Bolton NHS Foundation Trust – Board Meeting 28 February 2019

Location: Boardroom **Time: 0900**

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
09.00		Patient Story (Integrated Care division)	DoN		For the Board to hear a recent patient story to bring the patient into the room (Press and public may be excluded to preserve confidentiality)
09.30	1.	Welcome and Introductions	Chairman	verbal	
	2.	Apologies for Absence	Trust Sec.	Verbal	Apologies noted
	3.	Declarations of Interest	Chairman	Verbal	To note any declarations of interest in relation to items on the agenda
	4.	Minutes of meeting held 31 January 2019	Chairman	Minutes	To approve the previous minutes
	5.	Action sheet	Chairman	Action log	To note progress on agreed actions
	6.	Matters arising	Chairman	Verbal	To address any matters arising not covered on the agenda
	7.	Chairman's Report	Chairman	Verbal	To receive a report on current issues
	8.	CEO Report including reportable issues	CEO	Report	To receive a report on any reportable issues including but not limited to SIs, never events, coroner reports and serious complaints
Safety Quality and Effectiveness					
09.45	9.	Quality Assurance Committee Chair Report	QA Chair	Verbal	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
	10.	Finance and Investment Committee – Chair Report	FC – Chair	verbal	FC Chair to provide a summary of assurance from the F&I Committee and to escalate any items of concern to the Board
	11.	Workforce Assurance Committee – Chair Report	CEO	Report	CEO to provide a summary of assurance from the Workforce Assurance Committee and to escalate any items of concern to the Board
	12	Audit Committee – Chair report	Audit Chair	Report	Audit Chair to provide a summary of assurance from the Audit Committee to escalate any items of concern to the Board
	13.	Audit Committee – Annual Report	Audit Chair	Report	To note
10.30	14.	Performance report	All	Report	To discuss and note

Coffee

11.30	15.	Maternity update		Report	
Strategy					
11.50	16.	Planning guidelines and implications for the Trust	Director of Finance	Report	
Governance					
12.00	17.	Gender pay gap report	Director of Workforce	Report	
12.15	18.	Meeting the public sector equality duty	Director of Nursing	Report	
	19.	Any other business			
Questions from Members of the Public					
	20.	To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting.			
Resolution to Exclude the Press and Public					
12.30	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 Meeting – Part One
Time	09.00
Date	31 January 2019
Venue	Boardroom RBH

Present:-

Mr D Wakefield	Chairman	DW
Dr J Bene	Chief Executive	JB
Dr F Andrews	Medical Director	FA
Mrs T Armstrong-Child	Director of Nursing	TAC
Dr M Brown	Non-Executive Director	MB
Mr A Ennis	Chief Operating Officer	AE
Ms B Ismail	Non-Executive Director	BI
Mrs S Martin	Director of Strategic Transformation	SM
Mr J Mawrey	Director of Workforce	JM
Mrs J Njoroge	Non-Executive Director	JN
Mr M North	Non-Executive Director	MN
Mr A Stuttard	Non-Executive Director	AS
Mrs A Walker	Director of Finance	AW
Ms R Ganz	Associate NED	RG

In attendance:-

Mrs E Steel	Trust Secretary	ES

Apologies

Mr A Thornton

Declarations of Interest

Ms R Ganz	Non-Executive Director iFM Bolton
Mrs E Steel	Company Secretary iFM Bolton

Patient Story

Alison Parker from the Bolton Deaf Society attended to share the experiences of M, a profoundly deaf patient from an ethnic minority background during a recent admission through A&E.

M had presented at his GP surgery with serious kidney pain and been advised to attend A&E. On arrival in A&E there were issues arranging for a qualified interpreter to support M for the four hours he spent in A&E. Alison who had

attended with him provided some support despite not being fully qualified to do so.

Once admitted to the ward, and throughout his three week stay, although medical care was good the communication challenges continued. On a number of occasions ward staff phoned either Alison or the office number rather than the out of hours number and at times Alison again had to step in and provide support.

DW apologised on behalf of the Trust for letting M down and thanked Alison for the support that she had provided.

Board members discussed the failure to provide appropriate interpreter services and the potential impact this could have on patient safety and experience. The Director of Nursing offered to visit M to apologise in person and to reassure him that actions would be taken.

The Director of Nursing advised that the Patient Experience team had been working on pathways for patients who need support to access the Trust's services, one of the challenges is addressing the need to respond at speed to provide interpreters for patients presenting in A&E. The February meeting of the PEIP Committee would be used as an opportunity to focus on this area and develop a long-term plan.

An immediate action was agreed to ensure that an interpreter is booked at the earliest opportunity when a patient presents at A&E reception.

FT/10/01	February PEIP meeting to focus on the provision of support for patients with hearing impairment	TAC

The Chairman welcomed Board members and attendees and in particular Alan Stuttard new NED and Rebecca Ganz new Associate NED.

4. Minutes of The Board Of Directors Meetings Held 20 December 2018

The minutes of the meetings held on 20 December 2018 were approved as a true and accurate reflection of the meeting subject to an amendment to the attendance list to reflect that M North and J Njoroge had been in attendance.

5. Matters Arising

It was agreed that a full update on partnership working both on a Bolton level and a North West Sector level would be presented to the Board in March 2019.

FT/19/02	Partnership working update to March Board meeting

6. Action Sheet

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

FT/18/90 Storage requirements are looked at within each ward refurbishment programme and this will continue to be reviewed. The Director of Nursing suggested that consideration could also be given to utilising elements of the productive ward programme to seek improved storage solutions. Further update to be provided in three months

7. Chairman's Report

The Chairman congratulated the Director of Nursing on her award as an MBE in the New Year's Honours.

Early feedback from the recent CQC Well Led inspection was very positive, all staff were thanked for their support in preparing for and working with the CQC. The report is anticipated in March/April.

Thanks were extended to all staff for their continuing work to maintain performance during winter pressures.

Nationally the new ten-year plan and details of the financial settlement for the NHS have been published, more detail will be provided in due course on the local impact.

8. Chief Executive report

The Chief Executive highlighted key points from her written report;

As reported, the Health and Safety Executive visited the Trust and have since written to confirm that regulatory action will not be taken although a number of recommendations need to be addressed. An action plan has been developed to address these recommendations which will be reflected on the risk register.

Board members noted that the Board Assurance Framework would be reviewed alongside the development of the new Operational Plan and Five-Year Strategy. Board members agreed that the risks relating to quality of care (pressure ulcers, falls and infection control) would not be moved to the Corporate Risk Register and would not be included in the new BAF which would reflect the key strategic risks.

Board members discussed the process for the development of the new BAF and agreed a development session would be beneficial to facilitate this debate.

Board members noted the update

Resolved: the board noted the CEO update.

9. Quality Assurance Committee Chair Report

Dr Bene presented the Chair report from the Quality Assurance Committee and highlighted the discussion points from the meeting which provided assurance or

highlighted risks:

Mortality Review – Pneumonia – The Committee received the initial findings from the audit of deaths coded as pneumonia. Although the report provided a degree of assurance with regard to provision of care it was agreed that further analysis should be undertaken with a follow up report to be provided in two months.

Fracture Neck of Femur – The Committee received good assurance that despite patients waiting longer than recommended for surgical repair of a fracture femur outcomes are good with appropriate pain management and no increase in risk of readmissions.

Mortality Committee/Mortality reviews – The Medical Director clarified that the criteria for concerns as referred to in the Chair report is that following the death of a family member, the family are asked if they had any concerns regarding their relative's care. If the family have concerns that meet the threshold the case will be subject to a review.

Resolved: The Board noted the report from the Chair of the Quality Assurance Committee.

10. Finance and Investment Committee

Mr Stuttard presented his report as Chair of the Finance and Investment Committee and highlighted the discussion points from the meeting which provided assurance or highlighted risks:

Discussion focused on the anticipated year end position and while it is unlikely that the Trust will achieve the control total but with the addition of PSF, should achieve a small surplus.

The Trust Use of Resources rating has dropped from 1 to 3 and the use of balance sheet flexibilities to achieve the position has impacted on the cash position which has historically been a challenge for the Trust.

The Committee recommended that a new risk in relation to capital should be escalated to the Board. This is due to the pressure on the current year forecast and the overall cash position. This is reflected on the finance risk on the BAF, but consideration will be given to expressing as a stand-alone risk in the new BAF.

The Committee received an initial update on financial planning for 2019/20, the finance team are testing the allocation methodology to present a full analysis to the February meeting including an assessment of the scale of ICIP required to deliver the control total.

In answer to a question, the Director of Finance advised that winter funding has been negotiated into the contract, this is in the CCG allocation and it has been assumed that this will be recurrent in the contract.

In response to a question about loan funding, the Director of Finance advised that the Trust have a number of loans and would be discussing ways to fund future capital investment including loan funding.

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

11 Workforce Assurance Committee Chair report

The Chief Executive presented the Chair report from the Workforce Assurance Committee

Agency – cover for vacant posts remains the biggest driver of agency expenditure however there has been a reduction in overall agency expenditure. This remains a key focus for the Committee. Recruitment actions have been focused on key areas and include plans for innovative use of non-medical staff.

Sickness Absence – The Committee received an update on the actions being taken to reduce sickness absence. The introduction of "Attendance Matters" appears to be bringing improvements. The impact will be evaluated formally to inform consideration of further roll out.

Staff Survey - the raw data show positive results across the five themes and appear to demonstrate the impact of engagement work.

Freedom to Speak up report noted and recommended to the Board (to be covered in part two)

Resolved: The Board noted the Chair report from the Workforce Assurance Committee.

12. Urgent Care Delivery Board Chair Report

The Chief Executive presented the report from the Urgent Care Delivery Board and highlighted the discussion points from the meeting which provided assurance or highlighted risks to delivery of the nine, high impact workstreams.

The GM Hub will trial an alternative way of managing the ambulance stack to manage arrivals more effectively and deflect unnecessary attendances to A&E. 50% of patients who arrive by ambulance are not admitted and this presents an opportunity to explore a change in the pathway.

Resolved: The Board noted the report from the Chair of the Urgent Care Delivery Board.

13. Nurse Staffing Report

The Director of Nursing presented the six-monthly update on nurse and midwifery staffing and recognised the work of the senior nurse team to provide the depth of material required for the report.

The report sets out key actions for recruitment to fill the current 68 registered nurse vacancies and with a section per division notes the key challenges and actions in each of the clinical divisions.

- The Acute Adult Division have made good progress in recruiting to fill vacancies.
- Within the Family Care Division maternity services consistently achieve 1:28, the Head of Midwifery is working to refine acuity based staffing levels and the introduction of the helicopter bleep holder ensures escalation of any areas of concern.
- NICU have had a challenging winter with additional demand and times

when the network has been full but there have been no adverse effects as a result of this and the closure to new admissions has been appropriately escalated to the network.

- Within Integrated Care the new DND is initiating a follow up staffing review. Malinko scheduling will allow for more accurate and responsive real time scheduling of patient care.
- The first cohort of Nurse Associates have now completed their training and will be joining the workforce. In terms of skill mix and Unify reporting a they will be an additional resource and consideration will be given to skill mix as the role develops.

Board members discussed recruitment and retention of nurses and the use of proactive and innovative measures to keep staff including sharing best practice with other trusts. Bolton is recognised as providing a good preceptorship programme, but it is recognised that exit interviews could be more systematic to provide more information on why staff chose to leave. The Workforce Assurance Committee continue to review the full package offered to staff to ensure all the benefits of working in Bolton are clearly articulated.

Board members noted that the age profile of the nursing workforce presents a risk with over 50% aged over 50. Further information was requested on actions being taken to plan for the future. The Director of Nursing advised that steps have been taken to future proof with the pre-registration programme intake calculated against further need.

The Director of Nursing advised that a briefing note on care hours per patient day would be included within the next report.

Resolved: the Board noted the Nurse Staffing report.

FT/19/04	TAC to follow up discussions with NEDs relating to recruitment and retention	Feb 19

14. <u>Performance Report</u>

Board members reviewed the metrics and noted an overall improvement in the quality and patient experience indicators. The notes below reflect the responses to questions relating to specific metrics within the report:

Quality

- Board members agreed that it would be useful to receive a Board development session on new and emerging infections.
- As previously discussed, the maternity dashboard will change from quarter four to reflect an increased threshold for interventions – this will be in line with GM network recommendations and national best practice. Board members agreed that as a leading provider it was important to be assured that interventions were appropriate and focused on the delivery of safe care.
- As previously referred to within the QA Chair report the Trust do not achieve the target for fractured neck of femur, the Medical Director advised that the division are looking at urgent care trauma capacity and recruiting an additional lower limb consultant but as stated previously

have good outcomes following surgical repair.

Productivity

- The number of stranded patients – i.e. those who had been inpatients for more than seven days increased in December – this was in lie with the national position and to be expected as acuity increases in winter.
- The divisions monitor performance against the targets to discharge patients by 12 and 4 – this is discussed at IPM where divisions have updated on the actions being taken in three wards where there are concerns.
- Unlike in previous years procedures cancelled on the day have been as a result of additional trauma patients rather than medical outliers.
- The average length of stay following a stroke is between three and four weeks, capacity at Salford is a challenge for the first part of the pathway.
- The medically optimised number of days was high over December but is now reducing

Resolved: The Board noted the performance report

FT/19/05	Board development session from microbiology team on emergent organisms	TAC

15 **Impact of changes to cancer monitoring**

The Chief Operating Officer presented a briefing on the impact of changes to the cancer reporting policy. Trusts are moving from individual measurement to performance measurement as a system – although this will not impact on patient outcomes it will make it harder to predict performance. Impact so far has actually been better than expected but the longer term prediction is that the Trust will be a net looser when Trusts that are currently performing badly for diagnostics achieve the improvements they are aiming for.

Board members discussed the impact and requested further assurance that as a Trust, Bolton is doing the best that it can for patients in its care.

Resolved: The Board noted the update on changes to cancer monitoring.

FT/19/06	Update on cancer performance following changes to breach allocation	AE

15. **Any other business**

No other business.

Date and Time of Next Meeting

28 February 2019

January 2019 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/18/95	25/10/2018	ward visit lab meds	deep dive paper on lab meds challenges to Risk Management Committee	AE	Feb-19	Full paper on all the risks in Lab medicine was presented to risk management committee 12th February 2019 and the committee will oversee progress of the Divisions management of the risks.
FT/18/38	31/05/2018	Patient Story	six month update on Patrick's story to QA committee	ES	Feb-19	complete - see QA Chair report
FT/18/96	25/10/2018	ward visit lab meds	Lab medicine team to continue to be engaged in future reviews/ strategy discussions with regard to the future sustainability of the service	SM	Feb-19	Pathology will be involved into 3 workshops around the strategy Pathology involved in putting forward options from the Provider Federation Board to focus on at a GM level
FT/19/08	31/01/2019	iFM	DW to write to Chair of iFM to seek assurance on H&S and update on strategic intentions	DW	Feb-19	complete - and included as agenda item
FT/19/04	31/01/2019	Staffing paper	TAC to follow up discussions with BI re incentives and with OD and PEF team re placements for students with BL postcode	TAC	Feb-19	verbal update
FT/19/07	31/01/2019	Brexit	Verbal update Feb part two	AE	Feb-19	agenda item
FT/19/02	31/01/2019	partnership working	agenda item March meeting to update on partnership working at local and sector level	JB	Mar-19	
FT/19/06	31/01/2019	Cancer performance	update on performance following changes to breach allocation	AE	Mar-19	
FT/18/105	29/11/2018	SI report knife to skin	Provide assurance through the QA Committee with regard to theatre safety and assurance with regard to locum competencies	FA	Apr-19	
FT/19/03	31/01/2019	Storage	update on actions to address storage challenge	AE	Apr-19	
FT/19/05	31/01/2019	Emergent organisms	Board development session from microbiology team	TAC	Apr-19	
FT/19/01	31/01/2019	Patient Story	February PEIP meeting to focus on provision of support for patients with hearing impairments - present back to Board in July 2019	TAC	Jul-19	

Key

complete	agenda item	due	overdue	not due

Agenda Item No	8

Meeting	Board of Directors

Date	28 February 2019

Title	Chief Executive Update

Executive Summary	The Chief Executive update includes a summary of key issues since the previous Board meeting, including but not limited to:
	• NHS Improvement update
	• Stakeholder update
	• Reportable issues log
	  ○ Coroner communications
	  ○ Never events
	  ○ SIs
	  ○ Red complaints

Previously considered by	

Next steps/future actions	To note				
	Discuss		Receive		
	Approve		Note	✓	
	For Information	✓	Confidential y/n	n	

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	✓	To be well governed	✓
Valued Provider	✓	To be financially viable and sustainable	✓
Great place to work	✓	To be fit for the future	✓

Prepared by	Esther Steel Trust Secretary	Presented by	Trish Armstrong Child Deputy Chief Executive

1. Awards and recognition

Employee of the Month – Donna Glossop, Workforce & OD Directorate

Donna organised a celebration event for the qualifying TNA's to congratulate them on their graduation. In doing so, she demonstrated an amazing level of commitment and care to those she had supported throughout their course.

Donna purchased photo frames and wrote personalised messages for each individual TNA to recognise their achievements, as well as organising yearbooks, presentations, keyrings and pens. She also managed to successfully bring high profile guests from inside and outside the Trust to join the celebration. In doing so, she demonstrated a huge commitment to the staff when under no obligation to do so.

Team of the Month – Day Care Unit Team, Elective Care Division

Throughout 2018, (Jan - Dec) DCU admitted, nursed and discharged an additional 809 patients in comparison to 2017. This has supported patient flow by creating inpatient bed capacity and reduced daily pressures on the flow team.

This has been safely managed alongside expansion of estate, staff recruitment and relocation of SAL completed within a 72 hour window. They now offer an increased Day Care service to patients who would previously had an overnight stay and have embraced new ways of working to turn beds around more efficiently, whilst maintaining safety, privacy and dignity at all times.

The team embraced the challenge to expand into a pre-existing facility within a very short period of time. The estate was not purpose built nor was it set up as they would have wished however, with the drive, enthusiasm and commitment to provide excellent care to all patients who should be offered day care they did this every day with a smile on their faces. No challenge was too big, no task was too difficult. They tackled this with a real 'Can do' attitude, in an effort to provide day care facilities for this who really did not need to stay overnight.

They have had times when they have worked way beyond normal closing times just to ensure patients were still allowed to go home where they really wanted to be

2. Stakeholders

2.1 CQC

We expect to be in receipt of the draft Well Led report by early March 2019. We will have an opportunity to review for factual accuracy before the final report is published.

2.2 North West Sector

We continue to discuss areas where we can collaborate for mutual benefit and Exec to Exec meeting with WWL has been scheduled for 11th March 2019.

2.3 Bolton

Work to develop the partnership governance arrangements for the Integrated Care Partnership continues.

2.4 NHSI – Fit and Proper Person Test

In July 2018 the DoH commissioned a review of the scope and operation and purpose of the Fit and Proper Person Test.

The current fit and proper persons test is designed to ensure that senior staff who are responsible for quality and safety of care are fit and proper to be in their roles.

This review, which was led by Tom Kark QC, sets out 7 recommendations, including:

- developing competencies for directors
- making a central database of directors' qualifications, training and appraisals

- expanding the definition of serious misconduct
- The test applies to directors in the NHS, the independent healthcare sector and the adult social care sector.

Reportable Issues Log

Issues occurring between 28/01/19 and 22/02/19

3.1 Serious Incidents and Never events

One serious incident has been reported in relation to a surgical incident and one relating to three cases of management of testicular torsion.

There have been no never events

3.2 Red Complaints

Two red complaints have been received, this relate to two of the cases referred to above.

3.3 Ombudsman Referral

Unfortunately, the Trust has recently been notified of a complaint that the ombudsman intend investigating.

Once the investigation is complete, which can take up to 6 months; we will be given the opportunity to comment on the draft report before the final report is published. All clinicians and investigators involved in the complaint have been made aware and offered the opportunity to comment on the "scope" of the proposed investigation.

The complaint was in relation to a breakdown in communication with a patient and their family from staff about her condition and nursing care.

As we do in all cases referred to the PHSO, we will be reviewing the complaint file and ensuring that all actions identified have been completed and are evidenced pending the investigation outcome and we will be supporting our Divisional colleagues with this.

3.4 Regulation 28 Reports

No regulation 28 reports

3.5 Whistleblowing

No concerns to escalate to board

3.6 Health and Safety

As previously reported, the Health & Safety Executive (HSE) visited the Trust on the 16th and 17th January in relation to RIDDOR Reportable incidents, Blood Borne Virus incidents and injuries related to sharps. The Trust has developed a clear action plan which has been shared with the HSE – all actions are planned to be completed by the end of May 2019

Responsibility for the action plan will be co-ordinated by the Director of Quality Governance and overseen by the Group Health & Safety Committee with input from the Infection Prevention Control Committee and the Sharps Safety Group.'

3.7 Media Interest

Local media published a number of positive stories including good Trust results from CQC survey of new mums about their care; the graduation celebrations for the Nurse Associates and the opening of the new Breast unit.

4 Board Assurance Framework

The Board Assurance Framework is currently being reviewed to align with the new two year operational plan and five year strategy.

Committee/Group Chair's Report

Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	20 February 2019	Date of next meeting:	20 March 2019
Chair:	Andrew Thornton	Parent Committee:	Board of Directors
Members present/attendees:	A Thornton, J Njoroge, M Brown, T Armstrong Child, A Ennis, F Andrews, J Mawrey. Representation from the four clinical divisions	Quorate (Yes/No):	No
		Key Members not present:	J Bene, S Martin, M Forshaw, B Lees, L Robinson, J wood

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story – Integrated Care		The integrated care division provided an update on Patrick's story. Patrick's Story was shared with Trust staff at the 2018 Start the Year conference and with the Board in June 2018. Since his story was shared Patrick has become fully independent, the identified improvements to his living conditions were completed and he now lives and interacts independently within his local community.	Story noted as an illustration of the challenges individuals face and the benefits of joined up care.
Bowell Cancer Screening		Update to an action to advise that concerns have been escalated with regard to colonoscopy capacity. Demand is expected to continue increasing until 2025 as an increased catchment of people are referred for screening	Highest risk patients are targeted for faster follow up Full report requested for March
Clinical Governance and Quality Committee Chair Report		The Committee received assurance on the management of regulation 28 reports and noted the progress made in intelligence gathering to enhance patient safety through the Never Event assurance framework. The Committee approved an application to introduce a new clinical procedure (Prostatic Urethral Lift [PUL] using the UroLift Treatment System. This prompted a discussion within the Clinical Governance Committee	Report noted

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

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

Committee/Group Chair's Report

		on the introduction of innovative practices	
Acute Adult Quarterly report Integrated Care Quarterly report		Both reports well received with sufficient detail to prompt constructive challenge and debate	Follow up action for Workforce Assurance Committee to undertake a deep dive review on the employment cycle for Support Workers
Quality Account priority –Sepsis		Progress made on the development and implementation of policies, guidance and documentation. Sepsis E learning package in place CQUIN target for screening achieved in A&E but not in inpatients	Report noted – further work required on data
Cervical Screening Programme Report		Committee members felt the report was lacking in detail and therefore did not provide assurance	Clinical Governance Committee to review the report prior to re submitting to QA Committee
Pressure Ulcer update		Although rates of pressure ulcers are still fairly low, there has been a slight increase in the number of pressure ulcers with performance over trajectory. Review panels have identified issues with the use of TED stockings and continence management	Report noted
Falls update		The Committee recognised the improvement in falls at Darley Court but recognised that across the Trust there is further work to do to reduce/prevent recurrent falls.	Committee members discussed the challenge of the increasing acuity and frailty of inpatients and the importance of admissions avoidance with patient pathways leading to alternative options to admission within the community
Quality Account Priorities		Verbal update provided on the ongoing consultation to select priorities for 2019/20 for inclusion in the Quality Account.	Draft quality report will be received in April 2019
Arrangements for the care of mental health patients		Overview provided outlining services provided for mental health patients	Follow up report to be provided with more detail on the numbers

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	Moderate assurance – potential moderate impact on quality, operational or financial performance
	Assured – no or minor impact on quality, operational or financial performance

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

Committee/Group Chair's Report

Healthcare Safety investigation Branch (HSIB) update		Briefing provided on the role of the Healthcare Safety Investigation Branch. The HSIB will undertake all investigations relating to incidents deemed reportable by "Every Baby counts"	Some concerns noted with regard to the increased timescale and potential impact on patients and families. The Trust will continue to undertake internal reviews
SI report Dermatology		Final report following an investigation into a delayed follow up. Committee members discussed the factors contributing to the delay and the impact of capacity pressures within dermatology.	Follow up report on dermatology capacity through Risk Management Committee
Risk Management Committee - Chair report		Escalation of concerns regarding Health and Safety policies.	
Safeguarding Committee – Chair report		Report noted, no significant risks escalated	
Comments			
Risks Escalated			

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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

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	21st February 2019	Date of next meeting:	26th March 2019
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Martin North, Bilkis Ismail, Annette Walker, Andy Ennis, Rachel Hurst, Andy Chilton	Quorate (Yes/No):	Yes
		Key Members not present:	David Wakefield, Jackie Bene, Sharon Martin

Key Agenda Items:	RAG	Lead	Key Points	Action/ decision
Month 10 Finance Report		Deputy Director of Finance (AC)	The financial position to the end of January 2019 (Month 10), excluding the Provider Sustainability Fund (PSF), is an actual deficit of £3.3m against a plan deficit of £1.3m. When the PSF is taken into account the actual position is a surplus of £3m against a surplus plan of £7.2m. The Use of Resources rating is a current rating of 2. The forecast outturn for the Trust is the same as that reported for Month 9 with a probable case of a deficit of £2.7m excluding PSF but with a surplus of £2.3m when PSF is added. However the risks affecting the outturn have increased and further mitigations are being looked at. There are ongoing discussions with the CCG, GM and NHSI regarding additional resources to support the Trust to ensure that the forecast outturn is delivered. Internally the Director of Finance has reiterated to all the Divisions the need to ensure that the 2018/19 Financial Plan is delivered. A range of actions has been put in place to support the delivery of the projected outturn position.	

