



30 April 2020, 11:30 to 14:00
Boardroom

Agenda

1. Welcome and introductions



01. Agenda Board meeting April 2020.pdf

(2 pages)

2. Apologies

3. Declarations of Interest

4. Minutes of the meeting held on 26th March 2020



04. March 2020 BoD minutes.pdf

(4 pages)

5. Actions



05. Copy of Board actions March 2020.pdf

(1 pages)

6. Matters Arising

7. Chair Welcome

8. CEO Report



08. CEO report April 2020 v3.pdf

(4 pages)

9. QA Chair Report



09. QA Committee Chair report April 2020.pdf

(1 pages)

10. F&I Chair Report 28th April 2020



10. F&I Chair Report - April 2020 - FINAL.pdf

(3 pages)

11. Audit Committee Chair Report 28th April 2020



11. Audit Committee Chair Report April.pdf

(2 pages)

12. Covid Command Structure



ToR Covid-19 command structure.pdf

(4 pages)

13. Impact of Gold

14. Workforce Deployment and Support



14. Workforce & Organisational Development actions that have been taken during the Covid period - BoD 30.04.20.pdf

(6 pages)

15. Covid Assurance Framework

16. Medical Examiner Role



16. Medical Examiner proposal Trust Board Paper April 2020 v1.2.pdf

(5 pages)

17. Covid-19 Organisational Recovery, Transformation and Strategic Delivery



17. Recovery transformation and strategy plan Board.pdf

(1 pages)

18. Integrated Performance Report



18. Trust Board Report Final M12 V1.pdf

(58 pages)

19. Any Other Business

Bolton NHS Foundation Trust – Board Meeting 30 April 2020

Location: Boardroom

Time: 11.30

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
11.30	1.	Welcome and Introductions	Chairman	verbal	
	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
	4.	Minutes of meeting held 26 March 2020	Chair	Minutes	To approve the previous minutes
	5.	Action sheet	Chair	Action log	To note progress on agreed actions
	6.	Matters arising	Chair	Verbal	To address any matters arising not covered on the agenda
11.35	7.	Chair's Welcome	Chair	Verbal	To receive a report on current issues
Safety Quality and Effectiveness					
11.40	8.	CEO Report	CEO	Report	To receive a report on any reportable issues including but not limited to SUIs, never events, coroner reports and serious complaints
11.50	9.	QA Committee Chair Report	QA Chair	Chair Report	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
12.00	10.	F & I Committee Chair Report	F&I Chair	Chair Report	F&I Chair to provide a summary of assurance from the Finance Committee escalate any items of concern to the Board
12.10	11.	Audit Committee Chair Report	Audit Chair	Chair Report	Audit Chair to provide a summary of assurance from the Audit Committee escalate any items of concern to the Board
Covid-19 Pandemic Response					
12.15	12.	Covid Command Structure	Dir Corp Gov	Report	To approve the structure
12.20	13.	Impact of Covid	COO	Presentation	To receive and note the presentation
12.45	14.	Workforce deployment and support	Dir Workforce	Report	To receive and note

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
12.55	15.	Covid Assurance Framework	Dir Corp Gov	Report	To receive and note
13.05	16.	Medical Examiner Role	Medical Director	Report	To approve the recommendations
13.15	17.	Covid-19 Organisational Recovery, Transformation and Strategic Delivery	Dir Strategic Transform	Report	To approve the proposed approach to recovery
13.45	18.	Integrated Performance Report	COO	Report	To discuss the metrics on the integrated performance report
13.55	19.	Any other business			
Questions from Members of the Public					
	20.	To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting.			
Resolution to Exclude the Press and Public					
	21.	To consider a resolution to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted			

Break

Meeting Board of Directors Meeting
Time 11.30am
Date 26th March 2020
Venue WebEx

Present:-

Mrs D Hall	Chair	DH
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
Mrs F Noden	Chief Executive Elect	FN

Apologies Dr J Bene

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 27th February 2020

The minutes of the meetings held on 27th February 2020 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. **Covid-19 Update**

The Chief Operating Officer provided an update advising there is currently one patient who has tested positive in Critical Care and 30 patients across other wards. There have been three deaths.

71 patients have been tested but their results have not yet been received and one of the main challenges is around obtaining results in a timely manner.

The Trust has procured additional platforms for laboratories which are due to be delivered on Monday 30th March and should be operational by Wednesday 1st April. This will allow further testing and obtain results in one hour. It will also allow the Trust to begin testing key workers.

Currently there are 906 staff with a Covid related absence. A third of these due to them displaying symptoms and the remaining due to someone in the home displaying symptoms, and therefore the household are self-isolating.

Around 2000 staff are absent when annual leave is also taken into account. This is not a significant increase as other sickness related absences are decreasing.

B2 and B4 wards are now closed and the Trust has around 60 – 70 empty beds daily. The level of medically optimised patients in the hospital is as low as it has ever been.

Modelling suggests the peak will be around 12/14 April. Self-isolating is having the desired impact in slowing the spread.

GM has 200 critical care beds but the expansion plan has increased this to 700. There is concern as the predictor indicates GM will require 1700 at the peak.

Staffing challenges will be an issue with absences meaning that there will be around one consultant to every 30 patients and one nurse to every six patients. Therefore there will be potential challenges to quality of care.

There are a number of issues including PPE which is dependent on supply. The Trust has received five different makes/models of FFP3 masks and staff have to be FIT tested on each type of mask that is received.

Concern was raised around the supply of PPE and it was confirmed that many manufactures are from Asia so there may be delays in receiving deliveries. Staff are being advised to comply with PHE guidance on PPE but there is confusion as different medical colleges are giving different advice. There is a stock of aprons, gloves and reusable eye protection. At a national level, the Army are also being brought in to assist with deliveries of PPE and equipment.

Plans are in place to protect key staff by allowing them to work from home, as well as some administrative staff, there are also plans in place to redeploy administrative staff if required.

Capacity for testing staff will increase from next week and then again in April but may need to consider interim measures for testing staff.

Volunteers and donations are being coordinated through Workforce who are also working on the wellbeing agenda for staff.

Plans are in place to fast track retired doctors and nurses back into the

workplace.

The Board of Directors thanked staff for their work at this difficult time.

It is expected we will see GM working more as a system and a further update will be provided after the PFB meeting tomorrow.

It was queried whether, if a staff member is isolating due to a member of their family displaying symptoms, who will be tested the staff member or just their relative. It was confirmed that this detail is currently being worked through.

Staff modelling has been completed based on 20%, 30% and 40% of staff being absent and there is a list of staff who can be redeployed if required. Education and training for these staff is being completed currently.

In response to a query it was confirmed that work is being done on how to retain knowledge and lessons learnt. A recovery plan will also be developed.

Board members discussed iFM and it was confirmed that P Webster is part of the command structure. The Trust will redeploy staff to support iFM if required with a training programme in place to support this and other redeployment.

Resolved: the update was noted.

8. **Finance**

The Director of Finance provided the month 11 financial update advising that the year to date deficit is £12.7m with an expected PSF income of £6.4m subject to GM performance. There is some concern however that Covid may affect income.

It was noted that currently around £0.5m has been spent on the Covid response and this has been submitted to NHSI. The Operational Plan and financial process has currently been suspended along with block contracts for at least the first quarter. All NHS cross charging has also been stopped and the financial year end has been delayed by three days

Board members were advised that confirmation has been received from Bolton University that the Bolton College of Medical Sciences project has been paused due to Covid and discussions are being held with External Audit around this development.

Concern was raised regarding the postponement of the BCMS project and it was advised that this will be reviewed once the current situation around Covid has improved.

9. **Any other business**

Staff Survey

Board members congratulated the Director of Workforce and his team around the excellent staff Survey Results.

Director of Nursing Appointment

The appointment of the Director of Nursing has been delayed and MF will continue in the role until it is possible to go through the recruitment process.

10.

Date and Time of Next Meeting

30th April 2020

March 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	
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	
FT/20/04	30/01/2020	Ward visits	Discussion with iFM re space utilisation and development of Day Rooms	Execs	Jun-20	
FT/19/87	19/12/2019	complaints process	update on complaints and concerns process to QA Committee	MF	Jun-20	
FT/19/85	19/12/2019	Urgent Care Board	update on the people plan to Board	JM	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 group	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/20/01	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
FT/19/73	31/10/2019	performance report	update to QA committee on Breast waiting times	AE	Jul-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 Nurse	Follow up report on dementia care and closing the gap to be included within next dementia update to the QA Committee	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 Assurance Committee workplan	JM	Oct-20	

Key

complete	agenda item	due	overdue	not due
----------	-------------	-----	---------	---------

Agenda Item No:	8
Meeting:	Board of Directors
Date:	30 April 2020

Title:	Chief Executive Report
---------------	------------------------

Purpose	To provide the context for the Board meeting and an update on key current issues for the Board of Directors
----------------	---

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.
---------------------------	---

Previously considered by:	Prepared in consultation with the Executive Team
----------------------------------	--

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
---------------------	--	----------------------	--------------------------------

1. Context

When I interviewed for and was appointed to the position of Chief Executive back in December I did not anticipate joining Bolton NHSFT during the biggest pandemic since the inception of the NHS. The words unprecedented times have perhaps been over used in recent weeks but it is hard to find other words to describe the challenges we continue to face and the actions our staff are taking, working together in extraordinary ways, to support each other and the patients we are here to serve.

I want to say thank you to each and every member of our team for their hard work, commitment and dedication over the past couple of weeks. Everyone has pulled together and gone more than the extra mile or two. This camaraderie has captured the hearts of the communities we serve and we've been inundated with generous offers of support.

You will all have seen and reflected on the very sad news of the loss of NHS colleagues to COVID-19, at the time of writing this includes a member of our own staff – Lourdes, known as Des to her colleagues, worked with us for nearly 13 years, originally on B3, then B2 and, more recently, C4. She was a well-liked and valued member of the team, known for working extremely hard. She was dedicated to patient care and her colleagues respected her quiet, diligent and compassionate approach

Our values of compassion, excellence and openness have come to the fore like never before – our frontline clinical colleagues have been amazing as have the often unsung heroes in supporting roles like our porters, cleaners, supplies and estates teams – all have been incredible.

I feel incredibly privileged and proud to be leading the team and although these are not normal times I am optimistic that we will come through this together stronger than ever before.

2. This month's Board papers

Not surprisingly the majority of papers within this month's Board are focused on providing you the Board of Directors with assurance that we are managing the current situation. This includes an overview of the command and control structure implemented to ensure we have appropriate governance during this outbreak and a summary of the key risks as a result of the pandemic.

We will be providing an update on the key statistics on the impact of COVID-19, an overview of the work done to support our staff and a presentation on our recovery plan.

We recognise the importance of balancing the current pressures with maintaining business as usual, it is imperative that our Board and Committees continue to function – the Board of Directors' workplan has been updated to rebalance key papers whilst still ensuring we maximise the time available to focus on management of the pandemic.

Our draft Annual Governance Statement which will be included in this year's Annual Report is included for discussion within our part two meeting – this will eventually be published within our Annual Report. NHSI have extended reporting deadlines for the Annual Accounts and report, we will be discussing this further within the Audit Committee and are on track to provide you with a draft ahead of our May Board of Directors meeting.

At the time of writing we are looking at ways of opening the part one meeting to the public and we will keep you updated with regard to any changes in the planned approach to this.

3. Awards & Recognition

We have established a new “...for a better Bolton” award which has and will continue to be presented on a daily basis to teams across the Trust to recognise their extraordinary contribution to our work in meeting the challenges of COVID-19.

The award winners so far are:

Critical Care Team	The work they have done to prepare thorough, well thought out and simulated escalation plans which are currently being tested for real as this situation continues.
Integrated Discharge & Therapy Team	For the fantastic job they have done in getting the delayed transfers of care numbers down. They are normally three separate teams – the Integrated Discharge Team, Inpatient Therapists and Intermediate Tier Services. However, they have come together under the banner of the Integrated Discharge and Therapy Team.
Dietetics Team	The way they responded to the need to relocate from N block at short notice. The team adapted quickly to the request while continuing to deliver outstanding services to patients.
COVID-19 Incident Response Team	Their on-going efforts to provide a strategic response to how the Trust manages the pandemic.
Procurement Team	For their outstanding work and rapid response to procuring supplies during this exceptionally difficult period.
Patient Services	For their outstanding work supporting bereaved families during this exceptionally difficult period.
Ward D4	For their work in nursing COVID-19 patients
Heavy Duty Clean Team	From the start of the outbreak they've embraced their role; starting with the cleaning of the COVID-19 Priority Assessment Pod. Well done team.
Ward D2	For their work in nursing COVID-19 patients
Accident & Emergency	For their commitment to the safety of patients and for providing care to COVID-19 patients
Mortuary Team	For their on-going efforts caring for those who have passed away from COVID-19, and their families.
Midwifery Team	For the team taking divers from WWL's maternity unit following the loss of their colleague.
Staff Wellness Support Team	For implementing & co-ordinating an enhanced staff wellness package and co-ordinating and distributing donations to staff.
IT Services Team	For quickly enabling staff to work at home and for colleagues to access meetings through digital solutions.

4.0 Reportable Issues Log

Issues occurring between 19/02/20 and 20/04/20

4.1 Serious Incidents & Never Events

We will be undertaking an investigation into the sad death from COVID-19 of our colleague Lourdes Campbell.

4.2 Red Complaints

We received one complaint which has been rated as red in relation to delayed care due to the long term impact on the patient.

4.3 Regulation 28 Reports

On 28th February, HM Assistant Coroner issued a Regulation 28 to Prevent Future Death which requires the Trust to ensure that guidance regarding vitamin D is reviewed to ensure practice, instructions, monitoring arrangements are robust, in line with national guidelines and followed to 'ensure a consistent and safe approach is adopted' for each patient. The case that this relates to was reviewed as a Serious Incident with the final report approved by the Quality Assurance Committee in accordance with the policy.

4.4 Health & Safety Executive

The Health and Safety Executive have confirmed that they are satisfied with all actions taken by the Trust in relation to sharps and latex – their query which originated from 2018 has now been formally closed.

4.5 Maternity Incidents

One incident reported that meets the CNST requirement for reporting to Board - unexpected admission to NNU for therapeutic cooling. MRI scan was subsequently normal.

4.6 Whistleblowing & Freedom to Speak Up

Our Freedom to Speak up Guardian provides a regular quarterly report to the Workforce Assurance Committee. She has advised that seven members of staff have contacted her to speak up in April. (60 cases reported in total between April 1st 2019 and March 31 2020)

There have been no formal concerns escalated through the Whistleblowing policy.

5 Board Assurance Framework

A COVID-19 Risk Register has been developed and a separate assurance framework summarising the COVID-19 risks, actions, assurance and controls is included within the papers.

Committee/Group Chair's Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	15 th April 2020	Date of next meeting:	30 th April 2020
Chair:	A Thornton	Parent Committee:	Board of Directors
Members present/attendees:	D Hall, F Andrews, M Forshaw, NEDs, E Steel, R Sachs. Representation from the five clinical divisions D Sankey	Quorate (Yes/No):	Yes
		Key Members not present:	F Noden, A Ennis

Key Agenda Items:	RAG	Key Points	Action/decision
The Quality Assurance Committee met by WebEx on Wednesday 15 th May. The meeting which was shorter than normal meetings 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 – naturally these focused 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.	No action required – the Committee noted the reports
SI 139285		The Committee received the final report following a serious incident investigation into a potentially avoidable cardiac arrest where a delay in diagnosing sepsis and an antibiotic prescribing error were identified as contributory factors	Committee members approved the report subject to minor changes for clarity. Committee members discussed the importance of using reports such as this for learning and reflection.
SI 150570		The QA committee received the final report following the investigation into a failure of phones across the Trust as a result of a failed electrical component.	SI report approved - actions to update business continuity plans and continue with the scheduled upgrade of the switchboard noted
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

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	28 th April 2020	Date of next meeting:	26 th May 2020
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Donna Hall, Martin North, Bilkis Ismail, Rebecca Ganz, Fiona Noden, Andy Chilton, Catherine Hulme, Lesley Wallace, Andy Ennis, Annette Walker, Sharon Martin, Mark Costello	Quorate (Yes/No):	Yes
		Key Members not present:	Malcolm Brown, Jackie Njoroge

Key Agenda Items:	RAG	Lead	Key Points	Action/ decision
Month 12 Finance Report		Deputy Director of Finance	<p>The financial position to the end of March 2020 (Month 12), excluding PSF, is a deficit of £12.8m, against a surplus plan of £3.2m, an overall shortfall of £16.0m. 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. This represents a shortfall of £9.2m against the original plan of £9.7m.</p> <p>There is an impairment of £2.6m, relating to fixed assets, which gives a total reported deficit of £2.1m. This does not impact on the operating surplus of £0.5m.</p> <p>After adjusting for the DoH pensions value of £9.7m, s63 Deferred Tax Asset and COVID-19, the main reasons for the control total shortfall are:</p> <ul style="list-style-type: none">Income shortfall of £2.0mExpenditure overspend of £7.7mShortfall on the ICIP of £6.3m <p>In terms of the ICIP for 2019/20, the Trust delivered savings of £9.3m against a target of £16.0m. The shortfall of £6.3m was mainly accounted for by the non achievement of the System Wide savings of £6.0m.</p> <p>Whilst acknowledging the good work that had been undertaken on short term debt, additional focus was requested on overdue debt over 240 days. The £8.0m in aged credit was noted as relating to non-NHS bodies.</p>	For noting
	No assurance – could have a significant impact on quality, operational or financial performance;	Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust		
	Moderate assurance – potential moderate impact on quality, operational or financial performance			
	Assured – no or minor impact on quality, operational or financial performance			

Committee/Group Chair's Report

Month 12 Finance Report (continued)			<p>The Deputy Director of Finance referred to an adjustment that has been made with regard to the tax treatment of leases which has provided a benefit to the Trust.</p> <p>The Deputy Director of Finance confirmed that the Trust will receive the Quarter 4 Provider Sustainability Funding (PSF) monies and in addition the Trust has received £6.4m from the national Financial Recovery Fund (FRF, as a consequence of which the Trust has achieved the surplus of £0.5m for 2019/20.</p> <p>It was noted that the PSF and the FRF are non-recurrent in nature.</p> <p>The final outturn for 2019/20 is subject to audit by the external auditors.</p> <p>The Trust Finance Team were thanked for their efforts in ensuring that the Trust achieved a surplus in 2019/20.</p>	
Cost of Covid		Director of Finance	<p>The Director of Finance set out the details of the costs incurred to date in relation to Covid-19. For March the Trust incurred expenditure of £785.4k, a loss of income of £39.0k and annual leave accrual of £131.5k, giving a total revenue impact of £955.9k. The capital cost incurred was £30.0k.</p> <p>The Director of Finance, in response to questions from the Committee, confirmed that there was a detailed process in place to ensure that all costs going forward are captured so that these can be submitted to NHSI for reimbursement. It was also confirmed that the costs include those incurred by iFM.</p> <p>The Director of Finance provided an update on the financial position for 2020/21. The Committee were advised that the intention is the Trust will operate on a break-even position for the first four months and this will then be reviewed. All the contracts with the CCGs will operate on a block basis and Payment by Results has been suspended to minimise the risk to the Trust. Further details will be sent out to the Committee Members on the full extent of the changes for 2020/21. The Trust is also expecting to receive a Capital Control Total for 2020/21.</p>	For noting

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

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

Committee/Group Chair's Report

Accounts Going Concern Submission		Head of Financial Services	<p>The Head of Financial Services presented the report to the Committee to enable it to confirm that the 2019/20 Accounts have been prepared on a going concern basis. She advised that the Trust had achieved a surplus of £0.5m and had a year end cash position of £17.0m.</p> <p>The Committee agreed that the Accounts for 2020/21 have been prepared on a going concern basis.</p>	For approval
Month 12 iFM Finance Report		iFM Director of Finance	<p>The Director of Finance for iFM reported that iFM had achieved a profit of £492.0k before tax based on overall income of £27.3m. iFM incurred additional costs of £110.0k as a consequence of the impact of Covid which had been included in the Trust's overall Covid costs.</p> <p>The report set out the key performance items relating to the Income and expenditure account.</p> <p>The Director of Finance was thanked by the Committee for the very good financial performance over the course of the year by iFM.</p>	For noting
Any Other Business	N/A		<p>The Trust Chair asked about the overall benefits that had been achieved from working collectively across the Health & Social Care System as a consequence of Covid-19. The Director of Strategic Transformation advised that she would be presenting a full report to the Board of Directors on Thursday but confirmed that a number of benefits had been identified and the Trust would be continuing with the new ways of working and would not return to the previous arrangements.</p>	For noting
Risks escalated There are no new risks to be escalated to the Board.				

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

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

Committee/Group Chair's Report

Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	28 th April 2020	Date of next meeting:	TBC
Chair:	Jackie Njoroge, Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	All required members present	Quorate (Yes/No):	Yes
		Key Members not present:	N/A

Key Agenda Items:	RAG	Key Points	Action/decision
Going Concern Report		Committee members received the report noting that the Trust is now reporting a surplus of £537k due to FRF funding received.	The Committee agreed that the 2019/20 Annual Accounts have been prepared on a going concern basis.
Draft Annual Accounts		The committee noted the presentation outlining the end of year financial position and noted that the draft Annual Accounts will be prepared for the deadline of 11/5 with final submission due on 25/6. Noted IFRS has been deferred by a year due to Covid.	Agreed to move the next Audit Committee meeting from 21 st May to the second week of June in order to meet the updated requirements around the submission of the Annual Report and Accounts.
Draft Annual Report		Production underway Updated guidance received due to Covid advises that the performance analysis and quality account sections are not required but the remainder of the report will remain the same.	Noted that deadline has now also been moved to June 25 2020. The draft report will be circulated to committee members within the next couple of weeks and will be presented at the June meeting.
Draft Annual Governance Statement		Draft Annual Governance Statement noted.	
External Audit Technical Update and Preparation for 2019/20 audit		Committee members received the report noting that the majority of the sector updates relate to Covid.	Agreed to bring register of donations from public and suppliers during Covid to Audit Committee.
Internal Audit Progress Report		Committee members noted the activity since the last meeting and that in light of Covid and lockdown restrictions if has been agreed to defer any further work that had either not yet commenced or if the relevant staff were unavailable and as such there have been a number of changes to the plan.	
Draft 20/21 IA Plan		The draft plan was received noting that this may need to be reconsidered mid-year.	Agreed discussion required at Executive Directors and then to be brought back through Audit Committee.
Budgetary Controls Report		Noted the low risk report and three areas were highlighted for improvement.	

	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

Date Protection and Security Toolkit Review		Committee members received the report noting that the submission date has now been delayed due to Covid.	Assurance required from Chief Informatics Officer that given the extended deadline the Trust will be compliant prior to submission.
Learning from Deaths Committee Report		Committee members received the medium risk report. Concern raised around documentation issues and the high percentage of missed deadlines.	Agreed to ask the Medical Director to attend the next Audit Committee to provide a verbal update on actions taken.
LAFS Workplan		The proposed workplan was discussed and approved.	
LAFS Annual Report		The LAFT Annual Report was received which outlines all of the on-going and closed cases during 2019/20.	
Bolton NHS FT Waivers		Report noted	
iFM Bolton Waivers		Report noted	
Bolton NHS FT Losses		Report noted	
iFM Bolton Losses		No losses within the reporting period.	

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

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

Agenda Item No:	
Meeting:	Board of Directors
Date:	30 April 2020

Title:	Covid Command Structure
Purpose	For Board to approve

Executive Summary:	The Covid Incident Command structure has been established in line with NHS emergency planning protocols and the Trusts Emergency Planning policy to provide strong governance during the Covid-19 pandemic.
---------------------------	---

Previously considered by:	Executive Team
----------------------------------	----------------

Next steps/future actions (please ✓):	The Board is asked to approve the attached structure		
	Discuss		Receive
	Approve		Note ✓
	For Information		Confidential y/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:	Esther Steel Director of Corporate Governance	Presented by:	Esther Steel Director of Corporate Governance
---------------------	--	----------------------	--

Terms of Reference – Covid -19 command structure

1. Authority

The Covid-19 command structure is established by the Board to provide oversight of the Trust's response to the Covid-19 outbreak. The Covid – 19 command structure will continue through the duration of the emergency response programme.

2. Reporting

Action logs will be maintained as a record but not routinely shared outside of the attendees.

Key issues arising from meetings and issues considered to be of Board significance will be reported as necessary to the Trust Board and its Committees.

3. Structure

In line with the Trust's major incident policy a command and control structure has been established as below. Other groups may also be established during the incident, – the structure overleaf shows the reporting line for the incident structure.

Bronze:

Membership

- Deputy Chief Operating Officer (Chair)
- Deputy Director of Infection Prevention and Control
- Emergency Planning Manager (EPRR)
- Director of Corporate Governance
- Representation from each clinical division and corporate team
- Communications
- iFM Bolton

Duties and Responsibilities

- Ensure effective coordination and information sharing between different teams involved in implementation of the response to the Covid – 19 outbreak.
- Discuss challenges or problems arising and identify solutions
- Review and ensure appropriate management of the response, identify and address capacity gaps and put in place actions to deliver an effective response.

Silver:

Membership

- Deputy Chief Operating Officer (Chair)
- Deputy Director of Infection Prevention and Control
- Emergency Planning Manager (EPRR)

- Communications
- Director of Corporate Governance
- Director of Quality Governance
- Senior finance leadership

Duties and Responsibilities

- Consider and respond to risks escalated from Bronze and escalated as appropriate to Gold.
- Provide regular updates to the Executive Team(Gold).
- Coordinate media and communication activities across the Trust in relation to Covid-19.
- Consider the most up to date national and international risk assessments and consider any implications for the Trust's response

Gold:

Membership

- Chief Operating Officer (Chair)
- Chief Executive Officer
- Director of Nursing
- Medical director
- Finance Director
- Director of Workforce
- Director of Strategic Transformation
- Deputy Chief Operating Officer
- Director of Corporate Governance

In attendance

- Emergency Planning Manager (EPRR)
- Deputy DIPC
- Associate Director of Comms
- iFM Leadership team

Duties and Responsibilities

- Ensure effective integration of the emergency response into longer term programmes and overall strategic objectives of the Trust.
- to receive recommendations from Silver and task Silver with operational actions
- Provide a forum for decision-making in response to the Covid-19 outbreak.

