			494	Mar-20	>= 400	565	
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	3.98	Apr-20			5.36	Mar-20	<= 6.00	3.98	
230 - Medically Optimised Numbers	<= 50	11	Apr-20		<= 50	20	Mar-20	<= 50	11	
231 - Medically Optimised Days	<= 209	21	Apr-20		<= 209	226	Mar-20	<= 209	21	

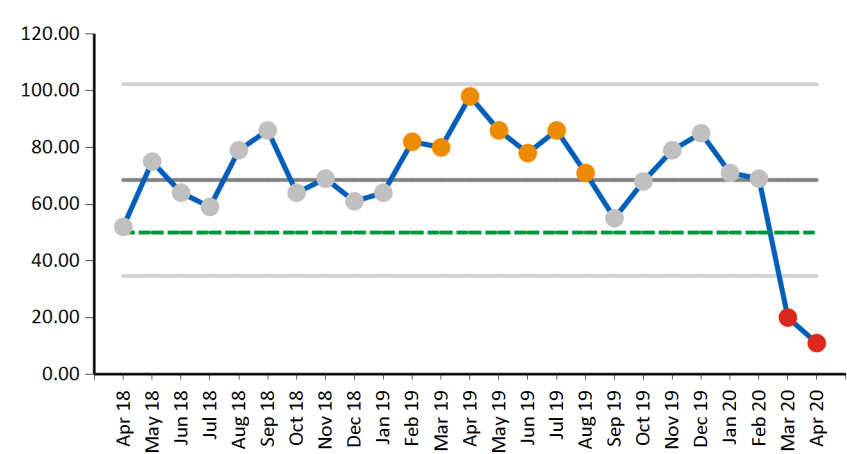
334 - Total Deflections from ED



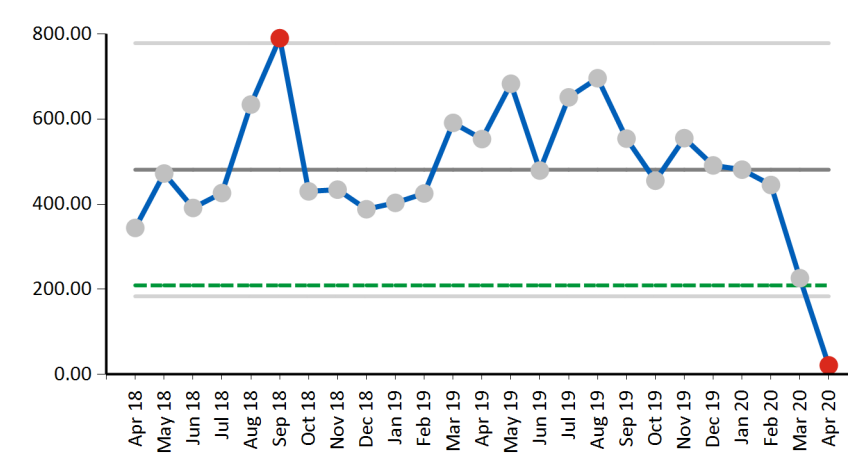
335 - Total Intermediate Tier LOS (weeks)



230 - Medically Optimised Numbers



231 - Medically Optimised Days









Sickness, Vacancy and Turnover

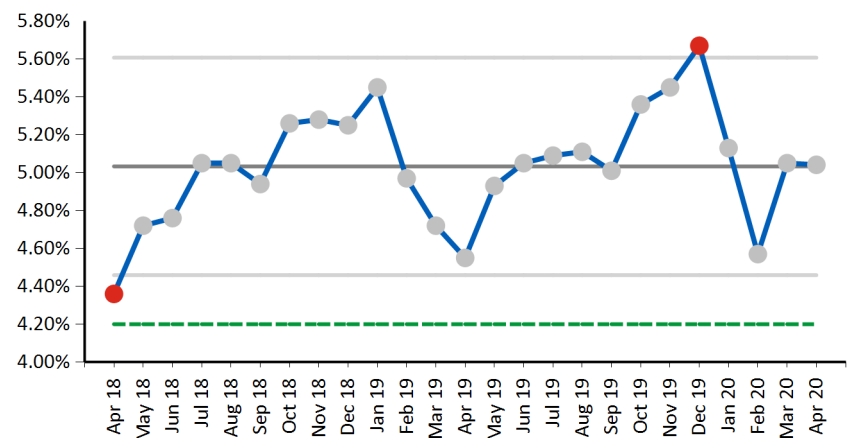
Board members will note that the sickness rate has remained static. Of note though the sickness absence figures noted do not include those on sick leave due to Covid (currently 51 staff), furthermore the number does not include those staff that are shielding (221). Daily reports on total unavailability are presented to the Executive team (and wider organisation) on a daily basis. Noted within the Board papers are the Health & Wellbeing measures that are being taken to support our staff at this difficult time.

Performance on the recruitment & retention metrics remains strong. The Workforce Assurance Committee is sighted on the high level of recruitment activities that have been taking place during the Covid period (along with assurance that Safe Employment measures are being undertaken). Strong partnership working between the Divisional & Workforce Teams is evident which is supporting this positive position.

