Board of Directors - Part 1

Thu 30 September 2021, 09:00 - 13:05

Zoom

Agenda

09:00 - 09:00
0 min

1. Welcome and Introductions

Chair

09:00 - 09:00
0 min

2. Patient Story - Home First / Integrated Care

Integrated Care Division

09:00 - 09:00
0 min

3. Apologies of absence

DCG

📄 3. Board of Directors Agenda 30.09.21.pdf (2 pages)

09:00 - 09:00
0 min

4. Declarations of Interest

Chair

09:00 - 09:00
0 min

5. Minutes of meeting held on 29 July 2021

Chair

📄 5. Board of Directors Minutes Part 1 - 29.07.21.pdf (13 pages)

09:00 - 09:00
0 min

6. Action log

Chair

📄 6. Action log.pdf (2 pages)

09:00 - 09:00
0 min

7. Matters arising

Chair

09:00 - 09:00
0 min

8. Chair's update

Chair

09:00 - 09:00
0 min

9. Chief Executive's Report

CEO

📄 9. CEO Report with front cover - September 2021 - FINAL.pdf (3 pages)

09:00 - 09:00
0 min

10. Integrated Performance Report

COO

📄 10. Trust Board M5 v1.2.pdf (53 pages)

09:00 - 09:00
0 min

11. Winter Planning update

COO

📄 11. Winter Planning cover sheet.pdf (1 pages)

09:00 - 09:00
0 min

12. Quality Assurance Committee Chair Reports

QAC Chair

📄 12.a. QAC cover sheet.pdf (1 pages)
📄 12.b. QAC Chair report 18.08.21.pdf (6 pages)
📄 12.c. QAC Chairs Report 15.09.21.pdf (2 pages)

09:00 - 09:00
0 min

13. Integrated Care Partnership Business Plan 2021/22

Rachel Tanner

📄 13. Version 2 - FT Board ICP Business Plan Sept 21 FINAL.pdf (34 pages)

09:00 - 09:00
0 min

14. ICP Social Care Transformation Plan - Managing Demand 2021/3

Rachel Tanner

📄 14. Version 2 - council demand strategy ASC Sept 2021 (002).pdf (23 pages)

09:00 - 09:00
0 min

15. Staff Story - BAME Network

DoP

09:00 - 09:00
0 min

16. Workforce Race Equality Standard and Workforce Disability Equality Standard 2021

DoP

📄 16. BoD - WRES WDES 300921.pdf (7 pages)

09:00 - 09:00
0 min

17. Equality, Diversity and Inclusion Plan 2021-2025

DoP

📄 17.a. BoD - EDI Plan 300921.pdf (4 pages)
📄 17.b. Equality Diversity Inclusion Plan 2021-2025 Sept21.pdf (32 pages)

09:00 - 09:00
0 min

18. People Committee Chair Report

Chair of People Committee

📄 18.a. Front cover PC Chairs report Sept 2021.pdf (1 pages)
📄 18.b. People Committee Chair Report Sept 2021 draft.pdf (4 pages)

09:00 - 09:00
0 min

19. Freedom to Speak Up Annual Report 2020-21

Tracey Garde

📄 19. FTSU annual report 2020-21.pdf (14 pages)

09:00 - 09:00
0 min

20. Trust Transformation Board Chair Reports

TTB Chair

📄 20.a. TTB cover sheet.pdf (1 pages)
📄 20.b. TTB chairs report 12.07.21.pdf (5 pages)
📄 20.c. TTB chairs report 13.09.21.pdf (5 pages)

09:00 - 09:00
0 min

21. Finance and Investment Committee Chair Report

F&I Chair

📄 21.a. Cover Sheet - FI Chairs' Report.pdf (1 pages)
📄 21.b. Chair Report - September 2021.pdf (4 pages)

09:00 - 09:00
0 min

22. Audit Committee Chair Report

Audit Chair

📄 22.a. Audit Committee cover sheet.pdf (1 pages)
📄 22.b. Audit Committee Chair Report June 2021.pdf (2 pages)

09:00 - 09:00
0 min

23. Any other business

Chair

BOARD OF DIRECTORS MEETING

Date: 30th September 2021
Time: 09.00-13.05
Venue: Zoom

NHS
Bolton
NHS Foundation Trust

AGENDA - PART 1

TIME	SUBJECT	LEAD	PROCESS	EXPECTED OUTCOME
09.00	1. Welcome and Introductions	Chair	Verbal	To note
09.05	2. Patient Story – Home First / Integrated Care	Integrated Care Division	Verbal	To note
09.25	3. Apologies of Absence	DCG	Verbal	Apologies noted
	4. Declarations of Interest	Chair	Verbal	To note declarations of interest in relation to items on the agenda
09.30	5. Minutes of meeting held on 29 July 2021	Chair	Minutes	To approve the previous minutes
	6. Action Log	Chair	Action log	To note progress on agreed actions
	7. Matters arising	Chair	Verbal	To address any matters arising not covered on the agenda
	8. Chair's update	Chair	Verbal	To receive a report on current issues
Safety Quality and Effectiveness				
09.35	9. Chief Executive's Report	CEO	Report	To receive and note
09.45	10. Integrated Performance Report	COO	Report and Presentation	To receive and note
10.00	11. Winter Planning update	COO	Presentation	To note
10.20	12. Quality Assurance Committee Chair Reports	QAC Chair	Report	To provide assurance on work delegated to the sub-committee
10.30	**BREAK**			

10.45	13.	Integrated Care Partnership Business Plan 2021/22	Rachel Tanner	Report	To receive and note
11.10	14.	ICP Social Care Transformation Plan – Managing Demand 2021/3	Rachel Tanner	Report	To receive and note
11.30		BREAK			
11.40	15.	Staff Story – BAME Network	DoP	Verbal	To note
11.55	16.	Workforce Race Equality Standard and Workforce Disability Equality Standard 2021	DoP	Report	To receive and note
12.05	17.	Equality, Diversity and Inclusion Plan 2021-2025	DoP	Report	To approve
12.20	18.	People Committee Chair Report	Chair of People Committee	Report	To receive assurance from the People Committee
		Governance			
12.30	19.	Freedom to Speak Up Annual Report 2020/21	Tracey Garde	Report	To receive and note
12.45	20.	Trust Transformation Board Chair Reports	TTB Chair	Report	To receive and note
12.50	21.	Finance and Investment Committee Chair Report	F&I Chair	Report	To provide assurance on work delegated to the sub-committee
12.55	22.	Audit Committee Chair Report	Audit Chair	Report	To provide assurance on work delegated to the sub-committee
13.00	23.	Any Other Business	Chair	Verbal	To note
		Questions from Members of the Public			
	24.	To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting			
		Resolution to Exclude the Press and Public			
13.05	25.	To consider a resolution to exclude the press and public from the remainder of the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted			

Meeting:	**Board of Directors (Part 1)**	
Date:	**Thursday 29th July 2021**	
Time:	**09:00-12.45**	
Venue:	**Via Zoom**	

PRESENT:

Donna Hall	Chair	DH
Fiona Noden	Chief Executive	FN
Andy Ennis	Chief Operating Officer	AE
Francis Andrews	Medical Director	FA
Sharon Martin	Director of Strategy and Transformation	SM
James Mawrey	Director of People	JM
Karen Meadowcroft	Director of Nursing	MF
Annette Walker	Director of Finance	AW
Malcolm Brown	Non-Executive Director	MB
Rebecca Ganz	Non-Executive Director	RG
Martin North	Non-Executive Director	MN
Alan Stuttard	Non-Executive Director	AS
Andrew Thornton	Non-Executive Director	AT

IN ATTENDANCE:

Esther Steel	Director of Corporate Governance	ES
Claire Lovick	PA to Director of Corporate Governance and Chair (minute taking)	CL
Natasha McDonald	Director of Midwifery (attended the Ockenden section)	NMD
Tracey Joynson	Patient Experience Manager (attended to present patient story)	TJ
Ibrahim Ismail	Shadow NED	IB
Lisa Gammack	Deputy Director of OD (attended BAME Leadership section)	LG
Khadija Dar	Nurse, Family Care (attended BAME Leadership section)	KD
Adam Ilyas	Physiotherapist (attended BAME Leadership section)	AI
Anisa Mohamed	Specialist nurse, Family Care (attended BAME Leadership section)	AM
Urvasi Skinner	Occupational Therapist (attended BAME Leadership section)	US
Richard Catlin	Assistant Director of IPC (attended the IPC section)	RC
	There were also eight observers who attended this meeting	

APOLOGIES:

Jackie Njoroge	Non-Executive Director	JN
Bilkis Ismail	Non-Executive Director	BI

1. **Welcome**

   The Chair welcomed everyone to this meeting, including some members of the Shadow Board.

2. **Patient / Staff Story**

   MT's patient / staff story was presented via video.

   MT has worked at BFT since 2018 and her Mum was very proud of her and the role she fulfils, with care, at the Trust.

   MT's Mum had MS for a number of years but still lived a quality life, and was cared for by her daughter.

   MT's Mum was admitted to A&E at BFT in March 2021 and sadly died some days later on one of the wards. MT spoke of a number of issues with her mother's care including lack of empathy, poor mouth care and delay in providing adequate pain relief.

   MT advised that she upholds BFT values in all that she does and has raised this with Board today so improvements can be made for patients going forward.

   The Chief Nurse has worked with MT and TJ on an action plan to ensure improvements are put in place. This plan includes looking at support offered at end of life and looking at oral care.

   MT will work with the bereavement team going forward to ensure improvements are made and she is pleased with the actions the Trust has put in place.

ACTION: KM to check if MT is happy for her patient story to be shared with our bereavement teams, nurse managers and QAC.	KM FT/21/28
ACTION: KM to revisit MT's patient story in six months' time to check if the actions put in place are continuing to be carried out to improve patient care and provide an update through Quality Assurance Committee to Board.	KM FT/21/29

   Resolved: The Board apologised to MT for the distressing experience her and her Mum went through. The Board thanked MT for her bravery in sharing her story so the Trust can learn from it and make improvements going forward.

3. **Declarations of Interest**

   There were no Declarations of Interest to report.

4. **Minutes of last meeting**

   The minutes of the meetings on 27th May 2021, 9th June 2021 and 24th June 2021 were approved as an accurate record of the meetings.

5. **Matters arising**

   MN provided an update on Shadow Board and welcomed some of the Shadow Board as observers at today's Board meeting. Main points to note:

   - The Shadow Board Programme is run for aspiring Executives.

   - The Shadow Board go through the Board papers and run the meeting as if it was a formal Board meeting, to gain experience of what Board meetings involve.

- Some Shadow Board members feel their divisions are not adequately represented on the Performance Report. They will ensure they provide adequate information going forward.

- The Shadow Board believe it would be beneficial if more people in the Trust could see patient stories. Board and QAC see these stories and ensure the Trust learns from them and makes improvements for the future, but it would be helpful if others also had the benefit of seeing these stories.

ACTION: Rachel Carter to look at how we can share patient stories (from patients who give us consent to do so) with staff.	RC FT/21/30
ACTION: KM to work with Tracey Joynson to collate a list of the patient stories over the last 12 months and the actions taken forward from them and share this with Quality Assurance Committee.	KM FT/21/31

6. **Action log**

The action sheet was updated to reflect actions taken since the previous meeting.

7. **Chief Executive Report**

This paper was taken as read. Main points to note:

- Urgent Care is feeling the pressure and they are currently as busy now as would normally be the case in mid-winter.

- Although Covid restrictions were lifted earlier this month, BFT will continue mask wearing, social distancing and limiting the number of visitors to the hospital as Covid is still high in Bolton and GM.

- Staff shortages are currently a concern and the Trust is working on this.

- Amanda Pritchard will succeed Simon Stevens in the role as CEO of the NHS. Amanda has previously been CEO at Guys Hospital.

Resolved: The Board thanked the Chief Executive for this update.

8. **Integrated Performance Report**

The Chief Operating Officer presented the Performance Review slides. Main points to note:

- Quality:
  - There has been a slight increase in the number of falls in June, but they are lower level harm falls.
  - BFT has seen a substantial increase in occupancy of beds in the last quarter. This is rated amber as improvement is required.
  - An increase has been seen on pressure ulcers in the hospital and community. Many of these are in critical care and are a result of the devices used for Covid patients.
  - With the exception of Family Care Division which is exemplary, improvement is required in clinical correspondence and this is rated red. Slight improvement has been seen across various areas and this is slowly moving in the right direction.

- Sepsis compliance is at 68.1% for emergency patients being screened for Sepsis. There is 100% compliance for patients receiving antibiotics within one hour of a Sepsis diagnosis.
- SHMI for mortality has improved and the Mortality Team are pleased to report this is back within the normal range. An emphasis on data recording looks to be the main reason for this improvement and early indications show this is likely to be sustained.

- Performance:
  - Urgent Care is a significant issue. This is rated red due to delayed ambulance handovers and long waits for beds.
  - The Trust are likely to achieve Q1 Elective Recovery targets in all areas except breast, which is due to pressures in the system. Elective Recovery is rated amber due to this.
  - Cancer two week waits are reducing and we are keeping within target.
  - There is significant risk across the system due to bed and staff shortages.

- Workforce:
  - Staff have been working extremely hard over the last 18 months and the Board acknowledged their thanks.
  - There are huge pressures on the Trust, particularly in Urgent Care, and extra staff are required to get us through what is likely to be a very busy 12-18 months ahead. The workforce team are working hard to recruit more staff in various areas of the hospital.
  - Agency staff spend is a concern as this has increased significantly in recent months. This is due to the Urgent Care pressures and Elective Recovery and the agency staff have been essential to help us through this busy time.
  - The quarterly Go Engage staff survey was positive again, but there was a decrease in staff being happy to recommend the Trust to friends and family for work and this is likely to be due to the current staffing pressures. This will be monitored in the next quarter to see if it increases.

- Finance:
  - The deficit of £400k is better than expected.
  - We have included the £2.7m estimate for funding we expect to receive nationally for Elective Recovery.
  - We are behind where we would like to be on cost improvement and this is due to teams being so busy and focussed on what needs to be done during this exceptionally busy time there has not been as much time as would be ideal for cost saving initiatives. This is being worked on where possible and we have forecast cost savings of £1.4m for this year.
  - Cash balance is £40.5m.
  - Capital spend is behind where we would expect it to be but this is likely to be spent as the year goes on.
  - There is a high level of variable pay and this is mainly due to the high agency staff costs. This is a risk but we are aware of the reasons for it and plans are being put in place for recruitment so we can reduce agency spend in the future.

Resolved: The Board noted this update.

9. **Urgent Care and Winter Planning Update**

The Chief Operating Officer presented slides on the impact of Covid 19 on acute health services and recovery. Main points to note:

- There are two distinct challenges:
  - High volume of attendances.
  - High viral load affecting bed capacity.

- Attendances are increasing in Urgent Care constantly. The July daily average is 420 patients. Five years ago a day with 400 patients happened on average once a quarter.

- There is an increase in the number of patients visiting A&E who are young and working age. This is a cultural change and not a post pandemic issue. Patients wanting to see someone face to face rather than a GP video or telephone appointment is likely to be one of the many factors causing this cultural change.

- Many patients are coming to A&E from the most deprived areas (48% of Bolton patients live in deprived areas compared to 38% in many other parts of the country).

- Medical teams are admitting less patients and the time many patients spend in hospital has decreased.

- A&E is regularly becoming over crowded, particularly in evenings, and this is putting a strain on the whole department and having an effect on staffing.

- The volume of patients arriving at A&E also has an impact on bed capacity.

- Viral load this year is expected to be significant due to the following reasons:
  - Covid is expected to remain.
  - Bronchiolitis has started earlier than usual this year (in July rather than November).
  - Flu is anticipated to be worse than usual this year.
  - Norovirus is also anticipated to be worse than usual this year.

  This winter is expected to be the biggest challenge yet for the NHS, and Bolton is ahead of the curve on the national picture.

- Today (29th July) there are 44 Covid patients in BFT.

- We have 25 beds free but cannot use them as they are in the red area.

- Focus on RSV is usually between November and January. It is currently very high and we are only in July.

- Immediate steps being taken to free staff so they can focus on the current pressures are:
  - Standing down non-essential meetings, and shortening other meetings where possible.
  - Allocating an email free day for staff.

- A focus on staffing, infection control, discharge and the community, and communications (internal and external).

ACTION: ES to share the Urgent Care and Winter Planning presentation shared at the 29th July 2021 Board meeting with Board members.	ES FT/21/32

The Chief Operating Officer emphasised the importance of keeping elective recovery going, and the Board fully support this. The Trust are looking at options of possibly working with Wigan / The Christie to ensure our patients can be treated.

SDEC is making a difference – the objective is to move 200 patients a day from the Emergency Department to SDEC.

There is strong evidence which will be published showing that going through SDEC reduces the length of time a patient needs to spend in hospital, as they are seen by a consultant earlier and therefore receive appropriate treatment sooner.

More staff are required for SDEC and recruitment is taking place. GPs are also being offered the opportunity to work some hours in SDEC.

ACTION: AE/JM will provide specifics to Board around recruitment for SDEC once this is in place.	AE/JM FT/21/34
ACTION: JM is undertaking a detailed recruitment review which will report through People Committee to Board. This will take some time to get right.	JM FT/21/35

It was acknowledged we have an issue with our ambulance turnaround. The Trust are aware of the issues and are working on improving this.

The New Hospital Programme (NHP) may provide us with the opportunity to improve our pathways and flow.

ACTION: SM/RG to meet to discuss NHP plans, managing flow etc for the new hospital.	SM/RG FT/21/33

The Director of People confirmed that staff sickness is currently between 4.5% - 5%, with an additional 2% for Covid related issues.

The Board agreed it could be beneficial for a walk in facility to be available in BL3 for easy access to patients in our most deprived area. This will only be helpful if it includes diagnostics. If our bid is successful for the Community Diagnostic Hub (CDH) this would be beneficial to put in place.

ACTION: SM to ask Communications to ensure we are getting the message out there re the benefits of the Community Diagnostics Hub via Fiona's Friday staff update, and also via Saiqa Chaudheri at Bolton News.	SM FT/21/44
ACTION: JM to work with Communications to ensure the Board's thanks is relayed to staff for all their hard work via Fiona's Friday.	JM FT/21/46

Resolved: The Board noted this update and the current pressures the Trust is facing.

10. **Quality Assurance Committee Update**

The Chair of the Quality Assurance Committee (QAC) provided the following update:

- QAC have held two meetings since the last Board meeting took place.

- QAC meeting on 16th June:
  - Sophie Kimber-Craig is a great addition to the team. Good progress has been made on mortality and this is largely due to the hard work done by Sophie and the Medical Director.
  - The report on DNA CPR Audit gave the QAC assurance, but this is still work in progress.
  - Two fantastic reports were received from divisions.
  - Three SI reports were approved, and one HSIB report was also approved.
  - Follow up actions from the previous SI report were also approved.

- QAC meeting on 22nd July:
  - Mortality Reduction Group is doing well, but IT improvements are required to take this much further (i.e. mobile devices, reliable WiFi, etc).
  - The Diabetes Care Quality update was very positive.
  - There was one SI report and one HSIB report approved.
  - The provisional report on the Claims Profile requires more data.

The Chief Operating Officer confirmed IT are aware of the issues re WiFi and shortage of mobile devices, and capital has been agreed for this. The Trust are aware of these issues and are addressing them.

Resolved: The Board noted the report.

11. **Learning from Deaths Report**

The Medical Director provided the following update on learning from deaths:

- Last year there were a large percentage of cases identified. Concern for Q1 is that cases identified are at a low level.

- There are still a large number of Covid cases, so many reviews are in that area.

- When going through the cases, many of the cases waiting for review are secondary cases. A large number of these are nosocomial cases which do not require a second review – they will be referred for an infection control review instead. Therefore, the case numbers are expected to reduce.

- The team are confident they will catch up with case reviews and an action tracker is in place to assist with this.

- Sophie Kimber-Craig will lead the Learning from Deaths meetings going forward.

- The structure of the Learning from Deaths meeting will change going forward and there will be a focus on a couple of cases at each meeting which can be followed up with QI work, rather than reviewing each case.

- The team have done well to get cases down and expect to be back on track for Q1.

The Board acknowledged how helpful Dr Kevin Jones work has been on the Learning from Deaths project he assisted the Trust with.

RC and his team have worked very hard on IPC to ensure we are assured on IPC processes. Dr Kevin Jones did the primary reviews of patients who died of nosocomial related issues. RC confirmed one member of staff will do the reviews going forward to ensure consistency of the evaluation of cases.

Resolved: The Board noted this update and thanked the Medical Director and Sophie Kimber-Craig for the huge progress they have made in this area. The Board also thanked Richard Catlin for all his hard work on infection control during the pandemic.

12. **IPC Board Assurance Framework**

The Chief Nurse provided an update on the IPC Board Assurance Framework. Main points to note:

- NHSI issued a new version of the Board Assurance Framework in June 2021 to look into Covid 19 and other infection control related issues.

- The Board Assurance Framework details that the Trust complies with most areas of the enquiry.

- Assurance is provided to Board that we are progressing things and there is a Board Assurance Framework meeting each month which our Chief Nurse attends.

- The Chief Nurse is also progressing this through the IPC Committee.

- The team have established what we need to achieve a better IPC pathway and this is detailed in the paper.

- Going forward, the intension is for there to be an ongoing action plan for the Board Assurance Framework which will go to the IPC Committee then feed into the Quality Assurance Committee.

Resolved: The Board acknowledged the detailed assurance provided in this paper and thanked Richard Catlin for all his hard work in this area.

13. **Ockenden Report**

The Chief Nurse and Natasha McDonald provided an update on the Ockenden Report. Main points to note:

- There was a tight deadline of 30th June 2021 for providing information to show we were compliant for the Ockenden Report.

- The Trust is compliant with 46 of the 47 areas in the Ockenden Report.

- The one area we are partially compliant in is SI Reports. The Ockenden Report requests SI Reports are approved at Trust Board level, but due to patient confidentiality the Quality Assurance Committee have agreed SI Reports are best to be approved at their committee. This is consistent with what many other trusts are doing.

- BFT have put a request forward requesting SI Reports can be approved by the Quality Assurance Committee, which is a sub-committee of the Board of Directors.

- Trust Board level oversight is provided – KM (Chief Nurse and Safety Champion) and MN (NED and Safety Champion) are both Board members. Staff have access to safety champions when required.

- 90% of our staff have been fully compliant with in-house training.

- The Trust needs to share what it has learned from the Ockenden Report wider in the organisation.

Staff would like a return to face to face training as soon as it is Covid safe / appropriate to do so.

There is an issue with staffing in Maternity Services and this is a national issue. The Trust has offered all our students jobs and we will fill all our vacancies. These newly qualified midwives will start in September, so there is a busy few weeks ahead for our current staff. KM and NMD offer support to our midwifery wards to ensure safety at all times.

When the newly qualified midwives start their new roles with us in September, they will be fully supported by our current midwives whilst they grow into their new roles and gain 'on the job' experience.

BFT will continue to work with the university to attract staff to work in maternity.

ACTION: KM to provide an update on all maternity safety and improvement initiatives to Board.	KM FT/21/43

The Board thanked the Chief Nurse and Natasha MacDonald for this detailed report.

Resolved: The Board formally delegated approval of SI and receipt of HSIB reports to Quality Assurance Committee, which in governance terms is a committee of Board.

14.   **People Committee Chairs Report**

The People Committee Chair provided the following update:

- The People Committee met in June and July 2021.

- July meeting:
  - Our staff are amazing, but are now physically and emotionally tired after such a busy 18 months.
  - Agency spend is much higher than usual due to the extra staff required at the current time.
  - The Resourcing Team are doing an excellent job of recruiting staff. The Trust has just appointed two radiologists and two breast specialists, along with various other new recruits.
  - The EDI Plan came to both the June and July People Committee. The EDI Plan presented in July was much clearer but work is still needed on KPIs before this is brought to Board in September.
  - The Go Engage Survey was positive but there was concern around the decline in the number of staff happy to recommend the Trust to friends and family as a place to work. This is likely to be due to the current staff pressures and will be monitored at the next quarterly survey.

- June meeting:
  - The Freedom to Speak Up report was presented at the June People Committee. The Trust has a fantastic team of guardians supporting staffing with Freedom to Speak Up.
  - Only 19.5% of staff are given an exit interview when they leave the Trust. This is being worked on and the People Committee hope to show improvement in this area on the September People Committee Chair's Report. ESR is expected to help in this area.

The Chief Nurse recommended 'stay interviews' which could help with retaining staff. These are designed for staff who are considering leaving the Trust, which would give us the opportunity to see if there is a different role available they would prefer which may improve staff retention.

The Board agreed it would be beneficial to show examples of staff who think BFT is a great place to work (of which there are many), to help with attracting new recruits to the Trust.

ACTION: JM will build staff testimonials of what a great place BFT is to work into the recruitment plan.	JM FT/21/47

Resolved: The Board acknowledged this update.

15. **BAME Leadership Programme**

Lisa Gammack, Adam Ilyas, Anisa Mohamed, Khadija Dar and Urvasi Skinner presented on the BAME Leadership Programme. Main points to note:

- The BAME Leadership Programme has been developed in-house and has proved a real success story. It has been designed by Bolton staff for Bolton staff.

- It had come to light that it is more difficult for BAME colleagues to secure senior roles in the organisation, something we need to work on eradicating as soon as possible.

- This programme was funded by charitable monies.

- The programme was due to commence in April 2020 but was delayed due to Covid. The programme was up and running (virtually) in Autumn 2020.

- The BAME Leadership Programme covers finance, improvement, strategy, coaching and more. Elements of the programme involved reverse mentoring with Executive Directors and Senior Managers and this has proved beneficial for all involved.

- The programme ended last week with a celebration event.

- BAME staff who attended the programme found the following beneficial:
  - Staff felt privileged to be given the opportunity to be part of the programme.
  - Staff gained a stronger BAME staff network.
  - Staff felt more confident in themselves and their ability after completing this programme.
  - The programme came along at the right time. Modules and mentoring increased confidence for staff to step up and chair meetings etc.

- BAME staff who attended this programme could help with recruitment, encouraging others from the BAME community to work for BFT.
- During an exceptionally busy time due to Covid, the programme helped attendees reflect and think about how they could be better leaders.
- Staff felt empowered to start project management initiatives and instigate new projects (safeguarding knowledge etc).
- Staff felt equipped to lead on SIs in the knowledge they had a team supporting them whenever required.
- Staff who were considering leaving the Trust as they hadn't felt valued, realised they were valued and looked at other opportunities, moving roles rather than leaving.
- The programme demonstrated what inclusive leadership looks like and also explored unconscious bias (everyone has it).
- The programme looked at language as we were not delivering equal services to families who could not speak English. If a patient is unable to speak English it is up to us to find a way to communicate with them to ensure we offer equal and safe care to all.

It would be beneficial for some of the training from this BAME Leadership Programme to be included in the mandatory training modules.

Feedback will be provided from this programme which can then be incorporated into the programme moving forward. Discussions will also take place with participants of this programme in three, six and nine months' time to see how they are doing and what more we can learn for improvements going forward.

The Director of People is speaking with Bolton Council and Bolton Police to see if this programme could be shared with their staff.

ACTION: JM to ask Lisa Gammack to share the BAME Leadership Programme content and FABB video with Board attendees.	JM FT/21/38

Resolved: The Board thanked Lisa Gammack and the BAME attendees for providing such an inspirational presentation on the BAME Leadership Programme and confirmed their support for this programme to continue. The Board also confirmed funding will be made available for this.

16. **Opening Capital Plan**

The Director of Finance provided the following update:

- This paper is to seek Board approval for the Opening Capital Plan for 2021/22.

- This paper requests approval from Board to slightly amend authorisations, so that Divisional Boards can approve up to £200k for projects rather than everything going via CRIG. The aim is to give divisions more autonomy so they can act quickly when required and not delay spend. This will be kept under review. All capital funding will continue to be supported by a business case.

- Funding this year is expected to be up to £15.1m (minimum £9.7m to maximum £15.1m). If the Trust receives the extra capital funding we may not need to use the full £15.1m.

- Funding has be set aside for the following projects: WiFi, Laboratories and Electrical.

- Full detail of this plan goes through the Finance and Investment Committee.

Resolved: The Board noted the report and approved for Divisional Board to authorise spend up to £200k.

17. **Authorisation of High Value Supplier Payments**

The Director of Finance provided the following update:

- There is a national instruction to authorise at Board level High Value Supplier Payments.

- The paper details what was approved at Board level last year and the actual spend. For 2020/21 some spend was lower than allowed for.

AS highlighted there has been a conflict of interest at the Audit Committee re Softcat Ltd. The Director of Finance looked into this and confirmed it was managed appropriately.

Resolved: The Board noted and approved this paper.

18. **Board Champions and Nominated Leads**

The Director of Corporate Governance provided the following update:

- This paper is to seek Board approval to change the Caldicott Guardian from Francis Andrews (Medical Director) to Harni Bharaj (Deputy Medical Director).

- This paper also requests approval from Board to allocate a lead for Net Zero Carbon and the proposal is for the Chief Operating Officer to lead this.

Resolved: The Board noted this paper and approved the change of Caldicott Guardian from Francis Andrews to Harni Bharaj, and the allocation of lead on Net Zero Carbon to the Chief Operating Officer.

19. **Finance and Investment Committee Chairs Report**

The Director of Finance provided an update on the Finance and Investment Committee Chairs Report. Main points to note:

- It has proved a challenge recently to get good attendance at the System Finance Group, due to current pressures at the Trust. However, work is still continuing outside of the meeting.

- Starting to look at a System Financial Strategy.

- Monthly position:
    - June: Community Diagnostic Hub (CDH) and New Hospital Programme (NHP) went through.
    - July: The Director of Finance will recommence the System Finance Group meetings from September 2021.
    - Samantha Ball provided a good presentation on the challenges around cost improvement.

- The Annual Report of Activities has just been received by the Finance and Investment Committee. This will be shared with Board at the September meeting.

- iFM Bolton Development work has been approved.

- Procurement Strategy work is coming through the Finance and Investment Committee.

- The Trust are fully aware of the agency staff costs due to current pressures and Covid, and actions are underway to improve this.

Resolved: The Board noted this report.

20. **Any other business**

The following was discussed under any other business:

- The Trust Transformation Chair's Report will be shared at the September Board meeting.

- There will be no Board meeting in August, and the September Board meeting will include an update on ICP and EPR.

- The Board are now one year into the bi-monthly cycle of meetings. The Director of Corporate Governance will request feedback from Board members so this can be reviewed. Feedback can then be fed into the session with Dave Thornton.

- The Director of Corporate Governance will liaise with Tony Oakman's office at Bolton Council to see if future Board meetings could be held there.

Resolved: The Board acknowledged these additional items.

23. **Next meeting**

The next Board meeting will take place on the 30th September 2021.

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.

July 2021 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/21/32	29/07/2021	Urgent Care and Winter Planning	Es to share the Urgent Care and Winter Planning presentation	ES	Aug-21	complete
FT/21/38	29/07/2021	BAME Leadership Programme	JM to ask Lisa Gammack to share the BAME Leadership Programme content and video with Board	JM	Aug-21	complete
FT/21/41	29/07/2021	Local Care Trust (LCT)	ES will email the slides shared at Board on 29/07/21 with Board members so they can read through the detail	ES	Aug-21	complete
FT/21/42	29/07/2021	Local Care Trust (LCT)	meeting between NEDs and SM to discuss LCT	NEDs	Aug-21	complete
FT/21/40	29/07/2021	Visit to BFT	SM will make contact with Andy Burnham and Richard Leese's offices to see if we can arrange for them to visit BFT to look at the Estate	SM	Aug-21	complete
FT/21/28	29/07/2021	Patient Story	KM to check if MT is happy for her patient story to be shared with our bereavement teams, nurse managers and QAC.	KM	Aug-21	complete
FT/21/34	29/07/2021	Recruitment - SDEC	AE/JM will provide specifics to Board around recruitment for SDEC once this is in place	AE/JM	Aug-21	'Over recruited to RN posts, 1 HCSW vacancy. Medical posts (3) have been difficult to fill so looking at hybrid posts with other specialities (rheumatology and frailty)
FT/21/36	29/07/2021	Communications re Community Diagnostics	SM to ask Communications to ensure we are getting the message out there re the benefits of the Community	SM	Aug-21	complete
FT/21/39	29/07/2021	LinkedIn and Twitter	SM to ask Communications to share links with Board for LinkedIn and Twitter, for initiatives like our BAME Leadership Programme etc, so Board can be ambassadors and share the links on their social media	SM / All	Aug-21	complete
FT/21/30	29/07/2021	Patient Story	Rachel Carter to look at how we can share patient stories (from patients who give us consent to do so) with staff	RC	Aug-21	Introduced 'Feedback Fridays' on social media and working with Tracy Joynson to establish process for patient stories to be shared internally for learning purposes and externally where appropriate
FT/21/33	29/07/2021	New Hospital Programme	SM/RG to meet to discuss NHP plans, managing flow etc for the new hospital	SM/RG	Aug-21	Meeting requested
FT/20/40	26/11/2020	performance report	Case study or patient story to be shared to celebrate deflection/home first success	AE	Sep-21	agenda item
FT/21/31	29/07/2021	Patient Story	KM to work with Tracey Joynson to collate a list of the patient stories over the last 12 months and the actions taken forward from them and share this with QA committee	KM	Sep-21	QA agenda item September - QA Chair report
FT/20/36	24/09/2020	inclusion	review cover page to include inclusivity impact review	ES	Sep-21	Link with presentation of EDI strategy
FT/19/82	28/11/2019	iFM business plan	Carbon Neutral strategy and update on the work of the sustainability group	AE	Nov-21	agenda item
FT/21/35	29/07/2021	Recruitment	JM is undertaking a detailed recruitment review -report through people committee to board	JM	Nov-21	
FT/21/37	29/07/2021	Maternity initiatives	update on all maternity safety and improvement initiatives to Board	KM	Nov-21	

FT/21/29	29/07/2021	Patient Story	KM to revisit MT's patient story in six months time to check if the actions put in place are continuing to be carried out to improve patient care and provide an update through QA Committee to Board	KM	Jan-22	

Key

complete	agenda item	due	overdue	not due

Title:	Chief Executive's Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	30th September 2021		Discussion	
Exec Sponsor	Fiona Noden		Decision	

Summary:	The Chief Executive's report provides an update about key activity that has taken place since the last meeting, in line with our strategic ambitions.

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

Proposed Resolution	To note the update.

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

Prepared by:	Fiona Noden Chief Executive	Presented by:	Fiona Noden Chief Executive

Ambition 1
Provide safe, high quality care

Know your Patient Week took place from 13th - 17th September, led by Sophie Kimber-Craig, Consultant Anaesthetist and Associate Medical Director, as part of work to improve the Trust's mortality data.

The week was centered around sharing best practice and supporting teams to understand how clinical systems should be used to optimise the quality of our data. Key learning for our clinicians included the importance of using the correct terminology when updating patient records to enable the correct codes to be assigned.

On 17th September, the Trust's monitoring assessment took place with the CQC. The starting point for this is always an assessment of the Executive leadership and governance to look at our collective approaches to improvement, culture and levels of engagement. Initial feedback was positive and detailed feedback will follow.

Ambition 2
To be a great place to work

Following a two-day recruitment process, Rae Wheatcroft has been appointed to the Chief Operating Officer role and will be will starting on post on 1st January, 2022. Rae has worked in Bolton for 12 years leading our operational teams to deliver high quality, patient care and is passionate about working collaboratively to improve services for the people we serve.

Our annual Workforce Race Equality Standard (WRES) and our Workforce Disability Equality Standard (WDES) data was published on 30th September. An early glance of our high level results tells us that some of the work we are doing is having a positive impact but we still have a long way to go and remain focused on making sure that we champion diversity and nurture talent across the organisation. The full report will be shared with the Board of Directors later in the meeting.
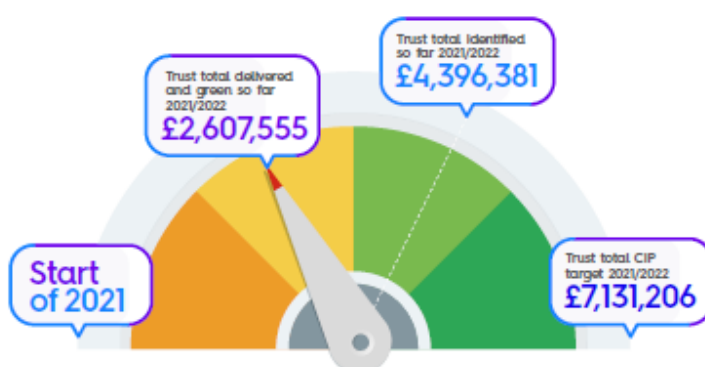
Ambition 3
To use our resources wisely

We have taken a refreshed approach to our Cost Improvement Programme (CIP) this month with a focus on encouraging 'ideas with impact'. A focused week of activity will take place from 4th – 8th October to inspire and encourage all disciplines to engage with cost improvement and transformation.

The Improvement and Transformation Team will be holding a series of ideas generation workshops to prompt ideas and will support with the planning, governance and delivery of projects to support this work. A visual gauge

Trust total delivered and green so far 2021/2022
£2,607,555

Trust total identified so far 2021/2022
£4,396,381

Start of 2021

Trust total CIP target 2021/2022
£7,131,206

will be shared with staff on a regular basis to demonstrate progress against this year's target.

Ambition 4
To develop an estate that is fit for the future

Earlier this month on 9th September, the window for expressions of interest for the Department of Health and Social Care's Health Infrastructure Plan closed. We remain hopeful about our bid for around £250 million funding for a new hospital. If successful, we be able to develop our women's, maternity, day case and chemotherapy units. We've had great support from our system partners and most recently, we welcomed Sir Richard Leese, Health and Care Lead at Greater Manchester Combined Authority (GMCA), to our hospital to see some of the environments our patients are being cared for in.

In the absence of any immediate investment, we continue to make the best use of our resources to make the necessary improvements for patients and staff.

Ambition 5
To integrate care

In anticipation of a rise in demand for urgent and emergency services as we approach the Winter months, the Bolton Integrated Care Partnership (ICP) has been working alongside the Urgent Care Board to identify pressures and put plans in place to address them.

Progress so far has included developing a single front door at Castle Hill Centre with health and social care services to support safe discharge from hospital and enable further collaborative working.

The Oximetry at Home Pathway continues to be in high demand with community rates of COVID-19 rising this month. The service plays a key role in helping people who have tested positive remain at home, by monitoring deterioration and signposting to the appropriate community based services.

Ambition 6
To develop partnerships

Working through the backlog of patients who are waiting for treatment remains a key priority across Greater Manchester. All hospitals are putting measures in place to do this at pace including extra theatre sessions at the weekend, working across hospital sites and with the independent sector.

A new 'While You Wait' website is set to launch this month to support patients who would benefit from information, advice or signposting to services to help them manage their physical and mental wellbeing while waiting for hospital care.

Title:	Integrated Performance Report

Meeting:	Board of Directors	**Purpose**	Assurance	X
Date:	30/09/2021		Discussion	X
Exec Sponsor	Andy Ennis		Decision	

Summary:	Integrated Performance Report detailing high level metrics and their performance across the Trust

Previously considered by:	Divisional IPMs

Proposed Resolution	The Board are requested to note and be assured that all appropriate actions are being taken.

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

Prepared by:	Emma Cunliffe (BI)	Presented by:	Andy Ennis

Bolton NHS Foundation Trust

Integrated Performance Report

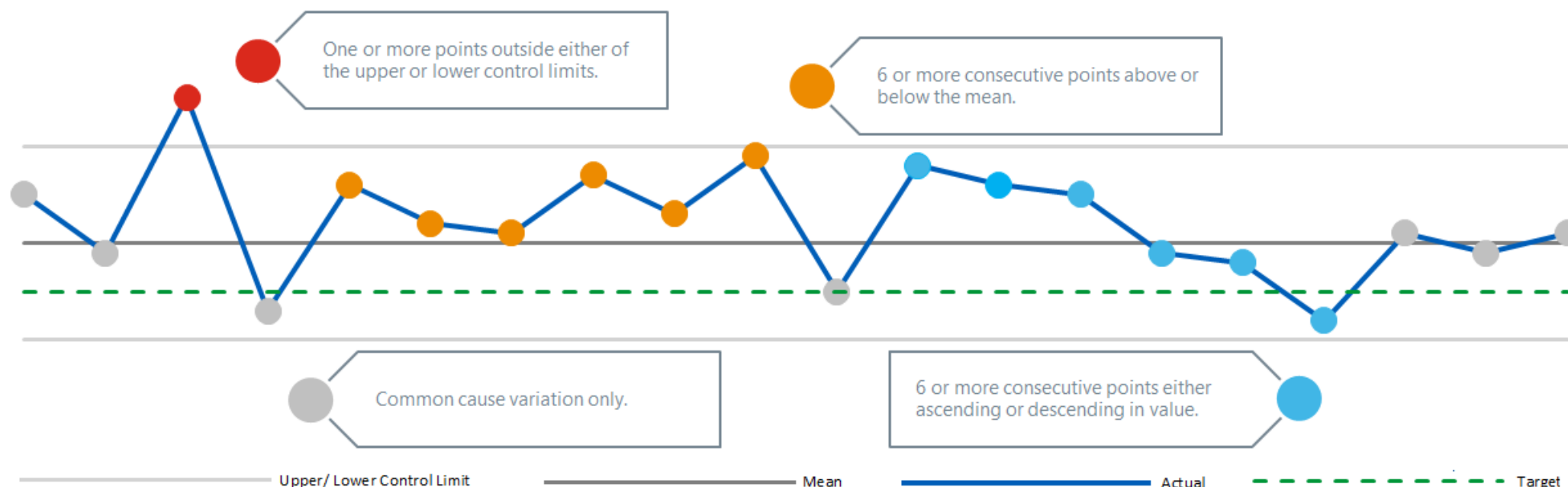August 2021

Guide to Statistical Process Control

NHS

Bolton
NHS Foundation Trust

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

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

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

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

One or more points outside either of the upper or lower control limits.

6 or more consecutive points above or below the mean.

Common cause variation only.

6 or more consecutive points either ascending or descending in value.

Upper/ Lower Control Limit — Mean — Actual — Target

NHS Bolton NHS Foundation Trust

Trust Objective	Variation					Assurance		
	(common)	H	L	H	L	P	F	?
Quality and Safety								
Harm Free Care	10	2	0	1	2	1	2	12
Infection Prevention and Control	6	0	3	0	0	0	0	7
Mortality	4	0	0	0	0	0	0	3
Patient Experience	7	1	0	0	8	3	0	13
Maternity	7	1	1	1	0	1	0	9
Operational Performance								
Access	6	0	0	3	2	0	5	6
Productivity	7	0	2	0	2	1	0	10
Cancer	6	0	0	0	1	1	1	5
Community	1	1	0	0	0	1	0	1
Workforce								
Sickness, Vacancy and Turnover	1	0	0	3	0	0	1	2
Organisational Development	4	0	0	0	0	1	0	3
Agency	0	0	0	3	0	0	1	2
Finance								
Finance	2	1	0	0	0	1	0	2
Appendices								
Heat Maps								

Variation

Common cause variation.

H — Indicates that special cause variation has occurred that is a cause for concern due to higher values in relation to the target.

L — Indicates that special cause variation has occurred that is a cause for concern due to lower values in relation to the target.

H — Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to higher values.

L — Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to lower values.

Assurance

P — Indicates that we are consistently meeting the target for the indicator in question.

F — Indicates that we are consistently falling short of the target for the indicator in question.

? — Indicates that we will not consistently meet the target for this indicator as the target is within the range of common cause variation.

Quality and Safety

Harm Free Care

Pressure ulcers
There has been a reduction in the number of pressure ulcers in the hospital in August, keeping our figures below our local performance indicators.

In the community, there has been an increase in Category 2 and category 3 pressure ulcers in August compared to July.

Falls
Falls in August have increased slightly in month but our overall YTD figure remains within our local target of 5.3. fall with harm have reduced by 50% this month compared to July.

Never Events – we have one recorded Never Event in August 2021, the MD chaired the Scoping Panel, sign off panel will be next month (October) by the Deputy Chair of the Trust who has volunteered to chair as per the Trust SI policy, which states a NED chairs the sign off panel

CAS – This relates to three alerts, supply chain challenges have hampered implementation of the fixes required. The Group Health & Safety Committee is monitoring and meets next on the 5th October to discuss progress/resolution

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	95.8%	Aug-21		>= 95%	95.8%	Jul-21	>= 95%	96.3%	?
9 - Never Events	= 0	1	Aug-21	(H)	= 0	0	Jul-21	= 0	1	?
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	6.07	Aug-21		<= 5.30	5.00	Jul-21	<= 5.30	5.19	?
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	2	Aug-21		<= 1.6	4	Jul-21	<= 8.0	16	?
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	2.0	Aug-21		<= 6.0	3.0	Jul-21	<= 30.0	27.0	?
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	0.0	Aug-21		<= 0.5	1.0	Jul-21	<= 2.5	1.0	?

| 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	Aug-21		= 0.0	0.0	Jul-21	= 0.0	0.0	
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	10.0	Aug-21		<= 7.0	1.0	Jul-21	<= 35.0	57.0	
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	3.0	Aug-21		<= 4.0	2.0	Jul-21	<= 20.0	14.0	
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	0.0	Aug-21		<= 1.0	0.0	Jul-21	<= 5.0	2.0	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	68.1%	Q4 2020/21		>= 90%	82.0%	Q2 2020/21	>= 90%		
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	100.0%	Q4 2020/21		>= 90%	100.0%	Q2 2020/21	>= 90%		
30 - Clinical Correspondence - Inpatients %<1 working day	>= 95%	79.8%	Aug-21		>= 95%	81.1%	Jul-21	>= 95%	81.0%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 95.0%	66.6%	Aug-21		>= 95.0%	63.7%	Jul-21	>= 95.0%	64.4%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	0.0%	Aug-21		= 100%	100.0%	Jul-21	= 100%	33.3%	
88 - Nursing KPI Audits	>= 85%	92.5%	Aug-21		>= 85%	92.5%	Jul-21	>= 85%	92.6%	
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days	= 100%	100.0%	Aug-21		= 100%	0.0%	Jul-21	= 100%	114.3%	

6 - Compliance with preventative measure for VTE
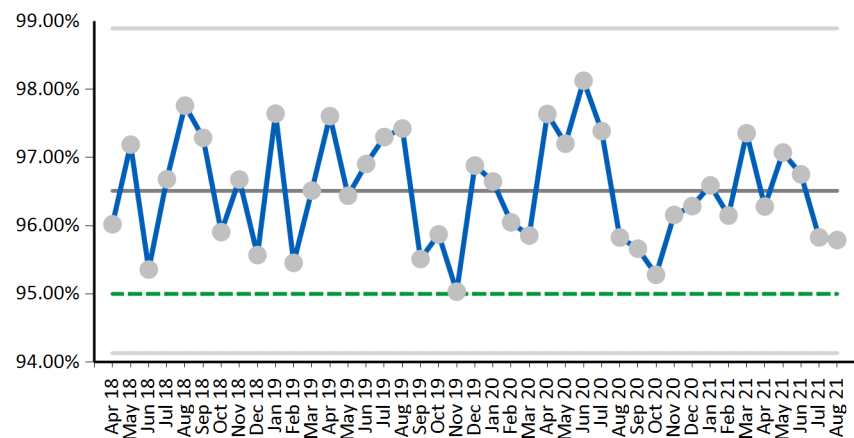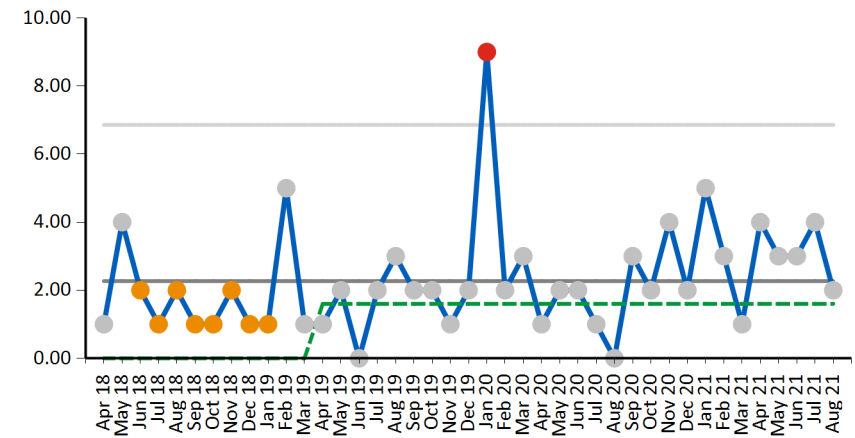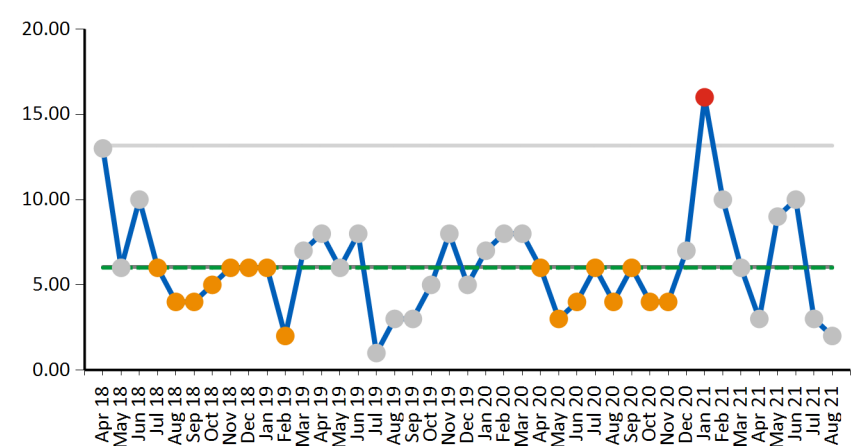

9 - Never Events
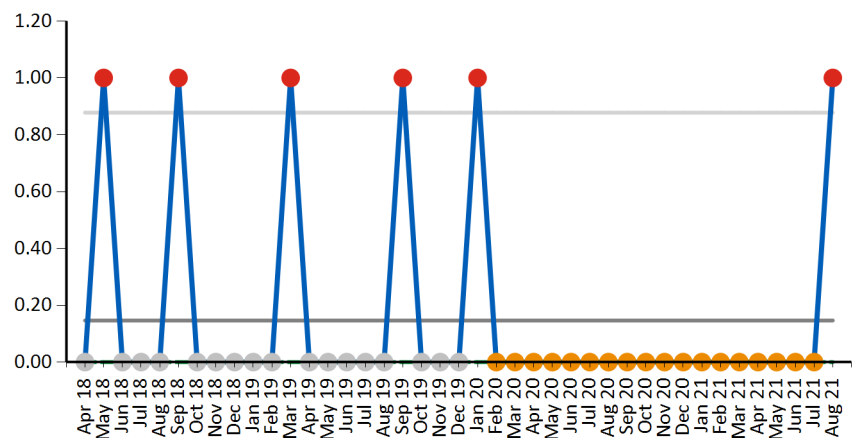
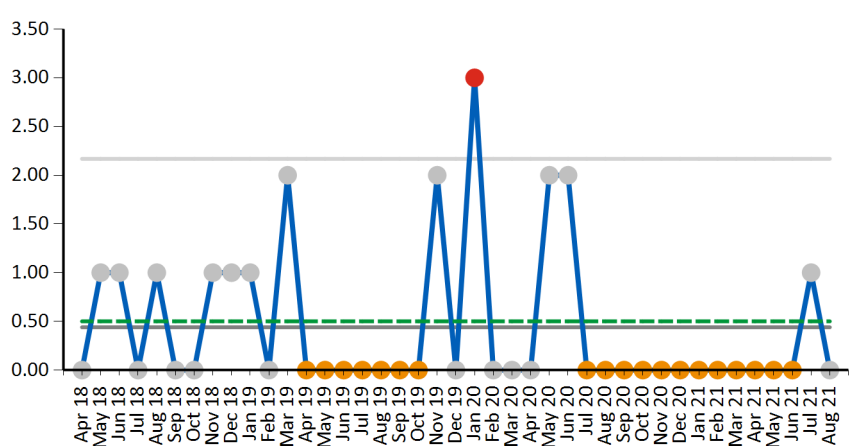**13 - All Inpatient Falls (Safeguard Per 1000 bed days)**
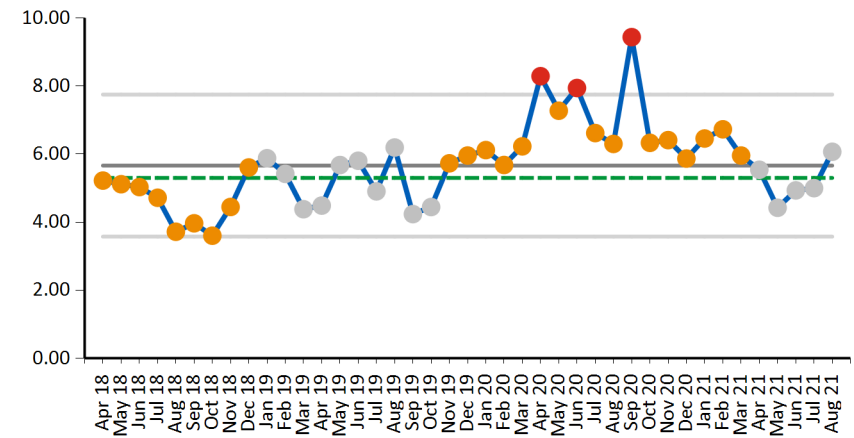
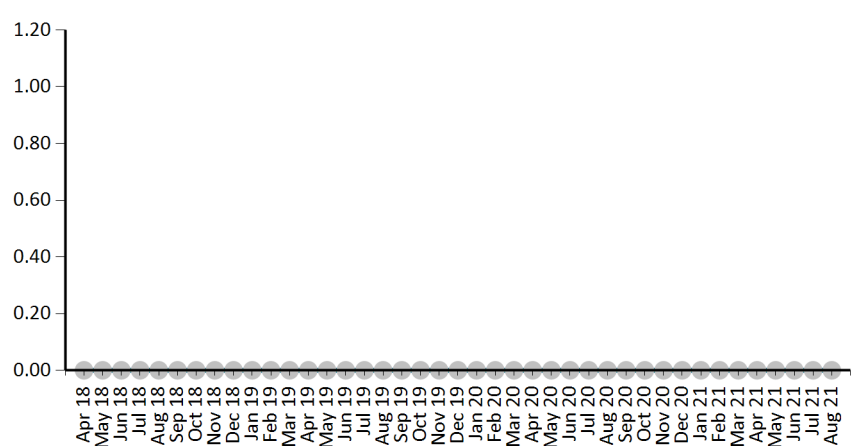**14 - Inpatient falls resulting in Harm (Moderate +)**