4. Meeting Structure

Meetings will be held Monday to Friday during the incident response period as follows:

Bronze 10.00

March 2020

Silver 14.00

Gold 16.30

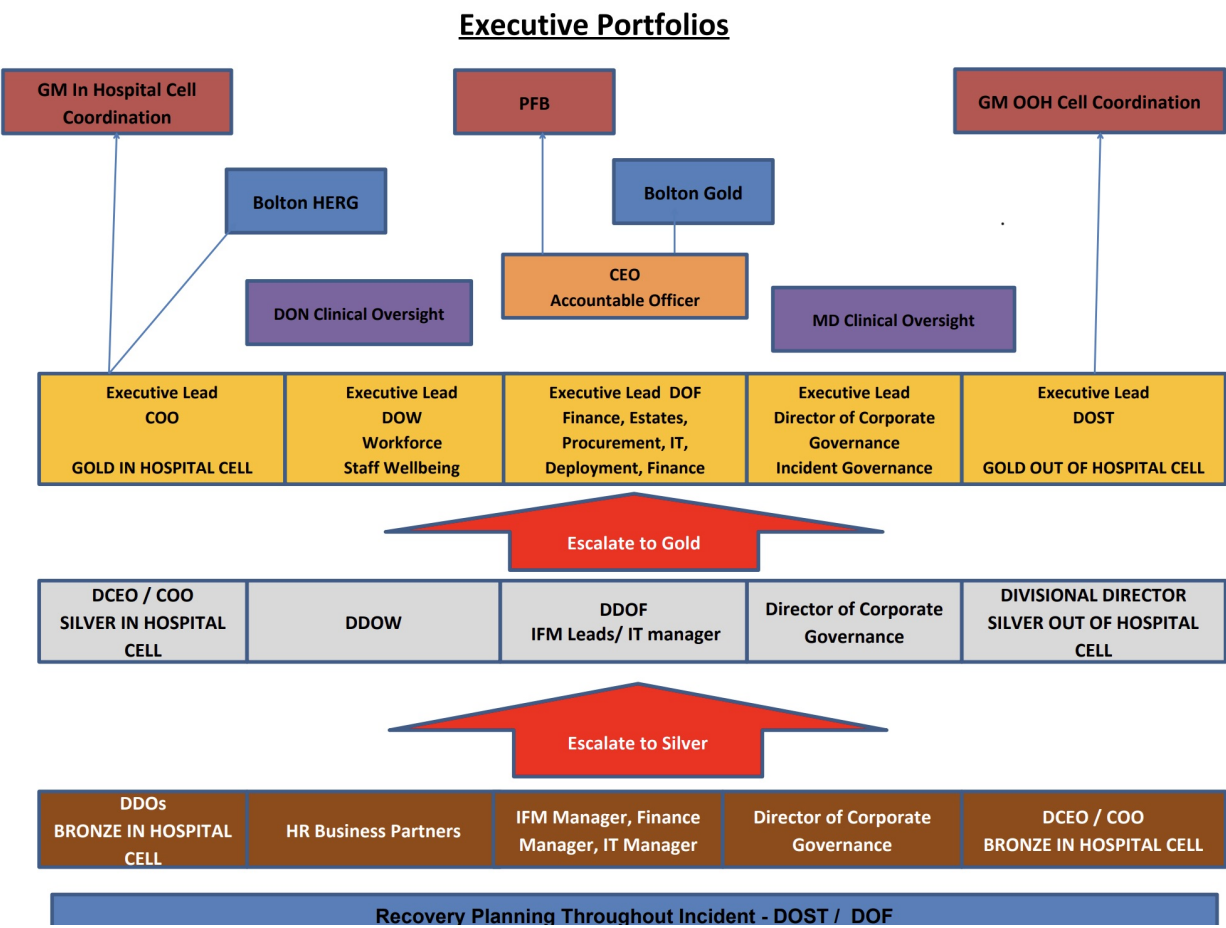
5. Processes

- Summary notes and key action points will be shared with key staff within 24 hours of the meeting.
- Members will be responsible for raising issues on behalf of their teams and for feeding back key messages and actions affecting their teams.

6. Review

The Terms of Reference shall be reviewed as required.

Structure



Agenda Item No:	
Meeting:	Board of Directors
Date:	30 th April 2020

Title:	Workforce & Organisational Development actions that have been taken during the Covid-19 period.
---------------	---

Purpose	<p>This report provides an update on the Workforce & Organisational Development actions that have been taken during the Covid-19 period.</p> <p>The actions taken have all been approved within the Trust's Command structure.</p> <p>It is intended to provide assurance to the Board of Directors that the actions taken are fit for purpose and that traction is being maintained throughout this period.</p>
----------------	--

Executive Summary:	<p>The Board of Directors will note the challenge and 'stretch' detailed within the report and pleasingly significant progress has been made by the organisation in a short space of time. The actions noted in this report are not a work programme for the Workforce/OD department in isolation – it has required a real commitment and input from the whole organisation, particularly those in a leadership position. To this end the steps taken have very much in keeping with the ethos of the organisation being a 'Bolton team'.</p>
---------------------------	---

Previously considered by:	Not applicable as Workforce Assurance Committee has not met in March and April due to Covid-19 pressures (re-commence in May).
----------------------------------	--

Recommendation Please state if approval required or if for information	<p>The Board of Directors are asked to accept this report as assurance that the required progress is being made in respect of delivering Workforce & OD support to the wider organisation during this difficult period.</p>		
	<table border="1"> <tr> <td>Confidential y/n</td> <td>N</td> </tr> </table>	Confidential y/n	N
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:	James Mawrey	Presented by:	James Mawrey
---------------------	--------------	----------------------	--------------

1. Introduction

This report provides an update on the Workforce & Organisational Development actions that have been taken during the Covid-19 period.

The actions taken have all been approved within the Trust's Command structure. It is intended to provide assurance to the Board or Directors that the actions taken are fit for purpose and that traction is being maintained throughout this period.

2. Workforce Supply and deployment

The outbreak has of course created resourcing challenges across the Trust (appendix 1 notes the Covid-19 related absences during this period), and as such the Trust has considered all potential sources of workforce supply.

The following provides an overview of some of the measures that have been taken to increase capacity: Fast-track recruitment processes; rapid re-instatement of ex-employees/retired employees; Increased Bank capacity for both Medical & Non-Medical Staff; Introduced GM approach to enhanced overtime rates; accessed staff 'return to work' programmes for nursing, Medical, AHP, and healthcare scientists; Worked with the GMC and NMC on fast tracking students into clinical practice (nurses, midwives, and foundation doctors); Volunteers from neighboring organisations have supported (CCG, Council, CRVS), along with Bolton residents

3. Wellness and Support

Preserving and protecting the health, safety and wellbeing of staff is critical for the Trust as we respond to the Covid-19 outbreak. A plethora of measures have been put in place to ensure that every effort is made to support the physical and mental wellbeing of our workforce. The following is a brief overview (non-exhaustive) and colleagues will also note the appendices which provide visuals which have been shared with our workforce via various communication channels:-

- Drop-in support clinics at RBH site – delivered by the Trust's Clinical psychology Team
- Set up lavender rooms across the RBH campus and in community buildings – these provide safe & quiet space for staff to take time out and access wellbeing resources
- Employee Assistance Programme – 24/7 telephone counseling and advice line, telephone number – 03303 800658
- Free access to mental health apps including ShinyMind, Headspace, Sleepio, Daylight, etc.
- Vivup, an online wellbeing portal
- Neyber, an online financial wellbeing portal
- Caring for yourself webinars
- Online physical fitness classes delivered by the Trust's gym instructors
- Alternative accommodation if necessary;
- FAQs includes details on NHS discounts and the wonderful support we are receiving from the local businesses and the local community;
- Free staff car parking for 3 months
- Additional changing facilities onsite
- Catering services for staff on wards and hydration stations
- The Staff Wellness Support Team is coordinating the distribution of donated treats and supplies to our staff along with staff wellness information.

In addition, the Trust is giving special recognition to teams for their extraordinary contribution during the pandemic. On a daily basis the Chief Executive is presenting a 'For a Better Bolton' certificate to a deserving team.

The impact of the above has been very positively received by the organisation. Pleasingly the Trade Unions have written to the Executive Team to thank them for the actions being taken.

4. Communicating with staff

The Executive Team has worked very closely with the communications teams to ensure timely, consistent, open and honest communications. Executive Directors have sought to be visible to staff, whether face to face or virtually, to relay key national, regional and local messages and actively listen and respond to staff concerns, questions and rumours.

The following is a brief overview (non-exhaustive):-

- Daily Covid-19 Update providing information relating to operational matters, staff welfare, news and letters of support from the public.
- Chief Executive's – weekly blog.
- A Frequently Asked Questions (FAQs) section on BOB.
- A video message featuring and celebrating staff achievements that also linked with an external campaign.
- Briefing to MPs, councilors.
- Communication to communities.
- Social media.

The new ways of communicating have been very helpful and the Trust is keen to develop further on the steps that have been taken.

5. HR&OD Policies and Procedures

It is not an understatement to say that we have fundamentally changed many of our HR & OD practices. The following is a brief overview (non-exhaustive) of the changes that have been made:- Fast-track recruitment process, fast-track Employee Relations procedures; fast-track induction, fast-track Remuneration processes; fast-track training via improved E-Learning.

The impact of these changes means that we can more readily bring staff into the workplace or reduce the time needed to be away from their normal working environment. Very importantly the Board of Directors can be assured that where changes have been made then these have been agreed at Gold and the appropriate mitigation measures put in place.

6. Terms & Conditions

The Trust (along with other NHS organisations) is committed to following National Terms & Conditions (T&C's) of Service. There has been some central guidance on changes to National T&C's during the Covid-19 period and these have been implemented within the Trust. Where local decisions have been made (minimal) to move away from National T&C's then the Remuneration Committee has been advised.

The Board of Directors can be assured that the overriding principle is that all steps are taken to ensure staff do not feel forced to work if they become unwell and that they are given as much flexibility as is possible, as far as circumstances allow, to help them maintain their health and wellbeing so that they are able to continue to use their skills and experience for patients in the fight against Covid-19.

Where applicable IFM Bolton have implemented changes consistently within their own organisation.

7. Partnership Working

The Trust remains committed to the principles of partnership working and staff involvement. The participation from trade union representatives throughout this period has been very supportive. As previously noted the Trade Unions have written to the executive team to thank them for the actions being taken.

8. The Workforce & Organisational Development Department

New structures for the Workforce & OD function have been implemented to quickly reorganise service delivery around the business critical areas of Redeployment; Recruitment; Attendance; Centralised Helpline; Wellness and Support and Workforce Deployment (bank and agency) and Training and Development readiness.

9. Concluding Comments

The actions noted in this report are not a work programme for the Workforce/OD department in isolation – it has required a real commitment and input from the whole organisation, particularly those in a leadership position.

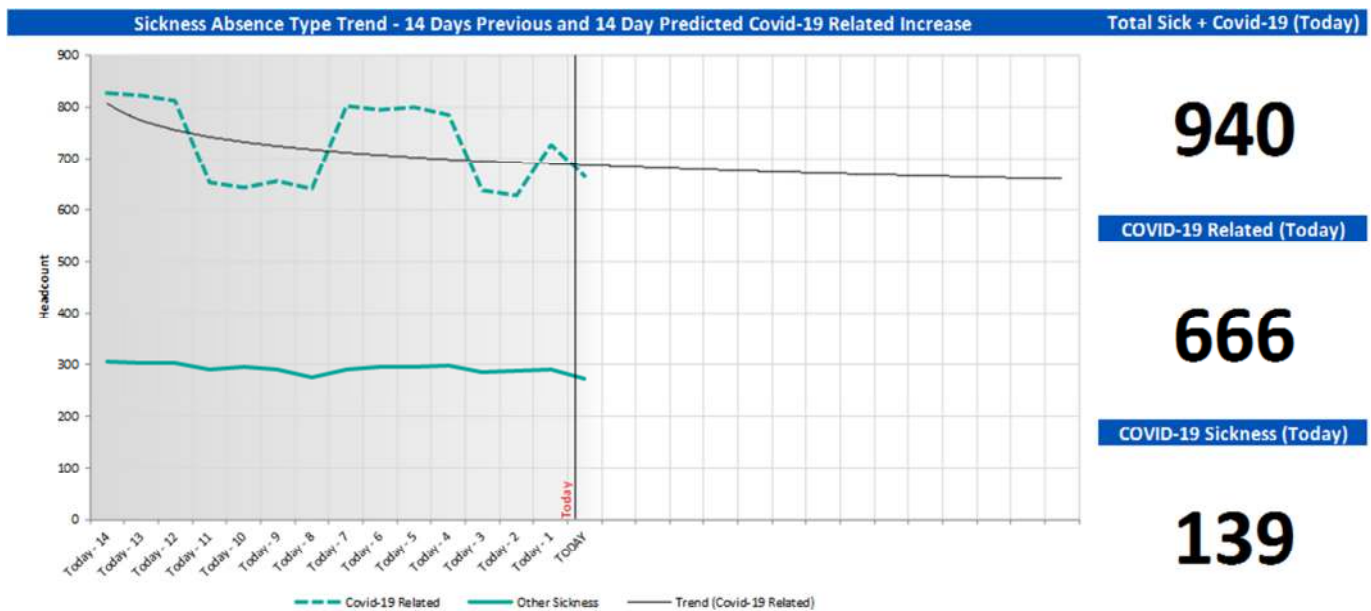
The Board of Directors will have noted the challenge and 'stretch' detailed within the report and pleasingly significant progress has been made by the organisation in a short space of time. To this end the steps taken have very much in keeping with the ethos of the organisation being a 'Bolton team'

The Workforce Assurance Committee will receive a full paper in May regarding the Workforce recovery actions that will be taken in line with the Trust's wider planning.

10. Recommendation

The Board of Directors are asked to accept this report as assurance that the required progress is being made in respect of delivering Workforce & OD support to the wider organisation during this difficult period.

Appendix 1 – Covid-19 Related Absences



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

• ShinyMind App

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

• Headspace App

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

... for a better Bolton

Agenda Item No:	16
Meeting:	Board of Directors
Date:	30/04/2020

Title:	Medical Examiner implementation
--------	---------------------------------

Purpose	To outline the role of the medical examiner and medical examiner officer and explain proposals for the implementation of these posts at Bolton NHS FT.
---------	--

Executive Summary:	Implementation of the medical examiner system is a requirement from NHS Improvement as a precursor to this process becoming statutory in the near future. A description of the new Medical Examiner and medical examiner officer roles is described to support bereaved relatives as well as offering additional independent scrutiny of deaths. The paper highlights appointment, funding and training issues.
--------------------	---

Previously considered by:	Executive Directors
---------------------------	---------------------

Recommendation	Board are asked to approve these recommendations
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	
Negative Impact	Neutral Impact	Positive Impact	

Prepared by:	Francis Andrews Suzanne Lomax	Presented by:	Francis Andrews
--------------	----------------------------------	---------------	-----------------

Introduction to the medical examiner system

Acute trusts in England have been asked by NHS Improvement to begin setting up medical examiner offices to initially focus on the certification of all deaths that occur in their own organisation.

The purpose of the medical examiner system is to:

- provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths
- ensure the appropriate direction of deaths to the coroner
- provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- improve the quality of death certification
- improve the quality of mortality data.

The medical examiner system will also offer a point of contact for bereaved families to raise concerns about the care provided prior to the death of a loved one. This paper is brought to Board directly as the Covid19 pandemic has meant that a temporary medical examiner has meant that a successful temporary medical examiner system has already been put in place.

Medical examiners and medical examiner officers

Medical examiners are senior medical doctors who are contracted for a number of sessions a week to undertake medical examiner duties, outside of their usual clinical duties and trained in the legal and clinical elements of death certification processes. Medical examiner offices at acute trusts will be staffed by a team of medical examiners, supported by medical examiner officers and bereavement officers. It is anticipated that the medical examiners will be drawn from practising or recently retired consultants, SAS doctors or GPs. We would prefer doctors who are independent of the Trust e.g. recently retired or GPs and the permanent role cannot have any conflict of interest. .

The role of these officers is to examine deaths to:

- agree the proposed cause of death and the overall accuracy of the medical certificate cause of death
- discuss the cause of death with the next of kin/informant and establishing if they have any concerns with care that could have impacted/led to death
- act as a medical advice resource for the local coroner
- provide the public with greater safeguards through improved and consistent scrutiny of all non-coronial deaths
- inform the selection of cases for further review under local mortality arrangements and contributing to other clinical governance procedures.

Initially medical examiner officer are being asked to focus on the certification of deaths that occur within the acute trust where they are based. In time, they will be encouraged to work with local NHS partners and other stakeholders to plan how they can increase the service to cover the certification of all deaths within a specified geographical area. This will expand the service to cover deaths in other NHS and independent settings, as well as deaths in the community.

During the non-statutory phase of implementation NHS Improvement along with the Department of Health and Social Care, will collectively support acute trusts to manage the financial impact of establishing and running local medical examiner offices.

The role of the medical examiner officer

Medical examiner officers are responsible for managing the medical examiner office; they manage the cases from initial notification through to completion and communication with the registrar. Medical examiner officers obtain all relevant medical records to allow medical examiners to focus on scrutiny. They are a source of advice and are the constant in the office,

enabling consistency across medical examiners working part-time and from a range of specialties.

A key role is interaction with the next of kin or informant under delegated authority from the medical examiner. Medical examiner officers explain causes of death, answer questions, and respond to concerns raised by the bereaved before the MCCD is issued, discussing these further with the medical examiner where appropriate. Again under delegated authority from the medical examiner, another key role is interaction with the Qualified Attending Practitioner. The medical examiner officer needs to understand medical records, explain the medical examiner's thoughts and rationale, as well as providing advice on terminology and causes of death. Medical examiner officers need to build and maintain effective relationships with other organisations such as care providers, coroners' officer, funeral directors and faith groups. There are parallels with the way coroner's officer's work.

While there is some delegated authority, the medical examiner retains responsibility for scrutiny of each case and for deciding whether referral to the coroner is necessary. National guidance suggests that this would be locally tailored to ensure the best fit, and that Agenda for Change Band 5 or 6 is the correct level for the role. Medical examiner officers will come from a variety of backgrounds; these may include bereavement services, registrars, nurses and other allied health professionals. It is recommended that there is one whole time equivalent medical examiner officer per 1,000 deaths (1.5 WTE for Bolton FT).

Regional and National support for the system

Each NHS region now has a regional medical examiner to support the development of medical examiner officers. Regional medical examiners will oversee the provision of services and provide an independent line of advice and accountability for medical examiners at trusts in their region. There is a national medical examiner for England and Wales, their role is to provide professional and strategic leadership to regional and trust-based medical examiners. The role supports better safeguards for the public, patient safety monitoring and improvement, and informs the wider learning from deaths agenda.

Training

The Royal College of Pathologists has co-ordinated specific on line and face-to-face training for both Medical Examiners and Medical Examiner Officers.

Funding for medical examiners

The medical examiner system has been funded, during the non-statutory period, by the fee paid for a medical examiner completing cremation form 5s (the fee for completing this form will need to be directed to the host site organisation, rather than to the individual medical practitioner), and a top-up from the Department for Health and Social Care via NHS England and NHS Improvement.

Those Trusts who had set up the system already would submit estimated costs for 2019/2020 (all quarters) in a specific template from NHS improvement. A national detailed process has been set up so that Trusts will submit actual figures each quarter, and be reimbursed after each quarter. The NME team performs the year-end reconciliation and confirms the approved costs for the year-end invoice, taking into account the actual figures for the year and the top-up funding paid to date.

However, the most recent January 2020 bulletin from the national medical examiner has advised that this guidance will be revised for the 2020-2021 financial year-but nothing has been updated since then and no details are available.

The major costs are as follows:

5PA for medical examiner role	£53834
1.5 WTE medical examiner officer	£65, 658

If the medical examiner officer is partially or fully recruited from the existing Lead and deputy bereavement officers then this will offset the medical examiner officer cost quoted above.

The system of cremation fees being used offset some costs will likely continue. As summing that 75% deaths result in cremation and 1400 deaths per annum then this would be 1050 cremations per annum. It is proposed that the new cremation fee for the medical examiner system will be £80-100 so the total income from this would be £84,000 to £105,000

We may reclaim for the following additional costs (not yet calculated for Bolton FT):

- A maximum of £750 recruitment costs per medical examiner and medical examiner officer recruited between April 2018 and March 2021. This is per individual, not per full-time equivalent.
- A maximum of £1,300 per annum for office costs, pro-rated to when the office started scrutinising deaths.

It is anticipated that for approximately 3,000 deaths, one whole time equivalent medical examiner (from a pool of varying specialities on a rota) and three whole time equivalent medical examiner officers should provide adequate cover and should be used as a guide to reasonable costs. For Bolton FT this would mean a part time examiner and one and a half full time medical examiner officer equivalents. A question that needs to be resolved is about potential out of hours cover.

Pilot model during Covid

During the Covid pandemic there has been a revision to the death and cremation certification process that requires only one doctor to sign a death and/or cremation certificate and they do not have to be the attending doctor as long as they can understand the care from the notes of the patient's medical care, as long as they were seen by another doctor within 28 days of death. This was to overcome the issue of depleted numbers of medical staff during the Covid19 pandemic being required to sign large numbers of death certificates and keeping them from frontline care. A temporary appointment was made to this role (Dr Malcolm Brown) and this has been very successful in this respect, but also to ensure that relatives are kept informed and have any questions asked, as well as ensuring that appropriate deaths are reported to the coroner.

Plan

Issue	Owner	Actions	Due date	RAG
Business Case	CD palliative care	Draft completed	May 2020	Green
Job description	MD/CD palliative care	To use national templates	May 2020	Amber
Recruitment process	Senior medical staffing manager	To advertise and appoint The coroner will need to be involved in the interview panel	June 2020	Blue
Policy	Deputy Medical Director	To complete process through PDOC	June 2020	Blue
Training	CD palliative Care/Deputy Medical director	To support training and attendance at meetings	June/July 2020	Blue

Blue:	Red:	Amber:	Green:
-------	------	--------	--------

not yet due	overrunning/not delivered	On-going	delivered/completed
-------------	---------------------------	----------	---------------------

Options

1. Do nothing

Although the role is not yet statutory, Trust are clearly expected to implement and adopt a set of arrangements that move away from current (pre-COVID 19) practices in order to meet the purpose goals outlined at the start of the document

2. Implement the system

We would be fully compliant with the requirements from NHS Improvement and would have everything in place to support bereaved relatives when, as anticipated, the roles become statutory. Furthermore the role will act as a robust control measure to ensure accurate and consistent recording of causes of death, which may enable identification of causes of mortality outlier reasons (clinical, administrative, interpretation, coding)

Recommendation

The Trust, on the basis of the successful model piloted during the Covid 19 pandemic look to adopt option 2 ahead of statutory compliance and have in place a model stitched into the organisational governance fabric no later than 31st March 2021.

Conclusion

Although not yet a statutory requirement, NHS improvement are asking all acute providers to implement the medical examiner system by the end of the current financial year. This will be 0.5WTE medical examiner and 1.5 wte medical examiner officer equivalents for Bolton. This will allow independent scrutiny of all deaths and allow bereaved relatives to ask questions and raise concerns and ensure that the right deaths are referred to the coroner to increase public assurance and transparency.

Agenda Item No:	17
Meeting:	Board of Directors
Date:	30 th April 2020

Title:	COVID-19 – Organisational recovery, transformation and strategic delivery
---------------	---

Purpose	This paper describes Bolton NHS FT's approach to recovery, transformation and strategic delivery in response to COVID-19.
----------------	---

Executive Summary:	<p>A Plan to support BFT to recover, transform and deliver our strategy in the wake of COVID-19 has been drafted for discussion and approval by the Board. A work plan is in development and will be led by a new group which will guide us to:</p> <ul style="list-style-type: none"> • Be ready to step-up capacity to manage demand • Support the health and wellbeing of our staff • Prioritise recovery of life-changing services • Maintain changes that have improved how we work • Remain ready to return to the Response phase should this be required • Make it easier for everyone to contribute to the delivery of excellent care <p>BFT is working with colleagues across GM to inform the system-wide approach.</p>
---------------------------	---

Previously considered by:	Exec Team
----------------------------------	-----------

Recommendation Please state if approval required or if for information	<p>The Board is asked to approve the proposed approach and provide comments on the plan as appropriate.</p> <table border="1" data-bbox="1082 1570 1436 1621"> <tr> <td>Confidential y/n</td><td>N</td></tr> </table>	Confidential y/n	N
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	✓
Negative Impact	Neutral Impact	Positive Impact	

Prepared by:	Rachel Noble, Deputy Director of Strategy	Presented by:	Sharon Martin, Director of Strategic Transformation
---------------------	---	----------------------	---

Bolton NHS Foundation Trust

Integrated Performance Report

March 2020

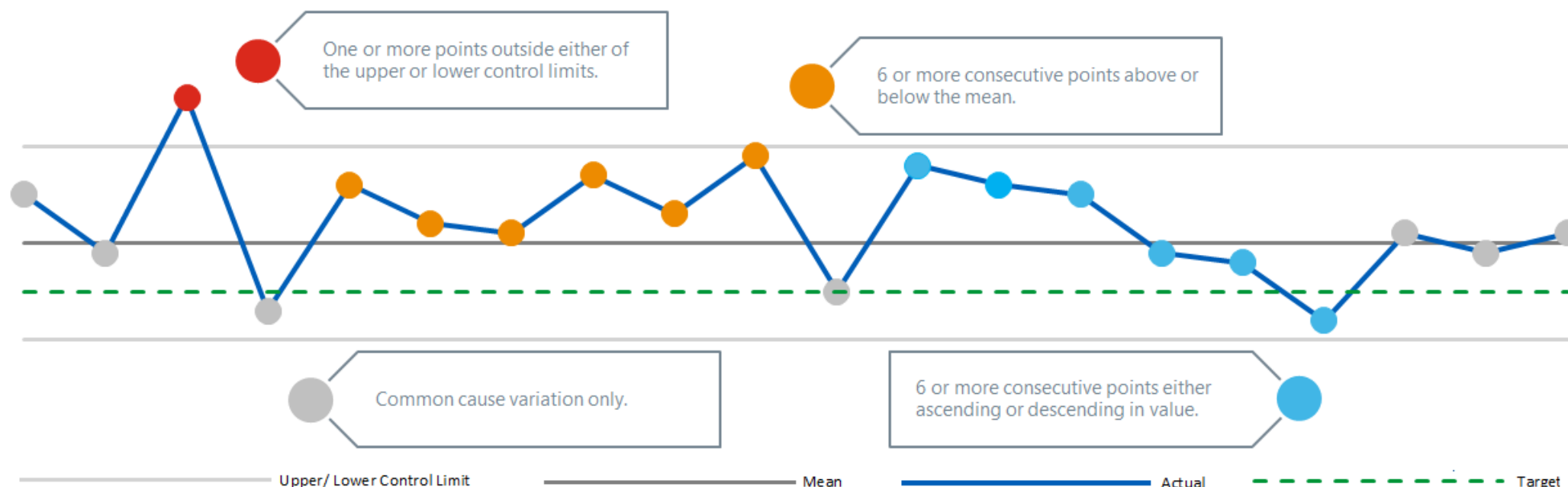
Guide to Statistical Process Control

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.



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				
				
15	0	0	0	0
6	0	1	1	0
2	0	0	1	0
14	0	0	0	2
7	1	1	1	0
5	0	0	4	2
7	1	1	2	1
6	0	0	0	1
2	1	1	0	0
2	0	1	0	0
2	2	0	0	0
0	0	2	1	0
3	1	0	1	0

Assurance		
		
1	0	14
0	0	6
0	1	2
4	0	12
1	0	9
0	4	7
1	1	10
3	0	4
0	1	3
1	1	1
1	0	3
0	0	3
0	1	4

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

In March, there have been eight hospital acquired Category 2 pressure ulcers. This leads to us meeting our target of a reduction in hospital acquired. There were zero Category 3 or Category 4 pressure ulcers developing within the hospital setting in March.