	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

Financial Plan Initial Submission and Tariff Impact Assessment 2019/20		Director of Finance/ Deputy Director of Finance (RH)	The Trust submitted its initial financial plans for 2019/20 on the 12th February in line with the NHSI timetable. The Committee considered the plans which are caveated by the need for contract negotiations with the Commissioners to be concluded and for the determination of the Trust's own internal savings programme. The headline figures will be shared in part 2 at the Board meeting in February. The Trust's control total for 2019/20 has been set at £3.192m. The Committee considered the various changes to the financial regime in looking at how this figure had changed from 2018/19. This included changes to the tariff which now incorporates elements of the PSF, Agenda for Change pay award, CQUIN and centralised procurement. The final submission is due on the 4th April and therefore the Board will be asked to sign off the plans at the March Board meeting. The Committee will be considering final plans at its meeting on the 26th March.	
ICIP Progress Report and Efficiency Opportunities		Director of Finance/ ICIP Programme Manager/ Deputy Director of Finance (RH)	The Committee considered a group of reports looking at ICIP, efficiency opportunities and benchmarking against peer organisations. These reports comprised: • ICIP Progress Report • Update Report on Identifying Efficiency Opportunities • NHSI Self-assessment Checklists • Trust Learning from the Financial Improvement Programme FY18 (FIP2) • Reference Costs These reports provided the Committee with strong assurance that the Trust is exploring opportunities across a range of measures through the work with the Divisions led by the PMO for savings. The reports demonstrated that the Trust compares favourably when measured against best practice and compared with a number of indicators, for example Model Hospital, Reference Costs, NHSI self-assessment checklists. However there are still opportunities for savings and through the work that is being undertaken can be targeted towards those areas which will contribute to the ICIP for 2019/20.	

	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

Other updates		Director of Finance	The Committee also received updates from: • CRIG • Strategic Estates Board • Digital Transformation Board • Tender Update • Investment in the Corporate Services Delivery Vehicle The Committee were delighted on the success of the Trust in winning the tender for the Bolton 0-19 service.	
Comments				
Risks escalated The Committee recommends to the Board of Directors that the current risk score to the 2018/19 revenue position remains the same but noting the increased risk and action that is being taken.				

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Committee/Group Chair's Report

Item 11

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board
Date of Meeting:	15th February, 2019	Date of next meeting:	15th February, 2019
Chair:	T Armstrong Child	Parent Committee:	Trust Board
Members present/attendees:	T Armstrong Child, J Mawrey, A Walker, C Sheard, L Gammack and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	F Andrews, A Ennis, S Martin

Key Agenda Items:	RAG	Key Points	Action/decision
Agency		• Taking into account the accrual adjustment made in M9, actual agency spend increased by £4,294 in month when compared to M9 (December 18). Increases in spending for Consultants (£19,978), and Junior Grade Doctors (£10,305), were noted in month when compared to M9. These increases were offset by reductions in spending on Middle Grade Doctors (£18,256) and Nursing (£7,364). Agency spend at the end of the 2018/19 financial year is forecasted at £8.5 million.	Actions agreed:- • Further work to be undertaken on the RAG rating used for projected fill dates.
Sickness		• Sickness rate increased to 5.45% (January) from 5.25% (December). In the same month in 2017/18 (January 2017), the Trust sickness rate was 6.18% - albeit the Trust were experiencing extreme winter pressures at the time. Since the last Board meeting members are advised that the Executive Team have supported the Attendance Matters pilot be extended to October, 2019 and should include the Families Division (already in place in Acute and ICS Division).	• Paper in March to include update on the Occupational Health Department performance. • In April a fuller paper to include the positive proactive Health & Wellbeing actions that have been taken (and will be taken) to reduce absence levels.

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Committee/Group Chair's Report

Gender Pay Gap Report		• A positive reduction of the gender pay gap of 2.81% was reported when compared to last year. Benchmarking data for 2017 against local Trusts shows we fair mid table. The Committee noted the actions being taken and recognised that it may take decades for the GPG to 'level out'.	• Approved details of paper in advance of Board consideration.
LGBT History Month – Rainbow NHS Badge Campaign		• Update on the work being undertaken to support LGBT History Month by launching the Rainbow NHS badge campaign. It was noted that by choosing to wear a badge staff are sending a message to patients & colleagues that identify as LGBT+ that "you can talk to me", "Everyone is welcome".	• Requested that a short update be provided to the next Trust Board.
EDI Report		• The Committee noted that the Trust continues to raise awareness of the requirements and make progress on the equality, diversity and inclusion agenda across the organisation. The report highlighted areas of good practice across the Trust and where further intelligence is required. To avoid repetition Board members are asked to refer to the Board paper for further details.	• Approved details of paper in advance of Board consideration.

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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 Staff Survey raw results and Go Engage preparation		• The Trust received a full update on the communication plan to celebrate the findings of the recent NHS Staff Survey as well as receiving an update on the preparation for Go Engage. The Go Engage Programme will help develop a self-sufficient and sustainable approach to driving staff engagement within the Trust. • A full update on the findings on the NHS Staff Survey as well as the Go Engage programme will be presented to the Trust Board in March 2019.	• Approved details of paper in advance of Board consideration.
Deep Dive – SAS Doctors		• The Committee welcomed the update on the SAS role and the ongoing benefits. The Committee noted the recruitment and retention work that is underway. JLNC colleagues are positively engaged in these discussions.	• Report noted.
Shadow Board		• As part of developing the Trust's talent pipeline the Committee fully supported the plans to establish a shadow board. A Shadow Board Programme is an innovative, highly experiential and impactful talent development intervention that can support an organisation to develop senior strategic leadership and encourage diversity of thought around decision making.	• Report approved
Professional Development Update		• Committee received a report on the core activities that are being undertaken to ensure the delivery of a safe, compassionate and a skilled workforce.	• Reported noted. Requested that the Workforce Operational Group include this as a quarterly report.
Workforce & Organisational Development Dashboard		• The Committee noted the dashboard. All key matters had been considered at the Committee	• Report noted

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Committee/Group Chair's Report

Workforce Operational Committee		• The Director of Workforce presented his Chairs report to the Committee. All key matters for escalation were considered at the Committee	• Report noted
Risks escalated • Sickness rates remain an area of concern. The Committee is sighted on the plethora of actions being taken and has requested additional focus to be provided in areas noted.			
Recommendations to Trust Board • Full support of the details set out in the Gender Pay Gap Report, LGBT report and EDI report			

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Committee/Group Chair's Report

Bolton NHS Foundation Trust

Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	14th February 2019	Date of next meeting:	2 May 2019
Chair:	Jackie Njoroge	Parent Committee:	Board of Directors
Members Present:	J Njoroge, B Ismail M Brown, M North, R Ganz, A Walker, L Wallace, E Steel, Internal Audit, External Audit, C Ryan	Quorate (Yes/No):	Yes
		Key Members not present:	

Key Agenda Items:	RAG	Key Points	Action/decision
Draft Audit Committee Annual Report		Draft Audit committee Annual Report reviewed prior to presentation to Trust Board	Agenda item Trust Board
Internal Audit Progress Report/follow up report		Follow up report presented including overdue actions. Committee discussed refinements to the process in order to provide timely updates to the Committee – a significant number of actions were updated between the paper being submitted and the meeting	Updated response to actions to be circulated. Execs to ensure realistic deadlines are agreed and then met.
Catering Report		Medium risk report with three medium risk and 1 low risk findings. Report concluded that adequate controls are in place for food hygiene and food quality but more action needed to manage levels of food waste	Report noted
Agency Reconciliation Advisory Report		Advisory report identified control issues with medical locum agency spend. The Director of Workforce attended to provide an update on the actions already taken to improve control	Report and update from the Workforce Director noted.
Accounting Policies and plan for Annual Report and Quality Report		Update on accounting requirements and timescale for the preparation of the accounts and annual report noted.	
Compliance with FT code of Governance		The Trust remain compliant with the majority of clauses within the Code with the exception of those clauses relating to the independence and length of service of the Chairman	Agreed that under the "comply or explain" requirement of the FT Code of Governance the Trust will explain non-compliance with clauses B.3.1 and B.7.1

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Committee/Group Chair's Report

Technical Update		The committee discussed the recent NHSI guidance on the new process for approval for the creation of a wholly owned subsidiary or a change to an existing subsidiary	Action agreed for the Trust and iFM to undertake a self-assessment against the NHSI checklist for subsidiary governance. Will discuss further in the part two meeting under the iFM agenda item
Local Counter Fraud Specialist Report		The Committee continue to be assured that robust processes are in place to reduce the risk of fraud	Report noted
EU exit planning		Paper previously received by the Board received for information	Report noted
Waivers			Report noted
Losses			Report noted
Register of Interests			Report noted
Use of the Trust Seal			Report noted

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Bolton
NHS Foundation Trust

Audit Committee Annual Report

1st January 2018 – 31st December 2018

Report approved by the Audit Committee 14th February 2019

1. Introduction

The Audit Committee is established under Board delegation with approved terms of reference aligned with the Audit Committee Handbook, published by the HFMA and Department of Health. The Committee met on five occasions in the period covered by this report to discharge its responsibilities for scrutinising the risks and controls which affect all aspects of the organisation's business.

The Committee has a Non-Executive Chair and four of the Non-Executive Directors of the Trust are members of the committee, the Chairman of the Trust and the Chair of the Finance Committee are specifically excluded from membership. The Chair of the Audit Committee is Jackie Njoroge, Non-Executive Director.

A number of officers are in regular attendance. These include the Director of Finance, the Head of Financial Services, the Trust Secretary, Internal and External Auditors, and the Local Anti-Fraud Specialist. Other Directors and Managers attend at the request of the Committee. The Audit Committee Chair provides a summary report of the Committee's activities to the next Board meeting. The Committee believe that its members have sufficient knowledge of the organisation's business to identify key risks

The Committee's work predominantly focused upon the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives (the Assurance Framework). The Committee had a pivotal role to play in reviewing the disclosure statements from the organisation's assurance processes; in particular the Annual Governance Statement, included in the Annual Report and Accounts.

1.2 Purpose of the Report

1.2.1 This annual report has been prepared for the attention of the Board of Directors and reviews the work and performance of the Audit Committee in satisfying its terms of reference.

1.2.2 The production of an Audit Committee Annual Report represents good governance practice and ensures compliance with the Department of Health's Audit Committee Handbook, the principles of integrated governance and Monitor's Compliance Framework.

1.2.3 The report covers the period 1st January 2018 – 31st December 2018 (the reporting period).

1.3 Context

1.3.1 2018 was a year of change in many respects. Work continued to develop the Healthier Together proposals for emergency surgery previously agreed by the Greater Manchester Commissioners and we worked closely with our colleagues across Bolton to map out how to deliver the vision captured in the Bolton Locality Plan. Both of these initiatives are designed to transform the way we manage the ever growing demand on health and social care services.

1.3.2 Throughout the year we continued to evolve as a Trust, our new wholly owned subsidiary, iFM Bolton, effectively commenced its first full year of trading with the transfer of staff from some of our important support functions at the beginning of April 2018.

1.3.3 We have continued to deliver against a number of key performance targets, including waiting times, cancer targets, diagnostic tests, stroke targets and many others.

Performance against key quality metrics has also been strong with notable improvement on the metrics included on the ward to board heat map. Although, our A&E has at times been overwhelmed and continues to be under significant pressure we have made progress to improve performance against the four hour A&E target.

1.3.4 Our staff satisfaction scores have continued to rise, with the majority now in the top 20% of the UK, our patient feedback also improved, highlighting the effects of improved care throughout the trust.

1.3.5 On the financial side we delivered our planned surplus for 2017/18, and in doing so became the only trust in our peer group within the North West to manage within our budget, this marks the fourth successive year when we have managed our finances within budget.

1.3.6 During this period, the Audit Committee has continued in its role providing challenge and oversight of the underlying assurance processes to ensure compliance with organisational objectives and regulatory requirements.

2. Committee Membership

2.1 The Audit Committee membership comprised:-

	Meeting Date				
	15/2/18	3/5/18	24/5/18	20/9/18	22/11/18
Jackie Njoroge (Chair)	✓	✓	✓	✓	✓
Ann Gavin-Daley	✓	✓	✓		
Bilkis Ismail	✓	Apologies	✓	✓	✓
Malcolm Brown				✓	Apologies
Martin North				Apologies	Apologies

3. Compliance with the Terms of Reference

3.1 The Terms of Reference of the Audit Committee are reviewed annually.

3.2 The Audit Committee met five times during the reporting period.

3.3 All meetings were quorate (quorum is defined in the terms of reference as two Non-Executive Directors).

3.4 A Chair report from the Audit Committee is submitted to the next meeting of the Board of Directors.

3.5 Audit Committee members meet in private with the Internal and External Auditors prior to each Audit Committee meeting.

3.6 The Director of Finance, Deputy Director of Finance, Trust Secretary, Head of Internal Audit and Internal Audit Manager, representatives of External Audit and the Local Counter Fraud Specialist have been in attendance.

3.7 Executive Directors, Corporate Directors and other members of staff have been requested to attend the Audit Committee as required.

3.8 The Terms of Reference were reviewed by the Audit Committee in F e b r u a r y

2 0 1 7 (appendix A)

4. Audit Provision

4.1 Internal Audit during the reporting period was provided by Price Waterhouse Cooper (PwC).

4.2 External Audit during the reporting period was provided by KPMG.

4.3 The tenders for internal and external audit 2019 – 2022 will be awarded during 2019. .

5. Work and Performance of the Committee

5.1 The Audit Committee agenda is constructed in order to provide assurance to the Board of Directors across a range of activities including corporate, clinical, financial and risk governance and management.

The Audit Committee agendas in the reporting period covered the following:-

- Reviews of Board Assurance
- External Audit progress reports
- Internal Audit progress reports
- Anti-Fraud reports
- Losses and special payments reports
- Tenders waived reports
- Declarations of interest
- Register of sealings

5.2 Reviews of Board Assurance

During the year the Committee received regular updates on the Board Assurance Framework in addition to a schedule of in depth reviews of each section of the BAF with the lead director attending to respond to the Committee's challenge and scrutiny.

5.3 External Audit

2017/18 Accounts and Report (Group Accounts including iFM Bolton)

5.3.1 The 2017/18 accounts were audited by KPMG and the findings presented to the Audit Committee in May 2018.

The Audit Committee considered the External Audit Annual Governance report.

The Audit Committee approved the accounts for the period 1st April 2017 to 31st March 2018.

5.3.2 KPMG carried out an audit on the Quality Account 2017/18 and provided recommendations to the Audit Committee in May 2018.

5.3.3 KPMG provided regular progress reports and technical updates to the Audit Committee.

5.4 Internal Audit

5.4.1 Outsourced internal audit during the reporting period has been provided by PwC.

5.4.2 The Committee worked with the Internal Auditor to consider the major findings of internal audit reports and the associated management responses and monitored the implementation of recommendations through regular progress reports.

5.4.3 The Internal Auditor provided a training session on the role of the Audit Committee and the role of Internal Audit

5.4.4 The Head of Internal Audit Opinion for 2017/18 presented to the Audit Committee in May 2018 was split between iFM and the FT.

For the FT the Head of Internal Audit opinion was "Generally satisfactory with some improvements required" and for iFM Bolton the opinion was of Improvement required.

5.4.5 The following Internal Audit Reports were received by the Audit Committee during the reporting period

Audit Title (Final Reports)	**Report classification**	**Number of findings**			
		Critical	High	Medium	Low
Estates Reactive and Planned Maintenance (iFM Bolton)	High risk		2	2	
Discharging Patients	High risk		2	3	1
Capital Projects (iFM Bolton)	High risk		3	2	2
Data Quality and Business Intelligence					
Waste Management (iFM Bolton)	High risk		2	3	1
National Safety Standards for Invasive Procedures (NatSSIPS)	High risk		2	2	1
Discharging Inpatients	High risk		2	3	1
Mandatory and Statutory Training	Low risk			2	
Temporary Staffing – Medical and Nursing	High risk		3	2	1
Divisional Risk Registers	Low risk				2
Payroll	Low risk			1	3
Well Led Actions Follow Up Review	Low risk				2
Financial Management and Reporting	Low risk				1
Waste Management Follow Up (iFM Bolton)	Medium		1	1	

5.5 High risk reports

The Committee received seven reports classed as high risk during the reporting period:

5.5.1 For the Foundation Trust four of the twelve reports were initially rated as high risk but following remedial action the residual risk was reduced.

5.5.2 For iFM Bolton three of the four reports were deemed high overall risk, a number of actions to address these issues remain outstanding.

6. Anti-Fraud

6.1 Anti-Fraud services have been provided through an SLA with Wrightington, Wigan and Leigh NHS FT. A nominated Anti-Fraud specialist works with the Trust.

6.2 The Audit Committee received regular progress reports and details of investigations carried out during the year.

6.3 During the reporting period the organisation has undertaken anti-fraud work as per the "Standard for Providers" document this is set out in four sections and covers corporate responsibilities and the three key principles for action. These are:

- Strategic governance
- Inform and Involve
- Prevent and Deter
- Hold to Account

6.4 An Anti-Fraud annual report covering this reporting period was presented to the Audit Committee on 3rd May 2018 together with a summary of the Anti-Fraud work undertaken based upon the annual work plan.

7 Losses and Special Payments

7.1 The Audit Committee was provided with regular information regarding the levels and values of losses and compensation payments within the Trust.

8. Tenders Waived

A summary of all tenders waived above a £50k value was presented at each meeting of the Audit Committee.

9. Other Reports

The Audit Committee received further information on the following:-

9.1 The Audit Committee received the Annual Report and the Quality Report for the Trust in May 2018.

9.2 The Audit Committee reviewed the draft Annual Governance Statement 1st April 2017 to 31st March 2018, in May 2018.

The Annual Governance Statement described the system of internal control that supports the achievement of the organisation's policies, aims and key priorities.

10. Priorities for 2019

The workplan for 2019 is attached (appendix B)

11. Effectiveness of the Audit Committee

In September 2018, the committee undertook a self-assessment of its effectiveness.

The review indicated a high level of effectiveness with the most common score for all questions being either 4 or 5 out of a total score of 5.

The self-assessment overall, was very positive. It was noted that there continued to be a positive development of the operational elements of the committee and of the risk management arrangements. The contribution from the Executive Team was seen as strong; the input from PwC as internal auditors was felt to be robust and the KPMG updates were considered useful.

In response to feedback from the survey, PwC provided a development session for Committee members and Trust senior managers.

12. Conclusion

The audit committee has an important role in delivering good governance, providing challenge and oversight and in advising senior management on the effectiveness of risk management processes.

Committee members recognise that although progress has been made the Trust must not be complacent and must build on recent successes to embed strong and sustainable governance arrangements throughout the Trust.

The Audit Committee has an important role to play in ensuring appropriate governance and control arrangements are in place for iFM Bolton and for the developing Integrated Care Partnership

Esther Steel	Jackie Njoroge
Trust Secretary	Chair of Audit Committee

Integrated Summary Dashboard - January 2019

Executive Summary

Trust Objective	RAG Distribution	Total
Quality and Safety		
Harm Free Care		19
Infection Prevention and Control		9
Mortality		4
Patient Experience		16
Maternity		11
Operational Performance		
Access		11
Productivity		12
Cancer		7
Community		6
Workforce		
Sickness, Vacancy and Turnover		3
Organisational Development		6
Agency		4
Finance		
Finance		5
Use of Resources		
Clinical Services		
People		
Clinical Support Services		
Corporate Services, Procurement, Estates & Facilities		
Finance		
Appendices		
Heat Maps		

NHS Bolton NHS Foundation Trust

Understanding the Report

This summary report shows the latest and previous position of selected indicators, as well as a year to date position, and a sparkline showing the trend over the last 12 months.

RAG Status

	Indicator is underperforming against the plan for the relevant period (latest, previous, year to date)
	Indicator is performing against the plan (including equal to the plan) for the relevant period (latest, previous, year to date)

Trend

	The direction of travel of the indicator value between the previous and latest period is downwards, and this is undesirable with respect to the plan
	The direction of travel of the indicator value between the previous and latest period is upwards, and this is undesirable with respect to the plan
	The indicator value has not changed between the previous and latest period
	The direction of travel of the indicator value between the previous and latest period is downwards, and this is desirable with respect to the plan
	The direction of travel of the indicator value between the previous and latest period is upwards, and this is desirable with respect to the plan

Integrated Summary Dashboard - January 2019

Quality and Safety

Harm Free Care

Pressure Ulcers
Quarter three update paper was received at the Quality Assurance Committee in February. Whilst numbers remain relatively low it was noted that incidences are increasing. The Director of Nursing has identified the themes and gave assurance that the identified improvement work has already begun. An update on progress will be included in Quarter four report to Quality Assurance Committee in April.

Falls
Quarter three update paper was received at the Quality Assurance Committee in February. Overall this was a positive report demonstrating continuing improvement, the significant improvement at Darley Court was noted. However, further work is required around recurrent falls. Progress on this work will reported in the Quarter four report to Quality Assurance in April

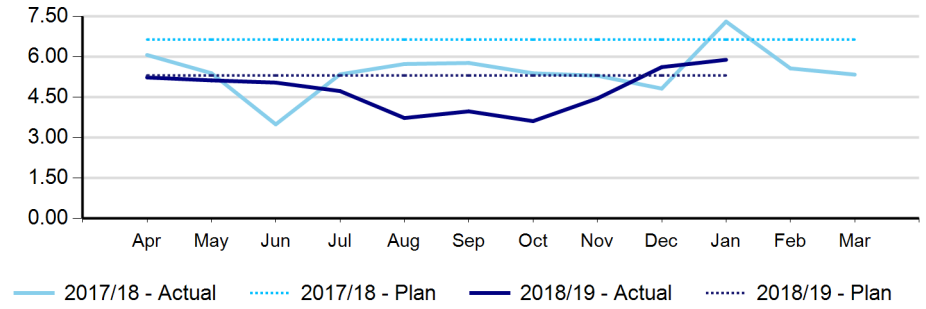
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
6 - Compliance with preventative measure for VTE	>= 95%	97.6%	Jan-19			>= 95%	95.6%	Dec-18		>= 95%	96.6%		95.4 - 97.8%	
9 - Never Events	= 0	0	Jan-19			= 0	0	Dec-18		= 0	2		0 - 1	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	5.88	Jan-19			<= 5.30	5.61	Dec-18		<= 5.30	4.74		3.60 - 7.30	
14 - Inpatient falls resulting in Harm (Moderate +)	= 0	1	Jan-19			= 0	1	Dec-18		= 0	16		0 - 4	
15 - Acute Inpatients acquiring pressure damage (grd 2)	<= 6.0	6.0	Jan-19			<= 6.0	6.0	Dec-18		<= 60.0	66.0		4.0 - 15.0	
16 - Acute Inpatients acquiring pressure damage (grd 3)	<= 0.5	1.0	Jan-19			<= 0.5	1.0	Dec-18		<= 5.0	6.0		0.0 - 2.0	
17 - Acute Inpatients acquiring pressure damage (grd 4)	= 0.0	0.0	Jan-19			= 0.0	0.0	Dec-18		= 0.0	0.0		0.0 - 0.0	
18 - Community patients acquiring pressure damage (grd 2)	<= 7.0	2.0	Jan-19			<= 7.0	9.0	Dec-18		<= 70.0	73.0		2.0 - 12.0	
19 - Community patients acquiring pressure damage (grd 3)	<= 4.0	7.0	Jan-19			<= 4.0	8.0	Dec-18		<= 40.0	47.0		1.0 - 10.0	

Integrated Summary Dashboard - January 2019

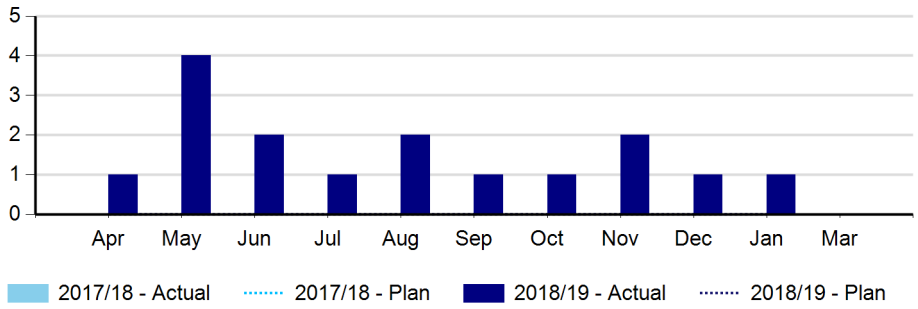
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
20 - Community patients acquiring pressure damage (grd 4)	<= 1.0	1.0	Jan-19			<= 1.0	0.0	Dec-18		<= 10.0	11.0		0.0 - 3.0	
21 - Total Pressure Damage due to lapses in care	<= 6	6	Jan-19			<= 6	8	Dec-18		<= 56	57		3 - 13	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	92.5%	Q3 2018/19			>= 90%	90.1%	Q2 2018/19		>= 90%	91.5%		88.7 - 92.5%	
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	91.7%	Q3 2018/19			>= 90%	90.0%	Q2 2018/19		>= 90%	90.6%		83.3 - 91.7%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	79.7%	Jan-19			>= 80%	79.5%	Dec-18		>= 80%	79.0%		76.7 - 81.8%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	73.3%	Jan-19			>= 72.5%	69.3%	Dec-18		>= 72.5%	77.8%		69.3 - 87.5%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Jan-19			= 100%	100.0%	Dec-18		= 100%	85.9%		33.3 - 100.0%	
88 - KPI Audits linked to Bolton System of Accreditation (BOSCA)	>= 85%	92.7%	Jan-19			>= 85%	94.0%	Dec-18		>= 85%	92.4%		89.7 - 94.0%	
91 - All Serious Incidents investigated and signed off by the Board of Directors within 60 days	= 100%	None due	Jan-19			= 100%	0.0%	Dec-18		= 100%	30.4%		0.0 - 100.0%	
312 - All Serious Incidents investigated and signed off by the Board of Directors within 60 days but within an agreed extension period	= 100%	N/A	Jan-19			= 100%	100.0%	Dec-18		= 100%	96.4%		50.0 - 100.0%	

Exceptions

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



14 - Inpatient falls resulting in Harm (Moderate +)