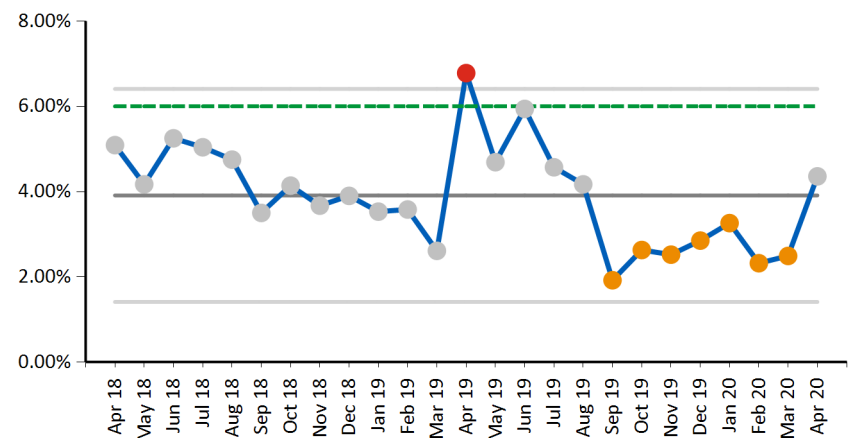
The number of investigations over 8 weeks remains low. Board members are advised from a separate paper that revised Employee Relations processes have been agreed with the Trade Union organisations and by Gold command.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
117 - Sickness absence level - Trust	<= 4.20%	5.04%	Apr-20		<= 4.20%	5.05%	Mar-20	<= 4.20%	5.04%	
120 - Vacancy level - Trust	<= 6%	4.36%	Apr-20		<= 6%	2.49%	Mar-20	<= 6%	4.36%	
121 - Turnover	<= 9.90%	10.85%	Apr-20		<= 9.90%	10.51%	Mar-20	<= 9.90%	10.85%	
366 - Ongoing formal investigation cases over 8 weeks		1	Apr-20			1	Mar-20		1	

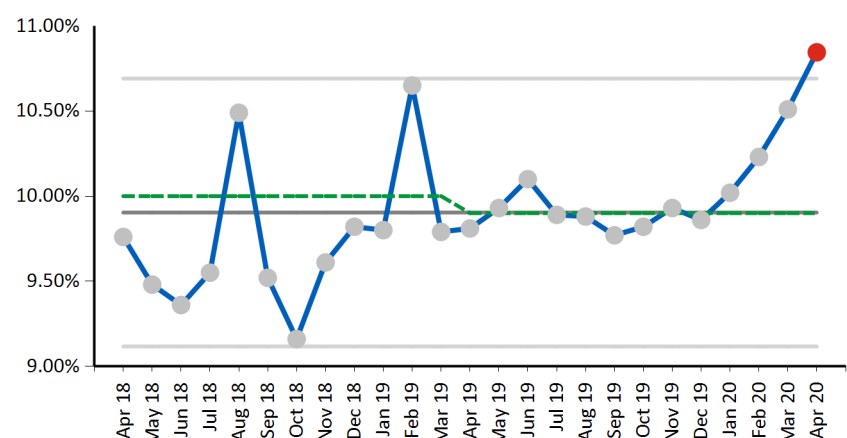
117 - Sickness absence level - Trust



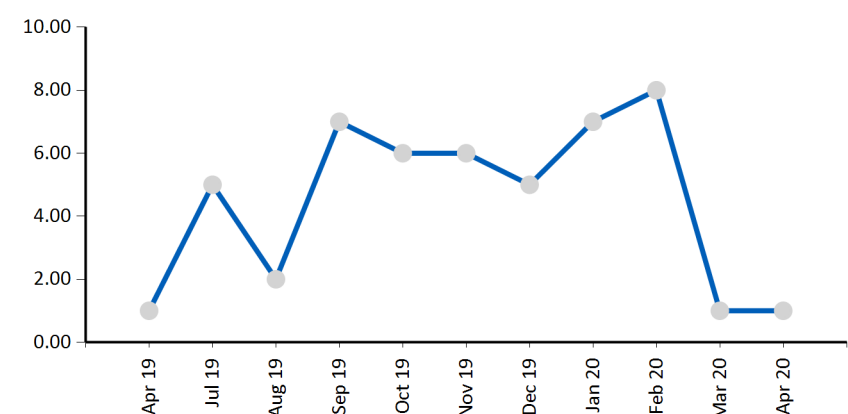
120 - Vacancy level - Trust



121 - Turnover











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



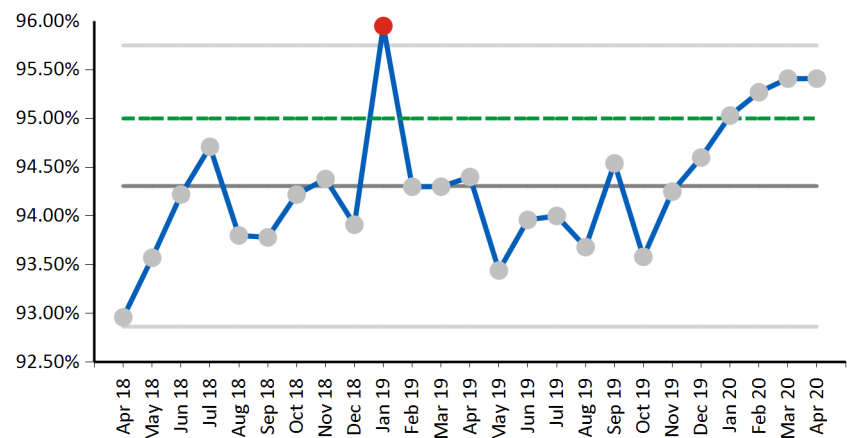
Organisational Development

The OD indicators remain strong, with Mandatory Training, Statutory Training above target. There has been a dip in the number of Appraisal being undertaken which, whilst this is understandable and may continue for the next few months, that said the OD team is working with the Divisions on potential recovery actions that can be taken. As previously noted there have been made as to how we manage key training matters during the Covid period, Board members can be assured that safety remained the key consideration in any changes that have been made..