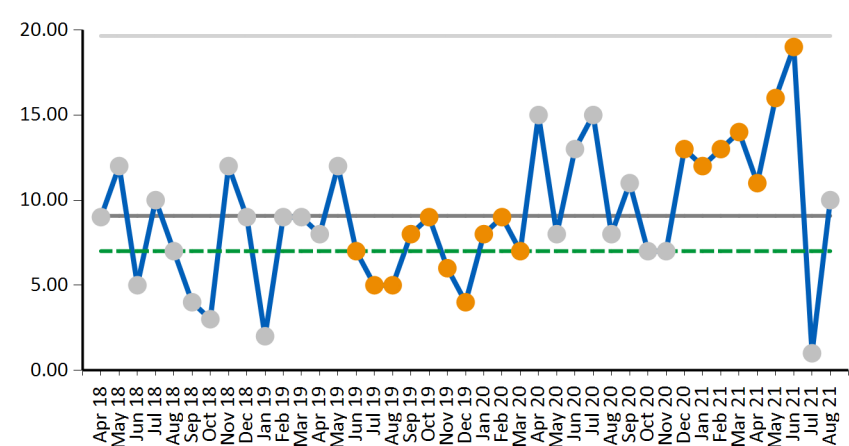**15 - Acute Inpatients acquiring pressure damage (category 2)**

16 - Acute Inpatients acquiring pressure damage (category 3)

17 - Acute Inpatients acquiring pressure damage (category 4)

18 - Community patients acquiring pressure damage (category 2)

19 - Community patients acquiring pressure damage (category 3)
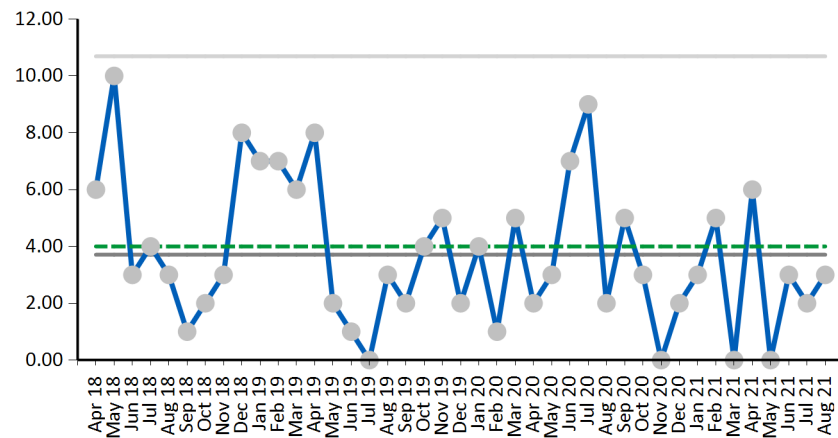
20 - Community patients acquiring pressure damage (category 4)
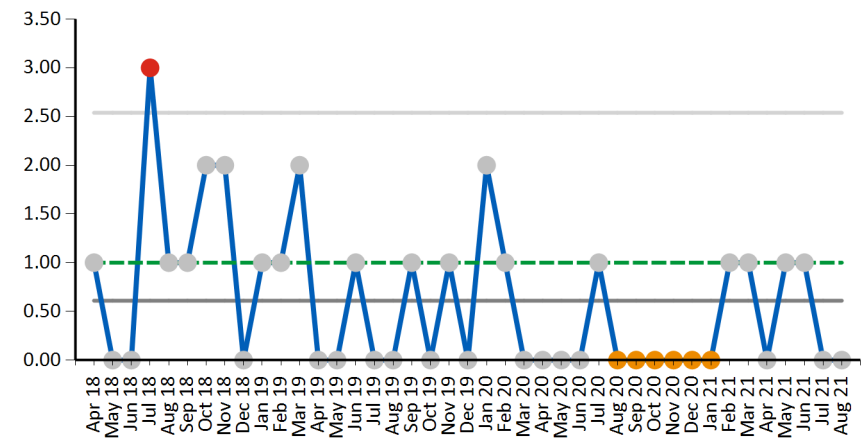
28 - Emergency patients screened for Sepsis (quarterly) - SPC data available after 20 data points
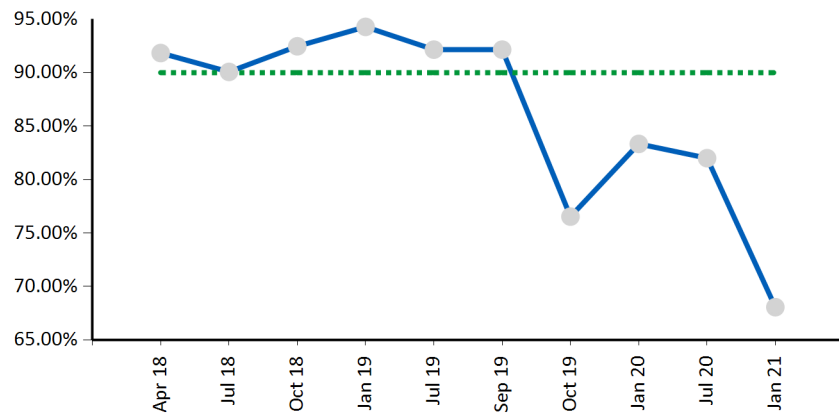
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points
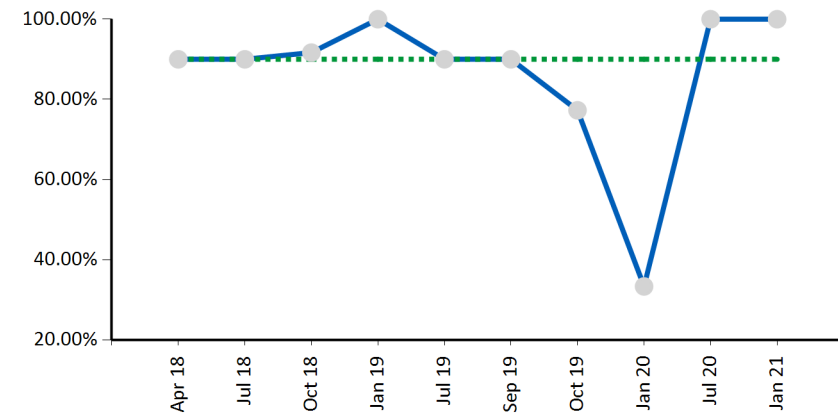
30 - Clinical Correspondence - Inpatients %<1 working day
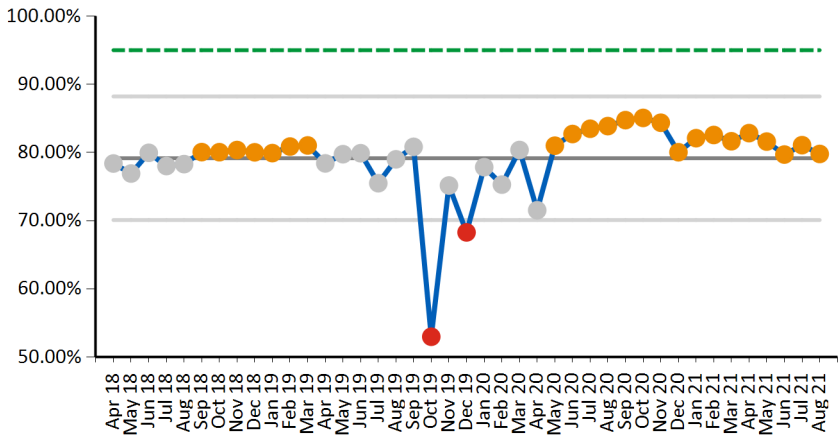
31 - Clinical Correspondence - Outpatients %<5 working days
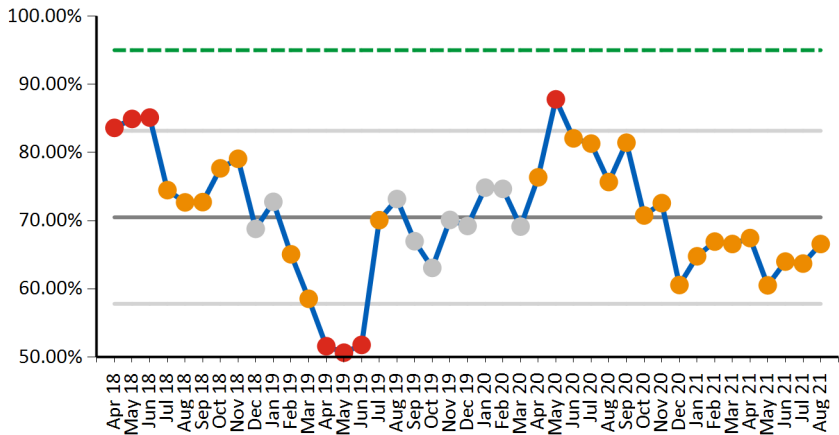
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance
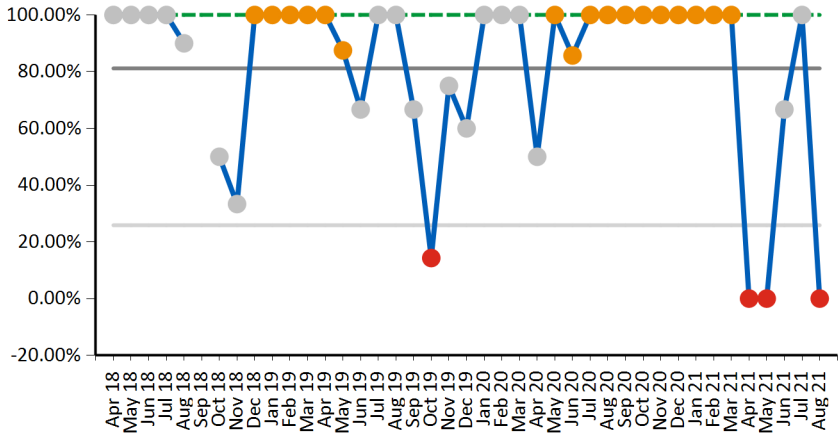
88 - Nursing KPI Audits
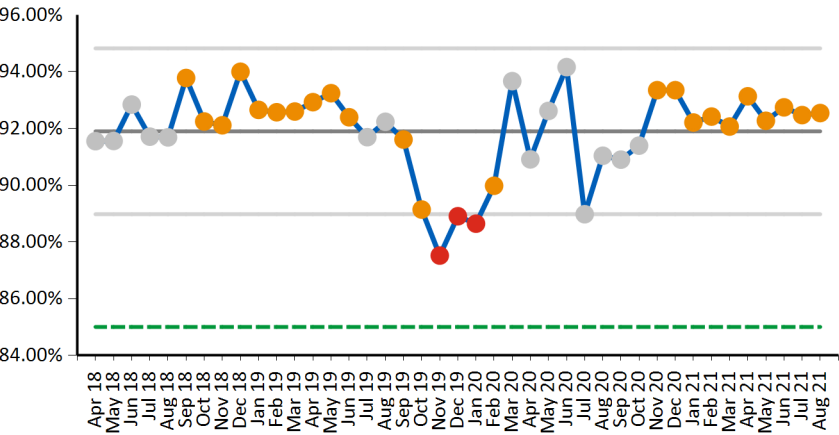
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days
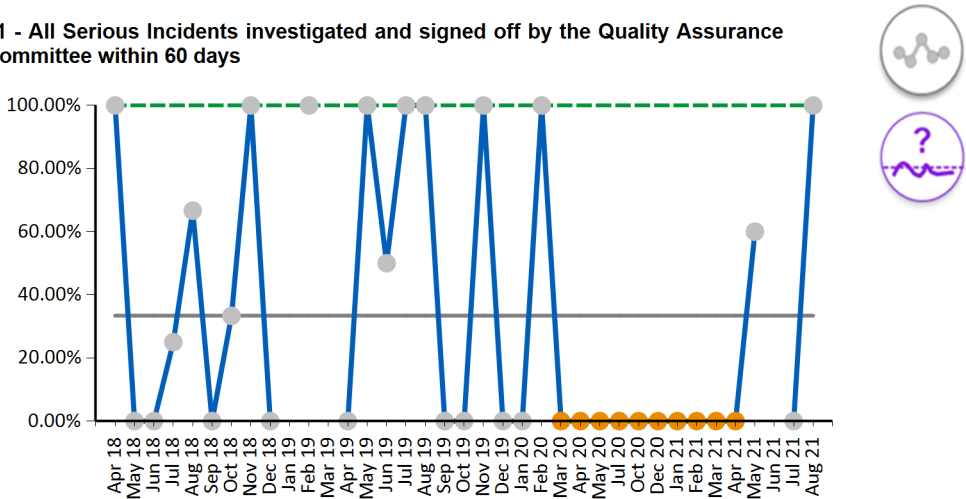
Infection Prevention and Control

National objectives for some of the HCAI for which reporting is mandatory in the revised NHS Standard Contract:
 Clostridium difficile toxin positive cases: 58 cases (up from 32)
 E. coli bacteraemia: 76 cases (no previous objectives)
 Pseudomonas aeruginosa bacteraemia: 4 cases (no previous objectives)
 Klebsiella spp.*: 18 cases (no previous objectives set)

*This means all species of the Klebsiella family rather than (for example) the Pseudomonas aeruginosa objective which is specifically for one species and is not applicable to Pseudomonas species.

From October 2021 the Trust dashboard will be reset with these thresholds included for reference.

There were fewer nosocomial COVID-19 cases in August – two cases compared with 10 cases in July.

Clostridium difficile cases remain relatively high – based on the number of HOHA and COHA cases reported to the end of August, the Trust will potentially report 67 cases exceeding the 58 case objective. A deep clean programme has commenced in September 2021 in response.

To note:
The measures for 215 and 346 are combined for measure 347 for which there is a plan based on the last published objectives from NHS England for 2019/20.

Chart 217 and 306 - This is an SPC G Chart. These are time series charts that plot the time intervals between infrequent events such as MRSA bacteraemias. This chart demonstrates that the Trust is seeing progressively longer gaps between hospital onset MRSA bacteraemias.

Outcome Measure	Latest Plan	Latest Actual	Latest Period	Latest Variation	Previous Plan	Previous Actual	Previous Period	Year to Date Plan	Year to Date Actual	Target Assurance
215 - Total Hospital Onset C.diff infections		3	Aug-21			6	Jul-21		19	
346 - Total Community Onset Hospital Associated C.diff infections		0	Aug-21			4	Jul-21		7	
347 - Total C.diff infections contributing to objective	<= 3	3	Aug-21		<= 3	10	Jul-21	<= 13	26	?
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Aug-21	L	= 0	0	Jul-21	= 0	0	?
218 - Total Trust apportioned E. coli BSI	<= 2	3	Aug-21		<= 2	1	Jul-21	<= 9	8	?
219 - Blood Culture Contaminants (rate)	<= 3%	4.5%	Aug-21		<= 3%	3.4%	Jul-21	<= 3%	3.1%	?
199 - Compliance with antibiotic prescribing standards	>= 95%	84.0%	Q1 2021/22		>= 95%	75.4%	Q4 2020/21	>= 95%	84.0%	

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
304 - Total Trust apportioned MSSA BSIs	<= 1.0	1.0	Aug-21	(L)	<= 1.0	0.0	Jul-21	<= 5.0	2.0	(?)
305 - Total Trust apportioned Klebsiella spp. BSIs	<= 1	0	Aug-21	(~)	<= 1	0	Jul-21	<= 3	1	(?)
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Aug-21	(L)	= 0	0	Jul-21	= 0	0	(?)
491 - Nosocomial COVID-19 cases		2	Aug-21			10	Jul-21		18	

215 - Total Hospital Onset C.diff infections
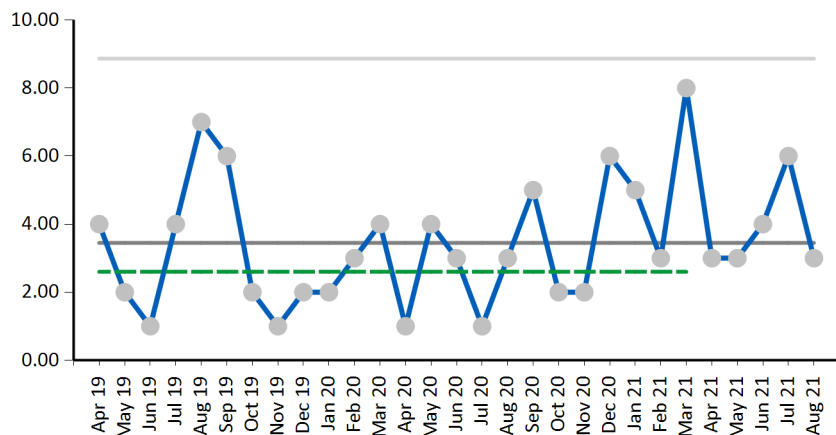
346 - Total Community Onset Hospital Associated C.diff infections
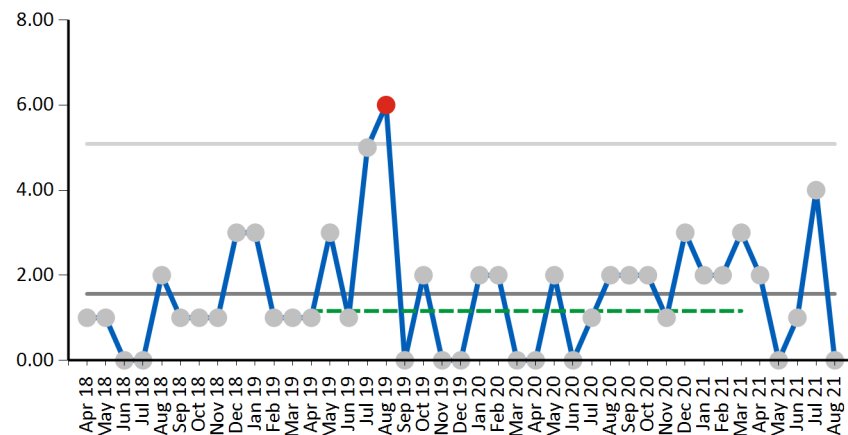
347 - Total C.diff infections contributing to objective
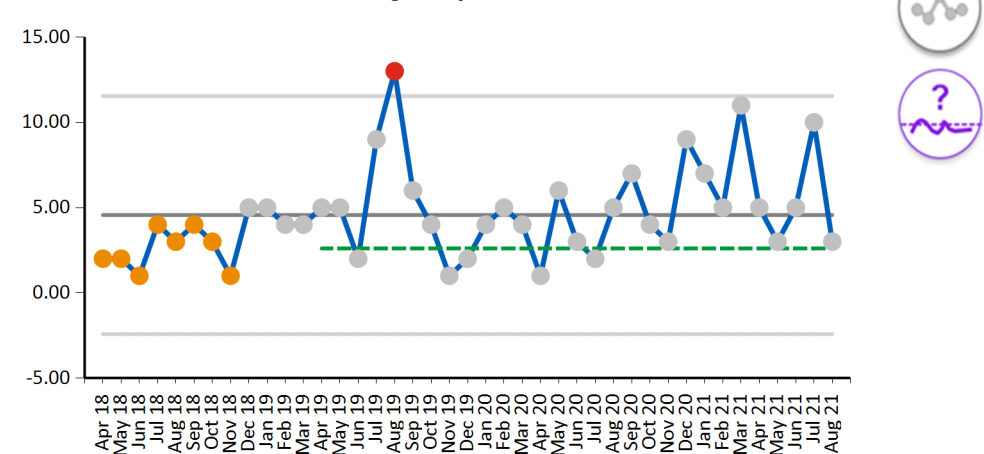
217 - Total Hospital-Onset MRSA BSIs - G Chart (Days Between Cases)
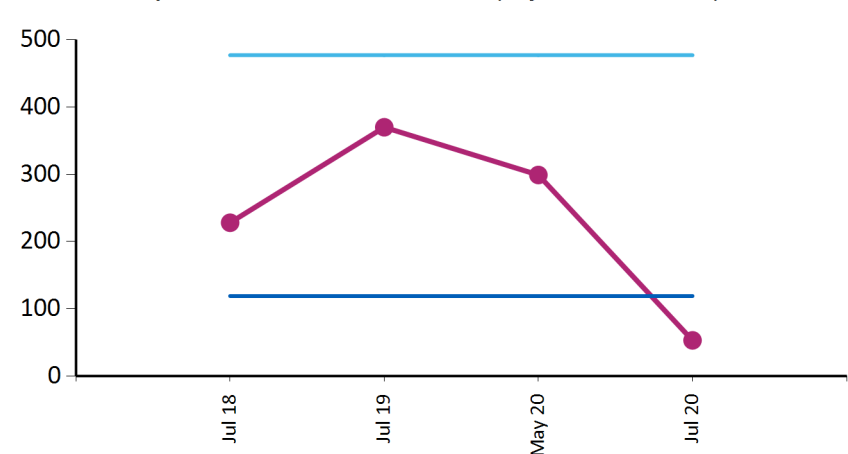
218 - Total Trust apportioned E. coli BSI
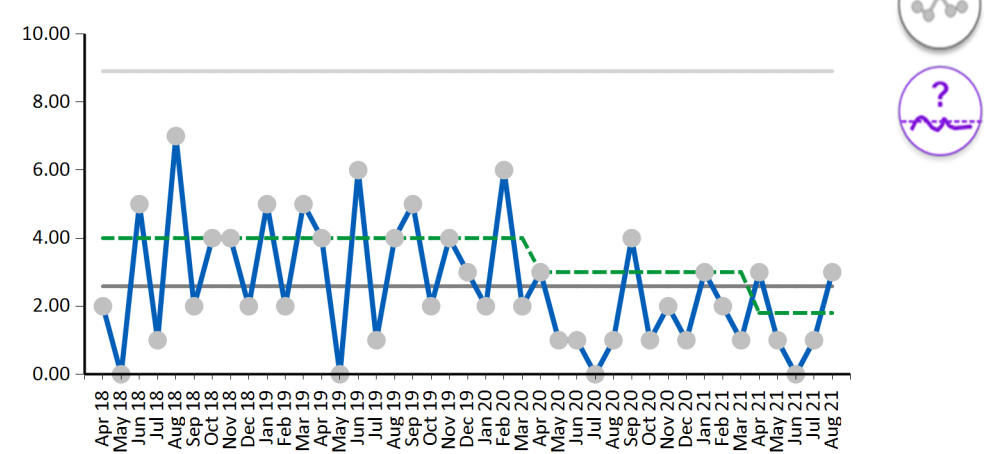
219 - Blood Culture Contaminants (rate)
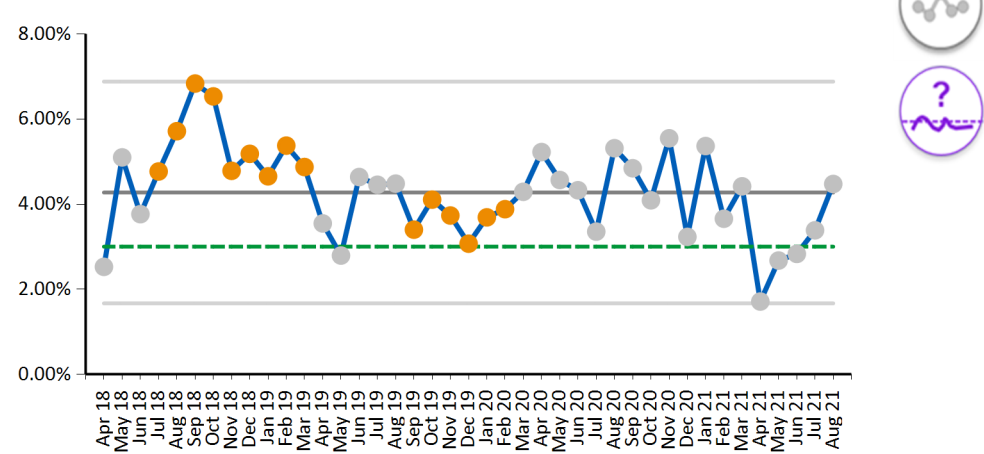
199 - Compliance with antibiotic prescribing standards - SPC data available after 20 data points
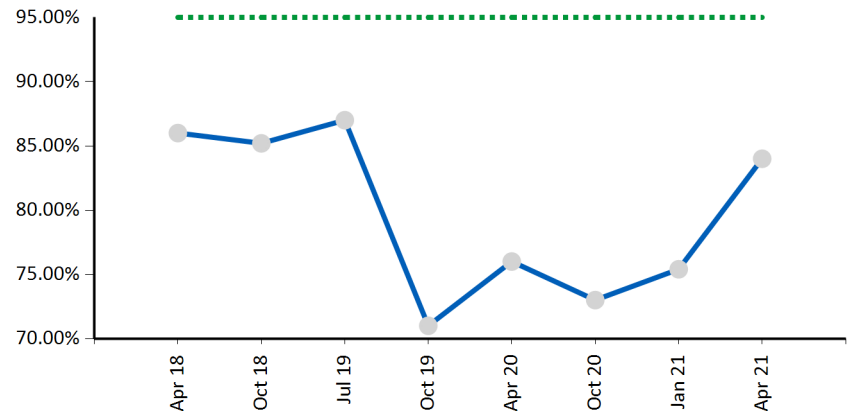
304 - Total Trust apportioned MSSA BSIs
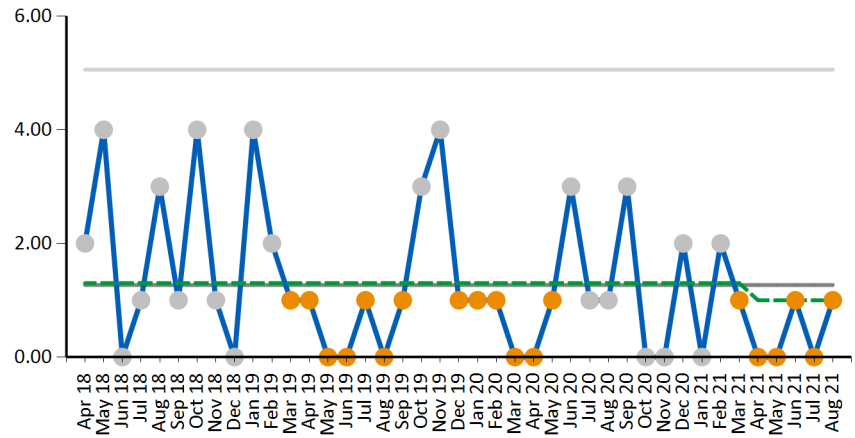
305 - Total Trust apportioned Klebsiella spp. BSIs
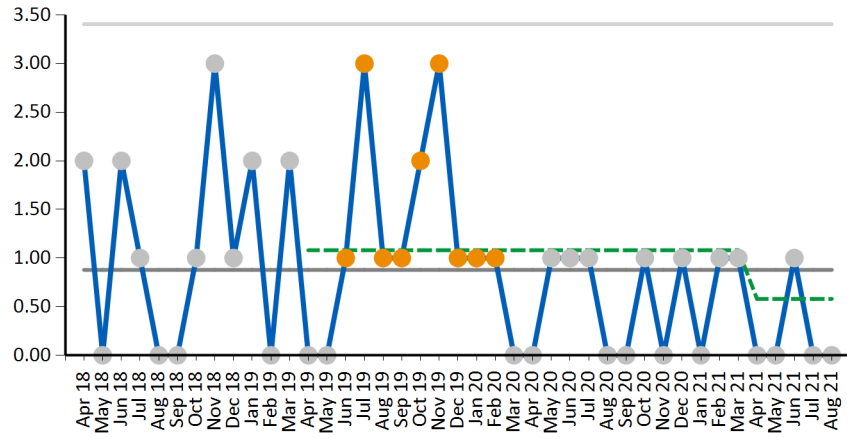
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs - G Chart (Days Between Cases)

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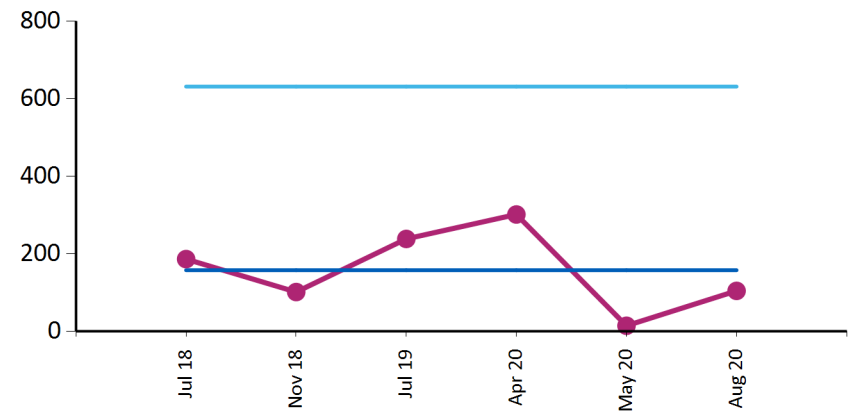
491 - Nosocomial COVID-19 cases - SPC data available after 20 data points
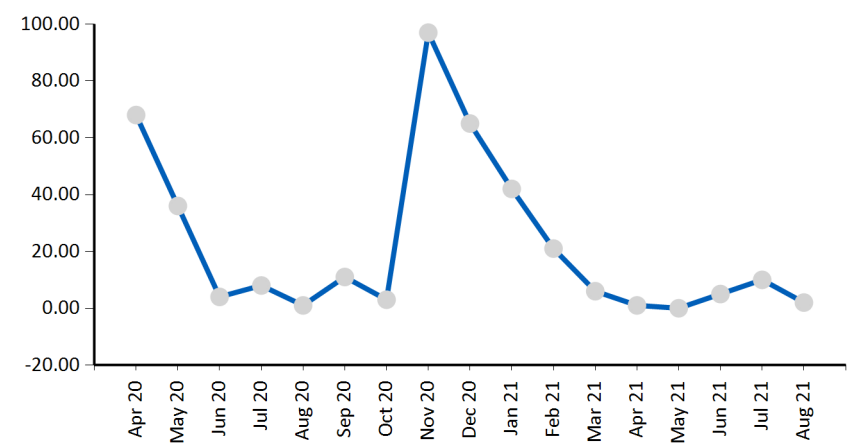
Mortality

SHMI at Trust level to be 111.71 within the expected range. Crude mortality below target. HSMR remains higher than expected at 109.66 in the 12 months to May 2021.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
3 - National Early Warning Scores to Gold standard	>= 85%	84.3%	Aug-21		>= 85%	100.0%	Jul-21	>= 85%	96.9%	
495 - HSMR		106.20	May-21			95.47	Apr-21		106.20	
11 - Summary Hospital-level Mortality Indicator (SHMI)	<= 100.00	92.96	Mar-21		<= 100.00	98.10	Feb-21	<= 100.00		
12 - Crude Mortality %	<= 2.9%	2.7%	Aug-21		<= 2.9%	2.3%	Jul-21	<= 2.9%	2.3%	

3 - National Early Warning Scores to Gold standard
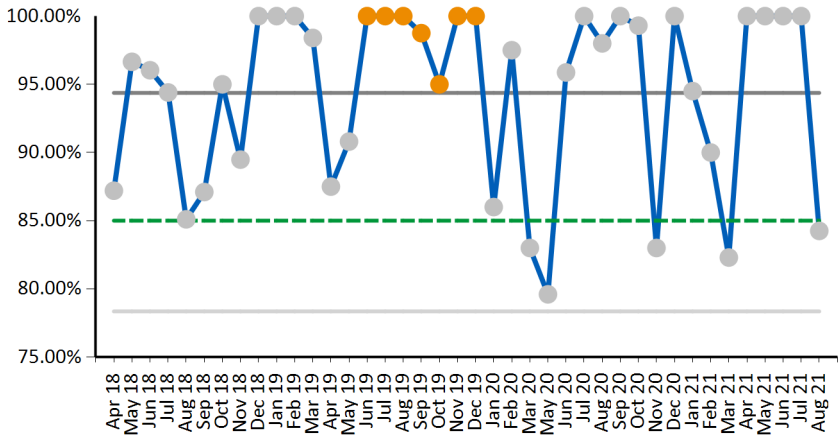
495 - HSMR
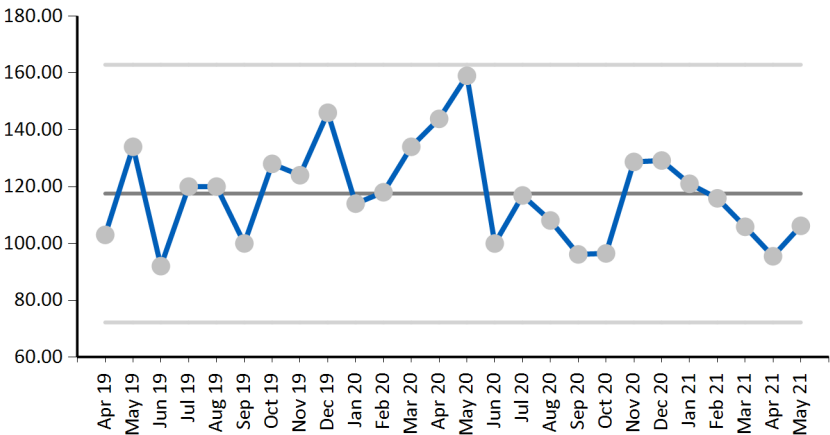
11 - Summary Hospital-level Mortality Indicator (SHMI)
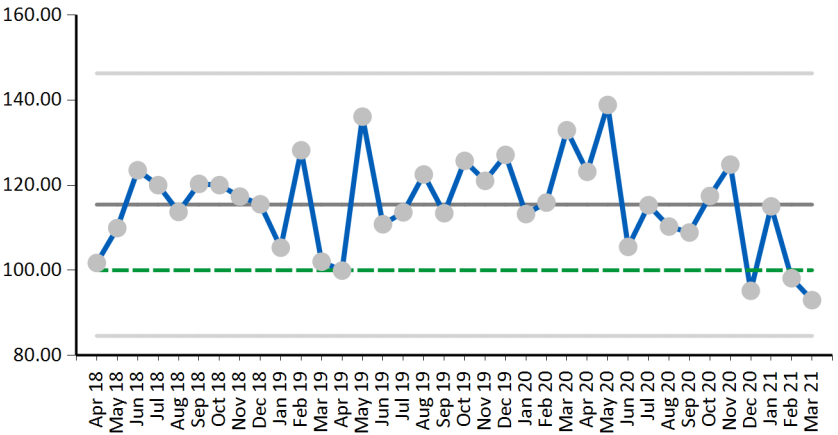
12 - Crude Mortality %
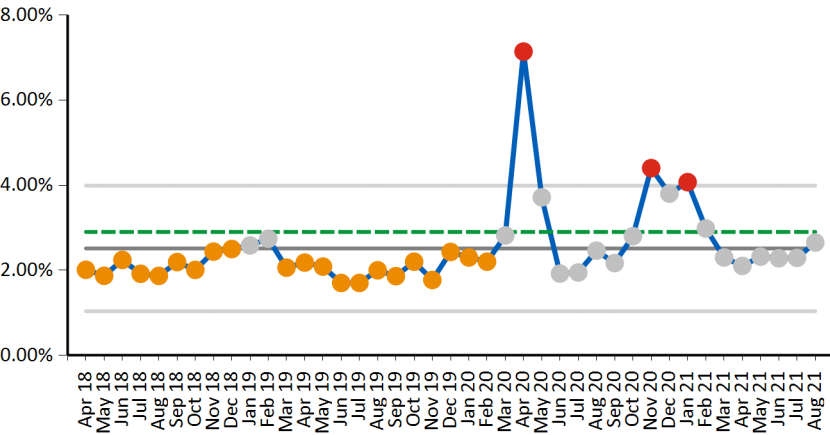
Patient Experience

FFT
NHSE have commenced publishing FFT data on their website and all areas within the Trust have improved their collection methods as safely as possible.   The response rates are varied with some areas showing above 100%. This is because the latest NHSE guidance is that people can provide feedback as often as they like during their episode of care.

A roll out of the use of QR codes for areas traditionally collecting FFT by paper is ongoing with all maternity areas now using these from September and all other areas by the end of September.

Complaints
The Trust rate for acknowledging complaints during August was 100%.   The response rate was 87.5% with two cases breaching. A review of the breached cases has been undertaken to establish the cause and whether these could have been avoided.

The Audit report from the recent review of the complaints management process has been received and the recommendations are currently being considered.

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%	16.3%	Aug-21		>= 20%	14.1%	Jul-21	>= 20%	15.8%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	84.9%	Aug-21		>= 90%	79.3%	Jul-21	>= 90%	84.4%	
80 - Inpatient Friends and Family Response Rate	>= 30%	20.9%	Aug-21	L	>= 30%	17.7%	Jul-21	>= 30%	20.8%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	96.9%	Aug-21		>= 90%	96.8%	Jul-21	>= 90%	96.9%	P
81 - Maternity Friends and Family Response Rate	>= 15%	12.9%	Aug-21	L	>= 15%	11.7%	Jul-21	>= 15%	12.3%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	89.0%	Aug-21	L	>= 90%	85.6%	Jul-21	>= 90%	88.6%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	5.4%	Aug-21	L	>= 15%	0.0%	Jul-21	>= 15%	1.0%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%		Aug-21		>= 90%		Jul-21	>= 90%	100.0%	P
83 - Birth - Friends and Family Response Rate	>= 15%	26.0%	Aug-21	L	>= 15%	25.9%	Jul-21	>= 15%	26.8%	P
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	91.7%	Aug-21		>= 90%	89.3%	Jul-21	>= 90%	89.9%	

| Outcome Measure | Latest | | | | Previous | | | Year to Date | | Target |
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	10.2%	Aug-21	(L)	>= 15%	13.3%	Jul-21	>= 15%	13.3%	(?)
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	76.7%	Aug-21	(L)	>= 90%	78.2%	Jul-21	>= 90%	85.3%	(?)
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	9.2%	Aug-21	(L)	>= 15%	7.6%	Jul-21	>= 15%	8.7%	(?)
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	88.4%	Aug-21	(~)	>= 90%	82.4%	Jul-21	>= 90%	87.8%	(?)
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Aug-21	(H)	= 100%	100.0%	Jul-21	= 100%	100.0%	(?)
90 - Complaints responded to within the period	>= 95%	87.5%	Aug-21	(~)	>= 95%	94.7%	Jul-21	>= 95%	77.6%	(?)

200 - A&E Friends and Family Response Rate
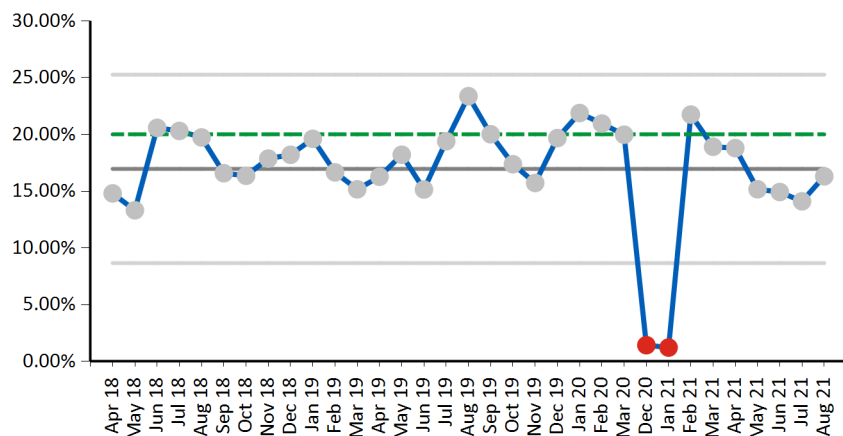
294 - A&E Friends and Family Satisfaction Rates %
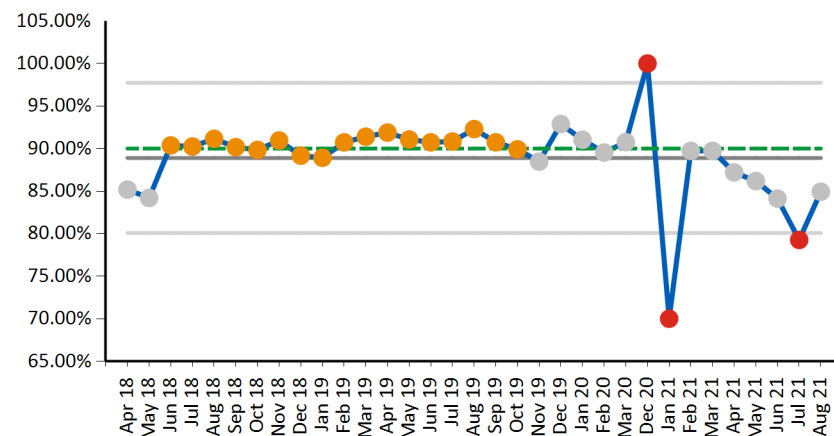
80 - Inpatient Friends and Family Response Rate
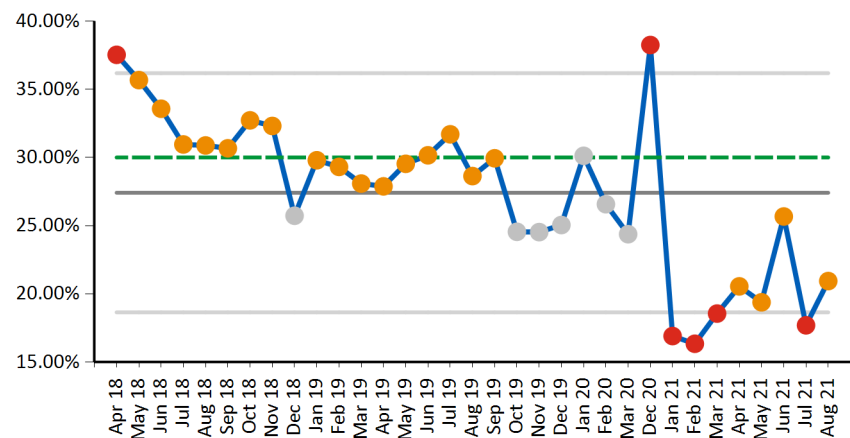
240 - Friends and Family Test (Inpatients) - Satisfaction %
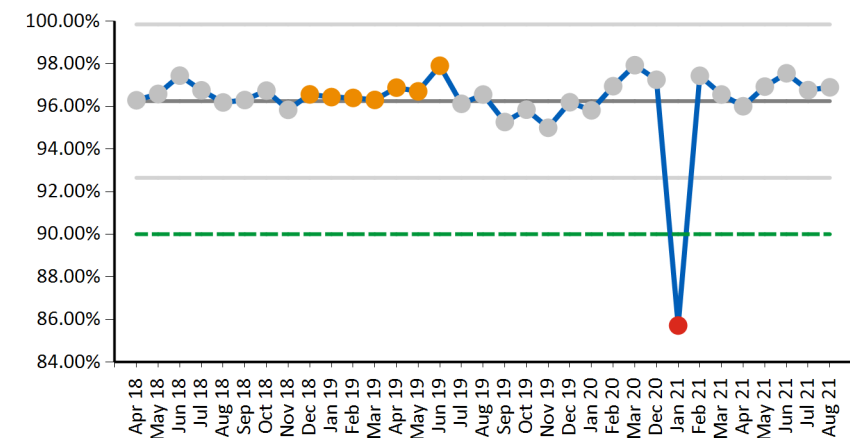
81 - Maternity Friends and Family Response Rate
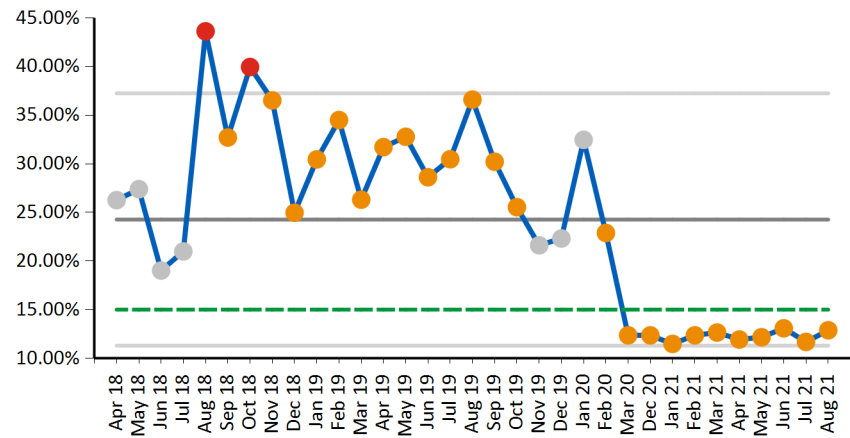
241 - Maternity Friends and Family Test - Satisfaction %
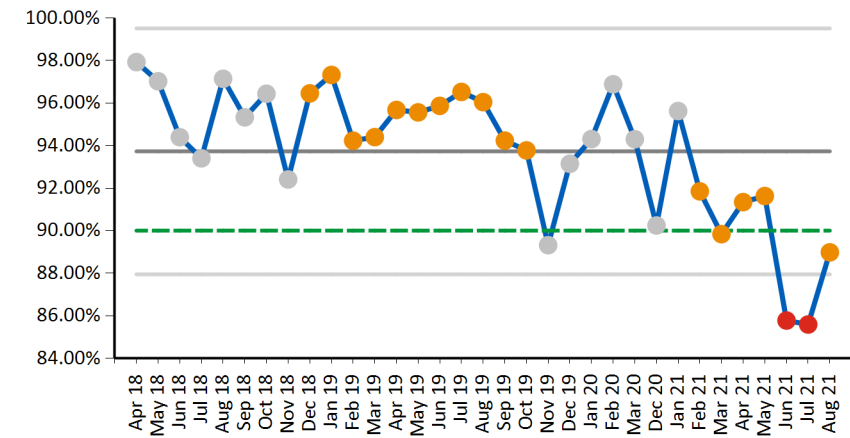
82 - Antenatal - Friends and Family Response Rate
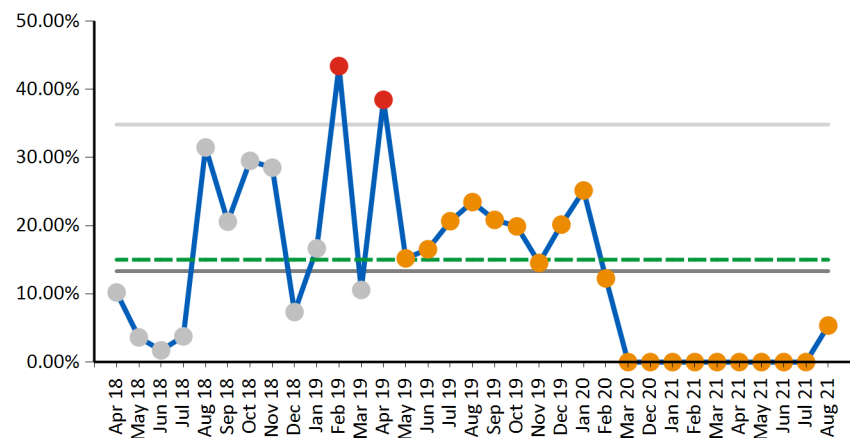
242 - Antenatal Friends and Family Test - Satisfaction %
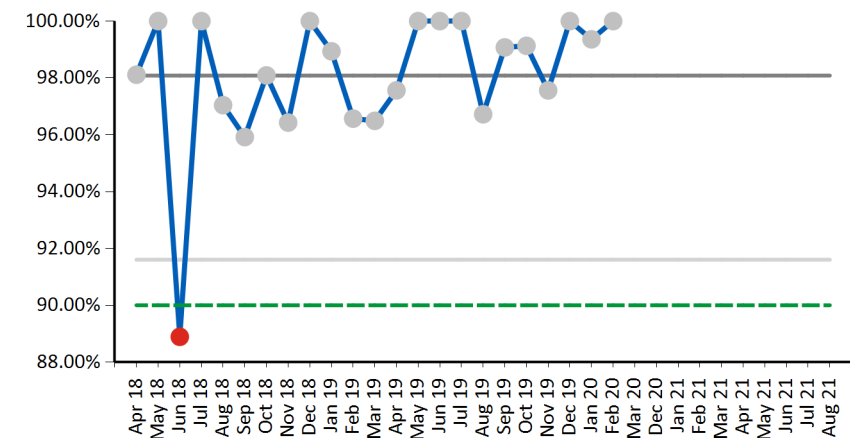
83 - Birth - Friends and Family Response Rate
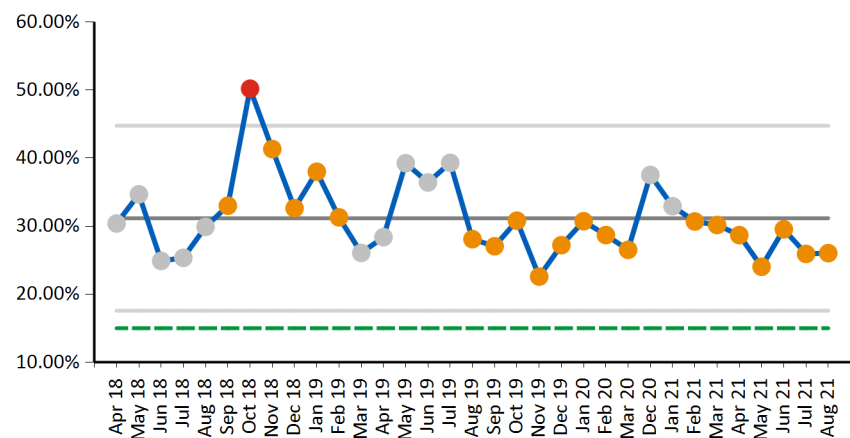
243 - Birth Friends and Family Test - Satisfaction %
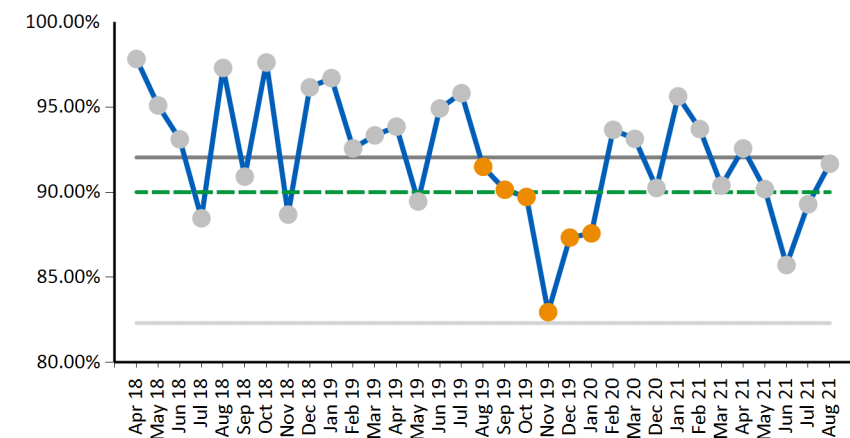
84 - Hospital Postnatal - Friends and Family Response Rate
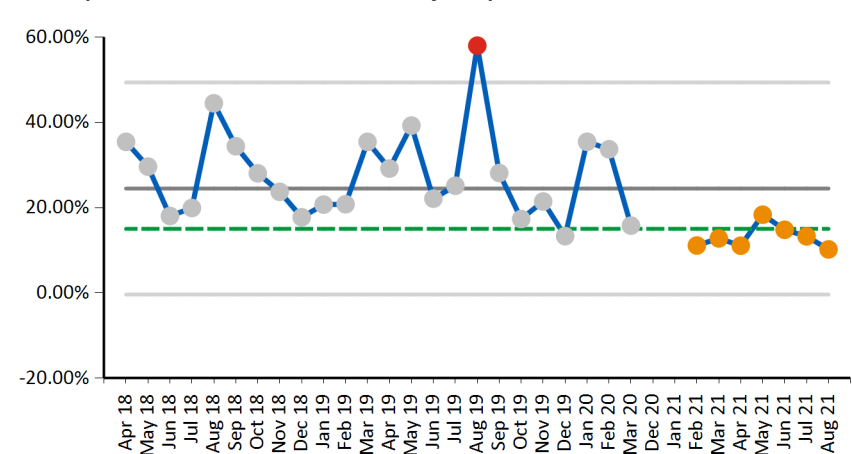
244 - Hospital Postnatal Friends and Family Test - Satisfaction %
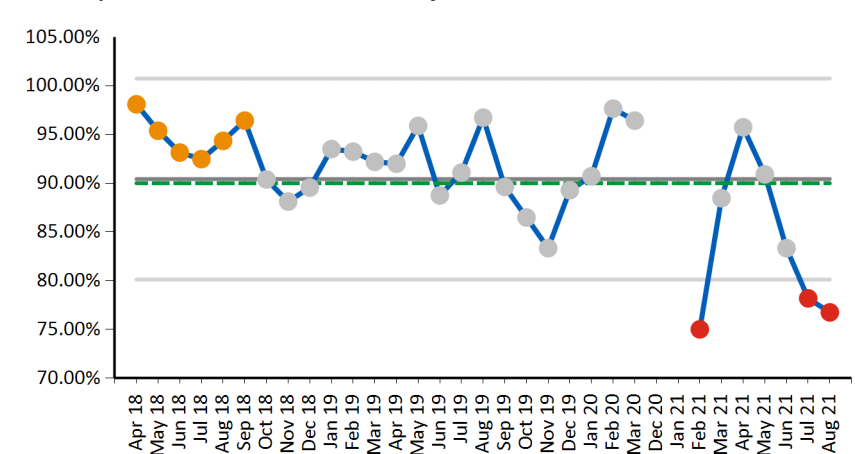
85 - Community Postnatal - Friend and Family Response Rate
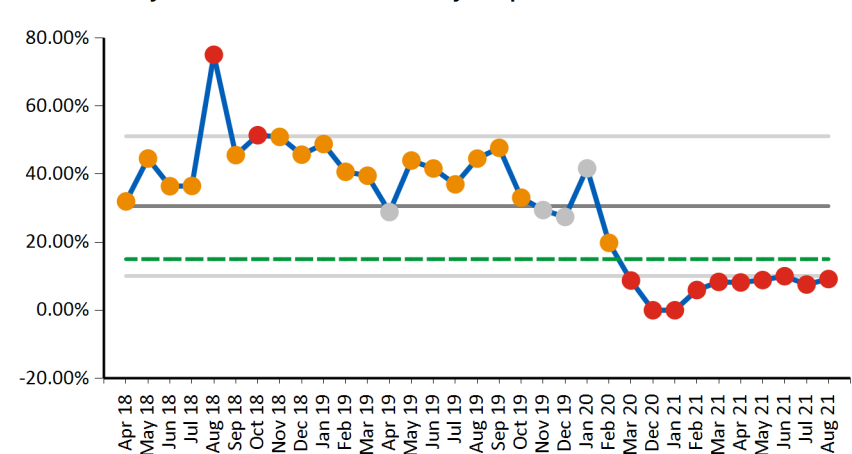
245 - Community Postnatal Friends and Family Test - Satisfaction %
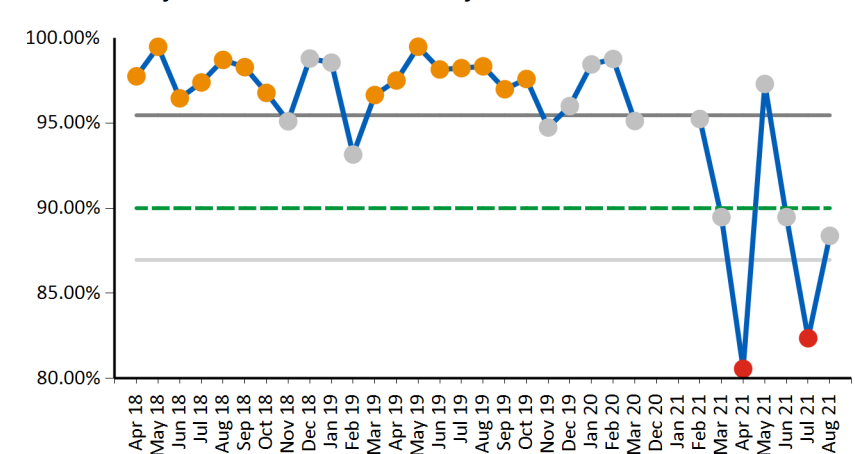
89 - Formal complaints acknowledged within 3 working days
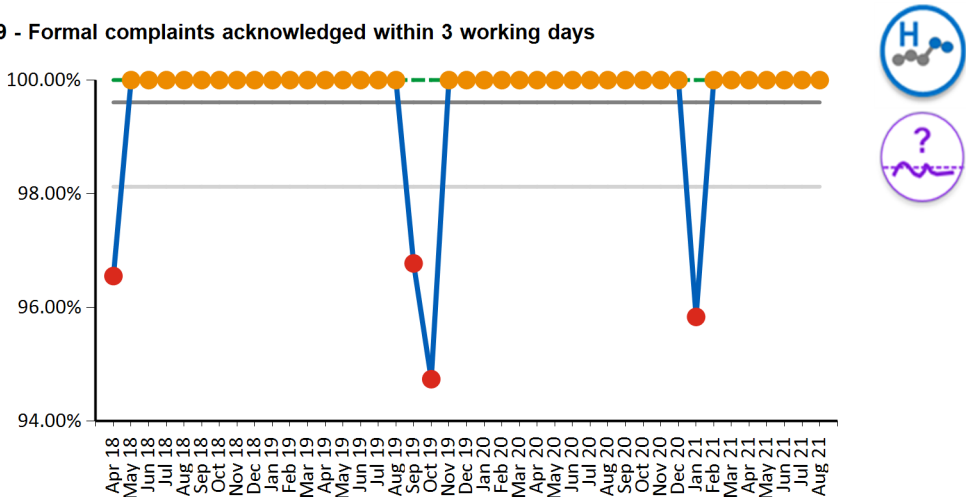
90 - Complaints responded to within the period
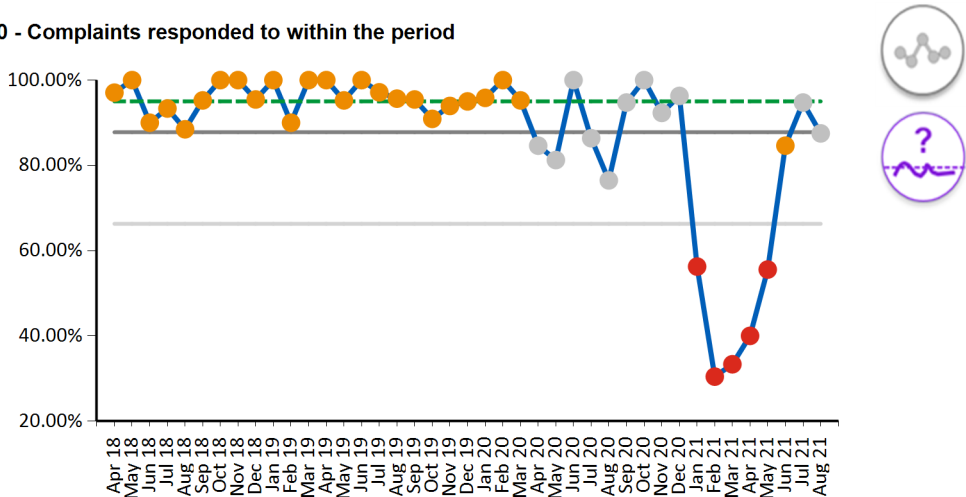
Maternity

1:1 Midwifery care in labour – performance maintained despite staffing pressures.