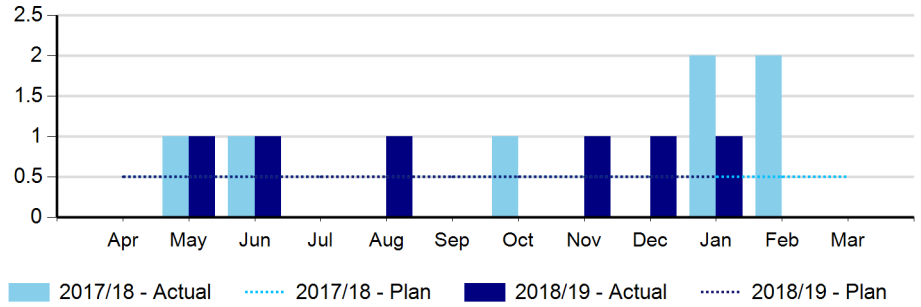


Integrated Summary Dashboard - January 2019

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	6.06	5.38	3.48	5.34	5.72	5.76	5.38	5.29	4.81	7.30	5.56	5.33
18/19	5.22	5.11	5.03	4.72	3.72	3.97	3.60	4.45	5.61	5.88		

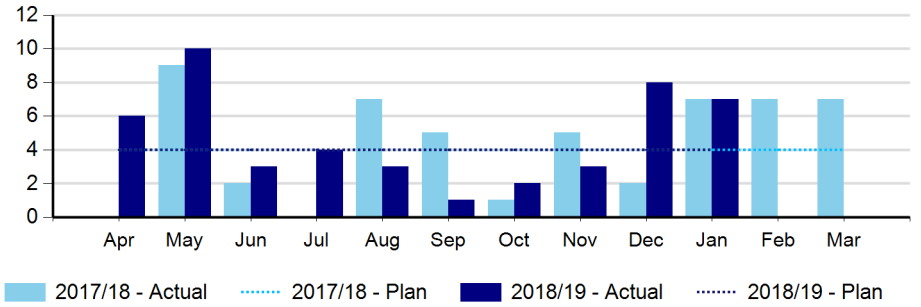
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												0
18/19	1	4	2	1	2	1	1	2	1	1		

16 - Acute Inpatients acquiring pressure damage (grd 3)



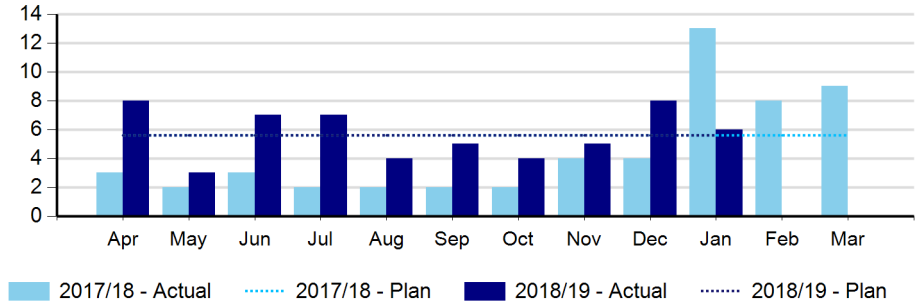
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0	1.0	1.0	0.0	0.0	0.0	1.0	0.0	0.0	2.0	2.0	0.0
18/19	0.0	1.0	1.0	0.0	1.0	0.0	0.0	1.0	1.0	1.0		

19 - Community patients acquiring pressure damage (grd 3)



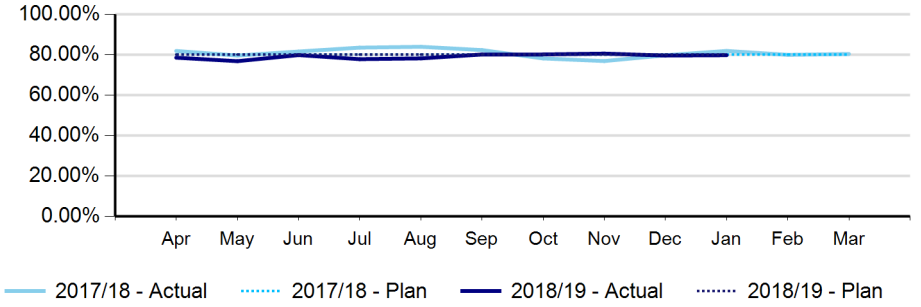
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0	9.0	2.0	0.0	7.0	5.0	1.0	5.0	2.0	7.0	7.0	7.0
18/19	6.0	10.0	3.0	4.0	3.0	1.0	2.0	3.0	8.0	7.0		

21 - Total Pressure Damage due to lapses in care



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	3	2	3	2	2	2	2	4	4	13	8	9
18/19	8	3	7	7	4	5	4	5	8	6		

30 - Clinical Correspondence - Inpatients %<1 working day



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	81.8%	79.5%	81.5%	83.4%	83.8%	82.2%	78.1%	76.8%	79.7%	81.8%	79.9%	80.3%
18/19	78.4%	76.7%	79.7%	77.7%	78.1%	80.0%	80.0%	80.5%	79.5%	79.7%		

Integrated Summary Dashboard - January 2019

Infection Prevention and Control

Following the improvement work and focus, there has been a reduction in the number of blood culture contaminants. A formal evaluation of the progress will be received at a future Infection Prevention and Control Committee (IPCC) as it is anticipated the improvement is sustainable.

As planned, a formal process of root cause analysis for all methicillin-susceptible staphylococcus aureus (MSSA) cases has commenced, themes and actions will help formulate the strategy for improvement moving forward.

The quarter three antibiotic prescribing audit has been completed and the average compliance for all standards across the Trust is 85% which reflects previous audits. The microbiology, IPC and antimicrobial prescribing team will be reviewing the recent audits and the newly published Government 5 year plan to tackle antimicrobial resistance to provide a strategy to the March IPCC related to antibiotic use.

Clostridium difficile infections remain under the trajectory for less than 18 hospital onset cases for 2018/19. There have been 14 cases to the end of January.

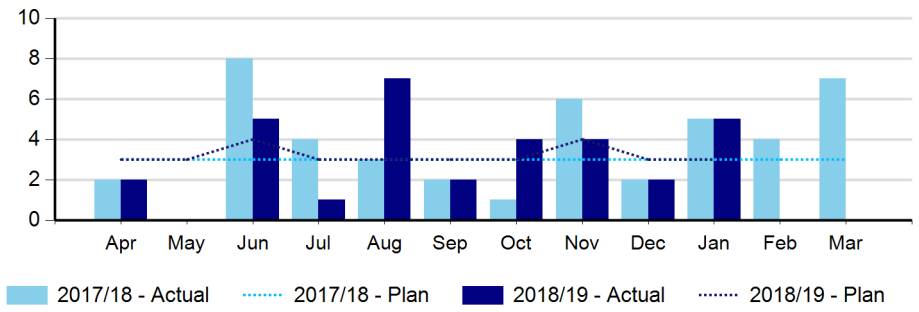
There has been an outbreak of carbapenemase producing enterobacteriaceae (CPE) on ward C1 which has now been resolved. There has been a second and unrelated outbreak of CPE on ward B3 which is ongoing. There is ongoing assistance, support and guidance from Public Health England regarding the management of this outbreak.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
215 - Total Trust apportioned C. diff infections	<= 2	2	Jan-19			<= 2	2	Dec-18		<= 20	16		0 - 4	
216 - Total performance C. diff infections	<= 2	1	Jan-19			<= 2	2	Dec-18		<= 20	13		0 - 4	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Jan-19			= 0	0	Dec-18		= 0	1		0 - 1	
218 - Total Trust apportioned E. coli BSI	<= 3	5	Jan-19			<= 3	2	Dec-18		<= 32	32		0 - 7	
219 - Blood Culture Contaminants (rate)	<= 3%	4.7%	Jan-19			<= 3%	5.2%	Dec-18		<= 3%	5.0%		2.5 - 7.0%	
199 - Compliance with antibiotic prescribing standards	>= 95%	85.2%	Q3 2018/19			>= 95%	86.0%	Q1 2018/19		>= 95%	85.6%		85.2 - 86.0%	
304 - Total Trust apportioned MSSA BSIs	<= 1.3	4.0	Jan-19			<= 1.3	0.0	Dec-18		<= 13.0	20.0		0.0 - 4.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	<= 2	2	Jan-19			= 0	1	Dec-18		<= 7	12		0 - 3	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	<= 1	0	Jan-19			= 0	0	Dec-18		<= 2	2		0 - 1	

Integrated Summary Dashboard - January 2019

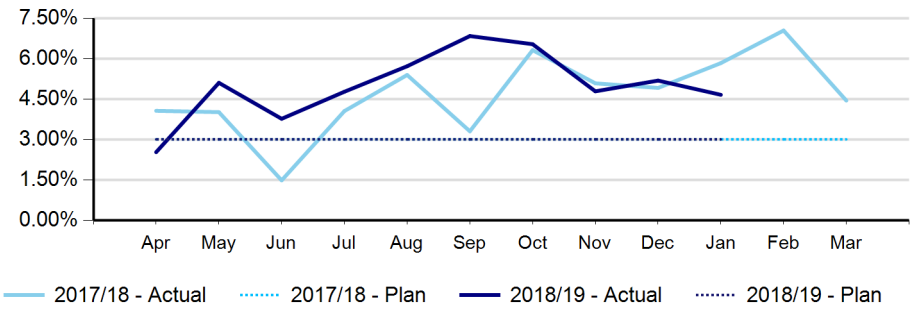
Exceptions

218 - Total Trust apportioned E. coli BSI



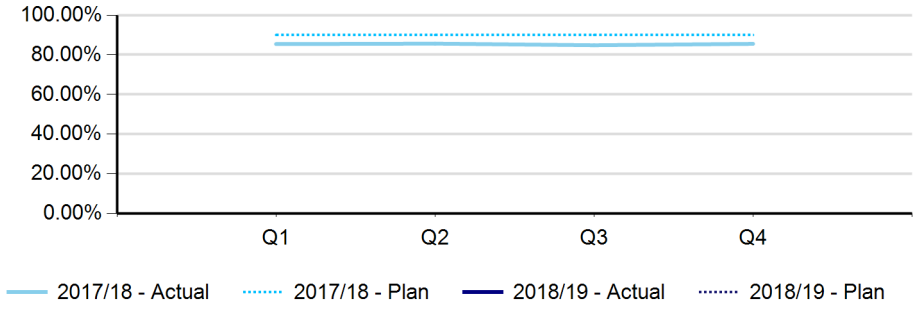
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2	0	8	4	3	2	1	6	2	5	4	7
18/19	2	0	5	1	7	2	4	4	2	5		

219 - Blood Culture Contaminants (rate)



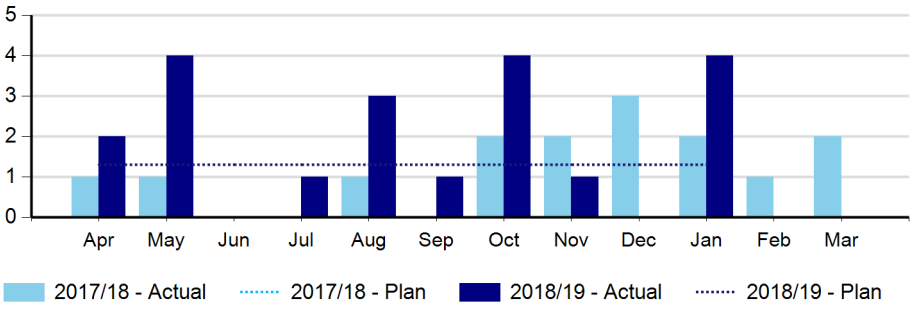
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.1%	4.0%	1.5%	4.1%	5.4%	3.3%	6.3%	5.1%	4.9%	5.8%	7.0%	4.4%
18/19	2.5%	5.1%	3.8%	4.8%	5.7%	6.8%	6.5%	4.8%	5.2%	4.7%		

199 - Compliance with antibiotic prescribing standards



	Q1	Q2	Q3	Q4
17/18	85.4%	85.6%	84.8%	85.5%
18/19	86.0%		85.2%	

304 - Total Trust apportioned MSSA BSIs



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.0	1.0	0.0	0.0	1.0	0.0	2.0	2.0	3.0	2.0	1.0	2.0
18/19	2.0	4.0	0.0	1.0	3.0	1.0	4.0	1.0	0.0	4.0		

Integrated Summary Dashboard - January 2019

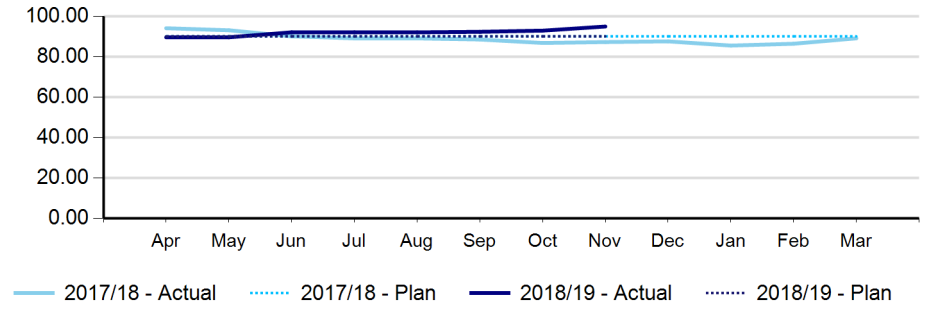
Mortality

The rise in the SHIMI to 111.2 in the first quarter of 2018/19 is still within national limits but is being reviewed at as it is likely that the major contributor is a rise in pneumonia mortality over winter 2017/18. There is an ongoing review to review all factors that may be contributing to this.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
3 - National Early Warning Scores to Gold standard	>= 85%	100.0%	Jan-19			>= 85%	100.0%	Dec-18		>= 85%	93.1%		85.1 - 100.0%	
10 - Risk adjusted Mortality (ratio) (1 mth in arrears)	<= 90	94.9	Nov-18			<= 90	92.8	Oct-18		<= 90	94.9		85.4 - 94.9	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 100.00	111.16	Q1 2018/19			<= 100.00	108.70	Q4 2017/18		<= 100.00	111.16		108.70 - 111.16	
12 - Crude Mortality %	<= 2.9%	2.6%	Jan-19			<= 2.9%	2.5%	Dec-18		<= 2.9%	2.2%		1.9 - 3.1%	

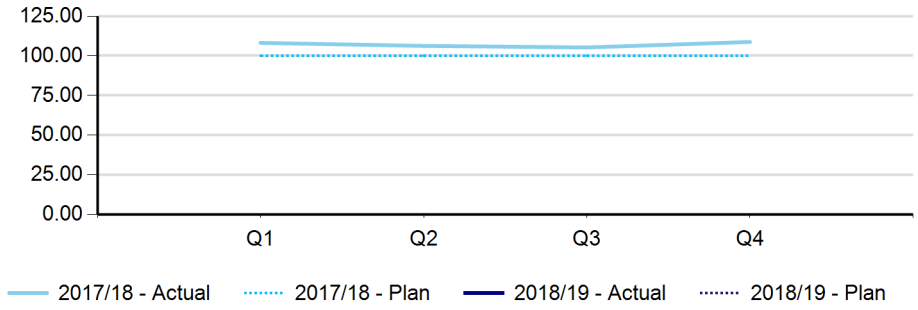
Exceptions

10 - Risk adjusted Mortality (ratio) (1 mth in arrears)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	94.0	93.0	90.0	89.0	89.0	88.4	86.7	87.2	87.5	85.4	86.3	89.0
18/19	89.5	89.5	92.0	92.0	92.0	92.2	92.8	94.9				

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



	Q1	Q2	Q3	Q4
17/18	108.10	106.20	105.22	108.70
18/19	111.16			

Integrated Summary Dashboard - January 2019

Patient Experience

A&E Friends and Family
The response rates for January improved overall although the recommended rate fell slightly. There has been an increased focus within the department and a number of innovative methods to encourage and collect FFT are now in place. The response rates for paediatrics has seen an improvement. The team are looking at the themes from the narrative responses to establish the cause of the drop in recommended rates and to identify actions to enable learning to take place.

Inpatient Friends and Family
The response rate for inpatient FFT overall in year remains red although there has been an increase in January 2019 and is almost at target. Divisions are working closely with the corporate team to support those wards that have low response rates with the inclusion of iPad usage to improve this and it is expected that the response rates will continue to improve.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
200 - A&E Friends and Family Response Rate	>= 20%	19.6%	Jan-19			>= 20%	18.2%	Dec-18		>= 20%	17.7%		13.0 - 20.6%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	88.9%	Jan-19			>= 90%	89.2%	Dec-18		>= 90%	89.2%		84.2 - 91.1%	
80 - Inpatient Friends and Family Response Rate	>= 30%	29.8%	Jan-19			>= 30%	25.7%	Dec-18		>= 30%	32.1%		25.7 - 37.5%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	96.4%	Jan-19			>= 90%	96.6%	Dec-18		>= 90%	96.5%		95.7 - 97.4%	
81 - Maternity Friends and Family Response Rate	>= 15%	30.5%	Jan-19			>= 15%	25.0%	Dec-18		>= 15%	30.3%		19.0 - 43.6%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	97.3%	Jan-19			>= 90%	96.5%	Dec-18		>= 90%	95.8%		92.4 - 97.9%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	16.7%	Jan-19			>= 15%	7.3%	Dec-18		>= 15%	15.5%		1.7 - 31.5%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	98.9%	Jan-19			>= 90%	100.0%	Dec-18		>= 90%	97.5%		88.9 - 100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	38.0%	Jan-19			>= 15%	32.6%	Dec-18		>= 15%	34.1%		24.9 - 50.2%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	96.7%	Jan-19			>= 90%	96.2%	Dec-18		>= 90%	94.3%		88.5 - 97.8%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	20.7%	Jan-19			>= 15%	17.7%	Dec-18		>= 15%	27.3%		17.7 - 44.5%	

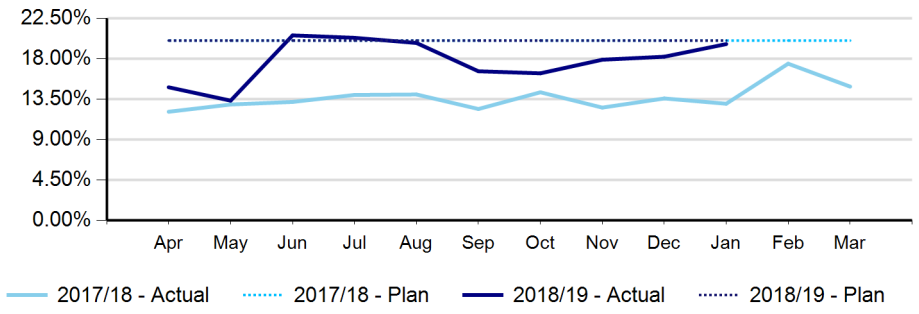
Integrated Summary Dashboard - January 2019

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	93.5%	Jan-19			>= 90%	89.6%	Dec-18		>= 90%	93.8%		88.1 - 98.1%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	48.8%	Jan-19			>= 15%	45.7%	Dec-18		>= 15%	46.8%		20.9 - 75.1%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	98.6%	Jan-19			>= 90%	98.8%	Dec-18		>= 90%	97.7%		95.1 - 99.5%	
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Jan-19			= 100%	100.0%	Dec-18		= 100%	99.6%		96.6 - 100.0%	
90 - Complaints responded to within the period	>= 95%	100.0%	Jan-19			>= 95%	95.5%	Dec-18		>= 95%	95.9%		87.0 - 100.0%	

Integrated Summary Dashboard - January 2019

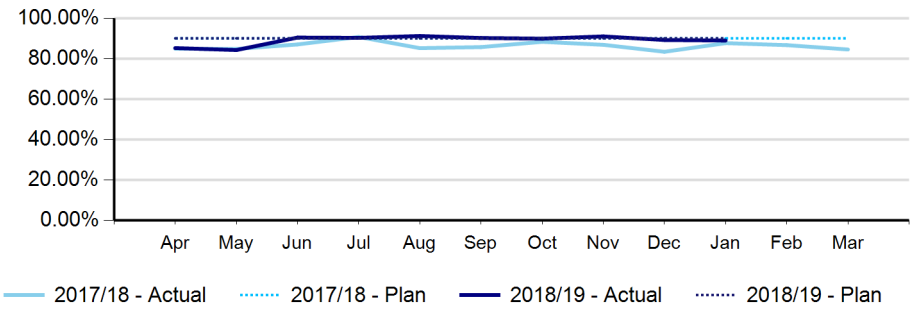
Exceptions

200 - A&E Friends and Family Response Rate



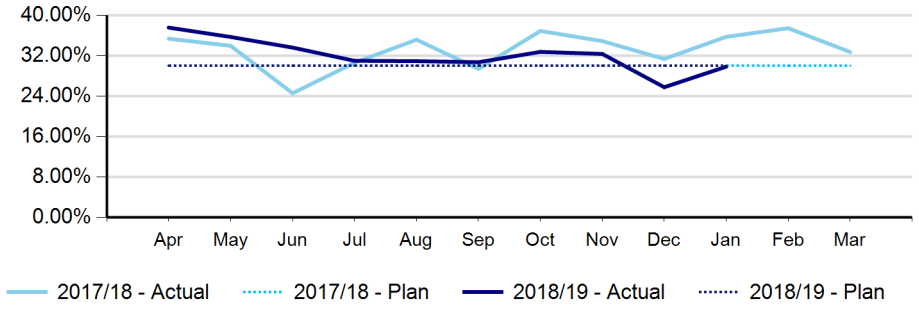
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12.1%	12.9%	13.2%	13.9%	14.0%	12.4%	14.2%	12.5%	13.6%	13.0%	17.4%	14.9%
18/19	14.8%	13.3%	20.6%	20.3%	19.7%	16.6%	16.4%	17.9%	18.2%	19.6%		

294 - A&E Friends and Family Satisfaction Rates %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	84.8%	84.7%	87.0%	90.7%	85.1%	85.7%	88.3%	86.8%	83.3%	87.6%	86.6%	84.5%
18/19	85.2%	84.2%	90.4%	90.2%	91.1%	90.2%	89.8%	90.9%	89.2%	88.9%		

80 - Inpatient Friends and Family Response Rate



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	35.3%	33.9%	24.5%	30.6%	35.1%	29.3%	36.9%	34.9%	31.3%	35.7%	37.4%	32.7%
18/19	37.5%	35.7%	33.6%	31.0%	30.9%	30.7%	32.7%	32.3%	25.7%	29.8%		

Integrated Summary Dashboard - January 2019

Maternity

Following previous discussion at the Trust Board some of the indicators have been changed to align with GM trajectories. A full overview of the indicators will be considered during the maternity presentation which is an agenda item this month.

3rd and 4th degree tears
There is a planned relaunch of the oasi care bundle for midwives, additional training and support is to be given to registrars undertaking instrumental births. This requires a renewed focus.

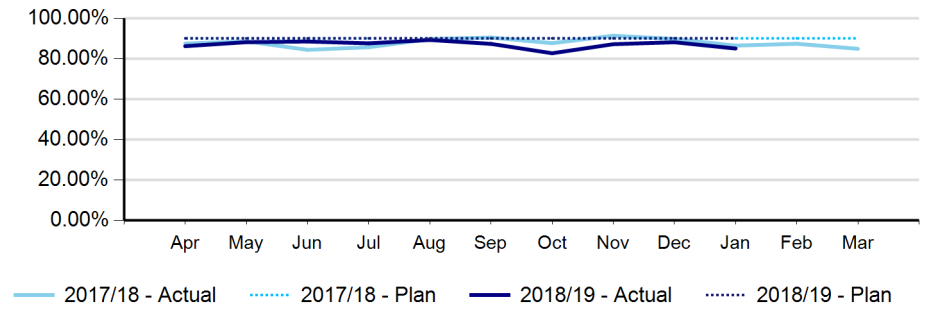
Booked 12+6.
The breaches relate to late bookers, concealed pregnancy and unaware of pregnancy, none were due to capacity within our services. The Trust is working towards achieving 20% continuity of care and looking to introduce a single point of access for direct bookings.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
322 - Maternity - Stillbirths per 1000 births	<= 3.50	0.00	Jan-19			<= 4.00	2.16	Dec-18		<= 3.50	2.26		0.00 - 5.96	
23 - Maternity -3rd/4th degree tears	<= 3.5%	3.2%	Jan-19			<= 3.0%	2.0%	Dec-18		<= 3.5%	2.4%		1.6 - 4.2%	
202 - 1:1 Midwifery care in labour	>= 97.0%	98.7%	Jan-19			>= 95.0%	97.9%	Dec-18		>= 97.0%	98.8%		97.9 - 99.8%	
203 - Booked 12+6	>= 90.0%	84.9%	Jan-19			>= 90.0%	88.1%	Dec-18		>= 90.0%	79.5%		82.6 - 89.2%	
204 - Inductions of labour	<= 40%	39.4%	Jan-19			<= 35%	43.6%	Dec-18		<= 40%	40.2%		36.3 - 45.3%	
205 - Normal deliveries	>= 50.0%	54.1%	Jan-19			>= 63.0%	56.4%	Dec-18		>= 50.0%	58.0%		54.1 - 61.9%	
208 - Total C section	<= 33.0%	30.7%	Jan-19			<= 25.5%	31.4%	Dec-18		<= 33.0%	28.8%		25.7 - 31.4%	
210 - Initiation breast feeding	>= 65%	64.0%	Jan-19			>= 65%	63.3%	Dec-18		>= 65%	68.3%		63.3 - 72.6%	
213 - Maternity complaints	<= 5	2	Jan-19			<= 5	8	Dec-18		<= 50	32		0 - 8	
319 - Maternal deaths (direct)	= 0	0	Jan-19			= 0	0	Dec-18		= 0	1		0 - 1	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births) - in development	<= 8%													

Integrated Summary Dashboard - January 2019

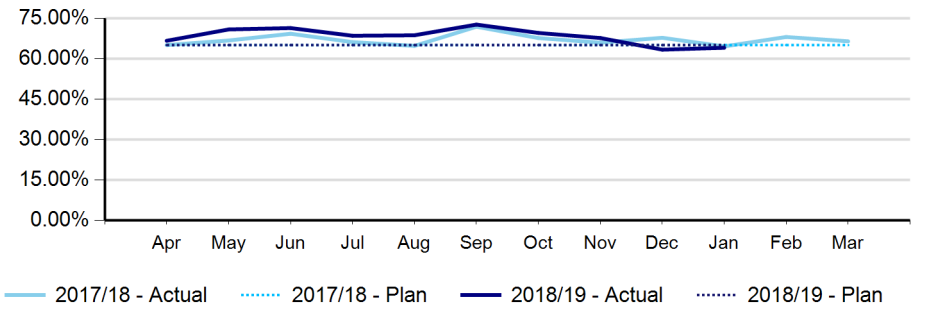
Exceptions

203 - Booked 12+6



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87.4%	88.5%	84.3%	85.6%	89.6%	90.4%	87.6%	91.3%	89.7%	86.4%	87.3%	84.8%
18/19	86.1%	88.1%	88.4%	87.5%	89.2%	87.3%	82.6%	87.1%	88.1%	84.9%		

210 - Initiation breast feeding



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	65.0%	66.7%	69.2%	66.1%	64.7%	71.8%	67.6%	65.9%	67.7%	64.5%	68.0%	66.4%
18/19	66.6%	70.8%	71.3%	68.5%	68.6%	72.6%	69.5%	67.6%	63.3%	64.0%		

Integrated Summary Dashboard - January 2019

Operational Performance

Access

RTT - It is expected that as the waiting list is addressed, incomplete performance will deteriorate in the short term. However the removal of the 52 week waits and no growth in the size of the waiting list is expected to be achieved.