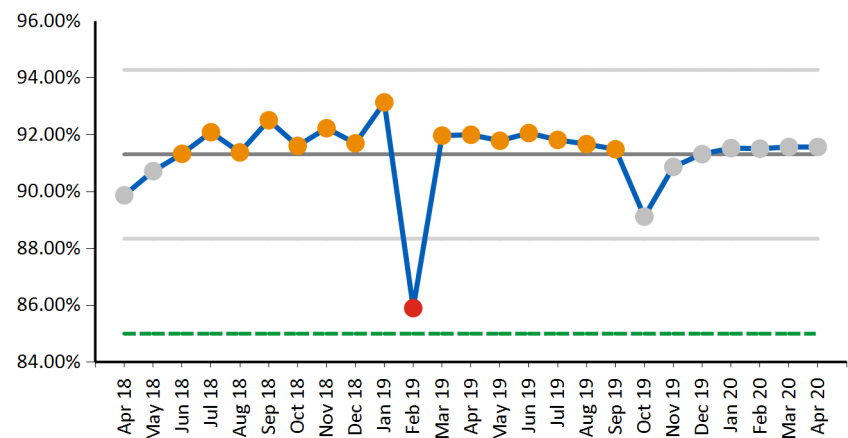
NHS Staff Survey – At the last meeting the Board received an update on the NHS Staff Survey findings and next steps. Quarter 3 data is taken directly from the NHS Staff Survey. We benchmark very positively in Greater Manchester (joint top for Acute Trusts') and in the top 25% nationally.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
37 - Staff completing Statutory Training	>= 95%	95.4%	Apr-20		>= 95%	95.4%	Mar-20	>= 95%	95.4%	
38 - Staff completing Mandatory Training	>= 85%	91.6%	Apr-20		>= 85%	91.6%	Mar-20	>= 85%	91.6%	
39 - Staff completing Safeguarding Training	>= 95%	96.93%	Apr-20		>= 95%	96.79%	Mar-20	>= 95%	96.93%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	76.9%	Apr-20		>= 85%	82.4%	Mar-20	>= 85%	76.9%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	70.0%	Q3 2019/20		>= 66%	78.5%	Q2 2019/20	>= 66%		
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	66.0%	Q3 2019/20		>= 80%	74.9%	Q2 2019/20	>= 80%		

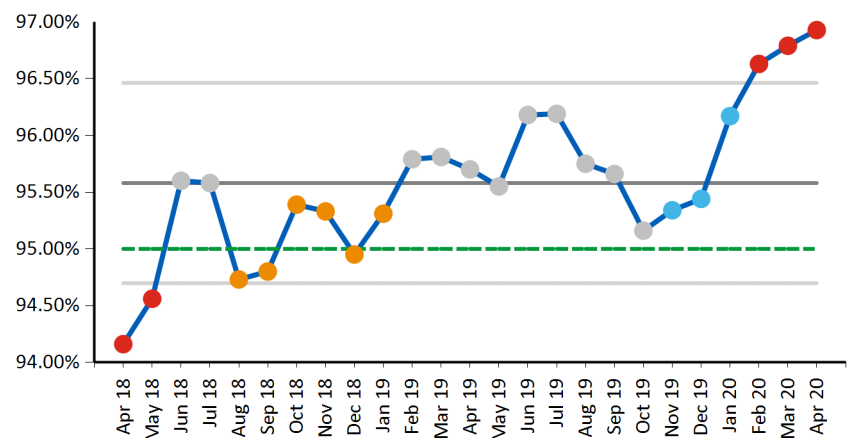
37 - Staff completing Statutory Training



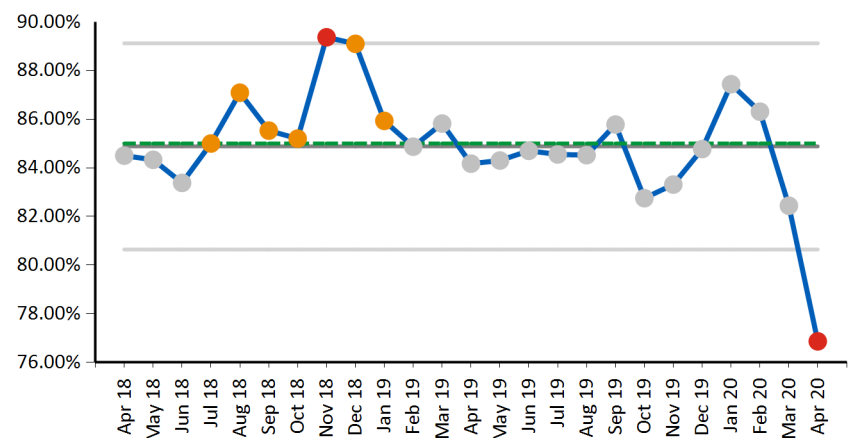
38 - Staff completing Mandatory Training