Stillbirths per 1,000 births In month performance has worsened, individual cases being reviewed for learning, however rolling 12 month performance continues to improve.

3rd /4th degree tears   Rise in month correlates with increase in ventouse deliveries, all juniors to be supervised for ventouse deliveries

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	4.13	Aug-21		<= 3.50	1.92	Jul-21	<= 3.50	3.35	?
23 - Maternity -3rd/4th degree tears	<= 3.5%	4.6%	Aug-21		<= 3.5%	2.1%	Jul-21	<= 3.5%	3.1%	?
202 - 1:1 Midwifery care in labour	>= 95.0%	98.2%	Aug-21		>= 95.0%	98.5%	Jul-21	>= 95.0%	98.3%	P
203 - Booked 12+6	>= 90.0%	92.8%	Aug-21	H	>= 90.0%	93.3%	Jul-21	>= 90.0%	91.8%	?
204 - Inductions of labour	<= 40%	39.2%	Aug-21		<= 40%	33.5%	Jul-21	<= 40%	38.4%	?
208 - Total C section	<= 33.0%	31.9%	Aug-21	H	<= 33.0%	34.8%	Jul-21	<= 33.0%	34.7%	?
210 - Initiation breast feeding	>= 65%	68.63%	Aug-21		>= 65%	71.37%	Jul-21	>= 65%	70.36%	?
213 - Maternity complaints	<= 5	2	Aug-21		<= 5	3	Jul-21	<= 25	11	?
319 - Maternal deaths (direct)	= 0	0	Aug-21	L	= 0	0	Jul-21	= 0	0	?
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	7.2%	Aug-21		<= 6%	10.2%	Jul-21	<= 6%	7.4%	?

322 - Maternity - Stillbirths per 1000 births
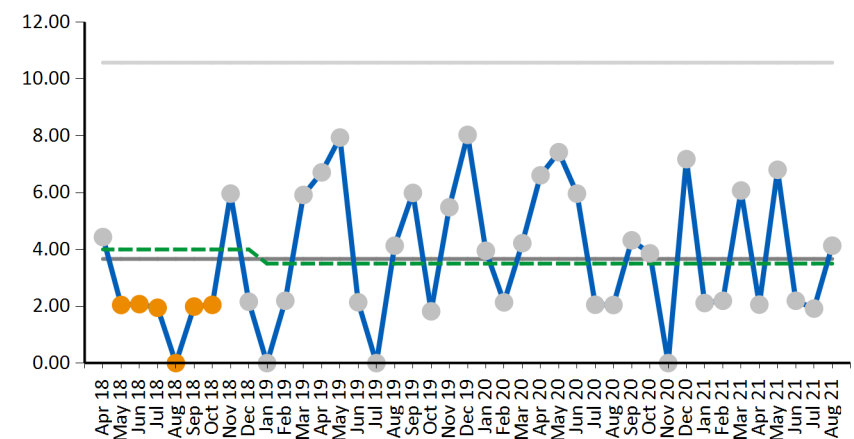
23 - Maternity -3rd/4th degree tears
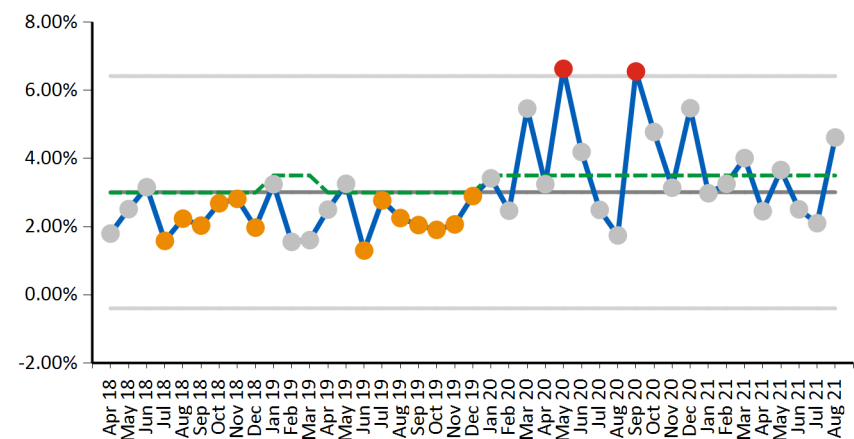
202 - 1:1 Midwifery care in labour
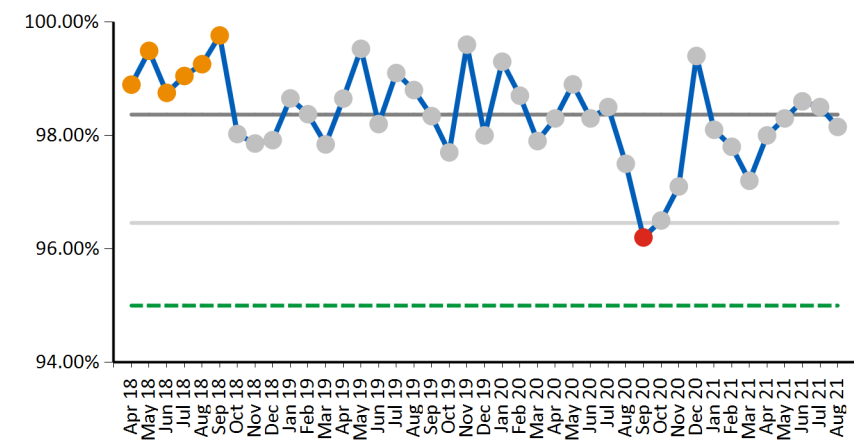
203 - Booked 12+6
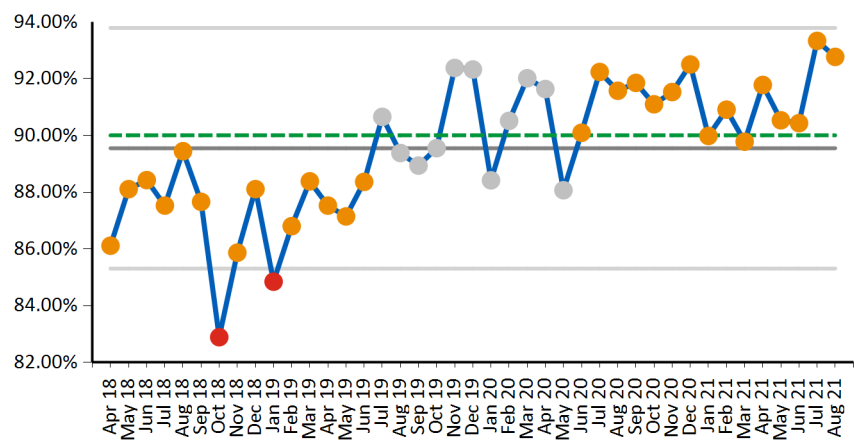
204 - Inductions of labour
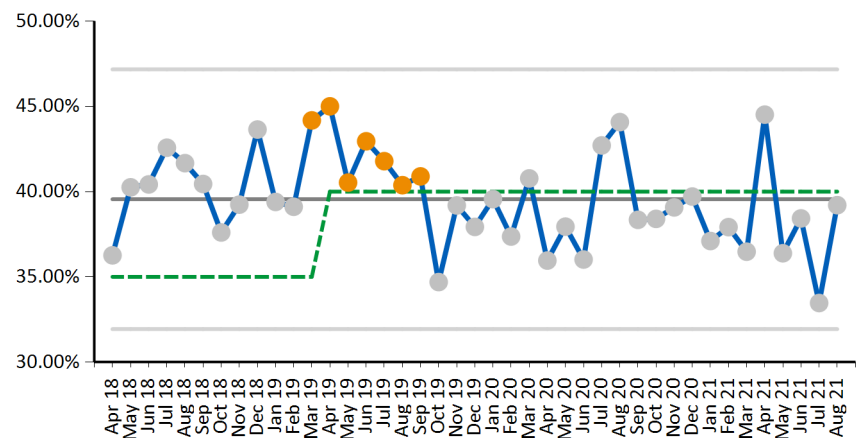
208 - Total C section
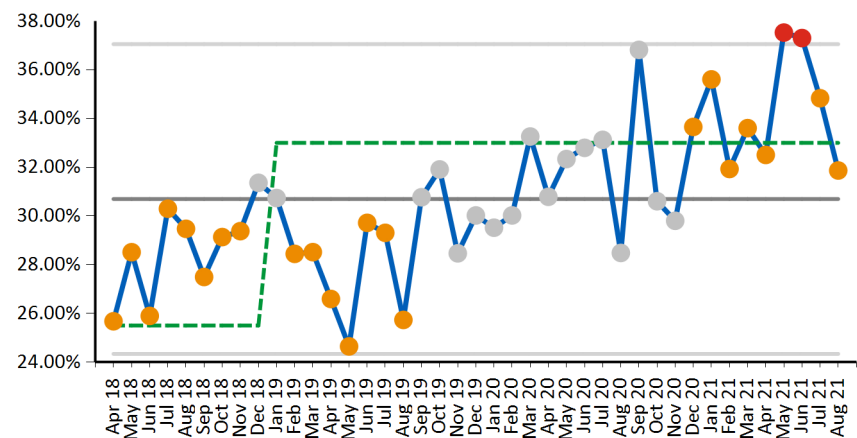
210 - Initiation breast feeding
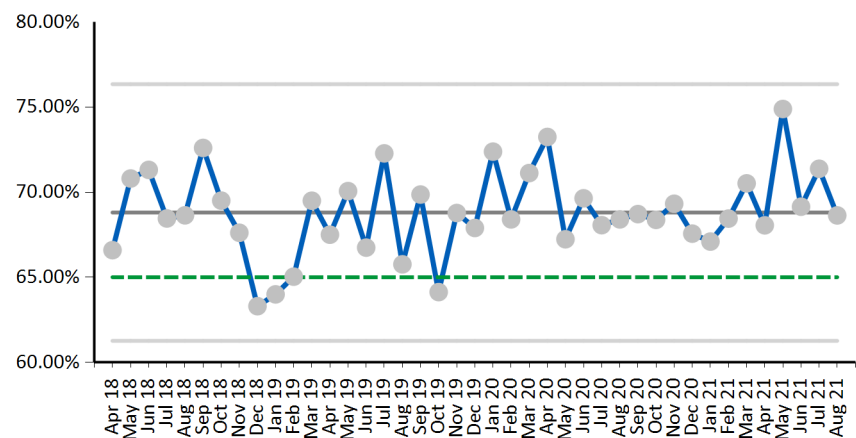
213 - Maternity complaints
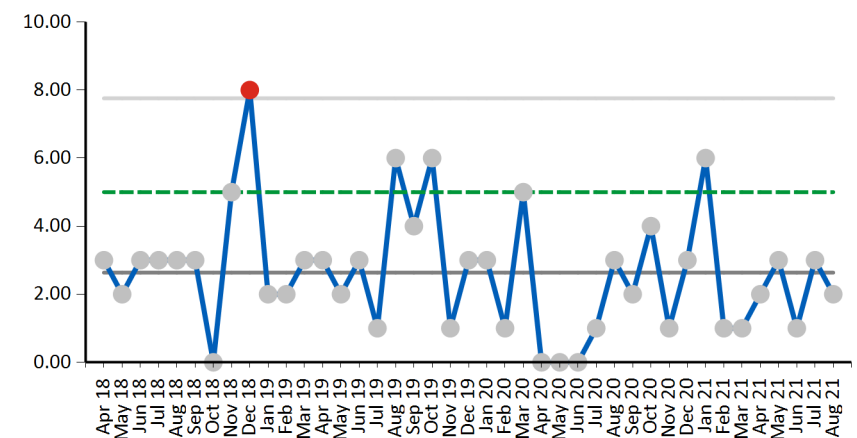
319 - Maternal deaths (direct)
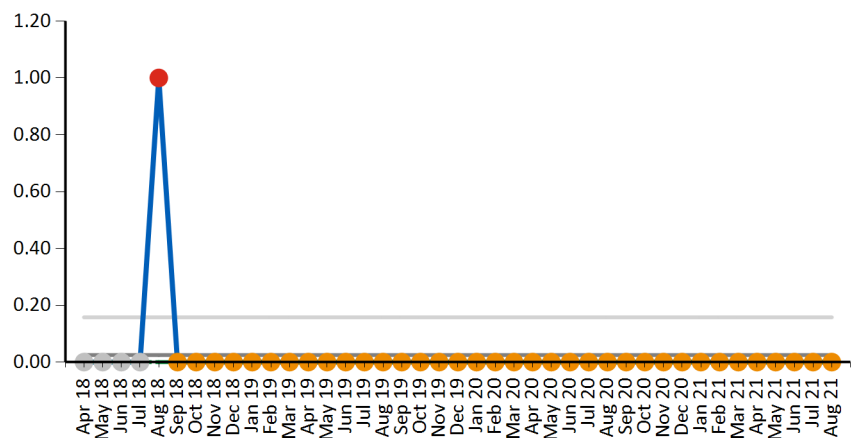
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)

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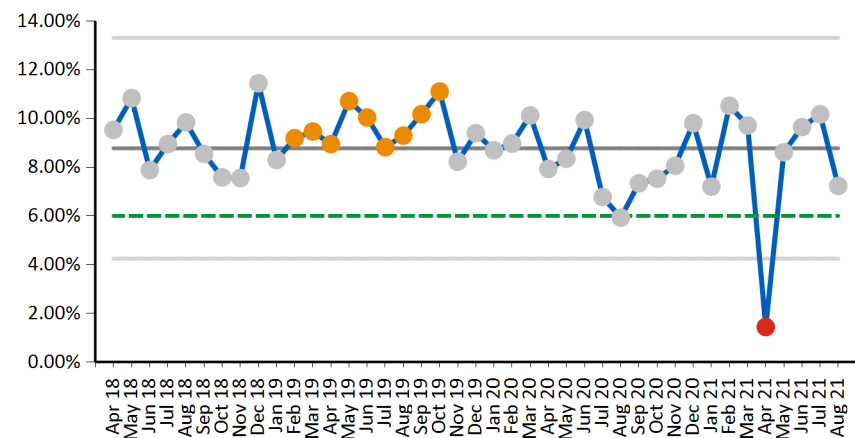
Operational Performance

Access

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	<= 30	49	Aug-21		<= 30	50	Jul-21	<= 150	217	?
8 - Same sex accommodation breaches	= 0	10	Aug-21		= 0	5	Jul-21	= 0	35	?
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	78.6%	Aug-21		>= 75%	79.4%	Jul-21	>= 75%	73.1%	?
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	66.6%	Aug-21	L	>= 92%	67.4%	Jul-21	>= 92%	66.6%	F
42 - RTT 52 week waits (incomplete pathways)	= 0	2,038	Aug-21	H	= 0	2,062	Jul-21	= 0	11,469	F
314 - RTT 18 week waiting list	<= 25,530	27,912	Aug-21	H	<= 25,530	27,217	Jul-21	<= 25,530	27,912	?
53 - A&E 4 hour target	>= 95%	75.0%	Aug-21	L	>= 95%	66.7%	Jul-21	>= 95%	71.8%	F
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	8.1%	Aug-21		= 0.0%	12.6%	Jul-21	= 0.0%	8.9%	F
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	4.88%	Aug-21		= 0.00%	8.47%	Jul-21	= 0.00%	4.77%	?
72 - Diagnostic Waits >6 weeks %	<= 1%	30.7%	Aug-21	H	<= 1%	30.8%	Jul-21	<= 1%	32.8%	F
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	45.5%	Jul-21		= 100%	36.4%	Jun-21	= 100%	56.6%	?

7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)
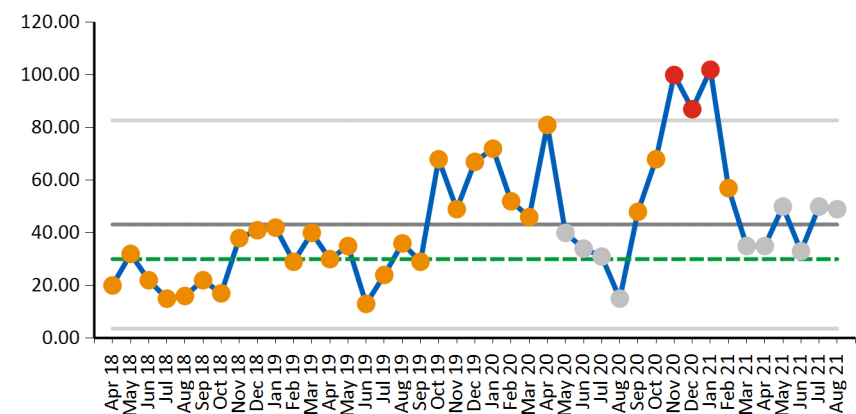
8 - Same sex accommodation breaches
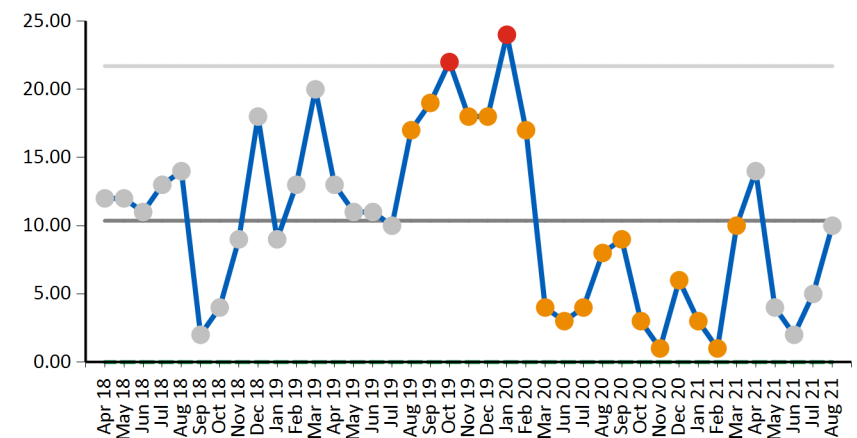
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur
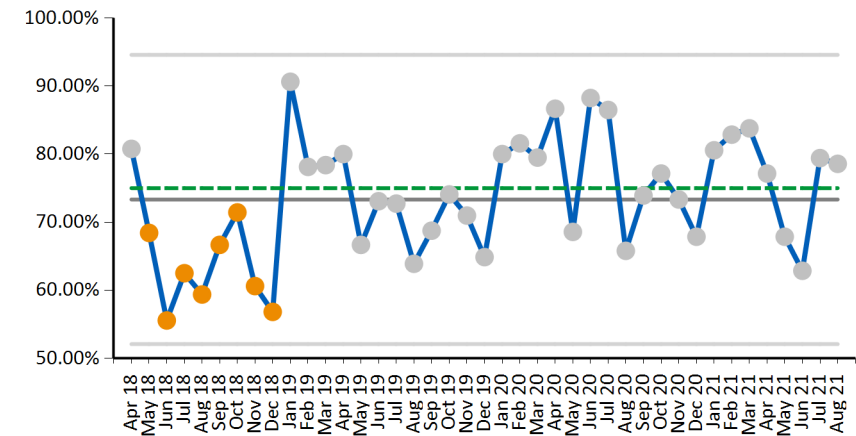
41 - RTT Incomplete pathways within 18 weeks %
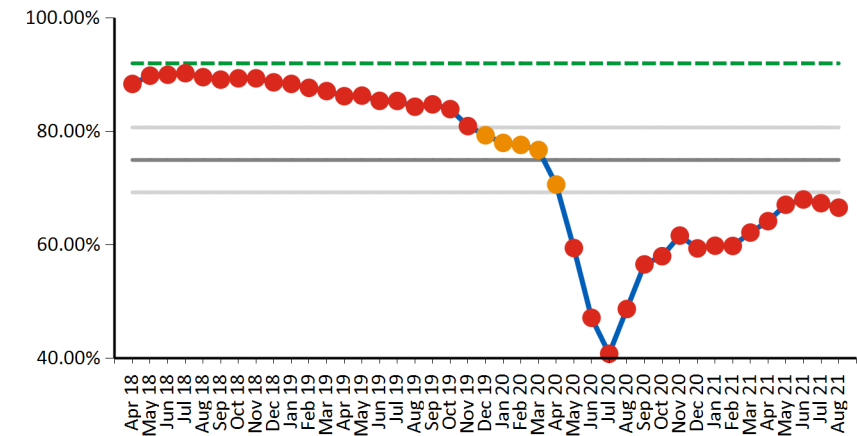
42 - RTT 52 week waits (incomplete pathways)
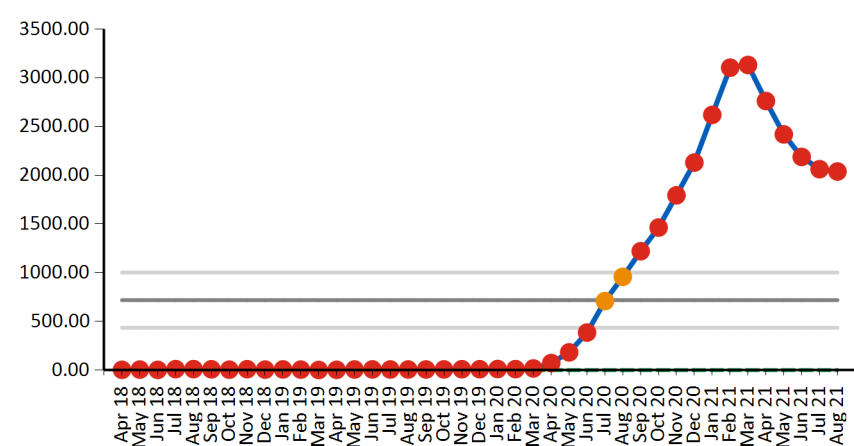
314 - RTT 18 week waiting list
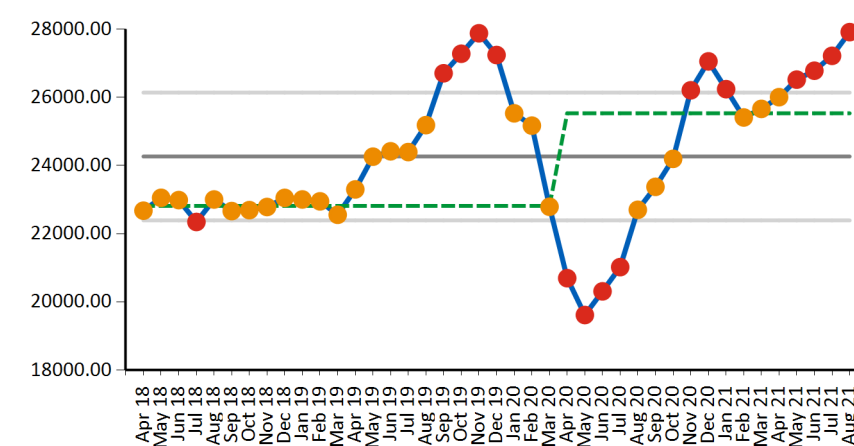
53 - A&E 4 hour target
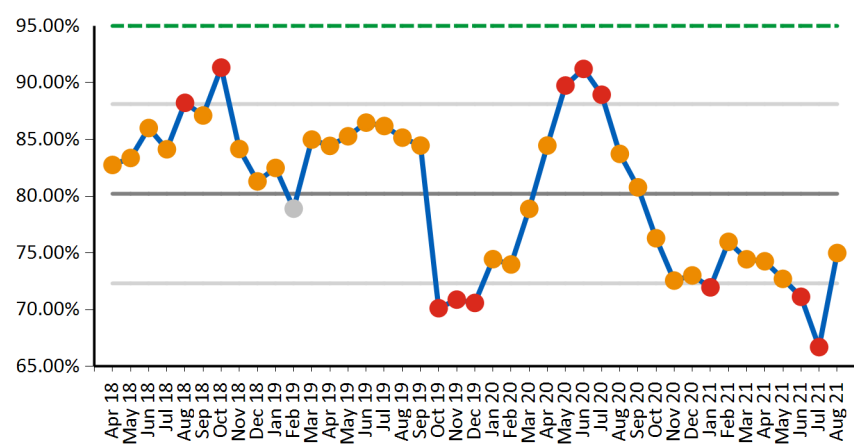
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)
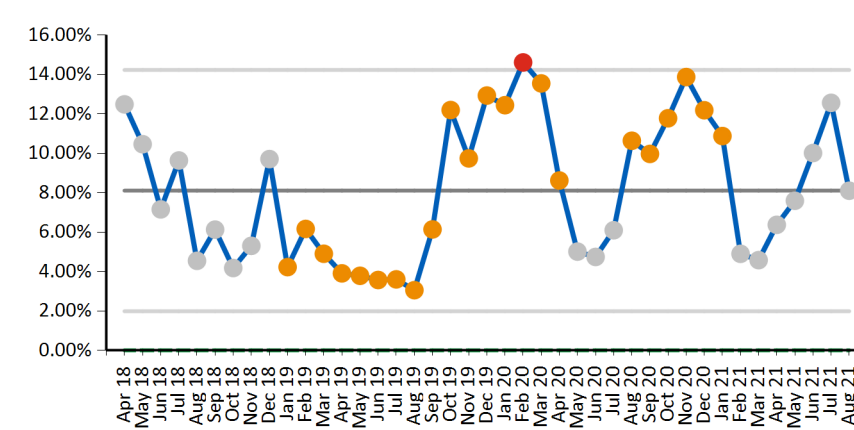
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)
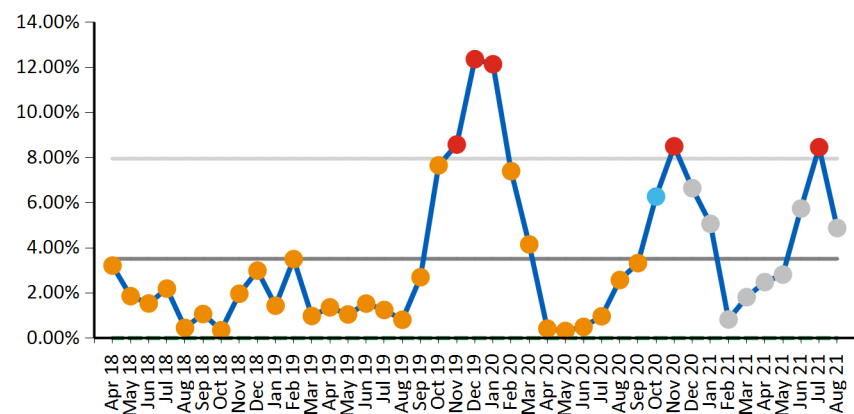
72 - Diagnostic Waits >6 weeks %
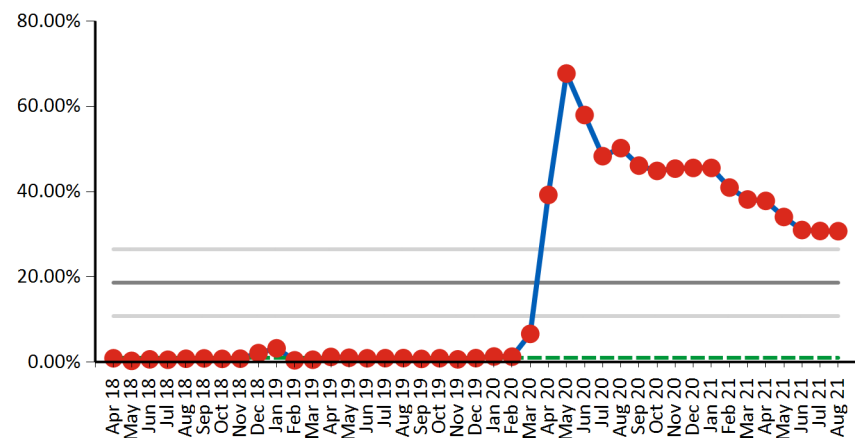
27 - TIA (Transient Ischaemic attack) patients seen <24hrs
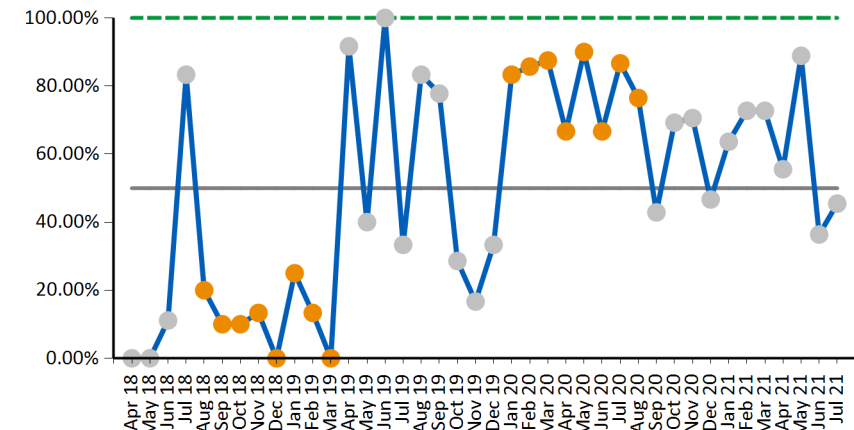
Productivity

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
56 - Stranded patients	<= 200	252	Aug-21		<= 200	217	Jul-21	<= 200	252	
307 - Stranded Patients - LOS 21 days and over	<= 69	73	Aug-21		<= 69	59	Jul-21	<= 69	73	
57 - Discharges by Midday	>= 30%	24.1%	Aug-21		>= 30%	22.1%	Jul-21	>= 30%	22.6%	
58 - Discharges by 4pm	>= 70%	61.4%	Aug-21		>= 70%	58.9%	Jul-21	>= 70%	61.4%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	9.6%	Jul-21		<= 13.5%	11.5%	Jun-21	<= 13.5%	11.5%	
489 - Daycase Rates	>= 80%	89.4%	Aug-21		>= 80%	88.8%	Jul-21	>= 80%	88.5%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	0.8%	Aug-21		<= 1%	1.4%	Jul-21	<= 1%	0.9%	
62 - Cancelled operations re-booked within 28 days	= 100%	61.1%	Aug-21		= 100%	90.6%	Jul-21	= 100%	13.9%	
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.61	Aug-21		<= 2.00	2.61	Jul-21	<= 2.00	2.99	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.79	Aug-21		<= 3.70	3.83	Jul-21	<= 3.70	3.85	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	76.5%	Jun-21		>= 80%	71.4%	May-21	>= 80%	75.9%	
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision	= 0	24	Aug-21		= 0	14	Jul-21	= 0	67	
493 - Average Number of Patients: with no Criteria to Reside	>= 45	85	Aug-21		>= 45	68	Jul-21	>= 255	330	
494 - Average Occupied Days - for no Criteria to Reside		455	Aug-21			276	Jul-21		1,333	

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
496 - Average number of excess bed days incurred since patients with a LoS of 14 days+ were declared as no longer meeting the reasons to reaside criteria (ready for dicharge/medically fit)	>= 160	371	Aug-21		>= 160	216	Jul-21	>= 890	1,014	

56 - Stranded patients
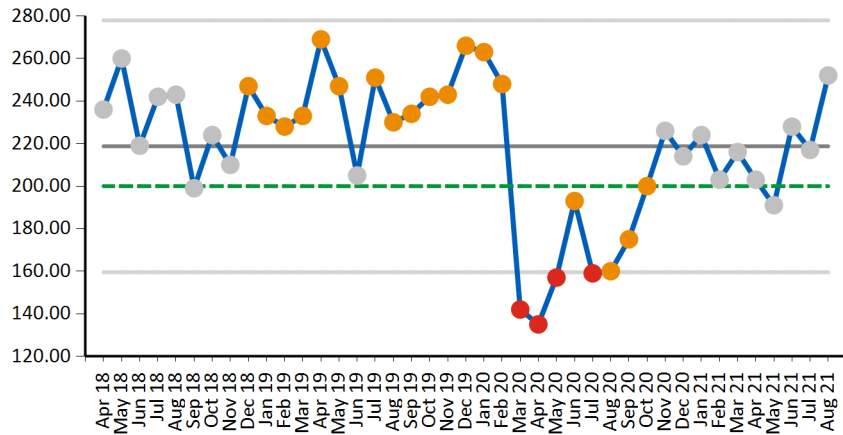
307 - Stranded Patients - LOS 21 days and over
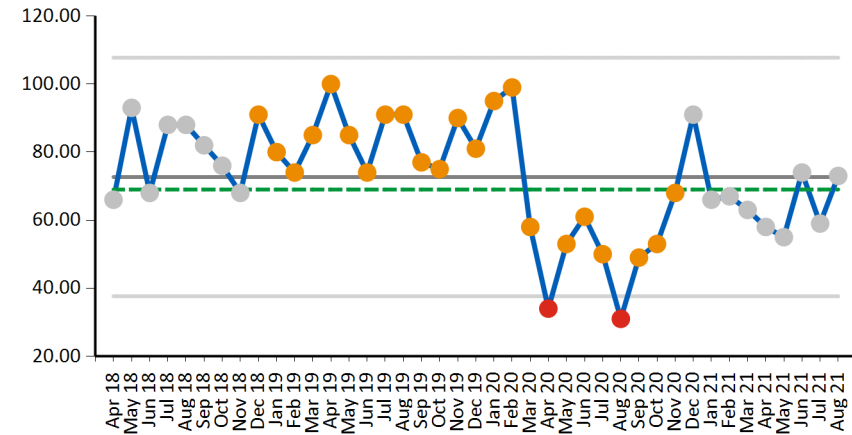
57 - Discharges by Midday
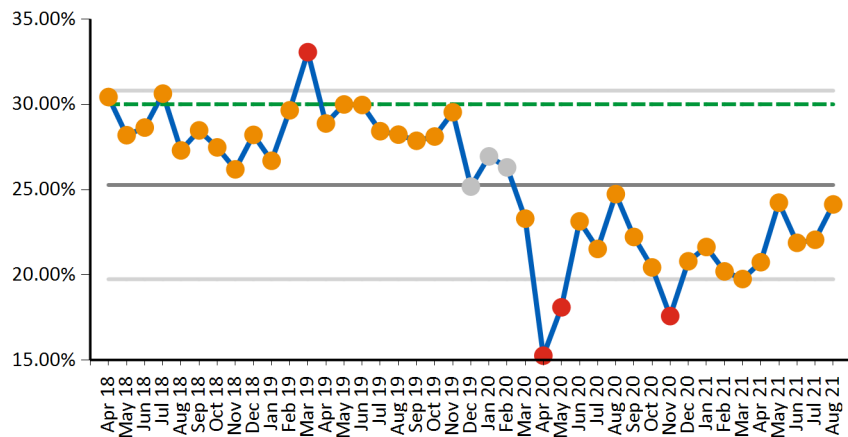
58 - Discharges by 4pm
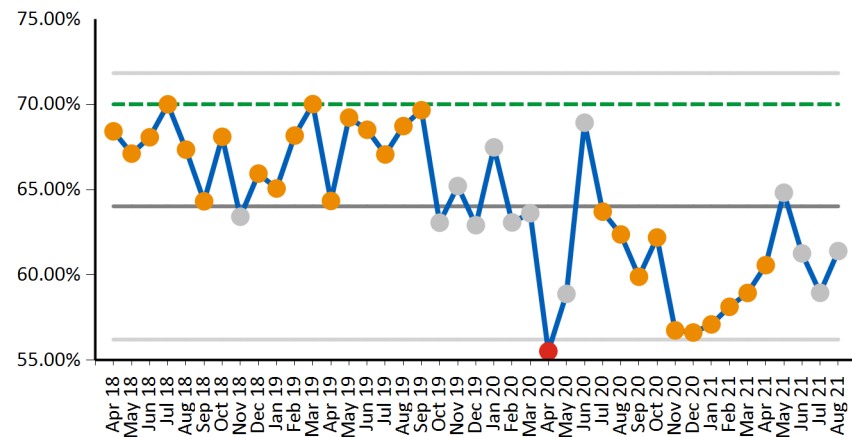
59 - Re-admission within 30 days of discharge (1 mth in arrears)
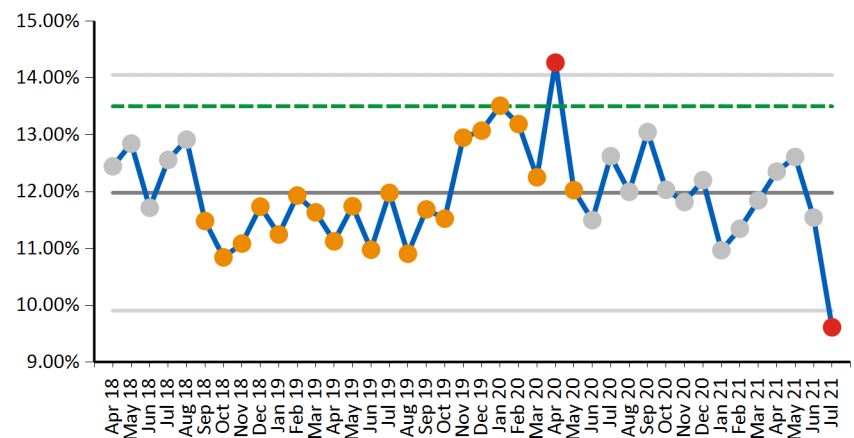
489 - Daycase Rates
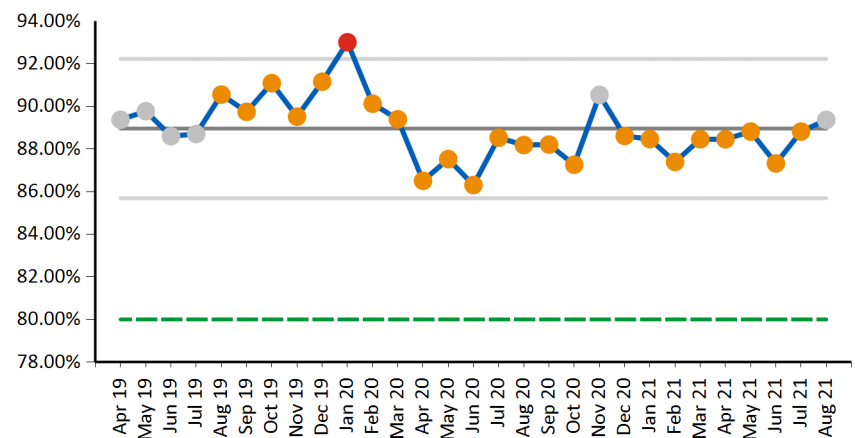
61 - Operations cancelled on the day for non-clinical reasons
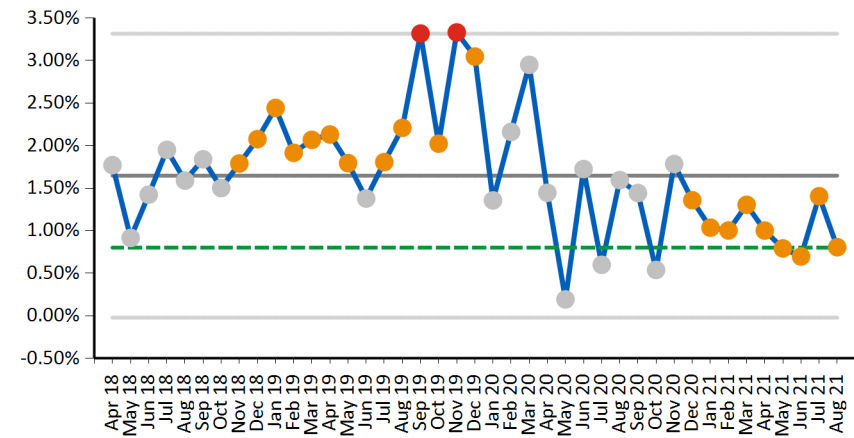
62 - Cancelled operations re-booked within 28 days
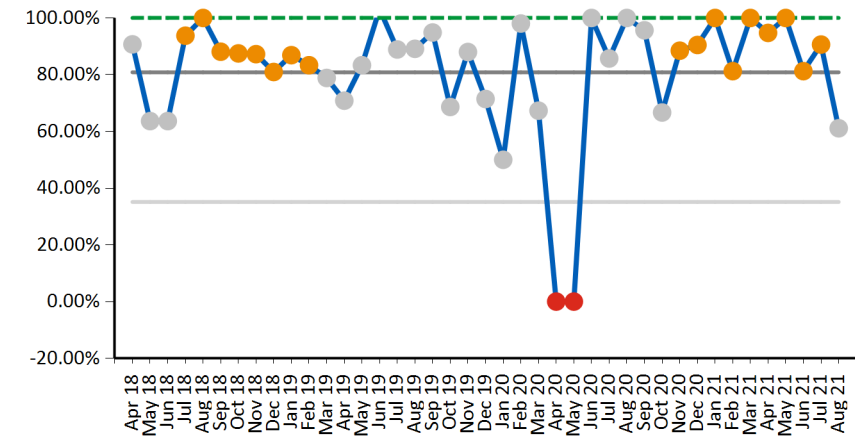
65 - Elective Length of Stay (Discharges in month)
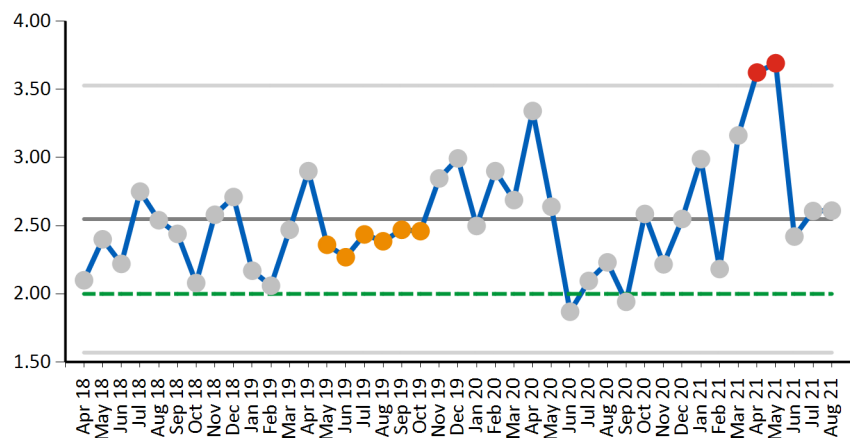
66 - Non Elective Length of Stay (Discharges in month)
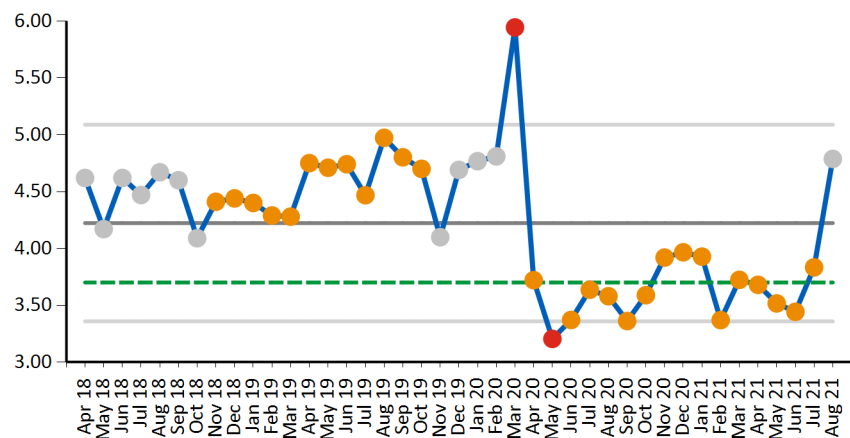
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears
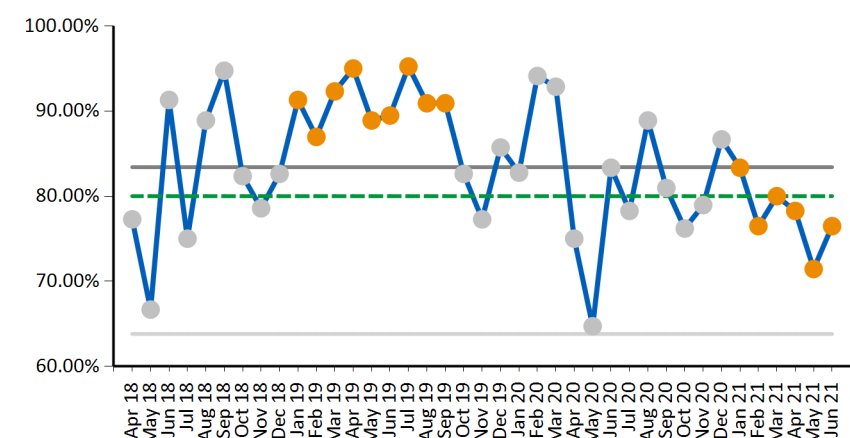
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision - SPC data available after 20 data points
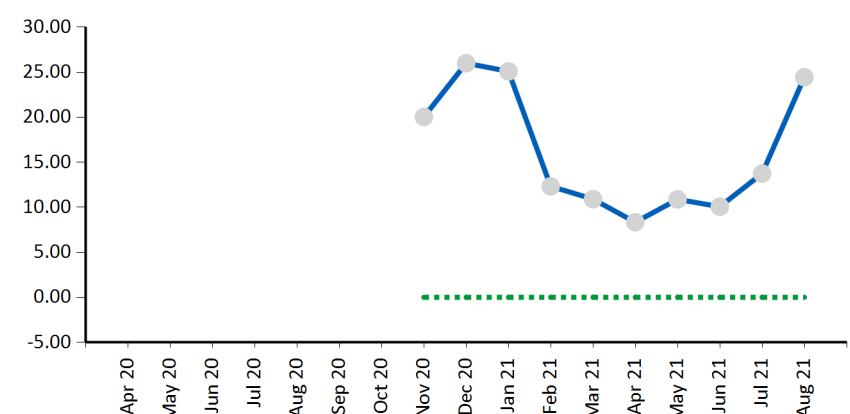
493 - Average Number of Patients: with no Criteria to Reside - SPC data available after 20 data points
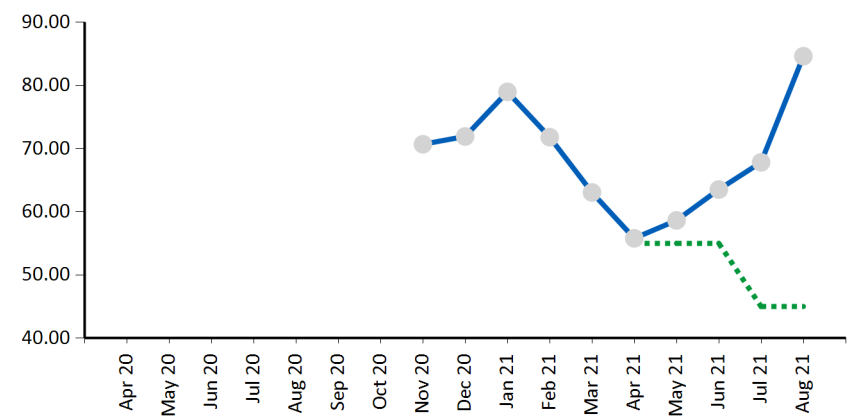
494 - Average Occupied Days - for no Criteria to Reside - SPC data available after 20 data points
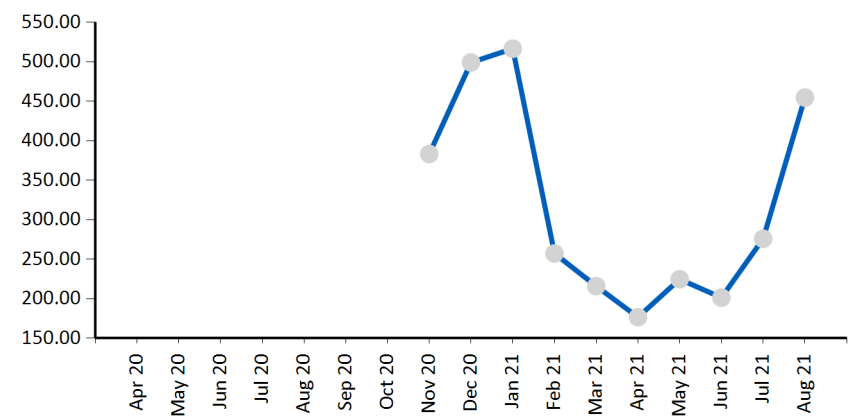
496 - Average number of excess bed days incurred since patients with a LoS of 14 days+ were declared as no longer meeting the reasons to reaside criteria (ready for dicharge/medically fit) - SPC data available after 20 data points
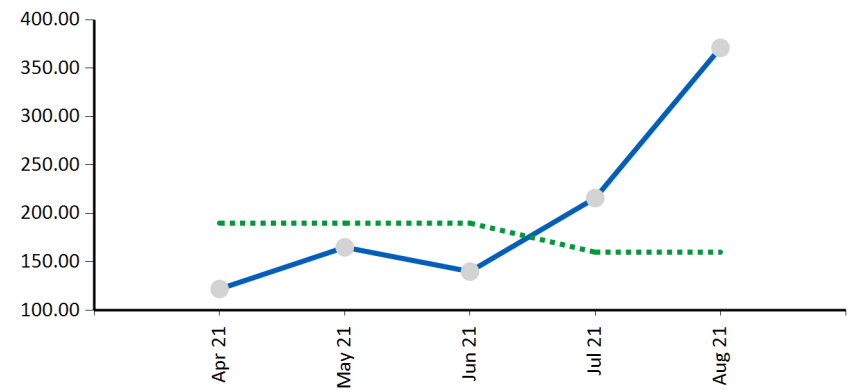
Cancer

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%	79.4%	Jul-21	(variation icon)	>= 85%	77.8%	Jun-21	>= 85%	83.4%	(? icon)
47 - 62 day screening % (1 mth in arrears)	>= 90%	67.6%	Jul-21	(variation icon)	>= 90%	79.5%	Jun-21	>= 90%	81.8%	(? icon)
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	96.4%	Jul-21	(variation icon)	>= 96%	98.9%	Jun-21	>= 96%	98.3%	(? icon)
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Jul-21	(variation icon)	>= 94%	100.0%	Jun-21	>= 94%	97.4%	(? icon)
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Jul-21	(variation icon)	>= 98%	100.0%	Jun-21	>= 98%	100.0%	(P icon)
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	96.8%	Jul-21	(variation icon)	>= 93%	95.8%	Jun-21	>= 93%	96.6%	(? icon)
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	44.8%	Jul-21	(L icon)	>= 93%	27.9%	Jun-21	>= 93%	28.1%	(F icon)

46 - 62 day standard % (1 mth in arrears)
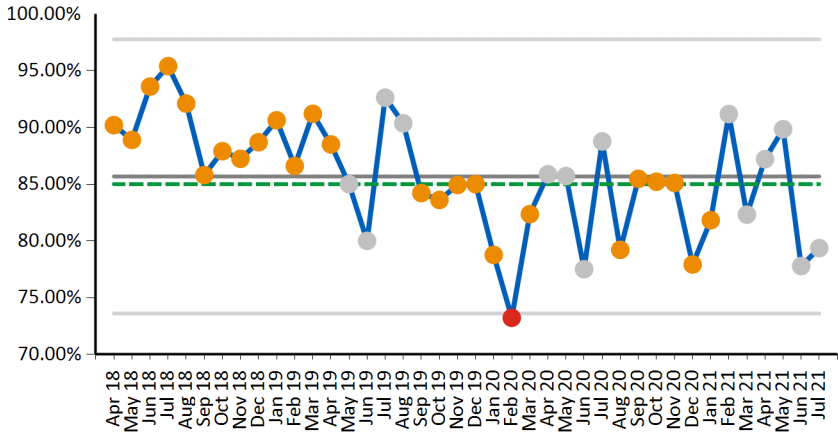
47 - 62 day screening % (1 mth in arrears)
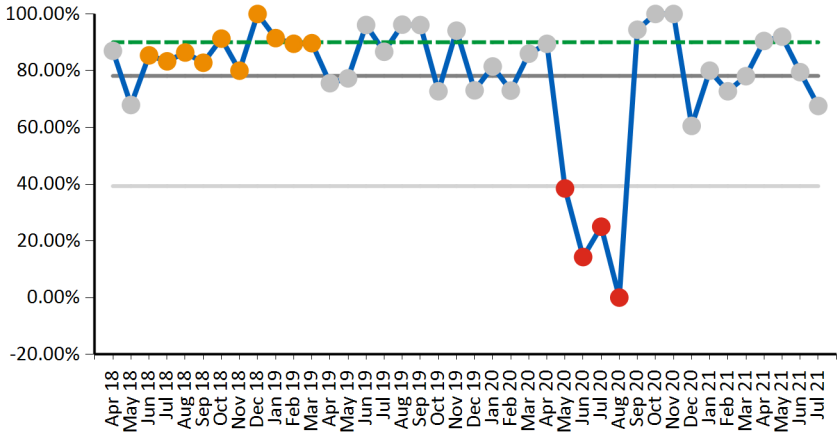
48 - 31 days to first treatment % (1 mth in arrears)
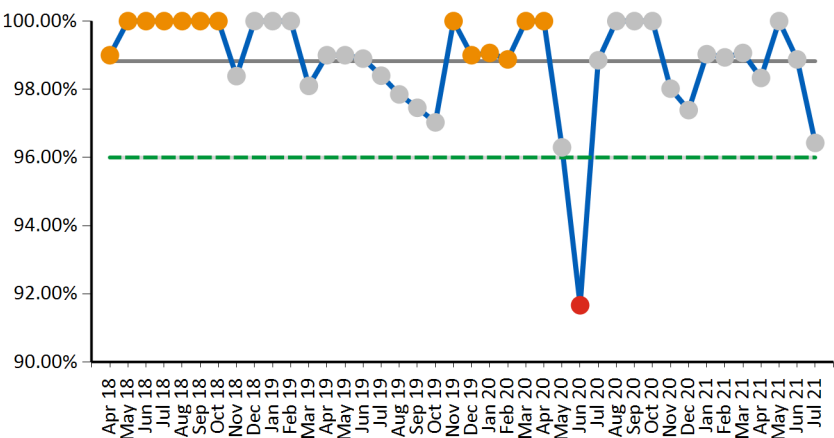
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)
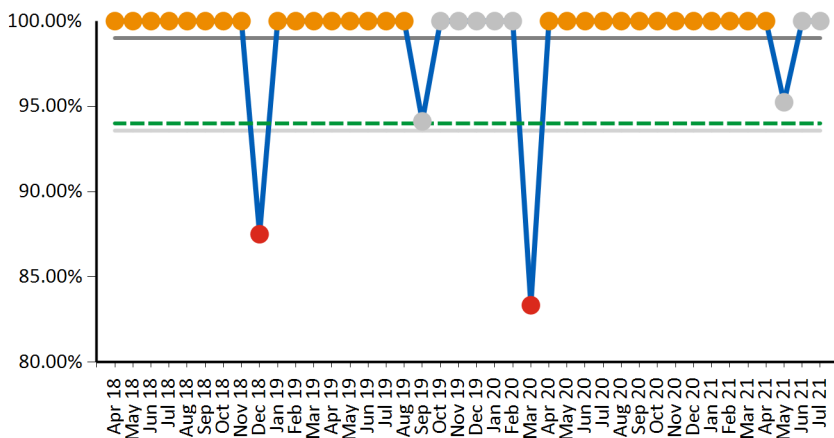
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)
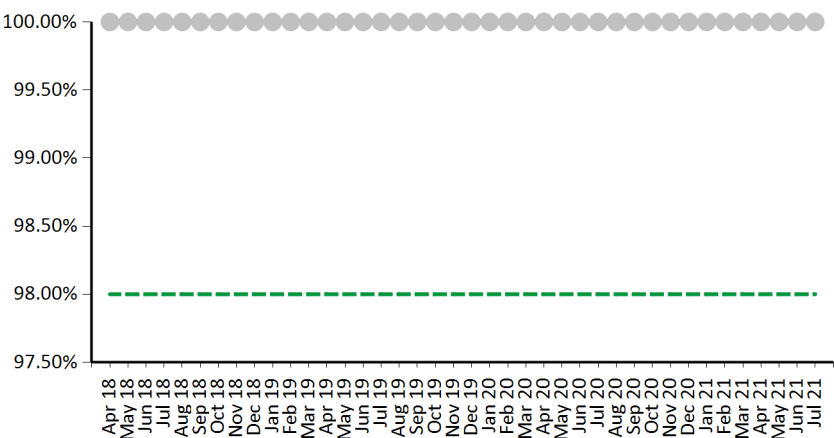
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)

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

Community

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
334 - Total Deflections from ED	>= 400	922	Aug-21	(H)	>= 400	911	Jul-21	>= 2,000	3,863	(P)
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	5.94	Aug-21	(?)	<= 6.00	5.38	Jul-21	<= 6.00	5.94	(?)