A&E - although missing the trajectory, the 4 hour standard performance continues to improve and Bolton is the only trust in Greater Manchester to see a quarter on quarter improvement.

DMO1 - diagnostics waits times have failed for the second month, with specific pressure in echocardiography and endoscopy. A recovery plan is in place and the Trust expects to achieve the standard by March 2019.

TIA - The Trust does not have the capacity to consistently deliver this standard, and although local actions are in place to improve performance, talks are under way with Wigan and Salford (who also cannot deliver the service) to set up a joint service, to ensure a sustainable, safe service.

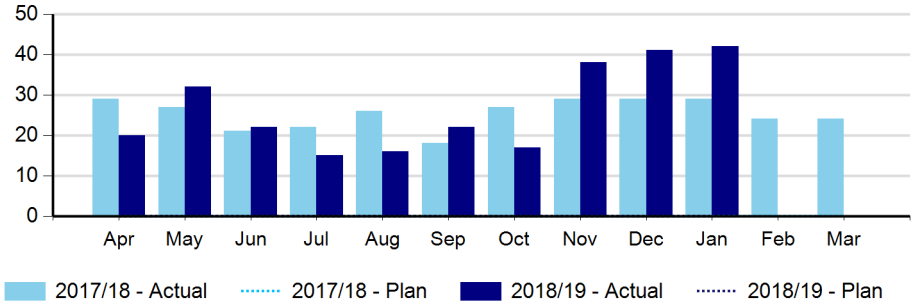
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	= 0	42	Jan-19			= 0	41	Dec-18		= 0	265		15 - 42	
8 - Same sex accommodation breaches	= 0	9	Jan-19			= 0	18	Dec-18		= 0	104		2 - 18	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	90.6%	Jan-19			>= 75%	56.8%	Dec-18		>= 75%	66.5%		55.6 - 90.6%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	88.4%	Jan-19			>= 92%	88.7%	Dec-18		>= 92%	89.3%		87.2 - 90.3%	
42 - RTT 52 week waits (incomplete pathways)	= 0	7	Jan-19			= 0	5	Dec-18		= 0	63		0 - 10	
314 - RTT 18 week waiting list	<= 22,812	23,004	Jan-19			<= 22,812	23,050	Dec-18		<= 22,812	23,004		22,344 - 23,052	
53 - A&E 4 hour target	>= 95%	82.5%	Jan-19			>= 95%	81.3%	Dec-18		>= 95%	85.0%		77.8 - 91.3%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0%	4%	Jan-19			= 0%	10%	Dec-18		= 0%	7%		4 - 14%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	1.44%	Jan-19			= 0.00%	2.99%	Dec-18		= 0.00%	1.73%		0.35 - 7.13%	

Integrated Summary Dashboard - January 2019

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
72 - Diagnostic Waits >6 weeks %	<= 1%	3.2%	Jan-19			<= 1%	2.1%	Dec-18		<= 1%	1.1%		0.3 - 9.5%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	25.0%	Jan-19			= 100%	0.0%	Dec-18		= 100%	17.3%		0.0 - 83.3%	

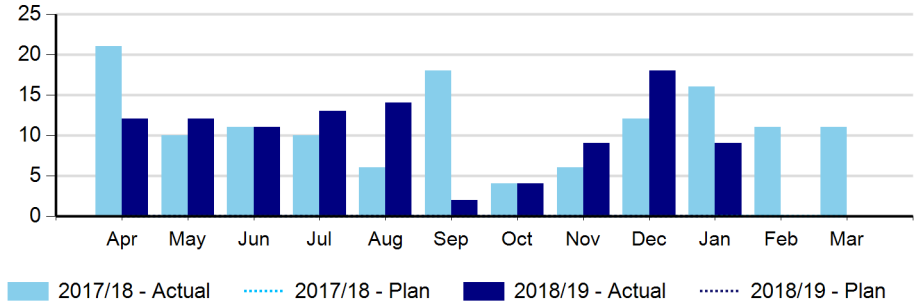
Exceptions

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29	27	21	22	26	18	27	29	29	29	24	24
18/19	20	32	22	15	16	22	17	38	41	42		

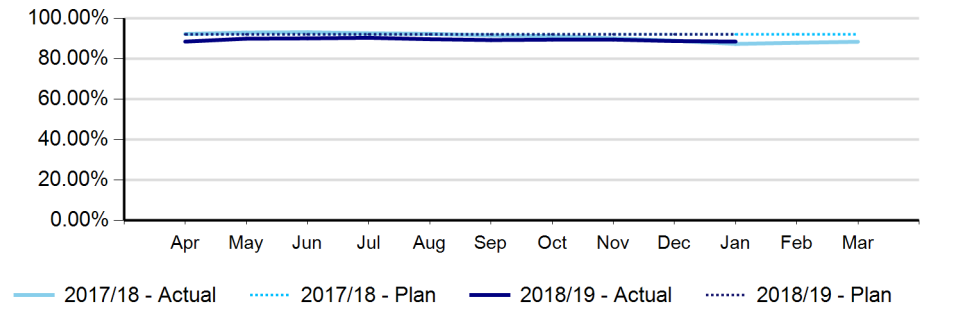
8 - Same sex accommodation breaches



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	21	10	11	10	6	18	4	6	12	16	11	11
18/19	12	12	11	13	14	2	4	9	18	9		

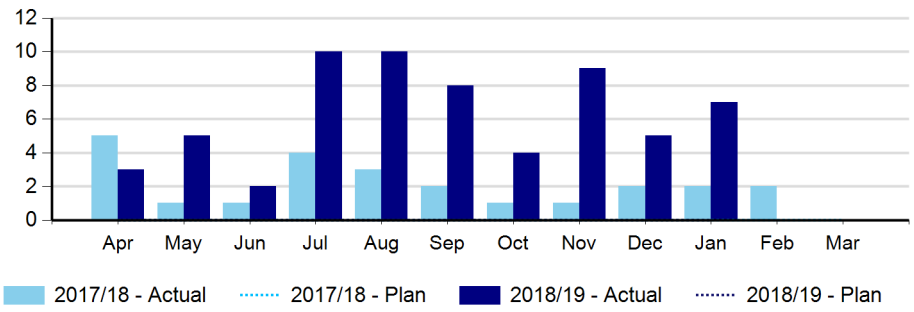
Integrated Summary Dashboard - January 2019

41 - RTT Incomplete pathways within 18 weeks %



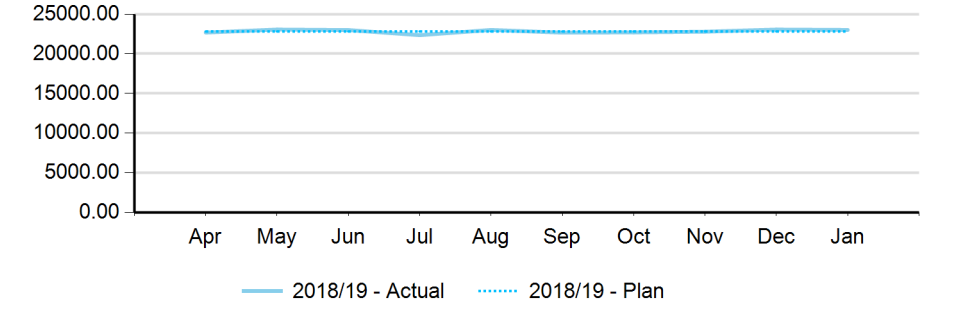
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.2%	87.8%	88.3%
18/19	88.4%	89.8%	90.0%	90.3%	89.6%	89.1%	89.4%	89.4%	88.7%	88.4%		

42 - RTT 52 week waits (incomplete pathways)



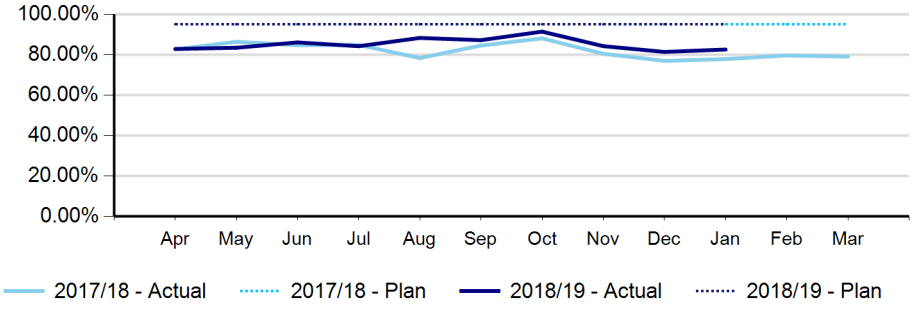
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5	1	1	4	3	2	1	1	2	2	2	0
18/19	3	5	2	10	10	8	4	9	5	7		

314 - RTT 18 week waiting list



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
18/19	22,675	23,052	22,985	22,344	23,003	22,663	22,691	22,783	23,050	23,004

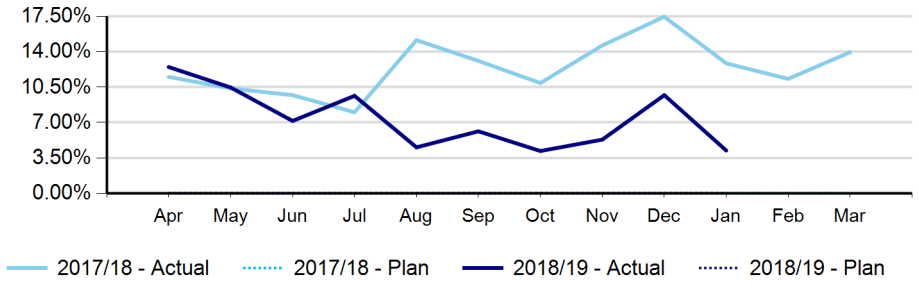
53 - A&E 4 hour target



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	82.5%	86.3%	84.6%	84.7%	78.3%	84.5%	88.0%	80.4%	76.9%	77.8%	79.5%	78.9%
18/19	82.7%	83.4%	86.0%	84.1%	88.2%	87.1%	91.3%	84.2%	81.3%	82.5%		

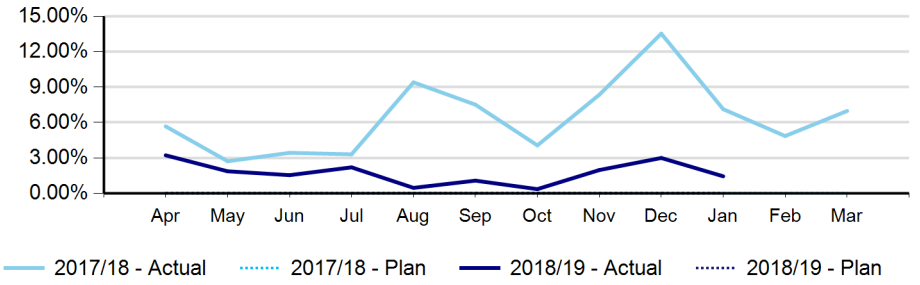
Integrated Summary Dashboard - January 2019

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



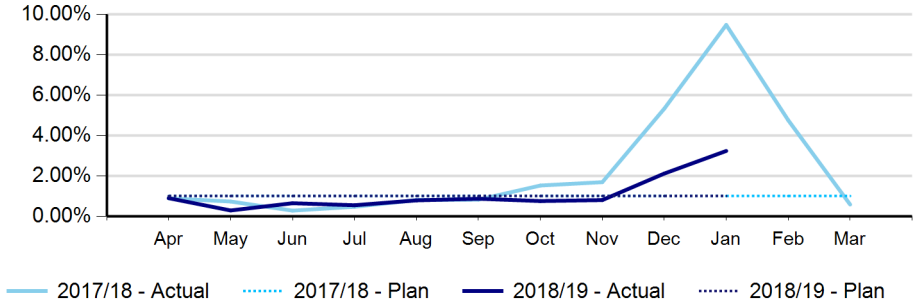
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12%	10%	10%	8%	15%	13%	11%	15%	17%	13%	11%	14%
18/19	12%	10%	7%	10%	5%	6%	4%	5%	10%	4%		

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



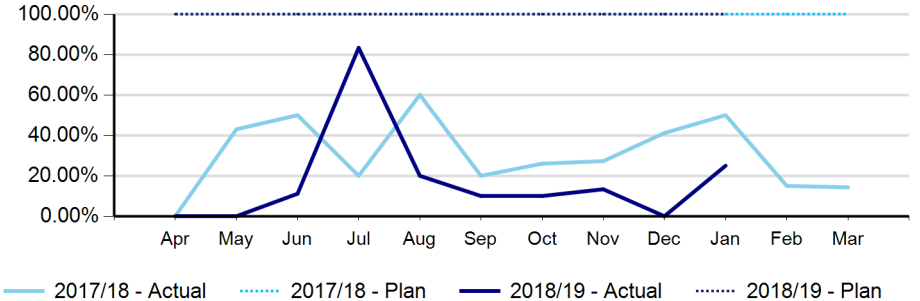
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5.67%	2.71%	3.43%	3.30%	9.40%	7.51%	4.06%	8.36%	13.54%	7.13%	4.85%	6.98%
18/19	3.22%	1.86%	1.53%	2.19%	0.45%	1.07%	0.35%	1.97%	2.99%	1.44%		

72 - Diagnostic Waits >6 weeks %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.9%	0.7%	0.3%	0.5%	0.8%	0.8%	1.5%	1.7%	5.3%	9.5%	4.8%	0.6%
18/19	0.9%	0.3%	0.6%	0.5%	0.8%	0.9%	0.8%	0.8%	2.1%	3.2%		

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0.0%	43.0%	50.0%	20.0%	60.0%	20.0%	26.0%	27.3%	41.2%	50.0%	15.0%	14.3%
18/19	0.0%	0.0%	11.1%	83.3%	20.0%	10.0%	10.0%	13.3%	0.0%	25.0%		

Integrated Summary Dashboard - January 2019

Productivity

Discharges by midday - the Trust has not delivered against this target for some time, a focused piece of work is being carried out by the Adult Acute Division to increase discharges in the morning.

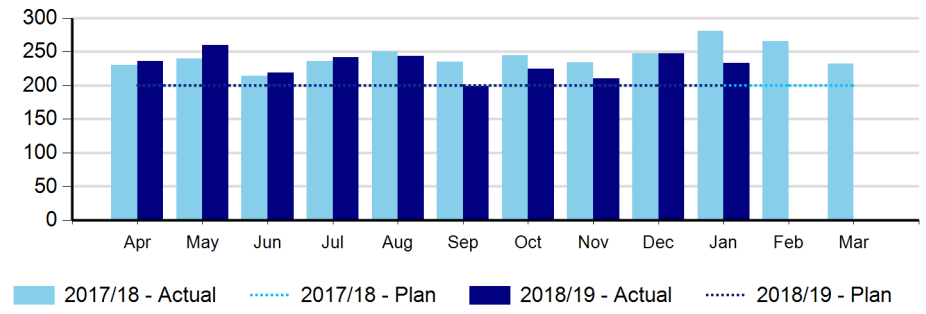
Operations cancelled - These are mainly due to trauma although some staffing issues have played a part, with high volumes requiring both theatre and bed capacity. The division is working to increase trauma lists and reduce length of stay. This is not expected to impact until April, specifically for the theatre capacity.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
56 - Stranded patients	<= 200	233	Jan-19			<= 200	247	Dec-18		<= 200	233		199 - 281	
307 - Stranded Patients - LOS 21 days and over	<= 69	80	Jan-19			<= 69	91	Dec-18		<= 69	80		66 - 93	
57 - Discharges by Midday	>= 30%	26.7%	Jan-19			>= 30%	28.2%	Dec-18		>= 30%	28.2%		26.2 - 33.1%	
58 - Discharges by 4pm	>= 70%	65.1%	Jan-19			>= 70%	65.9%	Dec-18		>= 70%	66.8%		62.6 - 70.0%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	11.7%	Dec-18			<= 13.5%	11.1%	Nov-18		<= 13.5%	11.9%		10.8 - 13.1%	
60 - Daycase Rates	>= 80%	90.6%	Jan-19			>= 80%	90.4%	Dec-18		>= 80%	88.9%		82.4 - 91.6%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	2.4%	Jan-19			<= 1%	2.1%	Dec-18		<= 1%	1.7%		0.9 - 2.4%	
62 - Cancelled operations re-booked within 28 days	= 100%	86.9%	Jan-19			= 100%	81.0%	Dec-18		= 100%	85.8%		63.6 - 100.0%	
318 - Delayed Transfers Of Care (Trust Total) - GM Methodology (% occupied bed days delayed - phased reduction)	<= 3.3%	1.4%	Jan-19			<= 3.3%	2.0%	Dec-18		<= 3.3%	2.2%		1.1 - 3.0%	
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.17	Jan-19			<= 2.00	2.71	Dec-18		<= 2.00	2.40		2.08 - 2.75	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.41	Jan-19			<= 3.70	4.44	Dec-18		<= 3.70	4.45		4.00 - 4.67	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	82.6%	Dec-18			>= 80%	78.6%	Nov-18		>= 80%	81.3%		64.3 - 94.7%	

Integrated Summary Dashboard - January 2019

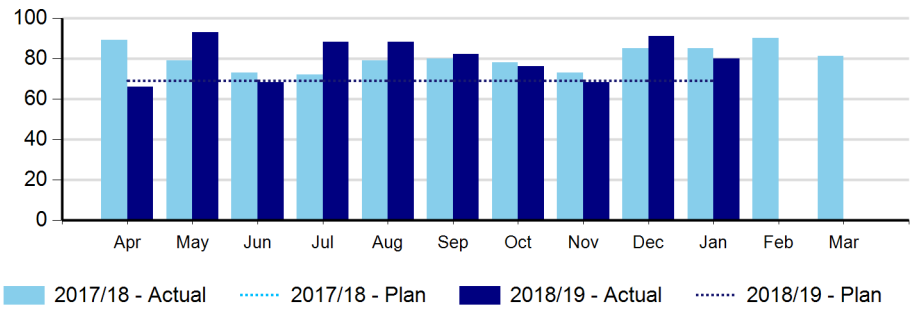
Exceptions

56 - Stranded patients



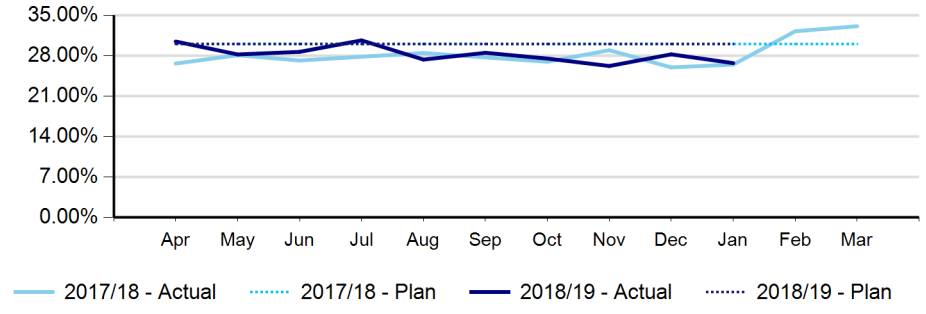
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	230	240	214	236	250	235	244	234	247	281	265	232
18/19	236	260	219	242	243	199	224	210	247	233		

307 - Stranded Patients - LOS 21 days and over



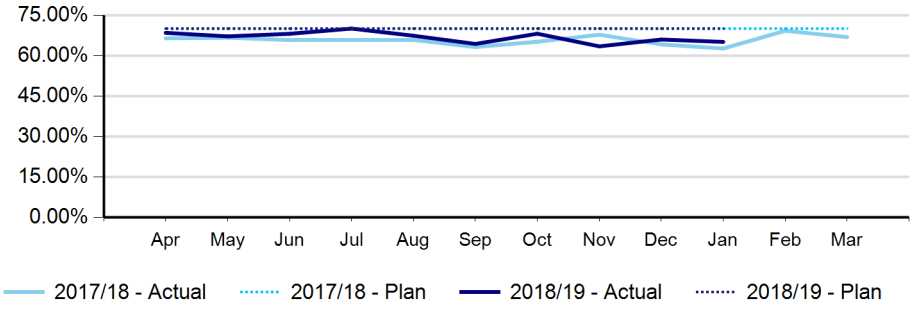
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89	79	73	72	79	80	78	73	85	85	90	81
18/19	66	93	68	88	88	82	76	68	91	80		

57 - Discharges by Midday



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	26.6%	28.1%	27.1%	27.8%	28.4%	27.7%	26.9%	28.9%	25.9%	26.4%	32.2%	33.1%
18/19	30.4%	28.2%	28.6%	30.6%	27.3%	28.5%	27.5%	26.2%	28.2%	26.7%		

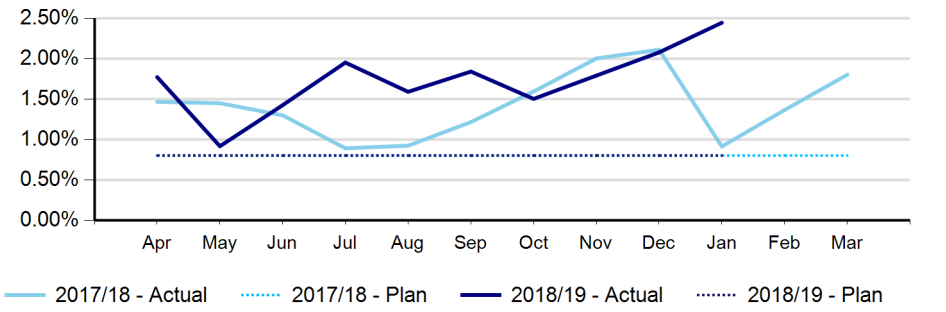
58 - Discharges by 4pm



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	66.4%	66.6%	65.8%	65.8%	65.8%	63.2%	65.1%	67.7%	64.1%	62.6%	69.2%	66.9%
18/19	68.4%	67.1%	68.1%	70.0%	67.3%	64.3%	68.1%	63.4%	65.9%	65.1%		

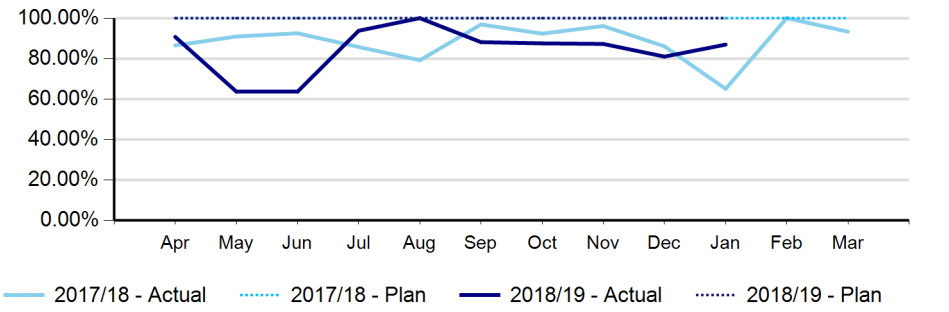
Integrated Summary Dashboard - January 2019

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



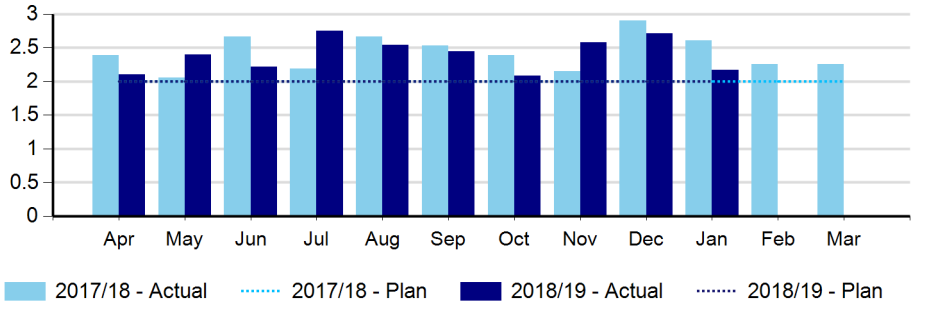
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.5%	1.4%	1.3%	0.9%	0.9%	1.2%	1.6%	2.0%	2.1%	0.9%	1.4%	1.8%
18/19	1.8%	0.9%	1.4%	2.0%	1.6%	1.8%	1.5%	1.8%	2.1%	2.4%		

62 - Cancelled operations re-booked within 28 days



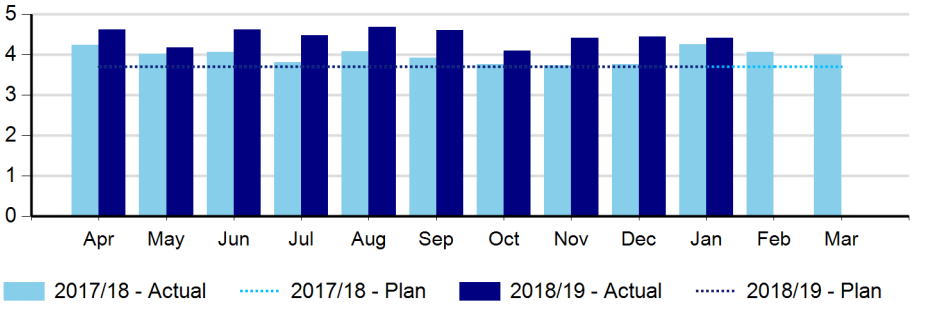
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86.5%	90.9%	92.5%	85.7%	79.2%	96.9%	92.3%	96.1%	86.0%	65.0%	100.0%	93.3%
18/19	90.7%	63.6%	63.6%	93.8%	100.0%	88.1%	87.5%	87.2%	81.0%	86.9%		