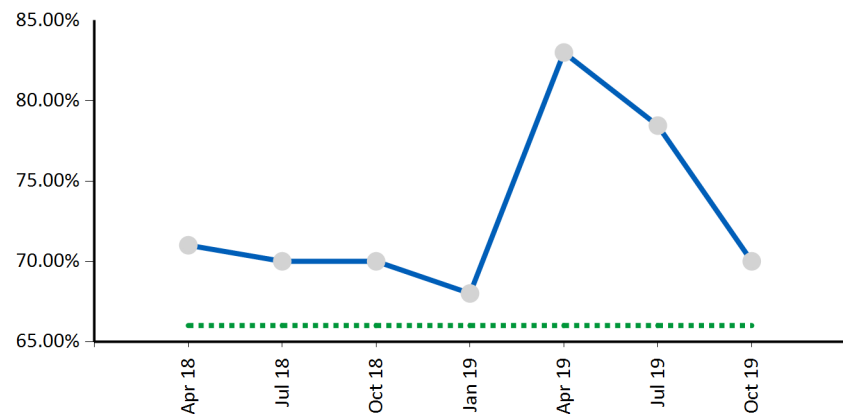
39 - Staff completing Safeguarding Training



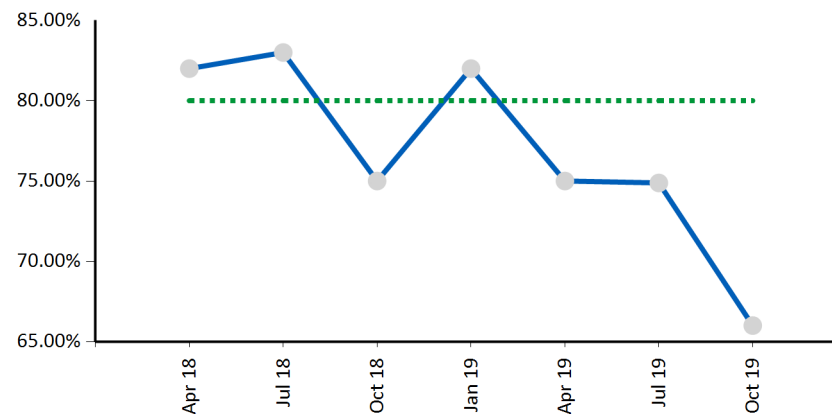
101 - Increased numbers of staff undertaking an appraisal



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









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

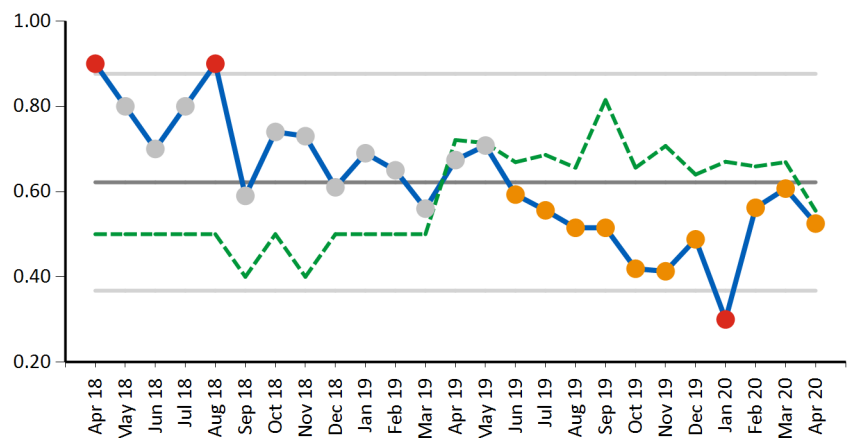


Agency

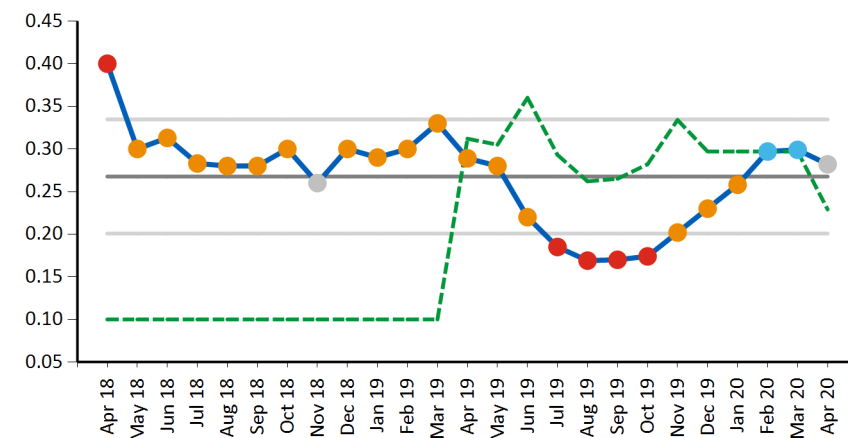
Colleagues will note the in-month Agency spend remains below the Trust's forecast. As would be expected the two areas of greatest spend being Nursing, Medical. Given the Covid period then it is not surprising that there has been an increase in the amount of Nursing Agency staff given the workforce challenges.. The Trust continues to benchmark very favourable on Agency spend when compared to peer organisations for % Agency spend versus overall pay.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
198 - Trust Annual ceiling for agency spend (£m)	<= 0.56	0.53	Apr-20		<= 0.67	0.61	Mar-20	<= 0.56	0.53	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.23	0.28	Apr-20		<= 0.30	0.30	Mar-20	<= 0.23	0.28	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.25	0.10	Apr-20		<= 0.30	0.23	Mar-20	<= 0.25	0.10	