334 - Total Deflections from ED

335 - Total Intermediate Tier LOS (weeks)

Workforce
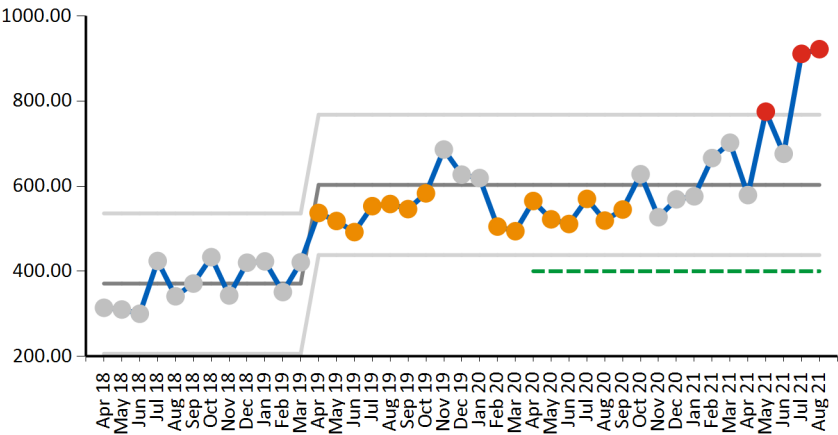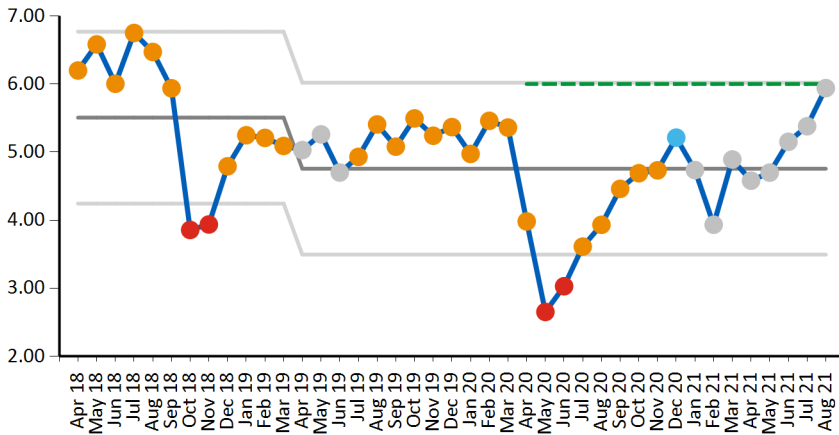
Sickness, Vacancy and Turnover

Board members will note that the sickness rate is similar to last month and continues to exceed 5%. The main driver for this change has been the increased number of staff reporting anxiety / mental health conditions, along with a high number of staff off with muscular skeletal problems. People Committee members are sighted on the plethora of activity that is taking place to ensure sickness remains at a manageable level.

The People Committee received an update on the recruitment position, and in particular those hard to fill posts. Given the increased level of recruitment activity to support the recovery and urgent care position, staff shortages remain a concern. As previously noted the Executive team have recently supported an over-recruitment plan to support organisational pressures and as detailed within the papers our Bank rates have been reviewed to support fill rates.

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%	5.72%	Aug-21	H	<= 4.20%	5.75%	Jul-21	<= 4.20%	5.03%	F
120 - Vacancy level - Trust	<= 6%	5.55%	Aug-21	H	<= 6%	7.25%	Jul-21	<= 6%	6.88%	?
121 - Turnover	<= 9.90%	12.53%	Aug-21	H	<= 9.90%	12.42%	Jul-21	<= 9.90%	13.55%	?
366 - Ongoing formal investigation cases over 8 weeks		1	Jul-21			2	Jun-21		6	

117 - Sickness absence level - Trust
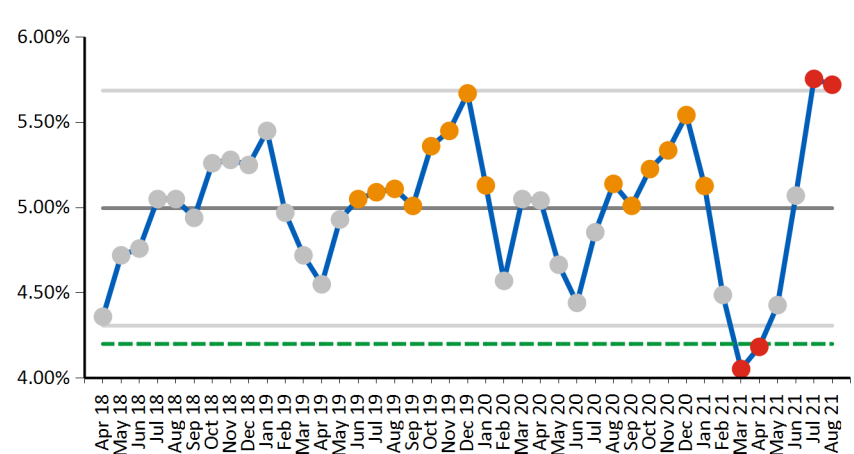
120 - Vacancy level - Trust
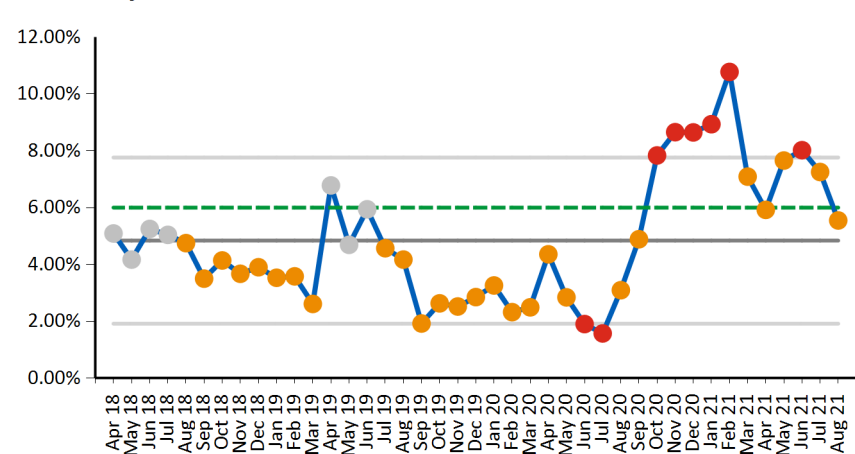
121 - Turnover
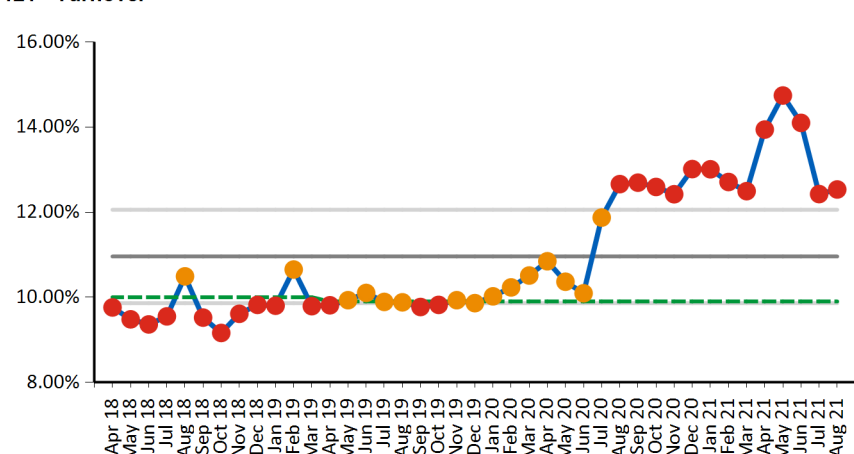
366 - Ongoing formal investigation cases over 8 weeks
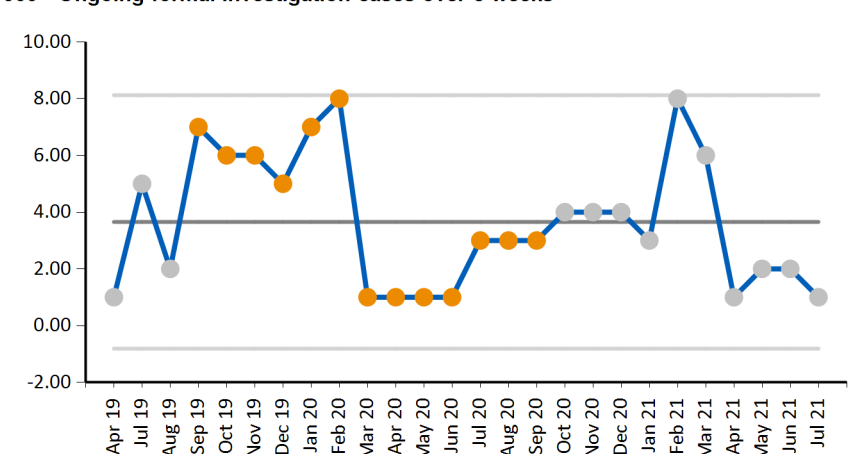
Organisational Development

Against a backdrop of significant operational pressures the completion of statutory and mandatory training has remained a priority. There has been a slight dip in current rates and these are being managed with Divisional colleagues. Appraisal rates remain stable and work is being undertaken with the Divisions to increased response rates. Whilst this is proving difficult due to operational pressures all do recognise the importance that our staff continue to benefit from an annual FABB appraisal.

A full update on Staff Engagement was discussed at a previous BoD meeting and regular updates on the Go Engage results are provided to the People Committee. The NHS Staff Survey 2021 will be launched on 1st October, 2021.

Outcome Measure	Latest				Previous			Year to Date		Target
	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
37 - Staff completing Statutory Training	>= 95%	93.1%	Aug-21		>= 95%	94.6%	Jul-21	>= 95%	94.3%	
38 - Staff completing Mandatory Training	>= 85%	90.2%	Aug-21		>= 85%	91.3%	Jul-21	>= 85%	91.4%	
39 - Staff completing Safeguarding Training	>= 95%	95.40%	Aug-21		>= 95%	96.15%	Jul-21	>= 95%	96.07%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	79.1%	Aug-21		>= 85%	79.0%	Jul-21	>= 85%	80.2%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	70.8%	Q2 2021/22		>= 66%	74.0%	Q1 2021/22	>= 66%		
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	63.3%	Q2 2021/22		>= 80%	65.4%	Q1 2021/22	>= 80%		

37 - Staff completing Statutory Training
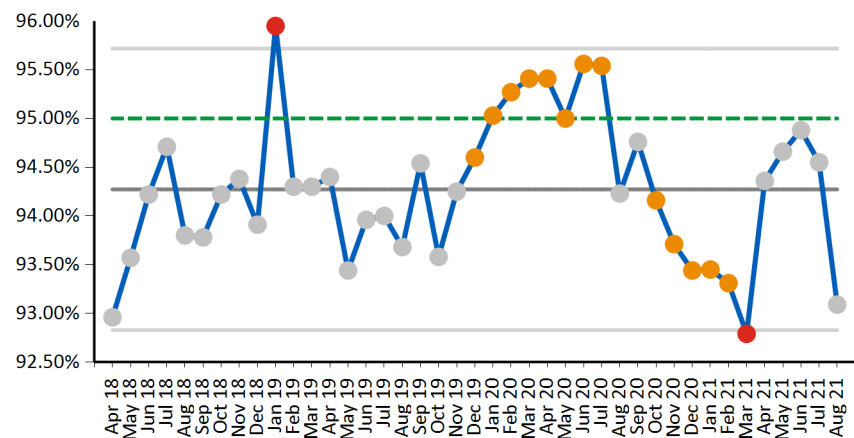
38 - Staff completing Mandatory Training
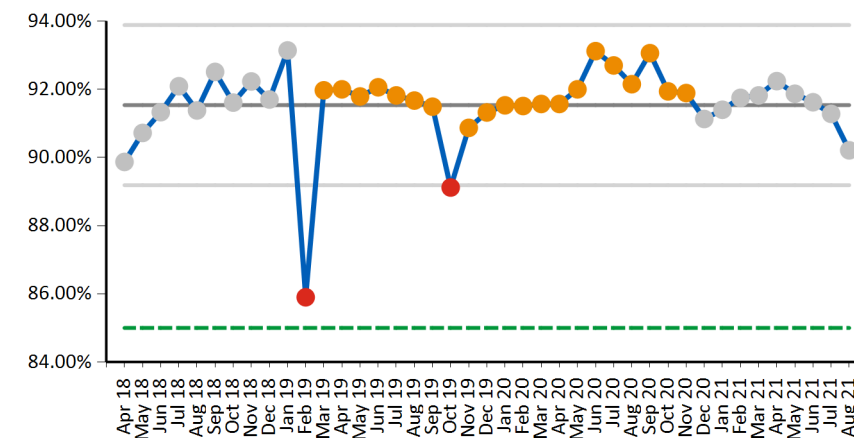
39 - Staff completing Safeguarding Training
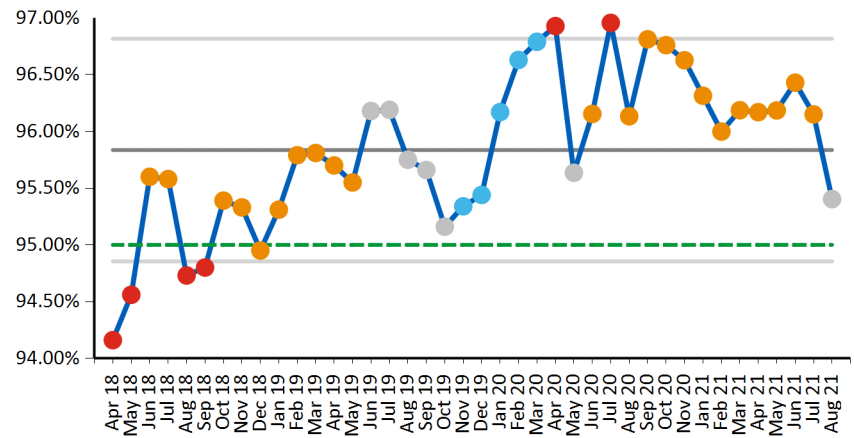
101 - Increased numbers of staff undertaking an appraisal
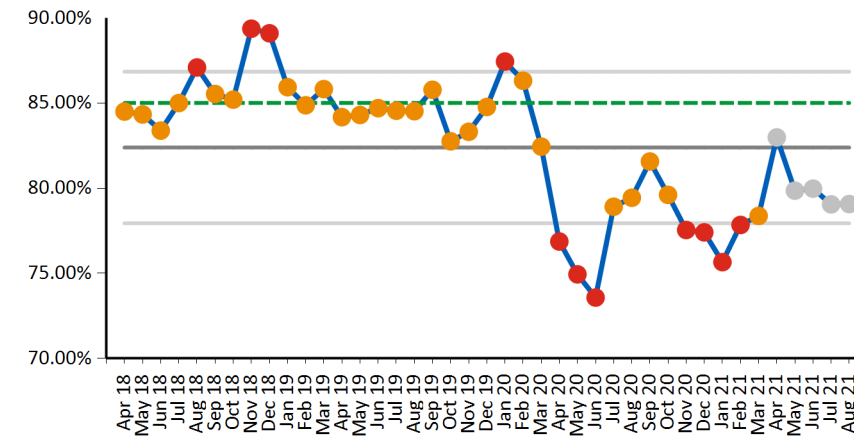
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears) - SPC data available after 20 data points
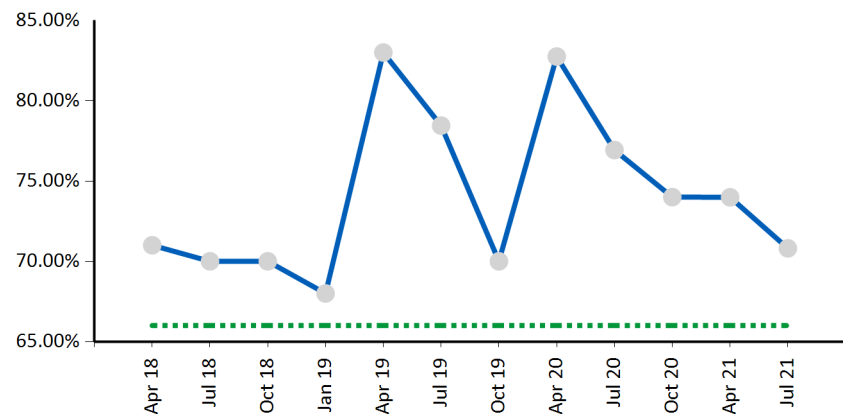
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears) - SPC data available after 20 data points
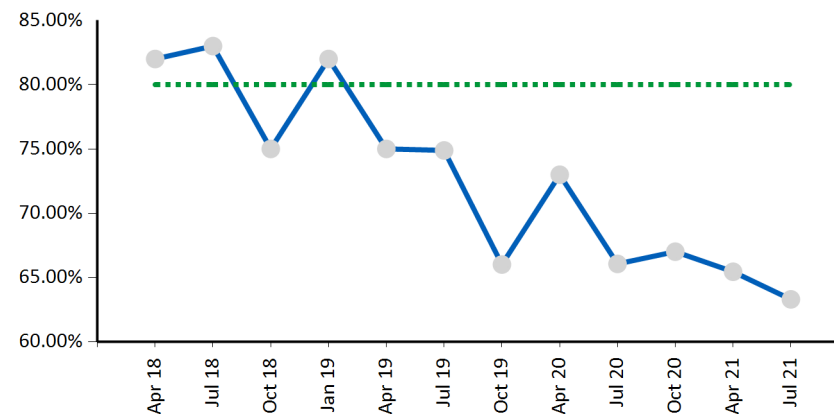
Agency

Actions have been taken to control agenda spend. Including Agency Market Management; Escalation controls, Health Roster training, Implementation of increased bank payments. Despite the above, Agency payment remains high – a position that is being replicated nationally, regionally and locally. Significantly more shifts were being sent to Agency, largely due to escalation areas with some linked to the recovery work.

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)	<= 0.49	1.43	Aug-21	(H)	<= 0.49	1.39	Jul-21	<= 2.72	6.24	(?)
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.18	0.78	Aug-21	(H)	<= 0.18	0.66	Jul-21	<= 1.21	3.13	(F)
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.23	0.49	Aug-21	(H)	<= 0.23	0.55	Jul-21	<= 1.32	2.36	(?)

198 - Trust Annual ceiling for agency spend (£m)
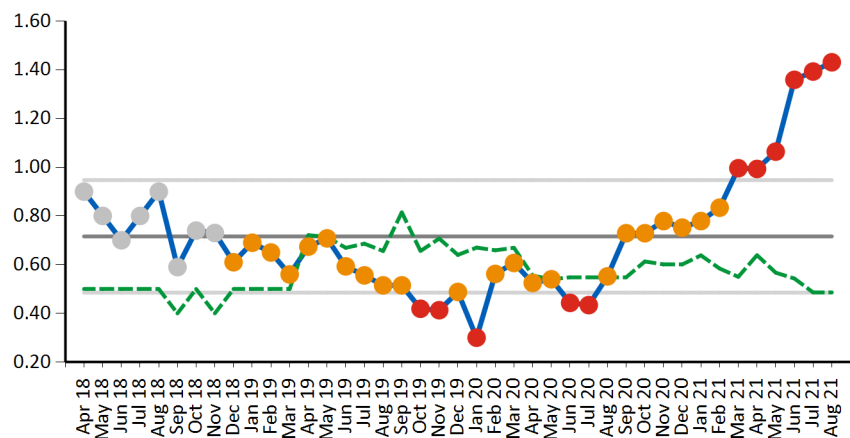
111 - Annual ceiling for Nursing Staff agency spend (£m)
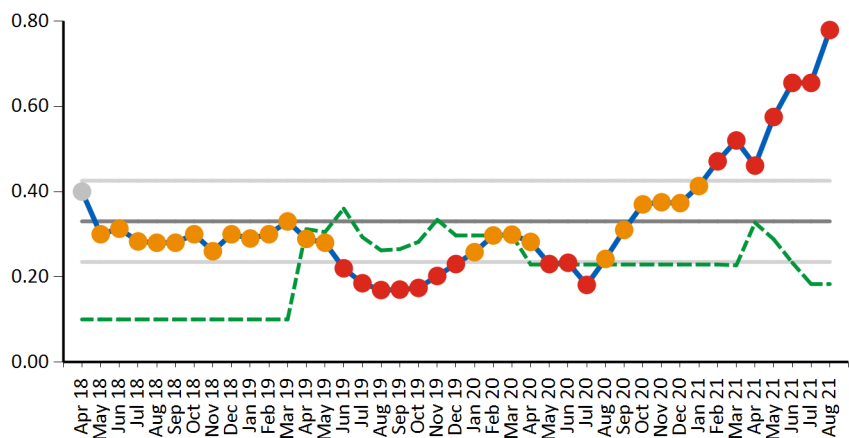
112 - Annual ceiling for Medical Staff agency spend (£m)
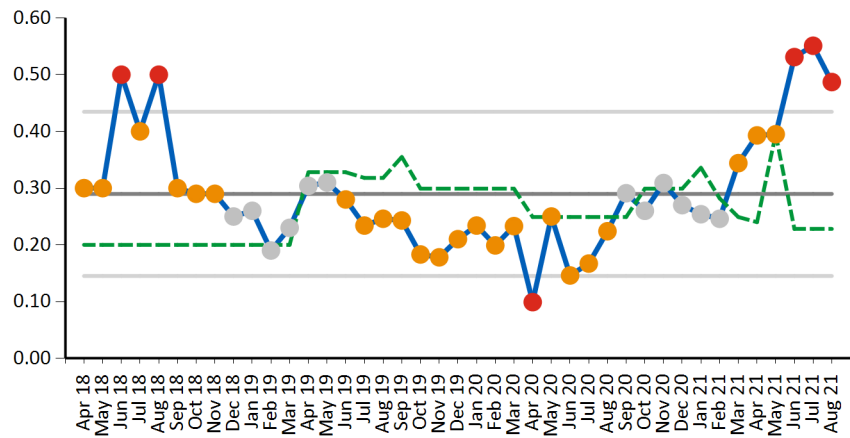
Finance

Finance

Revenue Performance Year to Date
• We have a year to date deficit of £1m, which is £0.7m worse than planned.
• Revenue performance is currently rated red.
• Action to increase CIP delivery and improve controls on variable pay

Revenue Performance Forecast Outturn
• We are forecasting a deficit of £2.4m for H1 in our probable scenario
• Forecast performance is rated amber due to the uncertainty around ERF
• The forecast position scenarios for H1 range from a deficit of £0.3m to a deficit of £3m due to the uncertainty of ERF Income

Cost Improvement
• The current trackers indicate that potential savings of £2.2m for H1 have been identified with a forecast delivery of £1.5m
• Savings of £1.3m have been delivered year to date against a plan of £2.4m but this includes non-recurrent savings.
• CIP is rated amber as there is a significant reliance on non-recurrent schemes.
• Action to focus on identifying and delivering recurrent CIP

Variable Pay
• We spent £3.5m on variable pay in month 3, which was an increase of £0.5m compared to last month.
• Variable pay is rated red as spend is significantly above plan.
• Action to improve controls

Capital Spend
• Year to date spend is £2.1m.
• Forecast spend for 2021/2022 has been reduced to £13.1m assuming GM slippage is available.
• Capital is rated as red as a result of the associated risks.

Cash Position
• We had cash of £40.7m at the end of the month.
• Cash is rated green as there are no concerns around cash flow this year.

Loans and PDC
• We have loans of £41.5m.
• Rated green as there are no concerns in this area.

Better Payment Practices Code
• Year to date we have paid 88.7% of our invoices within 30 days. This is below the target of 95%, hence rated amber.
• Action to review and improve performance is underway

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

Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= 0.3	0.2	Aug-21		>= 0.3	-0.7	Jul-21	>= -0.2	-1.0	
222 - Capital (£ millions)	>= 0.6	1.4	Aug-21		>= 0.6	0.1	Jul-21	>= 2.3	2.1	
223 - Cash (£ millions)	= 0.0	40.7	Aug-21		= 0.0	32.8	Jul-21	= 0.0	40.7	

220 - Control Total (£ millions)

222 - Capital (£ millions)

223 - Cash (£ millions)

Indicator	Target	Lab Lodge (Council)	AED-Adults	AED-Paeds	A4	ACU	B1 (Frailty Unit)	B2	B3	B4	BCAU	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	DL	EU (daycare)	H3 (Stroke Unit)	Critical Care	DCU (daycare)	E3	E4	F3	F4	F6	G3/TSU	G4/TSU	H2 (daycare)	UU (daycare)	CDS	E5	F5	Ingleside	M2 (AN)	M3 (Birth)	M4 (PN)	M5 (PN)	M6	NICU	Overall
Average Beds Available per day	N/a	32	0	0	20	10	23	26	21	21	19	25	26	26	25	10	13	25	22	19	25	12	5	22	18	25	26	25	25	24	10	24	24	11	4	15	38	7	4	26	5	22	22	17	38	805
Hand Washing Compliance %	Target = 100%	95.0%	85.0%	100.0%	65.0%	100.0%	95.0%	95.0%	100.0%	100.0%	90.0%	90.0%	95.0%	100.0%	100.0%	100.0%	100.0%	95.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	Not Done	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	95.0%	97.5%
IPC Rapid Improvement Tool % (Gen)	Target = 95%	86.7%	N/R	100.0%			95.0%	72.2%	85.0%			94.7%	94.4%	94.4%	100.0%	100.0%	90.0%	94.7%	84.2%	100.0%	80.0%	100.0%	94.7%	94.7%	94.7%	100.0%	94.7%	100.0%	64.7%	89.5%	100.0%	89.5%	100.0%	86.7%	100.0%	100.0%	72.2%	72.2%	93.8%	100.0%	Not Done	100.0%	94.7%	100.0%	92.5%
IPC Rapid Improvement Tool % (Med)	Target = 95%		N/R	94.4%			100.0%	87.5%	100.0%			95.5%	78.3%	100.0%	100.0%	85.7%	100.0%	90.0%	86.4%	100.0%			93.8%	95.8%	90.5%		95.7%	95.8%	100.0%	91.3%	95.5%	95.5%	95.7%	100.0%	100.0%	84.2%	85.0%	85.0%	93.8%	89.5%	Not Done	94.4%		95.8%	94.4%	93.8%
Mattress Audit Compliance %	Target = 100%	100.0%			100.0%		100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%		100.0%	100.0%	100.0%	100.0%		100.0%		100.0%		100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%
C - Diff	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
MSSA BSIs	Target = 0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
E Coli BSIs	Target = 0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
MRSA acquisitions	Target = 0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
All Inpatient Falls (Safeguard)	Target = 0	7	2	1	1	0	11	9	6	5	2	9	4	6	2	0	4	6	8	1	4	1	0	0	2	0	6	1	3	5	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	109
Harms related to falls (moderate+)	Target = 1.6	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
VTE Assessment Compliance	Target = 95%				79.5%	98.0%	0.0%	100.0%		0.0%	97.9%	100.0%	100.0%	82.4%	0.0%	97.0%	86.4%	95.9%	95.1%	88.4%	90.9%			98.1%	53.3%	100.0%	99.3%	80.0%	93.4%	100.0%	53.9%	98.7%	100.0%	100.0%	99.6%	100.0%	86.4%			37.5%	96.3%		94.1%	94.3%	99.4%		95.7%
New pressure Ulcers (Grade 2)	Target = 0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
New pressure Ulcers (Grade 3)	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New pressure Ulcers (Grade 4)	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New pressure Ulcers (unstageable)	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Monthly KPI Audit %	Target = 95%	94.9%	N/R	98.6%	N/R	N/R	82.7%	80.6%	91.2%	N/R	N/R	85.9%	86.5%	95.3%	81.9%	99.3%	91.0%	91.0%	83.0%	98.2%	78.9%	100.0%	100.0%	91.9%	100.0%	100.0%	94.3%	89.3%	97.6%	87.7%	97.6%	93.3%	89.8%	98.2%	97.7%	98.9%	95.7%	95.7%	94.0%	97.7%	N/R	97.0%	83.4%	98.2%	96.6%	94.9%
BoSCA Overall Score %	w=<55,b>55,	75.3%	75.3%			64.2%	58.3%	84.4%			81.6%	75.6%	82.3%	75.8%	84.3%	76.4%	75.1%	83.2%	92.9%	90.2%	71.8%	86.3%	85.7%	94.3%		86.8%	81.7%	91.8%	77.7%		91.4%	90.9%		88.2%	90.3%	90.1%	90.1%		91.9%	90.4%	71.4%	71.4%	80.3%	90.3%	82.5%
BoSCA Rating	g>75,g>90	silver	silver			bronze	bronze	silver			silver	silver	silver	silver	silver	silver	silver	platinum	gold	bronze	silver	silver	platinum		silver	silver	platinum	silver		platinum	platinum		silver	gold	platinum	platinum		silver	gold	bronze	bronze	silver	gold	Silver
FFT Response Rate	Target = 30%	100.0%	84.1%	42.9%	2.2%	24.7%	5.6%	0.0%	4.3%	13.2%	0.0%	0.0%	0.0%	0.0%	34.3%	34.6%	153.6%	21.0%	16.7%	120.7%	47.2%	N/A	22.3%	3.7%	0.0%	50.6%	2.9%	24.9%	9.9%	27.4%	38.3%	40.9%	0.0%	22.9%	22.1%	26.0%	5.4%	0.0%	26.0%	10.2%	100.0%	87.5%	20.9%
FFT Recommended Rate	Target = 97%	94.7%	84.1%	42.9%	100.0%	79.2%	100.0%	N/A	100.0%	100.0%	N/A	N/A	N/A	N/A	95.7%	100.0%	97.2%	82.4%	100.0%	97.1%	97.1%	N/A	97.4%	100.0%	N/A	96.1%	100.0%	100.0%	87.5%	94.6%	100.0%	100.0%	N/A	93.2%	86.7%	91.7%	98.0%	N/A	91.7%	96.3%	91.7%	76.7%	76.7%	100.0%	100.0%	96.9%
Number of complaints received	Target = 0	4	0	1	0	0	0	0	0	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11
Serious Incidents in Month	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	2
Incidents > 20 days, not yet signed off	Target = 0	43	4	3	0	1	0	0	2	3	0	16	5	1	0	3	0	1	4	0	0	0	2	0	0	2	0	1	0	66	0	1	3	3	0	0	4	173
Harm related to Incident (Moderate+)	Target = 0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	5
Appraisals	Target = 85%		79.0%		0.0%	72.4%	90.3%	82.9%	75.0%	46.2%	75.0%	66.7%	79.0%	85.7%	100.0%	70.4%	83.3%	83.0%	86.2%	95.5%	80.5%	100.0%	78.9%	48.6%	79.8%	86.5%	82.1%	88.9%	75.6%	65.4%	46.7%	85.7%	82.5%	77.2%	85.0%	70.8%	90.0%		100.0%	93.3%	64.7%	97.1%	80.0%		74.5%	79.1%
Statutory Training	Target = 95%		92.69%		85.71%	95.07%	93.24%	83.66%	70.40%	81.52%	96.3%	87.10%	93.77%	90.40%	95.83%	94.44%	92.48%	89.97%	92.08%	96.69%	95.67%	100.0%	95.09%	83.97%	95.28%	98.63%	91.73%	94.32%	96.38%	82.18%	94.12%	93.13%	93.12%	96.11%	96.67%	90.7%	94.0%		80.0%	89.3%	82.7%	88.9%	93.5%		93.62%	93.1%
Mandatory Training	Target = 85%		89.57%		100.0%	96.3%	90.7%	84.3%	73.2%	79.2%	90.7%	89.4%	85.5%	88.3%	94.6%	94.7%	90.3%	89.6%	91.4%	97.3%	91.9%	100.0%	96.0%	75.2%	96.5%	96.9%	89.7%	95.4%	98.1%	84.9%	92.6%	93.6%	90.3%	92.9%	97.2%	87.9%	93.2%		50.0%	81.4%	83.6%	91.1%	88.8%		87.7%	90.2%
% Qualified Staff (Day)							96.2%	86.7%	89.2%	79.3%		74.6%	91.9%	92.6%	96.7%	109.2%				73.3%	98.4%			81.3%	87.6%		98.6%		95.8%	108.0%		75.4%			75.7%	77.7%	77.7%		89.6%	90.3%	85.5%		
% Qualified Staff (Night)							87.3%	78.7%	73.5%	68.6%		89.4%	84.8%	82.0%	101.7%	103.6%				80.4%	98.5%			99.0%	84.7%		98.9%		49.4%	75.4%		113.1%			85.5%	13.7%	13.7%		74.5%		64.4%	97.1%	92.7%		
% un-Qualified Staff (Day)							138.1%	130.9%	118.8%	89.3%		138.7%	137.1%	129.3%	100.0%	100.0%				73.2%	99.2%			122.6%	87.1%		108.0%		102.4%	167.0%		96.7%			75.7%	98.1%	98.1%		91.7%	105.2%	123.5%		
% un-Qualified Staff (Night)							156.9%	104.7%	106.3%	101.6%		95.4%	107.9%	99.8%	100.0%	161.2%				97.9%	102.2%			98.9%	91.9%		104.2%		54.5%	103.3%		96.8%			90.8%	100.0%	100.0%		96.4%		96.0%	100.4%	100.5%		
Budgeted Nurse: Bed Ratio (WTE)		8.87	-2.77	-2.77	0.00	0.00	2.49	8.91	7.56	0.00	0.00	2.38	4.21	4.34	4.18	-12.62	2.33	1.66	3.34	1.72	2.96	0.00	3.36	2.03	7.67	-0.58	3.78	4.07	-2.86	3.56	7.61	5.75	0.56	-0.17	-2.75	7.45	0.48	0.48	14.29	-0.74	5.62	-3.24	2.70	0.85	9.49	97.33
Current Budgeted WTE (Ledger)		50.78	73.28	73.28			38.03	63.59	43.34	0.00		33.71	41.23	42.69	40.70	0.00	19.97	50.82	40.30	40.01	39.97		24.27	36.15	107.36	32.75	35.52	30.21	37.79	30.21	44.49	18.07	44.50	50.86	16.01	86.31	33.42	33.42	66.93	22.00	22.12	26.34	26.34	46.87	105.69	1669.31
Actual WTE In-Post (Ledger)		41.91	76.05	76.05			35.54	54.68	35.78	0.00		31.33	37.02	38.35	36.52	12.62	17.64	49.16	36.96	38.29	37.01		20.91	34.12	99.69	33.33	31.74	26.14	40.65	26.65	36.88	12.32	43.94	51.03	18.76	78.86	32.94	32.94	52.64	22.74	16.50	29.58	23.64	46.02	96.20	1563.11
Actual Worked (Ledger)		47.90	88.51	88.51			55.68	56.78	48.67	0.00		41.31	51.69	48.19	48.85	43.58	29.11	58.25	47.03	42.58	45.66		20.92	43.42	114.89	33.26	40.85	34.13	47.88	45.77	48.55	18.06	53.64	50.12	17.54	93.37	34.67	34.67	61.51	26.63	15.41	36.70	32.87	53.28	94.82	1895.25
Sickness (%)	Target < 4.2%		7.00%		0.00%	11.00%	16.79%	12.01%	11.84%	17.46%	9.40%	18.68%	16.72%	9.23%	8.49%	1.22%	6.06%	7.84%	11.11%	4.72%	5.96%	0.00%	5.31%	12.71%	9.59%	8.96%	6.35%	22.27%	8.11%	7.51%	1.16%	9.38%	8.73%	5.39%	2.10%	9.66%	3.92%		0.00%	8.18%	8.02%	2.86%	4.49%		7.27%	8.72%
Current Budgeted Vacancies		-5.99	-12.46	-12.46	0.00	0.00	-20.14	-2.10	-12.89	0.00	0.00	-9.98	-14.67	-9.84	-12.33	-30.96	-11.47	-9.09	-10.07	-4.29	-8.65	0.00	-0.01	-9.30	-15.20	0.07	-9.11	-12.25	-7.23	-19.12	-11.67	-5.74	-9.70	0.91	1.22	-14.51	-1.74	-1.74	-8.87	-3.89	1.09	-7.12	-9.23	-7.26	1.38	106.20
Pending Appointment																																														0.00
Substantive Staff Turnover	Target < 10%		4.8%		0.0%	0.0%	16.3%	8.6%	11.8%	0.0%	0.0%	25.4%	8.3%	11.9%	22.0%	7.0%	0.0%	19.0%	16.22%	11.0%	12.4%	0.0%	11.7%	9.6%	9.8%	12.2%	14.3%	12.5%	6.7%	32.8%	12.5%	10.1%	8.8%	5.1%	10.0%	10.6%	4.8%		66.7%	6.6%	32.7%	11.3%	9.4%		7.5%	1.19%

Data Legend

No data returned	N/R
No Eligible patients	

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

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

Board Assurance Heat Map - District Nursing Domiciliary & ICS Services

Indicator	Target	Admission Avoidance	Acute Therapies	Anti-coagulant Team	Asylum & Refugee/Homeless & Vunerable	Bladder & Bowel Service	Community IV Therapy	Diabetes & Endo	Dietetics	Falls	Neurology & LTC	Podiatry	Rheum-atology	SLT	Stroke	Wheel-chair Service	Avondale	Breightmet & Little Lever	Crompton	Farnworth	Great Lever	Horwich	Pikes Lane	Waters Meeting	West-houghton	Evening Service	North	South	Overall
Hand Washing Compliance %	Target = 100%	Not Done		100.0%	Not Done	Not Done	100.0%				Not Done		100.0%				100.0%	Not Done	Not Done	Not Done	Not Done	Not Done	Not Done	Not Done	Not Done	Not Done	Not Done	Not Done	100.00%
Monthly New pressure Ulcers (Grade 2)	Target = 0	0		0	0	0	0		0	0	0	1	0	0	0	0	0	2	1	3	0	1	0	2	0	0	0		10
Monthly New pressure Ulcers (Grade 3)	Target = 0	0		0	0	0	0		0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0		3
Monthly New pressure Ulcers (Grade 4)	Target = 0	0		0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Monthly New pressure Ulcers (Unstageable)	Target = 0	0		0	0	0	0		0	0	0	0	0	0	0	0	1	0	2	1	0	0	0	0	0	0	0		4
Monthly KPI Audit %	Target = 95	91.4%			98.2%	100.0%	98.6%		96.6%		96.9%	N/R		N/R		N/R	98.4%	98.4%	97.2%	97.3%	89.6%	96.7%	98.4%	97.4%	98.7%	99.2%	98.2%	98.3%	
BoSCA Overall Score %	w=<55%, B>55%, S>75%, G>90%																94.74%	91.01%	94.22%	85.51%	93.60%	94.33%	97.23%	83.06%	97.11%	94.79%	95.60%	89.86%	93%
BoSCA Rating																	platinum	platinum	platinum	silver	platinum	platinum	platinum	silver	platinum	platinum	gold	silver	platinum
Friends and Family Response Rate %	Target = 30%	100.0%		25.0%	25.0%	15.0%	100.0%	100.0%	0.0%	30.0%	30.0%	0.0%	0.0%	30.0%	100.0%	0.0%	66.4%										100.0%		100.0%
Friends and Family Recommended Rate %	Target = 97%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	N/A	100.0%	100.0%	N/A	N/A	100.0%	100.0%	N/A	99.3%										100.0%		0
Number of Complaints received	Target = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
Sickness (%)	Target is < 4.2%	11.4%	0.5%	13.4%	15.54%	12.1%	0.2%	8.0%	1.37%	0.4%	1.5%	3.9%	8.6%	8.7%	3.4%	0.0%	12.1%	4.7%	3.3%	20.9%	14.5%	0.0%	0.0%	17.3%	8.9%	0.6%	6.0%		5.23%
Total WTE with 19.81% Headroom (Sickness, Training etc)																													
Substantive Staff Turnover Headcount (rolling average 12 months)	Target is < 10%	10.3%	11.0%	10.5%	30.8%	0.0%	22.2%	10.2%	24.0%	14.3%	14.7%	8.5%	8.9%	5.7%	15.9%	22.2%	7.1%	11.8%	10.0%	0.0%	7.7%	7.4%	0.0%	16.2%	8.0%	12.9%	14.3%		12.04%
12 month Appraisal	Target = 85%	68.8%	93.3%	100.0%	83.3%	100.0%	100.0%	95.5%	81.8%	73.7%	89.7%	92.5%	88.9%	93.8%	92.0%	87.5%	100.0%	100.0%	94.1%	89.5%	100.0%	91.7%	100.0%	100.0%	83.3%	96.7%	87.5%		68.42%
12 month Statutory Training	Target = 95%	95.1%	97.2%	97.9%	100.0%	96.7%	100.0%	96.4%	95.8%	94.0%	97.7%	97.4%	96.2%	97.7%	97.9%	95.6%	100.0%	93.3%	98.0%	97.9%	98.6%	95.8%	96.2%	96.2%	97.0%	95.0%	91.7%		96.82%
12 month Mandatory Training	Target = 85%	92.3%	98.9%	94.7%	92.9%	92.9%	97.3%	93.9%	96.8%	90.7%	92.2%	96.4%	93.5%	90.5%	96.9%	92.3%	97.5%	94.8%	93.8%	98.4%	97.9%	95.7%	95.8%	98.0%	97.6%	97.3%	98.9%		94.37%

Data Legend

No data returned	N/R
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

NHS
Bolton
NHS Foundation Trust

Title:	Winter Planning update

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	30th September 2021		Discussion	x
Exec Sponsor	Andy Ennis		Decision	

Summary:	Andy Ennis will be sharing the Winter Planning update at this Board meeting.

Previously considered by:	N/A.

Proposed Resolution	For discussion.

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

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

Title:	Quality Assurance Committee Chair Reports			

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	30th September 2021		Discussion	
Exec Sponsor	Esther Steel		Decision	

Summary:	Attached are the Quality Assurance Committee Chair Reports from the following meetings: 18th August 2021 15th September 2021

Previously considered by:	N/A.

Proposed Resolution	For noting and assurance.

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

Prepared by:	Esther Steel Director of Corporate Governance / Richard Sachs Director of Quality Governance	Presented by:	Andrew Thornton Non-Executive Director and Quality Assurance Committee Chair

Committee/Group Chair's Report

NHS
Bolton
NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Parent Committee:	Board of Directors
Date of Meeting:	18th August 2021	Date of Next Meeting	30th September 2021
Chair	Andrew Thornton (QAC Chair / NED)	Quorate (Yes/No)	Yes
Members present	Andrew Thornton, Andy Ennis, Fiona Noden, Jackie Njoroge, Malcolm Brown, Sharon Martin (in attendance: Esther Steel, Claire Lovick, Harni Bharaj, Angela Hansen, Natasha McDonald, Richard Sachs, Carol Sheard, Michaela Toms, Paul Settle, Karen Keighley, Tom Moneken, Nicola Caffrey, Rebecca Bradley, Tracey Walsh, Chinari Subudi, Ibrahim Ismail	Key Members not present:	Francis Andrews, Karen Meadowcroft, James Mawrey, George Lipscomb

Meeting overview/context
Positive meeting.

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Chief Nurse / Medical Director Update		RS/HB	The DQG and Deputy Medical Director provided this update on behalf of the Chief Nurse and Medical Director. • This update will be provided alternatively between the Chief Nurse and Medical Director going forward. • There will be a virtual monitoring visit from the CQC on 17th September and mock interviews are taking place ahead of this. • The Chief Nurse and DQG are attending a meeting with the CQC on 4th September. • A never event was declared last week. This related to a wrong site surgery incident when the wrong eye was injected prior to a procedure. This was spotted in time and the procedure did not go ahead. • GIRFT is doing well and working on 40 projects currently.	• The incident has been declared to all relevant external agencies and the Associate Medical Director is looking at this in detail to ensure we learn from it for the future. The SI sign off panel will happen by 13th October.
Clinical Governance & Quality Committee		RS	Chairs Report Noted.	

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

Committee/Group Chair's Report

Nosocomial Governance Arrangements	🟧	HB	The Deputy Medical Director provided this update. • NHS North West require all trusts to have a clear process for reporting and recording nosocomial infections which result in SI or death. • The paper presented at this meeting was designed to assure QAC and Board have oversight of all SIs and deaths from nosocomial infections and includes an update and detailed action plan. • The number of SIs from deaths from nosocomial infections is rising and there is increasing evidence to show many of these are related to depravation and the BAME community. The report was noted.	• This paper has been escalated to Board of Directors for good governance.
Divisional Governance Report – Family Care	🟧	PS	Paul Settle provided this update. • The division has been rated good overall, but requires improvement for responsiveness. • Covid has proved a challenge as staff were transferred to help in other areas and this has had a knock on effect. • The maternity until responded well to Ockenden and have showed they are complying with the standards asked of them. The unit continues to operate a safe service. • The division adapted around Covid and continued to visit patients during lockdown ensuring a safe level of care. • Staff training is continuing. • Many services are getting back on track and waiting times are reducing. • The division asked in this presentation provides the appropriate level of assurance to QAC or if more detail is required. • The division is still collating data on whether there is a safety issue when a second theatre is not available. This has recently been discussed at RMC. An audit is taking place and so far shows there is no harm caused. The presentation was noted.	• It was agreed that risks will be included in these presentations going forward.

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Committee/Group Chair's Report

Organ Donation Annual Report	🟩	HB	The Deputy Medical Director provided an update. • Despite Covid, the Trust has continued to do extremely well in terms of organ donation. • The number of organs donated is low and the Trust is asking patients and their families if they are happy to donate where appropriate. • Fewer organs are donated from BAME patients. The report was noted.	• This process is working well, but we need to do more around promoting organ donation.
Q1 Falls Report	🟧	AH	The Deputy Chief Nurse provided an update. • QI continues to be challenging with 15,000 more occupied beds this Q1 compared to Q1 last year. • Overall there has been a decrease in falls in Q1, down to 4.93% which is below the national target. • There are recurring falls in Q1 which is concerning. • Falls with harm is also a concern. Q1 was the second highest number of falls with harm in the last four years. • A number of patients who had falls had been identified as needing enhanced care. Staff levels make that difficult at times for staff to be seated with each of these patients. • Delirium and dementia is on the increase and contributes to falls. The report was noted.	• A business case was taken to CRIG last week for dedicated resource for our in-house Care Division.

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Committee/Group Chair's Report

Q1 Pressure Ulcer Report	🟧	AH	The Deputy Chief Nurse provided an update. • There has been an increase in pressure ulcers Trust wide, in comparison with two years ago. • There has been a 45% increase in pressure ulcers in the last quarter. • 52% of pressure ulcers are device related, many due to oxygen treatment for Covid. • There is a focus on education of staff around pressure ulcers. • In the community, there is a 39% increase on pressure ulcers in Q1 compared to Q1 last year. • An app is being worked on so staff, carers and family members will be able to identify early indications of pressure ulcers. • Work is underway on a Pressure Ulcer Prevention Policy which will be new for the Trust. This will give clarity around governance and when the team should request equipment. • Risk Assessment improvements are being looked at and this is being piloted in the community. The report was noted.	• The Respiratory Team are trailing a new CPAP mask which is hoped will reduce pressure ulcers due to oxygen treatment.
Update on learning from patient story from March 2021 Board meeting	🟩	KK	Karen Keighley provided an update on this patient story. This has been managed through the PALS process and the Trust has met with the patient's family and listened to their concerns. The update was noted and QAC look forward to a further update in November 2021.	• A plan has been put in place to ensure improvements are made going forward. • A further update will be presented to QAC in November 2021.

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Committee/Group Chair's Report

Annual Complaints and Concerns Report		RS	The Director of Quality Governance provided an update. • There has been a downturn in performance between 2019/20 to 2020/21. • Complaints and staffing has been a challenge re Covid. This has been reported to the Chief Nurse and Chief Executive and has now been resolved. • PwC have been appointed to do some advisory work around complaints and they will report their findings to the Chief Nurse and Director of Quality Governance in early September. • Many complaints relate to the attitude of staff. This report was noted.	• Carol Sheard will look to see if customer care can be added to our mandatory training modules
SI Report 175600		RS	The Director of Quality Governance provided an update on this SI Report.	QAC approved SI Report 175600, on the understanding that the amendment will be made to the report to show clarity as to why the patient was not transferred.
SI Report 172987		RS	The Director of Quality Governance provided an update on this SI Report.	QAC approved SI Report 172987.
National Urgent and Emergency Care Survey		RS	The Director of Quality Governance provided an update. • Results in this survey have to be kept in-house until they are published in October 2021. • Aiming for this to be on the QPEG agenda in September. This report was noted.	• Acute Adult Division will provide a further update on this survey in March 2022.
Annual Health and Safety Report		RS	The Director of Quality Governance provided an update. • The Director of Quality Governance is confident progress is being made on the challenges from last year. • There is no concern to highlight in this report. • Between 2018/19 to 2019/20 reportable incidents have doubled on this report. This is due to a change in guidance which has vastly improved our reporting. This report was noted.	
Performance Report		AE	QAC confirmed they are assured by all areas of the Performance Report.	