In the community, there was a reduction in Category 2 pressure ulcers to seven, which is the monthly trajectory. There were also five Category 3 pressure ulcers which is over our trajectory for the month, and an increase from the previous month. There were zero Category 4 pressure ulcers in March in the community.

The number of pressure ulcers attributed lapses in care was eight in March, which is above trajectory. Four of these were within the ICSD (3 category 2 and 1 Category 3), three within AACD and one in A&S division.

Falls

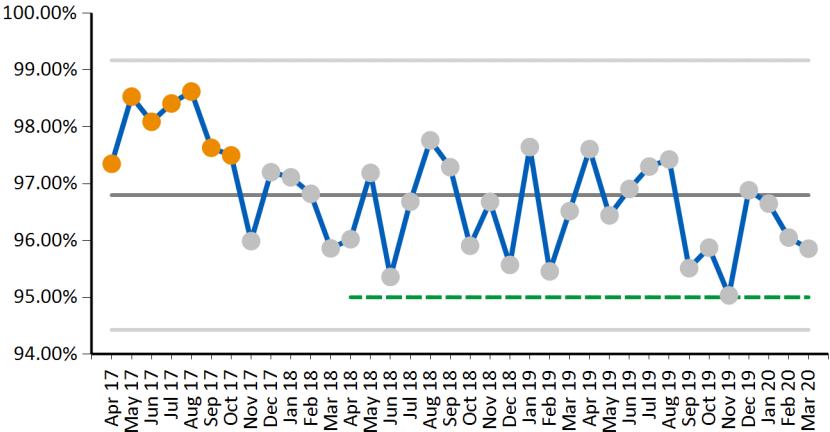
Falls incidents have come down to 91 for the month of March compared to 97 in February. Although the number of falls has reduced, the bed occupancy has significantly altered in March which has impacted this metric showing an overall increase to 6.23%.

Nursing KPI's - Wards/departments/teams were not obligated to return KPI audit data in March due to the Covid 19 outbreak. The apparent rise in overall KPI score is skewed by a smaller than normal number of responses.

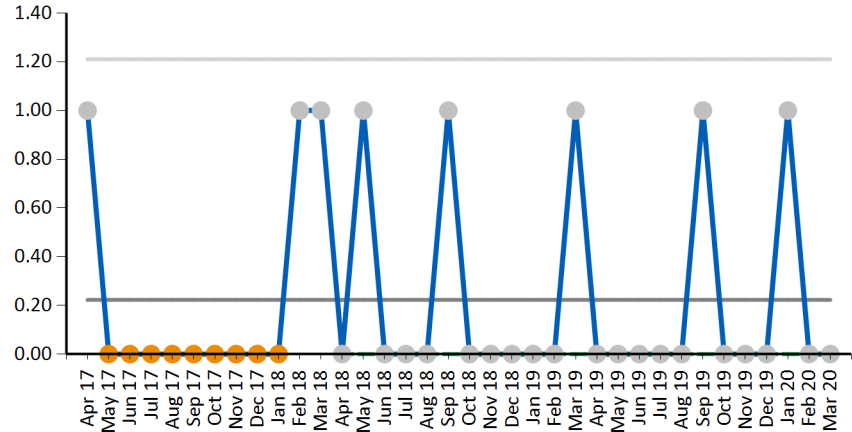
Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	95.9%	Mar-20		>= 95%	96.0%	Feb-20	>= 95%	96.5%	
9 - Never Events	= 0	0	Mar-20		= 0	0	Feb-20	= 0	2	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	6.23	Mar-20		<= 5.30	5.68	Feb-20	<= 5.30	5.46	
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	3	Mar-20		<= 1.6	2	Feb-20	<= 19.2	29	
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	8.0	Mar-20		<= 6.0	8.0	Feb-20	<= 72.0	70.0	
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	0.0	Mar-20		<= 0.5	0.0	Feb-20	<= 6.0	5.0	

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Mar-20		= 0.0	0.0	Feb-20	= 0.0	0.0	
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	7.0	Mar-20		<= 7.0	9.0	Feb-20	<= 84.0	88.0	
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	5.0	Mar-20		<= 4.0	1.0	Feb-20	<= 48.0	37.0	
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	0.0	Mar-20		<= 1.0	1.0	Feb-20	<= 12.0	6.0	
21 - Total Pressure Damage due to lapses in care	<= 6	8	Mar-20		<= 6	8	Feb-20	<= 67	57	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	92.2%	Q2 2019/20		>= 90%	92.2%	Q2 2019/20	>= 90%	92.2%	
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%	90.0%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	80.4%	Mar-20		>= 80%	75.3%	Feb-20	>= 80%	75.1%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	69.1%	Mar-20		>= 72.5%	74.7%	Feb-20	>= 72.5%	65.5%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Mar-20		= 100%	100.0%	Feb-20	= 100%	80.8%	
88 - Nursing KPI Audits	>= 85%	93.7%	Mar-20		>= 85%	90.0%	Feb-20	>= 85%	91.0%	
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days	= 100%	0.0%	Mar-20		= 100%	100.0%	Feb-20	= 100%	255.6%	

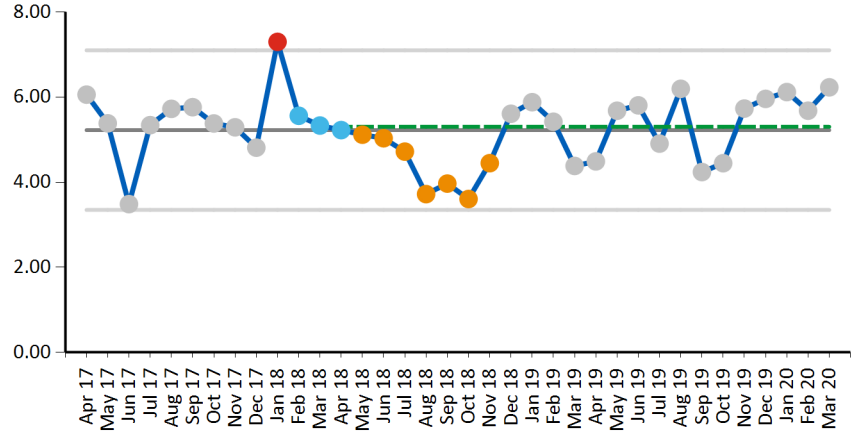
6 - Compliance with preventative measure for VTE



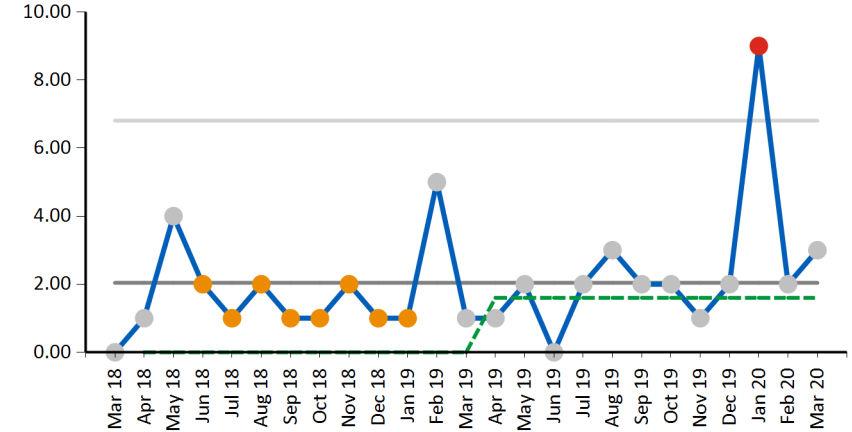
9 - Never Events



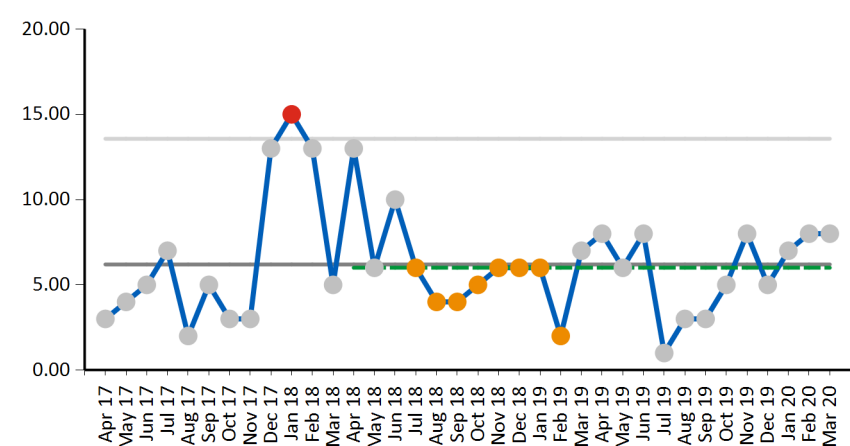
13 - All Inpatient Falls (Safeguard Per 1000 bed days)



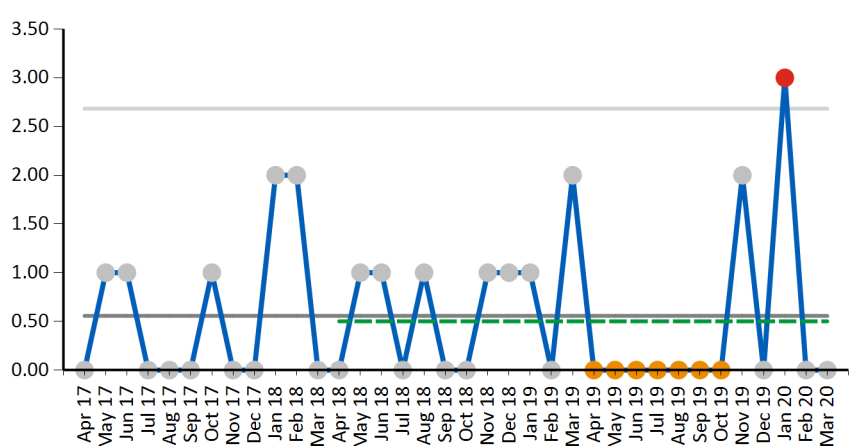
14 - Inpatient falls resulting in Harm (Moderate +)



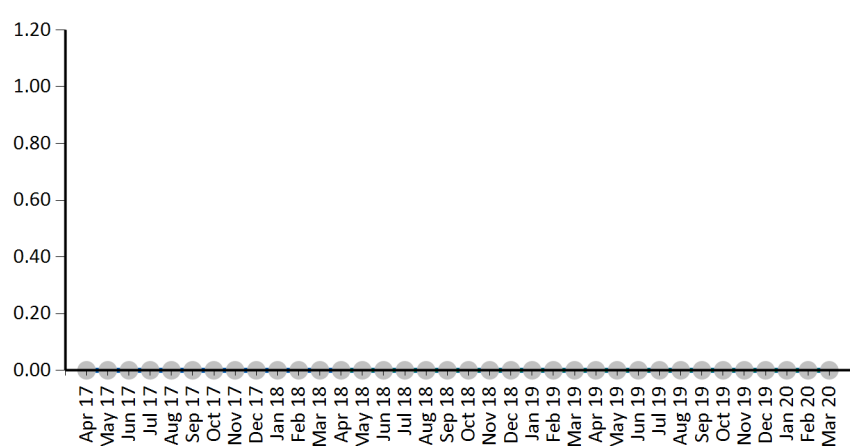
15 - Acute Inpatients acquiring pressure damage (category 2)



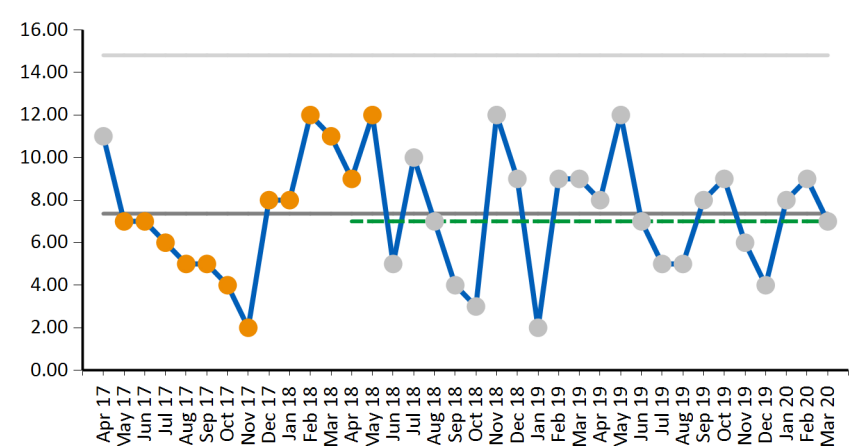
16 - Acute Inpatients acquiring pressure damage (category 3)



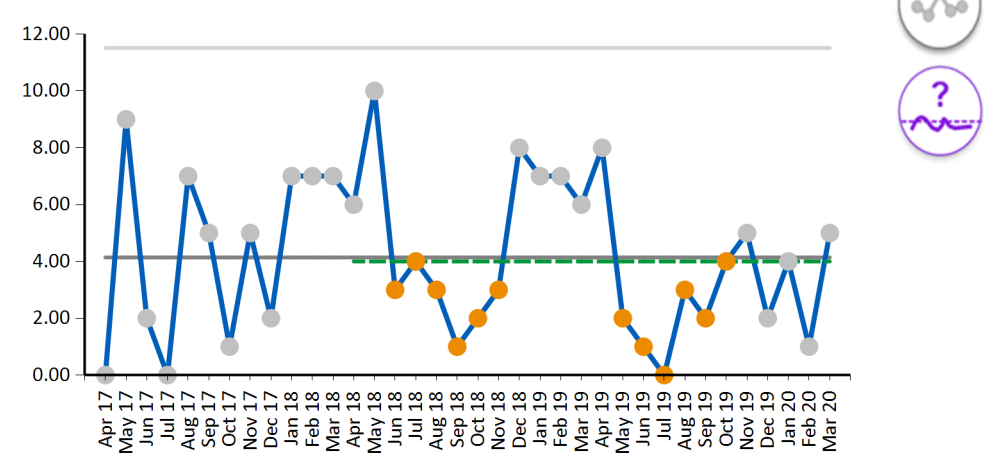
17 - Acute Inpatients acquiring pressure damage (category 4)



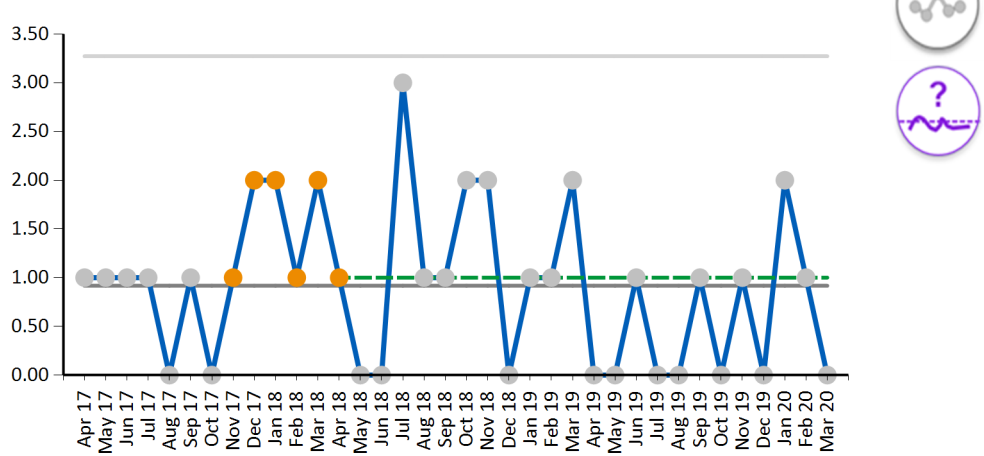
18 - Community patients acquiring pressure damage (category 2)



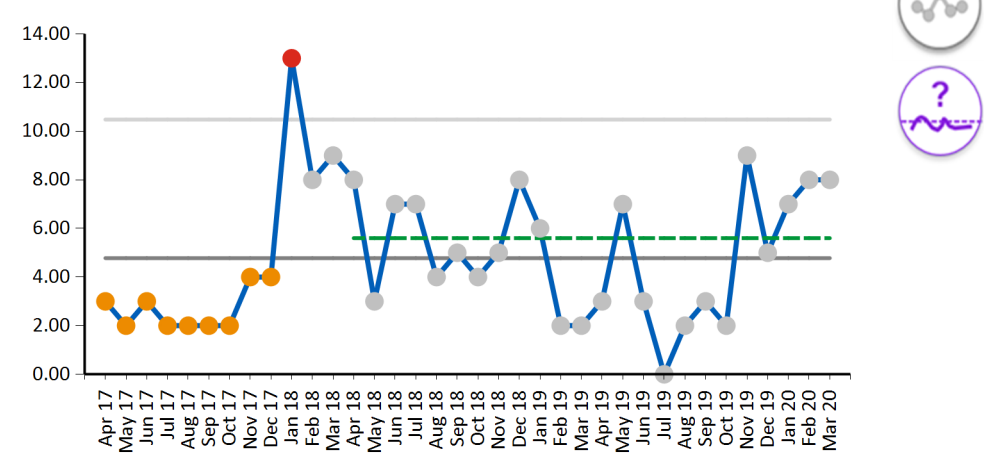
19 - Community patients acquiring pressure damage (category 3)



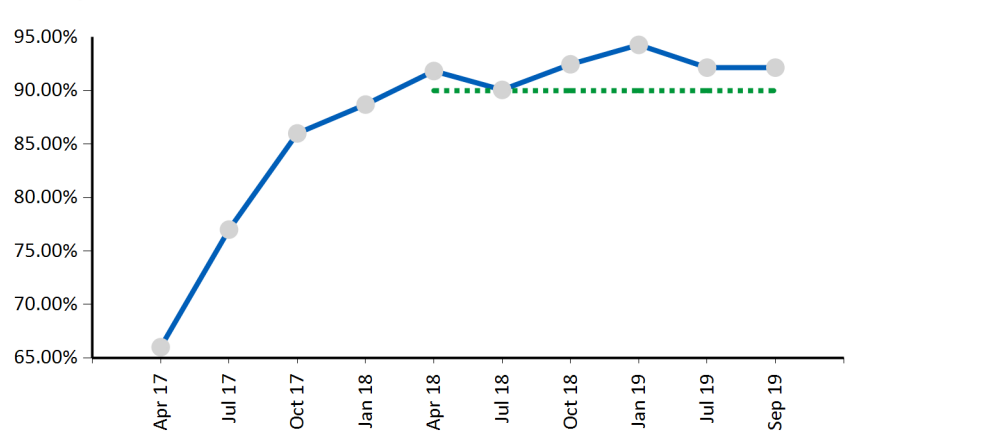
20 - Community patients acquiring pressure damage (category 4)



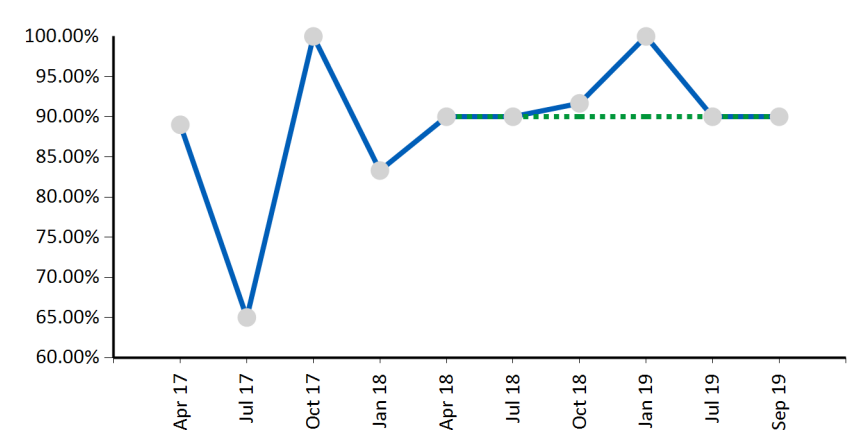
21 - Total Pressure Damage due to lapses in care



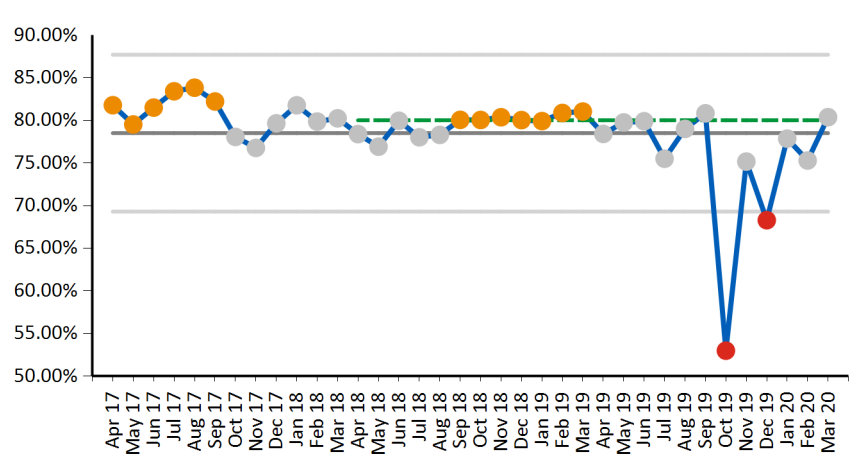
28 - Emergency patients screened for Sepsis (quarterly) - SPC data available after 20 data points



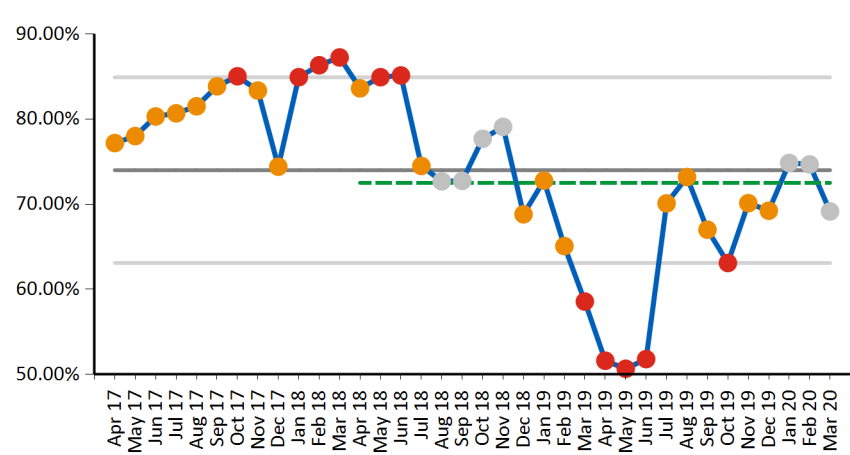
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points



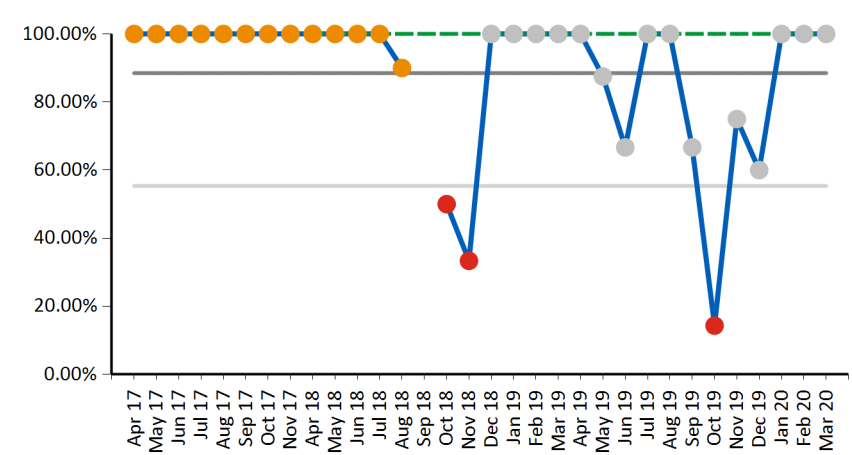
30 - Clinical Correspondence - Inpatients %<1 working day



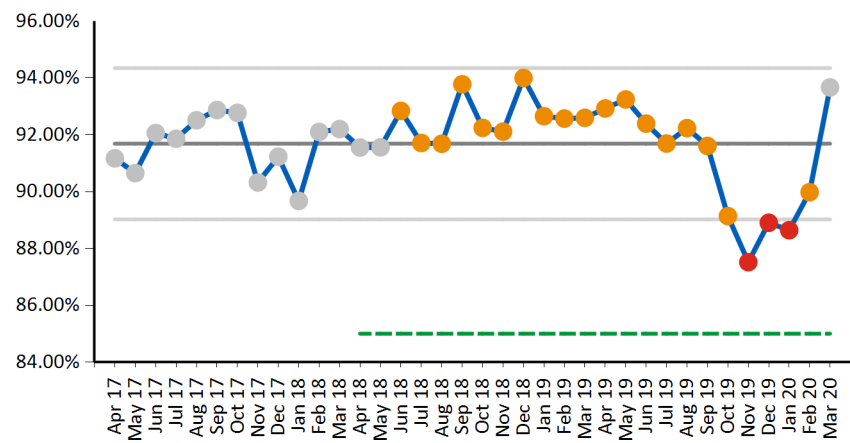
31 - Clinical Correspondence - Outpatients %<5 working days



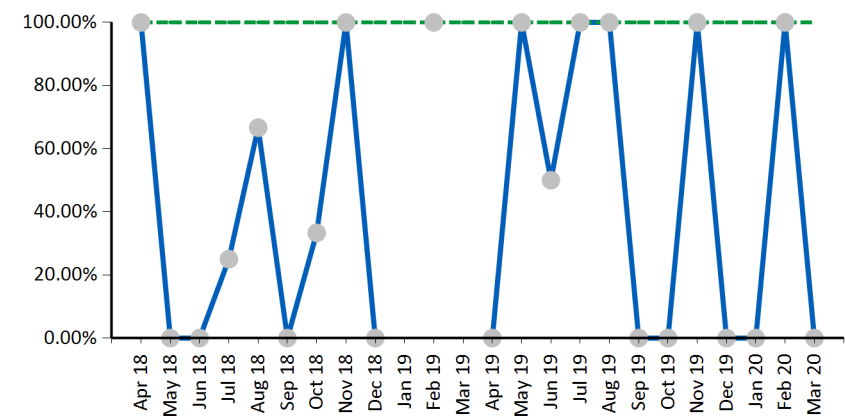
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance



88 - Nursing KPI Audits

















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

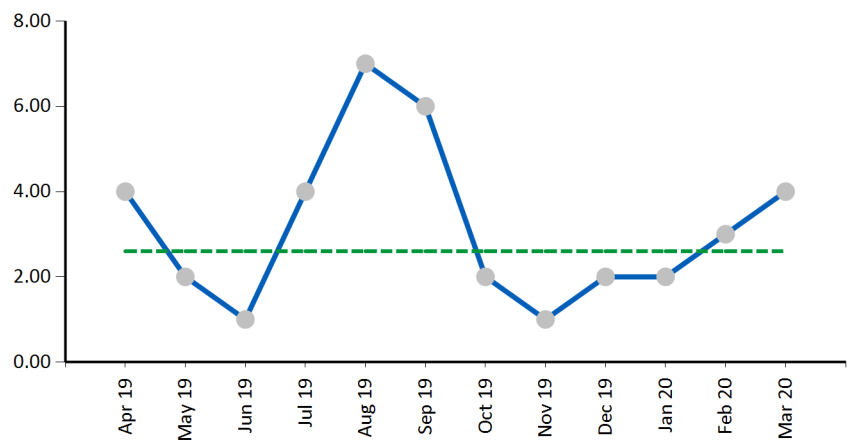


Infection Prevention and Control

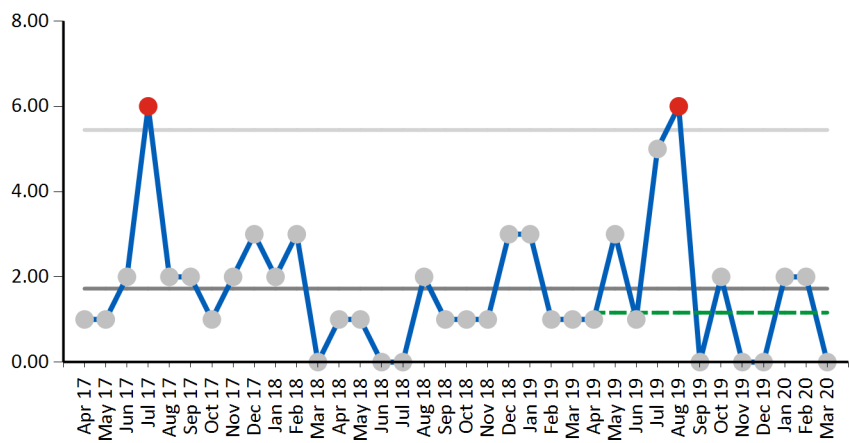
There was one hospital onset MRSA bloodstream infections in March in NICU; this is now being investigated by a formal review team. This means that the end of year total is two hospital onset cases. There have been four Clostridium difficile cases that count towards the Trust objective; the Trust ended the year with 53 cases against an objective of 32.