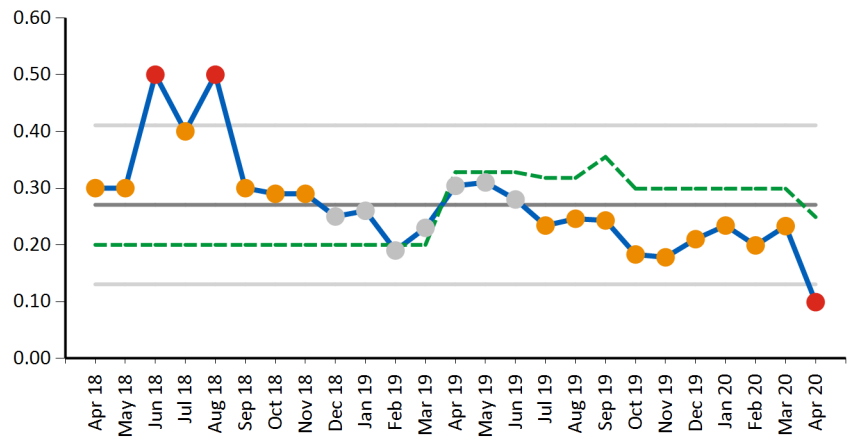
198 - Trust Annual ceiling for agency spend (£m)



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



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



Finance

Revenue Performance - The position for the month overall was break even after £1.9m of additional top up income was requested. The normal financial rules have now been suspended due to Covid. Once we return to BAU, discussions with NHSI will need to resume on how to bridge the gap to control total of £17.8m as set out in the draft plan submitted in March.

Cost Improvement - Cost improvement requirements are currently suspended.

Variable Pay - We spent £2.3m on variable pay in month 1 compared to a monthly average spend in 2019/20 of £1.7m. The deterioration is Covid related. However, this includes a good performance on agency staffing costs of £0.5m compared to an internal plan of £0.6m.

Capital Spend - We spent £0.3m during month 1 including Covid items. Our plan for the year was originally set at £8.6m, but this has been revised down to £7.6m following a request from NHSI to scale back non Covid capital spend.

Cash Position - We had cash of £41.4m at the end of the month. This is due to cash payments from CCGs being made in advance and a healthy year end balance.

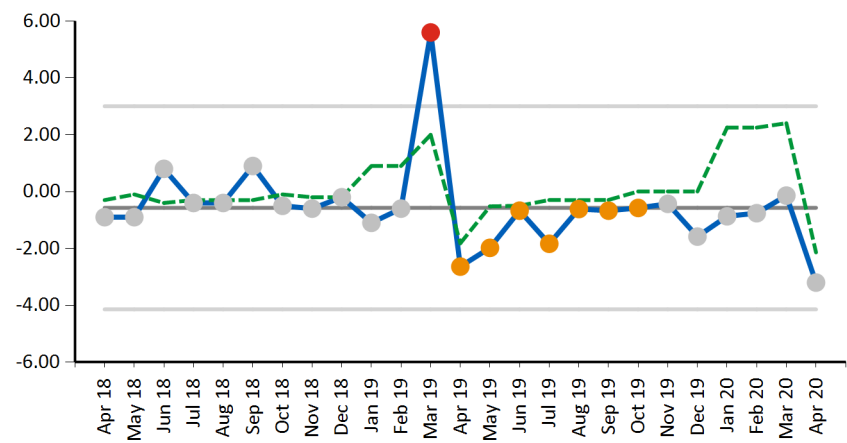
Better Payment Practices Code - We paid 94.8% of our invoices within 30 days. This is the strongest performance in years.