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Committee/Group Chair's Report

Risk Management Committee Chairs Report	■	RS	The Director of Quality Governance provided an update on this chairs report and there were no concerns to escalate. It should be noted our auditors have acknowledged the maturity of this committee. The report was noted.	
Group Health and Safety Committee Chairs Report	■	RS	The Director of Quality Governance provided an update on this chairs report. There have been numerous conversations around fire escapes in the last couple of months. We have received confirmation the fire escapes will be put in place by the end of September so there is no risk. The report was noted.	• RS will ensure fire escapes are added to the chair report as green once they are in place so QAC can see when this has been actioned.
For Escalation:				

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Committee/Group Chair's Report

(Version 3.0 October 2020, Review: October 2021)

NHS
Bolton
NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Parent Committee:	Board of Directors
Date of Meeting:	15th September 2021	Date of Next Meeting	20th October 2021
Chair	Andrew Thornton NED	Quorate (Yes/No)	Yes
Members present	Andrew Thornton, Malcolm Brown, Karen Meadowcroft, Francis Andrews, Fiona Noden, Sharon Martin, (in attendance: Claire Lovick (minutes), Bridget Thomas, Diane Sankey, Angela Volleamere, Clare Williams, Chinari Subodhi, Nicola Caffrey, Joanne Street, Carol Sheard, Marie Hart, Jackie Smith, Karen Keighley, Natasha McDonald, Sophie Kimber-Craig, Judith Kundodyiwa, Richard Catlin, Debora Tinsley, Angela Hansen	Key Members not present:	Andy Ennis, Esther Steel

Meeting overview/context
Owing to conflicting external events requiring executive attendance the Chief Nurse and Medical Director items on the agenda were taken early in the meeting. Some attendees experienced connection/IT difficulties.

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Agenda Item 13 Implementing Tommys App		Director of MW NMcD	The QAC agreed to adopt Tommys App	• The QAC agreed to adopt Tommys App • NMcD to establish from provider exact timeframe for product in alternative languages
Agenda Items 14.1, 14.2.14.3 and 14.4 were Serious Incidents presented to the Committee for sign off.		Chief Nurse & Medical Director	From October 2021 the adapted front cover of each SI report will act as the assurance that the SI report findings have been robustly interrogated via the sign off panel. This should leave members of QAC to focus on testing that the actions will deliver the requisite change in practice if required	As per key point to be communicated by DQG

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Committee/Group Chair's Report

Agenda Item 19 Safeguarding Chairs Report		DND Family Care – B.Thomas	The committee noted receipt of the report and that QAC in December21/January 22 should receive a Serious Incident report regarding a missing young person (who returned). Which in the context of a previous Serious Incident will need to explore any similarities identified	As per key point
For Escalation: All agenda items were well received, DQG noted that in the context of current operational challenges the Trust continues to see an increase in attendance from young persons with MH care needs. The Trust is fully committed to providing the best possible care to all patients irrespective of presentation, however when the care need is beyond our skills prompt and timely access to the right service is sometimes challenging to achieve and requires executive input.				

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Title:	Integrated Care Partnership Business Plan 2021/22			

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	30th September, 2021		Discussion	x
Exec Sponsor	Sharon Martin		Decision	

Summary:	This report provides a summary of the Integrated Care Partnership's Business Plan for 2021/22 in the context of the Foundation Trust being the host of the ICP. The Business Plan, appended to the report, summarises the ICP's successes and challenges during its first year of operation; its outcomes and priorities for the year ahead and the high level measures that will be used to judge its performance over the next year.

Previously considered by:	Bolton FT Executive Management Team ICP Board

Proposed Resolution	As the host organisation of the ICP, Bolton FT Board is asked to support, enable and facilitate the delivery of the ICP business plan for 2021/2.

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

Prepared by:	Kate Smith	Presented by:	Rachel Tanner, MD, Integrated Care Partnership

1. **Background**

   1.1. The Integrated Care Partnership is an Alliance of Providers[1] developed to enable place based, joined up health and care services which are delivered closer to people's homes and focus on what matters to them. The Partnership work together to:

   - Focus on prevention and proactive, joined up care to improve the health and life chances of Bolton people and, in turn, reduce unwarranted escalation and use of high-cost services
   - Actively work with people to manage their health and wellbeing, improving key risk factors and delivering person centred care
   - Operate within current contracts and budgets to deliver new models of care in partnership
   - Achieve the triple aim of improved health and wellbeing, better quality and ensuring sustainable finances

   1.2 The Foundation Trust is critical to the success and sustainability of the ICP in its role as the host organisation. As host the Trust is also the key vehicle for vertical integration to bring together teams and resources under one umbrella which is core to the neighbourhood and locality model of care set out in the Business Plan. These services are the responsibility of the ICP Managing Director/Director of Adult Services as an integrated portfolio.

2. **Executive Summary**

   The ICP Business Plan sets the vision and operating context for the ICP, including Bolton's health inequalities which have been exacerbated by Covid-19. In order to tackle some of our most entrenched inequalities in Bolton, the ICP has adopted a place-based model of care integrating services at a neighbourhood level. These span beyond health and care to include services such as housing. This approach recognises that improving the health of Bolton people cannot be achieved by joining up health and care services alone. The ICP therefore continues to work closely with the voluntary sector, housing, police to tackle these challenges together.

   2.1 Collectively ICP partners continue to face an extremely challenging trajectory of growing demand and constrained resources. The ICP within his context affords the opportunity to deliver on system transformation reducing duplication, fragmentation of services and driving efficiencies therefore making best use of the limited resources available.

   2.2 The ICP began formally operating in February 2020 and therefore spent its first year working within a pandemic. The Business Plan sets out the contribution the partnership made to ensure that the most vulnerable were protected. The ICP also facilitated mutual aid between services and organisations through some of the most challenging periods of Covid.

   2.3 For the year ahead, the ICP has agreed outcomes and priorities linked to the Vision 2030 set out in Section 5 of the Plan and summarized in the diagram below. The impact of the ICP's work will be measured by a series of qualitative and quantitative measures including person centred measures focused on the difference working together can make to a person's experience of their care and their overall wellbeing.

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[1] The Partnership consists of Bolton Council, Bolton Foundation Trust, Bolton Clinical Commissioning Group, Greater Manchester Mental Health Trust, Bolton GP Federation, Bolton Community and Voluntary Services, Bolton Community Homes & Greater Manchester Police

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Diagram 1. Plan and impact measures

STRATEGIC PRIORITY	THEME	HIGH LEVEL IMPACT MEASURES

Urgent care in the community
People are supported to access the most appropriate urgent care when they need it, only attending A&E when appropriate to do so

- Admission Avoidance
- Neighbourhood offer
- Hospital Discharge
- Mental Health

Process
TBA
Output
- % response times for those requiring a 2 hour response
- Admission avoidance team: average wait for AAT
- Admission avoidance team: Number of referrals
- Step down referrals to Home First
- Metric under development*: Extended access for primary care
- *Metric under development* access to housing, homelessness and vulnerable people
- IMC Bed base occupancy
- Number of patients occupying an acute bed who do not meet the reasons to reside criteria
- % of people referred to IAPT commencing treatment within 6 weeks of referral
- % compliance of those who have entered (received) treatment as a proportion of people entering treatment with anxiety or depression
- % Mental Health A&E attendances
People
- Primary Care Access Survey: Ease of getting an appointment
- *Metric under development* access to housing for those who experience domestic abuse

Neighbourhood/Place based Model
Improve population health in neighbourhoods (in its broadest, place sense), reduce duplication, increase self-care and embed prevention working closely with all partners through integrated teams

- Understand neighbourhoods
- Develop operational district teams linked to the neighbourhoods
- Risk stratification & vulnerable groups
- Expand single front door
- Care homes

Process
- Establishment of 3 teams working to agreed operating principles & priorities
- Evidenced operational leadership
- Completion of OD programmes with evaluation

Output
- Number of people who go in to a permanent nursing or residential placement following discharge from Reablement service.
- Number of A&E attendances from care home residents
- Number of unscheduled hospital admissions Care Homes
- *Metric under development* usage of risk stratification to identify early intervention
- Number of people with Care Plans
People
- New permanent admissions to residential nursing care for adults – 65+ BCF/ASCOF 2a (2)/ BCF (per100,000)
- Self-reported wellbeing scores (PHOF)
- *Metric under development* measure of community connectivity
- Review and increase of staff satisfaction levels in relation to colocation

Communities & VCSE
Work differently with communities to deliver prevention objectives, working closely with the VCSE and listening and engaging with local people to understand what matters to them

- Implementation of VCSE leads programme
- Develop 3 critical areas of focus
- Agree how we will engage differently our communities
- Systematic co-design and co-production

Process
- Evidence that service redesign is utilising lived experiences and VCSE at all stages
- Evidence of VCSE input in development of district teams and hub
- Plan in place linked to wider system working regarding the ICP's role in engaging with communities differently
- Approach to social prescribing agreed linked to wider health and care reforms
*Output and people metrics under development *
Elemental Social Prescribing Platform % of referrals

Supporting measures: Acute
A&E 4 hour performance
Bolton FT 52 week waiters and number of incomplete RTT pathways
% hospital admissions per discharge pathway
% Discharges to usual place of residence

Supporting measures: Community
Community wait times – access to virtual appointments
Community wait times – wait times for new patients % 12 weeks + and wait times for follow-up patients % 8 weeks +
*under development: digital readiness

Supporting measures: Primary Care
Ageing well assessments (65-74 years)
Annual Health checks for carers
Dementia diagnosis (% of expected prevalence)
Audit C's in last 2 years (16+)
Patients with smoking status recorded in last 2 years (age 16+)

Supporting measures: Social care
Number of requests for support received from New Clients
Number of new clients progressing to an assessed service
Making Safeguarding Personal - Was a person asked about their desired outcomes? & Were the person's desired outcomes achieved?
ASCOF 1A /ASCOF 1D - Social Care & Carer Related Quality of Life
ASCOF 3A - Overall satisfaction of people who use services with their care & support
ASCOF 4A - Proportion of people who use services who feel safe

3. <u>**Recommendations**</u>

As the host organisation of the ICP, Bolton FT Board is asked to support, enable and facilitate the delivery of the ICP business plan for 2021/22.

APPENDIX 1.

Bolton Integrated Care Partnership

Business Plan 2021/22

Building a brighter future with *you* in mind

Bolton Integrated Care Partnership Business Plan 21/22

1. Purpose

2. Executive summary

3. Operating Context

4. ICP Delivery in 20/21: The year in review

5. ICP Outcomes and Priorities 21/22

6. High Level Impact Measures

1. Purpose of this Document

This Business Plan sets out the Integrated Care Partnership's (ICP) outcomes to date and priorities for the next 12 months. It outlines how we will work together across public and voluntary services, including acute and primary care, to deliver integrated health and care with the aim of improving outcomes for Bolton people. It reflects on the achievements and challenges from 2020/21 to inform our approach for the year ahead- recognising the significant challenges Bolton continues to face planning and responding to Covid 19.

The Integrated Care Partnership is an Alliance of Providers developed to enable place based, joined up health and care services delivered closer to home focussed on what matters to people. We work together to meet the diverse needs of the Bolton population responsible for:

- Focusing on prevention and proactive, joined up care to improve the health and life chances of Bolton people and, in turn, reduce unwarranted escalation and use high-cost services
- Actively managing health and wellbeing, improving key risk factors and delivering person centred care
- Operating within current contracts and budgets to deliver new models of care in partnership
- Achieving the triple aim of improved health and wellbeing, better quality and sustainable finances

This is a strategic business plan for Bolton Integrated Care Partnership and links to our local partnership plans: Vision 2030 and the Bolton's Health and Care Locality Plan, as well as national documents including the NHS Long Term Plan and, in particular, government's 'Integrating care: next steps to building strong and effective integrated care systems' proposals.

The ICP is a partnership of key local providers as follows:

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2. Executive Summary from the Independent Chair and the Managing Director

Bolton is a place with a strong sense of community which has remained unwavering in the face of the unprecedented difficulties arising from the impact of the pandemic. The spirit of collaboration and desire to do the best for local people has shone throughout the pandemic with volunteers, our workforce and Bolton people going above and beyond to support their neighbours, friends, families and communities.

However, we are extremely concerned about the impact of the pandemic now and in the future across our population. In particular, the uneven toll the virus has already taken on Bolton's communities which already had enduring inequalities across its population affecting people's life chances, wellbeing and ultimately their life expectancy. As a partnership of providers spanning public and voluntary services working in our communities (many of whom are Bolton residents), we are committed to helping all Bolton people achieve and maintain good health and understand what matters to people and their communities. A reduction in health inequalities will not be achieved through health and care services alone. Instead, we must work with all public voluntary and private stakeholders and local residents if we are change the current trajectory. The ICP's model of care is focussed on not only integrating our health and care services but working more closely with the voluntary sector, police and housing services recognising the impact our homes, work and communities have on our wellbeing.

Our Business Plan sets out our priorities for the year ahead and the outcomes we want to achieve to help deliver on a new way of providing health and care services in Bolton. This responds to both the learning and anticipated future challenges of Covid 19 on our services and communities whilst continuing to drive our share commitment to delivering excellent care, close to home and that responds to what matters to the person. For us to be successful every member of our partnership will have to work together where necessary being prepared to change their planning and delivery.

The ICP Alliance model was formed in February 2020 to remove the barriers to joint working and enable a focus on collaboration between diverse providers removing competition. The Partnership has focussed on creating the conditions for joint working from Board level to on the ground delivery working to a single vision and delivery plan. The pandemic has shown the power of collaboration. Whether this has been working to support the humanitarian efforts for those residents shielding during the pandemic; ensuring timely and safe discharge from hospital by working across health and social care providers; supporting the resilience of Care Homes or working with our partners to vaccinate our most vulnerable residents the ICP has harnessed the skills, knowledge and dedication of our workforce and volunteers for the good of Bolton and its people.

The pandemic has also further demonstrated the critical role of VCSE and communities in improving and sustaining good health. The ICP's vision is to work as close to place and neighbourhood level, where the link to communities is strongest. Our Business Plan demonstrates our continuing commitment to work closer and differently with the voluntary sector and local people understanding and drawing on their strengths, knowledge and insights to design and deliver services. Often people needing care and support can experience a lot of processes and assessments which can be difficult to understand and navigate, resulting in delay, gaps and duplication. Too often, what matters to the person and their family and carers is not prioritised and their voice isn't heard. We know this is a significant change for how health and care services work which span beyond Bolton. However, our work in the last year and focus for the year ahead is on making the structural and cultural changes needed to work differently

We know that if we are to make lasting change to inequalities locally, we will need to work with our most marginalised groups so we can address these inequalities both through the services we deliver and also by strengthening and mobilising capacity within communities – empowering people to improve their own health.

The next year will be challenging in terms of addressing our collective financial challenges. Ensuring that we work together as a partnership to make best use of resources and identify opportunities to redirect resources to activity that focuses on prevention will be a key focus of the Partnership. This has become particularly pressing given that the pandemic has brought new and increasing demand for ICP partners addressing unmet need and backlogs of care is therefore a concern over the next year and will require closer joint working and innovation within the ICP to meet this challenge as we learn to live with Covid 19. Structural changes to health and care on the horizon, as part of the Health and Care Bill, will mean significant changes to the way organisations plan and deliver services and the ICP will have a key role in shaping the approach as well as in continuing to be the main delivery vehicle for health and care services in our neighbourhoods. While it is important to get the right model for Bolton, we recognise that this should not divert us from our primary focus of improving outcomes for people and communities.

3. Operating Context

Addressing Bolton's health inequalities

Bolton has a burning platform to improve people's health and wellbeing and reduce inequality. The long term inequalities between communities in Bolton have been exacerbated by the impact of Covid, further deepening social and health differences between communities of geography and identity.

- Bolton has a growing and changing resident population, which will reach 300,000 over the next decade, with increasing numbers of both older people and those living with complex long-term conditions. It is recognised that the GP registered list of patients is already exceeding this figure.

- People in Bolton have poorer health and outcomes and use more acute hospital services than the national average.

- When people are living longer, they are not necessarily doing so in good health- in Bolton the number of years a person is expected to live not in good health is 15 years for men and 22 years for women. This means demand for services is predicted to increase e.g., the number of people aged 65+ with dementia is expected to grow by 35.9% to 4,203 in 2025.

- There is substantial inequality within Bolton, such as life expectancy between the most and least healthy wards. For example, a baby boy born to parents living in Bromley Cross, is likely to live 10 years longer than a boy born to parents living in Halliwell.

- Bolton sees higher than average levels of alcohol related harm, smoking related deaths, and hip fractures in older people, more deaths from drug misuse and more hospitalisation for self-harm.

- Bolton adults are less likely to be physically active than people elsewhere in England and 1 in 5 children who start primary school are overweight or obese.

- Bolton has more mothers who smoke at time of delivery and fewer women who breastfeed.

- Bolton has higher than average rates of adult admission into long term care than comparator areas with significant numbers of adults receiving care at home

- The disproportionate impact of Covid 19 in terms of infections rates and prognosis on people from BAME communities has been well recognised. 21% of Bolton's residents are from BAME communities.

Alongside this demographic challenge, like all health and social care economies, Bolton faces significant financial challenges despite each organisation delivering sizeable cost improvement and efficiency programmes over recent years.

The complexities of these inequalities are such that no one organisation or sector can resolve these in isolation and therefore a strong partnership approach not only working across the public and voluntary sector but also actively with our communities is required.

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3.1. Responding to the distinct challenges of Covid 19

During the pandemic the ICP led and coordinated the response in community delivery ensuring a system wide continuity response. The ICP brought providers together to ensure that our most vulnerable were protected and, through identifying mutual aid across the system, ensured that services continued to run effectively. The response included:

- Redeployment of resources to support inpatient services and flow;
- Working together to vaccinate the most vulnerable including people with learning disabilities, care home residents, the housebound and the homeless;
- Working closely with primary care to develop a virtual ward to monitor patients with Covid in their own homes using telephone / video link support.

Further details of the ICP's approach during the last year of the pandemic are detailed at section 4. These changes also created opportunities to enable lasting transformation in service delivery as well as learning that can applied as we move into our second year of delivery.

The ICP continues to operate in unprecedented times in which the Partnership continues to plan and respond to Covid 19 ensuring a proactive system response to operational challenges within the community context. The setting of our priorities are within this context and are built from our understanding of what our services and the partnership has delivered in the last year and what we anticipate the likely pressures on services and challenges for our communities will be in the future. While the ICP's focus is adults we are committed to ensuring a whole family approach ensuring we work with people and their families where appropriate and working closely with our wider partners on supporting children through transition to adulthood and the scaling up and investment in early help for our children and families.

A key area of focus is the ICP's role in tackling inequalities in our neighbourhoods. This will be built from the bottom up with neighbourhood profiles developed and used to engage with PCNs, practitioners, voluntary sector and communities, these will be coupled with risk stratification to target our support to individuals in need. These profiles will support us with priority setting and how we direct resources to tackle the key issues in our communities and areas of disparity many of which will have been deepened further by the impact of the pandemic.

3.2. Alignment with National, Greater Manchester and Local Policy

Our challenges regarding the health and wellbeing of our residents is one faced by neighbouring areas and across the UK. In response to these challenges, nationally there is a clear move to drive the integration of services at a local and neighbourhood level as set out in the government's NHS Long Term Plan and in the recent Integrating Care system proposals. The ICS proposals will have significant implications for how Bolton governs health and care services locally and its interface into Greater Manchester. There will be significant opportunities to create a more streamlined system in which commissioning and provision are more joined up enabling improved health and care for local people and also affording the long term opportunity for greater delegations to a neighbourhood level supporting the ICP's overall ambitions empowering communities and people to take control of their own health and wellbeing.

As a health and care system and as an ICP we remain committed to a place based approach to health and care, integrating services at a neighbourhood level which span beyond health and care to include services such as housing. This approach recognises that improving the health of Bolton people cannot be achieved by joining up health and care services alone and we therefore need to work more closely with the voluntary sector, housing, police and education.

3.3. Financial Context

The ICP faces an extremely challenging trajectory of growing demand and constrained resources. While one off funding supported the exceptional pressures created by the pandemic, this funding is not expected to continue into 21/22 resulting in immediate and long term pressures exacerbated by the impact of Covid 19. Services are already facing unprecedented financial pressure, with each organisation implementing planned cost improvement programmes. It is clear that the scale of the ICP and the wider health and care system's financial challenges cannot be addressed if our ways of working remain the same.

Reviews of evidence and best practice show there is compelling evidence that delivering joined up care in a way which professionals are enabled to work closely together improves responsiveness, people's experience and therefore reduces demand for hospital and other acute care and support. There are also compelling links to reducing utilisation of secondary care; social care; admission lengths of stay and emergency readmission. This has clear cost saving implications for the Bolton £ albeit these will likely take time to transpire. The ICP affords the opportunity to deliver on system transformation reducing duplication and fragmentation of services and driving efficiencies therefore making best use of the limited resources available. The ICP partnership is committed to handling organisational financial pressures in an open book manner to enable a proactive joined up response to the challenges faced.

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4. ICP Delivery in 20/21: The year in review

All partners in Bolton's integrated health and care system are passionate about improving both the services people experience, and the outcomes for Bolton's ever-changing population. We have a shared Bolton Vision for a healthier place and people as set out in our vision
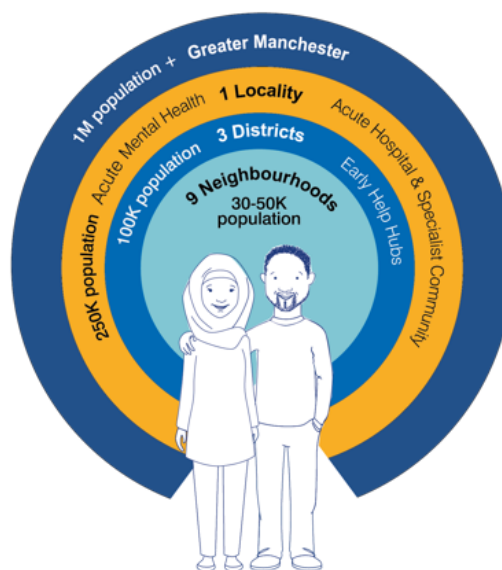
The ICP was established to work across providers to design and deliver a very different approach to health and care and deliver tangible improvements for all local people. In February 2020 the Integrated Care Partnership (ICP) became an Alliance structure of key providers to deliver integrated place based health and care services and improved outcomes for people in our neighbourhoods. The CCG, Council and Foundation Trust also agreed to deploy their staff as part of an ICP integrated operational directorate to ensure closer joined up delivery across adult social care, community health services and primary care development. Under these arrangements it was agreed that the Foundation Trust would act as the 'infrastructure host' for the Integrated Care Partnership. The structure would enable closer collaboration across providers working together as a single delivery and accountability structure.

A Managing Director, Rachel Tanner and Independent Chair, Sally McIvor were appointed to lead and drive these arrangements working across all the providers within the Alliance and wider integrated care system. Agreed in May 2020, the ICP developed seven priority areas which responded to the ICP's vision for place based, person centred care and the specific challenges the ICP and the wider system has and continues to face during the pandemic. These have been driven by Board leads who have taken on a role of strategic oversight for the priorities to champion activity whilst also acting as a critical friend and ensuring their priority remains focussed on 'people and a system first approach'.

While significant progress has been made by the ICP over the last year, this has been within the context of the unprecedented demands of the Covid 19 pandemic; wide ranging changes introduced at a national level including the development of Primary Care Networks and associated contract arrangements and more recently the impending changes emerging from the NHSE Integrating Care Bill which will likely have structural implications for the Bolton system as well as potential opportunities for the planning and delivery of services locally.

4.1 Our first year in a pandemic: Responding to Covid 19

The Integrated Care Partnership has had a key role to play in supporting the system response to the pandemic often transforming, at pace, service delivery as part of this response. The ICP has worked as part of a wider system response to Covid planning across all the 'waves' and most recently responding to the Delta Variant, leading and coordinating the response in community delivery. In particular, redeployment of resources. The response has included:

- Leading the **ICP System Covid 19 Bronze** response ensuring coordinated delivery of services in the community and where needed enabling support to services and organisations through mutual aid and other recourses. The group worked to ensure system continuity of operational delivery during the pandemic and responds to national and regional guidance reporting into Health Protection Board (silver). It has supported swift and innovative response to the challenges of the pandemic including system wide continuity support to Care Homes including workforce capacity and PPE provision and connectivity between Humanitarian Hub and health and care services including the Health and Care Hub on joint approaches to supporting vulnerable and Shielded individuals.

- **Covid 19 Vaccinations**: Ongoing support to ensure system planning and roll out of the vaccine for residents (PCN Led) and staff (Hospital led) in Bolton seeking ways to collaborate to deliver this effectively and supporting Bolton wide coverage. Redeployment of teams to support roll out of mass vaccinations took place with ICP staff supporting administration of all health and social care staff vaccination bookings for front line health staff (including wider primary care) and social care staff. The ICP has led the way in Greater Manchester in terms of its swift response to vaccinate the most vulnerable in Bolton including the housebound, homeless and people with learning disabilities. An ICP MOU is in place to allow for community staff support to PCN delivered models.

  The chart below shows the current vaccination status of Bolton registered patients. As at 28th June 2021, 188,097 individuals have received a first dose (over three quarters of the registered population) and 140,602 have received a second dose.

  Note that the accompanying table shows the vaccinations split by priority group, however an individual can appear in more than group (for example those in the Health and Social worker groups will also appear in the age band breakdowns).

<div align="center">14</div>

	Individuals	Not Vaccinated (First Dose)	First Dose	% First Dose/Indiv.	Second Dose	% Second Dose/Indiv.
Bolton CCG	246,303	58,206	188,097	76.4%	140,602	57.1%
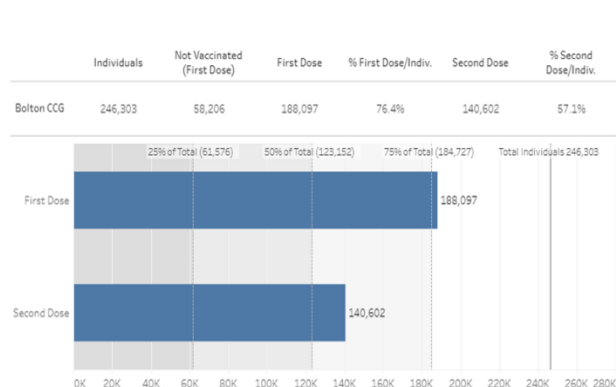
Priortity Groups	Individuals	First Dose	% First Dose/ Individuals	Second Dose	% Second Dose/ Individuals
Age 80+	12,811	12,292	95.9%	12,046	94.0%
Age 75-79	10,379	9,976	96.1%	9,845	94.9%
Age 70-74	14,542	13,771	94.7%	13,551	93.2%
Age 65-69	14,357	13,337	92.9%	12,968	90.3%
Age 60-64	17,062	15,591	91.4%	14,900	87.3%
Age 55-59	20,469	18,273	89.3%	17,046	83.3%
Age 50-54	21,825	18,763	86.0%	16,795	77.0%
Clinically Extremely Vulnerable	24,145	22,148	91.7%	20,794	86.1%
COVID19 at risk	35,733	30,416	85.1%	27,166	76.0%
Carers - DWP	5,543	4,280	77.2%	3,613	65.2%
Carers - LA	2,224	1,986	89.3%	1,824	82.0%
Age 40-49	40,719	31,713	77.9%	20,389	50.1%
Age 30-39	45,384	28,466	62.7%	13,289	29.3%
Age 18-29	46,051	23,380	50.8%	9,157	19.9%
NHS and social care Worker	7,159	6,468	90.3%	6,034	84.3%
Other – 0 to 17	2,308	2,308	100.0%	459	19.9%

- **Covid 19 testing:** Ongoing support to the planning and delivery of testing working closely with Public Health ensuring access for local people and ICP staff as a key tool in detecting and preventing the spread of the virus. This has included standing up permanent test sites; routine testing in Care homes; establishment of a community swabbing function to enable testing of vulnerable housebound individuals (and specifically those requiring a test prior to admission to a care homes) and establishment of Lateral Flow asymptomatic testing at 3 bases in Bolton enabling routine testing of health and care staff.

- **Hospital admission avoidance and discharge:** The ICP has had a key role in planning and responding to demand working with social care providers to ensure the right capacity is in place to support discharge from hospital. In turn, this has supported acceleration of some of our key priorities regarding reducing multiple referrals and contacts for people moving up and across the health and care system detailed further at 4b of the plan.
  Redeployment of ICP staff has also taken place to support critical services and business continuity.

  Referrals to Home First rose slightly and have remained constant to date with a larger increase seen in March 21. Reablement services have also seen a constant level of demand throughout the pandemic period and to date.
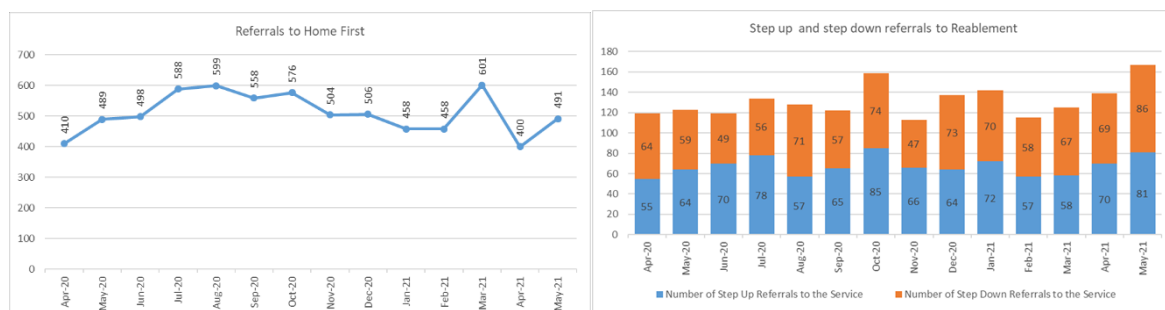
In 2020/21 88.5% of discharges from hospital did not require a package of care (called Pathway 0). 11.3% of patients were discharged on pathway 1 [2](see foot note

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[2] Pathway 1 includes Existing / New District Nurse package, Intermediate Care @ Home packages, Reablement package, Existing / New Adult Social Care Packages, Existing Nursing or Residential package.

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for details of services) and 0.1% were discharged on pathway 3, which are new nursing or residential packages.

- **Pulse Oximetry and Long Covid Pathways:** Working closely with Primary Care, the ICP developed a virtual ward to monitor patients with Covid in their own homes using telephone / video link support. This was established in Quarter 4 of the year, avoiding unnecessary admissions and providing ongoing support and reassurance to individuals. To date, this has been well received by patients and primary Further details of the impact of this approach is set out in Section 4.2e.

To date (as at 27th June 21), the long covid pathway has had 179 accepted referrals into the service. 72% of patents followed the fatigue management pathway/service after completing their assessment in the post-covid assessment service. Patients also access a wide range of services including neurology, rheumatology and lung disease services, with some patients accessing more than one type of service.

4.2.   Progress against the ICP Priority areas

At the heart of the ICP's vision and priorities is the aim to develop a place based model of care which is enabled by a different way of designing and delivering services with our neighbourhoods. It is focussed on what matters to people and connecting people with assets, networks and groups in a community. This is with the intention of keeping people well and at home in their communities for as long as possible.

In May 2020 the ICP developed 7 key priorites aimed at fulfilling this place based health and care ambition and providing continued system support to the enduring and evolving challenges presented by the pandemic. These priorities were:

In particular, progress has been made on two key priority areas: the Neighbourhood Place based model and the Single Front Door. Over the last year, work has taken place to progress

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this neighbourhood place based way of working. The key milestones reached to moving towards a place based neighbourhood model include the following:

4.2a. Neighbourhood Model

Working as one team in a place: At the heart of delivering the ICP's vision is developing multidisciplinary teams with single line management, closely connected to their local areas whom have adopted a single vision, way of working and outcomes.

Significant work took place last year, to progress and operationalise the teams in line with these original principles. Two of the three district sites for fully integrated health and care teams[3] have now been secured across the Foundation Trust and Council estate. The 2 sites are Waters Meeting Health Centre for the North Team; and Pikes Lane Health Centre for the South Team. The impact of Covid and the impact on estates requirements for teams has meant that the West site Winifred Kettle is being reviewed. It is intended that teams will use these as a base to connect into their respective neighbourhoods and to support joint working across services as Covid pressures allow for at scale colocation.

Digital: To support this, additional wi-fi provision has been installed into these district offices. This will temporarily enable access to office space, working from the same venue at the heart of the community. However, it is critical that the ICP secures a long term solution to staff connectivity in neighbourhoods. The ICP is leading an Executive team from the Foundation Trust and Council to develop and begin implementing a business plan to ensure improvements are made to enable staff to access their IT systems effectively and work together as one team. However, this is a matter that needs to remain a priority into 2021/22 if neighbourhood working at scale is to progress.

Recognising the importance of a safe transition into a district model and the significant pressures staff are experiencing, a test of change will be run in the North District with staff using the spaces as a 'touch down' space to support integrated working over the next few months and testing the operating model for integration prior to roll out.

The below diagram details the intended District team arrangements the ICP is working towards in 21/22 and demonstrating the intended connectivity between the teams and ICP partners.

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[3] The District heath and care teams will be made up of the staff from the district social work teams, therapists from the community falls and therapy teams and intermediate care at home, pharmacists, reablement co-ordinators and mental health practitioners and administrators. Teams will have clear relationships with the District nursing teams, primary care networks and the voluntary sector. Strong links to housing, GMP and wider place based services are being made

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District Teams
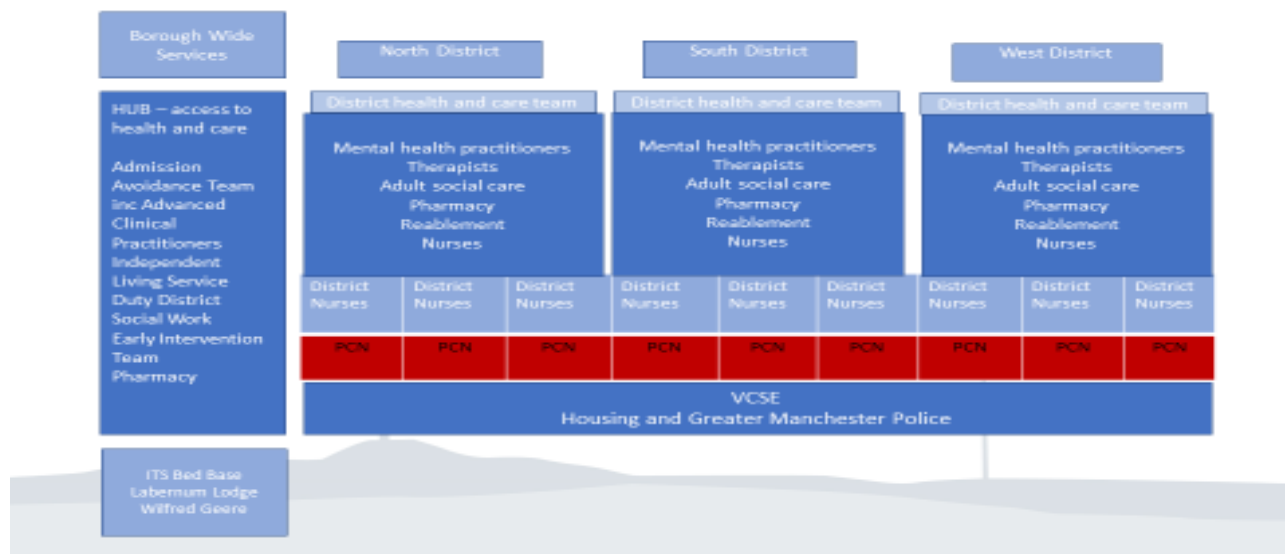
Multidisciplinary Team meetings (MDTs): Co-ordinated support where there's 'no wrong front door' into services is a key part of the ICP's neighbourhood approach. A key element of realising this ambition in day to day operations is through the MDT approach- particularly for those individuals with multiple and complex health and social needs. There is now a clear process in place led by the ICP and working closely with primary care for neighbourhoods and care homes. More recently and as part of testing and developing our approach to place based approaches, an MDT approach has been put in place between health and care and housing providers. We already know this is reaping immediate benefits for people by ensuring people received coordinated support across multiple agencies whilst also enhancing the skills and knowledge of services and their pathways for the practitioners involved.

Neighbourhood Multi- Disciplinary Meetings Process
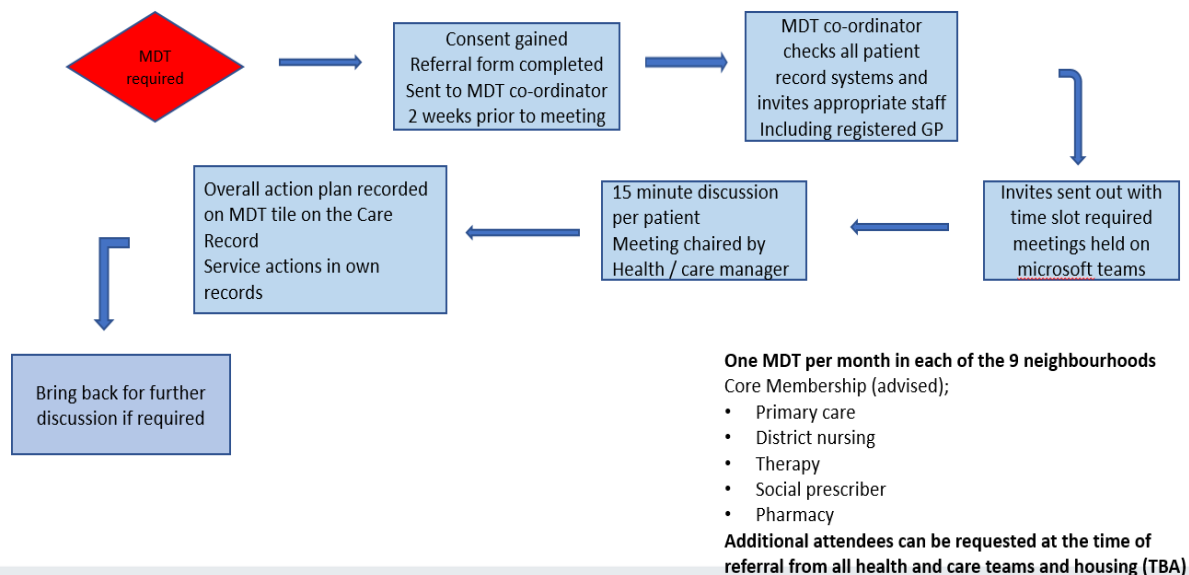
Place based development: The scale and complexity of the transformation required means there are challenges to simultaneously integrating health and care services whilst also working closely with other place based services such as housing, VCSE and criminal justice partners to provide wrap around support for people in their communities. Despite the challenges of this approach and the barriers of the pandemic, pathways are being tested regarding how we integrate housing within our place based model of care. We are exploring similar opportunities across criminal justice and children's services affording the opportunity to provide truly wrap around support for some of our most vulnerable individuals. The ICP has commissioned four VCSE leaders to help further develop the ongoing design, delivery and focus of the three District Teams and the Health and Care Hub supporting the voice of communities throughout the ICP's development.

Enabling a different conversation: Changing the way we work to focus on what matters to people and the communities in which they live, recognising their inherent strengths, knowledge and skills is critical to delivering on the ICP ambitions and improving outcomes for Bolton people. A key enabler to this way of working is giving our workforce the right environment and support to work differently. One aspect of this has been agreeing an OD package of support initially to those staff working in district teams to both lead and operationalise these asset and place focussed ways of having conversations and working with people.   A Provider have been appointed and the scope, design and timescales for these programmes have been agreed. Although the pandemic has significantly affected delivery the programme began delivery in Quarter 4.

4.2b. Single Front Door

We know that local people want to better understand what services are available and where to go to if they need support. When they do need care, they expect this to be co-ordinated,

listing to what they and their family need to help them to live and enjoy life to the best of their ability.

This feedback has shaped our Single Point of Access priority which has twin aims: firstly, to enable the neighbourhood place based model by ensuring structures are in place to support clear pathways, coordinated care and a 'no wrong front door' route into health and care services. The second aim is working with our staff and partners to enable cultural change across health and care services ensuring that the unique needs of an individual are supported and avoiding multiple 'hand offs'; referrals and assessments. This approach will maximise every contact with the people we support.

The impact of Covid 19 accelerated some of the ICP's priority areas including the development of the first aim – a single front door to health and care for local people and enabling a 'no wrong front door' approach. In particular, the National 3 hour Hospital Discharge directive at the beginning of the pandemic necessitated a system response. Therefore, from March, 2020 points of access for many health and care services were transferred to a single site at Castle Hill Centre to ensure ease of access for referrers from the hospital, primary care, community staff and the Nightingale Hospital. The health and care hub includes referral entry points for;

- Admission avoidance
- Intermediate tier beds
- District therapy - OT and Physiotherapists
- Pharmacy
- Adult Social care
- Early intervention team
- Independent living service
- Reablement

Whist there is ongoing work on telephony and access to information technology systems, immense strides have been taken towards realising the ambition to create a single front door to health and care services, to realise the ambition for people to only have to 'tell their story once' and supporting a different way of working across professionals, services and with the people we support

The below diagram shows the current process:

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Health and Care Hub – Castle Hill
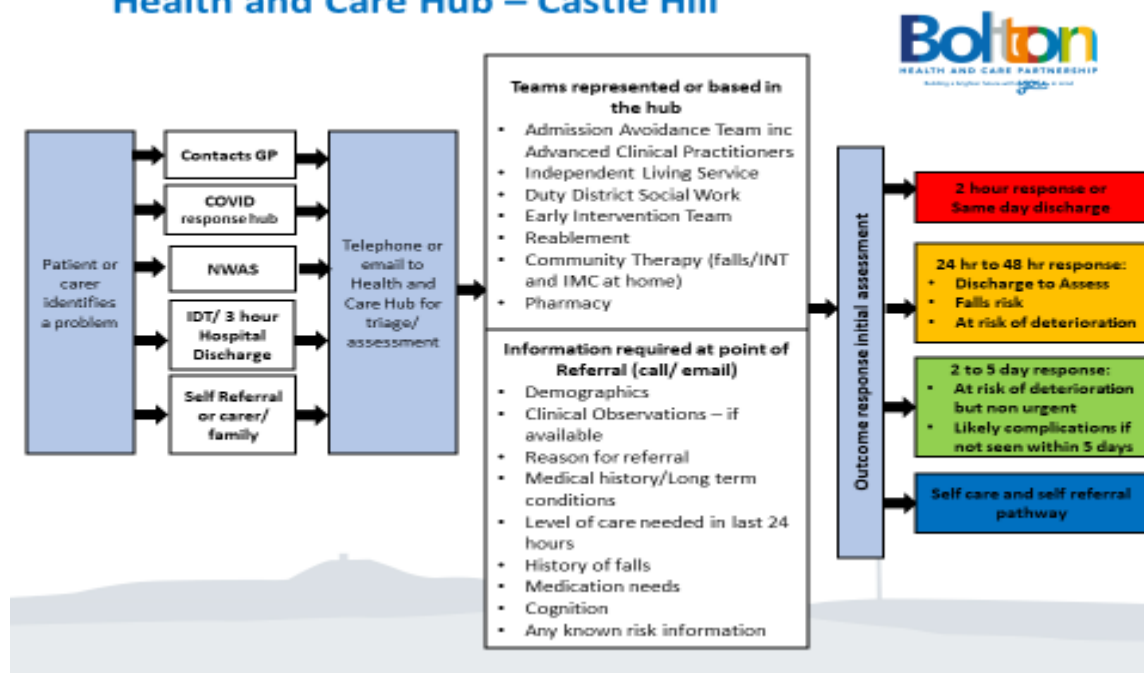
Consolidating access to services through a Single Point of Access has had a dual benefit for staff and service users alike. Staff are finding the system much more efficient by having all the information in one place, at one time, thus avoiding unnecessary duplication of paperwork and enquiries. Other benefits include reducing the number of inappropriate referrals into the service at the triage stage, enabling resources to be concentrated on those of most need.

Patients and referrers have benefitted from having to tell their story only once, from better care co-ordination between services, improved service delivery and a speedier discharge process and preventing unnecessary admission.

Other key milestones arising from these changes and the Three Hour Discharge Directive were changes to the configuration of therapy services as a result of a significant therapy resource being required. This led to the merging of the therapy teams in the Integrated Community Services Division with support from musculoskeletal service staff /paediatric teams who were redeployed to community temporarily. Staff were divided across the three districts.

The second key element of our single point of access priority is transforming how we work with people and communities. A comprehensive programme of support for our workforce (health and care, VCSE housing and police) from our leaders through to our district frontline teams is in place to support a different approach with the people and families we support. While this is one element of a wider piece of work to enable the cultural change required, it is be a significant step towards supporting a change in how we work with people and communities in Bolton. This is being led by Boo Consulting alongside a leadership programme led by AQUA focussed on enabling place based leadership and delivery.

4.2c Care homes

Over the course of the last year, the ICP working closely with commissioners, has played a strong role in providing coordinated support to the Care Home sector including support to coordinate and source PPE; testing; vaccinations and developing and sharing of care plans during the pandemic. Key successes to this partnership approach included:

- Winter Planning for 2020 – The ICP and Council's QA Team worked closely with social care providers to ensure there was the correct capacity in place to support discharge from hospital
- Continued resilience support to Care Home including a coordinated and consistent response to Care home visiting and End of Life Training offered to Care Homes by the Hospice
- Continued resilience planning across services ensuring that outbreak planning and staff resilience planning across the whole partnership was in place.
- Ensuring that PPE supplies were maintained across the system
- ICP and Public Health worked to develop a Community Swabbing Team providing pre-admission testing for people with dementia or other complex needs which would otherwise result in problems quarantining on admission. This pathway enabled continued support to some of our most vulnerable residents and increased confidence regarding new admission for our Care Homes
- Delivery of Enhanced Care in Care Homes model focused on proactive care for residents was in collaboration between primary and community services.
- A technical solution was implemented that supported the remote monitoring of vital signs of care home residents who were becoming unwell during the 2nd and 3rd waves.
- A sustained effort took place to ensure vaccine take up for staff and residents across our care homes. 96% of all residents currently have had first doses (The second highest rate in GM) and 87% of staff their first doses (again the second highest in GM). This continued focus continues to ensure second vaccine take up.

4.2d Communities and VCSE

During the pandemic there was closer joint working between the voluntary and community sector and the ICP including responding to Covid 19 as part the Humanitarian Hub; supporting community testing and vaccinations and supporting the system's response to the pandemic through the ICP Bronze Group.

Bolton Community Homes and specifically Bolton at Home and CVS worked closely with the Humanitarian Hub to support our vulnerable residents, checking they were safe linking into money management support and checking what support networks they had in place to help them if they were self-isolating/shielding working with voluntary sector partners for help with food and befriending services. During April to 20th July 2020 alone, 22,163 people from Bolton were fed through locally coordinated food parcels. Since the start of the pandemic, over 1200 individuals registered as Urgent Response Volunteers (URVs). Approximately 1000 of those stepped up at some point to support with shopping, dog walking and friendly phone calls to those who were shielding and/or needed additional support – and many have played continuous role - helping to support the regular (and pop-up) vaccine clinics and the Vaccine Buses. Many groups made a difference in supporting the VOC surge testing operation particularly those groups with roots in the communities most heavily represented in the postcodes being targeted.

Housing providers also worked together and with the Council to try to prevent or end homelessness during the pandemic including supporting people to secure furniture and white goods when moving into a new property. This provided Bolton Council with capacity in temporary accommodation to support more homeless people during the first national lockdown. Careline, Bolton at Home's emergency alarm service for anyone in Bolton, dealt with a 157,790 calls throughout the pandemic delivering 3840 emergency response visits. In addition, 5908 repairs calls were taken and 486 new installations of Careline

equipment for new customers was deployed all helping to reduce demand on critical services during this time.

In addition to this through the ICP's VCSE Leads programme dedicated VCSE leadership helped shape the design and implementation of the Neighbourhood Model as well as the design of Different Conversations OD programme for the District teams. This has helped inform the proposal to extend this programme for a further two years with a focus on VCSE involvement in the implementation of the ICP District Teams and the next phase of the Health and Care Hub.

4.2e Urgent Care in the Community

As detailed elsewhere in this document, the ICP have played a significant role during the pandemic of reducing admission to and swift discharge from hospital to the most appropriate setting supporting people to remain at home wherever possible and reducing demand across services.

This has included supporting system sustainability through mobilising the ICP Bronze Group to reduce demand on urgent care and acute services by working across providers to have a system continuity approach to health & care in the community. We have also provided support to prevent admissions through development of the Pulse Oximetry pathway. Bolton's unique pathway ensured that all eligible patients on the daily positive test result list were proactively contacted and offered the service instead of waiting for patients to be onboarded following a referral from Primary care. This enabled patients to receive education and support reducing the need for them to attend Primary care while also reducing pressure on acute services. High rates of satisfaction were reported with 100% of patients recommending or highly recommending the service.

Since the start of the oximetry @ home pathway on 25th January 2021, there have now been a total of 1003 patients supported through the service. Of these, 71 people 7.1% have been sent to hospital with 95.8% of these being admitted for treatment. 29 referrals have been received from primary care, 7 from A and E and 3 from NWAS. The majority of referrals to the programme were from proactive case finding from positive case notifications. Ultimately, the team have saved lives through their work. The team have evidenced that a number of patients would have gone on to be seriously unwell or even sadly die had they not been on the pathway and received the support of the team and rapid onward referral for treatment.

The below graph shows the volume of cases.

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Bolton CO@Home Status
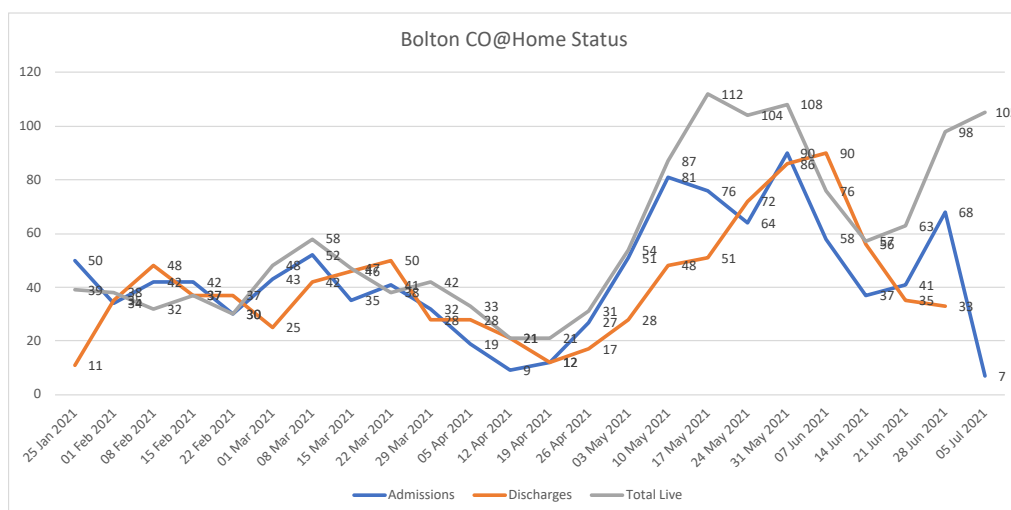
During the Covid Pandemic the ICP helped drive the daily focus on discharge to achieve 25% increase in discharge above admission rate as per NHSE request by maximising flow and additional capacity in discharge pathways, admission avoidance, reablement and Discharge to Assess beds as well as redeploying staff to critical services when system continuity necessitated this response. During the last year, Referrals to Home First rose slightly and have remained constant to date with a larger increase seen in March 21. Reablement services have also seen a constant level of demand throughout the pandemic period and to date.

Referrals to Home First

Step up and step down referrals to Reablement
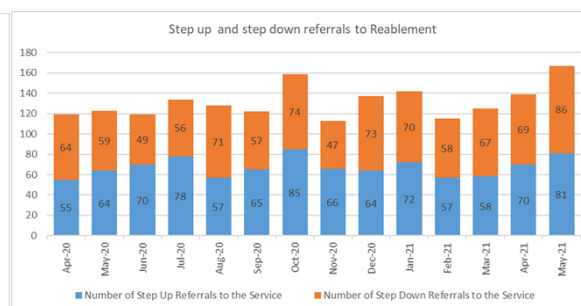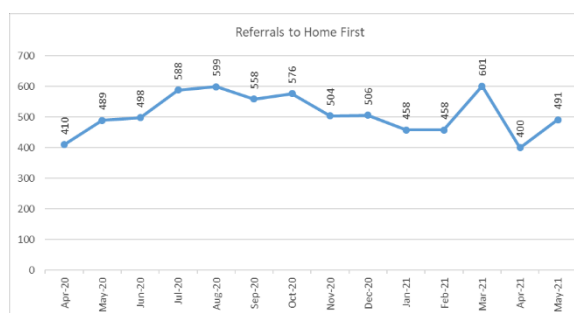
In 2020/21 88.5% of discharges from hospital did not require a package of care (called Pathway 0). 11.3% of patients were discharged on pathway 1 [4](see foot note for details of services) and 0.1% were discharged on pathway 3, which are new nursing or residential packages.

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[4] Pathway 1 includes Existing / New District Nurse package, Intermediate Care @ Home packages, Reablement package, Existing / New Adult Social Care Packages, Existing Nursing or Residential package.

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5. Outcomes and Priorities 2021/22

The ICP is committed to working together to improve the health and wellbeing of its residents. Our vision and each of the outcomes and priorities for the year ahead have been developed to align and accelerate the Borough's wider 2030 Vision focussed on improving the health and wellbeing of local people preventing the causes of ill health whilst developing a sustainable health and care system. At the heart of these ambitions are the desire to make a tangible difference to people's lives represented in the 'I statements' in the below diagram.