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	4	Mar-20		<= 3	3	Feb-20	<= 31	38	
346 - Total Community Onset Hospital Associated C.diff infections	<= 1	0	Mar-20		<= 1	2	Feb-20	<= 14	22	
347 - Total C.diff infections contributing to objective	<= 3	4	Mar-20		<= 3	5	Feb-20	<= 31	60	
217 - Total Hospital-Onset MRSA BSIs	= 0	2	Mar-20		= 0	0	Feb-20	= 0	3	
218 - Total Trust apportioned E. coli BSI	<= 4	2	Mar-20		<= 4	6	Feb-20	<= 48	39	
219 - Blood Culture Contaminants (rate)	<= 3%	4.3%	Mar-20		<= 3%	3.9%	Feb-20	<= 3%	3.8%	
199 - Compliance with antibiotic prescribing standards	>= 95%	71.0%	Q3 2019/20		>= 95%	87.0%	Q2 2019/20	>= 95%	79.0%	
304 - Total Trust apportioned MSSA BSIs	<= 1.3	0.0	Mar-20		<= 1.3	1.0	Feb-20	<= 15.6	13.0	
305 - Total Trust apportioned Klebsiella spp. BSIs		0	Mar-20			1	Feb-20		14	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs		1	Mar-20			0	Feb-20		2	

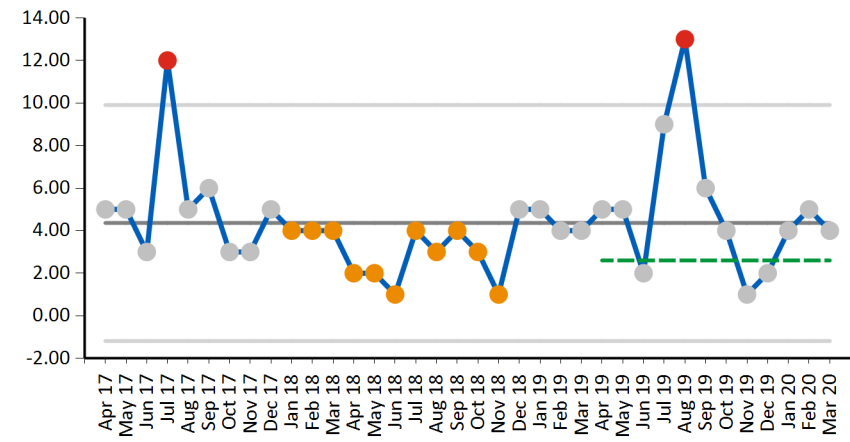
215 - Total Hospital Onset C.diff infections



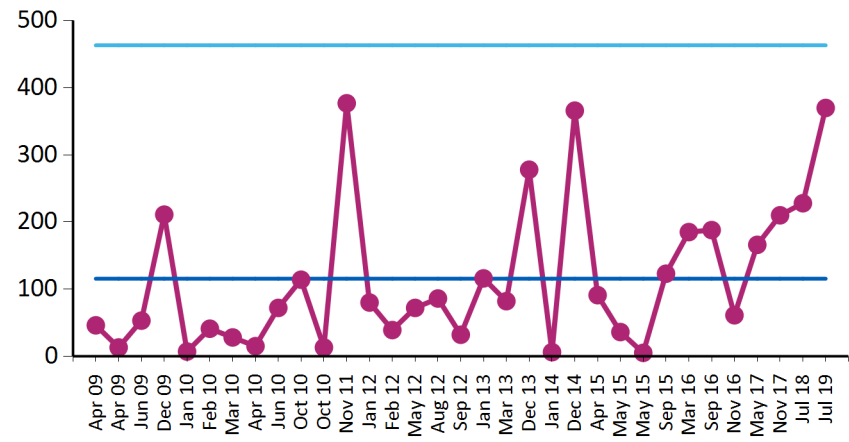
346 - Total Community Onset Hospital Associated C.diff infections



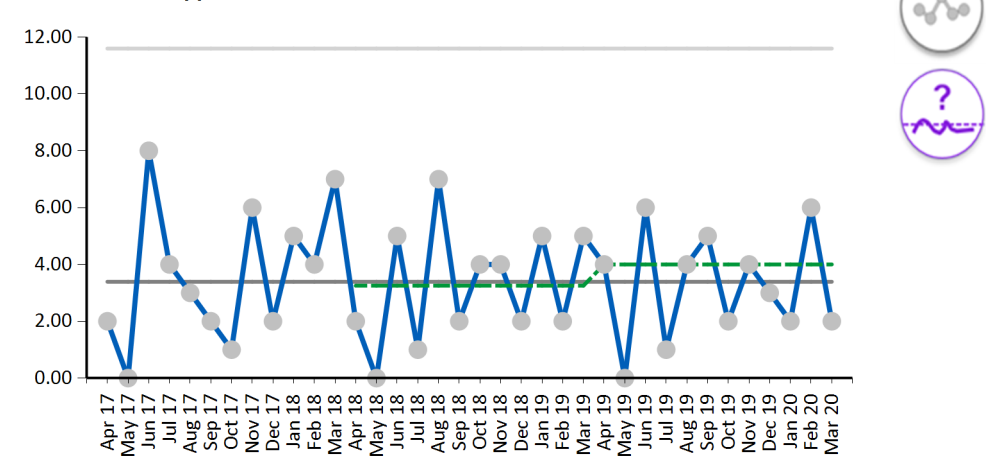
347 - Total C.diff infections contributing to objective



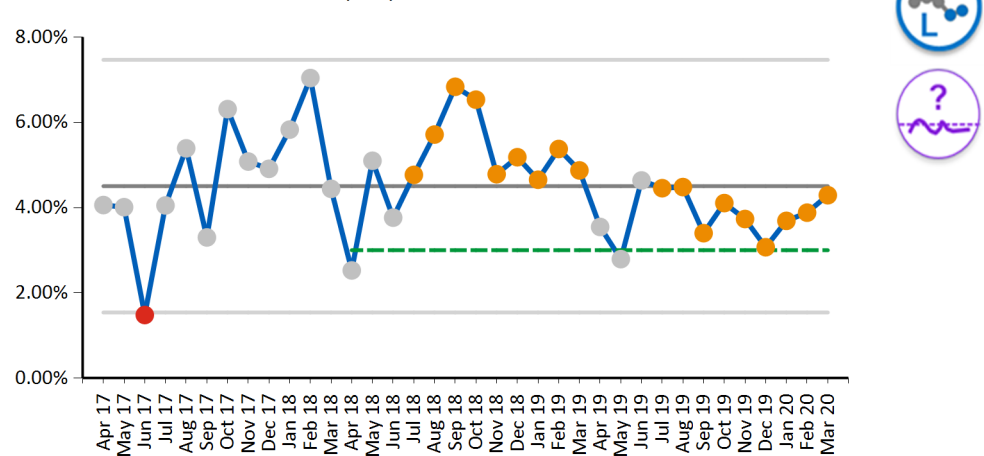
217 - Total Hospital-Onset MRSA BSIs - G Chart (Days Between Cases)



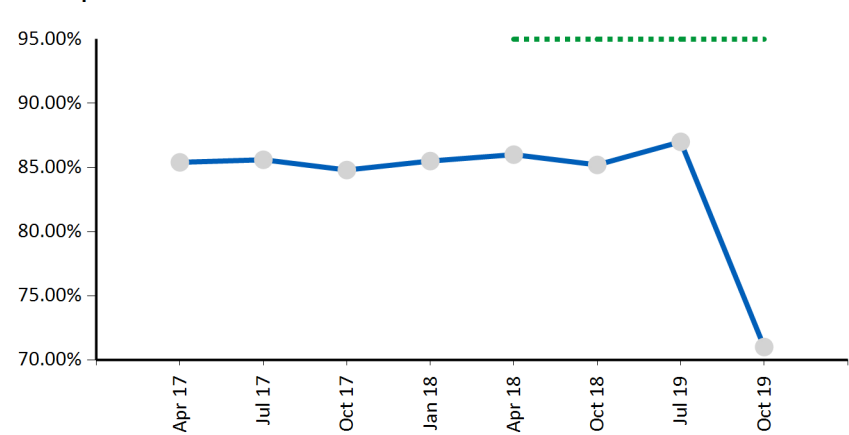
218 - Total Trust apportioned E. coli BSI



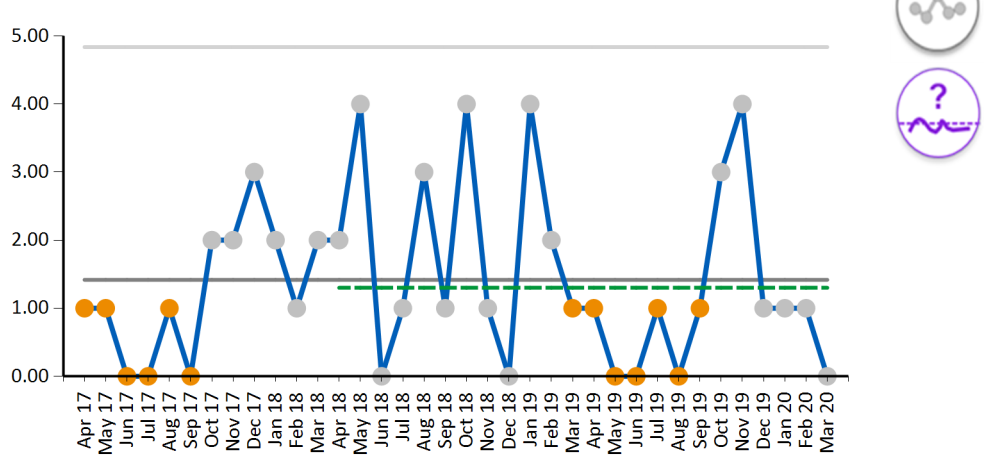
219 - Blood Culture Contaminants (rate)



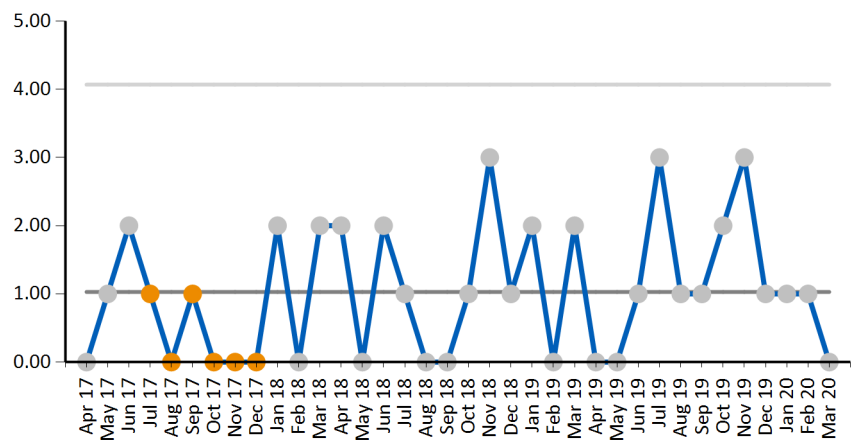
199 - Compliance with antibiotic prescribing standards - SPC data available after 20 data points



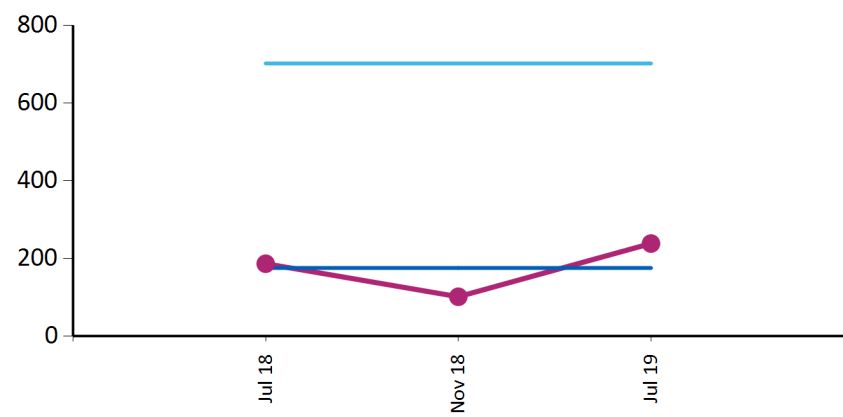
304 - Total Trust apportioned MSSA BSIs



305 - Total Trust apportioned Klebsiella spp. BSIs



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



Mortality

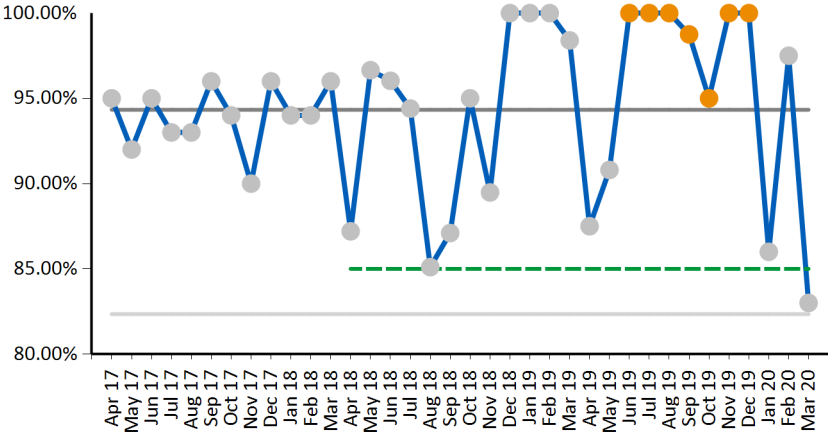
Crude mortality has increased in month due to the reduction in discharges across all Divisions therefore reducing the denominator causing the rate to rise. The decrease in discharges was fuelled by the reduction in admissions possibly in anticipation of the pandemic situation. Further increases are to be expected over the next few months with increases in mortality due to Covid and a reduction in discharges generally as operations have been cancelled and a substantial drop in A&E attendances and emergency admissions.

RAMI remains high this has raised investigations into the data by Business Intelligence across all Divisions. Subsequent reporting proposals have been sent to the Medical Director and plan to be reflected in next month's report.

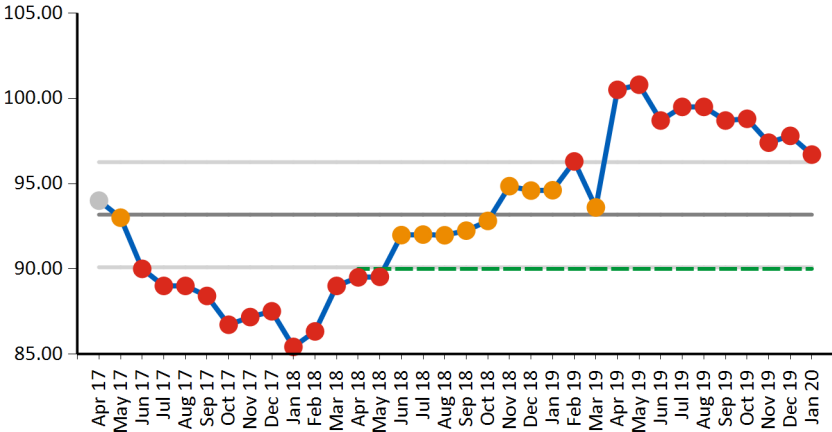
SHMI has remained significantly above the national average. The Learning by Deaths committee is continuing to investigate deaths due to heart failure, learning difficulties and pneumonia.

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%	94.9%	
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)	<= 90	96.7	Jan-20		<= 90	97.8	Dec-19	<= 90	96.7	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 100.00	116.10	Oct-19		<= 100.00	115.60	Sep-19	<= 100.00	116.10	
12 - Crude Mortality %	<= 2.9%	2.8%	Mar-20		<= 2.9%	2.2%	Feb-20	<= 2.9%	2.1%	

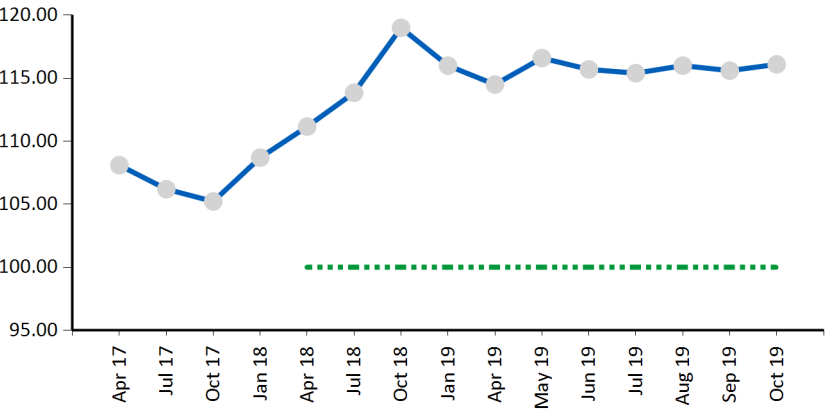
3 - National Early Warning Scores to Gold standard



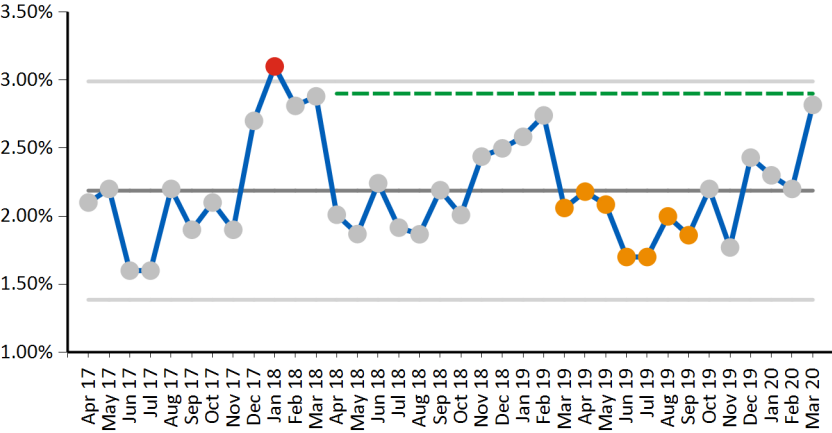
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)



11 - Standardised Hospital Mortality (ratio) (quarterly in arrears) - SPC data available after 20 data points



12 - Crude Mortality %



Patient Experience

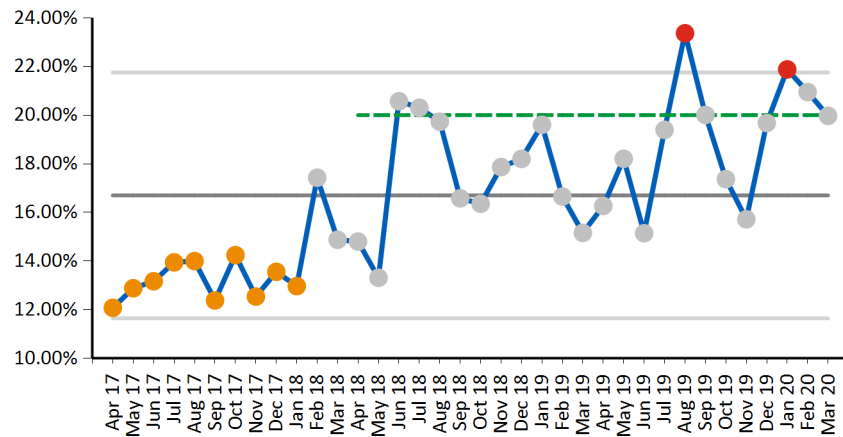
The decline in response rates for FFT in antenatal and in-patient areas where FFT is collected by staff on paper of iPad is as a result of all face to face FFT being suspended due to the risks associated with Covid 19.

The complaints response rate of 95.2% was as a result of 1 complaint breaching the deadline date.

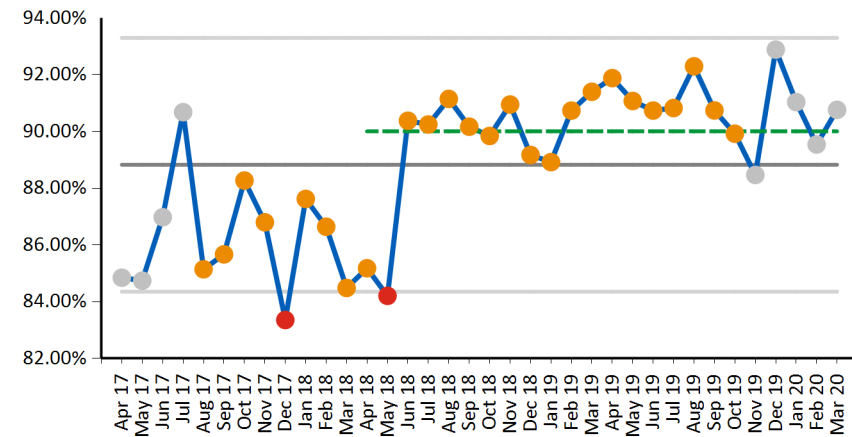
Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
200 - A&E Friends and Family Response Rate	>= 20%	20.0%	Mar-20		>= 20%	21.0%	Feb-20	>= 20%	18.9%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	90.8%	Mar-20		>= 90%	89.5%	Feb-20	>= 90%	90.9%	
80 - Inpatient Friends and Family Response Rate	>= 30%	24.4%	Mar-20		>= 30%	26.6%	Feb-20	>= 30%	27.8%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	97.9%	Mar-20		>= 90%	96.9%	Feb-20	>= 90%	96.4%	
81 - Maternity Friends and Family Response Rate	>= 15%	12.4%	Mar-20		>= 15%	22.9%	Feb-20	>= 15%	27.3%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	94.3%	Mar-20		>= 90%	96.9%	Feb-20	>= 90%	94.8%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	0.0%	Mar-20		>= 15%	12.3%	Feb-20	>= 15%	19.0%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%		Mar-20		>= 90%	100.0%	Feb-20	>= 90%	98.9%	
83 - Birth - Friends and Family Response Rate	>= 15%	26.5%	Mar-20		>= 15%	28.7%	Feb-20	>= 15%	30.4%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	93.1%	Mar-20		>= 90%	93.7%	Feb-20	>= 90%	91.0%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	15.8%	Mar-20		>= 15%	33.7%	Feb-20	>= 15%	27.9%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	96.4%	Mar-20		>= 90%	97.7%	Feb-20	>= 90%	92.3%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	8.7%	Mar-20		>= 15%	19.8%	Feb-20	>= 15%	33.4%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	95.1%	Mar-20		>= 90%	98.8%	Feb-20	>= 90%	97.7%	

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Mar-20		= 100%	100.0%	Feb-20	= 100%	99.1%	
90 - Complaints responded to within the period	>= 95%	95.2%	Mar-20		>= 95%	100.0%	Feb-20	>= 95%	95.9%	

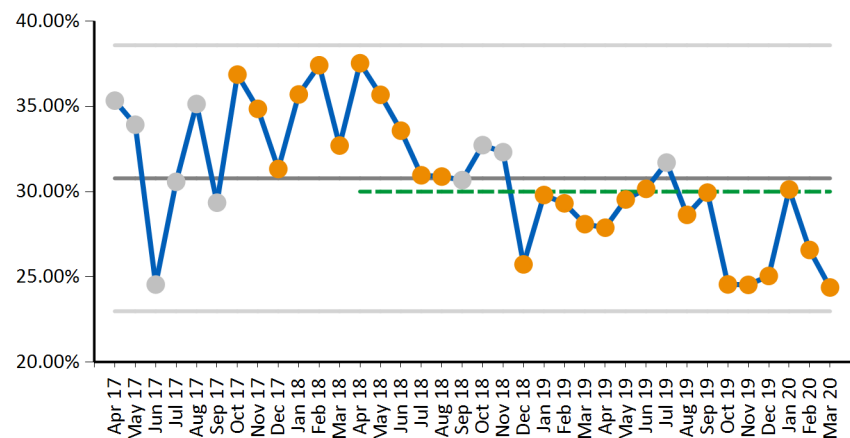
200 - A&E Friends and Family Response Rate



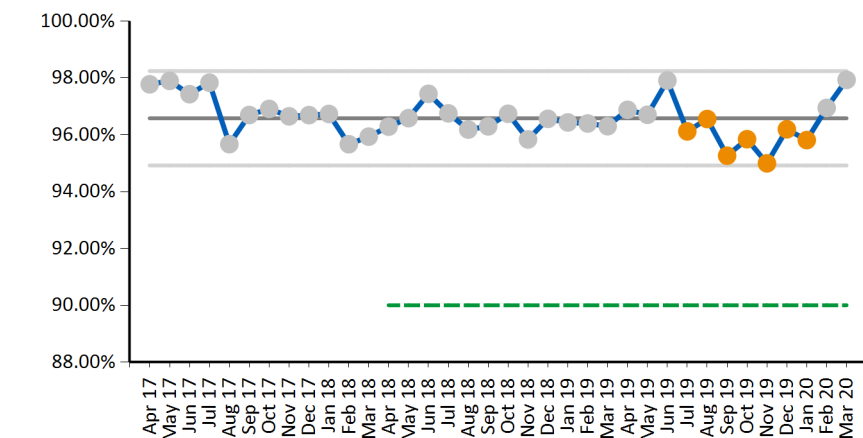
294 - A&E Friends and Family Satisfaction Rates %