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

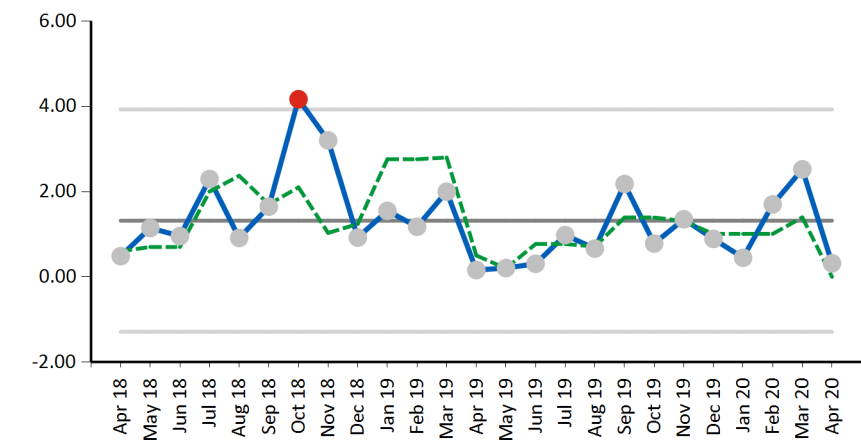
Risks - With the normal regime suspended, the financial risks mainly relate to shortfalls in top up income and PDC to meet Covid costs. There is also a risk that there is a loss of focus on cost improvement due to the change in the financial regime.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= -2.1	-3.2	Apr-20		>= 2.4	-0.1	Mar-20	>= -2.1	-3.2	
222 - Capital (£ millions)	= 0.0	0.3	Apr-20		>= 1.4	2.5	Mar-20	= 0.0	0.3	
223 - Cash (£ millions)	= 0.0	41.4	Apr-20		>= 18.5	17.0	Mar-20	= 0.0	41.4	
224 - Use of Resources	= 0	0	Apr-20		<= 1	3	Mar-20	= 0	0	

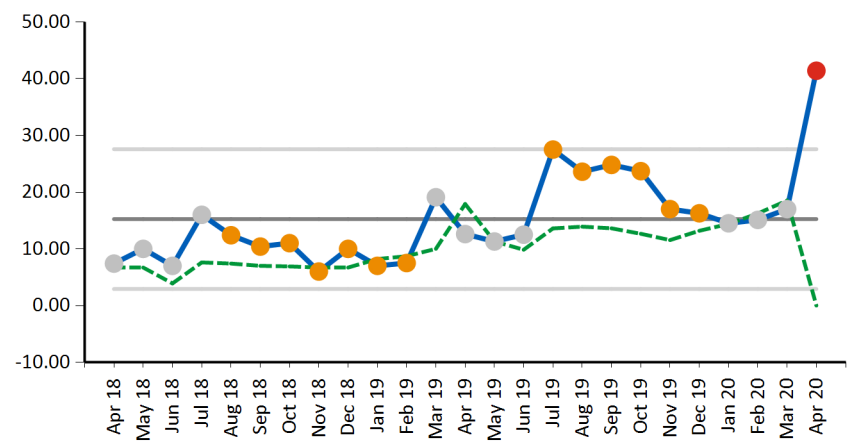
220 - Control Total (£ millions)



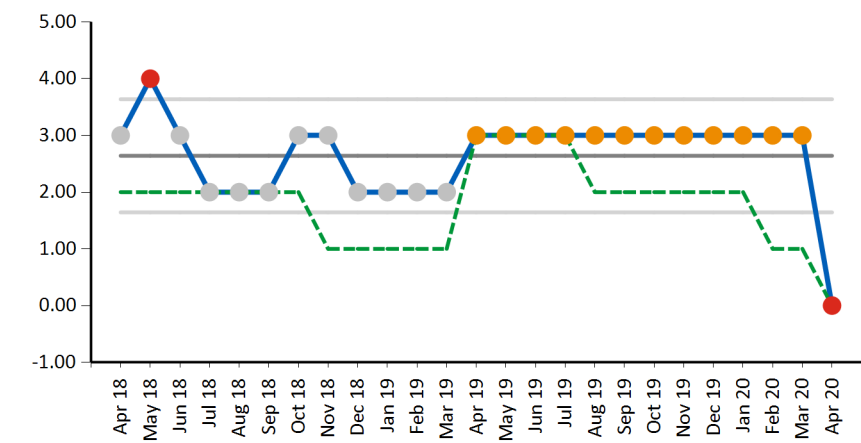
222 - Capital (£ millions)



223 - Cash (£ millions)



224 - Use of Resources



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 Division													
	Indicator	Target	Avondale and Chorley old Road	Brightmet & Little Lever	Crompton with Egerton & Dunscair	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westhoughton	Evening Service	Treatment Rooms	Overall
	Hand Washing Compliance %	Target = 100%		100.0%	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	99.72%
	Monthly New pressure Ulcers (Grade 2)	Target = 0	1	4	0	1	0	2	1	0	3	2	0		14
	Monthly New pressure Ulcers (Grade 3)	Target = 0	0	0	0	0	0	2	0	0	0	0	0		2
	Monthly New pressure Ulcers (Grade 4)	Target = 0	0	0	0	0	0	0	0	0	0	0	0		0
	PU due to lapses in care	Target = 0	0	0	0	0	0	0	0	0	0	0	0		0
Audit	Monthly KPI Audit %	Target = 95%	98.21%	98.79%	99.13%	97.26%	95.86%	98.31%		95.32%	98.47%	96.08%	98.56%	94.6%	95.66%
	BoSCA Overall Score %	w=<55%, B>55%, S>75%, G>90%	92.41%	94.93%	91.10%	87.07%	95.95%	91.42%	96.15%	97.55%	91.74%	97.11%	96.93%	87.10%	93%
	BoSCA Rating		platinum	platinum	gold	silver	platinum	platinum	gold	gold	platinum	platinum	gold	silver	gold
Patient Experience	Friends and Family Response Rate %	Target = 30%													
	Friends and Family Recommended Rate %	Target = 97%													
	Number of Complaints received	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0
Staffing & Workforce	Current Budgeted WTE														0.00
	Actual WTE In-Post														0.00
	Actual WTE Worked														0.00
	Pending Appointment														0.00
	Current Budgeted Vacancies (WTE)														0.00
Staff Development	Sickness (Mar-20) (%)	Target is < 4.2%	0.5%	0.0%	4.5%	2.2%	4.1%	0.0%	0.0%		0.5%	9.2%	4.4%	13.2%	3.0%
	Substantive Staff Turnover Headcount	Target is < 10%	8.7%	0.0%	9.8%	57.1%	0.0%	20.0%	12.5%		11.8%	20.0%	12.3%	12.7%	17.3%
	12 month Appraisal	Target = 85%	100.0%	85.7%	85.7%	71.4%	75.0%	100.0%	84.6%		64.7%	100.0%	71.4%	92.6%	79.71%
	12 month Statutory Training	Target = 95%													
	12 month Mandatory Training	Target = 85%													