The ICP outcomes and priorities for 2021/22 are:
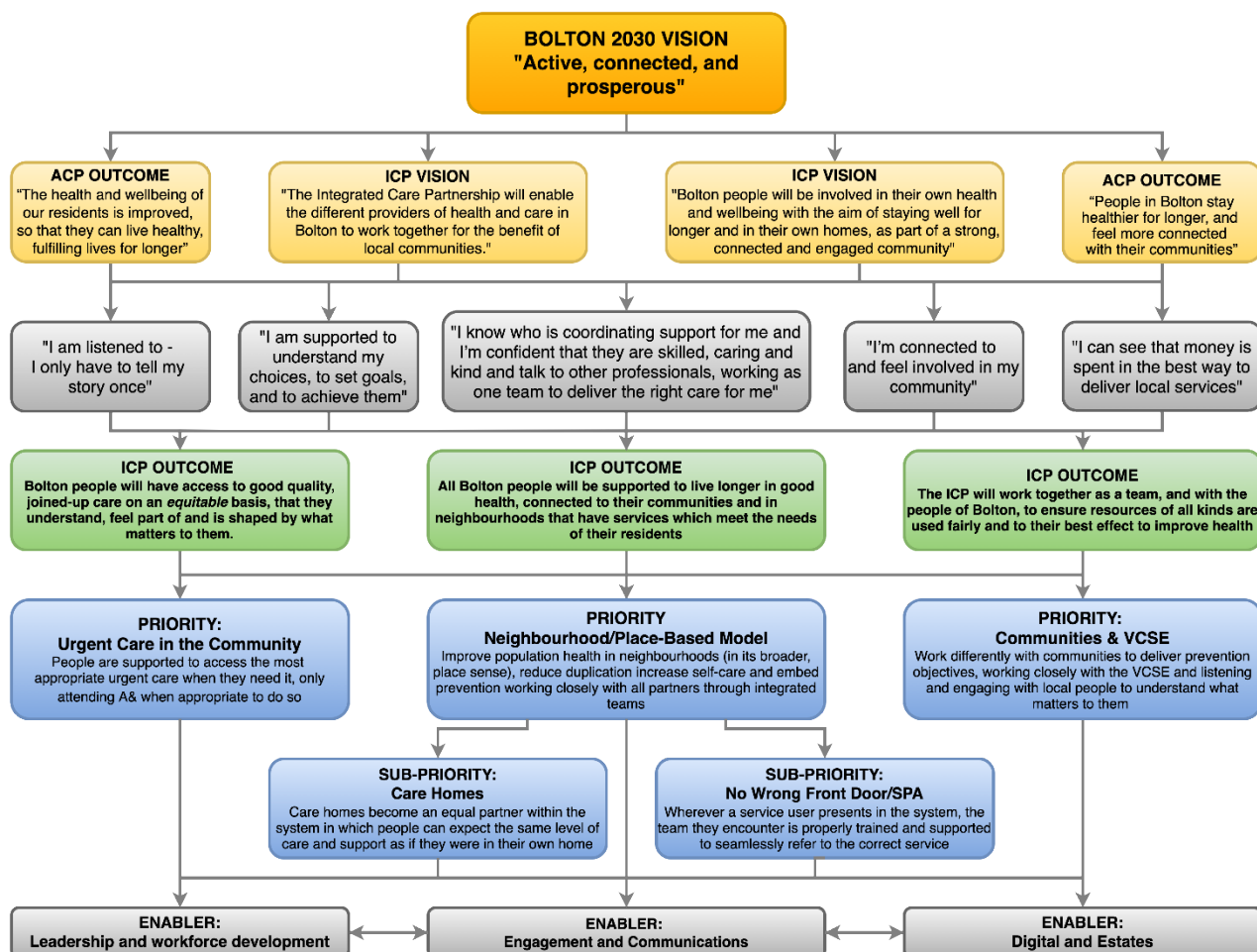
The individual plans for each priority are appended to this Business Plan. These will form the basis of the accompanying delivery plan. These priorities reflect the complex challenges that our communities and organisations continue to face, and which therefore require a partnership approach with a single plan by which to drive the transformation required.

6. High Level Impact Measures for 21/22

The below high-level measures show how the ICP will measure the impact of its delivery of its priorities in 21/22. Aligned to the outcomes we are trying to achieve these metrics are divided into:

- Person Centred Metrics: This is a critical area for the ICP. Demonstrating the difference we are making to people and their families in terms of both their experience of services but also their overall wellbeing. We recognise that this needs further development to agree an indicator for measuring a broader range of factors to supplement existing KPIs. Therefore, our Data and intelligence leads will bring forward proposals to the ICP Board as to how we measure the impact delivery has on local people.
- System: These are standard measures which show how we are making a difference to reducing demand on acute/high-cost services in line with wider Bolton priorities.
- Process: These are transactional measures which show we are meeting the key tasks we have set ourselves such as establishing integrated teams, or implementing an ICP Communications and Engagement Plan
- Stories, case studies: We will work with local people, our workforce and partners to share the stories and voices of local people to understand the impact of the ICP's delivery.

Initially reporting on these measures will be monthly into the ICP Board (where KPIs allow) and quarterly to wider system partners. It should be noted that reporting of the ICP's Integrated Operations Directorate will be aligned but separate to the above process bringing together a single report across social care, community services and primary care services which will be reported into the parent organisations.

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STRATEGIC PRIORITY | THEME | HIGH LEVEL IMPACT MEASURES

Urgent care in the community
People are supported to access the most appropriate urgent care when they need it, only attending A&E when appropriate to do so

Themes:
- Admission Avoidance
- Neighbourhood offer
- Hospital Discharge
- Mental Health

Process
TBA
Output
- % response times for those requiring a 2 hour response
- Admission avoidance team: average wait for AAT
- Admission avoidance team: Number of referrals
- Step down referrals to Home First
- Metric under development*: Extended access for primary care
- *Metric under development* access to housing, homelessness and vulnerable people
- IMC Bed base occupancy
- Number of patients occupying an acute bed who do not meet the reasons to reside criteria
- % of people referred to IAPT commencing treatment within 6 weeks of referral
- % compliance of those who have entered (received) treatment as a proportion of people entering treatment with anxiety or depression
- % Mental Health A&E attendances

People
- Primary Care Access Survey: Ease of getting an appointment
- *Metric under development* access to housing for those who experience domestic abuse

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Neighbourhood/Place based Model
Improve population health in neighbourhoods (in its broadest, place sense), reduce duplication, increase self-care and embed prevention working closely with all partners through integrated teams

Themes:
- Understand neighbourhoods
- Develop operational district teams linked to the neighbourhoods
- Risk stratification & vulnerable groups
- Expand single front door
- Care homes

Process
- Establishment of 3 teams working to agreed operating principles & priorities
- Evidenced operational leadership
- Completion of OD programmes with evaluation

Output
- Number of people who go in to a permanent nursing or residential placement following discharge from Reablement service.
- Number of A&E attendances from care home residents
- Number of unscheduled hospital admissions Care Homes
- *Metric under development* usage of risk stratification to identify early intervention
- Number of people with Care Plans

People
- New permanent admissions to residential nursing care for adults – 65+ BCF/ASCOF 2a (2)/ BCF (per100,000)
- Self-reported wellbeing scores (PHOF)
- *Metric under development* measure of community connectivity
- Review and increase of staff satisfaction levels in relation to colocation

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Communities & VCSE
Work differently with communities to deliver prevention objectives, working closely with the VCSE and listening and engaging with local people to understand what matters to them

Themes:
- Implementation of VCSE leads programme
- Develop 3 critical areas of focus
- Agree how we will engage differently our communities
- Systematic co-design and co-production

Process
- Evidence that service redesign is utilising lived experiences and VCSE at all stages
- Evidence of VCSE input in development of district teams and hub
- Plan in place linked to wider system working regarding the ICP's role in engaging with communities differently
- Approach to social prescribing agreed linked to wider health and care reforms

*Output and people metrics under development *
Elemental Social Prescribing Platform % of referrals

Supporting measures: Acute
A&E 4 hour performance
Bolton FT 52 week waiters and number of incomplete RTT pathways
% hospital admissions per discharge pathway
% Discharges to usual place of residence

Supporting measures: Community
Community wait times – access to virtual appointments
Community wait times – wait times for new patients % 12 weeks + and wait times for follow-up patients % 8 weeks +
*under development: digital readiness

Supporting measures: Primary Care
Ageing well assessments (65-74 years)
Annual Health checks for carers
Dementia diagnosis (% of expected prevalence)
Audit C's in last 2 years (16+)
Patients with smoking status recorded in last 2 years (age 16+)

Supporting measures: Social care
Number of requests for support received from New Clients
Number of new clients progressing to an assessed service
Making Safeguarding Personal - Was a person asked about their desired outcomes? & Were the person's desired outcomes achieved?
ASCOF 1A /ASCOF 1D - Social Care & Carer Related Quality of Life
ASCOF 3A - Overall satisfaction of people who use services with their care & support
ASCOF 4A - Proportion of people who use services who feel safe

* Still to add to the metrics is a section on person centred metrics to ensure that the changes we make have the desired impact on our residents and that we measure and monitor what matters to them (as per section 6)

Diagram for ICP Neighbourhoods

The long term goal of the Neighbourhoods is to improve population health in neighbourhoods (in its broader, place sense), reduce duplication increase self-care and embed prevention. In 21/22 this will include:

Theme 1 **Understanding** **our** **Neighbourhoods**	Generate first iteration of Neighbourhood/population profiles with Public Health Local teams including PCNs agree key priorities and action plan linked to profiles Agree Community engagement approach to prioritisation Agree local governance linked to wider Neighbourhood leadership/PSR
Theme 2 **Develop** **Operational** **District Teams** **linked to the** **neighbourhoods**	Establish Test of Change - developing operating principles & troubleshooting Agree duties including place based responsibilities across the team. Implement Ph 1 senior integrated leadership Refine and develop the core operating model incl. 9 neighbourhood MDTs working with PCNs including housing, mental health Implement Different Conversations OD to support a strengths based working
Theme 3 **Risk Stratification** **& vulnerable** **groups**	Implement risk stratification approach to support early intervention/prevention Learning Disabilities: Implement GM plan aligned to operating principles &neighbourhood level/cohort specific health inequalities Care Home residents: Joined up health & care in neighbourhoods, delivering on Enhanced Care requirements Carers: Identify & support carers working with them as expert partners Transition to adulthood: Agree ICP role & priority areas with Children's Services Mental Health: Agree future role & function (Locality model) & integration of LW Model
Theme 4 **Expand Single** **Front Door linked** **to Neighbour-** **hoods**	Expansion: Agree and implement next phase of services to be part of the SFD. Key enablers: Improve IT and telephony capabilities & improved flow & processes to support expansion Communications: Ensure ongoing comms including to Primary Care on SFD

Diagram for ICP Communities and VCSE

The long term goal of the priority is to work differently with communities to deliver prevention objectives, working closely with the VCSE and listening and engaging with local people to understand what matters to them

Theme 1 Implementation of VCSE Leads Programme.	Work with Leads to deliver Place based leadership and development of the health and care hub and district model Co-design of population health and care, place-based services and support Identification and development of urgent community-based care response Contribute to meaningful VCSE involvement at every level of system design and delivery
Theme 2 Develop 3 critical priority areas	Understand the impact Covid has had on our communities including opportunities to build on innovation, best practice and changes in behaviour Understand and set out the ICP's role in addressing inequalities and wellbeing in communities Engage with wider Board, ACP Partners and VCSE leads regarding where the ICP 'can add value and make a difference' in term of community engagement and action
Theme 3 Agree how we will engage differently our communities	Work with wider partners to develop the 'ICP deal' (relationship between services & communities) as part of wider engagement approach In collaboration with the wider system, develop and embed social prescribing linked to place based teams and neighbourhood model Understand our community assets linked to neighbourhood profiles
Theme 4 Systematic Co-design and co-production	Review the process for the redesign of services to ensure systemic VCSE and lived experience from the start of the process embedding codesign and co-production in design delivery.

Diagram for ICP Urgent Care in the Community

The long term goal of the priority is for people to access the most appropriate service when they need it only attending A&E or other acute services when they most need it.

Neighbourhood working	Addressing urgent population health issues using data and local intelligence. • Identifying key priorities for neighbourhoods – targeted education and health promotion e.g. Public campaign for Winter- empowerment, self-care etc. • Identifying and supporting the most vulnerable – risk stratification, utilising urgent Multi-disciplinary team meetings and care plans to provide proactive support and hospital avoidance.
Clear & connected routes into services	No wrong door – easier access to services • Clearer routes into services- maximising and communicating Single Front Door at Castle Hill (linked to Humanitarian Hub) and ensuring citizens understand routes into services • Single referral form, direct access to community services (not via GP) pilot with care homes initially • Widening health and care hub to include access to District nursing and treatment room services
Admission avoidance	Admission avoidance • Oximetry @ home for patients with COVID • Referral pathway from NWAS and test of change with community Advanced clinical practitioner / therapist reviewing and assessing suitable people waiting for ambulances. • Refreshed 2-hour response pathway – widened to include humanitarian offer. • 30 day re admission pathway - supporting patients discharged for hospital to identify deterioration • Scoping : ACP Hub/single function (combine Primary care, AAT etc) for unplanned care
Mental health	Mental health • Developing and supporting the 'listening lounge' to divert from A&E and signpost to services, potential to provide support- beyond Mental health • Living well prototype MDTs initially working with most frequent user of A and E who don't meet the criteria

Key enablers: Diagram for Digital and estates

The long term goal of the priority is ensuring the ICP Workforce are able to access their systems in neighbourhoods, in buildings which can be used as co-located sites in the long term and develop a lean Digital Plan which enables an agile and efficient ICP and is inclusive of all our communities.

Theme 1 Digital	**Operational requirements** Implement the first phase of the Softcat proposals to enable staff to sustainably access their own system remotely in neighbourhoods by integrating digital system: including identifying costings and first phase of works Create test IT environments for staff to test case scenarios and functionality to ensure productivity and effective joint working of district teams **Transformational requirements** Work with ACP/Vision partners to understand the Digital Strategy and specifically the ICP's role in supporting and acting on Digital Inclusion Host a workshop to understand the ICP digital plan and where the ICP can 'add value' regarding digital transformation in Bolton. Understand how this links into wider work taking place across Bolton to maximise collaboration and reduce duplication of effort
Theme 2 Estates	Continue to plan and agree requirements of estates to co-locate 3 district teams including Explore potential for further 'spokes' or 'touch downs' into neighbourhoods Understand long term sustainability of district estates

Key enablers: Diagram for Leadership and workforce

The long term goal of the priority is to enable and empower our workforce to deliver the ICP shared purpose and priorities working as one Bolton team

Theme 1 ICP Alliance	Develop and implement OD programmes to support new ways of working across organisations; places and people including AQuA led Place Leadership and Boo Consulting Different Conversation programmes. Ensure opportunities are identified and linkages made to programmes across the workforce e.g., Primary Care workforce developments (ARRS, PCN Development Fund) Support duty to inform and educate the care home workforce including the facilitation of clinical skills, End of life, oral health training development offer
Theme 2 **Integrated** **Operations** **Directorate**	Ensure clear engagement and communications plan for staff across integrated operations ensuring they identify with the ICP while remaining connected to their parent organisations Implement phase 1 of senior leadership in districts Align workforce to 3 districts and linked to 3 neighbourhoods/PCNs Implement the workforce protocol aspects of the S75 ensuring these are clearly communicated and identifying opportunities where they arise for harmonised HR policies and procedures Develop the operating model for district teams ensuring place based requirements are clear Scope potential blended roles and agree competencies and training Ensure specific training requirement of Hub and District teams are met Develop comprehensive staff wellbeing offer Work to harmonise organisational cultures and develop shared ways of working

Key enablers: Diagram for Engagement and Communication

The long-term goal of the priority is ensuring we are effectively engaging with our workforce, residents and partners on our core purpose clearly demonstrating the impact the ICP has on outcomes for people and communities.

Theme 1 Communications, Engagement	Produce accessible summary plan for staff/communities on our outcomes and priorities set out in this document
	Ensure clear engagement and communications plan for staff across integrated operations ensuring they identify with the ICP while remaining connected to their parent organisations
	Ensure regular engagement points with the workforce and opportunities to feed into the ICP's design and delivery of services. Ensure that we are clearly communicating key changes affecting our workforce in a timely and accessible manner e.g., changes arising from Section 75 agreement and health and care bill changes working with wider system partners
	Work with the VCSE, people with lived experience and wider community to codesign services and model of care at the earliest stage.
	Agree the ICP's approach to engagement with communities working with ACP/ wider Vision partners to
Theme 2 Impact	Develop systematic approach to regularly showing the impact of the ICP's delivery on people and places and the Bolton £ by building this into our programme management of the ICP's priorities. Showcasing our successes across our partners, celebrating with our workforce and communicating with our communities using a range of channels
Theme Identity and Branding	Aligned to Health and Care bill/ changes to organisational structures in Bolton timescales, develop a clear brand and identity for the ICP which reflects our collective vision and outcomes for Bolton.

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NHS
Bolton
NHS Foundation Trust

Title:	ICP Social Care Transformation Plan – Managing Demand 2021/3		

Meeting:	Board of Directors	**Purpose**	Assurance	
Date:	30th September, 2021		Discussion	x
Exec Sponsor	Sharon Martin		Decision	

Summary:	The enclosed report provides a summary of the Integrated Care Partnership's transformation strategy for managing adult social care demand and supporting the Council in delivering savings for 2021-23. The reports are being shared with the Board in the context of the Foundation Trust being the host of the ICP and to build understanding and visibility of the issues facing social care and Bolton people.

Previously considered by:	Council Cabinet 13th September 2021 ICP Board July – September 2021

Proposed Resolution	As the host organisation of the ICP, Bolton FT Board is asked to support, enable and facilitate the delivery of ICP Social Care Transformation plan

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

Prepared by:	Rachel Tanner	Presented by:	Rachel Tanner, MD, Integrated Care Partnership

1. **Introduction**

1.1.   This report sets out the details of the ICPs transformation strategy to manage demand for adult social care as a whole health and care partnership to support the delivery of £3.5m to the Council's budget savings. It proposes a transformational approach to managing demand and improving the offer of support to local people building on views of people with lived experience, partnership work, digital and shaping the market fit for the future

1.2.   This strategy is set with a backdrop of national reform for adult social care. The Government have announced proposals and further detail will be brought forward in the autumn statement. It is hoped this will address the funding solution for adult social care both the amount of money needed to meet rising demand and the mechanisms for people paying for their care, however early indications identify significant burdens on Councils with further detailed needed.

1.3.   However, the need for innovation, transformation and ambitious plans locally will continue to be needed due to the predicted increases in population and complexity of need within the borough and ultimately to improve people's outcomes. This report therefore proposes an initial 2-year transformation strategy.

1.4.   The Board as the host for the partnership is asked to support, enable and facilitate the delivery of ICP Social Care Transformation plan.
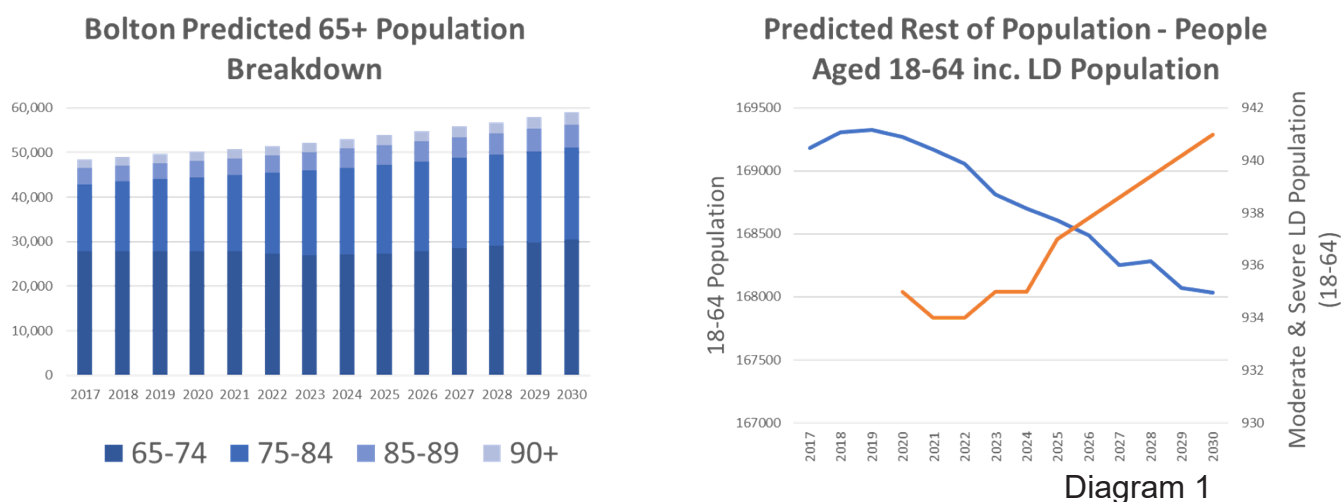
2.   Issues

2.1.   What is Adult Social Care?

2.1.1. Whilst the strategy proposed in this report sets out a new model for meeting social care outcomes and managing the demand on services, it is important that there is a common understanding of what social care is and the nature of services provided to meet needs.

2.1.2. Adult social care's profile over the last decade has increased the awareness of what social care support is and also the financial burden on people to pay towards their care. Throughout the Covid-19 pandemic the stark impact on our most vulnerable in society such as older people, people with long term health conditions or disabilities has been significant. They have been adversely impacted and are at higher risk of mortality and this has heightened the national understanding of social care and the pre-existing fragility of the care market.

2.1.3. However, despite the raised awareness and spotlight through the pandemic, social care is still not widely understood, below is a high-level explanation of social care to aid understanding.

- The duties for adult social care are laid down in legislation, specifically the Care Act (2014) this sets out how social care duties and responsibilities should be undertaken.

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- Adult social care is the support provided to help adults of all ages with physical or learning disabilities and autism, frailty, mental illnesses, or substance misuse to enable people to live a fulfilling life, where they are able to realise their potential to contribute to their local community.

- Adult social care services are responsible for the assessment of people's care needs and meeting these needs formally by arranging the care from care providers, voluntary or community sector, technology or informally through carers, family or friends.

- Adult Social Care is responsible for ensuring that the services people receive are coordinated, effective and appropriate to meet their needs and that the individual has a choice on how their needs are met taking a person-centred approach. The Council also has duties to ensure that the right provision is available in the area to meet the needs of the local population, including personal assistants (people who are employed directly by an individual managing their own care through a direct payment or personal budget).

- The Care Act 2014 sets out a clear legal framework for how local authorities should ensure the safety of adults with care and support needs at risk of abuse or neglect. This includes the Local Authority's duty to make enquiries or cause them to be made where abuse or neglect is known or suspected, to establish a Safeguarding Adults Board and contribute to Safeguarding Adult Reviews.
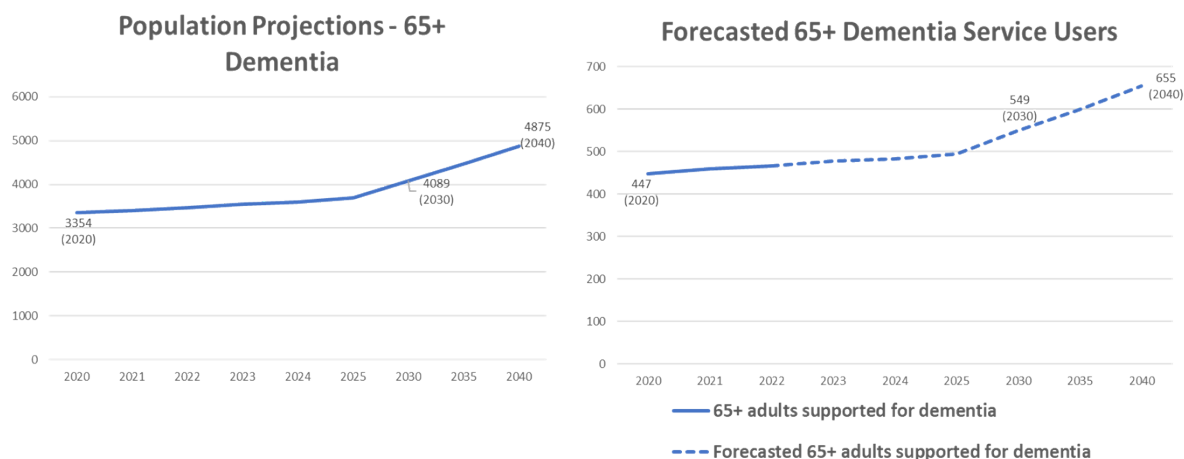
2.2. <u>Why demand for Social Care is Changing</u>

2.2.1. Bolton has a growing and changing population, which will reach 300,000 over the next decade, with increasing numbers of both older people and those living with complex long-term conditions. Bolton's health inequalities and financial pressures, exacerbated by the pandemic, make a compelling case for the need to work differently in partnership across health, care and wellbeing services to address the challenges faced.

2.2.2. The graphs below demonstrate the anticipated population growth in Bolton until 2030, with numbers of older people and people with moderate and severe learning disabilities both rising, whilst the general population is set to steadily decrease. Some of the growth in numbers is due to advances in medicine and healthcare enabling people to live longer lives, especially people with complex health conditions or lifelong disabilities and this is to be celebrated.

2.2.3. The rise in people with people experiencing moderate or severe disabilities is pertinent as pressure on services to ensure there is adequate services for young people transitioning from children's social care to adults can feel like a cliff edge.

2.2.4. Providing care for people with complex needs is costly, especially where specialist placements out of area are utilised, the predicted rise in population requires significant attention in the planning for care for the future of our young people over the next two years, to ensure there are good quality services available locally that are cost effective.

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Bolton Predicted 65+ Population Breakdown

Legend: 65-74 ■ 75-84 ■ 85-89 ■ 90+

Predicted Rest of Population - People Aged 18-64 inc. LD Population

Diagram 1

2.2.5. Despite this the quality of life in some areas is good, but there are enduring poor levels of health and wellbeing and multiple health conditions in many of our communities. There are significant differences between the health of people depending on where they live. In Bolton the number of years a person is expected to live not in good health is 15 years for men and 22 years for women. This means demand for services is predicted to increase.

2.2.6. The graphs below demonstrate the predicted population growth for people with Dementia over 65yrs. It is expected to grow from 3,354 in 2020 to 4,089 by 2030. The second graph is the projected number of people that will need services:

Population Projections - 65+ Dementia

Forecasted 65+ Dementia Service Users

Legend: —— 65+ adults supported for dementia - - - Forecasted 65+ adults supported for dementia

Diagram 2

2.2.7. With these increasing numbers of people living with poor health and the further impact of Covid-19 through delayed care and increases in mental health, it is expected that now more than previously there will be a likelihood of more people needing at least some social care in their retirement.

2.2.8. Within Bolton, adult social care services have seen the interpretation of the demographic changes resulting in increasing demand for services across all main

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service types to meet people's needs. The graphs below demonstrate this impact and also how services have recovered from the severe Covid-19 lockdown in 2020 to have higher levels of demand for nearly all service types:
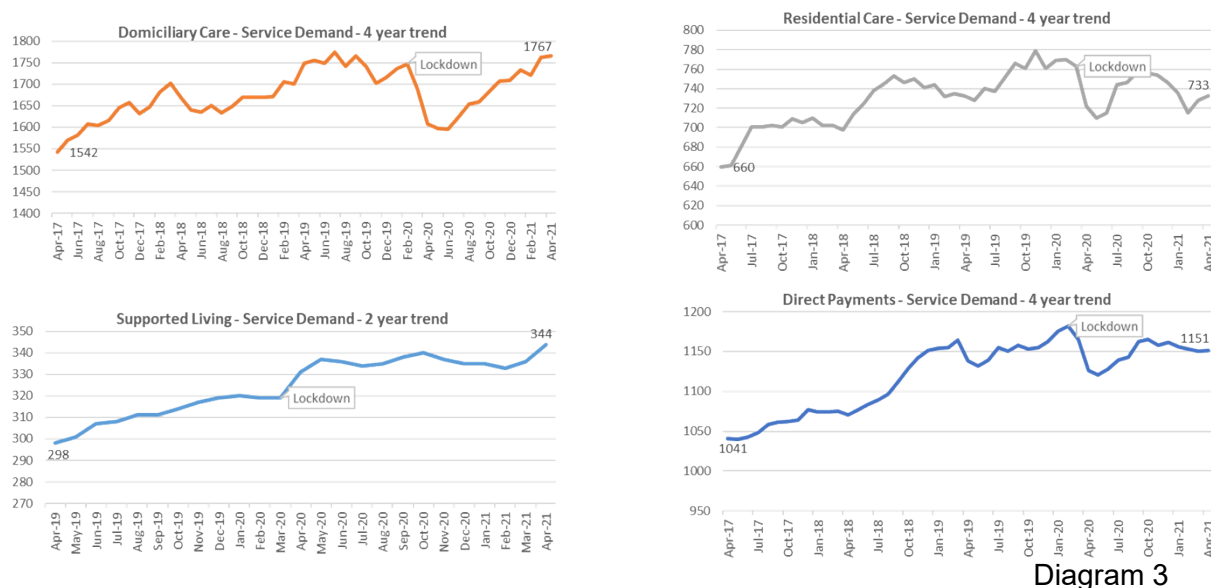

Diagram 3

2.2.9. Alongside this demographic challenge, like all health and social care economies, Bolton faces significant financial challenges despite each organisation delivering sizeable cost improvement and efficiency programmes over recent years. The complexities of these inequalities and financial system pressures are such that no one organisation or sector can resolve these in isolation, therefore a strong partnership approach not only working across the public and voluntary sector but also actively with our communities is required.

2.2.10. The strategy has been developed with people with lived experience, partners in our sector and it sets out a transformational and ambitious strategy to change the way we meet people's outcomes with a strong ethos of taking a strength-based approach that works towards care closer to home in neighbourhoods wherever possible.

3. **Adult Social Care Transformation Strategy – Managing Demand**

3.1. The transformation strategy has been developed with a number of guiding principles as a basis to identify where to eliminate or decrease demand to assist in formulating solutions.

3.2. The guiding principles underpinning the strategy consider both managing demand and supporting the supply of care from the market and are summarised below;

- Managing Demand that is **Avoidable**:
  - Demand that can be better met by other means or channels.
- Managing Demand that is **Preventable (Failure Demand)**:
  - Earlier intervention and enough care to prevent greater demand in the future. Getting it right first time, all of the time

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- Managing **System** Demand:
  – Demand that is created elsewhere within the same system.
- **Market Position Statement:**
  – supporting Providers by identifying the future demand for care and the commissioning of appropriate services at the right levels.

3.3. Alongside these principles significant consideration has been given to local, national and international evidence as to what good looks like to inform the strategy. This has entailed conversations with our service users, families and the workforce and engaging with our provider market including voluntary groups and partners.

3.4. Policy directives and briefings such as Kings Fund, Newton and recognised sector experts show case best practice principles such as the use of Technology, Home first and Living Well at Home models as well as focussing on effective hospital discharge and increased use of alternatives to care through communities and voluntary services.

3.5. Consideration of the research by Newton 'The Future of Adult Social Care' 2021 has informed looking at the optimum neighbourhood model of care for Bolton and the transformation strategy, it therefore focusses on improving the following areas:

Optimal Integrated Neighbourhood delivery model
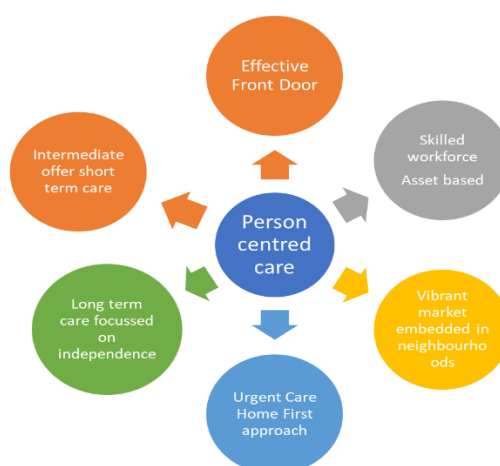
Diagram 4

3.6. The optimum model of care supports the way in which adult social care services are organised and considers the entry points for where social care assessment commences to maximise implementing the principles set out in the demand strategy to promote living well at home and improving independence.

3.7. The strategy has six priorities that are central to the approach, these are not standalone but interconnected and support each other and the wider health economy. The strategy is summarised by a plan on a page setting out the priorities, the how and what will be achieved, (below diagram) the full summary document can be found in Appendix 1.

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Diagram 5

3.8. The plan on a page concept has been developed as a system wide engagement and accountability tool. The plan on a page clearly articulates (in simple language) Bolton's strategic intentions around managing adult social care demand. The 'plan on a page' is particularly beneficial in defining Bolton's six strategic priorities as well as outlining the outcomes we are seeking to achieve and the areas of focus we (as a borough) are passionate about.

3.9. Plans on a page are particularly useful in engaging with the wider workforce, key partners, providers, customers, and families. The plans are simple to follow, easy to understand, clearly articulated and they should summarise our key strategic objectives (outcomes, passions and priorities) on one page.

3.10. Our intention is to co-design and develop plans on a page for a range of strategic objectives. The plan on page related to this demand management strategy will be develop and refined further as we work through the two-year demand management programme.

4.   Other

4.1. The strategy is ambitious and does not come without risks. Consideration has been given to the risks that are summarised in the bullet points below;

- **Recognise the challenge ahead** – this isn't just about managing 'new' demand, also need to manage and reduce existing and ongoing demand

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- **CQC Inspection –** to be Care Act compliant, meeting Carer and Service User need.
- The complexities of managing the organisational and system shift from a **bed based approach to a Home First model**
- **System 'buy in'** risk. e.g. Hospital; Primary Care; Children's Services;
- Coming out of **Covid-19** and increase demand due to unmet need – physical and mental health; long Covid; Market and Provider resilience
- **Integration** – if not carefully and sensitively managed and impact of NHS reforms
- Workforce transformation and training and skills – **bringing staff with us on the journey**

4.2.   A detailed implementation plan has been developed and will be overseen by the Integrated Care Partnership Board to ensure that the risks identified are monitored and addressed including the delivery of an organisational and cultural workforce plan.

4.3.   Monitoring of delivery will also be overseen by a revised governance structure for Finance and Performance within the Adults Directorate.

4.4.   The strategy has been developed with engagement of people with lived experience, staff and partners and will be an evolving live strategy ensuring co-production is at the heart of any developments.

5.   <u>Recommendations</u>

5.1.   The Board of Directors are recommended to:

- As the host organisation of the ICP, Bolton FT Board is asked to support, enable and facilitate the delivery of ICP Social Care Transformation plan.

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Bolton Integrated Care Partnership

Adult Social Care Transformation Strategy – Managing Demand

2021-2023
Summary Version

Contents

1 Introduction and Context

1.1 This is a summary of Bolton's Integrated Care Partnerships' Adult Social Care Demand Management Strategy 2021-23. Bolton's Vision 2030 Strategy, Active, Connected and Prosperous, outlines an aspiration for the borough and its citizens to Starting Well, Living well and Ageing Well.

1.2 The year 2020 has been an unprecedented year for Adult Social Care and Health services. The on-set of the Covid-19 global pandemic has required services to adapt and respond in innovative and unexpected ways and at record breaking speed.

1.3 In Bolton, services have integrated faster, creating working environments and models of previously non-integrated services. Indeed, in March/April 2020, a single point of access to adult social care and health services was set-up, established and operational within 3 weeks at the Castle Hill centre.

1.4 This spirt of a 'can do' attitude continued to be a characteristic as services stepped up to manage the ever-changing picture as the pandemic unfolded across the borough. This continues to be a hallmark of local services pulling together, over-coming barriers and integrating people and systems evidenced in the on-going management of the pandemic and the roll out of the unprecedented and successful vaccination programme.

1.5 However, for adult social care and health services to continue to contribute to the Vision 2030 Strategy, and the legacy of Covid-19, it will need to manage complex programmes of change across the partnership, making sure they are deliverable, accountable and effective.

1.6 There are several challenges. Health and wellbeing across the borough are inconsistent. Whilst in some areas quality of life is good, across others, there are enduring poor levels of health and multiple health conditions in many communities.

1.7 Bolton also has a growing and changing resident population that will reach 300,000 in the next ten years. There will be an increase in the number of older people and those that live with complex long-term conditions such as Dementia.

1.8 Whilst life expectancy in Bolton has improved over the last 20 years, it has now stalled, and many Bolton people continue to have poorer health outcomes and access acute hospital services more than the national average.

1.9 Those that are living longer are not always doing so in good health. This means demand for services is predicted to increase. For example, the number of people aged over 65+ living with dementia is expected to grow from 3,354 in 2020 to 4,089 by 2030.

1.10 There is substantial inequality in Bolton. Life expectancy in some areas can be 10 years less than in other areas. Alcohol misuse, smoking related deaths, hip

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fractures in older people and more deaths from drug misuse are all higher than national averages. And Bolton has higher than average rates of adult admission into long term care than comparator areas but also significant numbers of adults receiving care at home.

1.11 In tandem with these demographic challenges, Bolton has faced considerable financial pressures over the last 10 years. Services have met these pressures through cost improvement and efficiency programmes, as well as innovating and changing how care is delivered.

1.12 The impact of Covid-19 has raised the profile of Adult social care nationally and highlighted the pre-existing challenges it faced, Government has stated that the long awaited reform of Adult social care will be brought forward in 2021. It is hoped this will address the funding solution for Adult social care both the amount of money needed to meet rising demand and the mechanisms for people paying for their care.

1.13 Whilst the reform is awaited Bolton like many other areas continues to see demand outstripping resources, with rising costs in the sector requiring the full increases in the Social care precept for Council tax.

1.14 Over the coming financial period 2021/23, the Adults department have to realise efficiencies of £12.26m and will see a net reduction in budget of £5m. The transformation strategy will focus on delivering person centred services whilst managing the rising number of adults and maintaining a stable care market.

1.15 Given these pressures the Council, health services and partners need to adapt and change appropriately to further meet and manage these demands. To achieve the best outcomes for people at a sustainable cost we will build services focussed on outcomes, neighbourhoods and reducing fragmentation through integration.

1.16 This strategy identifies key priority areas to manage this demand in the tight financial envelope in which it operates and sets out a vision for Bolton residents to positively and proactively enable people to live well at home.

1.17 This summary outlines the plan, priorities, and outcomes. There are 6 identified priorities, all with equal weighting, and these are outlined in Chapters 3-9. For each of the priorities several 'We Will' statements are presented to address demand.

1.18 Appendix A is a Demand Reduction Action Plan outlining quantifiable actions that will yield potential financial outcomes.

2.0 Bolton's Demand Management Strategy – Figure 1: Summary of Bolton Demand Management Strategy: Vision, Priorities and Outcomes

3.   The 6 Key Priorities Areas

3.1   The following are the 6 key priority areas identified to manage demand. They are not isolated priorities, rather they are interconnected to each other and other areas of the health economy.

3.2   Focusing on these priorities will enable the system to transform the local service/support offer to customers, patients, carers and families and to ensure the continued support to the most vulnerable residents in Bolton.

3.3   Figure 2: The 6 Key Priority Areas

3.4   Moreover, the priorities are not single prescriptions, but instead harbour a number of specific actions that are quantified in the following **'We Will….'** statements. These in turn support the specific quantifiable and costed out actions over the next 12 months that will be carried out to deliver on the priority outcomes.

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4   Priority: Neighbourhoods; and Strengthening our Partnerships.

We will…..

…..agree the shared vision, values and behaviours which will enable us to develop agreed outcomes and specifically:

- work with strategic leaders to agree a planned work programme that provides timely & accurate information that enables and empowers strategic discussions and decision making, with flexibility to 'deep dive' into data to help get a better understanding / awareness of when an intervention is necessary.

- collaborate with service leaders to help convert data into intelligence so that the Bolton health and social care system can understand and to act upon the 'so what'.

- use all tools available to create products that enables the delivery of the demand management strategy.

- visualising data/intelligence and educating managers and heads of service so they can effectively own, interpret and use this for service improvement.

- use regional / national networks to learn, develop skills and to use this to develop the intelligence base in Bolton, whether this be innovation or learning from what has not worked.

- Review the VSCE service offer with CVS and key partners to ensure there is a diversity, choice and spatial coverage to meet needs and demand by June 2021.

- As part of the review determine the ongoing support needed by the VCSE sector to ensure it can meet the key citizen focused outcomes: be healthy, have good levels of well-being, resilience and can self-care/self-manage. Support programme agreed by July 2021.

- Work in partnership to ensure the Bolton Fund continues to deliver the Bolton Vision strategic objectives, learn from trialling new innovations and the review as above shapes the new funding themes and rounds by August 2021.

5	Priority: Embracing New Technologies

We will…..

…..agree the shared vision, values, behaviours and shared outcomes which will enable us to develop agreed outcomes and specifically:

- Review terms of reference of the current Technology Steering Group ensuring there is a broad membership of the strategic delivery group to review the current technological offer, assess effectiveness and explore resource requirements to achieve outcomes.

- Review results of recent pilots and lessons learnt by March 2021.

- Establishing trail blazers with main framework home support providers by March 2021.

- Explore further opportunities of best impact, outcomes and cost reduction working with providers, voluntary and community sector and health care on their improved use of technology to deliver their services.

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6   Priority: Integrated Partnership Approaches and Practice

We will…..

…..agree the shared vision, values, behaviours and shared outcomes which will enable us to develop agreed outcomes and specifically:

- Work towards trusted assessment within community teams reducing the need for a greater number of visits.

- Develop the Single Point of Access Hub to ensure one access point for community and specialist community teams, reducing the need for multiple points of contact.

- Work towards a single care plan that articulates the patients wants and needs.

- Bring our staff together with combined teams to collaborate on shared approaches, redesign our pathways to reduce gaps, misinformation, and duplication.

- Develop a leadership and staff development plan and culture change programme to equip and empower leaders and staff to think and act differently.

- Commission delivery partners to develop the leadership development model and coach staff on 'our different conversations with the people of Bolton'.

- Target our approaches to the most vulnerable and complex people in the neighbourhoods and strengthen links with partners including the voluntary sector, police and housing.

- Review Reablement criteria and assess a short period of reablement straight from EIT to prevent the need for a long-term provision (Direct Access).

- Conduct in-depth analysis of data regarding how many people are referred, from which team and the outcomes achieved.

- Review Discharge to Assess arrangements including therapy provision.

- Review and scrutinise long term placement into residential settings.

- Review the commissioning model of home care, transforming to become a 'reablement model of care' with financial incentives for independent providers who support individuals to improve independence.

- Develop options for undertaking reviews and to consider a borough wide Review Team. To robustly undertake a different type of "6-week review" focusing on a review of the person's independence and add an additional level of scrutiny and challenge to the original prescription and reduce at the initial review.

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7   Priority: Market Sustainability

We will…..

…..agree the shared vision, values, behaviours and shared outcomes which will enable us to develop agreed outcomes and specifically:

- Continue to strengthen partnership/network working with providers and key Health and Care statutory organisations. Continue to develop and implement digital to provider portal for faster interaction and processing.

- Co-designing whole system care integration processes with providers to assist with transformation, diversification and strengthening their service offers.

- Build on the innovative Market intelligence Toolkit project to share key strategic needs/demand/supply (current/future) information with the market. The toolkit will be available for use with the market from March 2021 and inform the new Market Position Statement.

- Link closely with GMHSCP/NWADSS on the regional intelligence programmes to compliment the local approach. This will inform the sector's business planning and provide key evidence to support commissioners/providers joint decision making on sustaining/maintaining, remodelling or decommissioning of services as well as determining the required timelines.

- Refresh of the Market Position Statement by April 2021 with a more explicit prospectus of the opportunities for new service development for example for people with more complex needs and aligned with the wider principles of Starting Well, Living Well and Ageing Well.   We will actively engage with and share this information with our providers, partners and key stakeholders to inform and shape the local provider market.

- From April 2021, ensure VCSE representation in all key transformation task groups and provider forums to drive transforming health and social care service offer and in moving to a place based/neighbourhood approach.

- By the end of Quarter 1 2021/22 to have agreed new VCSE bid themes/priorities via the Bolton Fund to trial new demand management/prevention approaches.

- By June 2021 to have reviewed Contract Management approach to include new metrics on sustainability.

- By April 2021 we will have reviewed the Market Position Statement to include an enhanced approach which will include alignment with new post Brexit procurement guidance/rules and a strong commitment to delivering social value as outlined in the Bolton Vision 2030 Strategy.

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8   Priority: Supporting our Most Vulnerable Residents.

We will…..

…..agree the shared vision, values, behaviours and shared outcomes which will enable us to develop agreed outcomes and specifically:

- Work towards the ambition of 'telling your story once' by further developments within Districts and Neighbourhood Teams. By April 2022.

- Develop and implement a Safeguarding Partnership risk model to support the identification of risk at an earlier stage to reduce vulnerability and risk. By December 2021.

- Continue to focus on Prevent Protect and Repair in relation to domestic violence. This will be done by being an active partner in the Bolton Safeguarding Board and Community Safety Partnership. Linking to action 2 to minimise incidents, and utilising support from Voluntary sector partners. 2021-2022.

- When developing services, we will consult and engage with people who access services or likely to access services in the future. 2021 – 2022.

- Review the Safeguarding Intelligence Forum and support that can be offered to our Care and Nursing home sector to increase the percentage of beds rated Outstanding or Good. April 2022.

- Establish a Domestic Abuse & Violence Partnership, which will oversee the implementation of the Domestic Abuse and Violence Prevention Strategy (including gendered based abuse)

- Collaborate across the housing system so that the homelessness duty (priority need given to domestic abuse victims) can be appropriately delivered and consider how a 'whole housing' approach can be developed that includes adequate move-on.

9   Priority: Supporting Our Carers

We will…..

…..agree the shared vision, values, behaviours and shared outcomes which will enable us to develop agreed outcomes and specifically:

Review the Carers Strategy by June 2021 to incorporate:
- Work with our carers locally to understand what is important to carers, what support carers need from services, partners and the wider community.

- Work together (with partners, carers, and their families) to re-fresh the carers strategy, with a strong focus on the voice of a carer.

- Support the work above by undertaking a needs and performance assessment by using existing Local and GM data to highlight where we need to improve and extend support in all our neighbourhoods.

- Work with Bolton CVS to develop a localised Alliance approach to ensure a Borough wide/neighbourhood coverage to deliver a more equal offer and the outcomes as outlined above by 2022.

- Review assessment and payment process to combine place-based assets and self-care/management by March 2022.

- Review information and intelligence to inform knowledge and understanding.

- Expand Technology Enabled Care options to provide remote support through VCSE, relatives and neighbours by September 2021.

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10   Outcomes and Benefits Realisation

10.1   This vision is ambitious. Whilst the challenges remain significant, this is exceeded only by our belief and aspiration. The central focus permeating all priorities is to deliver better and improved health outcomes for local people. With the measures outlined, this can be achieved whilst balancing resources effectively and efficiently.

10.2   The implementation of the 6 priorities will bring benefits across all services. Critically, the prescriptive **'We Will….'** statements will bring great benefits to the customer, the council and its partners, providers and staff.

10.3   **Figure 3: 'Benefits for Bolton'. Benefits Realisation Summary**

For Service Users	For The ICP	For Staff
Improved Health Outcomes	Reduced Cost and Improved Markets	Empowerment to Act Differently
More choice and control	Enhanced Resilience	Ready Access to Quality Information
Faster Processing	Maximised Use of Resources	Greater Use of Talent and Development of Skill Sets
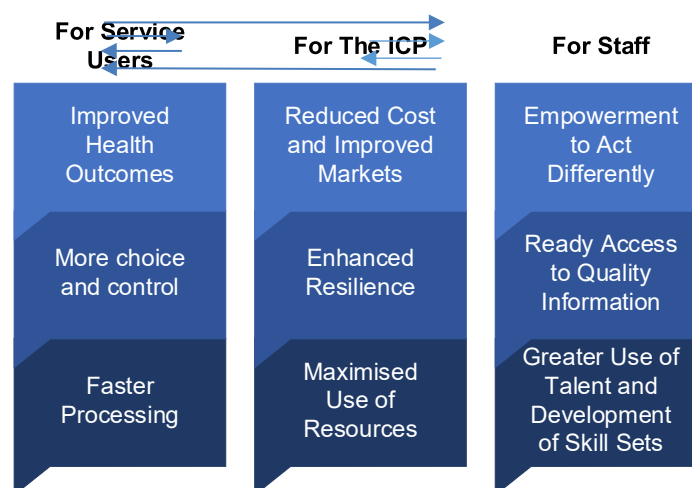
10.4   Better and continually refreshed data and intelligence will be the bedrock of understanding need, demand and resource implications. This in turn will translate into a sharper focus on locality and individual circumstances.

10.5   Running parallel to this strategy will be a leadership and staff development plan and culture change programme to equip and empower leaders and staff to think and act differently. To do this, we are committed to creating the conditions including reviewing policy, practices, assessments and organisational form to allow staff to work in this new way.

10.6   Staff skill sets will be enhanced, enabling greater focus on prevention and early intervention, supporting people to connect to their community. Delivery partners have been selected to develop the leadership development model and 'our different conversations with the people of Bolton'.

10.7   A greater and deeper relationship with providers will generate more buoyant markets and improved quality monitoring. Fewer surprises will result, moving from reactive procurement/extension of current services to strategic commissioning in its broadest sense.

10.8   Providers and staff will be encouraged to strategically develop services in a spirit of partnership, greater utilising, and maximising, staff skill sets, reducing inefficiency and engendering a culture of continuous improvement.

10.9   This is a large programme of work and in a sense will always be on-going. However, this strategy also aims to bring timeframes to these deliverables. This plan is for 2021-2022 and its ambition is to continue to improve health outcomes and realise the £3.6million savings by end of year 2022.

10.10   Measuring the success of the strategy, holding ourselves to account, will be critical to the successful realisation of these plans. Actions will not only be measured financially but also by impact on people, population and place-based outcomes.

10.11 And so, to action. With all the above in mind, a detailed and costed Demand Reduction Action Plan has been designed and finalised following the identification of the 6 priorities. These actions, along with accountable health and financial outcomes, are in Appendix A.

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NHS
Bolton
NHS Foundation Trust

Title:	Workforce Race Equality Standard and Workforce Disability Equality Standard 2021

Meeting:	Board of Directors	**Purpose:**	Assurance	X
Date:	30 September 2021		Discussion	X
Exec Sponsor:	James Mawrey, Director of People		Decision	X

| Summary: | Bolton NHS Foundation Trust remains committed to becoming a great place to work for everyone and a provider of high quality, effective patient care. In order to achieve these ambitions, we must ensure there is no disparity between experiences of our Black, Asian and Minority Ethic (BAME) workforce and their white counterparts, and our disabled workforce and their non-disabled counterparts.

The annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are national data collections which gather information to determine the experience of BAME and disabled colleagues.

Our 2021 WRES and WDES data collections have highlighted that the Trust has achieved an improved position in relation to the experience of our BAME and disabled workforce. In particular, the data shows:

➢ White applicants are 0.62 more likely to be appointed from shortlisting compared to BAME staff. This has reduced from 1.30 in 2020.

➢ BAME employees are 0.93 more likely to enter the formal disciplinary process compared to white employees. This has reduced from 1.64 in 2020.

➢ The Trust has increased its' BAME workforce by 1% over the past year.

➢ The relative likelihood of non-disabled staff compared to a disabled staff being appointed from shortlisting across all posts is 1.57%. This remains the same as last year.

➢ The relative likelihood of a disabled employee entering the formal capability process compared to a non-disabled employee is 0%.

We recognise that more work is required to create a truly inclusive culture but it is very pleasing to see that we are making positive progress. Our WRES and WDES performance data will continue to inform our key EDI priorities.

The People Committee will receive the Trust's WRES and WDES full reports in October 2021 and they will be published in November 2021. |
|---|---|

Previously considered by:	The key WRES and WDES data was presented to the EDI steering group on 9 September 2021.
Proposed Resolution:	The Board are asked to note and consider the contents of this report.

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

*To continue to use our **resources** wisely so that we can invest in and improve our services*		*To develop **partnerships** that will improve services and support education, research and innovation*	

Prepared by:	Lisa Gammack, Deputy Director of OD	**Presented by:**	Ilyas Adam, Chair of BAME Staff Forum and Lisa Gammack, Deputy Director of OD

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

BAME	Black, Asian and minority ethnic
WRES	Workforce Race Equality Standard
WDES	Workforce Disability Equality Standard
CPD	Continued Professional Development

1. Introduction

1.1. Fostering a culture of inclusion remains a critical priority for our organisation. An inclusive work environment provides a place where everyone feels welcome and can be the best version of themselves. This in turn enables our staff to thrive and deliver the best possible services and care to the people of Bolton.

1.2. Nationally, it is known that colleagues from a BAME background and those who have a disability have a poorer experience of working within the NHS. The past 12 months have further highlighted the health inequalities which exist and how COVID-19 has impacted people from these communities. Also the murder of George Floyd continued to show that systemic racism exists in society.

1.3. The importance of inclusion is embedded into the NHS People Plan and our Trust's Strategy 2019-2024. In addition, the Trust has articulated its' vision and priorities for improving EDI practice and health outcomes through its' new EDI Plan 2021-2025 which will be published in October 2021.

1.4. Each year the Trust is required publish two key reports:

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

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

2. WRES: Performance and Key Findings 2021

2.1. Over the past year we have seen a 1% increase in the number of BAME staff employed by the Trust, increasing from 13% (723 people) in 2020 to 14% (820 people) in 2021. This improved position reduces the gap from 6% to 5% when we compare the diversity of our workforce to Bolton's BAME population. Our new EDI Plan has an aim of achieving a BAME workforce of 18% by 2024.

2.2. The table below shows the percentage of our BAME workforce employed by pay band and how this compares against the same period last year. Our 2021 data shows that the majority of our BAME staff, employed within clinical and non-clinical roles, remain clustered in pay bands 5 and 6.

BAME	Under band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	VSM
Clinical	0%	0%	1.18%	0.41%	0.54%	4.44%	2.03%	0.90%	0.26%	0.05%	0%	0.01%	0%	0%
Non clinical	0.03%	0.01%	0.61%	0.39%	0.32%	0.23%	0.09%	0.01%	0.03%	0.07%	0%	0%	0.01%	0%
Overall	0.03%	0.01%	1.79%	0.80%	0.86%	4.67%	2.12%	0.91%	0.29%	0.13%	0%	0.01%	0.01%	0%
2020 v 2021	+0.01%	-0.01%	+0.06%	+0.5%	+0.22%	+0.39%	+0.41%	+0.11%	+0.15%	+0.04%	0.00%	-0.01%	-0.01%	0.00%

2.3. Our staff survey results during 2021-21 show that BAME staff consistently felt more engaged compared to white staff. The table below shows the staff engagement scores for each staff survey during the reporting period:

Overall Engagement Score*					
2020-2021	Survey	Trust overall	BAME Staff	White Staff	Disabled Staff	Non-Disabled Staff
Q1	Bolton Engage	4.02	4.09	4.04	4.12	4.04
Q2	Bolton Engage	3.95	4.10	3.98	4.02	3.98
Q3	NHS national staff survey	7.20	*No longer provided*		6.70	7.30
Q4	Bolton Engage	4.02	4.05	4.05	3.89	4.04

* Note: Bolton Engage scores range from 1 to 5 and the NHS national staff survey scores range from 1 to 10.