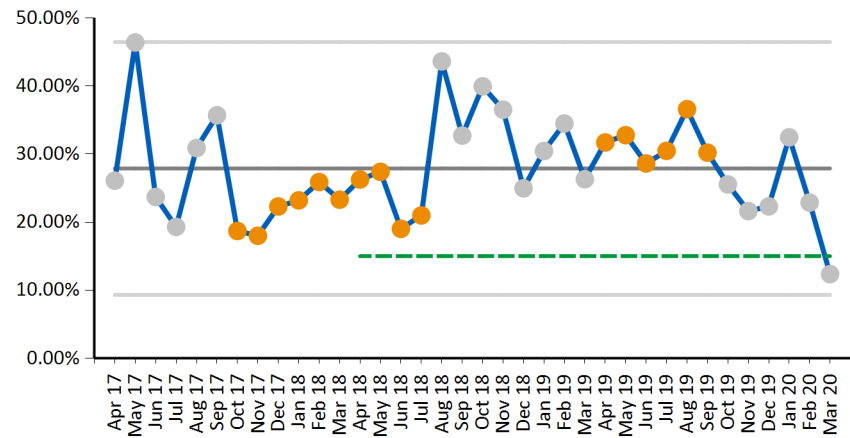
80 - Inpatient Friends and Family Response Rate



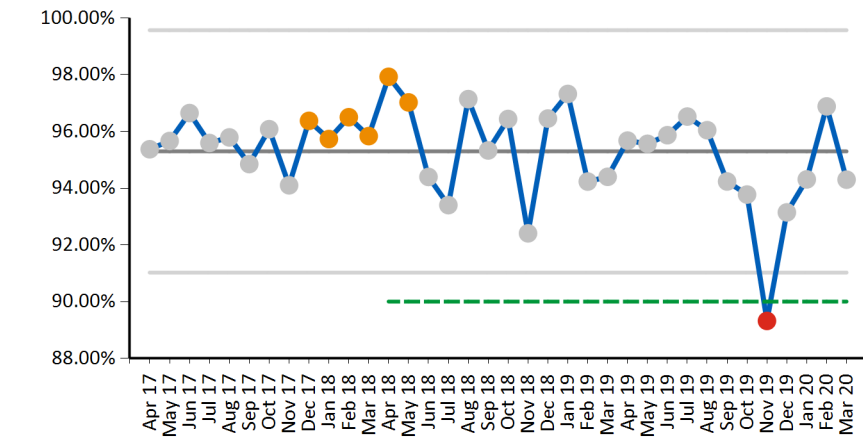
240 - Friends and Family Test (Inpatients) - Satisfaction %



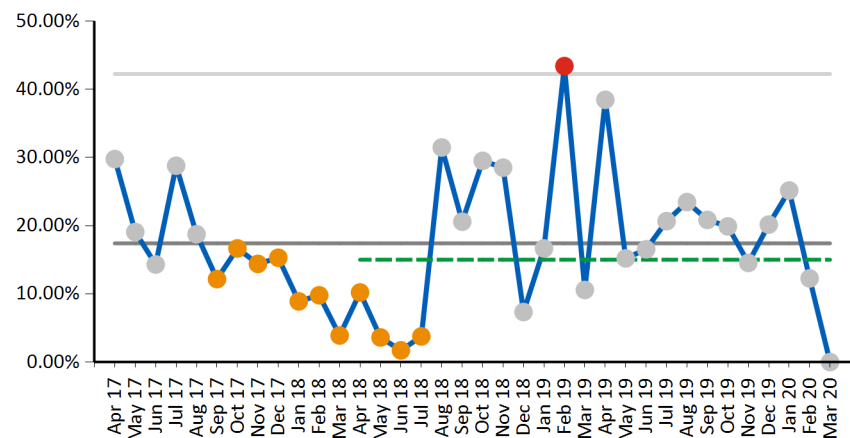
81 - Maternity Friends and Family Response Rate



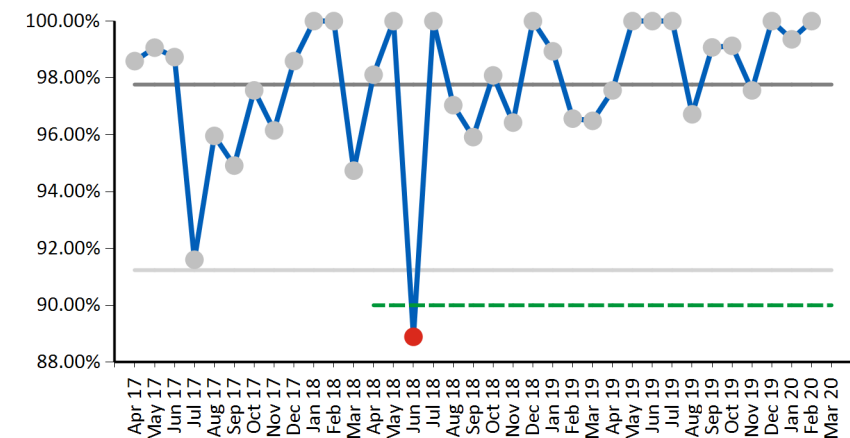
241 - Maternity Friends and Family Test - Satisfaction %



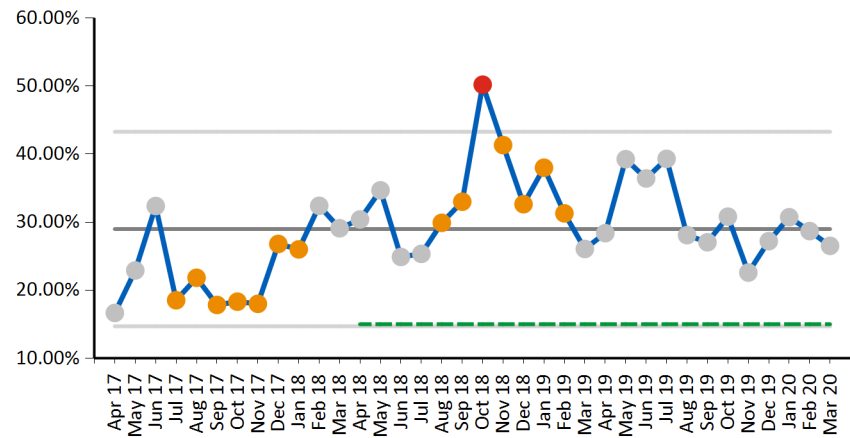
82 - Antenatal - Friends and Family Response Rate



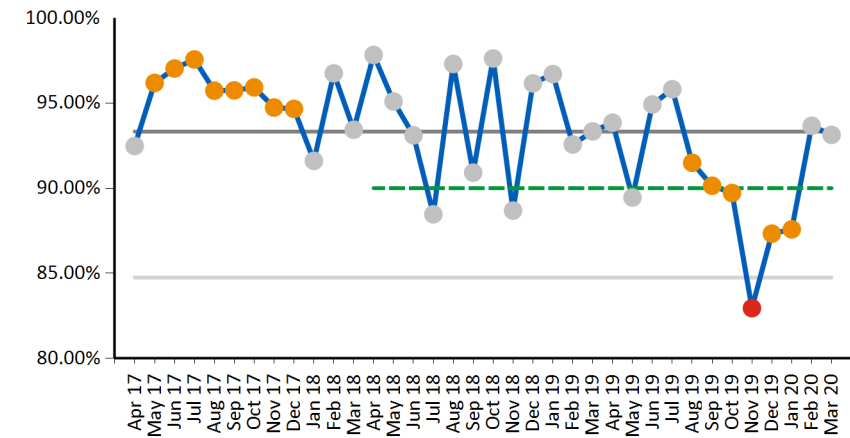
242 - Antenatal Friends and Family Test - Satisfaction %



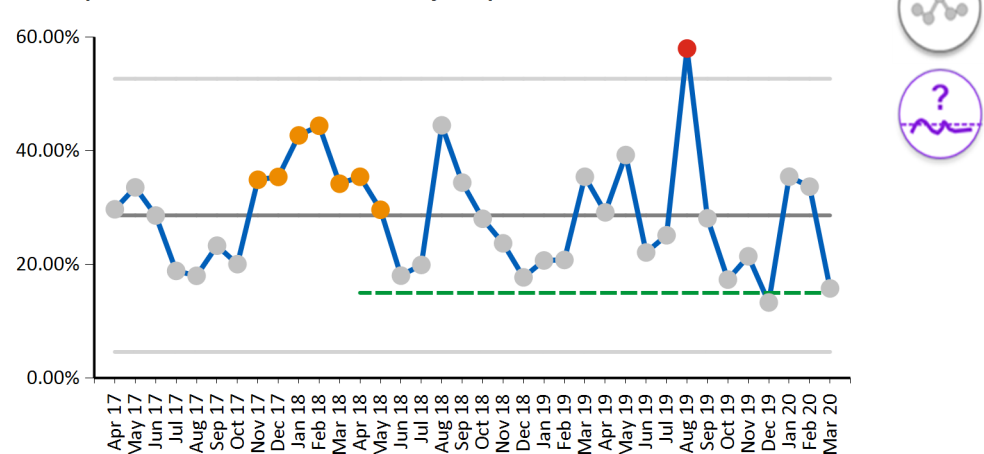
83 - Birth - Friends and Family Response Rate



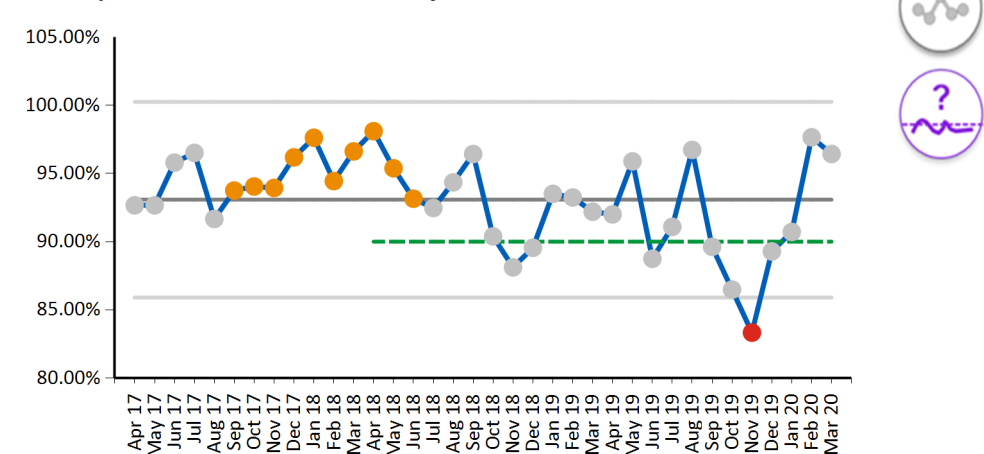
243 - Birth Friends and Family Test - Satisfaction %



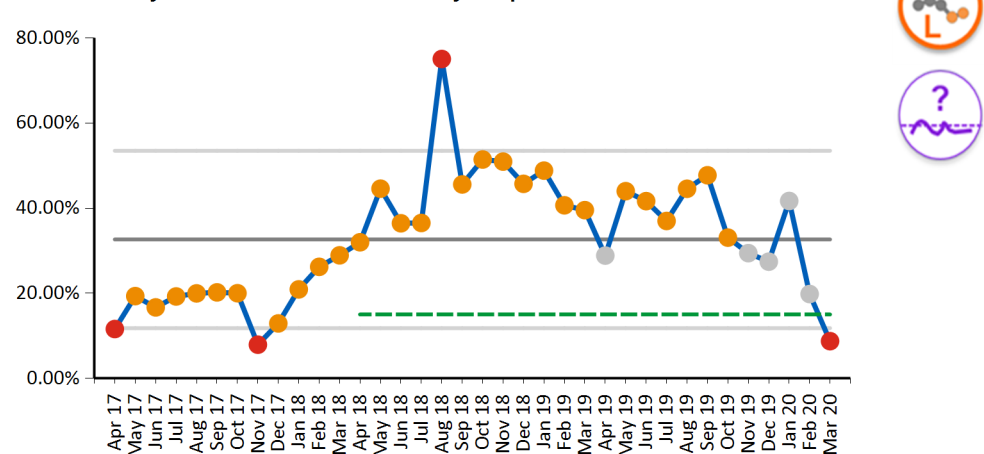
84 - Hospital Postnatal - Friends and Family Response Rate



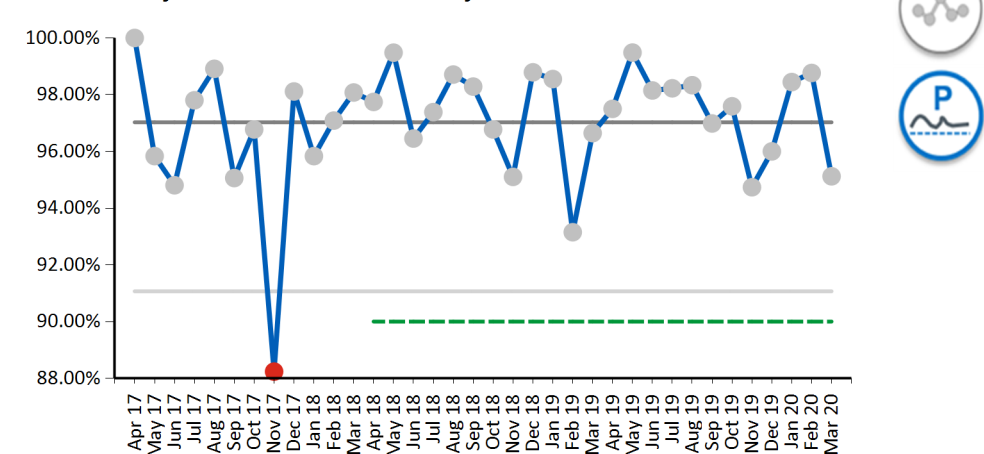
244 - Hospital Postnatal Friends and Family Test - Satisfaction %



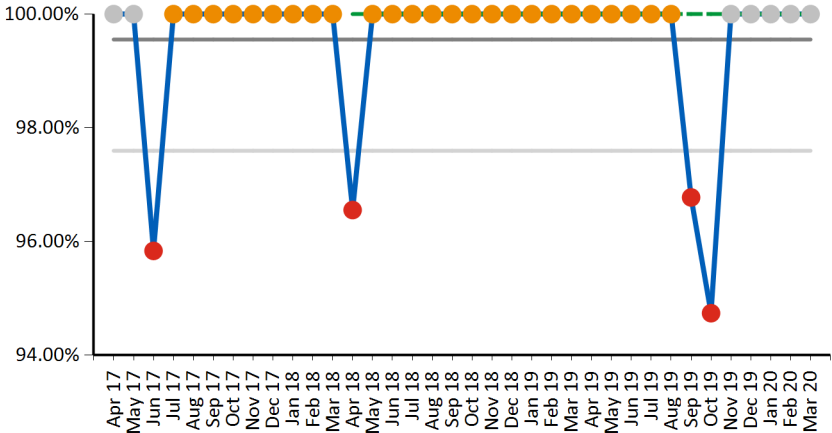
85 - Community Postnatal - Friend and Family Response Rate



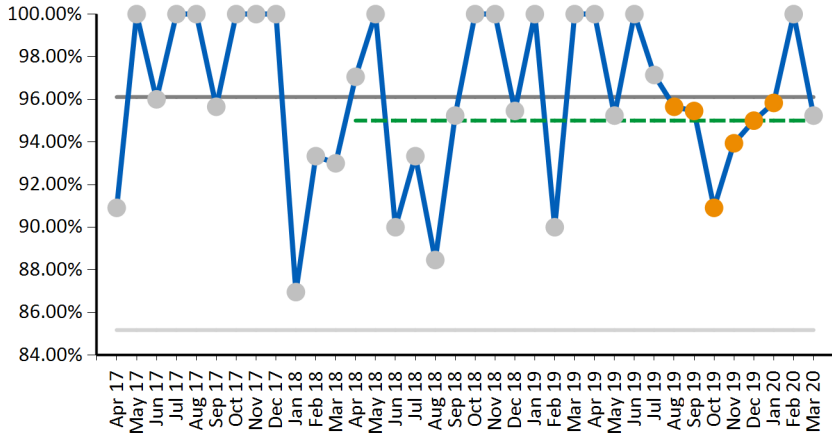
245 - Community Postnatal Friends and Family Test - Satisfaction %



89 - Formal complaints acknowledged within 3 working days



90 - Complaints responded to within the period



Maternity

FFT- Ceased to be collected partially through March 20 in line with national directive due to Covid 19.

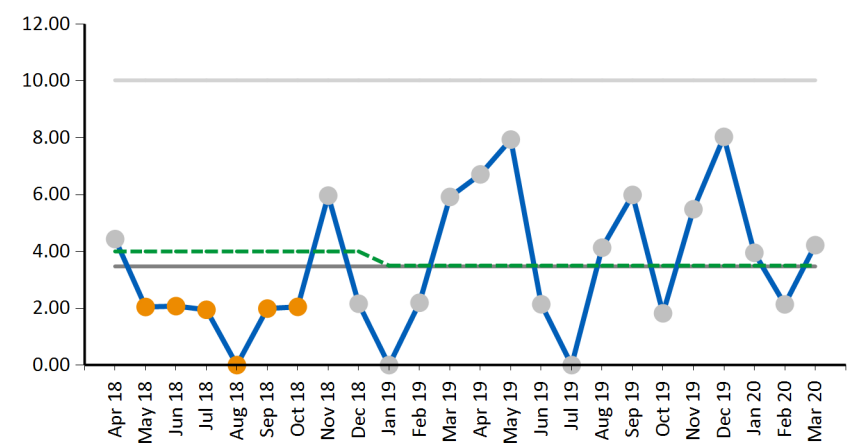
Stillbirth rate - There were 2 stillbirths in March, both have had rapid reviews completed with no further action required.

3rd and 4th degree tear rates - there is noted concern with an increase to 5.5% (flag is 3.5%), a review has been undertaken in the Division aligned to national initiatives to reduce.

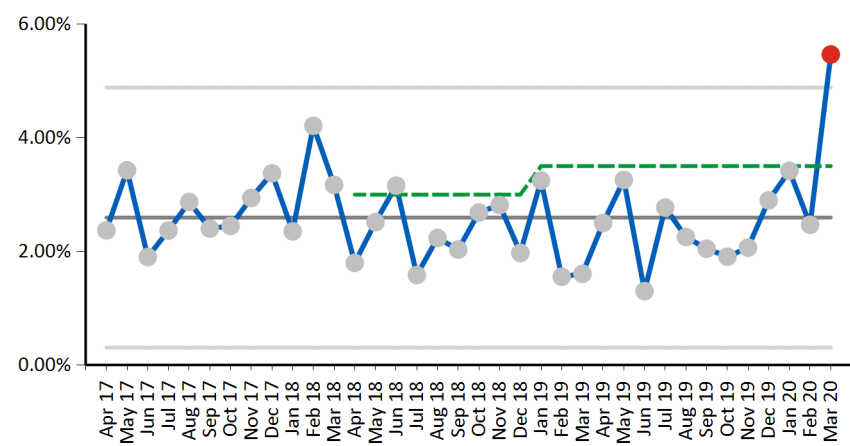
12+6 - performance continues to improve at 92% compliance for March.

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	4.22	Mar-20		<= 3.50	2.14	Feb-20	<= 3.50	4.37	
23 - Maternity -3rd/4th degree tears	<= 3.5%	5.5%	Mar-20		<= 3.5%	2.5%	Feb-20	<= 3.5%	2.7%	
202 - 1:1 Midwifery care in labour	>= 95.0%	97.9%	Mar-20		>= 95.0%	98.7%	Feb-20	>= 95.0%	98.7%	
203 - Booked 12+6	>= 90.0%	92.0%	Mar-20		>= 90.0%	90.5%	Feb-20	>= 90.0%	89.7%	
204 - Inductions of labour	<= 40%	40.8%	Mar-20		<= 40%	37.4%	Feb-20	<= 40%	40.0%	
208 - Total C section	<= 33.0%	33.3%	Mar-20		<= 33.0%	30.0%	Feb-20	<= 33.0%	29.2%	
210 - Initiation breast feeding	>= 65%	71.12%	Mar-20		>= 65%	68.40%	Feb-20	>= 65%	68.74%	
213 - Maternity complaints	<= 5	5	Mar-20		<= 5	1	Feb-20	<= 60	38	
319 - Maternal deaths (direct)	= 0	0	Mar-20		= 0	0	Feb-20	= 0	0	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	10.1%	Mar-20		<= 6%	9.0%	Feb-20	<= 6%	9.6%	

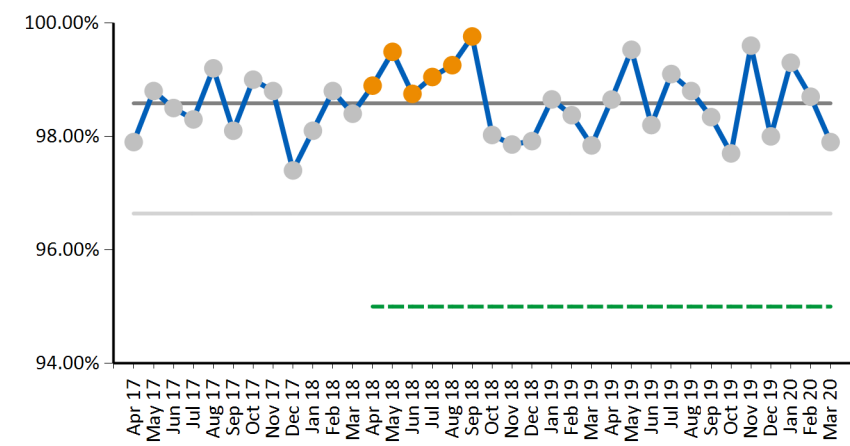
322 - Maternity - Stillbirths per 1000 births



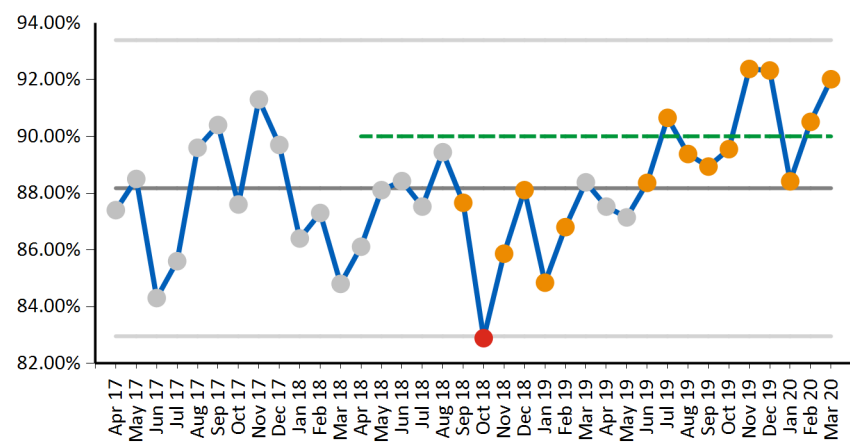
23 - Maternity -3rd/4th degree tears



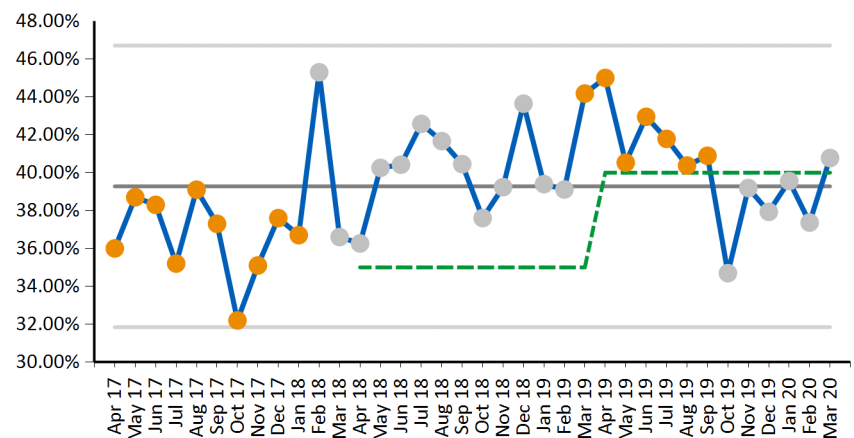
202 - 1:1 Midwifery care in labour



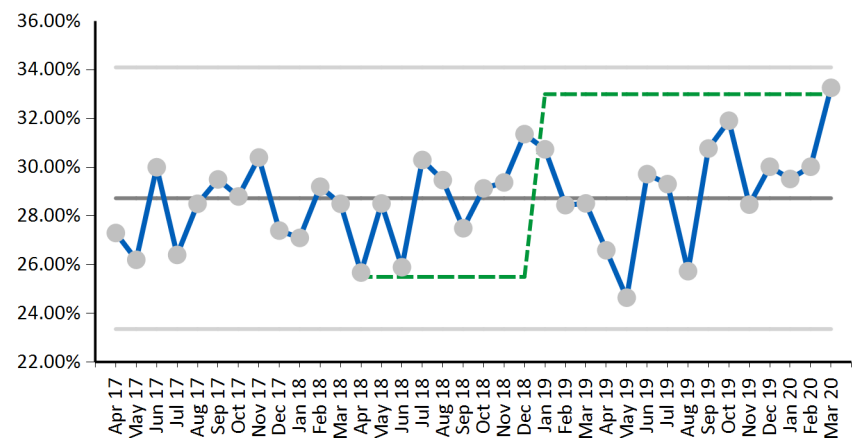
203 - Booked 12+6



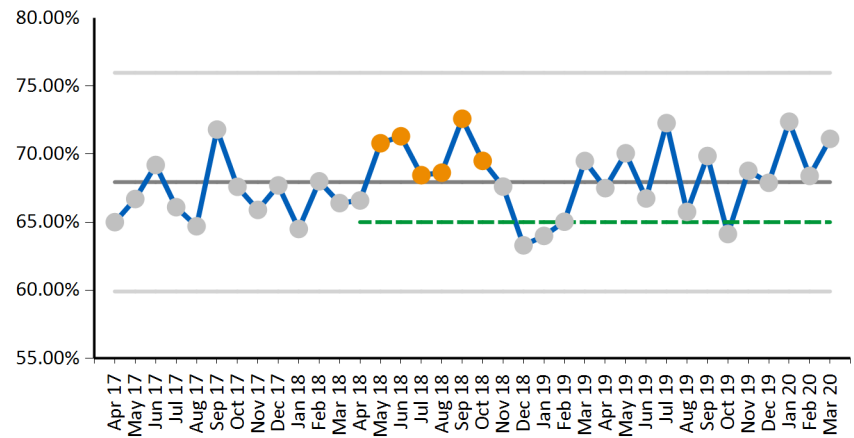
204 - Inductions of labour



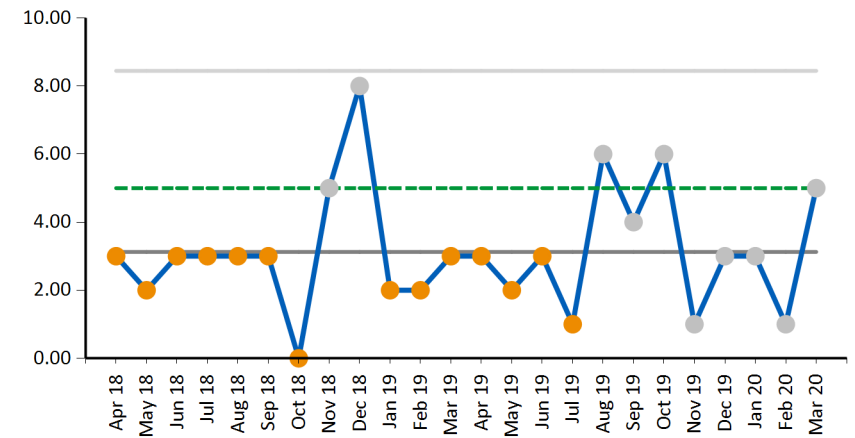
208 - Total C section



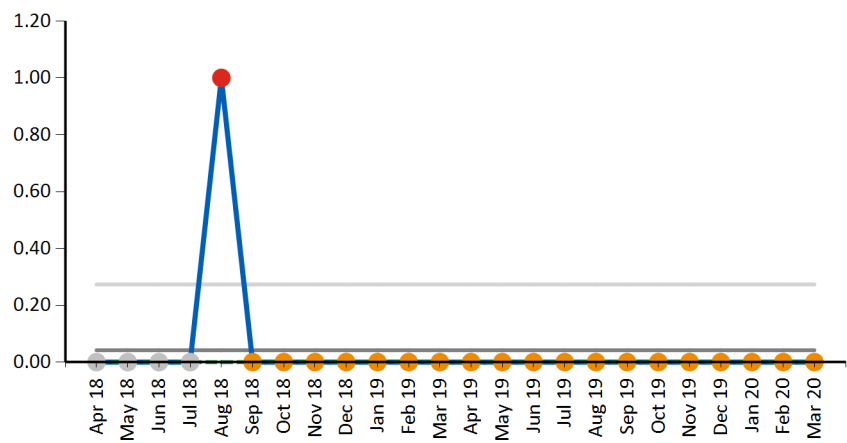
210 - Initiation breast feeding



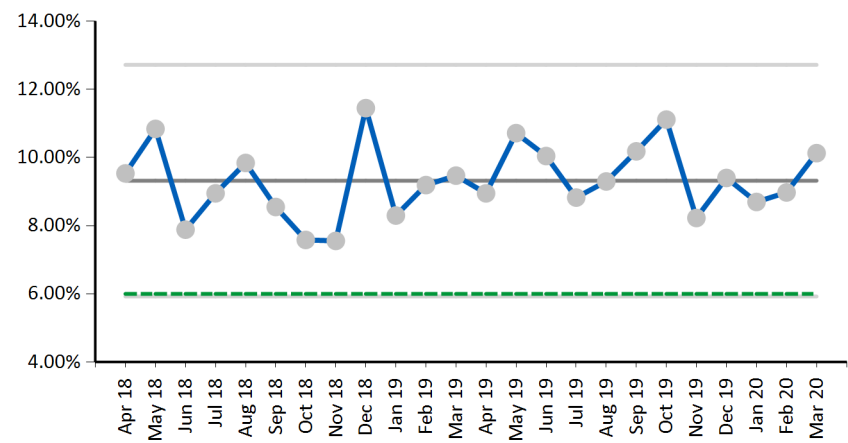
213 - Maternity complaints



319 - Maternal deaths (direct)