65 - Elective Length of Stay (Discharges in month)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2.39	2.05	2.66	2.18	2.66	2.53	2.39	2.15	2.90	2.60	2.25	2.26
18/19	2.10	2.40	2.22	2.75	2.54	2.44	2.08	2.58	2.71	2.17		

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.23	4.02	4.05	3.80	4.07	3.91	3.76	3.72	3.75	4.25	4.06	4.00
18/19	4.62	4.17	4.62	4.47	4.67	4.60	4.09	4.41	4.44	4.41		

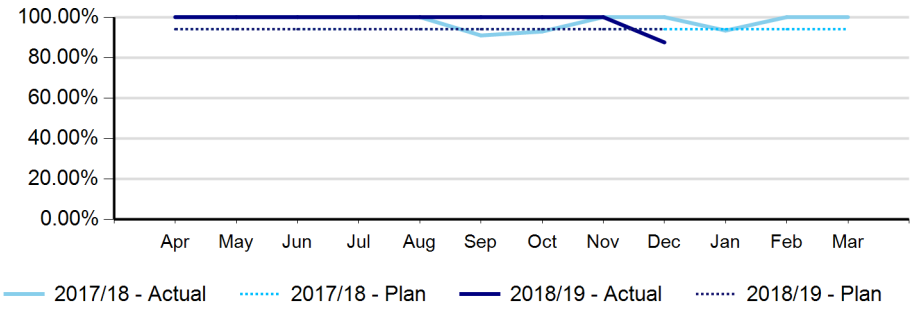
Integrated Summary Dashboard - January 2019

Cancer

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
46 - 62 day standard % (1 mth in arrears)	>= 85%	88.7%	Dec-18			>= 85%	87.2%	Nov-18		>= 85%	90.1%		85.8 - 95.4%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	100.0%	Dec-18			>= 90%	80.0%	Nov-18		>= 90%	84.0%		55.6 - 100.0%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	100.0%	Dec-18			>= 96%	98.4%	Nov-18		>= 96%	99.7%		98.4 - 100.0%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	87.5%	Dec-18			>= 94%	100.0%	Nov-18		>= 94%	98.2%		87.5 - 100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Dec-18			>= 98%	100.0%	Nov-18		>= 98%	100.0%		100.0 - 100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	95.3%	Dec-18			>= 93%	97.3%	Nov-18		>= 93%	96.4%		93.6 - 97.9%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	64.0%	Dec-18			>= 93%	92.4%	Nov-18		>= 93%	77.5%		35.5 - 95.0%	

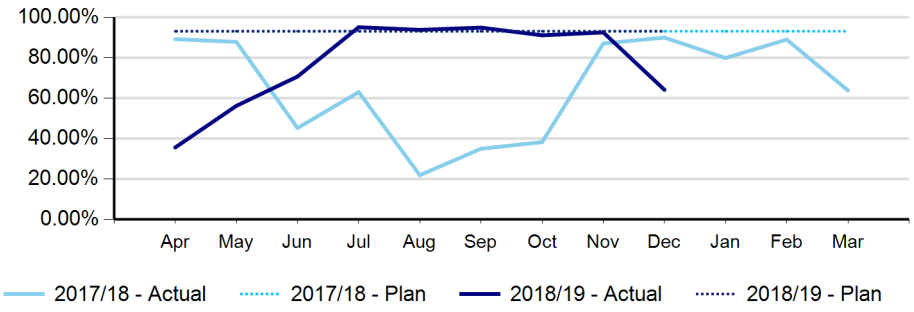
Exceptions

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%	92.9%	100.0%	100.0%	93.3%	100.0%	100.0%
18/19	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	87.5%			

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



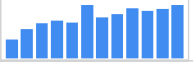
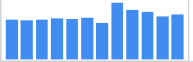
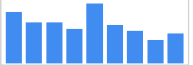
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89.1%	87.7%	45.1%	62.9%	21.8%	34.9%	38.1%	86.9%	89.9%	79.8%	88.9%	63.7%
18/19	35.5%	56.1%	70.6%	95.0%	93.7%	94.8%	91.0%	92.4%	64.0%			

Integrated Summary Dashboard - January 2019

Community

Deflection from admission for patients in the Emergency Department seen by the Home First Team remain below the stretch target for the team. The Trust is exploring all options to increase the deflection rate including the expansion of the Home First model into a wider multi disciplinary team frailty model.

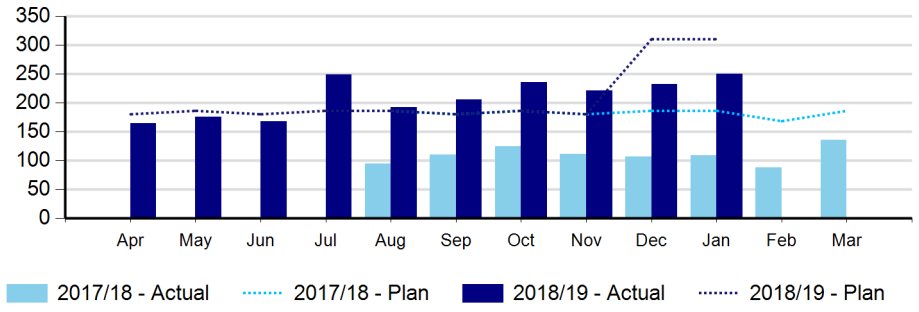
The number of medically optimised patients and the days spent in hospital by patients who are medically optimised remain above the Trust target and has risen in January compared to December but remains lower than January 2018. Improvements continue to be made to internal discharge processes and work with partners to improve responsiveness.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
225 - Admission Avoidance	>= 166	222	Jan-19			>= 166	256	Dec-18		>= 1,660	1,662		0 - 262	
226 - Home First Deflections	>= 310	250	Jan-19			>= 310	232	Dec-18		>= 2,084	2,089		87 - 250	
227 - Length of Stay - Darley Court	<= 28	28	Jan-19			<= 28	27	Dec-18		<= 280	274		20 - 35	
228 - DTOC Numbers	<= 15	14	Jan-19			<= 15	11	Dec-18		<= 15	14		11 - 28	
230 - Medically Optimised Numbers	<= 50	64	Jan-19			<= 50	61	Dec-18		<= 500	673		52 - 86	
231 - Medically Optimised Days	<= 209	403	Jan-19			<= 209	388	Dec-18		<= 2,090	4,712		344 - 790	

Integrated Summary Dashboard - January 2019

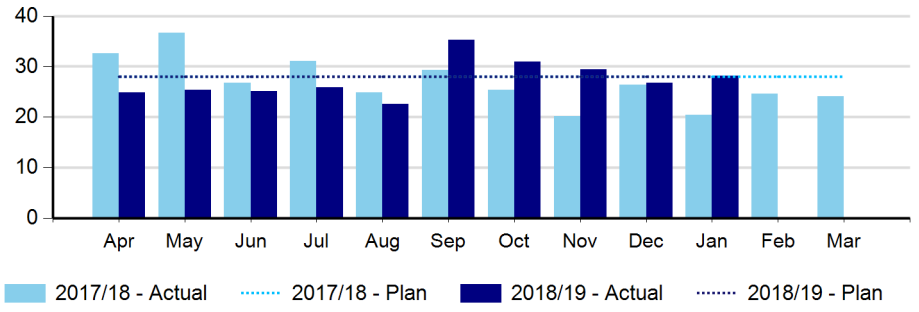
Exceptions

226 - Home First Deflections



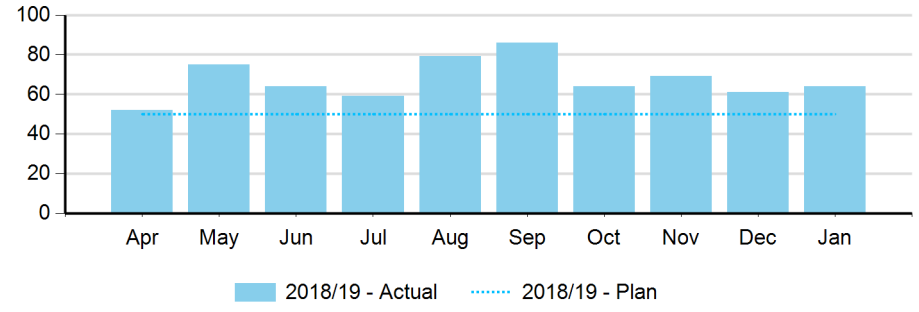
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18					94	110	124	111	106	108	87	135
18/19	164	175	167	248	192	205	235	221	232	250		

227 - Length of Stay - Darley Court



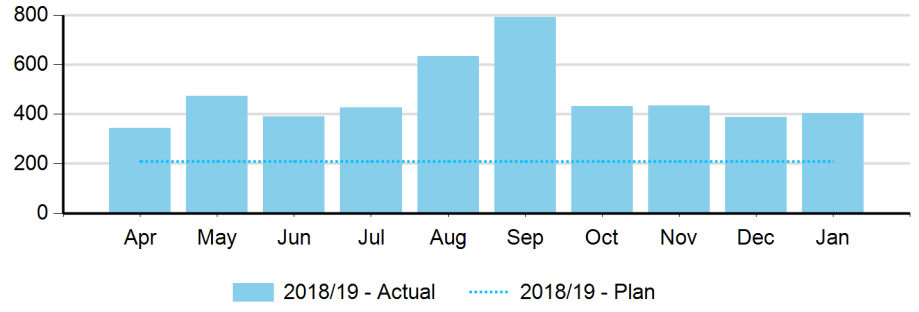
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	33	37	27	31	25	29	25	20	26	20	25	24
18/19	25	25	25	26	23	35	31	29	27	28		

230 - Medically Optimised Numbers



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
18/19	52	75	64	59	79	86	64	69	61	64

231 - Medically Optimised Days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
18/19	344	472	391	426	634	790	430	434	388	403

Integrated Summary Dashboard - January 2019

Workforce

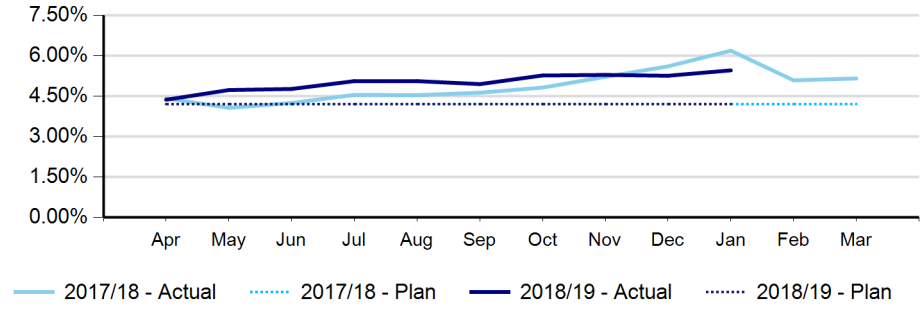
Sickness, Vacancy and Turnover

Overall, sickness rate increased to 5.45% (January) from 5.3% (December). In the same month in 2017/18 (January 2017), the Trust sickness rate was 6.18%. Since the last Board meeting members are advised that the Executive Team have supported the Attendance Matters pilot to be extended to October 2019 and to include Families division (currently in place within Acute and ICS divisions).

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
117 - Sickness absence level - Trust	<= 4.2%	5.5%	Jan-19			<= 4.2%	5.3%	Dec-18		<= 4.2%	5.0%		4.4 - 6.2%	
120 - Vacancy level - Trust	<= 6%	3.53%	Jan-19			<= 6%	3.90%	Dec-18		<= 6%	4.30%		-0.23 - 5.25%	
121 - Turnover	8 - 10%	9.8%	Jan-19			8 - 10%	9.8%	Dec-18		8 - 10%	9.7%		9.2 - 10.5%	

Exceptions

117 - Sickness absence level - Trust



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.4%	4.1%	4.2%	4.5%	4.5%	4.6%	4.8%	5.2%	5.6%	6.2%	5.1%	5.2%
18/19	4.4%	4.7%	4.8%	5.1%	5.1%	4.9%	5.3%	5.3%	5.3%	5.5%		

Integrated Summary Dashboard - January 2019

Organisational Development

As noted in the last meeting on 17th December 2018 the Trust received the NHS Staff Survey raw results. Pleasingly, the Trust achieved a strong set of positive results across the five themes of the survey. The findings are currently embargoed so have not been included within this update. A full update on the findings will be presented to the Trust Board in March 2019.

Colleagues will note that the Organisational Development KPI's continue to show strong performance.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	**Plan**	**Actual**	**Period**	**RAG**		**Plan**	**Actual**	**Period**	**RAG**	**Plan**	**Actual**	**RAG**	**Range**	**Trend**
37 - Staff completing Statutory Training	>= 95%	96.0%	Jan-19			>= 95%	93.9%	Dec-18		>= 95%	94.2%		92.5 - 96.0%	
38 - Staff completing Mandatory Training	>= 85%	93.1%	Jan-19			>= 85%	91.7%	Dec-18		>= 85%	91.7%		89.9 - 93.1%	
39 - Staff completing Safeguarding Training	>= 95%	95.31%	Jan-19			>= 95%	94.95%	Dec-18		>= 95%	95.04%		93.80 - 95.60%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	85.9%	Jan-19			>= 85%	89.1%	Dec-18		>= 85%	85.9%		81.7 - 89.4%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	70.0%	Q2 2018/19			>= 66%	71.0%	Q1 2018/19		>= 66%			70.0 - 72.0%	
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	83.0%	Q2 2018/19			>= 80%	82.0%	Q1 2018/19		>= 80%			82.0 - 83.0%	

Integrated Summary Dashboard - January 2019

Agency

Agency overall, after taking into account the accrual adjustment made in month 9, actual agency spend increased by £4,294 in month when compared to month 9 (December 2018). Increases in spending for Consultants (£19,978), and Junior Grade Doctors (£10,305), were noted in month when compared to month 9. These increases were offset by reductions in spending on Middle Grade Doctors (£18,256) and Nursing (£7,364). In the same month in 2017/18 (January 2018), the Trust spent £960,000 on agency workers (a reduction of £272,000 in month 10 2018/19 compared to month 10 2017/18) which demonstrates the concerted effort trust wide to control agency spend and reliance.

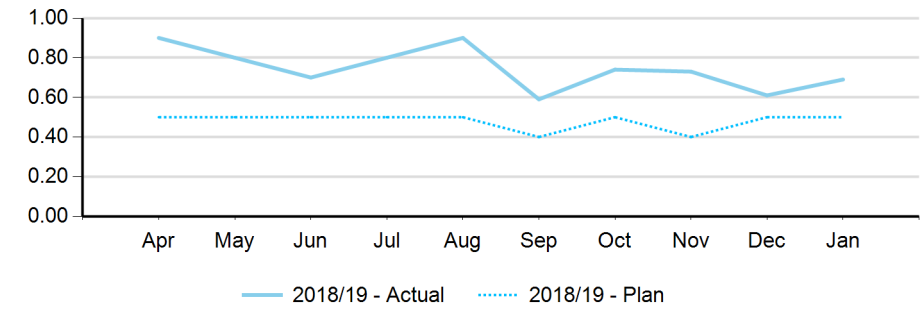
Based on current spending, there is an expectation that actual agency spend at the end of the 2018/19 financial year is forecast to be £8.5 million.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
198 - Trust Annual ceiling for agency spend (£m)	<= 0.50	0.69	Jan-19			<= 0.50	0.61	Dec-18		<= 4.80	7.46		0.59 - 0.90	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.10	0.29	Jan-19			<= 0.10	0.30	Dec-18		<= 1.00	3.01		0.26 - 0.40	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.20	0.26	Jan-19			<= 0.20	0.25	Dec-18		<= 2.00	3.39		0.25 - 0.50	
311 - Revised agency forecast plan (£m)	<= 0.64	0.69	Jan-19			<= 0.66	0.61	Dec-18		<= 6.73	7.47		0.59 - 0.90	

Integrated Summary Dashboard - January 2019

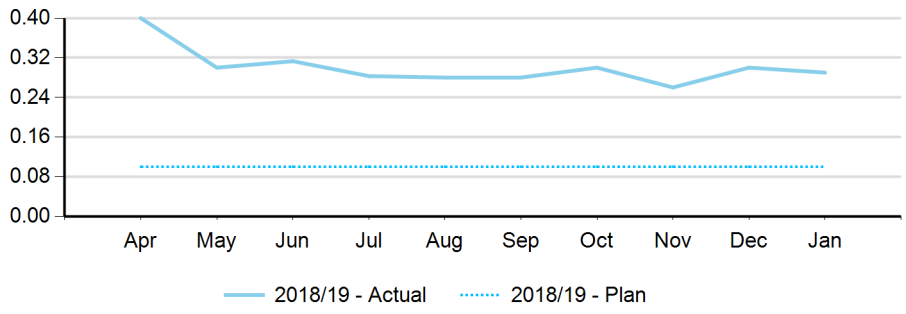
Exceptions

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



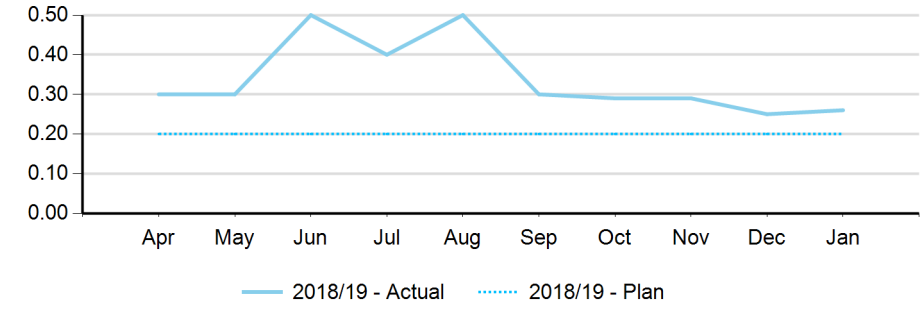
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
18/19	0.90	0.80	0.70	0.80	0.90	0.59	0.74	0.73	0.61	0.69

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



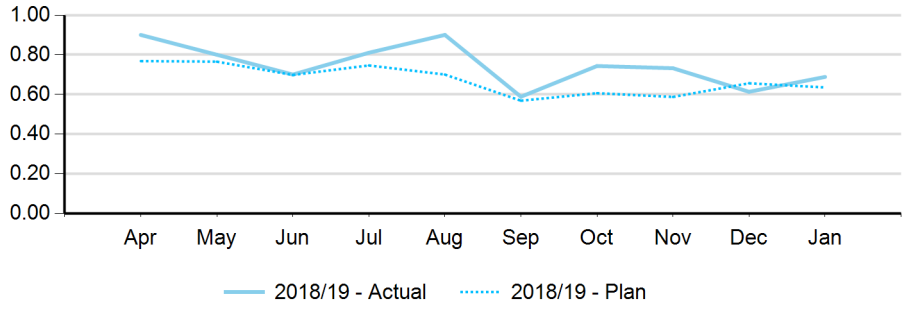
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
18/19	0.40	0.30	0.31	0.28	0.28	0.28	0.30	0.26	0.30	0.29

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
18/19	0.30	0.30	0.50	0.40	0.50	0.30	0.29	0.29	0.25	0.26

311 - Revised agency forecast plan (£m)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
18/19	0.90	0.80	0.70	0.81	0.90	0.59	0.74	0.73	0.61	0.69

Integrated Summary Dashboard - January 2019

Finance

Finance

The Trust has a year to date deficit of £3.3m and a surplus of £3.0m when PSF is included. This is £4.2m off plan, made up of £2.0m worse against the control total and £2.2m of PSF.

The current probable forecast is a deficit of £2.7m compared to the surplus control total of £1.6m. This would result in a small surplus of £2.3m once PSF is included.

Risks to the delivery of the control total are being discussed with NHSI.

PSF of £6.3m has been reported year to date compared to a plan of £8.5m. However, £1.3m relates to M10 and will not be given unless the finance plan and the A&E target are achieved in March. The shortfall of £2.2m is due to the non achievement of the A&E target in quarters one, two and three.

The Trust Capital plan for the year is £20.7m. Year to date spend is £17.2m against a plan of £15.1m. The capital programme is forecast to fully spend in this financial year. It should be noted that the forecast is under pressure due to an in year overspend on the A&E scheme of £1.7m. The forecast is being tightly monitored and year end flexibilities being explored in line with the process set out in the capital plan.

In January there was a net cash outflow of £2.8m with a closing cash balance of £7.0m. Cash is below plan at the end of January by £1.2m.

The Trust overall risk rating for Use of Resources was a 2 in January compared to a plan of 1.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
220 - Control Total (£ millions)	>= 0.9	-1.1	Jan-19			>= -0.2	-0.2	Dec-18		>= -1.3	-3.3		-1.1 - 2.3	
221 - Provider Sustainability Fund (£ millions)	>= 1.3	1.3	Jan-19			>= 0.7	0.5	Dec-18		>= 8.5	6.3		0.1 - 1.3	
222 - Capital (£ millions)	>= 2.8	1.5	Jan-19			>= 1.2	0.9	Dec-18		>= 15.2	17.3		0.5 - 4.2	
223 - Cash (£ millions)	>= 8.2	7.0	Jan-19			>= 6.7	10.0	Dec-18		>= 8.2	7.0		6.0 - 16.0	
224 - Use of Resources	>= 1	2	Jan-19			>= 1	2	Dec-18		>= 1	2		2 - 4	

Integrated Summary Dashboard - January 2019

Use of Resources

Clinical Services

The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
175 - Pre-procedure non-elective bed days	<= 0.78	1.34	Q2 2018/19			<= 0.69	1.35	Q1 2018/19		1.34 - 1.69	
176 - Pre-procedure elective bed days	<= 0.133	0.120	Q2 2018/19			<= 0.110	0.110	Q1 2018/19		0.110 - 0.147	
177 - Emergency readmissions (30 days)	<= 7%	10.0%	Q2 2018/19			<= 8%	9.8%	Q1 2018/19		7.5 - 10.0%	
178 - Did not attend (DNA) rate	<= 7%	9.0%	Q2 2018/19			<= 7%	8.7%	Q1 2018/19		8.7 - 9.0%	

Integrated Summary Dashboard - January 2019

People

The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
179 - Staff retention rate	>= 85.80%	87.6%	Oct-18			>= 85.90%	87.8%	Sep-18		87.6 - 90.4%	
180 - Sickness absence rate	<= 4.00%	5.40%	Sep-18			<= 3.95%	5.39%	Aug-18		4.96 - 6.48%	
181 - Pay cost per weighted activity unit (WAU) - £	<= 2,180	2,434	Mar-18			<= 2,157	2,348	Mar-17		2,434 - 2,434	
182 - Doctors cost per WAU - £	<= 533	411	Mar-18			<= 526	424	Mar-17		411 - 411	
183 - Nurses cost per WAU - £	<= 710	967	Mar-18			<= 718	961	Mar-17		967 - 967	
184 - Allied health professionals cost per WAU (community adjusted) - £	<= 114	129	Mar-18			<= 89	106	Mar-17		129 - 129	

Integrated Summary Dashboard - January 2019

Clinical Support Services

The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
185 - Top 10 medicines – percentage delivery of savings target	= 100.0%	72.6%	Nov-17			= 100.0%	83.0%	Oct-17			
186 - Overall cost per test	<= 1.96	1.65	Mar-17			<= 2.12	2.48	Mar-16			

Integrated Summary Dashboard - January 2019

Corporate Services, Procurement, Estates & Facilities

The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
187 - Non-pay cost per WAU	<= £1,307	£1,058	Mar-18			<= £1,301	£1,139	Mar-17		£1,058 - £1,058	
188 - Finance cost per £100 million turnover	<= £676,480	£741,214	Mar-18			<= £670,512	£578,035	Mar-17		£741,214 - £741,214	
189 - Human resources cost per £100 million turnover	<= £898,020	£827,230	Mar-18			<= £874,010	£790,403	Mar-17		£827,230 - £827,230	
190 - Procurement Process Efficiency and Price Performance	<= 56.55	72.90	Q4 2016/17								
191 - Estates cost per square metre	<= £342	£292	Mar-18			<= £327	£273	Mar-17		£292 - £292	

Integrated Summary Dashboard - January 2019

Finance

The Use of Resources information is derived from the model hospital data. The Board will note that the data is not always the most recent, however relevant committees have been tasked with providing assurance that metrics are being reviewed and exception reports produced for where the Trust is highlighted as red. This was agreed at Quality Assurance Committee (QAC) March 2018, and a refreshed paper came to QAC in October 2018. Originally it was planned for the Director of Corporate Governance, the Director of Quality Governance, Deputy Director of Finance and PMO Programme Manager would meet to review in quarter three 18/19 to ensure these arrangements are embedded, given the proximity of the UoR NHSI review, this exercise should be conducted only once the outcome is understood.