2.4. The relative likelihood of white applicants being appointed from shortlisting compared to BAME applicants has reduced (which is positive) from 1.30 in 2019/2020 to 0.62 in 2021. This is below the national average of 1.46.

2.5. The likelihood of a BAME employee entering a formal disciplinary process has reduced from 1.64 in 2020 to 0.93 in 2021.

2.6. The number of BAME staff that reported a change in the levels of bullying and harassment from patients and relatives towards BAME staff has reduced again this period – from 29% to 24%. However, there was an increase reported from white staff from 22% to 26%. This is lower than the national average of 28% for BAME staff.

2.7. Over the last 12 months less BAME staff have personally experienced discrimination from either their manager, team or a colleague – it has declined from 21% in 2019 to 15% in 2020. This is also lower than the national average in 2020, which was 17%.

2.8. The percentage of BAME staff believing the Trust provides equal opportunities for career progression or promotion has increased from 68% in 2019 to 75% in 2020. This is the first time it has increased over the last three years. The national average is 72.5%.

2.9. More BAME staff have raised concerns via the Trust's Freedom to Speak Up process compared to the previous year (33%). This shows that BAME staff feel trusted and safe to speak up about their concerns about patient safety and the treatment of staff.

2.10. The relative likelihood of white staff accessing mandatory training or CPD has increased from 0.90 in 2020 to 0.99 in 2021.

3. WRES: Action Taken 2020-21

3.1. During 2020-21 the following actions have been taken with the aim of helping to improve our EDI practice and create an inclusive work culture:

- Transferred the EDI Team to the Workforce and OD Directorate and strengthened the capacity and expertise within the team.

- Implemented a robust COVID-19 equality impact assessment process to support divisions to understand the risks and mitigate how to support staff impacted.

- Delivered our first BAME leadership development pilot programme which involved 11 BAME staff successfully completing the ILM Inclusive Leadership qualification.

- Introduced a BAME reverse mentoring scheme.

- Introduced fast-track recruitment processes to effectively respond to the staffing challenges that the pandemic has created.

- Continued to support the BAME Staff Forum to fulfil its' purpose and ensured the forum are actively involved in co-designing solutions to create a better Bolton.

- Launched and embedded the VOICE Behaviour Framework which clearly articulates how we expect our staff to display the Trust's values in everything they do. One of the key behaviours is Be Inclusive.

- Introduced the FABB Conversation Approach and supported line managers to facilitate meaningful and two-way check-ins and annual appraisals.

- Continued to embed our Freedom to Speak Up Approach and increased the number of FTSU champions to 30. Five of the champions (16.6%) are from a BAME background.

- Launched a Coaching Framework which offers all staff, regardless of their background, the opportunity to access coaching support from within and outside of the Trust to support their learning and growth.

4. WRES: Further In-Year Actions

4.1. Whilst some positive improvements have been made, we are fully committed to take further action to improve our WRES performance. This includes:

- Delivering our EDI objectives outlined in the Trust's new EDI Plan 2021-2025.

- Building on the success of our BAME leadership development pilot programme by delivering further cohorts and mainstreaming the offer.

- Developing a number of stretch assignments/projects for BAME staff who are aspiring to secure leadership and management roles and advance their career.

- Implementing an inclusive recruitment framework to ensure policies are procedures are updated to support diverse talent to progress within the Trust. This will focus on improving where job roles are advertised, working closely with local communities as well as working closely with the BAME staff forum to provide support to BAME colleagues applying for roles.

- Developing and launching a new Be Inclusive Development Programme to help increase EDI awareness and practice and support behaviour change.

- Developing a quarterly highlight report to understand trends and challenges faced by our BAME colleagues and provide relevant support and interventions.

- Strengthening the Trust's interpretation and translation complaints handling process leading to speedier response timeframes and reporting via regular monitoring and assurance meeting in detailed reports.

- Further developing initial plans for the Trust to launch a faith network.

- Continuing to work with Bolton's Community of Mosques to invest in new facilities for staff and patients.

5. WDES: Performance and Key Findings 2021

5.1. This is the third year that we have reported against the WDES. Where possible comparators have been given against known national averages gathered via the NHS

national staff survey. It is recognised that the data is poor across the whole of the NHS and much work is required to improve deceleration rates to ensure true visibility of issues related to our disabled workforce. Our performance and key findings for 2021 are:

- A total of 2.87% of staff have declared a disability which has increased from 2.57% in 2020. Interestingly 18.9% of staff that completed the NHS national staff survey declared they had a disability.

- Our staff engagement scores for disabled staff have reduced from 6.8 in 2019 to 6.7 in 2020. Non-disabled staff feel that they are satisfied that the organisation values their work (disabled 38%, non-disabled 51%).

- The percentage of disabled staff who have experienced harassment, bullying or abuse from patients/relatives/public has increased from 26% in 2019 to 31% in 2020.

- The percentage of disabled staff who have experienced harassment, bullying or abuse from managers has declined by 3% (19% in 2019 to 16% in 2020) and decreased by 7% from colleagues (30% in 2019 to 23% in 2020).

- The relative likelihood of non-disabled staff compared to a disabled staff being appointed from shortlisting across all posts is 1.57%. This remains the same as last year.

- The relative likelihood disabled staff entering the formal capability process compared to non-disabled staff is 0%.

6. WDES: Action Taken 2020-21

- A confidential survey of our shielding staff, followed up with two online listening sessions took place during the pandemic. The sessions hosted by the Chief Executive provided an opportunity for shielding staff to share their experiences, concerns and ideas with the aim of us better supporting shielding staff.

- Guidance on long-Covid has been developed and implemented to better support our staff that are suffering with symptoms and raise awareness of long-Covid.

- We have re-started our work on delivering the Accessible Information Standard (AIS). The working group includes representatives from the EDI Team, divisions and Informatics Team. The group reports progress against their action plan through to the EDI Steering Group.

- A wheelchair and hearing loop initial audit has been completed and the findings are being incorporated into an improvement plan.

- A series of listening sessions for our disabled staff were arranged but unfortunately they had to be paused for unavoidable reasons. The sessions will now take place during October and November 2021. The feedback gained will help shape the new Disabled Staff Forum that we have committed to establish.

7. WDES: Further In-Year Actions

7.1. It is clear that there is much more work to do in our approach to supporting our workforce who identify with a disability or a long term conditions. There are a number of actions which we are committing to, to ensure our disabled workforce receive the best experience of working for our Trust. These include:

- The Director of Corporate Governance has kindly put herself forward to sponsor the disability work programme working with the EDI Team to deliver key areas of work.

- An internal communications campaign will begin in Autumn 2021 to encourage staff to declare their disability to the Trust.

- Holding a series of listening sessions for our disabled staff and establishing the Disabled Staff Forum.

- Working over the next 12 months to implement the required actions that demonstrates that enables us to meet level 3 of the Disability Confident Scheme.

- Improving the Trust's website so content can be translated into different languages and content can be re-sized and adapted so it is more easy to read including for colour blind people.

- Developing and launching a new Be Inclusive Development Programme to help increase EDI awareness and practice and support behaviour change.

- Developing a quarterly highlight report to understand trends and challenges faced by our disabled colleagues and provide relevant support and interventions.

- Introducing the Trauma Risk Management (TRiM) approach in October 2021 that provides colleagues who have experienced a trauma, with a rapid risk assessment and relevant support guidance and help over a timely period.

- Delivering Schwartz Rounds from November 2021. This provides a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. Rounds can help staff to feel more supported in their roles, allowing them the time and confidential space to reflect on their roles. Evidence shows that staff who attend Rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles.

- Developing hybrid working guidance and tools to support line managers and employees to implement flexible working practices. We recognise we have an ageing workforce with 57% of our staff over the age of 40. Retaining staff with lived experience is beneficial to improving our services as their understanding can enhance patient care.

8. Next Steps

8.1.   Our detailed WRES and WDES reports and supporting action plans will be shared with the EDI Steering Group in October 2021 and the final reports will be published in November 2021.

9. Recommendations

- The Board of Directors is asked to note and consider the contents of this report.

Title:	Equality, Diversity and Inclusion Plan 2021-2025			

Meeting:	Board of Directors	**Purpose:**	Assurance	X
Date:	30 September 2021		Discussion	X
Exec Sponsor:	James Mawrey, Director of People		Decision	X

Summary:	The Trust is continuing to improve and progress its equality, diversity and inclusion (EDI) journey to improve patient and staff experience and create an inclusive culture. A significant part of this is developing and implementing a clear, ambitious and impactful EDI plan.
	The draft EDI plan has been co-designed with key internal and external stakeholders over the last six months. The development of the plan has coincided with the collation of key information relating to the national Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). These additional insights have further informed our direction of travel and our key EDI priorities.
	The latest version of the plan is presented to the Trust Board for their feedback and input. Subject to final approval from Board we will finesse the final presentation of the plan and launch it in October 2021.

Previously considered by:	The EDI Steering Group have considered and commented on the current and previous reiterations of the draft EDI plan at their monthly meetings during the period from April to September 2021.
	The People Committee have received draft versions at their meetings in June and September 2021. The People Committee have approved the latest version being presented to the Board.

Proposed Resolution:	The Board is asked to provide feedback on the latest version of the plan.

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

Prepared by:	Lisa Gammack, Deputy Director of OD	**Presented by:**	Ilyas Adam, Chair of BAME Staff Forum and Lisa

			Gammack, Deputy Director of OD

1. Introduction

1.1. The Trust is continuing to improve and progress its EDI journey to improve patient and staff experience and create an inclusive culture. A significant part of this is developing and implementing a clear, ambitious and impactful EDI plan. This work has coincided with the collation of key information relating to the national Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). These additional insights have further informed our direction of travel and key EDI priorities.

1.2. This report outlines the latest position on the development of our EDI plan. The plan will interconnect with the Trust Strategy and Patient Experience Strategy. It ensures that we continue to build on our strong commitment to EDI through collaborative delivery of inclusive practice in everything we do for our workforce and the people of Bolton.

2. EDI Plan Update

2.1. The EDI plan articulates the Trust's EDI ambitions, vision and key areas of focus for the next four years. The plan outlines how the Trust intends to continuously meet its legal duties and obligations and how we will champion, celebrate and support diversity through a range of approaches and interventions. The latest reiteration of the draft plan (version 5) is attached at **appendix 1**.

2.2. The draft plan is focused around four ambitions:

Ambition 1	Understand the needs of our community and provide services which meet those needs
Ambition 2	Create a working environment in which all staff can reach their full potential
Ambition 3	Recruit and cultivate a workforce that represents Bolton's diversity
Ambition 4	Act on patient, staff and community feedback on how we can improve our approach to EDI

2.3. Our EDI ambitions are based on the four goals specified by the mandatory Equality Delivery System for the NHS (EDS2) which focuses on:

- Better health outcomes;
- Improved patient access and experience;
- A representative and supported workforce; and
- Inclusive leadership.

2.4. The EDI Steering Group have considered various reiterations of the draft EDI plan at their monthly meetings during April to September 2021. Steering Group members have actively engaged in the shaping of the plan and their feedback is reflected in the latest version.

2.5. During May to August 2021 we completed an internal stakeholder engagement exercise. This included:

- An online survey which gathered 69 responses from our workforce in 21 days.

- Online staff listening sessions – although attendance was low, the feedback we gained from staff that did attend was extremely valuable.

- The Head of Staff Experience and Inclusion and EDI Programme Manager meeting with a range of divisional representatives to seek their views and ideas on the draft plan.

- Presenting the draft plan to the Governors Forum in August 2021.

2.6.   To date, positive feedback has been received by key internal stakeholders who remain passionate about progressing the EDI agenda.

2.7.   In July and August 2021 we undertook a community engagement exercise on the draft EDI plan. This included a community based survey and discussions with members of various community groups. Although we didn't receive a vast amount of feedback from external stakeholders, what we did receive was extremely useful and has been reflected in the draft plan. We will continue to engage local community groups to understand how we can improve our EDI practice and assess the impact.

3.   Next Steps

3.1   Subject to final approval by the Trust Board the EDI plan will be launched in October 2021. A communications plan will be developed and implemented.

3.2   To support the delivery of our EDI plan, a new 'Be Inclusive Development Programme' is currently in development and will be launched in the New Year. The proposed programme will cover:

- Micro aggression training
- Allyship and the art of being an active bystander
- Identity, power and privilege
- Human libraries – checking out a story
- Diversity in disabilities
- Gender awareness
- Unconscious bias
- My Be Inclusive action planning

It is essential that we have an impactful and accessible EDI training offer that supports behavioural change. EDI will be a golden thread that runs across and through all our learning and development offer to ensure that EDI is not seen as something that is standalone and is truly embedded in everything that we do.

3.3   Delivery of the EDI Plan will be monitored by the EDI Steering Group. The People Committee and the Trust Board will receive quarterly updates.

4.   Conclusion

4.1   A well-considered EDI plan ensures that we have a clear roadmap for making our vision for an improved future for patients and staff a reality. It ensures that we continue to build on our strong commitment to EDI through collaborative delivery of inclusive practice in everything we do for our workforce and the people of Bolton.

4.2   It is important that our EDI plan is based on the latest insights, seeks to be transparent about our current challenges, hold ourselves accountable for progress and sets an example to others.

5.   Recommendations

5.1   The Trust Board is asked to:

- Provide feedback on the draft EDI plan (version 5) and approve the launch of the plan.

NHS

Bolton
NHS Foundation Trust

Equality, Diversity and Inclusion Plan
2021-2025

…for a **better** Bolton

Contents

Introduction

I am really pleased to introduce Bolton NHS Foundation Trust's Equality, Diversity and Inclusion Plan for the next four years.

As a Trust we remain committed to ensuring diversity is championed and celebrated across our organisation. We are deeply passionate in supporting and nurturing diverse talent, reducing health inequalities for our communities and providing high quality care for patients, their families and carers. Our vision is to care for our staff, to ensure they have the support in place to provide personal, safe and fair health and care services for our patients.

This plan outlines and further develops the work that is already underway allowing it to be aligned to the Trust's overall strategic objectives.

Research suggests that by caring for your workforce, this ultimately has a positive impact on patients.

Equality, diversity and inclusion remains at the heart of what we do and is a golden thread across all our departments and divisions. We want to be an organisation where allies support people to bring their true selves to work and ultimately an organisation which has an inclusive vibrant culture for all. We want our communities to receive the best care possible, have fair opportunities to the services they receive to live a happy, healthy life.

We are really proud to be an organisation which is focused on supporting our staff to be the best they can be. Our staff survey results for 2020 have shown that the Trust is the best place to work across Greater Manchester however we recognise and understand that more needs to be done to support our diverse workforce and community. Our internal quarterly pulse survey has further shown us an increase in the number of staff feeling they can be themselves at work which supports our journey to becoming a truly inclusive workplace.

We recognise these past 18 months have been incredible challenging and difficult for our workforce and our communities. COVID-19 has had a huge impact on how we serve and care for our communities and we've had to look at new ways to support our patients and their families. We have focused on working with groups to develop our COVID-19 Equality Impact Assessment (EIA), a risk assessment for vulnerable groups within our workforce to ensure they have the best support and looked closely at the health inequalities which exist within our local population.

This plan outlines and further develops

the work that is already underway allowing it to be aligned to the Trust's overall strategic objectives. To achieve our long term vision and goals, we must align with EDS2 (a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments) which is the core of our plan.

In light of the COVID-19 pandemic and the inequalities it has highlighted, alongside recent global events evidencing the racism, brutality and frustration worldwide that still exists, we need to focus on changing systems not individuals. We need to learn from these events, understand guidance from local, regional and national organisations and listen to our communities to constantly improve as an organisation.

We remain ambitious in developing our EDI practice further and strengthen our collaborative approach of engaging with people with lived experiences.

We will continue to progress with our ambitions. We are committed to this journey and this plan will highlight our focus for the next four years.

We would like to thank all the service users, carers and staff who were instrumental in the development of the Bolton NHS Foundation Trust's Equality, Diversity and Inclusion Plan

James Mawrey
Executive Director of People

Bilkis Ismail
Non-Executive Director

Bolton NHS Foundation Trust is a provider of hospital and community health services in the North West sector of Greater Manchester.

25%

In the recent CQC inspection, the Trust recieved an overall rating of 'good' placing Bolton in the top 25% of Trust's across the country for high quality patient care.

The CQC highlighted our leadership as outstanding and recognised the way the Trust cares for its 6,000 strong workforce.

BEST PLACE TO WORK 1 Across Greater Manchester

This was further outlined in the 2020 National NHS Staff Survey which showcased the Trust as the best place to work across Greater Manchester.

0.62% REDUCTION
reduced from 1.30% in 2020

0.93% REDUCTION
reduced from 1.64% in 2020

1% INCREASE
of BAME staff within our workforce

BAME colleagues are **0.93%** more likely to enter the formal disciplinary process compared to white sraff, this has **reduced from 1.64 in 2020.**

White colleagues are **0.62** more likely to be appointed from shortlisting compared to BAME staff. This has **reduced from 1.30 in 2020**

Over the past year, there has been an increase of **1%** of BAME staff within our workforce, although there is a **5%** gap compared to **19%** BAME population. A programme of work to embed inclusive recruitment practises are currently underway.
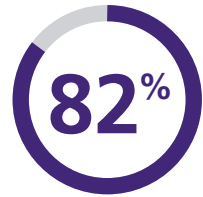
Our workforce

A total of **87%** of our staff are female and the remaining **13%** are male

13%

87%

About **82%** of our colleagues are white

82%

About **12%** of our colleagues are BAME

12%

Around **1%** of our workforce are LGBTQ+

1%

In terms of religions we have...

49% **Christian** — of our workforce believe in Christianity

4% **Islam** — of our workforce believe in Islam

2% **Hindu** — of our workforce believe in Hinduism

5% of our workforce declared as other

Our communities

1.57% **REMAIN** the same as 2020

Relative likelihood of a non-disabled staff compared to a disabled member of staff being appointed from shortlisting process across all posts is **1.57%** which remains the same as last year.

Bolton remains one of the most diverse areas across Greater Manchester, with:

19% of the population from a Black, Asian Minority Ethnic Community (BAME)

1 In 15 people identifying themselves as LGBTQ+

People following a number of faiths, including:

| Christianity | 63% |
| Muslim | 12% |

19% of people living with a disability

Summary of the plan

This plan sets out the Trust's vision for equality, diversity and inclusion and the approach to creating an inclusive culture over the next four years. Here is a summary of the ambitions we would like to achieve:

Ambition 1:
Understand the needs of our community and provide services which meet those needs

The COVID-19 pandemic has impacted greatly on everyone in Bolton but particularly on people with protected characteristics and other vulnerable groups. The pandemic, alongside continued racial injustice has shone a spotlight on health disparities and the need for more research and outreach to better support diverse and underserved communities.

Bolton is diverse, so we have to make sure we understand the differences in our patients, to make sure we deliver appropriate services. We will do this by collecting comprehensive, good-quality data, assessing the impact on different groups, supported by robust monitoring and action planning.

Ambition 2:
Create a working environment in which all staff can reach their full potential

Taking care of and supporting our staff is so important. We know by caring for our workforce this leads to better patient outcomes. As an employer we have duty of care. We want to create a culture where colleagues can bring their true selves to work, where people are empowered to share ideas to problem solve, to challenge the status quo and be happy at work.

We want to develop the leaders of tomorrow, to nurture and support diverse talent to progress, which ultimately will support our succession planning processes. We want to ensure a good staff experience at work, where bullying, discrimination and harassment in the workplace is tackled.

Training and development will be revamped to develop long lasting learning and culture change.

Ambition 3:
Recruit and cultivate a workforce that represents Bolton's diversity

To ensure appropriate and effective service delivery and leadership, our workforce needs to have diverse leaders at all levels, especially Board membership and Executive positions.

We want to become an employer of choice, where our local community see themselves represented. Because if they can see themselves represented then they can be us.

We will use innovative ways to identify talent and promote our job opportunities.

Ambition 4:
Act on patient, staff and community feedback on how we can improve our approach to EDI

Listening to our staff and patient feedback is fundamental. We must engage to find out what is working well and how can we improve. We cannot make decisions about improvements without listening to people about their experiences.

We want to embed a culture where staff and patients feel comfortable to speak up without fear. We will provide a number of confidential and safe spaces for staff and patients to speak their truth and guarantee that incidents will be promptly and appropriately investigated.

What is Equality, Diversity and Inclusion?

Equality
Recognising peoples needs may need to be met in different ways rather than treating everyone the same.

Diversity
Valuing differences - everyone is an individual with their own background, experiences, views, perceptions, values and beliefs.

Inclusion
Developing a sense of belonging, feeling respected and valued for who you are.

As well as understanding what equality, diversity and inclusion is, it's important for the Trust to adopt an approach to become consciously inclusive. We hear the term unconscious bias regularly (being unaware of how we prejudge people) and we often attend training sessions to change our individual mindsets and raise awareness. However, is there any evidence to suggest that raising awareness alone and targeting individuals leads to behaviour change?

Communities and employees universally, have expressed their upset and frustration about inequality and discrimination for decades and then the organisational reactive mode sets in. What would it look like if reaction was a rarity, and proactive was the norm? Are those on the receiving end truly embedded in our organisational decision making and system processes? We need to ask our workforce and our communities to share their observations or experiences of inequity and empower them to design the solution. Let's identify the changemakers and equip them with the critical skills necessary to analyse the design of our systems, policies, services, processes, events and communications, to produce genuine opportunity for equity. So to be consciously inclusive is to intentionally involve and empower those that have observed and experienced discrimination, to redesign systems.

Equality means each individual or group of people is given the same resources or opportunities.

Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

... for a **better** Bolton

NHS Bolton Foundation Trust **Equality, Diversity & Inclusion Plan 2021-2025** 11

Our legal duties

Bolton is committed to being consciously inclusive, and this EDI Plan is based on the four goals specified by the mandatory Equality Delivery System for the NHS (EDS2), which focuses on:

1. **Better health outcomes**
2. **Improved patient access and experience**
3. **A representative and supported workforce**
4. **Inclusive leadership**

The plan supports the Trust's requirement to meet its obligations under the Equality Act 2010, The Human Rights Act 1998 and the Health and Social Care Act 2012, whilst incorporating the mandatory requirements for the EDS2, Workforce Race Equality Standard (WRES) and the Accessible Information Standard (AIS).

Other voluntary standards such as the Workforce Disability Equality Standard (WDES) and the Sexual Orientation Monitoring Information Standard (SOM) also provide our measures for improvement and strengthen patient involvement.

Key documents such as the NHS People Plan and our Trust Strategy, highlight the need to support transformation and focuses on fostering a culture of inclusion and belonging, to grow our workforce, train our people, and work together differently to deliver patient care.
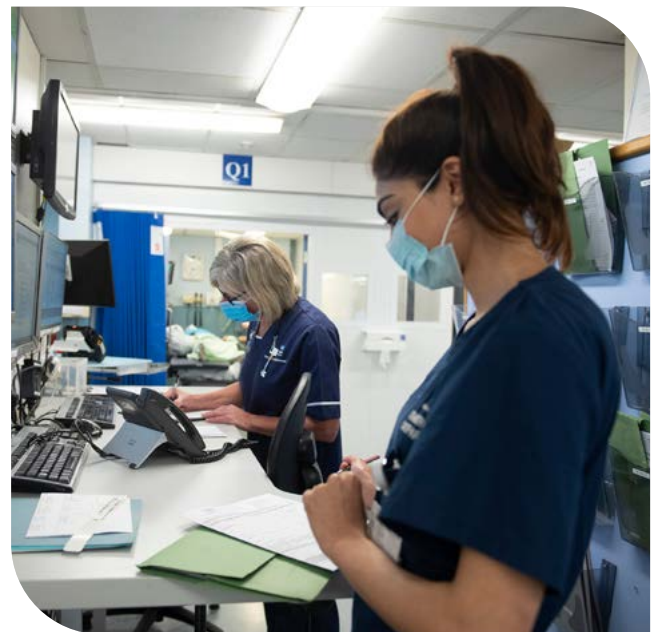
VOICE values

The Trust has embedded our values which underpin the way we work and how we support our patients. Our values drive what we do to help us deliver in a way that puts safety and care first. Our EDI principles are:

Trust VOICE values		EDI values
Vision We have strong plans and make decisions with Bolton's communities	We seek out diverse perspectives in shaping our services and employment practices getting it right the first time.	This plan will help to achieve our vision to inspire and innovate to attract and embrace difference. Through engagement with our workforce and communities, we will have an organisation that encourages transformational and bespoke approaches. Ultimately an inclusive organisation that people want to work for and are proud to work for.
Openness We communicate clearly and encourage feedback	We take time to identify and respond to differences in access, experience and outcomes.	We can't implement effective change if we don't actively listen to our staff and patients. We will consult in a variety of ways that enables us to hear the voices of everyone and not just those that choose to come forward. We will ask how and not assume why and provide honest feedback based on complete engagement.
Integrity We are fair, show respect and empathy	We individualise the care and support we provide supporting people according to their needs, abilities and limits rather than treating everyone the same.	We will identify the various groups of staff and patients that reflect Bolton and commit to catering for and promoting their bespoke needs.
Compassion We have a caring person-centred approach	We put ourselves in the shoes of other people and strive to deliver person centred care responding with kindness.	By listening to the lived experiences and needs of our staff and patients, we will motivate ourselves and others to recognise what it is like to live in other people's shoes so that we can really make a difference.
Excellence We prioritise quality, safety and continuous improvement	We put quality and safety at the heart of everything we do, remaining flexible to the approach we use with the person in mind.	We will strive to be a leader in being fair, encouraging difference and implementing inclusive systems.

Protected characteristics: our progress

The Trust has taken forward significant pieces of work to develop equality, diversity and inclusion across our services and workforce. This strategy is designed to build on our successes and fully embed equality and diversity into everything we do. The following are some examples of our achievements and successes across the protected characteristic groups.

Disability

- Awarded level 2 Disability Confident demonstrating progress in achieving equality for staff with disabilities and long-term health conditions. Actions have included rolling out a number of health and wellbeing initiatives and the launch of the reasonable adjustment passport.

- Listening sessions to be carried out with colleagues who have identified themselves as disabled to understand challenges and barriers they face and using these sessions to develop a Disabled Staff Network.

Gender reassignment

- Established a Transgender Equality Working Group to support improvements for transgender patients and staff. The group includes a range of people with lived experiences including a local trans resident, a trans employee, HR colleagues, clinical staff and LGBT colleagues from across the organisation.

- Development of new ID badges allowing people to have their chosen pronoun on their badge.

Pregnancy and maternity

- Close working relations with the Trust's Specialist Cultural Liaison Midwife who is undertaking innovative, pioneering work, the very first of its kind within the UK

- Delivery of cultural understanding and engagement training.

Race

- Our BAME staff network continues to play an active role in shaping a better future. The network has recently appointed a new Chair and Deputy Chair. The network is also advising senior management on matters, co-designing and reviewing strategies policies and procedures and creating a BAME safe space for BAME employees to discuss challenges and barriers. Membership of the forum includes both BAME colleagues and allies to ensure meaningful conversations and discussions. colleagues who currently attend include staff from across the organisation.

- Delivering an innovative Bolton Accelerator Management Experience Programme. A leadership development programme for aspiring BAME colleagues, designed with our BAME Staff Forum. Our hope is if the pilot

programme evaluates as being successful then further cohorts will be funded and commissioned.

- Launching the phase one of the reciprocal mentoring programme which has initially involved BAME employee mentoring Executive Directors/senior managers.

- Strengthening the Trust's interpretation and translation complaints handling process leading to speedier response timeframes and reporting via regular monitoring and assurance meeting and detailed reports.

- Review of the Trust's recruitment and disciplinary processes leading to changes to ensure increased objectivity with this the disciplinary process and the development of recruitment managers guide.

Religion or belief

- The chaplaincy service in collaboration with the Staff Experience and Inclusion team is developing a faith network.

- In collaboration with Bolton Community of mosques, work is underway work is underway to invest in new mosque facilities for staff and patients.

- The creation of an EDI calendar highlighting the key dates for the main seven religions and their impacts on inpatients, outpatients and staff.

- Relaunch of our Accessible Information Standard working group.

- Wheelchair and Hearing loop initial audit conducted, findings of which are being incorporated into an improvement plan.

Sexual orientation

- We held a series of listening session for our LGBQT+ employees to talk confidentially about their experience of working at the Trust and any concerns they may have. This is with a view to developing a LGBT+ Staff Forum in a way that meets the needs of our LGBT+ workforce.

- Participation in a variety of national and local events to affirm the Trusts commitment to inclusion including Bolton LGBT+Pride, Black History Month, Equality Diversity and Human Rights Week and LGBT+ History Month.

- Roll out of the Rainbow Badge campaign strengthening the Trusts commitment to LGBT equality.

A programme of work on the development of a COVID-19 equality impact assessment is being undertaken to support people from all the protected characteristics. This will ensure the needs of people from different backgrounds and communities are understood and mitigations are put in place.

How do we engage?

We recognise that engaging with communities and hearing their lived experiences is fundamental to co-design and collaborate methods to improve services for people. A range of engagement sessions are being proposed.

We will work with:

- Our staff networks such as our BAME staff forum.

- Unions and trade representatives.

- Voluntary and community organisations.

- Local networks with community and staff representatives.

- Developing practices such as the COVID-19 equality impact assessment to ensure we recognise what is currently happening and how we can better support both our workforce and our diverse community.

- Specific engagement activities such as focus groups with particular groups of people within the Trust.

- Looking at best practice across the NHS and sharing ideas with national and regional teams to bench mark our approaches.

Developing our plan – staff and patient engagement feedback

In developing this plan, it was essential we engaged and involved our staff, service users and carers to identify the priority areas for development and flag gaps and concerns with our current services.

Staff engagement

Our staff engagement approach included launching an online survey, facilitating virtual discussions, attending divisional meetings and speaking to key stakeholders individually.

We received responses from 69 staff members who completed an online equality, diversity and inclusion survey. These results have provided a rich insight into how staff feel about how services are being provided and what needs to be done to ensure a fairer and more equal

organisation. This feedback has been taken into account when developing this strategy.

We carried out sessions with key stakeholders to understand different people's views on what we need to do to improve experiences for our workforce.

Our workforce told us that they enjoyed working for the Trust, but there were some areas of improvement:

- Develop cultural awareness training for people to recognise, champion and celebrate diversity.

- Involve our diverse workforce in the decision making process.

- Support our BAME staff forum to develop and continue to thrive.

- Develop further safe spaces (staff forums and networks) to allow like minded people to connect and discuss ways to improve experiences for colleagues.

- Help staff understand what micro-aggressions are and how to challenge such behaviour.

- Educate front-line staff on gender diversity to ensure the needs of our patients from LGBT+ communities, are met.

- Support middle-managers to understand the importance of EDI.

- Develop inclusive recruitment practices to support diverse talent.

- Increase the representation of the BAME community within our workforce.

- Support our BAME workforce to improve their health and wellbeing.

- Develop an agile working approach for staff with long term conditions.

- Help clinicians understand how to support patients with language barriers.

- Work closer with our local charities and partnership organisations to make a real difference.

- Take learnings from COVID-19 into account.

Community engagement

We recognise the importance of listening to our local communities and ensuring we provide the best services to meet the needs of our population. We were able to reach out to more than 30 local communities and forums to hear views of our diverse community through an online survey, social media engagement and by speaking directly to networks and groups.

Our local communities told us that they received good quality care, but there were some areas for improvement:

- Improve disability access in some of our buildings.

- Support patients to receive good quality access to interpretation and translation services.

- Help develop confidence amongst our communities to enable them to share their equality monitoring data with us.

- Improve how we engage and communicate with local communities, including developing an effective way to listen to our residents and provide them with regular updates.

- Improve how we promote our recruitment activities providing equitable opportunities for local people to apply for roles.

- Review access to our community services.

Our EDI vision is to…

Inspire and innovate to attract and embrace difference

In order to be an excellent provider of health and care services, we need to listen and learn from the experiences of our diverse staff and patients and work alongside them to provide a partnership culture, enabling the Trust to deliver the best service possible.

This means inspiring and empowering staff and communities to introduce new innovative ways of working and investing in the development of individuals' skills and knowledge. We want to identify the talent in all of our staff, to fulfill their potential so they can be the best person they can be, creating an environment where the value of diversity is recognised.

Our vision cannot be achieved without the support of our allies. Allyship is an essential process, which helps to build meaningful relationships, based on trust and accountability with our staff and patients that are marginalized. It's important that we focus on implementing inclusive systems that provide the opportunities for support, experience and knowledge from our partners, communities and colleagues. This plan has been created with valuable input from our allies and that approach will continue throughout the whole EDI agenda. We want to EDI to be something we consider as second nature for all services and practices not just an add on or afterthought. Having EDI as fundamental discussion for our board members, executives, divisional managers and team managers, allows that culture to thrive. EDI is everyone's responsibility and should never fall on the shoulders of the few.

'To be recognised by the people of Bolton as an excellent provider of health and care services, and a great place to work'.

We recognise from staff engagement that EDI doesn't trickle down to middle management so if staff and patients are to buy-in to our ambitions, EDI needs to be at the heart of our business strategies, operations and engagement. We will be working closely with divisional managers to implement that level of accountability for EDI in all service areas, to align the Trust and EDI's ambitions and ensure it is woven into the organisational hierarchy.

How do we get there?

We acknowledge that our vision is a challenging one and a vison that many organisations continuously strive to achieve but if we are clear on how we get there, then realistic progress can be made.

By 2025 we want to be:

- Targeting the needs of our patients because we understand their differences

- An organisation with a partnership culture, working with staff, North West partners and local communities to create appropriate and effective ways of working and delivering services.

- An employer of choice, recruiting a diverse workforce, using various promotion and selection methods to identify a range of talent.

- An organisation with diverse leaders and Board membership

- Providing a safe working and caring environment for our workforce and patients.

Our governance routes

The Executive Director of People ultimately holds accountability for this agenda of work. All staff within the Trust have a responsibility to ensure we achieve our ambitions. The diagram below highlights the overall governance structure of how this plan will be actioned:

EDI Team

Develop the EDI Plan and carry out its objectives.

EDI Steering Group

Set the strategic direction of EDI related activity, implment action plans and monitor delivery of the plan and associated plans.

People Commitee

Set the direction and approve quality and patient related activity.

Patient Experience Group

Overall responsibility of the monitoring and delivery of patient outcomes in this plan.

Trust board

Achieving the objectives set out in the EDI Plan to ensure compliance with legal, contractual and regulatory requirments and allocation of resources.

What is the health profile of Bolton?

So where are the inequalities in Bolton? What are the levels of diversity that exist in our workforce, hospitals and communities? In order to achieve our ambitions, we need to have the information to provide support where it is needed most.

The information below breaks down the local population, patients and workforce by protected characteristics, offering regional and national comparisons. Although the census 2011 was the last official data collection detailing the demographics of the local residents, mid-year estimates have been derived from a variety of ONS reports, therefore some data is more recent than others.

It's imperative to understand the diversity of the population, which as research suggests can be an indicator of higher prevalence of certain health conditions and inequalities that may exist. These may be linked to a variety of factors such as socio-economic deprivation, genetic factors, lifestyle choice amongst others, which may result in increased morbidity, decreased life expectancy and workplace opportunities.

How the strategy will be delivered?

Ambition 1:

Our objectives:

Objective 1:
Have access to instant data about the demographic and deprivation factors of patients that use our services.

Objective 2:
Implement innovative and bespoke evaluation and monitoring processes to capture patient lived experiences.

How we will measure success:

- Instant data available for each protected characteristic, department and neighbourhood within Bolton.

- Quarterly reporting detailing the status of service user data.

- Quarterly reporting on service user experience.

KPI

- Increasing patient declaration rates by 10% over the next 4 years.

- Ensure a 70% completion rate of good quality Equality Impact Assessments.

Ambition 2:

Our objectives:

Objective 1:
Implement workforce incident reporting system developed with staff, to ensure confidentiality and increase reporting.

Objective 2:
Implement diverse investigation hearing panel processes that are evaluated for fair conduct.

Objective 3:
Implement innovative and effective training and development programmes that address challenges experienced by workforce.

How we will measure success:

- Data instantly available, detailing patient and workforce incidents related to protected characteristics.

- Increased reporting of incidents from all protected characteristic groups.

- Increase in staff from protected characteristics completing staff surveys.

- Reduction in number of informal and formal disciplinary investigations and hearings.

- Reduction in patient complaints.

KPI

- We will ensure that 85% staff receive an annual FABB appraisal.

- We will report on how many staff are promoted internally with a target of 1% over the next four years.

Our objectives:

Objective 1:
Improve inclusive communication, to attract diverse talent
to underrepresented roles.

Objective 2:
Implement innovative and diverse recruitment and interviewing processes to
identify varied talent.

Objective 3:
Implement a competency framework for senior leaders, to ensure they have the
right skills to deliver successful equality and diversity outcomes.

Objective 3:
Involve board members and VSMs (Very Senior Managers)
in mentoring and sponsorship programmes.

How we will measure success:

- Trust adverts promoted via a wider range of bespoke platforms.
- Increase in applications from BAME and disabled workforce and residents.
- Increase in successful candidates from BAME and disabled workforce and residents.
- A recruitment feedback process in place including monthly reporting procedure.
- Increase in positive recruitment process feedback from successful and unsuccessful candidates.
- Monthly reporting on EDI outcomes progress from senior leaders.
- Representation on the Board and Executive positions that reflect the diversity of Bolton, based on population and equality standard data.

KPI

- We will aim for 18% of our workforce to come from a BAME background by 2025 – increasing 1% per year in line with our 2021 WRES data.

- By 2024, we aim to increase the number of senior leaders (at band 8A and above) from a BAME background by 5% (including speciality doctors and consultants).

Ambition 4:

KPI

- We will review and act on feedback related to EDI received from staff through our Bolton Engage surveys and will report on this quarterly through the People Committee. Over the next 4 years we will aim to have 10% of responses to our survey from our BAME workforce.

- We will work with the FTSU Guardian to review trends in concerns raised and act on issues. This will be reported at the People Committee.

  We will aim to:

  o Receive 12% of concerns raised from our BAME colleagues to reflect our workforce representation.

  o Ensure 95% positive feedback once a concern has been dealt with.

  o Continue to make sure our FTSU champions reflect the diversity of our workforce, with at least 12% of champions from the BAME community.

What will success look like by 2025?

| Ambition	KPI
Ambition 1: Understand the needs of our community and provide services which meet those needs.	• Increasing patient declaration rates by 10% over the next 4 years. • Ensure a 70% completion rate of good quality Equality Impact Assessments.
Ambition 2: Create a working environment in which all staff can reach their full potential.	• We will ensure that 85% staff receive an annual FABB appraisal. • We will report on how many staff are promoted internally with a target of 1% over the next four years.
Ambition 3: Recruit and cultivate a workforce that represents Bolton's diversity.	• We will aim for 18% of our workforce to come from a BAME background by 2025 – increasing 1% per year in line with our 2021 WRES data. • By 2024, we aim to increase the number of senior leaders (at band 8A and above) from a BAME background by 5% (including speciality doctors and consultants).

Ambition 4:
Act on patient, staff and community feedback on how we can improve our approach to EDI.
	• We will review and act on feedback related to EDI received from staff through our Bolton Engage surveys and will report on this quarterly through the People Committee. Over the next 4 years we will aim to have 10% of responses to our survey from our BAME workforce.
	
	• We will work with the FTSU Guardian to review trends in concerns raised and act on issues. This will be reported at the People Committee. We will aim to:
	
	  o Receive 12% of concerns raised from our BAME colleagues to reflect our workforce representation.
	
	  o Ensure 95% positive feedback once a concern has been dealt with.
	
	  o Continue to make sure our FTSU champions reflect the diversity of our workforce, with at least 12% of champions from the BAME community.

Glossary of terms

Phrase	Definition
AfC	Agenda for Change – the national Terms & Conditions that apply to most non-medical NHS staff. AfC includes nine 'bands' (Band 8 is broken down from a to d), within increasing levels of pay from band 1 upwards.
AIS	The Accessible Information Standard is a national mandatory framework which ensures NHS provider organisations offer information in formats required by the patients and their families. This could include information in Braille, Easy Read and in different languages.
Allyship	The process in which people with privilege and power work to develop empathy to advance the interests of an oppressed or marginalized outgroup. Allyship is part of the anti-oppression or anti-racist conversation, which puts into use social justice theories and ideals. The goal of allyship is to create a culture in which the marginalized group feels supported.
Anti-racism	To actively oppose racism by advocating for political, economic, and social change.
BAME	People who are from the Black, Asian and Minority Ethnic community. This will include both our workforce and our local population.
Black Lives Matter	A social movement that protests against incidents of police brutality and all racially motivated violence against black people.
BSL	A visual means of communicating using gestures, facial expression, and body language. Sign Language is used mainly by people who are Deaf or have hearing impairments.
Bullying	It is usually defined as behaviour that is intended to make someone feel intimidated or offended. It can be carried out by a group or an individual. It is usually understood to be repeated behaviour but can happen at a single event. Example: At a WI meeting, one member teases and undermines another member when they raise their view about a resolution.
Discrimination	Unfair treatment based on prejudice. In health and social care, discrimination may relate to a conscious decision to treat a person or group differently and to deny them access to relevant treatment or care.
Diversity	Valuing and celebrating difference and recognising that everyone through their unique mixture of skills, experience and talent has their own valuable contribution to make.
Equality	Making sure people are treated fairly and given fair chances. Equality is not about treating everyone in the same way, but recognises that their needs are met in different ways. Equality can be defined 'as the state of being equal, especially in status, rights, or opportunities.'
Exclusion	Leaving someone out based on their differences. These differences can be related to race, gender, sexual orientation, age, disability, class, or other social groups.
Harassment	Where an individual is subjected to unwanted conduct which has the purpose or effect of violating their dignity or of creating an intimidating, hostile, humiliating or offensive environment.
Inclusion	All people, regardless of their abilities or health care needs, have the right to be respected, appreciated and included as valuable members of their communities.
Inclusive Language	The use of gender non-specific language to avoid assumptions around sexual orientation and gender identity.

Intersectionality	To intertwine social identities like gender, race, ethnicity, social class, religion, sexual orientation, or gender identity which causes unique opportunities, barriers, experiences, or social inequality.
LGBT	Lesbian, Gay, Bisexual, and Transgender people
Micro aggressions	Subtle behaviour verbal or non-verbal, conscious or unconscious, directed at a marginalised group that has a derogatory, harmful effect.
Neurodiversity	A range of hidden neurological conditions, such as but not limited to Autism Spectrum, Dyslexia, Dyspraxia, Tourette's and social anxiety.
Prejudice	To pre-judge or have a negative attitude towards one type of person or group because of stereotypes or generalizations.
Protected Characteristic	The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act. The Act refers to 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation.
Pronouns	Pronouns (in the context of diversity) are consciously chosen phrases that people use to represent their gender identity. There are certain pronouns to avoid like "he" or "she", especially during the hiring process or in the workplace.
Racism	The oppression of people of colour based on a socially constructed racial hierarchy that gives privilege to white people.
Socio-economic inequalities	Inequalities that relate to differences in income, social class, occupational background, educational achievement and neighbourhood deprivation.
Stereotype	An over-generalized belief about a particular group or category of people. A stereotype represents the expectation that something is true about every member of that group.
Structural Racism	Sometimes called institutional racism, this refers to institutional practices or policies that create different outcomes for various racial groups. The effects of structural racism usually create advantages for white people and oppression or disadvantages for people of colour.
Transgender	An umbrella term for people whose gender expression or identity is different from their assigned sex at birth.
Unconscious Bias	Social stereotypes about certain groups of people that individuals form outside their own conscious awareness. It is important that we try to recognise these biases and actively challenge them.
Underrepresented Group	A subset of a population with a smaller percentage than the general population. This can refer to gender, race/ethnicity, physical or mental ability, LGBTQ+ status and many more.
Underserved Communities	Communities or groups of people who face additional barriers to the access and receipt of services, due to their protected characteristic but also their national origin, geographic location, immigration status or poverty.
Victimisation	Where an individual has taken steps to enforce their rights (or has helped another to do so) and as a result is treated less favourably than those who have not complained.
White Fragility	The discomfort and defensiveness on the part of a white person when confronted by information about racial inequality and injustice.
White Privilege	The inherent advantages possessed by white people on the basis of their race in a society where racial inequality and injustice exists. For example, it is the advantage of not worrying that you didn't get the job you interviewed for because of your race.

Bolton at a glance

Bolton's popluation currently stands at

285,372

0   250k   500k

1/5
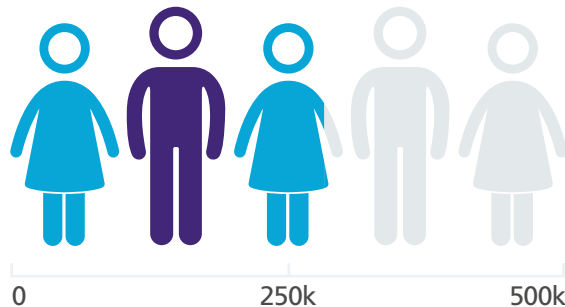
Bolton is richly diverse with **over one fifth** of the population from a Black, Asian or Minority ethnic (BAME) background

The most common BAME groups are of **Indian** and **Pakistani** backgrounds

As with many local authorities in the north of England, the health of people in Bolton is generally worse than the average for England

65+

The borough has a higher proportion of older people (65 years plus) than what is observed at Greater Manchester

1/2
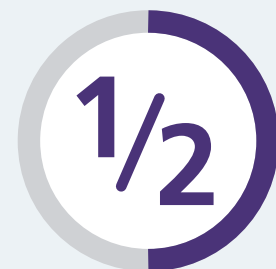
Around half of Bolton's residents are aged under 40

20%

Bolton is one of the **20%** most deprived districts/unitary authorities in England

12,120

of children live in low income families
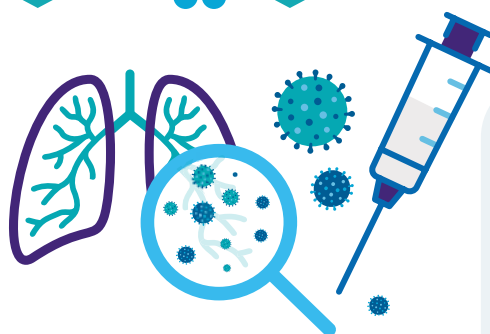
Life expectancy

is **10.6 years** lower for men and **8.5 years** lower for women in the most deprived areas of Bolton than in the least deprived area

10.6 Years

8.5 Years

Cancer screening services and population **vaccination coverage** are generally better than what is seen on average in England

Childhood obesity

20.8%

In Year 6, **20.8% (782)** of children are classified as obese

10.3%

In Reception, **10.3% (394)** children are classified as obese

Better than the England average

- The rates of new sexually transmitted infections
- People seriously injured in roads accidents

Worse than the England average

- Levels of GCSE attainment*
- Breastfeeding
- Smoking in pregnancy

Similar to regional average

- Rates of violent crime (hospital admissions for violence)
- Employment (aged 16-64)

Under 75 mortality rates

Deaths from **cardiovascular diseases** and **cancer** in the **under 75s** are worse than the England average, but similar to the average for the regional

*average attainment 8 score

...for a better Bolton

NHS

Bolton
NHS Foundation Trust

Thank you

We are grateful to everyone who attended our consultation events, contributed to our online staff equality survey and spent time giving us their views in 1:1 sessions. We would like to express our gratitude to our external stakeholders and the voluntary groups supporting our equality and diversity work and shaping the key areas we need to prioritise.

To support the consultation process and ascertain the needs of our service users, our community events helped to stimulate conversations surrouunding meanings, current gaps and future requirements of the organisation.

Senior managers, staff side representatives, staff members and the Black, Asian, and Minority Ethinic (BAME) Staff Network helped shape the strategy and associated action.

Contact

Bolton NHS Foundation Trust
Royal Bolton Hospital
Minerva Road,
Farnworth
Bolton, BL4 0JR

tl 01204 462766 wl boltonft.nhs.uk

If you require this document in a different format, for example, in an easy read version, or in a different language, please contact EDI@boltonft.nhs.uk.

Title:	People Committee Chairs' Reports September 2021			
Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	30th September 2021		Discussion	
Exec Sponsor	James Mawrey		Decision	

Summary:	This report provides an update on the September People Committee. The following matters are worthy of noting in this summary section: • Positive work is being undertaken on Recruitment, Health & Wellbeing and Professional Development. • Whilst Agency remains high a number of actions have recently been taken to control spend. Of note though high Agency spend is being seen Nationally, Regionally and locally and is not expected to subside any time soon due to quality pressures. • Further work required on the Exit Interview process and HEE Action plan – details contained within the report.

Previously considered by:	n/a

Proposed Resolution	The Board is requested to note and be assured that all appropriate measures are being taken.

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

Prepared by:	James Mawrey, Director of People	**Presented by:**	Malcolm Brown, Non-Executive Director

Committee/Group Chair's Report

NHS
Bolton
NHS Foundation Trust

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	16th September	Date of next meeting:	21st October 2021
Chair:	Malcolm Brown	Parent Committee:	Trust Board
Members present/attendees:	James Mawrey, Martin North, Alan Stuttard, Fiona Noden, Francis Andrews, Andrew Chilton, Clare Williams, Michelle Cox, Lianne Robinson, Natasha McDonald, James Logue, Bridget Thomas, Esther Steel, Sharon Martin, Claire McPeake, Lisa Gammack, Paul Henshaw, Carol Sheard, Nicola Caffrey,, Rachel Carter, Rachel Noble, Urvasi Skinner, Angela Hansen, Faye Chadwick, Ryan Calderbank, Yunus-Usmani Qamrunnisa, Siobhan Linsey, Jen Riley	Quorate (Yes/No):	Yes
		Key Members not present:	Karen Meadowcroft, Kirstie Stott, Michaela Toms, Joanne Street

Key Agenda Items:	RAG	Key Points	Action/decision
Resourcing	🟧	• We have 89 newly qualified nurses or midwives commencing with us in September 2021 – this is our largest intake for a number of years. 19.16 WTE HCAs commenced in August, and a further 29.14 will commence between September and October. • Recruitment day planned for 25th September 2021 which will target Student Nurses from Bolton (60) and other Universities. The Trust is also working closely with NHSE/I on opportunities to recruit Hong Kong nationals. • Assurance was provided that the recruitment KPI's were being managed positively, albeit there is a slight 'lag' at the local level in completing the necessary starter administration. • Updates where provided on the vaccination programme. It was noted that the compulsory vaccination for staff working in care homes may impact staffing levels	• The paper was noted. Monthly updates to remain in place.

🟥	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

Agency		• Paper outlined actions being taken to control agenda spend. Including Agency Market Management; Escalation controls, Health Roster training, Implementation of increased bank payments • Despite the above, Agency payment remains high – a position that is being replicated nationally, regionally and locally. • It was noted that significantly more shifts were being sent to Agency, largely due to escalation areas with some linked to the recovery work.	• Report noted • Monthly update to be provided and in the next meeting a financial trajectory to be included.
Exit Interview Update		• Since 1st March 2021 exit interviews have been conducted through ESR, replacing the process through SimpleSAF. From 1st May 2021 the exit interview can also be completed through the MyESR mobile site (i.e. from a personal mobile or tablet). • Disappointingly 9.64% of staff leavers have completed an exit interview. • Discussions naturally ensued about immediate actions that were needed at a Divisional and Corporate level	• The report was noted and it was agreed that monthly reports need to be provided to the Committee via the integrated dashboard. • Fully paper in three months' time to the Committee highlighting actions that have been taken.
Staff Health and Wellbeing		• The Committee were updated as to the on-going support that remains in place (discussed in previous papers to BoD members). In addition to this on-going support the latest developments include: Introduction of TRIM (Trauma Risk Management) - launched on 23rd September which focuses on support for staff with traumatic incidents; Schwartz Rounds commence in October provide structured forums where all staff, clinical and nonclinical, come together regularly to discuss the emotional and	• Report noted and update paper in three months' time

   	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

	🟩	social aspects of working in healthcare; Menopause Friendly Organisation, Sleep well initiative and the Health & Wellbeing Guardian network continues to go from strength to strength.	
Rewards and Recognition	🟩	• The Committee received an update on the actions that are being taken to enhance our current recognition approach. Noting the emphasis being on building what we do well, not wholescale redesign.	• The presentation was noted. Further updates to be provided as per timelines.
People Development Update	🟩	• The Committee received an excellent report on the plethora of activity taking place. Including Masterclasses for all, Medical Leadership programme, OBM leadership programme, Nursing & AHP programme, BAME leadership, Coaching and Mentoring.	• The report was noted. The final Leadership plan and Coaching plan to come to the next Committee for approval.
HEENW Action Plan – Family Care Division	🟥	• The Committee noted that whilst it was recognised that improvement has been made (rating reduced from 3 to 2) it was noted further improvement was required and the GMC monitoring would remain in place. The Medical Director noted that he will oversee the implementation and report back at the November meeting.	• The report was noted and update to be provided in three months' time.
Annual Medical Appraisal and Revalidation Board Report	🟩	• The Annual report was supported and will be discussed in the BoD in November 2021. As such no further narrative is detailed in this section update.	• Approved
HEE Quality & Improvement Outcomes Framework	🟩	• This report provided the People Committee with both background and current position on the Knowledge and Library Service's self-evaluation submission against	• Approved

🟥	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

	🟩	Health Education England's (HEE) Quality and Improvement Outcomes Framework (QIOF).	
Guardian of Safe Working	🟧	• The Committee welcomed another excellent report by the GOSW. The report contains details of the Exception Reports by department, grade and type with outcomes reached for the quarter, 1st April to 30th June 2021 (63, compared to 17 the same time last year), together with activities and issues arising during the reporting period.	• The report was noted
AHP Staffing Paper		• The Committee welcome a very detailed paper on the AHP Staffing profile, along with the actions that are being taken to further enhance the profile of this key staffing group.	• The report was noted
Integrated Workforce Report		• The report triangulated the key workforce data at a Trust and Divisional level.	• The report was noted

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

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

Title:	Freedom to Speak Up Annual Report 2020-21			

Meeting:	Board of Directors	**Purpose:**	Assurance	X
Date:	30 September 2021		Discussion	
Exec Sponsor:	James Mawrey, Director of People		Decision	

Summary:	This report provides an annual update on Freedom to Speak Up (FTSU) activity within the Trust during the period from 1st April 2020 to 31st March 2021.
	Effective speaking up arrangements help to improve patient safety, staff experience and continuous improvement. The Trust's FTSU approach continues to be embedded to support the organisation to develop an inclusive and transparent culture. The positive work that has been undertaken has been evidenced by the Trust's impressive 2020 NHS national staff survey results and recent FTSU Index results.