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

























Operational Performance

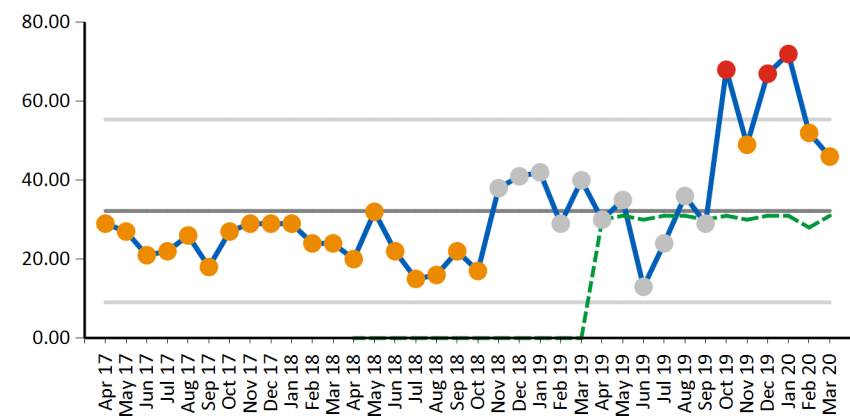
Access

Operational impact on performance

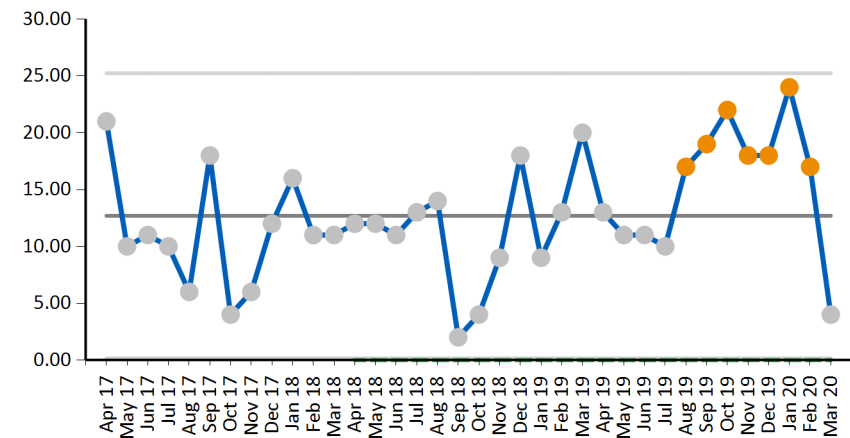
The Board should note, that there will be significant reduction in access productivity and cancer targets as all elective work has been severely restricted, and the hospital has focussed on the management of COVID, but it is a major part of our recovery programme, and further information will follow next month on the details of the plan for recovery. The Chief Operating Officer will pick up in his presentation, the issues and actions being taken to ensure patient safety and recover compliance with national standards.

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)	<= 31	46	Mar-20		<= 28	52	Feb-20	<= 365	521	
8 - Same sex accommodation breaches	= 0	4	Mar-20		= 0	17	Feb-20	= 0	184	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	79.5%	Mar-20		>= 75%	81.6%	Feb-20	>= 75%	73.2%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	76.7%	Mar-20		>= 92%	77.6%	Feb-20	>= 92%	82.4%	
42 - RTT 52 week waits (incomplete pathways)	= 0	17	Mar-20		= 0	10	Feb-20	= 0	97	
314 - RTT 18 week waiting list	<= 22,812	22,790	Mar-20		<= 22,812	25,169	Feb-20	<= 22,812	22,790	
53 - A&E 4 hour target	>= 95%	78.9%	Mar-20		>= 95%	74.0%	Feb-20	>= 95%	79.3%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	13.6%	Mar-20		= 0.0%	14.6%	Feb-20	= 0.0%	8.3%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	4.15%	Mar-20		= 0.00%	7.40%	Feb-20	= 0.00%	5.17%	
72 - Diagnostic Waits >6 weeks %	<= 1%	6.6%	Mar-20		<= 1%	1.3%	Feb-20	<= 1%	1.5%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	87.5%	Mar-20		= 100%	85.7%	Feb-20	= 100%	63.4%	

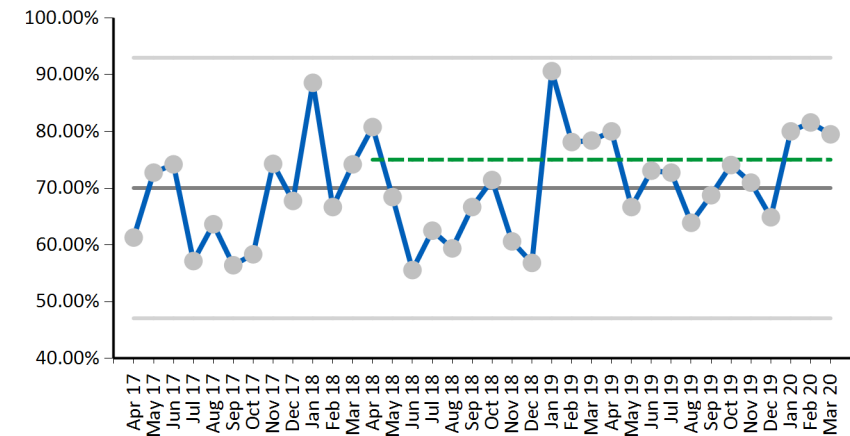
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



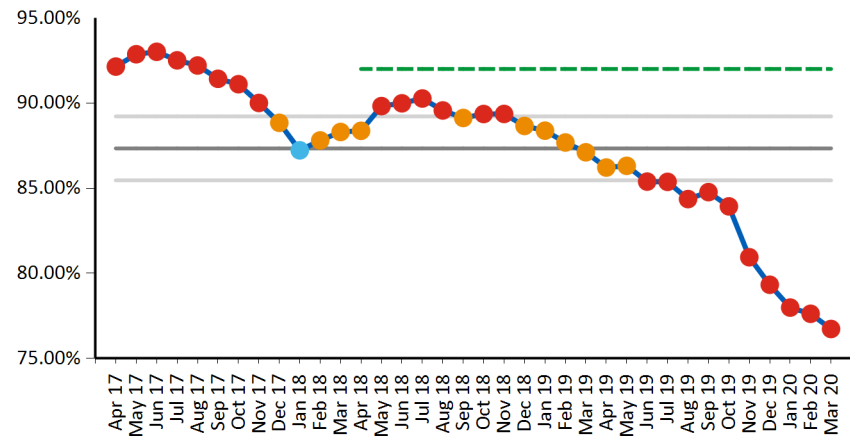
8 - Same sex accommodation breaches



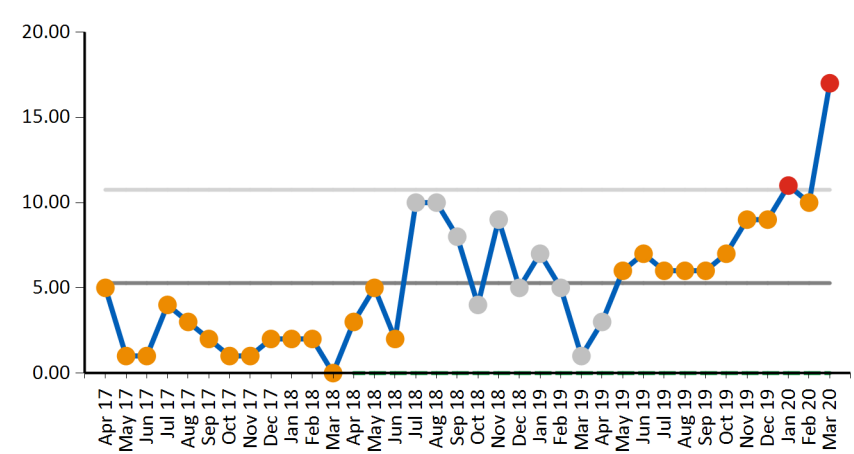
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur



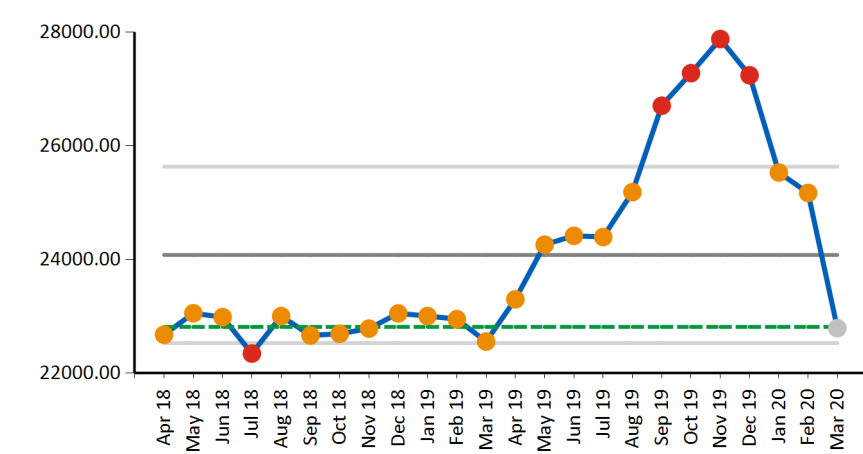
41 - RTT Incomplete pathways within 18 weeks %



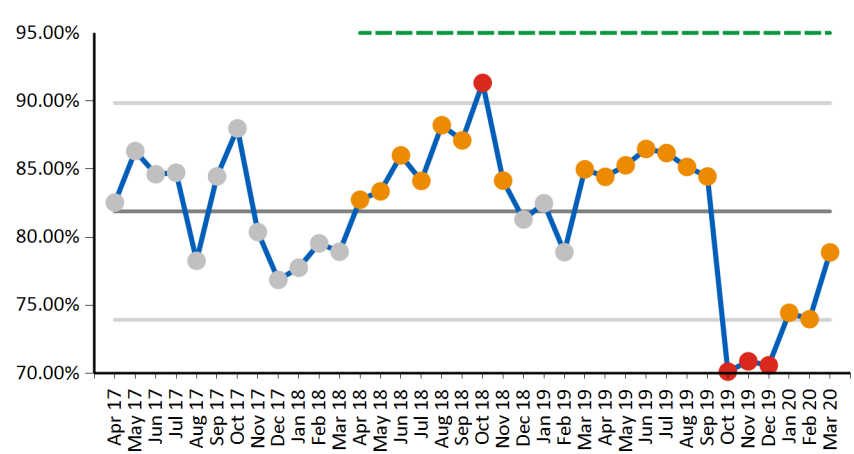
42 - RTT 52 week waits (incomplete pathways)



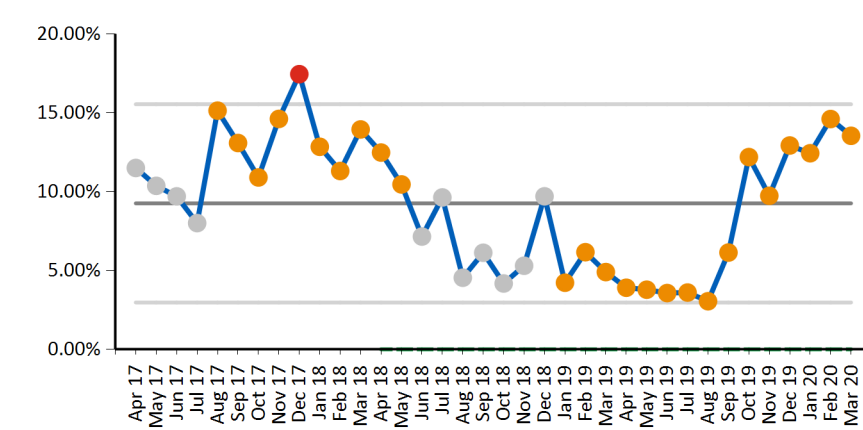
314 - RTT 18 week waiting list



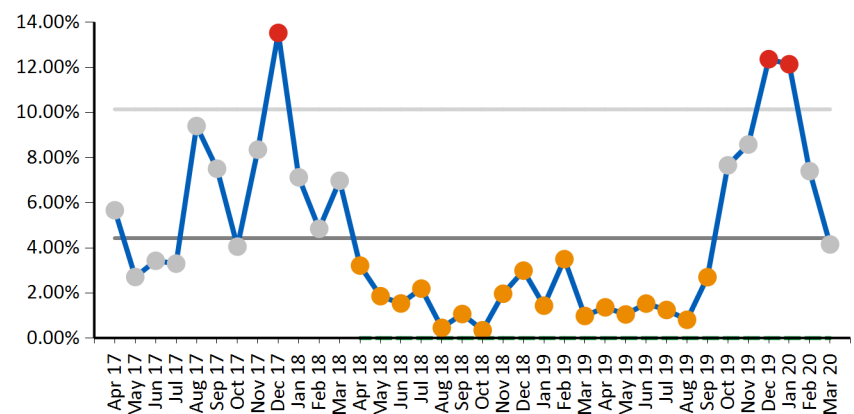
53 - A&E 4 hour target



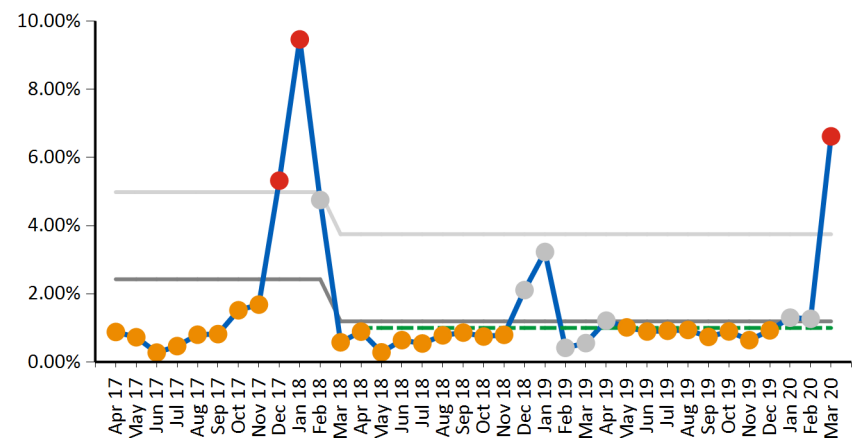
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)



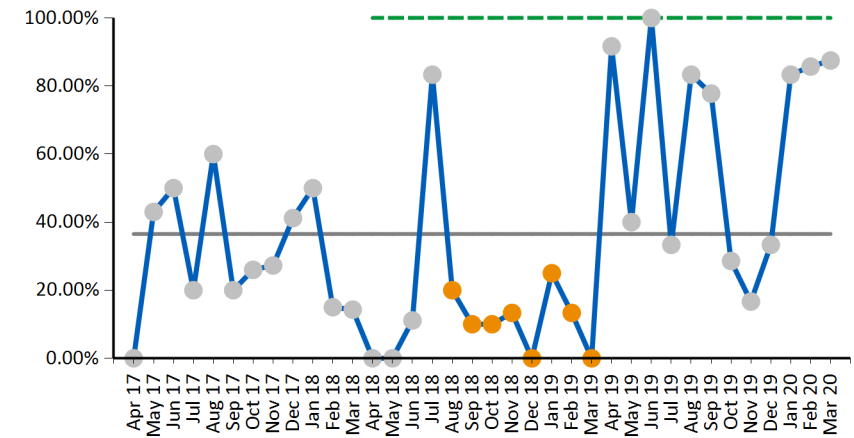
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)



























72 - Diagnostic Waits >6 weeks %



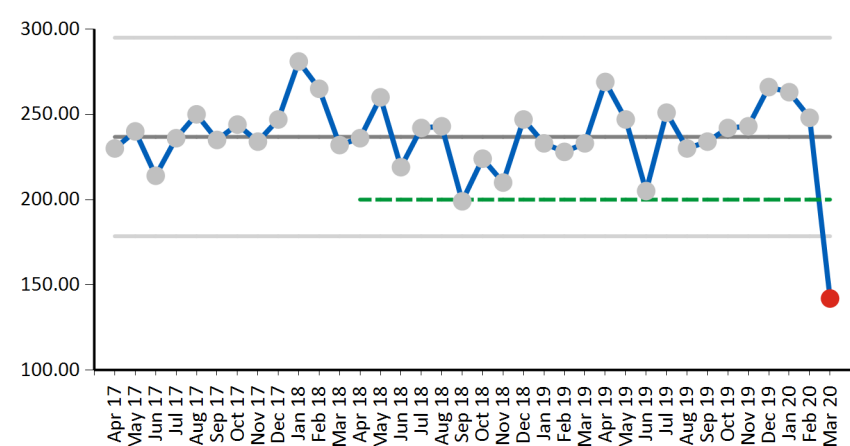
27 - TIA (Transient Ischaemic attack) patients seen <24hrs



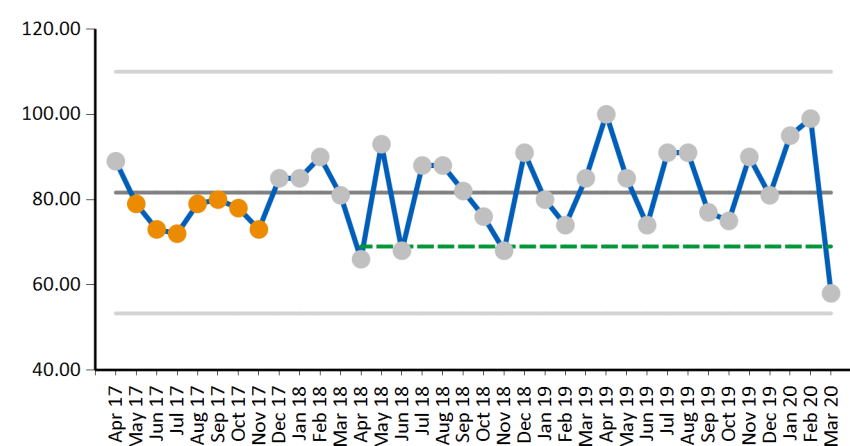
Productivity

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
56 - Stranded patients	<= 200	142	Mar-20		<= 200	248	Feb-20	<= 200	142	
307 - Stranded Patients - LOS 21 days and over	<= 69	58	Mar-20		<= 69	99	Feb-20	<= 69	58	
57 - Discharges by Midday	>= 30%	23.3%	Mar-20		>= 30%	26.3%	Feb-20	>= 30%	27.7%	
58 - Discharges by 4pm	>= 70%	63.6%	Mar-20		>= 70%	63.1%	Feb-20	>= 70%	66.1%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	13.3%	Feb-20		<= 13.5%	13.5%	Jan-20	<= 13.5%	12.1%	
60 - Daycase Rates	>= 80%	89.4%	Mar-20		>= 80%	90.1%	Feb-20	>= 80%	90.1%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	2.9%	Mar-20		<= 1%	2.2%	Feb-20	<= 1%	2.3%	
62 - Cancelled operations re-booked within 28 days	= 100%	66.7%	Mar-20		= 100%	98.0%	Feb-20	= 100%	81.8%	
318 - Delayed Transfers Of Care (Trust Total)	<= 3.3%	3.7%	Mar-20		<= 3.3%	3.5%	Feb-20	<= 3.3%	3.0%	
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.69	Mar-20		<= 2.00	2.90	Feb-20	<= 2.00	2.60	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	5.94	Mar-20		<= 3.70	4.81	Feb-20	<= 3.70	4.79	
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%	88.1%	

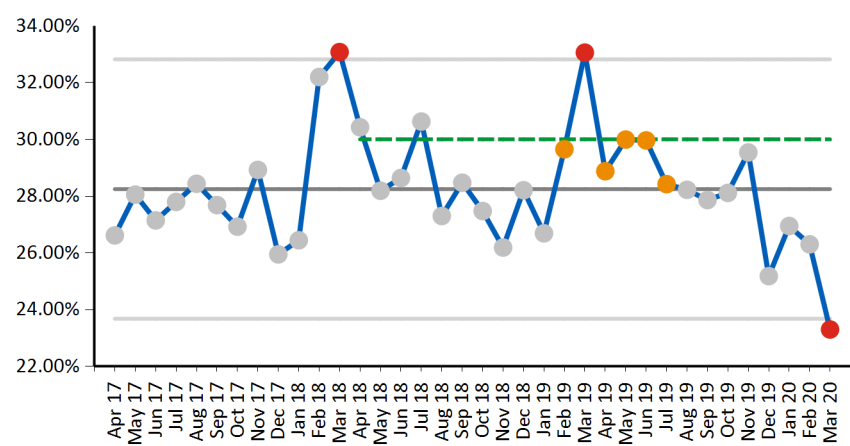
56 - Stranded patients



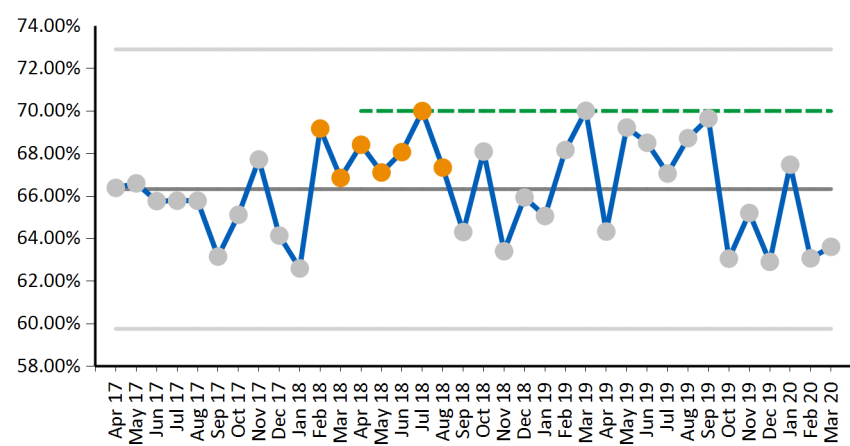
307 - Stranded Patients - LOS 21 days and over



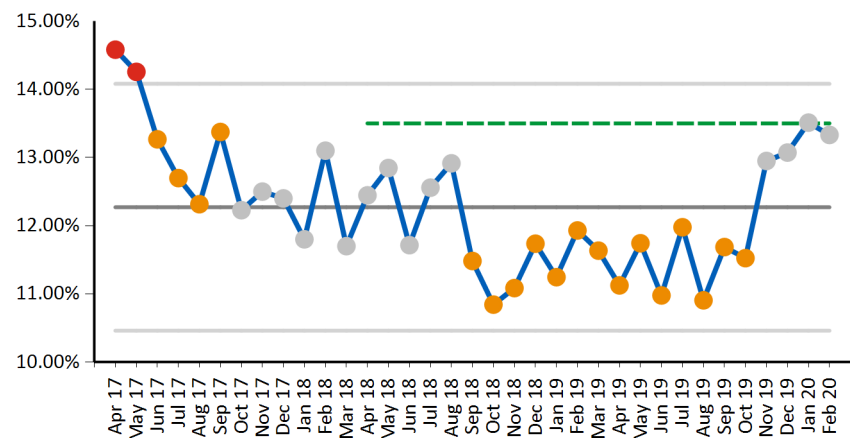
57 - Discharges by Midday



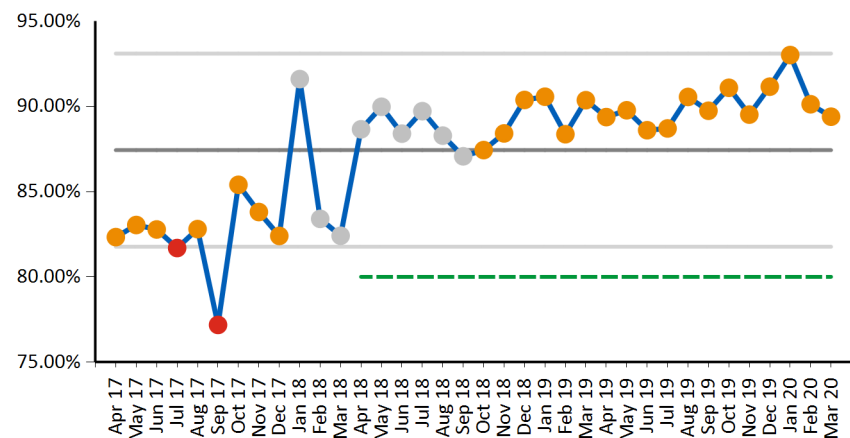
58 - Discharges by 4pm



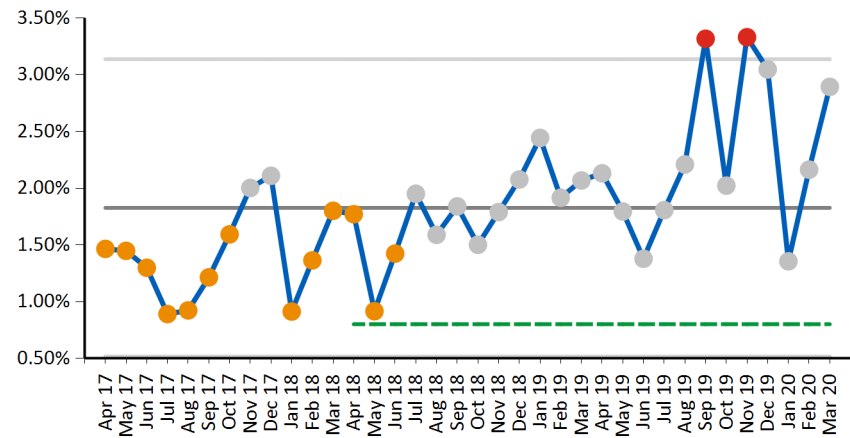
59 - Re-admission within 30 days of discharge (1 mth in arrears)