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
192 - Capital service capacity		2.15	Dec-18				1.73	Nov-18		1.19 - 2.26	
193 - Liquidity (days)		-3.76	Dec-18				-8.82	Nov-18		-13.80 - -2.50	
194 - Income and expenditure margin		1.10%	Dec-18				0.60%	Nov-18		-0.30 - 1.16%	
195 - Distance from financial plan		-0.90%	Dec-18				-1.20%	Nov-18		-1.30 - -0.50%	
196 - Distance from agency spend		49.35%	Dec-18				50.13%	Nov-18		30.84 - 65.46%	

Board Assurance Heat Map - Hospital - January 2019

	INDICATOR	Target	Darley Court	AED-Adults	AED-Paeds	B1 (Frailty Unit)	A4	B2	B3	B4	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	H3 (Stroke Unit)	HDU	ICU	E3	E4	F3	F4	G3/TSU	G4/TSU	G5	DCU (daycare)	EU (daycare)	H2 (daycare)	UU (daycare)	E5 (Paed HDU and Obs)	F5	M1 and Assessment	EPU	M2	CDS	M3 (Birth Suite)	Ingleside	M4/M5	NICU	Total
			Acute Division																			Elective Division														Families Division											
Beds	Total Beds (January 2019)		30			23	22	10	14	0	17	26	26	26	10	14	26	20	27	27	24	10	8	25	25	25	24	24	24	16	25	9	11	4	38	7	17	6	26	15	5	4	44	38	772
Infection Prevention Control	Hand Washing Compliance % (Self Assessed)	G>=100%, A>80% <99.9%, R = <80%=R, >80% <94.9%<=A >=95	100.0%	95.0%	100.0%	90.0%	100.0%		100.0%		80.0%	100.0%		90.0%	100.0%	95.0%	100.0%	100.0%	80.0%	100.0%	95.0%	100.0%	100.0%	90.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	100.0%	70.0%	100.0%	100.0%	100.0%	100.0%		90.0%		100.0%	100.0%	100.0%		100.0%	95.0%	96.7%
	Environment Audit Compliance %		92.0%	83.0%	96.0%	100.0%	91.0%	78.0%	96.0%		83.0%	100.0%	79.0%	83.0%	96.0%	100.0%	83.0%	92.0%	96.0%	96.0%	92.0%	100.0%	100.0%	96.0%	92.0%	96.0%	100.0%	100.0%	78.0%	95.0%	82.0%	100.0%	86.0%	100.0%	100.0%		96.0%		100.0%	91.0%	100.0%		96.0%	76.0%	93.2%
	Mattress Audit Compliance %	Yes=G, No Return=White	100.0%			100%	100%	100%	100%		100%	100%		43%	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%			100%		100%		100%		100%	100%			100%	100%	97.8%
	C - Diff	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	0	0	0	0	0	0	0	0		0	0	2
	New MSSA BSIs	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	1	2
	MRSA acquisitions	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0
Harm Free Care	Safety Express Programme Harm Free Care (%)	95%	100.0%			87.0%	100.0%	100.0%	100.0%		100.0%	96.2%	96.2%	100.0%	100.0%	100.0%	100.0%	93.3%	92.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%		100.0%		100.0%	100.0%	100.0%		100.0%	100.0%	98.2%
	All Inpatient Falls (Safeguard)	0	15	1	0	1	6	5	9		5	9	1	4	0	2	3	3	6	4	2	0	0	4	4	5	3	2	4	0	0	0	0	0	1	1	1	0	0	0	0	0	1	0	102
	Harms related to falls (moderate and above)		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	1
	VTE Assessment Compliance	95%				33.3%	99.2%	91.7%	0.0%		100.0%	100.0%	97.9%	50.0%	98.4%	99.7%	93.6%	98.0%	100.0%	100.0%	88.5%	100.0%	100.0%	100.0%	96.8%	99.1%	91.4%	94.90%	100.00%	97.44%	97.94%	98.3%	100.0%	97.1%			99.5%	97.2%	99.5%	100.0%	93.8%	66.7%	100.0%		97.6%
	Monthly New pressure Ulcers (Grade 2)	0	1	0	0	1	0	1	0		0	0	0	0	0	0	0	1	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	7
	Monthly New pressure Ulcers (Grade 3)	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	1
	Monthly New pressure Ulcers (Grade 4)	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	0
	PU due to lapses in care	0	0	0	0	2	0	1	0		0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	5
Audit	Monthly KPI Audit %	R=<80%,A>80 %<94.9%,G>= 95%	98.6%	94.7%	88.5%	94.3%	93.9%	89.0%	84.8%		87.0%	90.1%	81.5%	87.6%	98.1%	88.7%	89.7%	93.4%	88.1%	89.0%	89.1%	100.0%	100.0%	92.6%	99.1%	93.9%	96.8%	98.3%	97.3%	99.1%	98.0%	100.0%	95.6%	96.2%			100.0%		98.5%		98.9%	96.3%	99.3%		96.0%	99.7%	94.3%
	Bolton System of Care Accreditation (BoSCA)	R=<=70%,A>70 %<74.9%,S=> 75%<89.9%,G >=90%	93.4%			80.5%	90.2%		91.2%		81.0%	79.4%	75.6%	74.3%	87.3%	72.1%	80.3%	73.7%	93.6%	87.3%	91.1%	90.7%	93.9%	76.1%	90.9%	90.9%	78.5%	90.8%	91.3%				90.4%		90.7%		79.6%		90.5%	82.8%	81.5%		83.5%	76.1%	84.8%
Patient Experience	Friends and Family Response Rate	**30%**	100.0%	17.8%	22.4%	51.0%	74.0%	33.9%	69.0%		7.6%	50.0%	35.9%	18.5%	50.0%	27.5%	30.9%	29.5%	23.3%	47.9%	59.3%	100.0%	42.9%	27.0%	39.7%	36.9%	38.9%	25.2%	13.0%	43.9%	27.8%	29.2%	33.5%	31.3%	29.0%	1.0%	22.5%		16.7%	25.5%	22.4%		20.7%	65.9%	29.8%
	Friends and Family Recommended Rate	**97%**	100.0%	88.6%	87.5%	92.3%	100.0%	98.4%	95.0%		100.0%	100.0%	90.9%	80.0%	100.0%	94.0%	98.0%	94.4%	100.0%	97.1%	100.0%	100.0%	100.0%	91.2%	98.0%	96.2%	96.0%	96.3%	100.0%	100.0%	94.4%	97.1%	97.8%	100.0%	95.2%	100.0%	94.5%		98.9%	99.2%	92.3%		93.5%	100.0%	96.4%
	Number of complaints received	**0**	0	4	1	0	0	0	0		0	1	0	0	0	0	1	1	1	0	2	1	0	0	0	2	1	0	0	0	0	0	0	0	1		0	0	1	0	0		1	0	18
Governance	SIs in Month	**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	1	0	0	0	0	0	0	2
	Total Incidents	**0**	37	74	8	25	25	53	35	1	18	36	18	24	5	15	62	59	21	21	9	21	22	30	33	32	12	48	20	17	34	11	4	8	25	5	4	5	22	54	7	19	19	51	1049
	Harms related to Incidents (Moderate and above)		0	1	0	0	0	1	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Staff Development	Appraisals	85%	92.7%	81.8%		79.4%	84.4%		93.5%		87.5%	100.0%	82.9%	65.5%	70.0%	73.7%	68.8%	64.5%	89.5%	92.3%	79.0%	97.7%	89.6%	74.1%	91.2%	66.7%	93.3%	75.9%	94.6%	94.7%	64.7%	83.6%	79.2%	94.1%	95.4%		65.4%						87.5%	82.9%
	Statutory Training	95%	95.38%	97.92%		92.47%	94.76%		97.35%		89.47%	96.76%	94.27%	92.96%	95.19%	93.10%	94.54%	92.13%	90.51%	96.67%	94.27%	99.30%	98.26%	95.91%	96.83%	99.24%	97.20%	95.21%	95.42%	100.00%	97.16%	99.10%	95.89%	98.32%	98.6%		98.31%						97.19%	95.9%
	Mandatory Training	85%	95.1%	79.46%		79.8%	84.8%		82.1%		77.7%	80.0%	81.6%	85.6%	80.0%	78.2%	81.1%	82.2%	80.0%	81.5%	80.6%	82.5%	80.5%	83.0%	78.6%	92.9%	80.8%	81.7%	85.7%	81.8%	80.2%	97.1%	81.1%	98.5%	97.7%		83.0%						97.3%	84.1%
Staffing & Workforce	% Qualified Staff (Day)					91.0%	95.1%		79.1%		64.9%	69.8%	92.0%	84.5%	97.5%	99.1%	80.7%	92.5%	95.0%	113.7%	87.9%	94.5%	90.5%	89.7%	99.3%	86.1%	99.3%	81.9%	79.1%	75.9%					79.3%		84.0%		88.0%	85.4%	61.1%		92.8%	92.6%	87.4%
	% Qualified Staff (Night)					95.2%	101.6%		101.8%		101.9%	103.2%	100.6%	98.6%	101.6%	98.4%	96.6%	95.8%	98.3%	100.1%	101.6%	91.1%	85.5%	100.1%	98.7%	97.2%	110.7%	95.7%	75.4%	98.4%					79.5%		98.5%		85.0%	84.3%	51.4%		85.0%	94.2%	94.2%
	% un-Qualified Staff (Day)					68.0%	109.1%		84.5%		99.8%	90.4%	84.0%	94.7%	124.6%	77.7%	70.6%	68.0%	82.2%	98.6%	103.5%	94.6%	72.3%	87.3%	77.1%	94.2%	90.6%	80.1%	40.3%	108.8%					97.8%		76.7%		84.7%	80.0%	80.3%		89.1%		86.5%
	% un-Qualified Staff (Night)					64.0%	116.1%		96.7%		100.8%	95.1%	108.8%	102.7%	95.8%	104.5%	65.7%	58.8%	83.1%	92.4%	105.2%	35.5%	42.2%	82.9%	81.3%	77.2%	100.0%	65.6%	136.2%	96.8%					355.0%		125.4%		93.3%	84.9%	88.5%		96.3%		98.3%
	Budgeted Nurse: Bed Ratio (WTE)		3.62	-2.02	-	0.29	1.92	9.08	1.79		2.47	3.50	8.36	4.47	1.18	0.33	3.63	-0.86	2.66	-5.57	0.91	1.93	-3.29	0.06	-1.34	0.90	0.32	-3.58	7.97	0.27	-1.12	4.68	-0.52	1.10	-1.65		-	-	-	-	-		-	-	133.8%
	Current Budgeted WTE (From Ledger)		43.38	139.12	-	38.03	32.83	40.69	43.34		33.71	41.23	42.69	40.69	26.93	19.97	50.82	40.30	40.01	39.97	36.15	39.58	55.02	30.21	35.52	37.79	30.21	44.49	44.49	18.07	27.45	52.39	44.87	15.88	67.65		25.72						106.59	1,425.79
	Actual WTE In-Post (From Ledger)		39.76	131.23	-	32.94	29.91	31.61	40.55		30.24	36.81	32.33	31.61	25.75	16.64	45.19	34.25	35.35	37.54	32.63	36.65	58.31	29.15	31.86	34.89	29.89	46.07	36.52	15.80	28.57	47.71	43.39	14.78	68.08		21.81						96.43	1304.25
	Actual Worked (From Ledger)		43.04	138.07	-	39.48	34.33	36.57	44.52		36.74	41.53	36.95	36.57	27.50	19.57	50.17	41.59	39.31	41.26	36.19	36.00	57.68	33.28	36.52	40.84	34.98	52.67	42.03	17.99	29.47	49.51	43.16	15.51	72.42		25.36						94.02	1424.83
	Sickness (%) (January)	R = >4.75, A = 4.2 - 4.75. G = <4.2	6.22%	6.61%		11.41%	11.71%		17.09%		22.01%	5.92%	5.76%	12.58%	5.49%	0.86%	8.29%	5.88%	9.21%	7.76%	1.96%	1.71%	5.51%	7.23%	8.21%	4.04%	10.99%	8.28%	4.79%	8.89%	5.33%	3.58%	11.85%	4.14%	2.93%		7.83%						4.76%	7.46%
	Current Budgeted Vacancies (WTE) - (Budgeted wte -actual wte in post -Pending appt)		3.62	-2.02	-	0.29	1.92	9.08	1.79		2.47	3.50	8.36	4.47	1.18	0.33	3.63	-0.86	2.66	-5.57	0.91	1.93	-3.29	0.06	-1.34	0.90	0.32	-3.58	7.97	0.27	-1.12	4.68	-0.52	1.10	-1.65		-4.64						6.16	43.01
	Pending Appointment		0	9.91		5	1		1		1	0.92	2	4.61	0	3	2	6.91	2	8	2.61	1.0	0.0	1	5	2	0	2	0	2	0	0	2	0	1.22		8.55						4	78.53
	Substantive Staff Turnover Headcount (rolling average 12 months)	10%	16.9%	16.9%		16.1%	7.8%		6.7%		9.0%	13.0%	14.4%	15.2%	0.0%	36.5%	2.1%	19.0%	18.0%	5.9%	16.7%	2.5%	10.8%	5.3%	11.1%	11.6%	2.1%	8.2%	15.4%	9.6%	9.9%	11.2%	8.6%	0.0%	5.3%		11.5%						7.5%	10.8%

Bolton NHS
NHS Foundation Trust

Board Assurance Heat Map - District Nursing Domiciliary - January 2019

INDICATORS	Avondale and Chorley old Road	Breightmet & Little Lever	Crompton merged with Egerton & Dunscar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westhoughton	Evening Service	Total
Safety Express Programme Harm Free Care (%)	97.92%	100.00%	96.39%	95.35%	96.88%	100.00%	92.86%	100.00%	96.36%	100.00%		97.56%
Total Monthly New pressure Ulcers (Grade 2+)(Lapse in Care + No Lapse in Care)	1	0	1	4	0	0	1	1	1	0		9
Total Monthly New pressure Ulcers (Grade 2+) *(No Lapse in Care only)*	1	0	1	3	0	0	1	1	1	0		8
High Dependency Patients (40 Minutes >)												0
Medium Dependency Patients (21 Mins >)												0
Low Dependency Patients (< 20 mins)												0
Number of Home Visits (from Lorenzo) **	31	35	123	142	200	186	99	142	134	114	2207	3413
Monthly KPI Audit % (Revised Buddy Assessed Audit)	98.01%	98.77%	97.00%	98.71%	99.54%	98.33%	94.67%	97.79%	96.68%	95.24%	82.61%	96.12%
BoSCA - Bolton Safe Care Accreditation	95.74%	97.90%	94.17%	70.04%	98.14%	91.40%	81.87%	81.87%	91.69%	91.61%	84.43%	88.99%
Current Budgeted WTE	11.64	12.92	24.13	18.24	7.11	13.15	17.13		9.13	11.09	19.96	144.50
Actual WTE In-Post	12.84	15.00	13.63	15.00	8.11	13.00	17.53		14.01	9.00	17.92	136.04
Actual WTE Worked	12.90	15.18	13.47	14.78	8.21	13.10	17.57		15.30	9.13	18.40	138.04
Pending Appointment			1	1.0			1		1			4.00
Current Budgeted Vacancies (WTE)			1.00						0.60	1.49		3.09
Sickness (%) December 2018	3.16%	1.48%	4.98%	1.09%	0.00%	1.49%	3.22%		0.16%	0.30%	4.84%	2.47%
Substantive Staff Turnover Headcount (rolling average 12 months)	8.11%	11.06%	5.94%	10.39%	0.00%	0.00%	9.02%		14.20%	22.22%	12.53%	9.36%
12 month Appraisal	92.9%	89.5%	84.2%	94.4%	100.0%	87.5%	93.8%		86.7%	91.7%	83.87%	89.3%
12 month Statutory Training	100.00%	100.00%	96.49%	100.00%	100.00%	93.75%	88.35%		95.56%	90.91%	91.15%	92.87%
Number of complaints received	0	0	0	0	0	0	0	0	0	0	0	0
Total Incidents reported on Safeguard (see end total column)	16	0	0	31	11	12	14	6	0	7	4	101

NHS Bolton NHS Foundation Trust

Agenda Item No : 16

Meeting	Board Meeting

Date	February 2018

Title	Gender Pay Gap Report			
Executive Summary	1. The purpose of this report is to update the Board on the findings of the Gender Pay Gap analysis which all organisations (with over 250 employees) are required to undertake and publish by the end of March, 2019. 2. The gender pay gap reporting is important to help the Trust to better understanding our own position and the broader factors which contribute to pay disparity.			
Previously considered by	Not Applicable			
Next steps/future actions	Discuss	✓	Receive	✓
	Approve		Note	✓
	For Information		Confidential y/n	

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	✓	To be well governed	✓
Valued Provider	✓	To be financially viable and sustainable	✓
Great place to work	✓	To be fit for the future	✓

Prepared by:	Jane Seddon	Presented by:	Carol Sheard

Introduction

1. The purpose of this report is to update the Board on the findings of the Gender Pay Gap analysis which all organisations (with over 250 employees) are required to undertake and publish by the 30 March 2019.

2. The gender pay gap reporting is a crucial step to better understanding our own position and the broader factors which contribute to pay disparity.

3. The median and mean pay gaps are calculated using the calculations set out in the gender pay gap reporting regulations:-

    a. The mean gender pay gap shows the difference in average hourly pay between men and women.
    b. The median gender pay gap is the difference between the median hourly rate for male employees and the median hourly rate for female employees.

4. The cause of the gender pay gap is complex, and as the report will show there are certain issues peculiar to specific staffing bands / levels. Understanding these peculiarities is important as this will help the Trust (and the NHS more generally) to address the gender pay gap disparity in the years to come.

5. Colleagues are reminded that the gender pay gap should not to be confused with unequal pay. Unequal pay is the unlawful practice of paying men and women differently for performing the same or similar work or work of equal value; whereas the gender pay gap is a measure of the difference between the average hourly earnings of men and women.

Key findings

1. The Trust collected our data as at 31 March 2018, when our workforce consisted of 4583 (86%) female and 734 (14%) male. It is common within the NHS as a whole that the workforce is predominately female.

2. Colleagues should note that IFM were included in the reporting period for 2017 because this was prior to the split. This year IFM will not be included in Boltons return, IFM will report independently in line with their statutory duty. Had we been reporting like for like and IFM were still included in the Trusts return we would be reporting figures that had improved within the reporting period. A positive reduction of the gender pay gap of 2.81% (see Appendix 2).

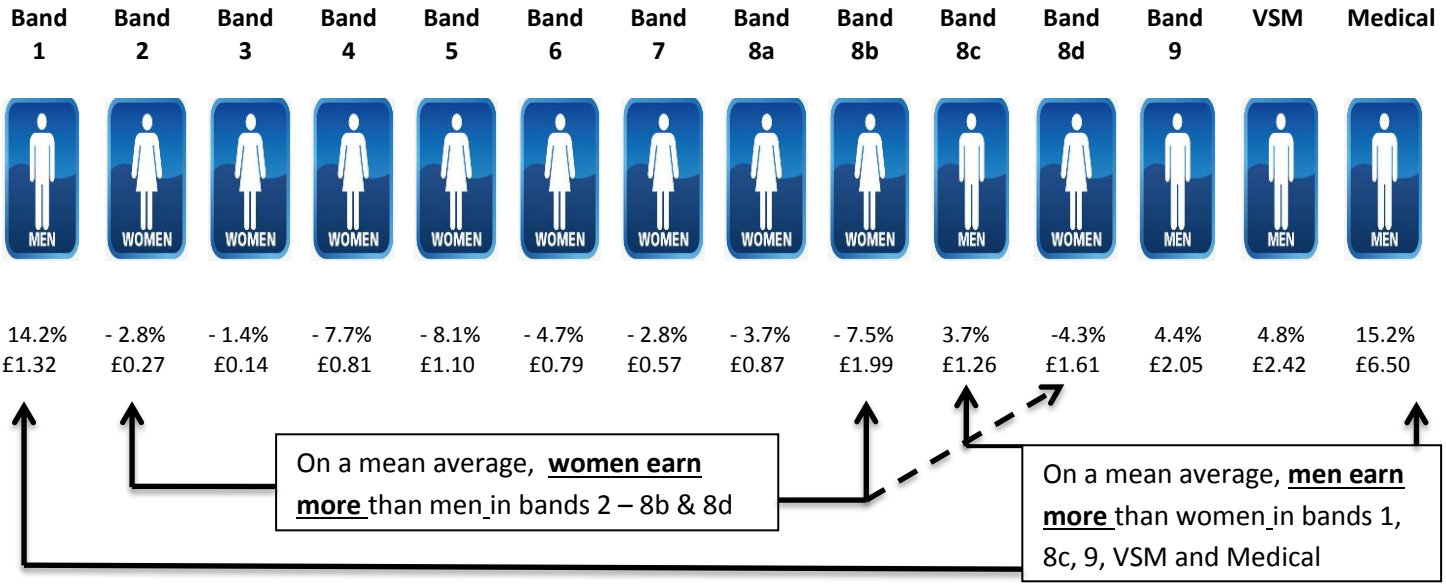
3. It is important to note here that the Mean Gender Pay Gap figure quoted in March 2018 for the snapshot period March 2017 for Bolton FT was incorrect at 15.3%. This was due to a national ESR system problem where the report, under certain criteria, employees that should have been excluded from the calculation had in fact been included thus skewing the total figures. The correct figure for the Mean Gender Pay Gap should have been 25.74%. In the case for Bolton FT, this problem was caused by the inclusion of one female employee who should have been excluded. The Median Gender Pay Gap was not significantly affected at 7.5%. Despite this national error impacting our 2017 position as noted above Bolton continues to not be outlier when compared to other NHS organisations.

4. Appendix 1 shows detailed benchmarking data for 2017 against local trusts. This shows that compared to 13 North West Trusts we fair mid table at 7th, more favourable compared to our local Trusts Wigan and Salford. It is useful to note that compared to

all Trusts that reported their data in 2017 Bolton were also mid table placing at 124th out of 204 trusts.

5. In order to provide a deeper understanding of the gender pay gap then a breakdown by staffing Band has been undertaken. The details are outlined below:-

Mean

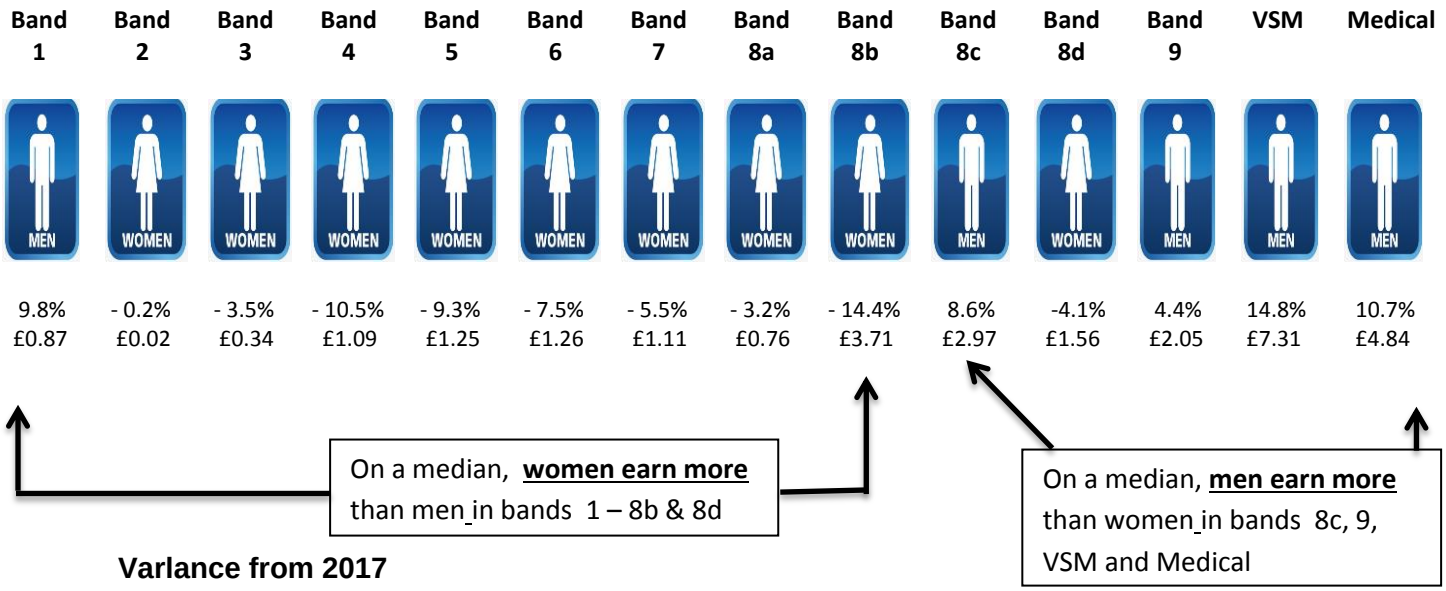


Varlance from 2017

11.3%	0.3%	2.5%	2.5%	0.5%	2.0%	0.1%	1.4%	0.7%	9.0%	6.5%	5.1%	4.2%	5.4%
M	F	M	M	M	M	F	M	M	M	F	F	F	F

Letter represents which gender the variance favours.

Median



Varlance from 2017

13.3%	0.7%	0.1%	2.6%	3.6%	0.6%	0.4%	0.4%	2.8%	9.1%	4.8%	5.1%	11.1%	2.8%
M	M	F	M	F	M	M	F	M	M	F	F	F	F

Letter represents which gender the variance favours.

In 2017, for both Mean and Median averages, female staff were paid higher than male staff in band 8c and lower in band 8d. This has turned around in 2018 due to staffing changes; new female employees have commenced at 8c and are lower on the scale than those that have left. There are also 3 less staff members in that banding. The 8d scale has lost a male member of staff who was at the top of the pay band and been replaced by a female staff member lower on the pay scale, there is one male staff member in this band and is lower on the scale. This rate is lower than the female average.

6. The Trust is required to report on the proportion of males and females in each pay quartile. The visual aid below demonstrates that the number of females within each pay quartile is fairly proportionate, although males do clearly dominate those in the Upper Quartile;

Lower Quartile		Lower Middle Quartile		Upper Middle Quartile		Upper Quartile	
							
89.0%	11.0%	89.6%	10.4%	87.2%	12.8%	78.9%	21.1%
Variance from 2017 to 2018							
4.8% Female	-4.8% Male	1.3% Female	-1.3% Male	8.7% Female	-9.0% Male	-5.5% Female	5.5% Male

- The pay quartiles are calculated using the calculations set out in the gender pay gap reporting regulations, quartiles are calculated by listing the rates of pay for each employee across the trust from lowest to highest then splitting that list into four equal-sized groups and calculating the percentage of males and females in each.

7. The Trust is required to report on the gender pay gap for bonus awards. Colleagues will be aware that bonus' are not paid to staff on the Agenda for Change contract. Currently the Medical Staff contract does afford for the payment of Clinical Excellence Awards (Consultants) and Distinction Awards (Staff Grade), and NHS Employers has issued guidance that the payment of these Awards should be reported as a Bonus under the Gender Pay Gap reporting requirements. Colleagues will note that this has led to increased public media on this matter as it is clear throughout the NHS that more male colleagues are in receipt of these Awards. Within our Trust 0.59% of females received an Award (bonus) compared to 8.85% of males. All of the awards were for Clinical Excellence. Positive action is taking place to encourage female consultant colleagues to participate in the clinical excellence awards process. 45% of the applications received in the 2017/18 rounds were received from female applicants.