Previously considered by:	People Committee in July 2021

Proposed Resolution:	The Board is asked to consider and note this report.

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

Prepared by:	Tracey Garde, FTSU Guardian	Presented by:	Tracey Garde, FTSU Guardian

1.   Introduction

1.1   When leaders listen and act on speaking up, great improvements can be made. Conversely, when leaders are defensive or victimise individuals who speak up, it can have a detrimental effect, putting patients and staff at risk of harm. Speaking up has never been more important than during a global pandemic, and yet nationally some staff who feared for their safety reported they were let down by leaders who were not listening. Individuals need to be thanked, supported and protected to speak up safely. FTSU Guardians need support and protection to deliver difficult messages. Managers need skills and headspace to be able to listen effectively and senior leaders need to listen, believe and take the necessary actions, fostering a positive speaking up culture.

"Speaking up is a gift – when used wisely we can change the NHS for the better."

Dr Henrietta Hughes, National Freedom to Speak Up Guardian

1.2   We currently have a network of 31 FTSU champions across the Trust. The champions all expressed an interest in this voluntary role and were interviewed to ensure they had the necessary skills and attributes to listen and support their colleagues. These champions, who come from a variety of roles and backgrounds and reflect the diversity of our organisation, have been trained by the Guardian and are available to support and encourage staff to speak up and raise their concerns. 24 champions are employed by the Trust and 7 by IFM. The Guardian hosts regular meetings with the FTSU champions and is available to them for advice and support when required. **Appendix one** shows the current list of FTSU champions. New guidelines have recently been developed by the National Guardian Office (NGO) regarding the role and remit of FTSU Champions. We are currently reviewing the guidance to understand what changes we will be required to make to the champions' role.

1.3   The Guardian continues to be available to support all staff working within the Trust and IFM including NEDs, volunteers, students and contractors.

1.4   The FTSU approach continues to be promoted via the Trust's normal internal communication channels, Trust induction sessions, presentations and workplace visits although the latter have been limited over the last year due to the pandemic. The Guardian also regularly presents on preceptorship programmes, care certificate training and other training sessions to ensure the message of speaking up is communicated widely across the organisation. Due to Covid-19 restrictions visits to clinical areas have been put on hold but will resume as soon as permitted. A FTSU communication strategy has been developed and implemented to ensure speaking up becomes business as usual.

1.5   The Guardian continues to meet monthly with the Chief Executive, Director of People, Non-Executive Lead for the FTSU approach and the Chair of the People Committee. At these meetings the Guardian provides an overview of the cases reported, the themes identified and actions taken. The Chief Executive and Director of People ensure that policies and procedures are being effectively implemented, help unblock any barriers that enable swift action to be taken to resolve cases and ensure that good practice and learning is shared across the organisation.

1.6   The Guardian remains fully engaged with the National Guardian's Office and the North West FTSU Guardians Network to learn and share best practice. The NW Guardians meet virtually on a monthly basis to share practice, discuss any issues and provide peer support.

1.7   The third National Speak Up Month took place in October 2020. Health organisations across England were involved in raising awareness of speaking up and demonstrating their willingness to listen to employees. The National FTSU Guardian's Office asked all

FTSU Guardians to draw up an Alphabet of Speak Up. From Anonymity to Zero Tolerance there were regular blogs, tweets and messages published by the FTSU Guardian on various media platforms for our staff to read. The campaign provided an opportunity to promote our champions and for the champions to raise awareness in their respective departments/teams which was very positively received.

1.8   In 2020 an internal audit of the Trust's FTSU process was carried out by PWC. The review assessed the effectiveness of the processes/procedures in place at the Trust to help create a culture where staff feel safe and are able to speak up about anything that gets in the way of delivering safe and high quality care. The audit reviewed the governance arrangements in place to assess the level of involvement of the Board and Executive Leadership Team in relation to FTSU. The review concluded that the Trust had made significant progress over the past two years in relation to FTSU and senior management are actively involved and engaged with the FTSU process. The review found that the increase of the number of FTSU cases could be attributed to the establishment of a dedicated Guardian role with ring fenced time to focus on FTSU activities plus the creation of the FTSU champions network. The review also made some recommendations on how our FTSU could be further enhanced. This included having a clearly defined FTSU Strategy which clearly links back to the Trust's Strategy, developing a communications plan and establishing a set of KPIs. Some of this work was already in train before the audit review started and has now been completed.

1.9   The National Guardian Office has launched a FTSU e-learning package for all healthcare workers called 'Speak Up, Listen Up, Follow Up'. It has been developed in association with Health Education England and is divided into three modules to explain what speaking up is and how it can improve patient care and staff experience. The training is aimed at anyone who works in healthcare, including volunteers and students. The first module, 'Speak Up', was launched on the 27th October 2020 as part of the National Speak Up Month and all staff are expected to complete as an introduction to speaking up. The second module 'Listen up' is aimed at line managers and is now available on ESR. All line managers are encouraged to complete the training. The third module 'Follow up' is aimed at senior managers and Executives and will be launched later in 2021.This is key to ensure lessons are learned and that speaking up becomes business as usual.

2.   FTSU Cases

2.1   During the period from 1st April 2020 to 31st March 2021 a total of 111 cases were reported through the FTSU route. This is a significant increase from the previous year when 60 cases were reported and demonstrates that the FTSU approach is working as more staff are using the FTSU approach to speak up.

2.2   The graph below shows the number of cases during 2020-21 compared to the number of cases reported since April 2018 (Figure 2).
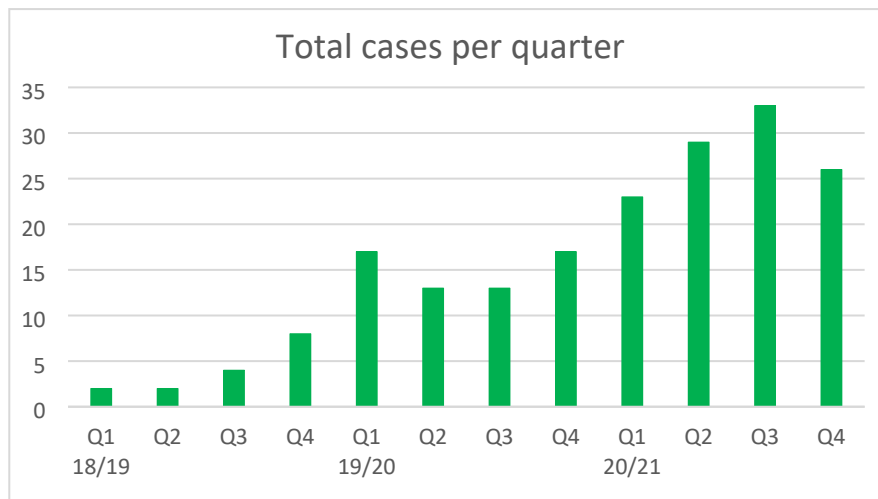
Total cases per quarter

Figure 2: Number of FTSU cases within Bolton FT

2.3 The Guardian formally reports the number of cases and themes for each quarterly period to the National Guardian Office. The Guardian has taken appropriate steps to ensure that the employees are being supported and their concerns are being addressed appropriately and swiftly.

2.4 The graph below shows a breakdown of the 111 cases raised in 2020/2021 by Division or organisation in the case of IFM. (Figure 3).
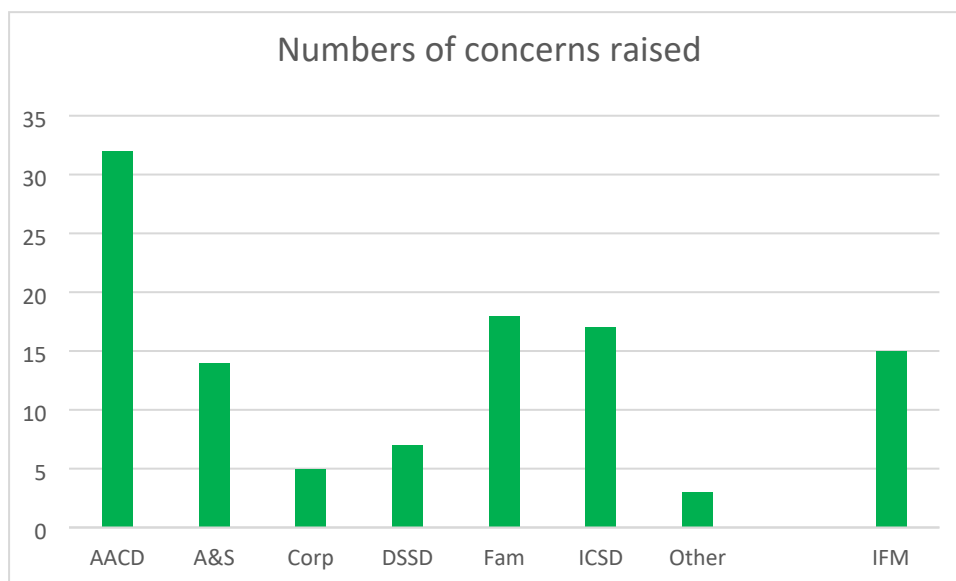
Numbers of concerns raised

Figure 3: Breakdown of concerns raised by Division/ Subsidiary

2.5 The table and graph below (Figure 4 and 5) provide a breakdown of the concerns by division/organisation and theme during 2020-21. Some concerns covered more than one theme for example, issues with staffing that also impacted on patient quality of care.
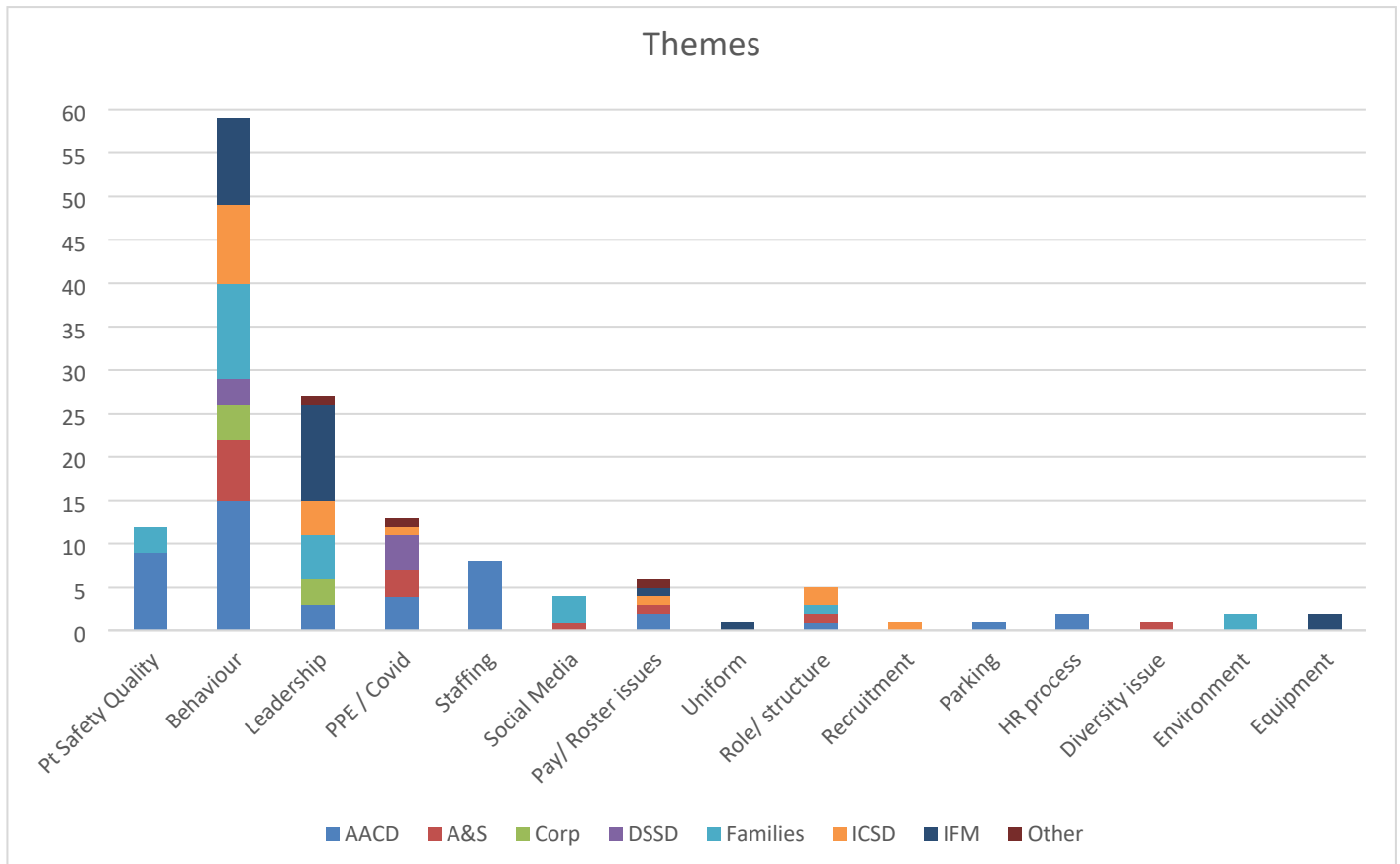
Figure 4: Breakdown by division/organisation and theme of concerns

	AACD	A&S	Corp	DSSD	Families	ICSD	IFM	Other	Total
Pt Safety Quality	9	0	0	0	3	0	0	0	12
Behaviour	15	7	4	3	11	9	10	0	59
Leadership	3	0	3	0	5	4	11	1	27
PPE / Covid	4	3	0	4	0	1	0	1	13
Staffing	8	0	0	0	0	0	0	0	8
Social Media	0	1	0	0	3	0	0	0	4
Pay/ Roster issues	2	1	0	0	0	1	1	1	6
Uniform	0	0	0	0	0	0	1	0	1
Role/ structure	1	1	0	0	1	2	0	0	5
Recruitment	0	0	0	0	0	1	0	0	1
Parking	1	0	0	0	0	0	0	0	1
HR process	2	0	0	0	0	0	0	0	2
Diversity issue	0	1	0	0	0	0	0	0	1
Environment	0	0	0	0	2	0	0	0	2
Equipment	0	0	0	0	0	0	2	0	2

Figure 5: Breakdown by division/organisation and theme of concerns

2.6   The graph below (Figure 6) provides a breakdown of the concerns raised in 2020-21 by staff group. The largest group of staff that raised their concerns was registered nurses which is our largest staff group and is also reflected in other organisations.
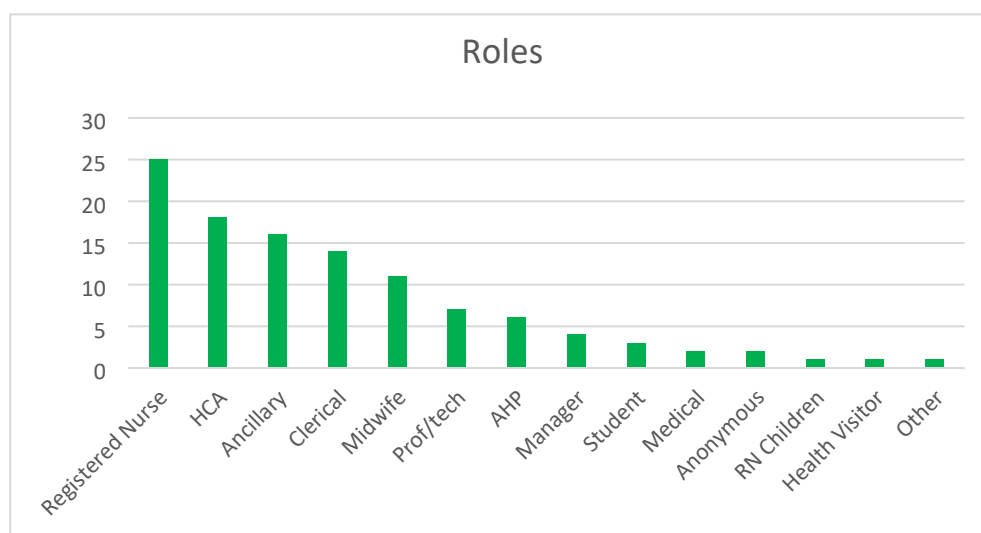

Figure 6: Breakdown by staffing group

2.7   During 2020/21 a total of 12 concerns (10.8%) were raised by BAME employees. The ethnicity of 16 of the individuals was unknown. This is an improvement compared to the previous year but there is still room for improvement as we know that our BAME colleagues account for 13% of our workforce. The Guardian and Champions will continue to ensure that BAME staff are aware of the FTSU approach to ensure that their voice is heard. Currently 7 of the 31 champions (23%) are from a BAME background which is very positive and shows that the FTSU champion network is representative of the staff we support. The FTSU Guardian regularly attends the BAME Staff Forum and the Chair of the Forum will feature in the refreshed FTSU video which is shown at Trust induction sessions. Figure 7 below demonstrates the proportion of staff from a BAME background that have spoken up via the FTSU approach.
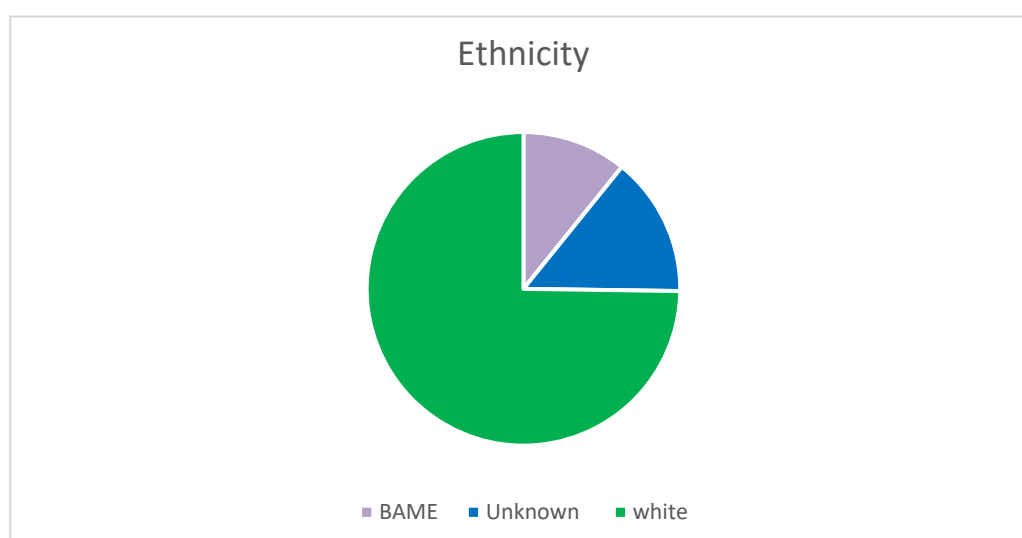

Figure 7: Proportion of BAME staff speaking up

2.8   During 2020-21 a total of 86 concerns (77.5%) were raised by female staff and 14 concerns (12.6%) were raised by male staff. This is reflective of the gender mix within the organisation. Currently 7 of our FTSU Champions (23%) are male which again reflects the gender mix in the organisation (see Figure 8).
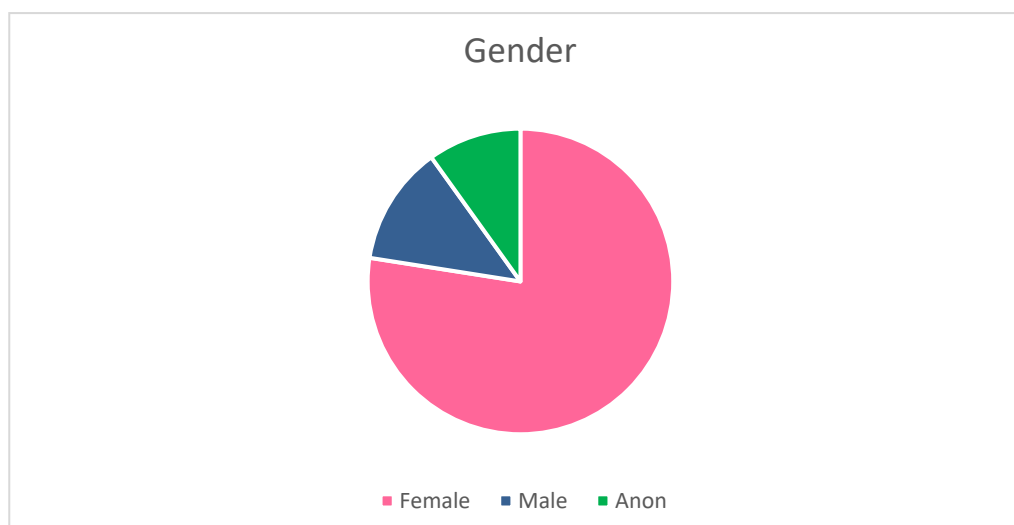

Figure 8: Proportion of Males/ Females speaking up

2.9   Speaking up takes courage and it is important that the Guardian and Champions respond to individuals in a timely manner. In 2020 a set of KPIs were developed to measure the efficacy of the FTSU approach. One of the KPIs was that staff would receive an initial acknowledgement of their concern within 48 hours. This was measurement was introduced from Q3 and will be monitored quarterly going forward. In Q3 and Q4 just over 55% of staff received an initial response from the FTSU Guardian or Champion within 1 hour. 85% of staff received an initial response within 24 hours. This rapid response has resulted in positive feedback from staff as it has made them feel valued and that their concerns are being taken seriously (see Figure 9 below).
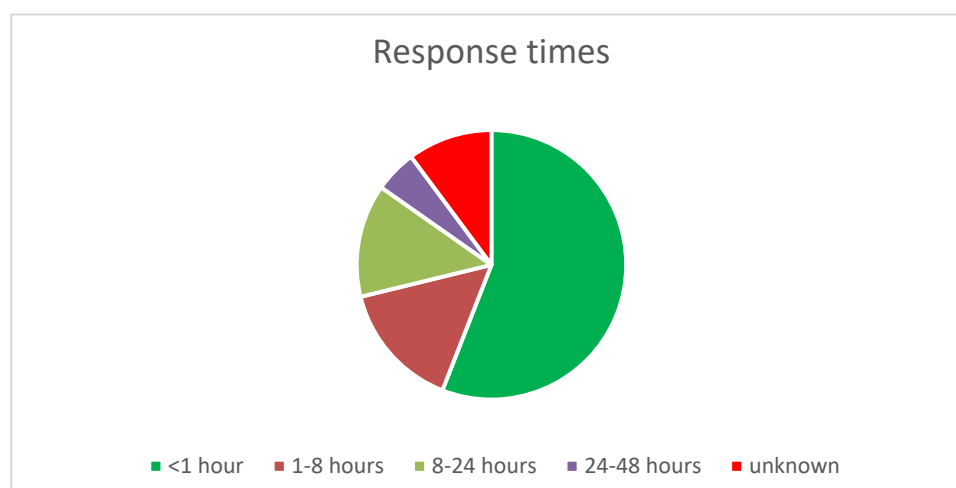

Figure 9: FTSU Response Times

3.   Measuring Impact

3.1 The Trust's 2020 NHS national staff survey results were very encouraging and demonstrate that our FTSU approach is working effectively and staff feel more confident to raise their concerns and more importantly that their concerns will be listened to. Working with NHS England, the National Guardian's Office (NGO) has brought together four questions from the NHS Staff Survey into a FTSU Index. These questions ask whether staff feel knowledgeable, secure and encouraged to speak up, and whether they would be treated fairly after an incident. The FTSU Index seeks to allow trusts to see how an aspect of their FTSU culture compares with other organisations so learning can be shared, and improvements made.

3.2 The FTSU Index was calculated as the mean average of responses to the following four questions from the 2020 NHS Staff Survey:

- Percentage of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 16a);

- Percentage of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 16b);

- Percentage of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 17a); and

- Percentage of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 17b).

3.3 Bolton has achieved the highest FTSU Index score across the North West region, overtaking East Lancashire which is brilliant progress (see Figure 1 below).
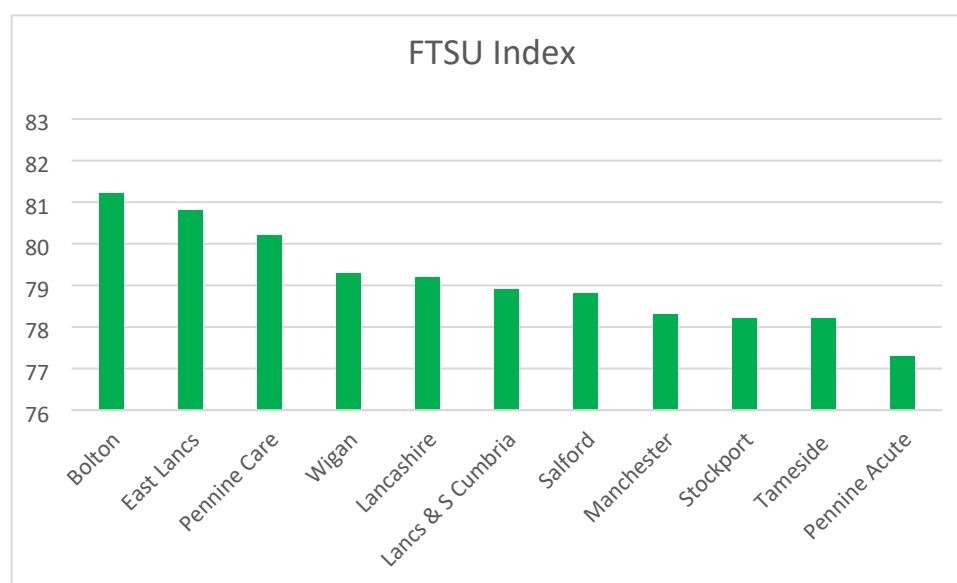

Figure 1: FTSU Index across Greater Manchester Trusts

4. Enhancing our Approach

4.1 It is clear that the FTSU approach is helping to create an open and honest culture within the organisation and supports individuals to 'Be Honest' one of the Trust's VOICE behaviours.

4.2 As well as reporting number of cases and themes on a quarterly basis to the National Guardian Office, the Guardian is required to report on a quarterly basis the number of people who feel they have faced detriment as result of speaking up. Detriment can be described as any treatment which is disadvantageous and/or demeaning and may include

being ostracised, given unfavourable shifts, being overlooked for promotion, moved from a team, etc. Currently the numbers of staff in our organisation who report experiencing detriment following speaking up is relatively low. However, we are unaware how many staff would speak up if they were confident that there would be no detriment or that any detriment would be taken seriously particularly in cases of bullying and harassment.

4.3   The Guardian is concerned that more recently there has been an increase in the number of people that have raised a concern but have been reluctant for the matter to be taken any further formally by the Guardian or Champion. A number of individuals have had the courage to speak up and have expressed that they have found it extremely helpful to speak with the Guardian/Champion. However, following their discussion with the Guardian/Champion and agreeing for the matter to be escalated they later changed their mind and asked that no formal action to be taken. This suggests that potentially some employees feel psychologically safe to speak up to the Guardian/Champion, but may not feel psychologically safe for their concern to be dealt with formally. This may be because they are fearing potential detriment, or worried about the general repercussions of raising a concern. In light of this the Guardian has been meeting with senior colleagues within the organisation to explore how we can support staff, particularly those involved in cases of reported bullying and harassment or complaints about the behaviour of their colleagues or manager. We also need to understand more about the reasons why staff feel they do not want to take issues formally.

4.4   Feedback about the FTSU process from our staff is crucial and provides the FTSU Guardian with a valuable insight into how staff have found the process. This feedback will form another KPI into the FTSU approach. From April 2021 every individual that has raised a FTSU concern has been asked to provide feedback using a confidential online survey. The survey results will be shared with the People Committee as part of the quarterly FTSU updates. A copy of the questionnaire is attached at **appendix two**.

4.5   The Guardian is currently working with colleagues to explore the feasibility of extending the FTSU approach across the Integrated Care Partnership (ICP). The aim is to ensure that all staff within the scope of the ICP (including approximately 400 council staff and 100 CCG staff) have the option to raise concerns with a Guardian or Champion and feel safe to do so. This would be a relatively new approach within Greater Manchester which we are aware of. A proposal will be considered and approved by the ICP Senior Leadership Team and Director of People.

5.   Conclusion

5.1   Listening to staff is everyone's business – it helps to reduce risk, prevent harm and make improvements. It also helps people to feel valued, supported at work and ensures staff feel psychologically safe. Continuing to strengthen our organisation's FTSU approach will help make Bolton FT an even better place to work and ensures that we are demonstrating the Trust's values and behaviours.

6.   Recommendations

6.1   The Trust Board is asked to:

- Reflect and comment on the FTSU 2020-21 annual report.

- Continue to support the FTSU approach and enable the Guardian and Champions to carry out their important roles.

Appendix 1: Current FTSU Champions Network

Kirsty Buckley	Haematology Specialist Nurse	Adult Acute Division
Natalie Walker	Acute Physician	Adult Acute Division
Julie Pilkington	Acting Divisional Nurse Director	Anaesthetics & Surgical Division
Cath Marrion	Theatre Sister	Anaesthetics & Surgical Division
Ruth Adamson	Anaesthetics/Ops Support Manager	Anaesthetics & Surgical Division
Rahila Ahmed	Equality, Diversity & Inclusion Lead	Corporate Services Division
Neville Markham	Chaplain	Corporate Services Division
Sharon Lythgoe	EPR Project Manager	Corporate - Informatics
Charlotte Anderson	Business Analyst	Corporate - Informatics
Rachel Davidson	Senior Radiographer	Diagnostic and Support Services
Rebena Khan	Pharmacist	Diagnostic and Support Services
Louise Quigley	Health Records Reception Coordinator	Diagnostic and Support Services
Jeanette Fielding	Midwife	Families Care Division
Vicky O'Dowd	Midwife	Families Care Division
Bim Williams	Obstetrics & Gynaecology Consultant	Families Care Division
Maria Lawton	Pelvic Health Physiotherapist	Families Care Division
Simon Crozier	Principle Service Lead / Advanced Physiotherapist- Stroke	Integrated Community Services
Atir Khan	Consultant Physician Diabetes & Endocrinology	Integrated Community Services
Suzanne Lomax	Clinical Service Lead – Palliative & End of Life Care	Integrated Community Services
Gina Riley	Deputy Divisional Nurse Director	Integrated Community Services
Chris Vernon	Integrated Neighbourhood Team Lead	Integrated Community Services
Gareth Valentine	Staff Nurse	Integrated Community Services
Urvasi Skinner	Occupational Therapist	Integrated Community Services
Nita Patel	Diabetes Nurse Specialist	Integrated Community Services

Lisa Grognet	Nursing Associate - Homeless & Vulnerable Adult	Integrated Community Services
Peter Gray	General Manager – Performance and Transformation	IFM
Keeley Barlow	Switchboard/ Uniforms Department	IFM
Ryan Brown	Security Operative	IFM
Michelle Barber	Personal Secretary	IFM
David Waite	Materials Management Assistant	IFM
Lorraine Makinson	Catering Supervisor	IFM
Kelly Wallis	Community Supervisor	IFM

Appendix 2: Feedback Form

NHS
Bolton
NHS Foundation Trust

Freedom to Speak up Feedback Form

Thank you for raising a concern through Freedom to Speak Up. It is important for us to understand your experience of speaking up.

Would you kindly spend a few minutes completing the brief questionnaire and then submit the form.

You have the choice to return it anonymously or include your name. The themes from the feedback will be collated in our Trust FTSU reports however your identity will remain anonymous.

1. How did you find out about the Freedom the Speak Up Guardian role?

☐ Corporate Values Induction

☐ Freedom to Speak up Policy

☐ Posters/Leaflets

☐ Staff Intranet

☐ CEO Newsletter/ Team Brief

☐ Word of Mouth

☐ Other

_____

2. How easy was it to make initial contact?

○ Very easy

○ Easy

○ Neither easy nor difficult

○ Difficult

○ Very difficult

3. How did you find the response from the FTSU Guardian/ Champion?

○ Extremely helpful

○ Very helpful

○ Somewhat helpful

○ Not so helpful

○ Not at all helpful

4. Did you feel your concerns were taken seriously?

○ Yes

○ No

5. Did you receive regular feedback from the FTSU Guardian/ Champion?

○ Yes

○ No

6. Has your concern been addressed?

○ Partly

○ No

○ Not Sure

○ Yes

7. Did you feel you were treated confidentially?

○ Not sure

○ Yes

○ No (please say why not)

[ ]

8. Have you suffered any detriment as a result of raising your concern?

○ Yes

○ No

○ If yes, please explain

[ ]

9. Is there anything else you would have liked the FTSU Guardian/ Champion to have done for you?

[ ]

10. Based on your experience of speaking up, would you do it again?

○ No

○ Not sure

○ Yes

11. Can you please confirm who your employer is?

☐   Bolton NHS FT

☐   IFM

☐   Other (please specify)

12. If you wish to leave your name or make any further comments please do so.

Thank you so much for taking the time in completing and returning this questionnaire.

NHS
Bolton
NHS Foundation Trust

Title:	Trust Transformation Board Chair Reports

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	30th September 2021		Discussion	
Exec Sponsor	Sharon Martin		Decision	

Summary:	Attached are the Trust Transformation Board Chair Reports from the following meetings: 12th July 2021 13th September 2021 Please note the August meeting was stood down due to pressures at the Trust.

Previously considered by:	N/A.

Proposed Resolution	For noting and assurance.

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

Prepared by:	Sharon Martin Director of Strategy and Transformation	Presented by:	Martin North Non-Executive Director and Trust Transformation Board Chair

Committee/Group Chair's Report

NHS Bolton
NHS Foundation Trust

Name of Committee/Group:	Trust Transformation & Digital Board	Report to:	Trust Board
Date of Meeting:	12th July 2021	Date of next meeting:	30th September 2021
Chair:	Martin North Non-Executive Director	Parent Committee:	Trust Board
Members Present:	Martin North, Sharon Martin, Andy Ennis, James Logue, Richard Sachs, Rachel Noble, Rayaz Chel, Jeff Marshall *In attendance:* Ryan Calderbank, Paul Gorman, Jen Riley, Ian Parker, Jennifer Sharples, Sam Carney, Joanne Bolger, Phil Scott, Claire Lovick (minute taking)	Quorate (Yes/No):	Yes
		Key Members not present:	Francis Andrews, Annette Walker, Esther Steel, Samantha Ball, Claire McPeake, Fiona Noden, Rae Wheatcroft, Frances Beckett, Rachel Carter, Angela Hansen, Michelle Cox, Simon Irving, Joanne Street, Phillipa Winter, Lianne Robinson, Jennifer Unsworth, Lisa Gammack, Karen Meadowcroft

For 2021-22, Trust Transformation and Digital Board has identified five standing themes which form the basis of agenda and drive all activity within the Board's remit.

1. **Service improvement and transformation:** Innovations, improvements and transformation led and undertaken by Bolton NHS FT i.e. outpatient transformation, urgent care transformation and improvements driven by Model Hospital and GIRFT data
2. **Infrastructure and corporate transformation:** Transformation and innovation relating to ways of working and space i.e. agile working, space utilisation
3. **System transformation and partnership working:** System-led transformation projects and programmes which have an impact on BFT i.e. Improving Specialist Care
4. **Digital strategy and transformation:** Digital strategy development and all digital transformation projects i.e. Microsoft 365
5. **Informatics operations and governance:** All Informatics governance and operational committees report as part of this theme i.e. Clinical Design Committee, Informatics Ops 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

Transformation pillars	RAG	Lead	Key Points	Action/decision
1. Service improvement and transformation				
Urgent Care Improvement Programme	🟧	JB	• Priorities are frailty, streaming, safe transfers of care, Emergency Department, safer flow and flexible capacity – seasonal / winter plan. • Attendances are increasing, and the average for June 2021 was close to 400. • High volume of attendances is impacting on overcrowding in the Emergency Department. • Occupational Development have recently done some diagnostic work on A&E sickness and workforce metrics, and they have put together a plan on Culture and Leadership Support.	• Work has been done on length of stay, to ensure patients are being discharged when appropriate. • RN will meet with JB to discuss the Mental Health Strategy plan and the Culture and Leadership Support plan to share knowledge and ideas.
Maternity Transformation Programme	🟧	JL	• Aiming to achieve recognition as an excellent provider of maternity services. • The Ockenden response involved 47 areas of questions. We are compliant for 46 of these areas and partially compliant for the remaining one). • Looking at staff training and working with Occupational Development re appropriate apprenticeships for existing staff in Q1. • Improvement has been seen in HIE and still births. • BL3 was listed as a red risk in the June report, but this has been updated recently. • The team expect to meet the 35% target for continuity of care by August 2021. From March 2022 the national target will increase to 51%.	• Maternity has recently been awarded £350k as part of the Ockenden work and this will be invested into our maternity service. • Quality Improvement has improved significantly in the Family Care Division and Emergency Department. RS/JL will look at what we can learn from this for use in the wider organisation. • RS will bring a detailed Quality Improvement paper to the September TTB meeting.

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Committee/Group Chair's Report

Children and Young People Transformation (0-19)	█	SC	• Key priorities have been to provide support during the Covid pandemic, whilst also continuing business as usual for children and young people. • Q1 has been challenging from an IT perspective, many laptops provided have not proved reliable and there is a shortage of mobile devices. • Two vaccination events took place, 750 people were vaccinated in the first week and 600 in the second week. • Sadly, there has been an increase in safeguarding 0-10 in Q1, particularly around domestic abuse. • Finance is the key risk due to the significant contract reduction in April 2022.	• A refresh of laptops in the community is currently being planned. • We estimate savings of £680k are required and are currently identifying where savings can be made. This will be discussed internally before discussions take place with the local authority.
Specialist Weight Management Service Redesign	█	SC/JS	• 25% of patients who took park in the original programme have put on weight since leaving the programme. Patient feedback was positive, although many left after 3-4 months. • Preparation is underway for the new model implementation. • The new service model has been operational since the 14th April 2021.	• Next steps will be a big push on marketing and communications of the new service model including a promotional and educational video about the service.
2. Infrastructure and corporate transformation				

█ 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

Space Utilisation	🟧	RC	• Agile working increased significantly during Covid. • Our three ambitions around agile working going forward are: release cost / cost avoidance, better utilisation and staff satisfaction. • There is an Agile Working Group in place who meet regularly, and they are hosting a workshop w/c 19th July working alongside Occupational Development. • IT will play a crucial part in the success of agile working, both in the community and for staff working from home. We need to ensure we have a reliable service and infrastructure. • A policy will need to be established re home working, ensuring we get the balance right around flexibility (we need to ensure we have adequate cover on site). • The Trust needs to ensure health and safety requirements are met around working from home.	• A business case will be worked on for funds which highlights how we could utilise the estate better.
3. System transformation and partnership working				
No update this month				
4. Digital strategy and transformation				
Microsoft 365 Adoption Project	🟩	PG	• The go love date is 30th July 2021. • Approximately 250 people from clinical and non-clinical teams are involved in the pilot. • All phases are expected to be rolled out by the end of October 2021. • Governance and Data Protection has been covered in this project.	• PG will ensure we have enough IT staff with the required technical skills to deliver this project.
5. Informatics operations and governance				

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Committee/Group Chair's Report

Clinical Systems Programme		JM	• EPR will be taken to DDO's in the next two weeks and will be discussed at the next Trust Transformation Board meeting. • Spending of the EPR capital is within budget. • There is a large number of projects awaiting delivery and there is concern there are not enough IT staff with the right skills set to deliver all these projects.	• JM will identify the key priorities for the next 6, 12 and 18 months and set a plan to deliver projects in the appropriate order. An update will be provided at the September TTB meeting. • PG/JM will meet to ensure Microsoft 365 and EPR projects are aligned and see how they can learn from / assist each other.
IM&T		PS	• PS is looking at staff, recruitment and the structure of Informatics. • There is significant investment taking place at GM level which we can benefit from.	• RS highlighted that Phillipa Winter, David Mills and Jeff Marshall are all leaving Informatics this summer, and the Microsoft 365 and EPR roll outs are taking place during this time. This presents a significant risk to the organisation and needs to be monitored.
Comments				
Risks escalated				
• Phillipa Winter, David Mills and Jeff Marshall are all leaving Informatics this summer, and the Microsoft 365 and EPR roll outs are taking place during this time. This presents a significant risk to the organisation and needs to be monitored.				

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

Committee/Group Chair's Report

NHS
Bolton
NHS Foundation Trust

Name of Committee/Group:	Trust Transformation & Digital Board	Report to:	Trust Board
Date of Meeting:	13th September 2021	Date of next meeting:	30th September 2021
Chair:	Martin North Non-Executive Director	Parent Committee:	Trust Board
Members Present:	Martin North, Sharon Martin, Esther Steel, James Logue, Richard Sachs, Rachel Noble, Rayaz Chel, Phil Scott. *In attendance:* Ryan Calderbank, Paul Gorman, Samantha Ball, Amy Blackburn, Frances Beckett, Angela Hansen, Francesca Dean, Rae Wheatcroft, Amanda Shaw, Simon Irving, Joanne Street, Lianne Robinson, Lisa Gammack, Alex Cottrell, Judith Richardson, Claire Lovick (minute taking)	Quorate (Yes/No):	Yes
		Key Members not present:	Francis Andrews, Annette Walker, Andy Ennis, Claire McPeake, Fiona Noden, Michelle Cox, Jennifer Unsworth, Karen Meadowcroft

For 2021-22, Trust Transformation and Digital Board has identified five standing themes which form the basis of agenda and drive all activity within the Board's remit.

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4. **Digital strategy and transformation:** Digital strategy development and all digital transformation projects i.e. Microsoft 365
5. **Informatics operations and governance:** All Informatics governance and operational committees report as part of this theme i.e. Clinical Design Committee, Informatics Ops Board

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

Committee/Group Chair's Report

Transformation pillars	RAG	Lead	Key Points	Action/decision
1. Service improvement and transformation				
Transformation Steering Group for Outpatients and Diagnostics Chair Report		Sam Ball / Michelle Cox	• The Trust is currently underperforming against NHSE Phase 3 Covid requirement of 25% virtual outpatient activity (August 2021 performance 13.5%). A mitigation plan has been developed to improve this position including increasing the number of clinical leads involved in the Outpatients project. • Attend Anywhere doesn't work on all digital platforms and this is being reviewed.	• SB is recruiting volunteer clinical leads. • Plans are being put in place for virtual appointments to take place on Webex or Microsoft Teams.

Outpatient Transformation		Sam Ball / Amanda Shaw	• The Trust took part in the National Rapid Adopter Programme led by NHSE/I to roll out Patient Initiated Follow Up (PIFU) and this is now live across six rapid adopter specialities.
			• A Local Rapid Adopter Programme is now in place to build on Bolton's successful approach to the National Rapid Adopter Programme for PIFU.
			• There will be additional focus on Advice and Guidance to generate speciality engagement to any service that would like direct support to implement this.
				• Continue roll out of Patient Initiated Follow Up.
				• Prioritise delivery of
				   o Advice and Guidance.
				   o Virtual activity.
				   o Booking modernisation.

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

Committee/Group Chair's Report

Getting It Right First Time (GIRFT)		Sam Ball / Francesca Dean	• GIRFT is clinically led programme where a national team undertake reviews of specialities against best practice guidelines. • In August 2021 there were 40 GIRFT areas of focus at the Trust. • The Trust PMO are aligning GIRFT recommendations with Model Hospital programme as the two areas work closer overlap. • The PMO have developed a robust system of monitoring delivery of GIRFT recommendations by the Divisions which is overseen by the Trust Medical Director	• Continue to prioritise GIRFT within the Divisions
2. Infrastructure and corporate transformation				
No update this month.				
3. System transformation and partnership working				
No update this month.				
4. Digital strategy and transformation				
Microsoft 365 Adoption Project		Paul Gorman	• The Trust Headquarters Phase 1 was completed on 6th September. • 92 volunteers have been recruited to be advocates of Microsoft 365 and drive change. • 1300 users are due to be migrated to Microsoft 365 on the 30th September. • A robust approach to benefits realisation through training is being developed.	• A customer feedback survey will be circulated for users to complete. • TTB members to ask their teams to set aside time to get involved with strategic initiatives, to help drive change throughout the Trust.
5. Informatics operations and governance				

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

Committee/Group Chair's Report

Informatics Operational Board		Phil Scott	- There is a growing number of Greater Manchester (GM) digital initiatives which is putting pressure on the local team around delivery. - A bid is being put forward at GM level for £28m for a Laboratory Information Management System (LIMS) to standardise the LIMS platform across GM and enable data sharing. The current contract ends in Autumn 2022. - Need to examine upgrade programme of some key applications, and its impact to the wider digital programmes.	- This will be monitored by the Informatics Department. - A working group has been set up for the implementation of the LIMS system is being led by RC and RC will provide an update on this at the October TTB meeting.
IM&T Committee		Phil Scott	- The following risks were raised: - There is a global issue with availability of Hardware nationally which is having an impact on the FT - There are a significant number of vacancies in Informatics and it is challenging recruiting experienced candidates.	- PS is reviewing the Informatics Risk Register with RS and the Governance Team, so Informatics can work on minimising the number of risks on the Risk Register. - Continue to promote recruitment and work with GM on hardware availability
Clinical Systems Programme		Phil Scott / Simon Irving	- Electronic Patient Record (EPR), Theatres and Pharmacy are all being upgraded and Operational leaders have been informed. - Informatics have employed a new Project Manager who starts in September, their main focus will be EPR. - The PACS system will be moving to a cloud informatics will work with the Divisions on any impact. - The EPR roll out for Outpatients and Community starts next week.	A post COVID plan has been developed to deliver all application and system upgrades which includes plans for phasing the EPR roll out.
Comments				

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

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

Committee/Group Chair's Report

Risks escalated

- It was highlighted there are a number of risks around Digital at the moment. Richard Sachs and the Governance Team are supporting the work Informatics are doing to reduce risks and ensure robust plans for mitigation. This will be overseen through the Trusts Risk management Committee.

■	No assurance – could have a significant impact on quality, operational or financial performance;
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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Title:	Finance & Investment Committee Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	30th September 2021		Discussion	
Exec Sponsor	Annette Walker		Decision	

Summary:	To update the Committee on the work and activities of the Finance & Investment Committee in September 2021. There was no meeting in August 2021.

Previously considered by:	N/A

Proposed Resolution	To note the updates from Chairs' reports.

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

Prepared by:	Annette Walker Director of Finance	Presented by:	Annette Walker Director of Finance

Committee/Group Chair's Report

NHS
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Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	21st September 2021	Date of next meeting:	19th October 2021
Chair:	Jackie Njoroge	Parent Committee:	Board of Directors
Members Present:	Becks Ganz, Bilkis Ismail, Annette Walker, Andy Ennis, James Mawrey, Lesley Wallace, Andy Chilton, Catherine Hulme, Matthew Greene	Quorate (Yes/No):	Yes
		Key Members not present:	Esther Steel, Fiona Noden, Rachel Noble

Key Agenda Items:	RAG	Lead	Key Points	Action/decision

🟥	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
🟧	Moderate assurance – potential moderate impact on quality, operational or financial performance	to identify the level of assurance/risk to the Trust
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| 2021/22 Financial Planning Update H2 | | Director of Finance | The committee received an update on the planning for H2. No formal planning guidance has yet been received. Submissions have only been done within GM at this stage. H1 and H2 will be treated as a single financial year. The assumptions given by NHSI are: 3% pay award funding should be received but there has been no confirmation on how much. Plan centrally for a 3% CIP but this will be differential based on distance from target. Covid spend will start to reduce. Funding for elective recovery will continue. It is being considered how this can be managed for H2. Annual leave accruals to be reviewed. Free staff car parking is expected to continue until at least 31st March. PPE will continue to be dealt with nationally. Test and vaccination costs are outside the GM envelope and we will need to continue to work within a financial envelope arrangement until at least next year. Some financial support will be received for Afghanistan refugees. This will be based on GP registrations. 2020/21 ended with a deficit of £460k. The H1 deficit forecast is £2.4m with the expectation that GM will set this back to zero. There is a gross gap of £49m for H2. This is prior to any mitigation. The 2021/22 spend forecast is £421m. This compares to the amount spent in 2020/21 without impairments. This has increased by £11m but includes a pay award. The CIP plan was to achieve £3.1m in H1. This has been rolled together with H2 giving a total target of £7.1m for H2. | Noted. |

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

Committee/Group Chair's Report

System Estate Update	No rating for information only	Head of Financial Governance, Bolton CCG	• The committee received an update on the work being done on the system estate which supports some of the system finance work. • In response to questions, AW advised that this is complex due to multi-occupancy buildings, tenancy issues, funding flows etc. She updated that the CCG have already managed to release a number of buildings through improved utilisation. • AW advised that she would be meeting with the local authority and agreed to update the committee on progress in January.	• Noted.
Month 5 Finance Report		Deputy Director of Finance	• The forecast deficit for H1 is £2.4m. • A small surplus was reported for month 5. This brought down the year to date deficit to £1m. • The majority of the CIP for H1 has been non-recurrent. Savings of £1.3m have been delivered year to date against a plan of £2.4m. This included non-recurrent savings. • Capital spend year to date is £2.1m. The forecast for year end is to spend £13.1m. • There was £40.7m cash at the end of the month. • BPPC is below target but there is a plan in place to get this above 95%. • 2019/20 reference costs were submitted with two technical issues. Work is ongoing with NHSI to understand this. The 2020/21 submission is due on 14th October. • Agency spend and staffing levels were discussed. It was agreed that this would continue to be dealt with by the People Committee but a realistic trajectory for the next 12-18 months was requested.	• Noted.

Committee/Group Chair's Report

Topic		Lead	Key Discussion Points	Outcome
Month 5 iFM Finance Report	🟩	iFM Director of Finance	• Financial performance was a pre-tax profit of £249k based on overall income of £12.56m. This was £15k better than budget. • Capital spend is almost back on track. There are a number of schemes in development. • The cash balance was £6.7m. • The AFC pay award has now been settled with the increase to be reflected in September. The iFM pay deal negotiation is progressing with the intention of mirroring the AFC pay award.	• Noted.
Month 5 Cost Improvement Update	🟧	Associate Director of Improvement and Transformation	• The committee received an update on progress in refreshing the CIP programme. • It was agreed that good progress had been made but that further staff engagement is required.	• Noted.
Annual Update on Finance Staff Development	🟩	Head of Income and Contracting	• The committee received an update on finance staff development.	• Noted.
FSD/FFF Accreditation Update	🟩	Head of Income and Contracting	• The committee received an update on progress made in working towards level 3 accreditation. • It was noted that the department may not achieve this and instead be accredited as a very good level 2 organisation but that there is a lot more engagement within the finance team than for the previous assessment. • The committee noted the good work.	• Noted.

Chairs' Reports		Director of Finance	• The following chairs' reports were noted:
			  ○ CRIG – 3rd August and 7th September.
			  ○ Strategic Estates Board – 9th September.
				• Noted.

Risks escalated None.				

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

NHS
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NHS Foundation Trust

Title:	Audit Committee Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	x
Date:	30th September 2021		Discussion	
Exec Sponsor	Annette Walker		Decision	

Summary:	Attached is the Audit Committee Chair Report from the meeting on 9th June 2021.

Previously considered by:	N/A.

Proposed Resolution	For noting and assurance.

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

Prepared by:	Esther Steel Director of Corporate Governance	Presented by:	Alan Stuttard Non-Executive Director and Audit Committee Chair

Committee/Group Chair's Report

Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	9th June 2020	Date of next meeting:	October 2021
Chair:	Alan Stuttard, Non-Executive Director	Parent Committee:	Board of Directors
Members Present:	Alan Stuttard, Bilkis Ismail, Malcolm Brown, Martin North. Annette Walker, Esther Steel and internal and external auditors in attendance	Quorate (Yes/No):	Yes
		Key Members not present:	N/A

Key Agenda Items:	RAG	Key Points	Action/decision
Head of Internal Audit Opinion and Internal Audit Follow up Report	🟩	The report provided a summary of the 12 internal audit reports provided during the year, six of these were rated as medium risk and six low risk giving an overall opinion for the FT of "generally satisfactory with some improvements required" iFM Bolton have also been assigned the same rating with the caveat that the final opinion would be updated to reflect the outcome of the Enterprise Asset Management (EAM) report which was ongoing at the time of reporting.	The Chair of the Audit Committee thanked the auditors and staff for their efforts in providing the report. Resolved: committee members noted the Head of Internal Audit opinion and Internal Audit Follow up report.
KPMG Year-end report 2020/21	🟩	The Trust's external auditor presented the audit findings for 2020/21. All outstanding information has now been received and subject to receiving the signed letter of representation the audit is complete and as reported. One minor risk has been flagged in the policy in relation to an out of date policy – this has since been updated. In relation to the review of the valuation of land and buildings and the inclusion of vat in the valuation the Director of Finance confirmed that she was discussing with the local NHSI team but would not be reopening the books to adjust pdc	The auditors reflected on the challenge of remote working and extended his thanks to the finance team for their work in providing the accounts and supporting papers the report was noted. Committee members thanked the auditor for their work

🟥	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

Independent Auditors Report to Governors		The Committee noted the draft opinion to governors which would be included within the annual report	
Letter of Representation		Committee members received the Letter of Representation.	The Letter of Representation was approved
Audited Annual Accounts		The Audit Committee received and noted the draft Annual Accounts. The Trust has reported a year end deficit of £9.9m with an operational deficit of £460k, a year end cash balance of £45.5m and capital expenditure of £14.9m. In response to a question from the Chair of the Committee, the Director of Finance advised that the majority of the deficit was in relation to estates and EPR and should not impact on cash.	The Annual Accounts were approved.
Annual Report including Annual Governance Statement		The Director of Corporate Governance presented the Annual Report and Annual Governance Statement.	The Annual Report including the Annual Governance Statement was approved and committee members thanked the Director of Corporate Governance for her work on this.
Draft Annual Quality Account		The Director of Quality Governance presented the draft Quality Account advising the report was now complete other than the statement from the CCG which would be included when received.	The Committee noted the Quality Account and thanked the director of Quality Governance for his work in relation to this.
Any Other Business		The Chair of the Committee thanked members of the Committee, officers of the Trust and the audit teams for their work during the year. The Committee also noted their thanks to Jackie Njoroge the former chair of the committee for her work over previous years.	

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