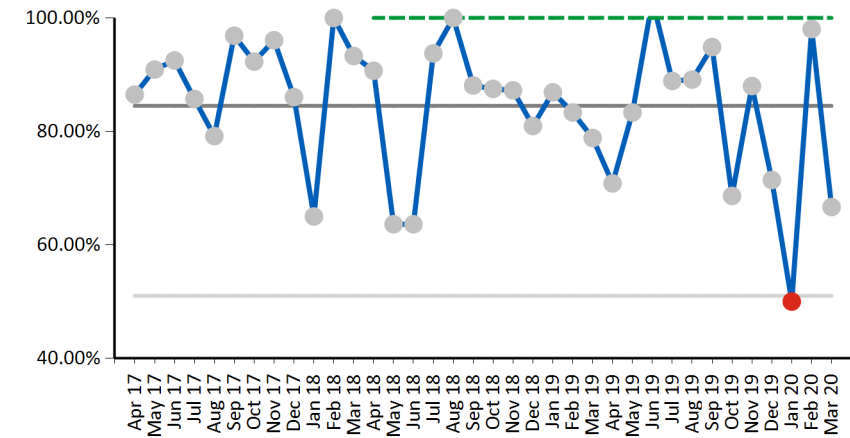
60 - Daycase Rates



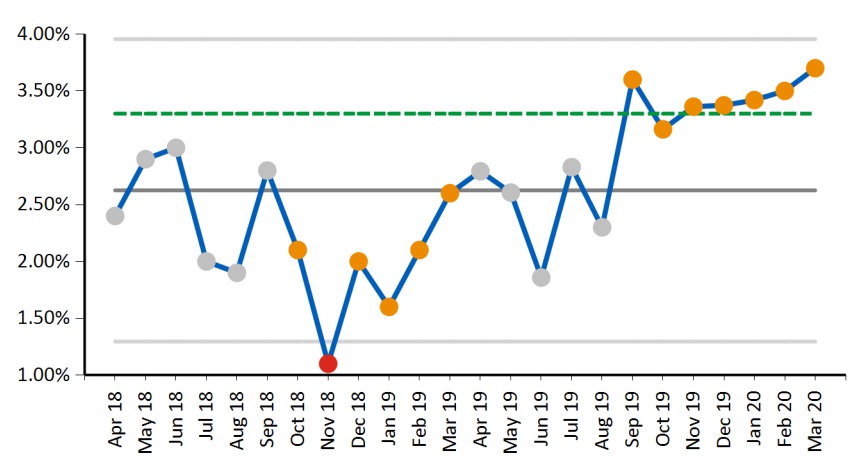
61 - Operations cancelled on the day for non-clinical reasons



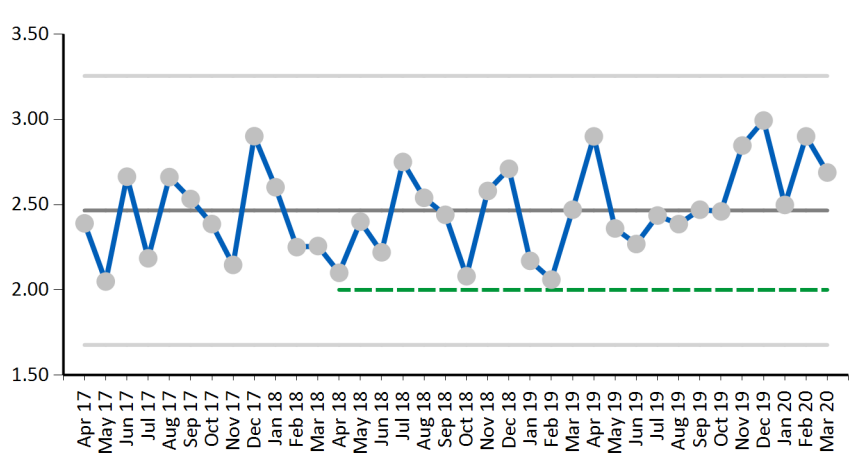
62 - Cancelled operations re-booked within 28 days



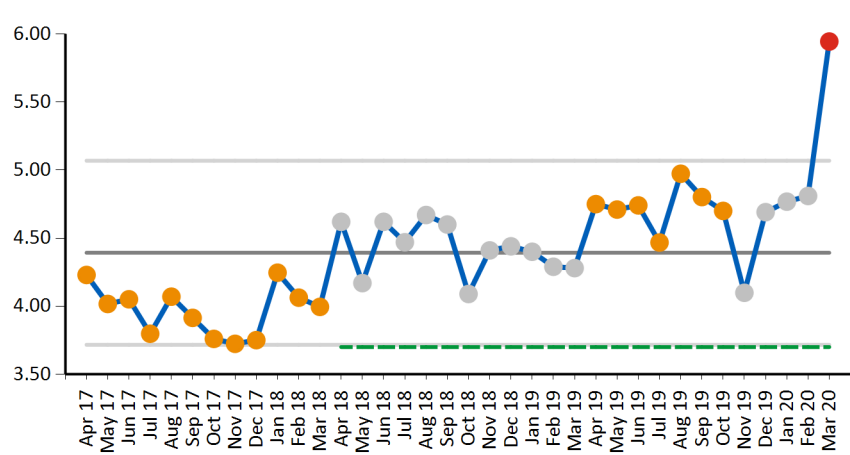
318 - Delayed Transfers Of Care (Trust Total)



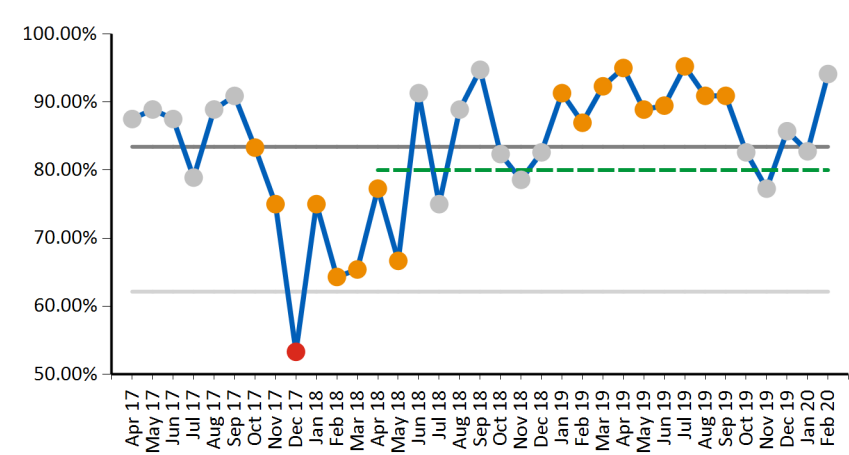
65 - Elective Length of Stay (Discharges in month)



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

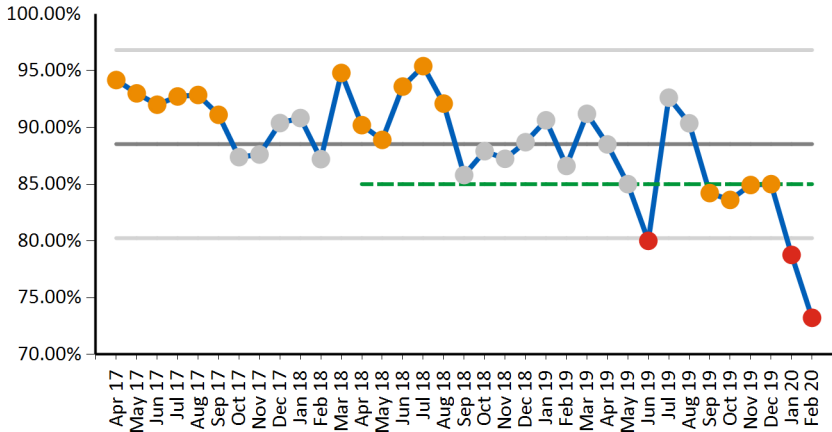


73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)

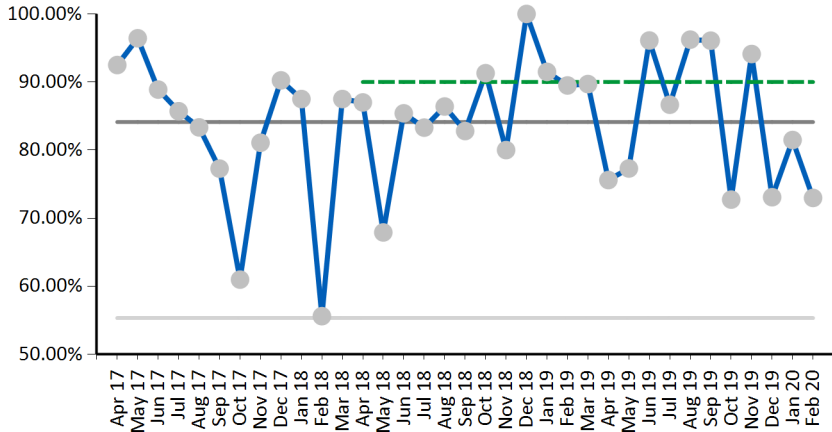


Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
46 - 62 day standard % (1 mth in arrears)	>= 85%	73.2%	Feb-20		>= 85%	78.8%	Jan-20	>= 85%	84.2%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	73.0%	Feb-20		>= 90%	81.5%	Jan-20	>= 90%	84.0%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	98.9%	Feb-20		>= 96%	99.1%	Jan-20	>= 96%	98.6%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Feb-20		>= 94%	100.0%	Jan-20	>= 94%	99.4%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Feb-20		>= 98%	100.0%	Jan-20	>= 98%	100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	97.8%	Feb-20		>= 93%	96.0%	Jan-20	>= 93%	96.7%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	94.3%	Feb-20		>= 93%	50.3%	Jan-20	>= 93%	37.1%	

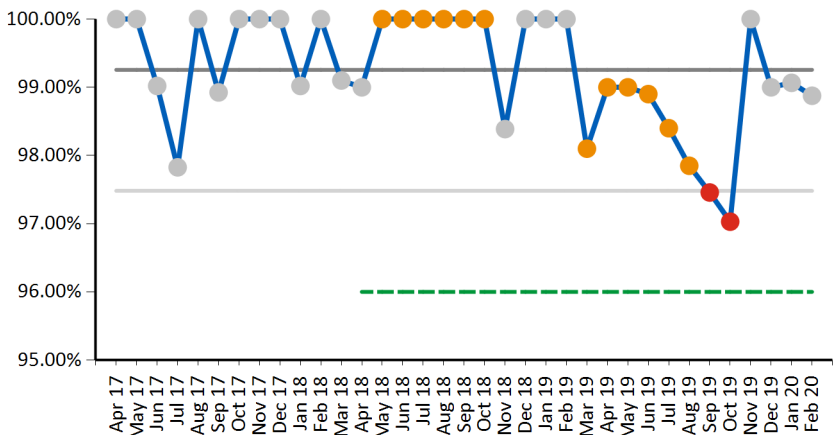
46 - 62 day standard % (1 mth in arrears)



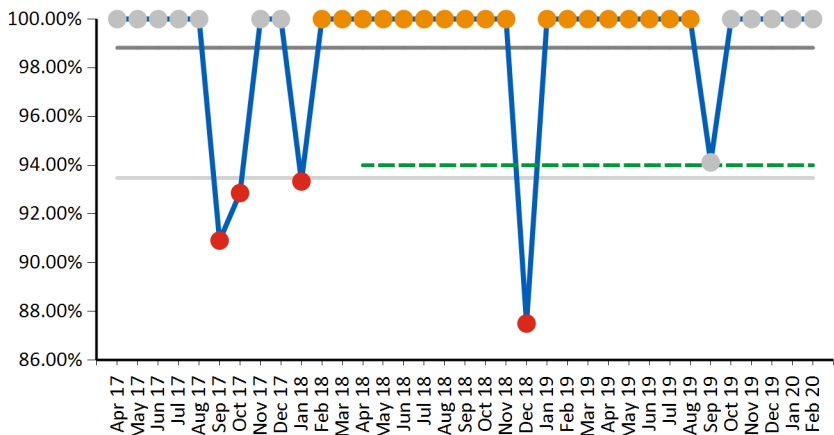
47 - 62 day screening % (1 mth in arrears)



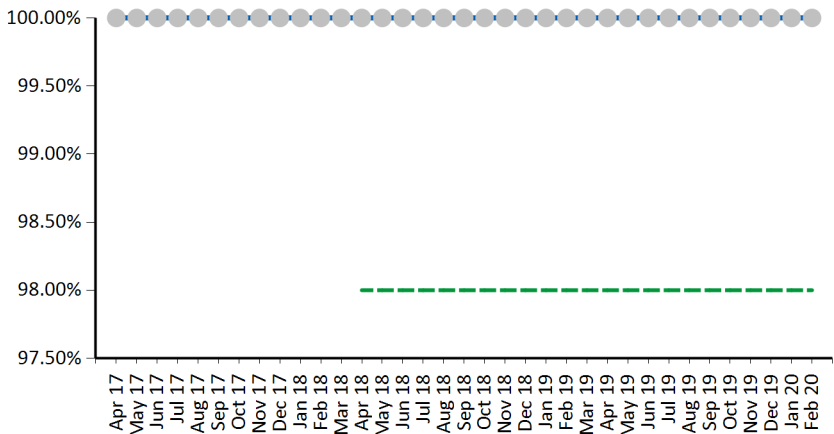
48 - 31 days to first treatment % (1 mth in arrears)



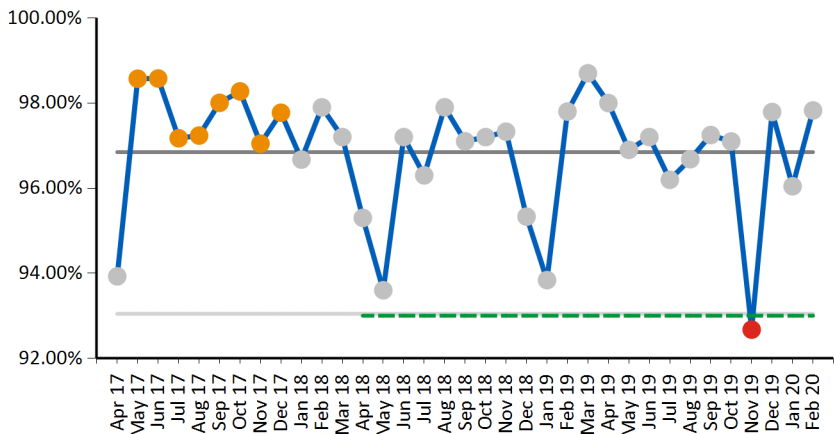
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)



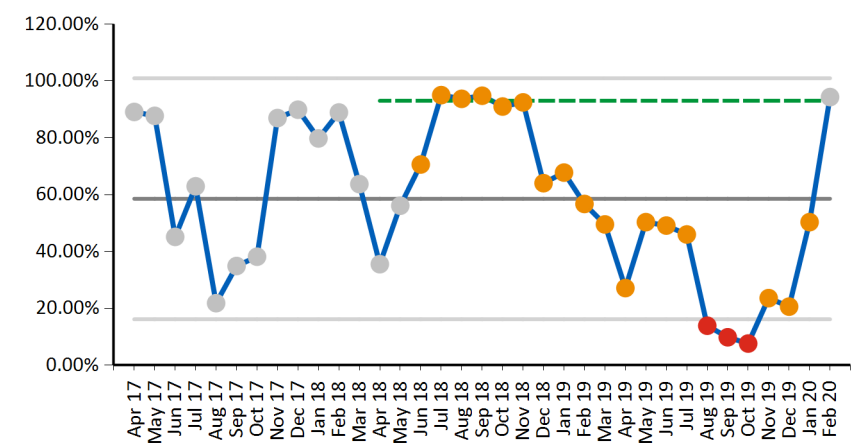
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)



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











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



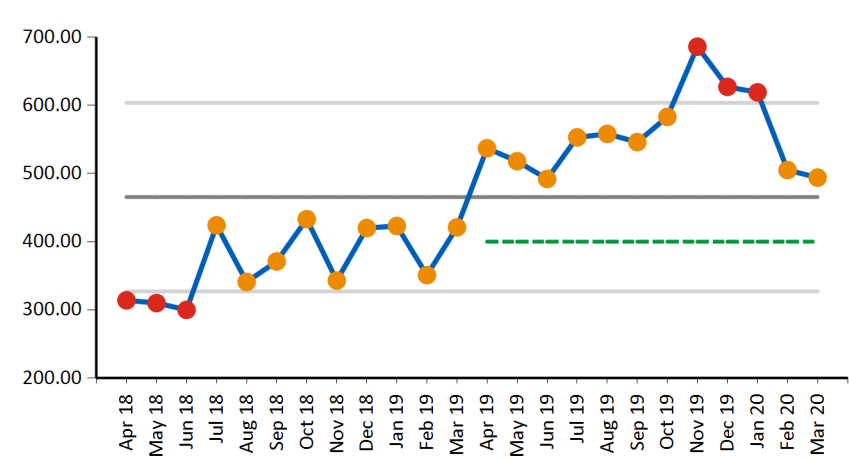
Community

Delayed Transfers of Care
Whilst this is an overall increase compared to February, due to the actions taken as a result of implementing the COVID-19 discharge guidance we did observe an unprecedented drop in DTOC figures from 22nd March.

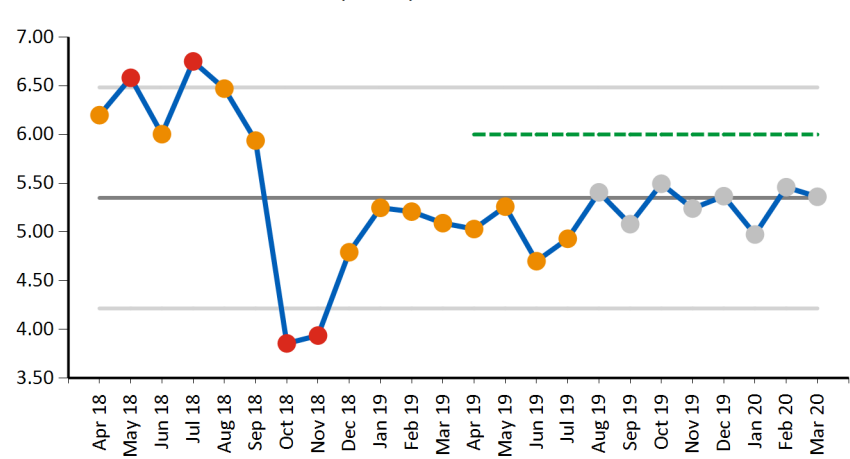
Medically Optimised
Numbers of medically optimised people remaining in hospital have significantly reduced as a result of implementing the COVID-19 discharge guidance. Work is being commenced now to understand required support to sustain this position.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
334 - Total Deflections from ED	>= 400	494	Mar-20		>= 400	505	Feb-20	>= 4,800	6,718	
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	5.36	Mar-20		<= 6.00	5.46	Feb-20	<= 6.00	5.36	
230 - Medically Optimised Numbers	<= 50	20	Mar-20		<= 50	69	Feb-20	<= 600	866	
231 - Medically Optimised Days	<= 209	226	Mar-20		<= 209	445	Feb-20	<= 2,508	6,269	

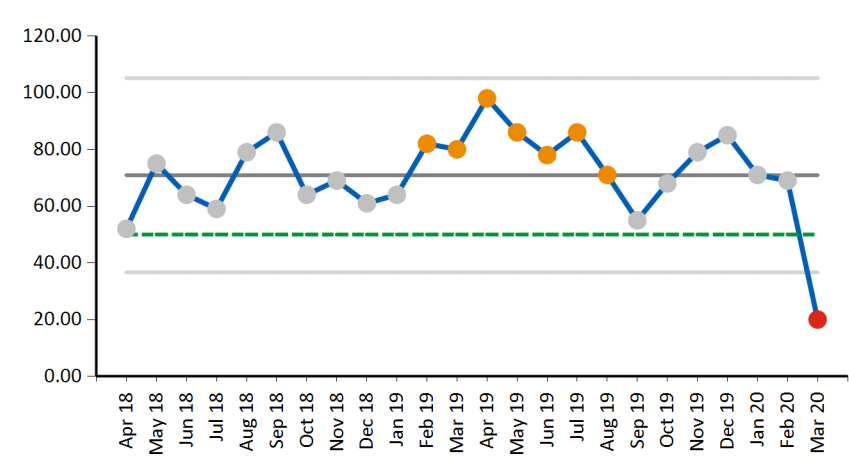
334 - Total Deflections from ED



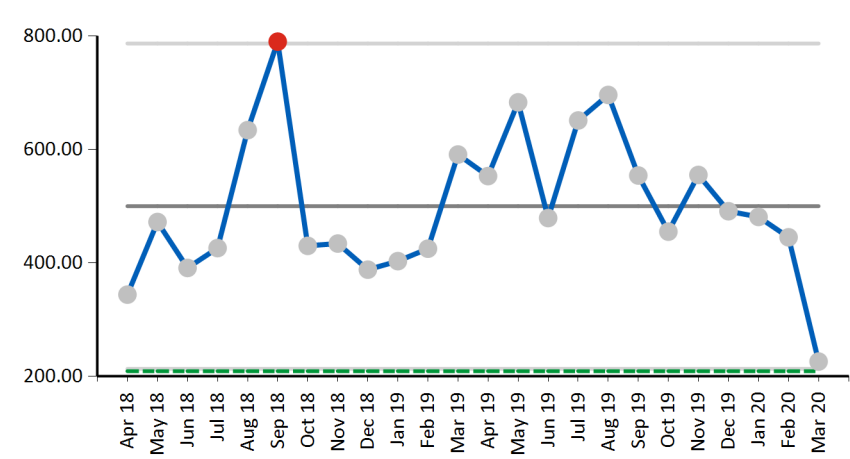
335 - Total Intermediate Tier LOS (weeks)



230 - Medically Optimised Numbers



231 - Medically Optimised Days



Sickness, Vacancy and Turnover

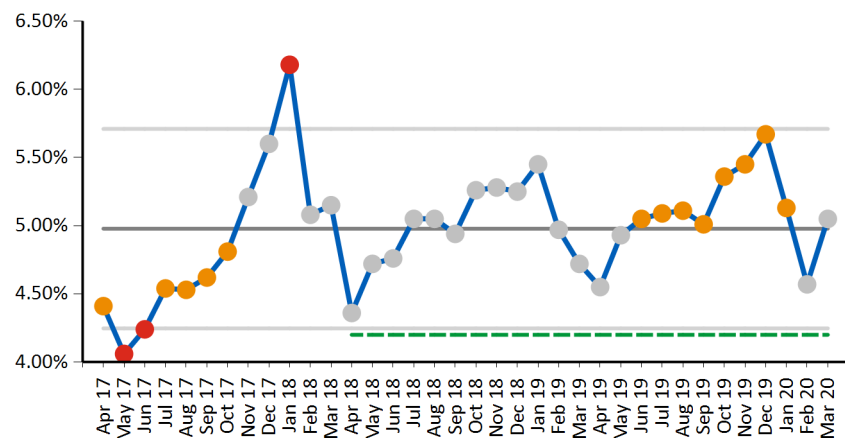
Board members will be aware that from a separate paper that the outbreak has of course created resourcing challenges across the Trust. The sickness absence figures noted below are those off on sick leave, it does not include those staff who are off due to Covid related reasons e.g. isolating, shielding. These figures are included in a separate paper.

Performance on the recruitment & retention metrics remains strong, albeit there has been an increase in turnover which the Workforce Assurance Committee will explore at the next meeting and report back accordingly. Whilst the Workforce Assurance Committee hasn't met for March & April the Workforce Dashboard is still being produced to ensure that the Director of Workforce & OD is sighted on the areas within the organisation that remain 'hard to fill', along with the clear set of actions that are in place. Strong partnership working between the Divisional & Workforce Teams is evident which is supporting this positive position.

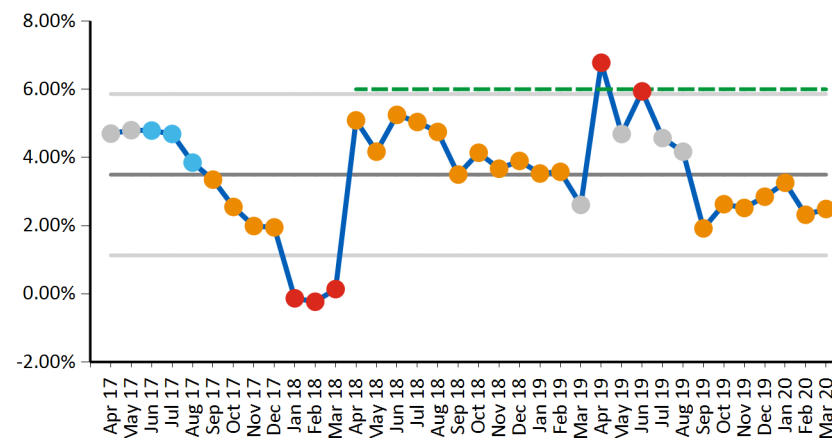
The number of investigations over 8 weeks has reduced which is positive. Board members are advised from a separate paper that revised Employee Relations processes have been agreed with the Trade Union organisations and by Gold command.