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



Model Hospital

Bolton NHS Foundation Trust

Finance & Use of Resources

Summary of data on effective use of resources including expenditure, cost improvement programmes and SOF finance scores. Supports Use of Resources assessments.

Report Date: 21 May 2020

The Model Hospital website: <https://model.nhs.uk>

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Single Oversight Framework

Understand performance on Single Oversight Framework monthly finance scores, based on monthly returns from providers.

Data period: latest available at the time of generating this report

Peer group: 'My Region'

The Finance Score		Data period	Trust value	Performance band description
Single Oversight Framework segment		Feb 2020	<div><div></div> Targeted support offer</div>	(amber / green)
The finance score		Feb 2020	<div><div></div> 3</div>	
Financial Sustainability		Data period	Trust value	Performance band description
Capital service capacity - value		Feb 2020	<div><div></div> 0.37</div>	In quartile 2 - Mid-Low 25% (blue)
• Capital service capacity - SOF Score		Feb 2020	<div><div></div> 4</div>	
Liquidity (days) - value		Feb 2020	<div><div></div> 5.65</div>	In quartile 4 - Highest 25% (blue)
• Liquidity (days) - SOF Score		Feb 2020	<div><div></div> 1</div>	
Financial Efficiency		Data period	Trust value	Performance band description
Income and expenditure (I&E) margin - value		Feb 2020	<div><div></div> -2.14%</div>	In quartile 2 - Mid-Low 25% (blue)
• Income and expenditure (I&E) margin - SOF score		Feb 2020	<div><div></div> 4</div>	










Financial Controls	Data period	Trust value	Performance band description
Distance from financial plan - value	Feb 2020	 -4.21%	In quartile 1 - Lowest 25% (blue)
<ul style="list-style-type: none">Distance from financial plan - SOF score	Feb 2020	 4	
Distance from agency spend cap - value	Feb 2020	 14.00%	In quartile 3 - Mid-High 25% (blue)
<ul style="list-style-type: none">Distance from agency spend cap - score	Feb 2020	 2	















Use of Resources Framework

Compare performance on core metrics used in Use of Resources assessments, a framework developed by the Care Quality Commission and NHS Improvement.

Data period: latest available at the time of generating this report

Peer group: 'My Region'

Current Rating (from most recent assessment)	Data period	Trust value	Performance band description		
Assessment Rating: Use of Resources	Apr 2020	 Good	(amber / green)		
Clinical Services	Data period	Trust value	Performance band description	Peer median	National median
Pre-procedure elective bed days	Q4 2019/20	 0.14	In quartile 3 - Mid-High 25% (amber / red)	0.14	0.11
Pre-procedure non-elective bed days	Q4 2019/20	 1.02	In quartile 4 - Highest 25% (red)	0.80	0.63
Did not attend (DNA) rate	Q4 2019/20	 8.82%	In quartile 4 - Highest 25% (red)	7.18%	6.91%
Emergency Readmission 30 days	Q4 2019/20	 8.02%	In quartile 4 - Highest 25% (red)	7.10%	7.09%
Clinical Support Services	Data period	Trust value	Performance band description	Peer median	Benchmark value
Top 10 Medicines - % Delivery of Savings Target Achieved to Current Month	To Nov 2017	 73%	Below the benchmark (red)	N/A	100%
Overall cost per test	2018/19	 £1.80	In quartile 2 - Mid-Low 25% (amber / green)	£1.68	£1.94
People	Data period	Trust value	Performance band description	Peer median	National median
Staff retention rate	Feb 2020	 88.1%	In quartile 3 - Mid-High 25% (amber / green)	87.7%	86.4%
Sickness absence rate	Feb 2020	 5.02%	In quartile 4 - Highest 25% (red)	5.03%	4.49%
Medical staff cost per WAU		NO DATA AVAILABLE			
Nursing staff cost per WAU		NO DATA AVAILABLE			
(Annual Accounts estimate) AHP cost per WAU		NO DATA AVAILABLE			