<u>Key matters to note and potential underlying causes</u>

1. The gender pay gap is calculated as the average pay of all the men in an organisation compared to the average pay of all the women. With approximately 80% of the NHS workforce being women and because there is a more equal gender split

of higher-paid staff such as doctors, the average earnings for women overall is significantly lower, despite the fact that a man and a woman doing the same job are on the same pay grade.

2. There has been some confusion about the difference between equal pay for men and women doing the same job and the gender pay gap. As noted earlier the gender pay gap is not the same as equal pay, it's the difference between the average pay of all men compared to the average pay of all women in an organisation. Understanding the difference is important because the solutions to the gender pay gap are different to those required to ensure equal pay. It may be surprising, but it is possible to have genuine pay equality and still have a significant gender pay gap. For example if a company employs 11 people, say 10 engineers and one managing director, the 10 engineers (nine women and one man) all earn exactly £50,000 per year so they are all on equal pay. The managing director, who happens to be a man, is on £100,000 per year. The average salary for women in the organisation is £50,000 per annum while the average pay for men in the organisation is £75,000 per annum (£50,000 + £100,000 ÷ 2), a gender pay gap of £25,000 or 50%. Although the reporting requirements apply to organisations larger than this the example makes the point.

3. All NHS organisations manage equal pay through robust job evaluation systems, these systems ensure that pay for work of equal value is recognised; for example, a male nurse and female nurse entering nursing with some qualifications and experience are paid the same pay scale; however, the best job evaluation system won't address the gender pay gap if an organisation has a majority of men in higher-paid roles. The NHS and this Trust is a case in point. When NHS Trusts report their gender pay gap most are likely to show a significant gender pay gap, even though people doing the same job get paid the same.

4. The Chartered Institute of Personnel & Development has published a paper on the Gender Pay Gap and concludes that "the gender pay gap exists because women tend to work in lower-paid occupations and sectors, and occupy less senior roles. Many women take time out of the labour market and work part-time because of unequal sharing of care responsibilities."

5. The Fawcett Society asserts that there are four major causes of the gender pay gap within society. These being:-

    - Discrimination: it's illegal, but some women are still paid less than men for the same work. Discrimination, particularly in relation to pregnancy and maternity leave remains common with 54,000 women forced to leave their jobs every year after becoming a mother.
    - Unequal caring responsibilities: Women play a greater role in caring for children, and for sick or elderly relatives. As a result more women work part time, and these jobs are typically lower paid with fewer progression opportunities.
    - A divided labour market: Women are still more likely to be in low paid and low skilled jobs, affecting labour market segregation. 80% of those working in the low paid care and leisure sector are women, while only 10% of those in the better skilled trades are women.
    - Men in the most senior roles: men make up the majority of those in the highest paid and most senior roles – for example there are just seven female Chief Executives in the FTSE 100.

6. Within Bolton NHS Foundation Trust the following matters can be observed where a Gender Pay gap has been highlighted. As follows:-

   a. **Medical (363 staff members).** There is evidence that there are more males that work in the Medical profession (56.74%) which has increased since 2017 (55.43%). We have split this group further into quartiles to help us to understand if there are any issues that the trust need to consider. Between quartiles 1-3 the proportion of males to females is fairly even where the difference between them across all 3 quartiles is 1 employee. It is only in quartile 4 where men have a larger representation (77%). In quartiles 1-3 average length of service for all staff is broadly similar. However, in quartile 4 the average length of service is almost 2 years longer which does partially explain the gap but not enough to suggest that there isn't a gender bias within the medical workforce in the upper quartile, the bulk of which are consultants.

   b. **Senior posts - Band 8d / Band 9 / Senior Managers paid at VSM rate / Executive level pay** –An analysis of this data shows that:- The Gender Pay bias (mean & median - men paid more per hour) for those on Agenda for Change Framework may be a result of where they sit on the Agenda for Change Pay scale. Analysis shows that the gender gap has widened in bands 8a-8c and the gender pay gap has reduced for bands 8d, 9, VSM and medical staff. We are referring to relatively small numbers of male and female staff in these bands and often small movements can appear to have a significant impact.

   c. **Clinical Excellence Awards –** The stark Gender Pay Gap in this area is seen throughout the NHS and is deemed historic, a greater proportion of consultants historically are male and therefore will have a greater number of CEA awards. Analysis does show that in recent years there has been a more even spread in females receiving CEA's, specifically in 2014/2015 out of 26 males then 13 received a CEA – 50% and out of 15 females then 5 received a CEA – 33%. In 2015/2016 out of 21 males then 11 received a CEA – 52% and out of 19 females then 10 received a CEA – 52%. We have recently promoted the next clinical excellence awards, 45% of the applications received in the 2017/18 rounds were received from female applicants..

Next steps.

1. It is important that longer terms solutions are being explored to reduce the gender gap. Colleagues will recall from the dicussions last year that given the complexities of this agenda then it may take many decades for this Gender Pay Gap to reduce. Details of actions being taken are described belows:

   - **Talent Pipeline:** Succession planning more generally is an area that requires greater focus within the organisation. This critical matter has been considered in the development of a fresh Workforce & Organisational Development Strategy. The Strategy is committed to improving access to Female Leaders programme to encourage women to progress more rapidly into leadership roles. At the same time the Trust will explore how we can attract more men into the organisation at the lower bands, to create a more even gender balance and eliminate job segregation by marketing traditionally female's roles to the male labour market. We have already developed a positive action statement which will be included in job advertisements to attract men and BME staff to the trust. The Head of OD will be developing a centralised system to capture training and development for all staff across the trust which will enable us to have oversight of all staff development within trust.

- **Flexible working:** Given there is a linkage between more women taking up flexible working arrangements and gender pay differences then the Trust will continue to actively encourage flexible working across the trust in every role, at every level, to ensure that our people have the opportunity to work in a way that works best for their career aspirations and home life.
    - The flexible working policy is currently under review to ensure that it clearly communicates the support available for staff to be able to balance their commitments at home and their commitments within the workplace.
    - An electronic solution is being explored so staff can apply for flexible working online this will allow the trust to have a trust wide overview of how flexible working is applied across all areas.
    - The percentage of workers working part-time (45%) compared to full-time (55%) has remained static over the 2 reporting periods.
    - Although it is recognised that improvements can always be made to help staff to achieve work/life balance our recent staff survey results show a significant improvement in staff satisfaction with the opportunities for flexible working, showing a 10% improvement since 2016 (2016 – 50%, 2017 – 57%, 2018 – 60%) which is also 8% better than our comparator group.

- **Clinical Excellence Awards:** Pleasingly the Trust has seen more female members of staff participating in the recent clinical excellence awards round. 45% of the applications received in the 2017/18 rounds were received from female applicants.
    - We have recruited more female members onto the JLNC who will positively promote CEA within the workplace.
    - The study leave policy is under review to ensure that full and part time staff have equal access to development

Recommendations

1. The Boaed is asked to:

    a. Note the details of the Gender Pay Report and the requirements for the details to be published by the end of March, 2019. These will be published on the government website prior to 30 March 2019 and this report will be published on our website for 3 years.

    b. Highlight any specific additional assurance / workforce information required.

Appendix 1
Gender Pay Gap 2017 - Benchmark Data

Employer	% Difference in hourly rate (Mean)	% Difference in hourly rate (Median)	% Women in lower pay quartile	% Women in lower middle pay quartile	% Women in upper middle pay quartile	% Women in top pay quartile	% Who received bonus pay (Women)	% Who received bonus pay (Men)	% Difference in bonus pay (Mean)	% Difference in bonus pay (Median)
Pennine Care NHS Foundation Trust	12.2	3	83	83	86	80	0.3	2.3	-28	-14
Greater Manchester Mental Health NHS Foundation Trust	12.6	5	75.6	70.1	73.8	65.1	33.3	66.7	25	64
Lancashire Care Nhs Foundation Trust	13.8	2.5	80.3	80.3	85.5	72.5	0.2	2.4	32.2	52
The Christie Nhs Foundation Trust	19.6	4.7	71	79	78	62	32	67.2	12	33.3
Lancashire Teaching Hospitals Nhs Foundation Trust	22.7	0.1	74.3	81	83.3	71.8	0.5	6.2	18.9	36.1
The Pennine Acute Hospitals NHS Trust	23.7	4.3	78.2	81.8	85.6	70.6	0.5	6.8	22.3	33.3
Bolton NHS Foundation Trust	25.7	7.5	84.2	88.3	86.7	78.5	0.54	6.6	37.2	0
Salford Royal Foundation Trust	25.8	10.5	78.1	81.1	82.6	64.1	0.7	7.8	44.2	33.3
Mid Cheshire Hospitals Nhs Foundation Trust	25.9	12.2	82	85.8	84.6	74.5	0.2	4.7	0	3.1
Central Manchester University Hospitals Nhs Foundation Trust	26.6	7.6	79.7	86	86.2	69	0.8	6.3	22.9	25
Tameside and Glossop Integrated Care NHS Foundation Trust	27.3	9.7	83	84	86	74	44	47	8.4	0
East Cheshire Nhs Trust	34.5	15.7	83.8	88.7	88.9	73.2	0.4	6.5	36.7	58.9
Wrightington, Wigan And Leigh Nhs Foundation Trust.	35.4	16.9	83.7	82.1	84.9	66	0.3	7.6	65	75

APPENDIX 2 – Gender Pay Gap Figures

The figures below are for illustrative purposes only, showing a direct comparision to how the Trust reported in 2017, prior to the establishment of IFM.

	2017		2018		Variance	
Gender	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**
Male	£19.90	£14.50	£19.31	£15.80	-£0.59	£1.30
Female	£14.80	£13.40	£14.89	£13.70	£0.09	£0.30
Difference	£5.10	£1.10	£4.42	£2.10	-£0.68	£1.00
Pay Gap %	25.70%	7.50%	22.89%	13.30%	-2.81%	5.80%

*Including IFM for illustrative purpose

Agenda Item No	17

Meeting	Board Meeting

Date	February 2019

Title	EDI – LGBT History Month – Rainbow NHS Badge Campaign
Executive Summary	1. The purpose of the report is to communicate to the Board what the Trust is doing to support LGBT History Month by launching the Rainbow NHS badge campaign in line with the Board's Inclusion strategic commitment. 2. By choosing to wear a badge staff are sending a message to patients & colleagues that identify as LGBT+ that "you can talk to me", "Everyone is welcome". They will be sending a positive message of inclusion and will be playing a valuable part in reducing stigma and inequality. 3. To receive a badge staff members must receive the associated presentation and submit a pledge, this is to ensure that they understand the commitment they are making to inclusion. 4. Board members will observe a stand in reception, the LGBT flag flying and fun activities in February to support the month of celebration. 5. Board Members are encouraged to make their pledge in writing and take a fun image to share with the Trust via social media.
Previously considered by	Not Applicable

Next steps/future actions	Discuss	✓	Receive	✓
	Approve		Note	✓
	For Information		Confidential y/n	N

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	✓	To be well governed	✓
Valued Provider	✓	To be financially viable and sustainable	✓
Great place to work	✓	To be fit for the future	✓

Prepared by:	Jane Seddon	Presented by:	Carol Sheard

@RainbowNHSBadge

NHS Bolton NHS Foundation Trust

LGBT+ History Month

Rainbow Badges Campaign Launch

Introduction

- February is LGBT+ history month. In support of our LTBT+ community, patients, families and colleagues we are launching our Rainbow NHS Badges campaign.
- Inspired by NHS Evelina London's successful Rainbow NHS Badges campaign.
- Wearing a rainbow badge is a way for our staff to show Bolton NHS Foundation Trust is open, supportive and inclusive for our patients and their families to come for treatment and for our LGBT+ staff to work.
- By choosing to wear a badge you are sending a message to patients & colleagues that identify as LGBT+ that "you can talk to me", "Everyone is welcome". You will be sending a positive message of inclusion and will be playing a valuable part in reducing stigma and inequality.

Equality, Diversity and Inclusion Mission & Vision Statements

EDI Mission

- Our mission is to empower our staff to be **Consciously Inclusive** - To identify which groups of staff and patients experience poorer outcomes and make **deliberate efforts** everyday towards improvement.

EDI Vision

- Our staff teams are diverse. This diversity is be used to develop innovative solutions to reducing health inequalities
- Our staff teams understand how an individual's culture, expressed beliefs and social identity impact on Patient-centred coordinated care
- We are proactively engaging with diverse communities to co-design and co-produce our services

LGBT - Population statistics

- It is estimated that the LGBT community make up 6% of the population in Greater Manchester.
- Nationally Lesbians, gay men and bisexual people make up 5 – 7% of the UK population.
- It is estimated that 1 in 15 people living in Great Britain is homosexual or bisexual.
- 1.3% live with a partner of the same sex.
- Although the actual numbers of transgender people residing in Bolton is unknown, there are estimated to be around 900 transgender adults within the Greater Manchester region in 2009 The actual figure however is considered to be much higher as the above figure only includes those who are seeking, intend to and have physically undergone Gender reassignment surgery. It does not include those not seeking recognition e.g. cross-dressers.

LGBT – BFT Workforce Profile

- Heterosexuals make up the majority of the workforce (65%) whilst 1.21% of staff identify as lesbian, gay or bisexual. 33% of staff however chose not to declare their sexual orientation.
- This is lower than the regional estimate between 5 to 7%. This would mean that taking the lower figure at least 264 employees would identify as LGB although Bolton FT staff profile indicates only 64 members of staff.
- 33% of staff however chose not to declare their sexual orientation which is an decrease from the previous year (36%)

The Facts – Discrimination in the Workplace*

One in five LGBT staff (18%) have been the target of negative comments or conduct from work colleagues in the last year because they're LGBT.

More than a third of LGBT staff (35 per cent) have hidden that they are LGBT at work for fear of discrimination.

LGBT+ people who belong to a non-christian faith are more likely than LGBT+ people in general to exerice a hate crime o incident due to their sexual orientation and/or identity.

One in five LGBT people (18%) who were looking for work said they were discriminated against because of their sexual orientation and/or gender identity while trying to get a job in the last year.

One in eight lesbian, gay and bi people (12%) wouldn't feel confident reporting any homophobic or biphobic bullying to their employer. One in five trans people (21%) wouldn't report transphobic bullying .

One in eight trans people (12%) have been physically attacked by customers or colleagues in the last because of being trans.

*Data source Stonewall Research 2018.

The Facts – Discrimination in Health Care*

Half of LGBT people (52%) experienced depression in the last year, and three in five (61 per cent) had anxiety.

One in seven LGBT people (14%) avoid seeking healthcare for fear of discrimination from staff.

LGBT+ people who belong to a non-christian faith are more likely than LGBT+ people in general to exerice a hate crime o incident due to their sexual orientation and/or identity.

A quarter of trans people (25%) contacting emergency services in the last year were discriminated against based on their sexual orientation and/or gender in the last 12 months.

One in six LGBT people (16%) said they drank alcohol almost daily over the last year and one in eight aged 18-24 year olds have taken drugs.

One in 8 have experienced some unequal treatment from healthcare staff because they're LGBT. A ¼ of LGBT people faced a lack of understanding of their specific health needs; rises to 62% for trans patients.

*Data source Stonewall Report – LGBT in Britain Work Report 2018

Our Key Messages

For all our patients and staff we are committed to being **consciously inclusive** of the following:

- Bolton Foundation Trust is an open, accepting and inclusive environment with a zero tolerance approach to homophobia and transphobia.
- We are committed to removing any kind of discrimination that people who identify as LGBT+ may face.
- We will actively take up opportunities for learning to increase understanding and confront biases and challenge.
- We provide a safe environment to discuss issues relating to sexuality and/or gender and provide the support that you may need.
- We will accept people for who they are, we embrace differences by creating a positive environment for all.
- We respect peoples differences and will treat people equally.

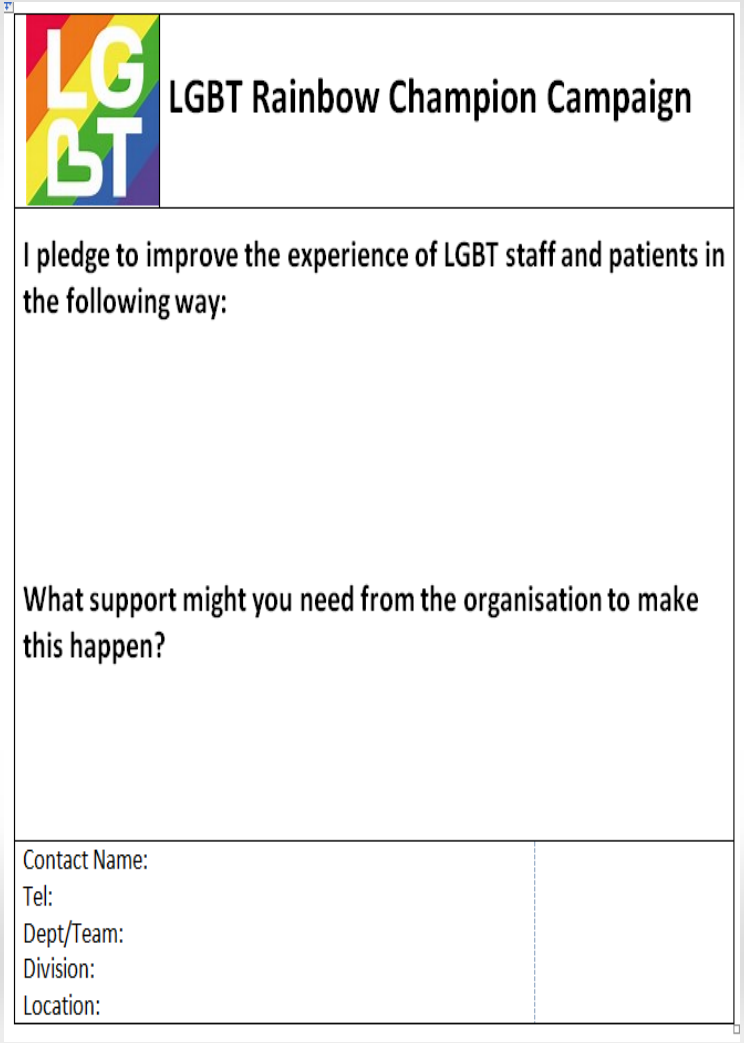
What you can do

- Create a fair, inclusive, safe and supportive environments for patients and colleagues.
- Ensure assessments facilitate disclosure and use gender neutral language e.g. ask open question about their partner, rather than assume child has a ‘daddy’ use the term parent. Don’t assume everyone is heterosexual. For Trans people use pronouns for the gender they have chosen using the name and title the person transitioning chooses.
- Safer sex advice and use of language. Trans people may be LGB or heterosexual.
- Next of kin may be same sex couple rather than a married partner or blood relative (Civil Partnership Act 2005 extends rights). Who should be involved in treatment decisions or contacted in an emergency.
- Monitor gender and sexual orientation to identify differences in access, experience and health outcomes protecting confidentiality.
- Engage with LGBT communities creating a safe space to discuss common issues and involve LGBT staff in designing and reviewing services.
- Attend LGBT training to increase your awareness of how to better support patients and care for patients.
- Encourage LGBT to partake in related activities – A happy workforce is a productive one.
- Challenge homophobia, bi-phobia and transphobia when you see it to prevent it becoming the norm.
- Trans people are free to self select the toilet & changing facilities in the gender that they present in.
- Wear your badge with pride to send a strong message that everyone is welcome and valued.

Make your pledge:

Complete your pledge and submit it to the team so we can celebrate all the fantastic commitments we are making to be:

Consciously Inclusive



LGBT Rainbow Champion Campaign

I pledge to improve the experience of LGBT staff and patients in the following way:

What support might you need from the organisation to make this happen?

Contact Name:
Tel:
Dept/Team:
Division:
Location:

Next Steps – to wear a NHS rainbow badge

- Sign up to the Trust's commitment to eradicate unequal treatment within the LGBT+ community within the Trust for patients and colleagues
- Take the Rainbow Badge pledge and tell us how you aim to make a difference.
- To not tolerate any unequal treatment – zero tolerance is key.
- Once your pledge and signed commitment is completed a rainbow badge will be issued to you to wear with PRIDE.

Wear your Rainbow Pin with Pride

Become a LGBT ally- listen and learn form others experiences and show your support :
Tweet -@BoltonFT and @RainbowNHSBadge and share your experience

Agenda Item No 18

NHS Bolton NHS Foundation Trust

Meeting	Board of Directors

Date	28th February 2019

Title	Equality, Diversity and Inclusion Annual Compliance Report 2017-18

Executive Summary	This report provides the Trust Board with a summary of work undertaken on the EDI agenda during 2017/18.

Previously considered by *Name of Committee/working group and any recommendation relating to the report*	EDI Committee Patient Experience and Inclusion Committee Workforce Assurance Committee

Next steps/future actions	To be published on the Trust website. Work will begin on the 18/19 report.			
	Discuss		Receive	✓
	Approve	✓	Note	
	For Information		Confidential y/n	

This Report Covers the following objectives(please tick relevant boxes)

Quality, Safety and Patient Experience	✓	To be well governed	✓
Valued Provider	✓	To be financially viable and sustainable	
Great place to work	✓	To be fit for the future	✓

Prepared by	Rahila Ahmed. Equality, diversity & Inclusion Lead	Presented by	Trish Armstrong-Child, Director of Nursing and Midwifery

Bolton NHS
NHS Foundation Trust

Annual Public Sector Equality Duty Compliance Report

2017-18

INCLUDING YOU

EQUALITY, DIVERSITY AND INCLUSION
AT BOLTON NHS FOUNDATION TRUST

VISION OPENNESS INTEGRITY COMPASSION EXCELLENCE

Contents

For enquiries or to request a copy in a different language or format please contact:

Rahila Ahmed (Equality, Diversity & Inclusion Lead)

Email: Rahila.Ahmed@boltonft.nhs.uk or

Telephone: 01204 390390 / Extension 4173

1. Introduction

Bolton NHS foundation Trust is committed to eliminating discrimination, promoting equality of opportunity, fostering good relations and providing an environment which is inclusive for patients, carers, visitors and staff.

This report allows us to demonstrate compliance and performance against the Public Sector Equality Duty (PSED) of the Equality Act 2010 providing a summary of progress on the equality, diversity and inclusion in the preceding year, 2017-18, and to set out plans for the coming year.

This report should be read in conjunction with both the annual equality service delivery and annual workforce equality compliance reports 2017 to 18. They profile patient activity and the workforce offering a comparison with local population data to assess how accessible our services are and whether out workforce reflects the diversity of the population. A number of recommendations are listed within which will be prioritised and actioned accordingly. Our 2017-18 patient and workforce equality profiling reports are available on our website: http://www.boltonft.nhs.uk/about-us/trust-publications-and-declarations/equality-and-diversity/

The Trust aspires to be the best place to receive treatment and care and a place where staff want to work. We strive to put our patients and staff at the centre of what we do and to present opportunities for feedback to drive real improvements. We want to ensure our staff are consciously inclusive in day to day practice and adapt their approach to achieve equality of access, experience and outcomes in all our activities. This way we can ensure the Trusts vision is achieved to deliver high quality, patient centred, accessible services and as an employer to provide an inclusive positive culture where each member is valued, respected, provided equality opportunities and are free from discrimination, bullying and harassment .

2. Local context

Bolton NHS Foundation Trust is an Integrated Care Organisation providing care and support in the community at over 20 health centres and clinics as well as borough wide services such as district nursing and health visiting. We also provide intermediate care in the community and a wide range of services at the Royal Bolton Hospital.

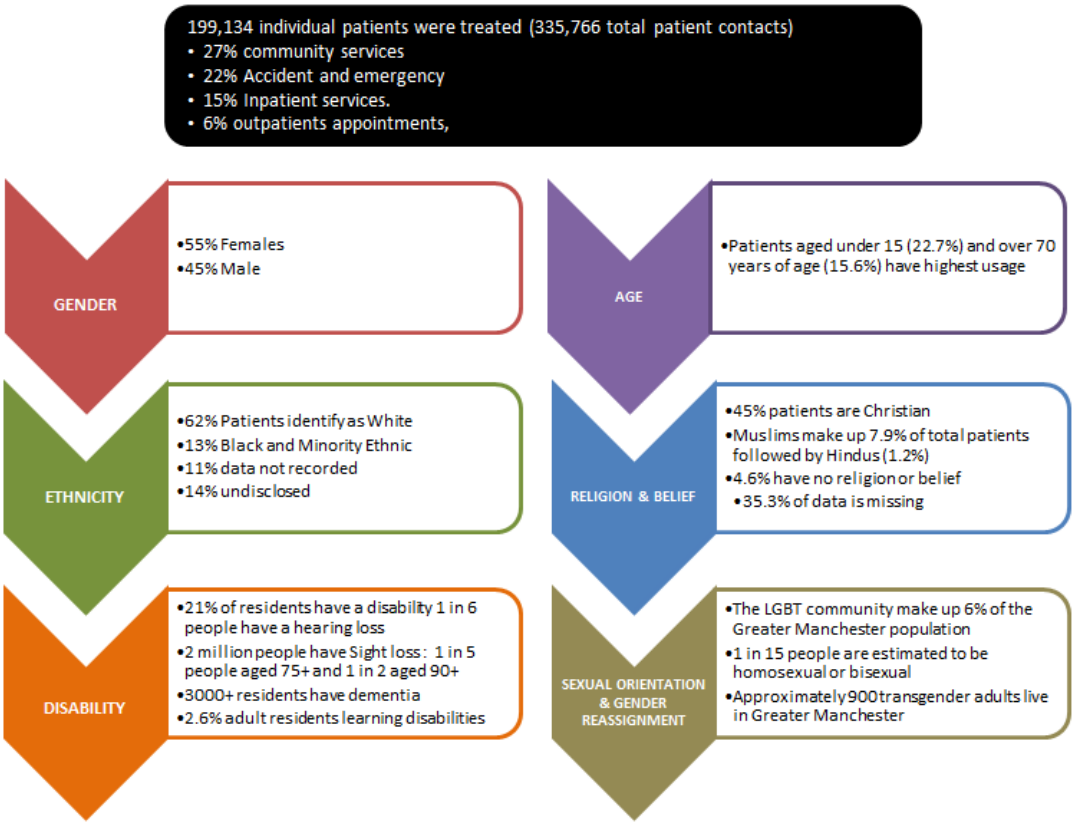
The Trusts outsources certain functions to the Trusts wholly owned subsidiary known as Integrated Facilities Management Bolton (iFM Bolton). This includes estate, facilities, cleaning, porters, catering and procurement services.