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%	5.05%	Mar-20		<= 4.20%	4.57%	Feb-20	<= 4.20%	5.08%	
120 - Vacancy level - Trust	<= 6%	2.49%	Mar-20		<= 6%	2.32%	Feb-20	<= 6%	3.68%	
121 - Turnover	<= 9.90%	10.51%	Mar-20		<= 9.90%	10.23%	Feb-20	<= 9.90%	9.98%	
366 - Ongoing formal investigation cases over 8 weeks		1	Mar-20			8	Feb-20		47	

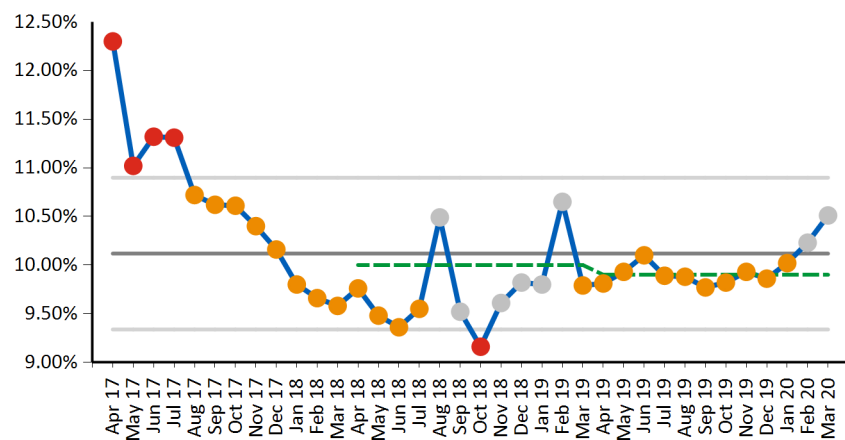
117 - Sickness absence level - Trust



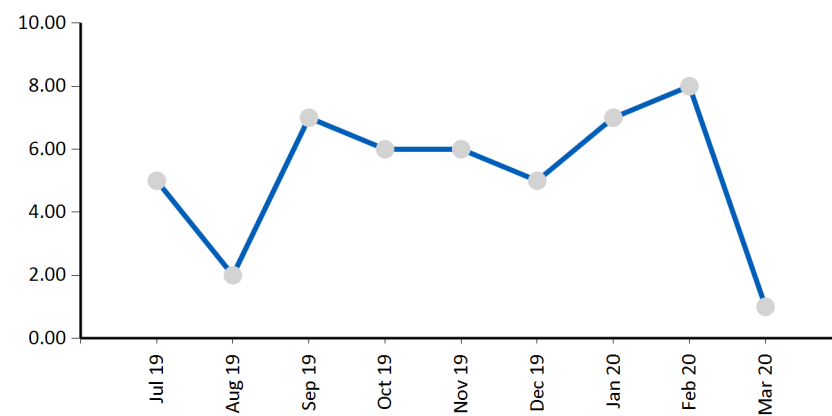
120 - Vacancy level - Trust



121 - Turnover











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



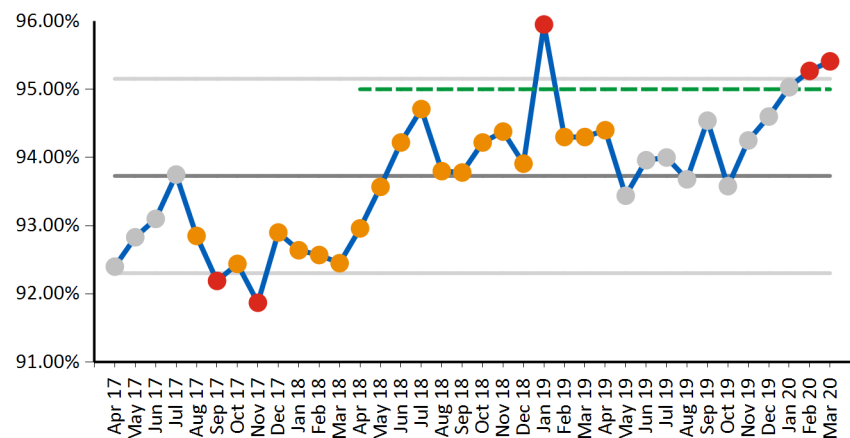
Organisational Development

The OD indicators remain strong, with Mandatory Training, Statutory Training above target and showing increases from the previous month. 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, recovery actions will need to be taken. The OD team will work with the Divisions to consider what steps can be taken. As noted in a separate paper changes 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..

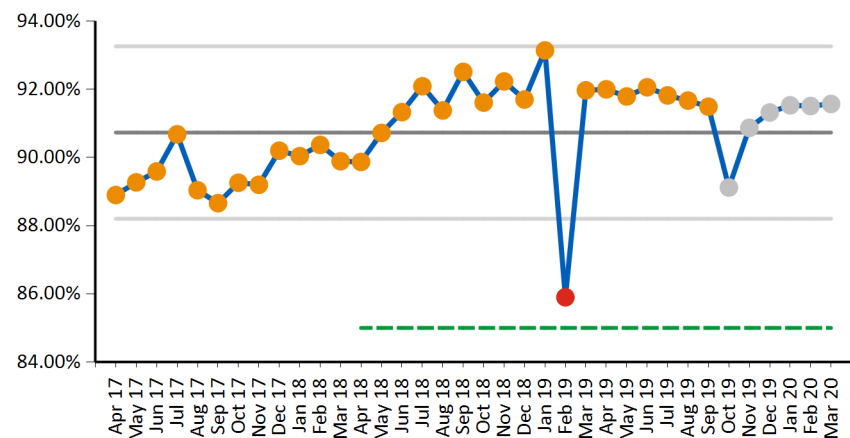
NHS Staff Survey – At the last meeting the Board received an update on the NHS Staff Survey findings and next steps. Quarter 3 data is taken directly from the NHS Staff Survey. We benchmark very positively in Greater Manchester (joint top for Acute Trusts') and in the top 25% nationally.

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%	Mar-20		>= 95%	95.3%	Feb-20	>= 95%	94.3%	
38 - Staff completing Mandatory Training	>= 85%	91.6%	Mar-20		>= 85%	91.5%	Feb-20	>= 85%	91.4%	
39 - Staff completing Safeguarding Training	>= 95%	96.79%	Mar-20		>= 95%	96.63%	Feb-20	>= 95%	95.88%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	82.4%	Mar-20		>= 85%	86.3%	Feb-20	>= 85%	84.6%	
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%		

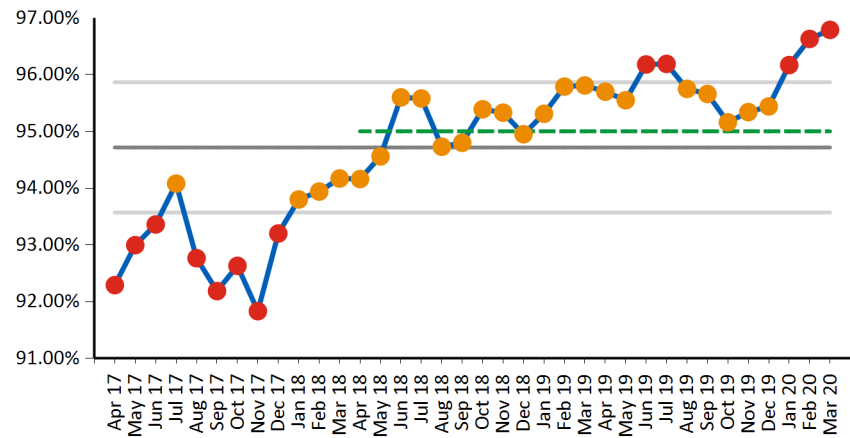
37 - Staff completing Statutory Training



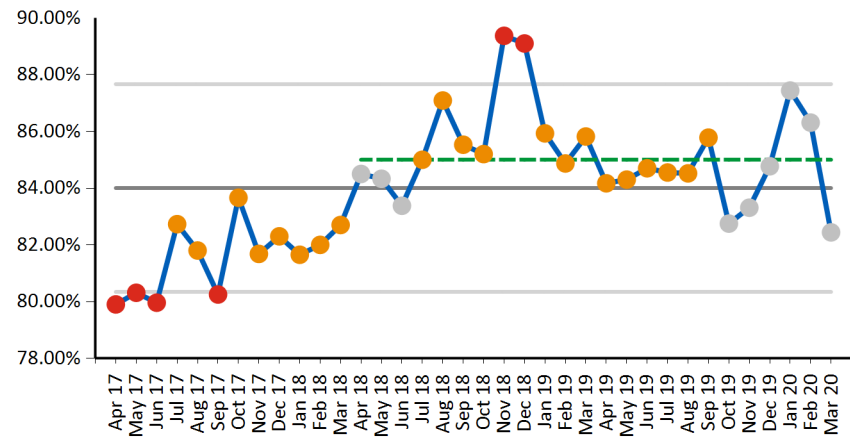
38 - Staff completing Mandatory Training



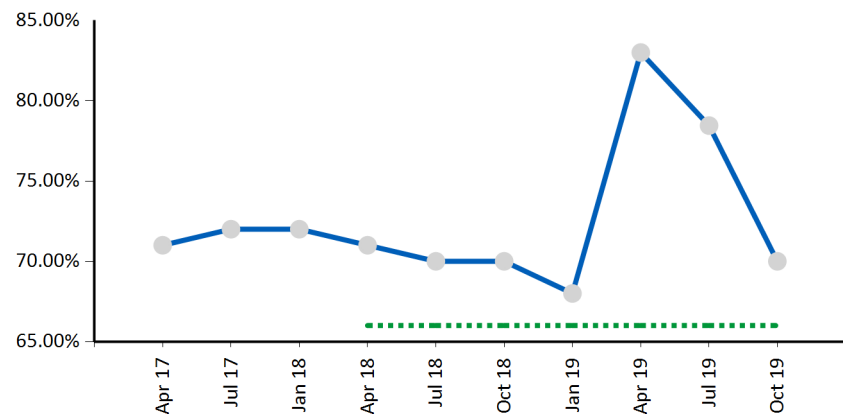
39 - Staff completing Safeguarding Training



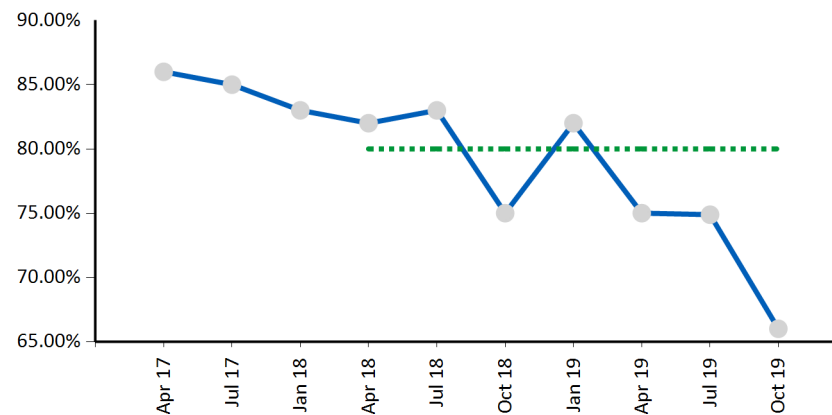
101 - Increased numbers of staff undertaking an appraisal



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

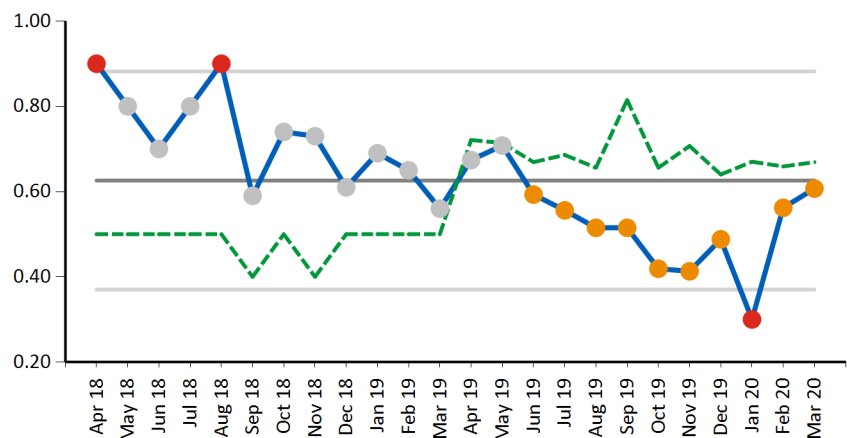


Agency

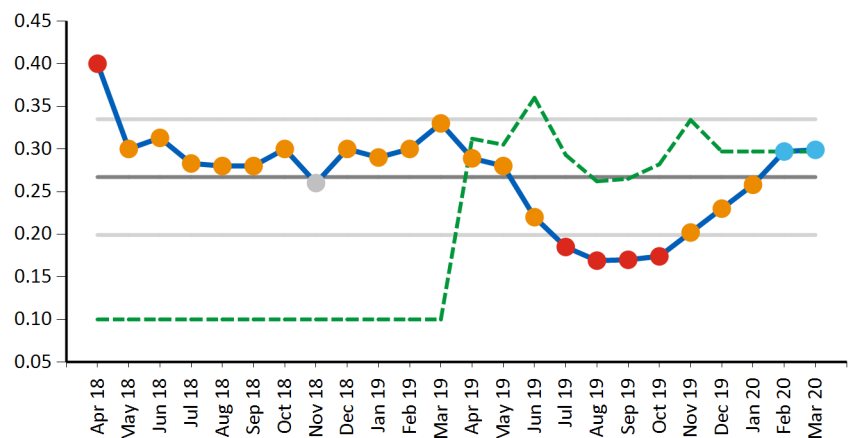
Colleagues will note the in-month Agency spend remains below the Trust's forecast despite there being a slight increase from the previous month. As would be expected the two areas of greatest spend being Nursing, Medical. Given the Covid period then it is anticipated that there may be increases in future months. That said all actions continue to be undertaken to reduce agency spend where possible and maintain services (details of actions being taken are included in a separate paper). 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)	<= 0.67	0.61	Mar-20		<= 0.66	0.56	Feb-20	<= 8.26	6.35	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.30	0.30	Mar-20		<= 0.30	0.30	Feb-20	<= 3.60	2.77	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.30	0.23	Mar-20		<= 0.30	0.20	Feb-20	<= 3.77	2.85	

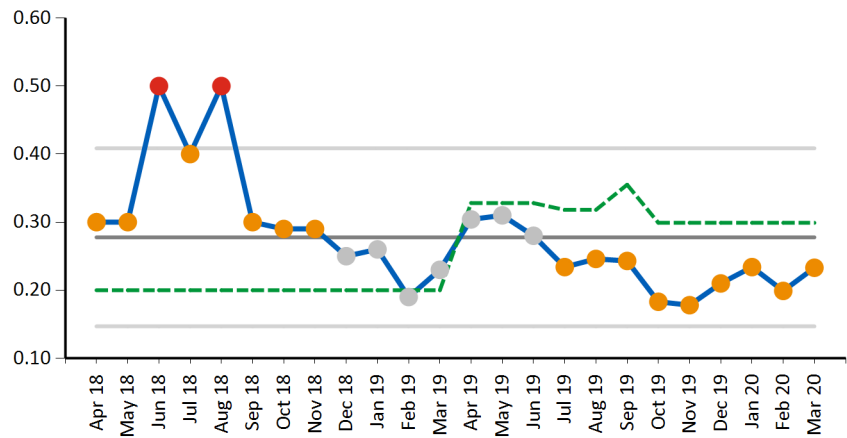
198 - Trust Annual ceiling for agency spend (£m)



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



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

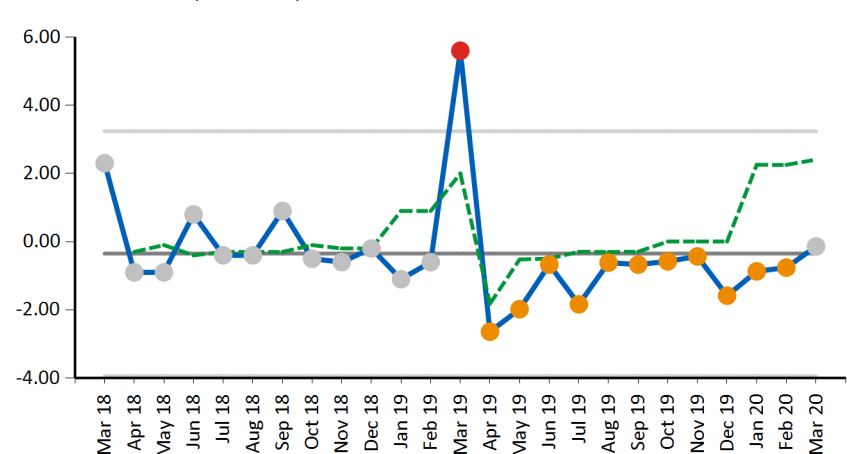


Finance

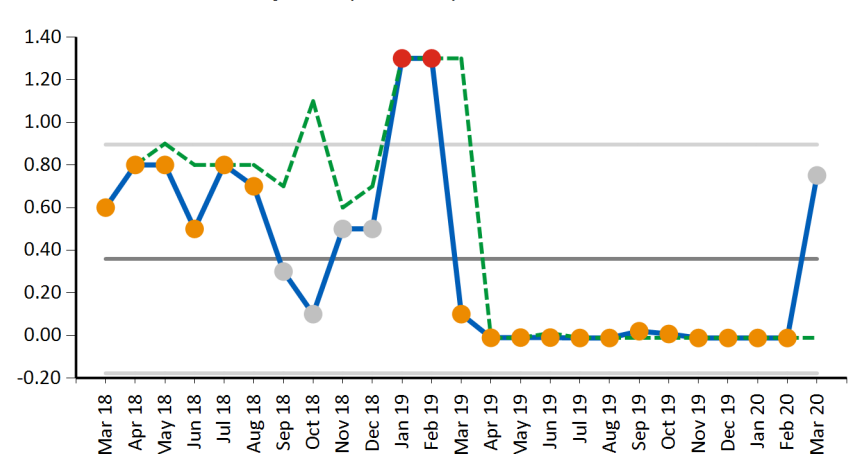
- Year to date deficit at the end of month 12 of £12.8m before receipt of PSF – £16.0m worse than plan.
- Year to date deficit of £5.7m after taking account of PSF income of £7.1m -£15.4m worse than the year to date plan.
- In month the there was an overall surplus of £0.6m after PSF is included
- Impairments below the line of £2.6m have been transacted
- ICIP off track by £6.3m.
- PSF of £7.1m has been included year to date compared to a plan of £6.6m. There is some risk that Q4 PSF will not be achieved due to the overall position across GM.
- Income (excl PSF/MRET) is £350.9m year to date - over plan by £5.2m, but this includes £9.7m of notional income from DoH for pensions contributions, with an equal & opposite entry against pay.
- Pay overspending year to date by £18.6m against a budget of £245.8m, but this has the £9.7m notional pensions charge from DoH included.
- Non pay expenditure is worse than plan by £7.5m.
- Capital charges are better than plan by £4.9m, but this includes £3.2m deferred tax benefit from IFM.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= 2.4	-0.1	Mar-20		>= 2.3	-0.8	Feb-20	>= 3.2	-12.8	
221 - Provider Sustainability Fund (£ millions)	>= -0.01	0.75	Mar-20		>= -0.01	-0.01	Feb-20	>= -0.11	0.68	
222 - Capital (£ millions)	>= 1.4	2.5	Mar-20		>= 1.0	1.7	Feb-20	>= 11.5	12.2	
223 - Cash (£ millions)	>= 18.5	17.0	Mar-20		>= 16.2	15.1	Feb-20	>= 18.5	17.0	
224 - Use of Resources	<= 1	3	Mar-20		<= 1	3	Feb-20	<= 1	3	

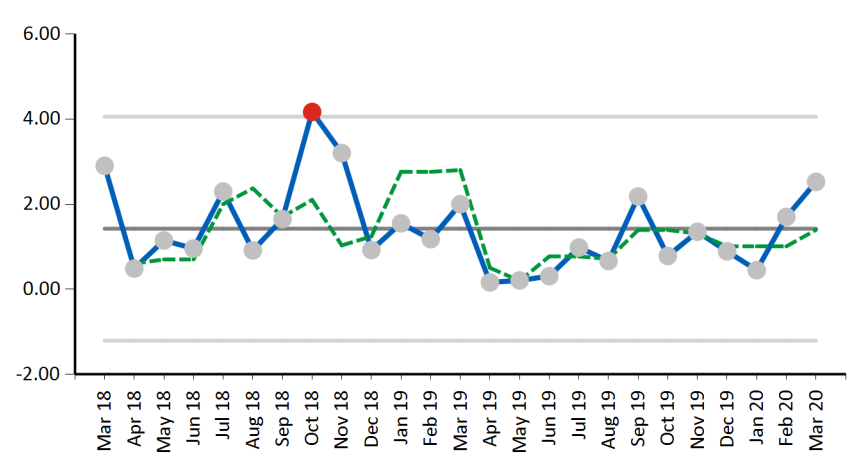
220 - Control Total (£ millions)



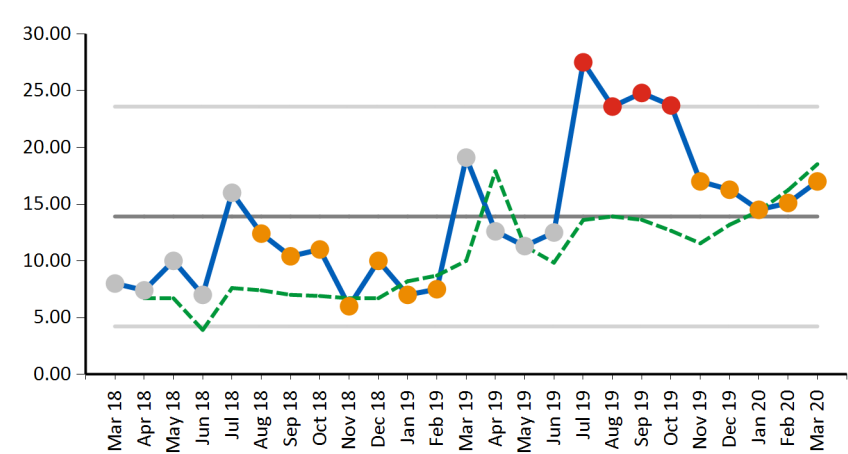
221 - Provider Sustainability Fund (£ millions)



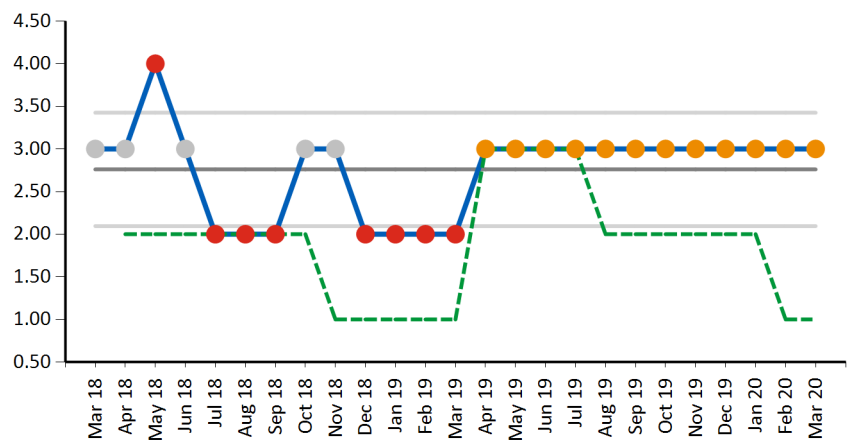
222 - Capital (£ millions)



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 & Dunsicar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westthoughton	Evening Service	Treatment Rooms	Overall	
Infection Control & Harm Free Care	Safety Thermometer Survey %	Target = 95%	100%	97.30%	96.40%	92.50%	94%	94%		97.14%	97.50%	97%			96.66%	
	Hand Washing Compliance %	Target = 100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	99.44%	
	Monthly New pressure Ulcers (Grade 2)	Target = 0	2	0	0	0	1	1	0	1	0	0	1		6	
	Monthly New pressure Ulcers (Grade 3)	Target = 0	0	1	0	1	1	0	0	0	2	0	0		5	
	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	1	1	0	0	0	0	0	0	0	0	0		2	
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%	97.2%	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%		97.55%	91.74%	97.11%	96.93%			
	BoSCA Rating		platinum	platinum	gold	silver	platinum	platinum		gold	platinum	platinum	gold		gold	
Patient Experience	Friends and Family Response Rate %	Target = 30%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		0.0%		
	Friends and Family Recommended Rate %	Target = 97%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%	99.3%		0.0%		
	Number of Complaints received	Target = 0	0	1	0	0	0	0	0	0	0	0	0	0		
Staffing & Workforce	Current Budgeted WTE		11.64	13.72	24.11	18.24	7.11	13.15	17.13		9.13	11.09	19.64	25.39	170.35	
	Actual WTE In-Post		9.24	15.00	15.90	15.20	10.44	12.84	11.20		12.75	10.00	16.22	23.93	152.72	
	Actual WTE Worked		11.20	15.15	16.41	15.60	10.88	13.07	12.93		13.44	10.30	17.88	24.54	161.39	
	Pending Appointment		0.8		0.8	3.6			0.5			1.8		0.8	8.30	
	Current Budgeted Vacancies (WTE)		1		1.8	2	1	2.9	1		1.8	2	4.47	1.8	19.77	
Staff Development	Sickness (Feb-20) (%)	Target is < 4.2%	0.0%	0.7%	2.7%	0.4%	7.0%	5.1%	0.0%		5.7%	4.7%	2.9%	7.8%	3.1%	
	Substantive Staff Turnover Headcount	Target is < 10%	8.0%	0.0%	10.3%	60.6%	0.0%	20.7%	13.3%		11.4%	16.7%	12.9%	9.2%	17.5%	
	12 month Appraisal	Target = 85%	100.0%	76.5%	100.0%	75.0%	100.0%	100.0%	90.9%		73.7%	92.3%	75.0%	88.5%	86.86%	
	12 month Statutory Training	Target = 95%	100.0%	100.0%	93.9%	96.2%	96.7%	98.7%	93.9%		90.8%	97.2%	98.8%	100.0%	96.14%	
	12 month Mandatory Training	Target = 85%	97.9%	98.5%	97.3%	92.3%	95.0%	94.2%	95.4%		88.6%	89.6%	94.6%	100.0%	93.80%	

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: 23 April 2020

Generated by: Emma Cunliffe

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

© 2020 NHS Improvement





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	Mar 2020	 Good	(amber / green)		
Clinical Services	Data period	Trust value	Performance band description	Peer median	National median
Pre-procedure elective bed days	Q3 2019/20	 0.12	In quartile 3 - Mid-High 25% (amber / red)	0.14	0.11
Pre-procedure non-elective bed days	Q3 2019/20	 1.19	In quartile 4 - Highest 25% (red)	0.77	0.66
Did not attend (DNA) rate	Q3 2019/20	 9.13%	In quartile 4 - Highest 25% (red)	7.50%	7.11%
Emergency Readmission 30 days	Q3 2019/20	 9.01%	In quartile 4 - Highest 25% (red)	7.88%	7.94%
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	Jan 2020	 88.3%	In quartile 3 - Mid-High 25% (amber / green)	88.0%	86.3%
Sickness absence rate	Jan 2020	 5.34%	In quartile 4 - Highest 25% (red)	5.34%	4.64%
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	<div>Either</div> <ul style="list-style-type: none">• Lowest quartile, where low represents best productivity• Highest quartile, where high represents best productivity• Performance better than benchmark, in a chart using a red-amber-green scale
	Amber/green	<div>Either</div> <ul style="list-style-type: none">• Mid-low quartile, where low represents best productivity• Mid-high quartile, where high represents best productivity
	Amber/red	<div>Either</div> <ul style="list-style-type: none">• Mid-high quartile, where low represents best productivity• Mid-low quartile, where high represents best productivity
	Amber	Performance approaching benchmark, in a chart using a red-amber-green scale
	Red	<div>Either</div> <ul style="list-style-type: none">• Highest quartile, where low represents best productivity• Lowest quartile, where high represents best productivity• Performance 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.