Corporate services, procurement, and estates and facilities		Data period	Trust value	Performance band description	Peer median	National median
Finance function cost per £100m turnover (comparison within sector)		2018/19	 £643.56k	In quartile 2 - Mid-Low 25% (amber / green)	£643.56k	£653.29k
HR function cost per £100m turnover (comparison within sector)		2018/19	 £870.62k	In quartile 2 - Mid-Low 25% (amber / green)	£953.60k	£910.73k
Corporate services, procurement, and estates and facilities		Data period	Trust value	Performance band description	Peer median	National median
Estates & Facilities Cost (£ per m2)		2018/19	 £288	In quartile 1 - Lowest 25% (green)	£322	£377
Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)		Q2 2019/20	 47	In quartile 2 - Mid-Low 25% (amber / red)	60	57
Finance		Data period	Trust value	Performance band description		
Capital service capacity - value		Feb 2020	 0.37	In quartile 2 - Mid-Low 25% (blue)		
Liquidity (days) - value		Feb 2020	 5.65	In quartile 4 - Highest 25% (blue)		
Distance from agency spend cap - value		Feb 2020	 14.00%	In quartile 3 - Mid-High 25% (blue)		
Income and expenditure (I&E) margin - value		Feb 2020	 -2.14%	In quartile 2 - Mid-Low 25% (blue)		
Distance from financial plan - value		Feb 2020	 -4.21%	In quartile 1 - Lowest 25% (blue)		
Legacy cost per WAU metrics		Data period	Trust value	Performance band description	Peer median	National median
Total pay cost per WAU		2017/18	 £2,434	In quartile 4 - Highest 25% (red)	£2,367	£2,180
• Substantive Medical staff cost per WAU		2017/18	 £412	In quartile 1 - Lowest 25% (green)	£451	£533
• Substantive Nursing staff cost per WAU		2017/18	 £967	In quartile 4 - Highest 25% (red)	£845	£710
• Substantive AHP staff cost per WAU		2017/18	 £184	In quartile 4 - Highest 25% (red)	£144	£130
Total non-pay cost per WAU		2017/18	 £1,058	In quartile 1 - Lowest 25% (green)	£1,225	£1,307

About the peer group referenced in this report

Peer group

Your trust is benchmarked against the peer group My Region

Trusts in your NHS England and NHS Improvement region







Peer group members

University Hospitals of Morecambe Bay NHS Foundation Trust	Lancashire Teaching Hospitals NHS Foundation Trust
Manchester University NHS Foundation Trust	Liverpool University Hospitals NHS Foundation Trust
Wrightington, Wigan and Leigh NHS Foundation Trust	East Cheshire NHS Trust
East Lancashire Hospitals NHS Trust	Wirral University Teaching Hospital NHS Foundation Trust
Cheshire and Wirral Partnership NHS Foundation Trust	Christie NHS Foundation Trust
Greater Manchester Mental Health NHS Foundation Trust	Mid Cheshire Hospitals NHS Foundation Trust
Blackpool Teaching Hospitals NHS Foundation Trust	North West Ambulance Service NHS Trust
Countess of Chester Hospital NHS Foundation Trust	Tameside and Glossop Integrated Care NHS Foundation Trust
South Tyneside NHS Foundation Trust	Bolton NHS Foundation Trust
Lancashire Care NHS Foundation Trust	Walton Centre NHS Foundation Trust
Salford Royal NHS Foundation Trust	City Hospitals Sunderland NHS Foundation Trust
Clatterbridge Cancer Centre NHS Foundation Trust	Wirral Community NHS Foundation Trust
North West Boroughs Healthcare NHS Foundation Trust	Liverpool Women's NHS Foundation Trust
The Pennine Acute Hospitals NHS Trust	Alder Hey Children's NHS Foundation Trust
Pennine Care NHS Foundation Trust	St Helens and Knowsley Teaching Hospitals NHS Trust
Liverpool Heart and Chest Hospital NHS Foundation Trust	Royal Liverpool and Broadgreen University Hospitals NHS Trust
University Hospital of South Manchester NHS Foundation Trust	Bridgewater Community Healthcare NHS Foundation Trust
Stockport NHS Foundation Trust	Southport and Ormskirk Hospital NHS Trust
Central Manchester University Hospitals NHS Foundation Trust	Mersey Care NHS Foundation Trust
Liverpool Community Health NHS Trust	North Cumbria University Hospitals NHS Trust
Warrington and Halton Hospitals NHS Foundation Trust	

Colour meanings

The Model Hospital uses colour to indicate a trust's performance relative to a national median or other benchmark. Different colours represent quartiles of the national data set or your trust's position on a red-amber-green scale.

For some metrics a relatively low value, putting the trust into Quartile 1, would indicate a weak performance, but for other metrics a low value can indicate a strong performance. The colour coding helps you understand whether low values should be interpreted as weak or strong.

	Green	Either <ul style="list-style-type: none">Lowest quartile, where low represents best productivityHighest quartile, where high represents best productivityPerformance better than benchmark, in a chart using a red-amber-green scale
	Amber/green	Either <ul style="list-style-type: none">Mid-low quartile, where low represents best productivityMid-high quartile, where high represents best productivity
	Amber/red	Either <ul style="list-style-type: none">Mid-high quartile, where low represents best productivityMid-low quartile, where high represents best productivity
	Amber	Performance approaching benchmark, in a chart using a red-amber-green scale
	Red	Either <ul style="list-style-type: none">Highest quartile, where low represents best productivityLowest quartile, where high represents best productivityPerformance below benchmark, in a chart using a red-amber-green scale
	Blue	We have not judged whether a high or low quartile is more desirable.