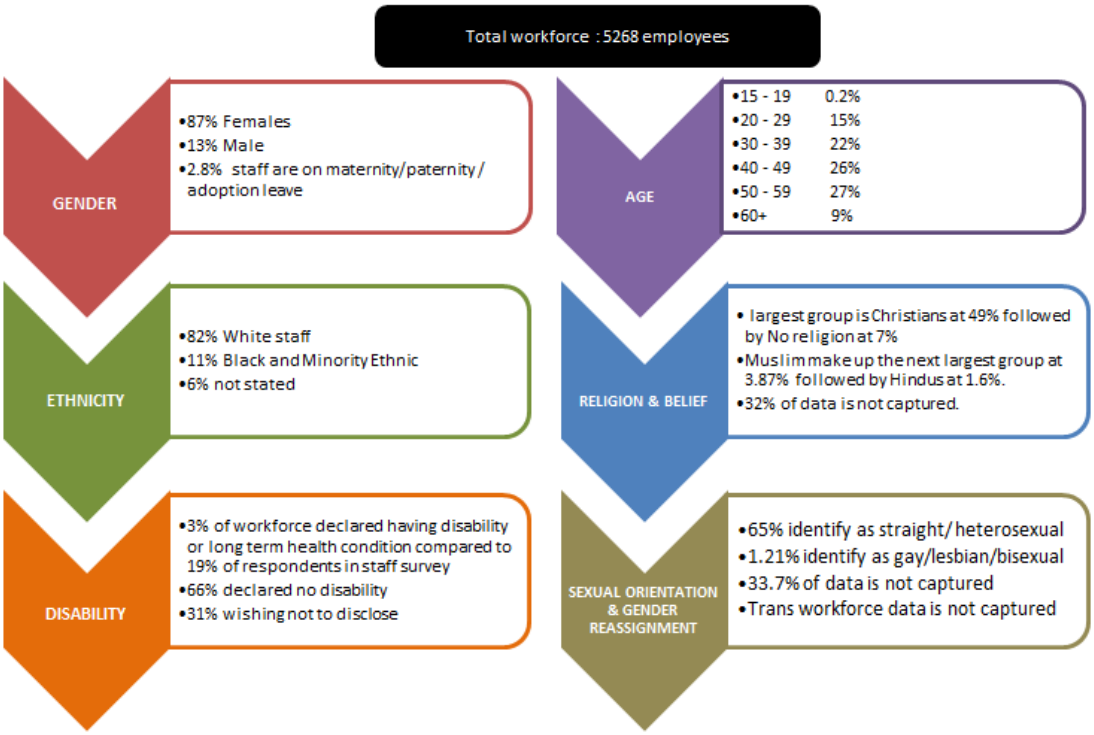
Population, patient and workforce profiles

Bolton has a population of 276,786 residents according to the Census of 2011. Mid-2016 estimates the population to have grown to 283,100 people. Bolton's Joint Strategic Needs Assessment (JSNA) reveals that the health of people in Bolton is generally worse than the England average.

- When compared with the Greater Manchester region, Bolton ranks third highest for levels of deprivation.
- The health of people in Bolton is generally worse than the England average.
- Bolton is within the 20% most deprived districts/unitary authorities in England.
- 25% (14,900) of children live in low income families.
- Males have an average life expectancy of 78.2 years whilst females have a higher life expectancy at 81.4. These are lower than both the regional and national average The reasons for this are varied and include social factors such as poverty, high unemployment and poor housing and lifestyle factors.
- When compared with the average for England Bolton has higher rates of alcohol-related harm hospital, self-harm hospital stays, higher levels of smoking and related deaths. However rates of sexually transmitted infections and people killed and seriously injured on roads are better than average.

The Trusts patients and workforce profiles are available below.





2.1 Vision, values and behaviours

Our vision is to be an excellent integrated care provider within Bolton and beyond delivering patient centred, efficient and safe services. To this end the Trust has been working towards achieving six goals all of which have an equality, diversity and inclusion consideration running through out:

Goal 1 – Quality, safety and patient experience
Goal 2 – To be a valued provider
Goal 3 – To be a great place to work
Goal 4 – To be well governed
Goal 5 – To be financially viable and sustainable
Goal 6 – to be fit for the future

The Bolton VOICE acronym represents the standards of behaviour we expect each member of staff to demonstrate all. Equality, diversity and Inclusion again is a central theme to implementing these values by empowering staff to be receptive and flexible to adapt to change from the standard in order to meet specific needs.

VISION	OPENNESS	INTEGRITY	COMPASSION	EXCELLENCE
We have a plan that will deliver excellent health and care for future generations, working with partners to ensure our services are sustainable	We communicate clearly to our patients, families and our staff, with transparency and honesty	We demonstrate fairness, respect and empathy in our interactions with people	We take a person-centred approach in all our interactions with patients, families and our staff	We put quality and safety at the heart of all our services and processes
We make decisions that are best for long-term health and social care outcomes for our communities	We encourage feedback from everyone to help drive innovation and improvements	We take responsibility for our actions, speaking out and learning from any mistakes	We provide compassionate care and demonstrate understanding to everyone	We continuously improve our standards of healthcare with the patient in mind

2.2 Governance arrangements

The Equality, Diversity and Inclusion (EDI) Sub-Committee is the Trusts working group responsible for progressing related matters. Its membership consists of staff from across the Trust at various levels and is in need of review to increase its representation to continue to ensure the EDI agenda remains embedded across all of the Trusts functions. It is chaired by the Deputy Director of Nursing.

The sub-committee reports to the Patient Experience and Inclusion Partnership Committee and Workforce Assurance Committee chaired by Executive Leads who are responsible for providing assurance to the Board of Directors through the quality assurance committee around compliance with national standards and relevant legislation. The Deputy Chief Executive who is also the Director or Nursing along with the Director of Workforce have lead accountability respectively for to patient experience and workforce aspects of the EDI agenda at Board level.

The Director of Governance has managerial responsibility for the EDI agenda. The EDI Lead ensures the Trust meets its legal, contractual and regulatory Equality, Diversity, Inclusion and Human rights requirements and provides strategic direction and operational input.

Council of Governors and members

As a Foundation Trust our Membership and Governors are an integral part of the patient and public feedback process. The elections are transparent and available to all.

Our public and staff Governors represent the people we serve, staff who provide our services and the partners we work with in our local communities. Their role is to be directly involved in decisions about the way services are planned and delivered, hold the Trust to account and to help the Trust develop stronger links with our local communities through our members.

The Trust underwent an external Well Led Review in 2017 and the findings confirmed yet again that our governance arrangements, management systems, processes and leadership were all effective and gave assurance that the organisation is managed well with a keen understanding of the potential risks facing us.

3. Compliance with the Public Sector Equality Duty

As a public sector organisation the Trust is required to report against legal standards, which are mandated by the Equality Act 2010. In addition the Human Rights Act 1998, NHS Constitution, Health and Social care Act 2012 and NHS Operating Framework all highlight the need to reduce discrimination in services, improve accessibility and experience and reduce health outcomes.

The Trust demonstrates its performance on equality, diversity and inclusion through compliance and delivery of the Public Sector Equality Duty (PSED) and the Equality Delivery System (EDS). They also act as a framework for monitoring and measuring
our equality performance against the requirements.

3.1 Equality Act 2010 - Public Sector Equality Duty (PSED)

The Trust places a duty on all public bodies to promote equality which consists of the 'general equality duty' which is the overarching requirement of the duty and the 'specific duty' (regulations 2011) which are intended to help performance of the general equality duty.

a. <u>General Equality Duty</u>

This has three aims and the Trust must have due regard (i.e. consciously consider as part of the decision making process) the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.

2. Advance equality of opportunity between people who share a protected characteristic and those who do not, by:

a. Removing or minimising disadvantages suffered by people due to their protected characteristics;
b. Taking steps to meet the needs of people from protected groups where these are different from the needs of other people; and
c. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

3. Foster good relations between people who share a protected characteristic and those who do not, by:
    a. Tackling prejudice, and
    b. Promoting understanding between people from different groups.

b. Specific Equality Duty

Public sector organisations are required to:

- Having due regard to the aims of the General Equality Duty 'in the exercise of their functions';
- Carrying out equality analysis
- Setting at least one equality objectives, at least every four years
- Publishing information and data to demonstrate compliance with the Equality Duty, annually.

3.2 Protected characteristics

Protected characteristics are the grounds upon which discrimination is unlawful. The nine protected characteristics under the Equality Act 2010 are as follows:

- Age – this refers to a person having a particular age or being within a particular age group (e.g. 21 - 30 year olds).

- Disability - A person has a disability if s/he has a physical or impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities.

- Gender Reassignment - The process of transitioning from one sex to another.

- Marriage and Civil Partnership – A union between a man and women or the legal recognition of a same sex couple relationship.

- Pregnancy and maternity - The condition of being pregnant or the period after giving birth.

- Race - Refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

- Religion or belief – Religion must have a clear structure and belief system. Belief refers to any religious or physiological belief or a lack of such belief.

- Sex - Being a man or women, usually referred to as Gender.

- Sexual Orientation - Sexual orientation is the term used to describe the biological sexual attraction to their own sex, the opposite sex or both sexes.

3.3 Equality Objectives

The current equality objectives 2017 - 2021 are focused on implementation of the Workforce Race Equality Standards (WRES). Specific actions and progress

in the delivery of these can be found on the Trusts website / equality & diversity: http://www.boltonft.nhs.uk/about-us/trust-publications-and-declarations/equality-and-diversity/

1. To target recruitment, engagement events and development opportunities to increase the percentage of BAME staff to better reflect the community.
2. To target recruitment, engagement events and development opportunities to increase the percentage of BAME staff in senior leadership positions (band 8+ VSM).
3. To target recruitment, engagement events and development opportunities within BAME communities to increase applications to Board positions as they arise.

However the Trusts Equality Diversity and Inclusion Strategy 2015-2018 sets out four goals. The priorities for 2018 to 2019 will in addition focus on the delivery of these equality goals/ objectives for both patients and staff to progress the EDI agenda for patients and the workforce across all protected characteristics.

Equality priorities/ objectives 2018-19

Objective 1

We will position the patient experience and community engagement as drivers for our EDI activities.

1.1 Strengthen partnerships with external third sector equality organisations.

1.2 Engage with relevant stakeholder groups to identify good practice and gaps in service to inform the updated EDI strategy.

1.3 Conduct Equality Impact Assessment of Patient experience and complaints process to review if processes are accessible and level of equality monitoring.

1.4 Ensure large scale service reviews, strategies and policies are inclusive and encourage representation from people with protected characteristics to have a voice.

Objective 2

We will empower staff to excel in their role and provide an exceptional service in an environment where dignity and respect are promoted.

2.1 Engage with BME staff to understand differences in workforce experiences and set up a BME staff forum.

2.2 Celebration of key equality events to raise awareness of the needs of communities and staff diversity and representation.

2.3 Organise training delivered by experts covering a variety of topics to better inform service provision and staff support.

2.4 Roll out staff health and wellbeing initiatives to improve support for staff and reduce sickness absence.

2.5 Continue to implement the Workforce Race Equality Standard action plan to take to improve the recruitment, retention, workplace experience and opportunities for Black and Minority ethnic staff.

2.6 Design and deliver an Inclusive leadership session and available to managers in partnership with organisational development.

2.7 Procure and deliver unconscious bias training to staff across the Trust to reduce any potential for discrimination in the decision making process.

Objective 3

We will provide staff with a relevant and contextualised package of EDI training so that they are culturally competent and able to deliver a service that is adapted to meet the diverse needs of patients.

3.1 Produce an equality events calendar highlighting key religious dates with a view to better inform staff in the delivery of services.

3.2 Review the translation and interpretation provision to ensure patients receive the best service.

3.3 Review delivery of and continue to implement the Accessible Information Standard, including assessments of communication tools and information provision.

Objective 4

We will embed EDI within Trust systems to support better health outcomes as well as legal compliance.

4.1 Review and re-establish the Equality, Diversity and Inclusion Sub Group once the new EDI Lead is recruited.

4.2 Conduct an internal EDS review and self-assessment across all four EDS2 Goals and outcomes.

4.3 Review the Trusts Equality Impact Assessments and strengthen processes to ensure good quality reviews are conducted.

4.4 Assess level of equality monitoring data capture for staff and patients highlighting gaps and developing an action plan to increase disclosure.

3.4 Equality Impact Assessments

The Trust takes steps to ensure the needs of people with protected characteristics are considered in decision making processes to ensure we do not discriminate and continue to promote equality in the delivery of accessible and responsive services.

An equality analysis/ Equality Impact Assessment (EIA) is a review of a policy, service or function and aims to establish whether there is a negative or positive impact on particular groups of staff or patients. The Trust continues to use EIA documentation to provide structure to the process and analyse the effect of any policy, service, function, on staff or patients from the nine protected characteristics.

All new and revised policies undergo an EIA as part of the document control process. Any policy that is identified as having a potential or actual impact is required to undergo a full impact assessment.

The Procedural Document Oversight Committee and Workforce Operation Committees are responsible for approving patient and staff facing policies, respectively. They are committed to ensuring policies will only be approved if they have a completed EIA.

The Trust works in partnership with various groups to allow stakeholders to have an input into the development of policies. For example policies are reviewed regularly in conjunction with staff side to ensure the best outcome for staff and the organisation.

3.5 Equality Delivery System 2 (EDS2)

This organisational performance measurement tool allows through stakeholder involvement an assessment of the Trusts EDI performance, drive action to improve equality performance and embed equality into the Trusts mainstream business processes. The framework is designed to help the Trust provide an improved service to patients, carers and staff ensuring their specific needs are met.

EDS2 has four Goals and eighteen prescriptive outcomes within:

Goals	Outcomes
Goal 1 - Better Health Outcomes	1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities.
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways.
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed.
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse.
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities.
Goal 2 - Improved Patient Access and Experience	2.1: People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.

	2.2: People are informed and supported to be as involved as they wish to be in decisions about their care.
	2.3: People report positive experiences of the NHS.
	2.4: People's complaints about services are handled respectfully and efficiently.
Goal 3 - A Representative and Supported Workforce	3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels.
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations.
	3.3 Training and development opportunities are taken up and positively evaluated by all staff.
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives.
	3.6 Staff report positive experiences of their membership of the workforce.
Goal 4 - Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed.
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

NHS England have mandated EDS2 as part of its NHS contract but in addition using the EDS2 will allow the Trust to meet the requirements of the Equality Act 2010 and be better placed to meet the regulatory requirements such as the CQC.

First held in 2016 the Trust hosted its 'including you' event where a range of stakeholders including patients, community representatives, staff and commissioners were invited to scrutinise the equality performance of selected services. Each service evidenced the range of ways they proactively and reactively adapted the way they delivered services to meet the specific needs of patients.

A total of fourteen services have been assessed and their scores are listed below. All services are required to highlight two areas for improvement based on stakeholder conversations during the event.

2017 service reviews	
Trauma and orthopaedics	Excelling
Theatres	Excelling
Surgery and Endoscopy	Excelling
Stroke Therapy	Excelling
Urgent care Therapies	Excelling
Paediatrics E5	Excelling
Neonatal	Excelling
Antenatal M1	Excelling
2016 Service reviews	
Sexual and reproductive health services (SHINE)	Achieving
Children and Adolescent Mental Health Services (CAMHS)	Achieving
Vulnerable Adults Team – Asylum Seekers, Refugees and Homeless provision	Achieving
District Nursing	Achieving
Community Midwives	Achieving
Health Visitors	Achieving

An example of good practice is the African Pentecostal Community Development Programme which was developed out of the engagement conducted at the EDS" scoring event. A group of community ambassador have been recruited which have links to the local African community across the borough. The ambassador are being offered a package of training selected through areas of needs identified and will be responsible for cascading the information to the African community they are linked to. The expected outcome of the project is to improve health outcomes for this community.

3.6 Involving local people in decision making

The Trust is committed to delivering high standards of care which meet local needs and is committed to removing barriers to access and ensuring all our patients have positive experiences. The Trusts vision is to use patient experience feedback to build on the journey of learning and continuous improvement. To assess satisfaction levels a variety of methods are utilised to

capture the experiences of patients following treatment. This includes national surveys such as friends and family tests, inpatient and maternity surveys; in house surveys such as cancer, endoscopy services and formal patient user groups and forums.

Equality monitoring data is captured within surveys to ensure the Trust actively engages and captures the experiences of people with protected characteristics. For example the National friends and family test monitors various categories including Gender, Age, Disability, Carers, ethnicity, Religion and Sexual Orientation. PALS and complaints also collect some equality categories which will be reviewed. The annual staff survey also collects equality monitoring data. The analysis of this evidence on a yearly basis gives us direction for focusing our efforts

We however actively look for opportunities to identify what matters most to our patients, carers and families and facilitate improvements. All Trust board meetings begin with a patient story highlighting what it actually feels like to access our services which has included diverse representation including learning disabilities and ethnicity.

The Trusts Patient and Carers Experience Strategy 2016 -18 sets forward the Trusts commitments for the need to listen to patients adapting the methods used to ensure everyone is able to participate, places the onus of individual services to demonstrate how they have acted on feedback and ensures there is continual improvements made.

The Patient and Carers Experience Strategy 2016 -18 comprises of the following mission statements:

1. Listen to our patients and act on their feedback
2. Provide a safe environment for our patients
3. Meet the physical and comfort needs of our patients
4. Support the carers of our patients
5. Recognise our patients individuality and involve them in decisions about their care
6. Communicate effectively with our patients through their journey

Engagement occurs regularly presenting opportunities for stakeholders to influence health service planning and delivery. Various stakeholder groups exist in the Trust including a learning disabilities user group, dementia group and cancer survivor group. Members have an opportunity to provide feedback on performance and areas for improvement. Internal departments also regularly engage with disease specific user groups for example. The Trusts volunteers have a vital role in supporting patients and enhancing their experience. They are recruited from all walks of life and given intensive training.

The Trust also works jointly with various external agencies to actively engage and influence and make wider improvements for the local community. Consultation and engagement occurs with the third sector organisations and equality forum regularly. An example is the Trust has been actively involved in the Lesbian, Gay, Bisexual and Transgender (LGBT) Partnership along with various public sector and voluntary organisations. The partnership aims to reduce hate crime, increase LGBT inclusion; awareness, workplace equality and access to service provision in the town. The Trust has also been actively involved with engagement with the transgender community for example with a view to develop a borough wide action plan and policy.

At the same time we run a number of initiatives to encourage staff to communicate their views on the Trust and how it is performing. These include national and bespoke staff surveys, Chief Executive Listening Events, team briefs and the Trust Bulletin to name a few. There is a strong relationship with variety of unions and all policies and processes are consulted on in formal meetings ensuring the best outcome for staff.

The Trust produces a significant amount of patient leaflets which are given out to patients to increase their understanding of diseases and treatments for example. To ensure these are of the highest quality the patient information ratification group is made of committed individuals who are involved in reviewing and approving the content of leaflets. They ensure the details are legible and non-discriminatory.

4. Achievements

In this section we highlight some of the main mechanisms the Trust has in place to meet the Public Sector Equality Duty, although not an exhaustive list.

4.1 Communication support for patients

Various systems are in place to improve our communication with patients their carers and families. We are committed to ensuring that all our patients are able to access services regardless of any specific needs and have in place provision to ensure communication does not present a barrier. Staff who have patient contact inherently make every effort to understand their patients needs and to meet them.

All services have access to interpreting and translation services to ensure the communication and information needs of patients are met. Formal contracts are in place with various service providers including Language Line who provide telephone interpreting whilst face to face interpretation is provided by Capita in the main. Over 200 languages can be catered for.

The Trust also employs two link workers and their primary role is to provide language interpretation in Punjabi, Urdu, Gujarati and Hindi, being some of the most common languages spoken in Bolton.

British Sign Language (BSL) interpreters are also available through a contract secured with the Deaf Resource Centre. The service is reviewed on a regular basis through the Diversity and Equality Committee to ensure it continues to meet the needs of patients and staff. To further support people with hearing impairments, portable hearing loops are readily available across the Trust and tested regularly to ensure they are in good working order.

Patient information such as leaflets are available in different languages and formats upon request including Braille, large print and audio.

4.2 Equality and Diversity Training

All new permanent, fixed term, bank and agency staff are required to complete online Equality and Diversity training as part of the mandatory training programme every three years. Our aim is to educate and inform staff to deliver inclusive practice and facilitate change in individuals, teams and divisions. The compliance rate in 2017/18 is considerably high at 95.7% of the total workforce.

Various other training sessions have been delivered. Some examples are offered as follows:

- The Human library was again held aimed at staff and the public with the aim to challenge prejudice and discrimination. The event allowed 'readers' to borrow a human book and have a discussion with them to understand the challenges they face. Books included an asylum seeker, recovering alcoholic, visually impaired people, and people of various religious and cultural backgrounds.

- The HR Team provide training to new and existing managers looking to update their management skills. The modules include topics such as Attendance Management and Recruitment and take account of relevant equality requirements.

- Trust values have equality, diversity and inclusion running through each one and promoted during induction to set standards expected from staff.

- Dementia and Learning disabilities specialist services in house provide regular training to staff to better meet the needs of patients and can offer support to staff.

- Student nurses receive equality related training run by specialist departments including caring for patients with spiritual and religious needs, dementia, learning difficulties.

4.3 Assessments and documentation

A key component of clinical practice is to ensure that assessments are holistic to allow the planning and provision of patient centred care. The Trust has clear guidelines and protocols to ensure all patients receive consistent and timely nursing assessments that consider the specific needs of patients. These include questions on communication needs, language provision, support for patients with cognitive impairments etc.

The Trust uses the internal 'Bolton System of Care Accreditation (BOSCA)' a multi-disciplinary structured assurance framework designed to monitor the delivery of patients care, leadership and the environment across the Trust.

Behaviours are assessed and are designed around the 17 core standards of care including Privacy and Dignity, Confidentiality, patients care and satisfaction, and safeguarding vulnerable adults amongst others. It is used to support all disciplines to understand how they deliver care, identify what works well and where further improvements are needed. This incorporates improving access, experience and outcomes for people with protected characteristics and reviewing meeting of their specific needs. Examples include staff awareness , eliminating mixed sex accommodation, meeting patients nutritional needs and putting support in place, spiritual and religious support being offered, awareness of reasonable adjustments, access to interpretation and translation. Where issues arise and the criteria is not met, additional support is provided to educate and inform and remedy. This ways wards and services are able to continually strive to make improvements.

4.4 Specialist Teams

The Trusts specialist teams have a prominent role to improve the patient and staff experience, offering advice support and services to patients with various needs . They also internally deliver training and use communication channels to make staff aware of festivals, news and events related to protected characteristics such as mental health and key religious dates.

a. Safeguarding Team

The Trust is committed to the wellbeing of all people using its services and takes the abuse of vulnerable adults and children very seriously and is committed to dealing with this effectively. The Trust has a dedicated Children Protection Team and Adult Safeguarding Lead who provide training, advice and support to all services. Various inter agency processes and systems are in place to ensure identification and timely responses.

b. Learning Disabilities support

The Trusts service provision is designed around the needs of patients with learning disabilities and their families and carers. The Trusts hospital based Learning Disabilities Nurse acts as a single point of access along with community based learning disabilities teams offering advice and support to departments and provides additional support to patients with learning difficulties. There is a register which details patients with LD who are admitted and which triggers a referral to provide support to the patient and carers and expert advice to clinical teams. This includes ensuring care packages have reasonable adjustments built in tailored to improve the patients experience. Learning Disability Link Champions have been developed across the Trust to ensure timely local support and expertise is available as and when required. Bespoke training is also offered regularly to services.

The hospital passport 'Keep me safe in hospital' allows patients and carers to record specific needs so staff are better informed with delivering care to patients for example communication requirements, adjustments to treatment etc. Extended visiting times, side rooms, accessible information are just some examples of the types of reasonable adjustments that have been offered to patients.

c. Dementia & Delirium support

There are approximately 2300 people with dementia with the majority aged over the age of 65 years of age. To support good quality specialist care, the Trust employs a Dementia Lead Nurse, who can share their knowledge with link nurses on all the wards and provide good quality patient care. There continues to be huge strides made in improving the experience of people living with dementia and their carers. This includes improving communication with dementia patients with a view to reduce hospital stays and contribute to high

standards of patients experience feedback. A suite of training is offered to staff to increase their awareness of caring for patients with dementia including meeting their nutritional needs.

Various projects have been implemented including signing up to the national Johns Campaign which recognises the right for carers to stay with their loved ones in hospital, partnership working with the Alzheimer's society and women's institute to identify carers who have been offered extended visiting hours as a reasonable adjustment, representation at the carers group, joint working on the End PJ paralysis to mention a few. Support and advice is also offered to staff who may be carers to family and friends outside of work.

d. Eye Clinic Liaison Officer

The hospital Ophthalmology department hosts an Eye Clinic Liaison Officer or ECLO commissioned from the Royal National Institute for the Blind (RBIB). Their role is imperative in offering support to patients in the eye clinic who may have a new diagnosis of sight loss as well as patients returning to the clinical for treatment. ECLOs are key in helping patients understand the impact of their diagnosis and providing them with emotional and practical support for their next steps.

e. Audiology department

The Audiology Department is responsible for diagnosing and managing disorders of the ear, including treating hearing loss. The audiology department currently offer hearing loss awareness sessions and are actively involved in other initiatives across the Trust for example around assessment of dementia patients to prevent falls which can be attributed to the sensory impairments. The team is readily available to offer advice and support to staff with hearing loss. The team also carries out interagency working and provide outreach clinics and session in the community.

f. Chaplaincy Team – Religious, Spiritual and Pastoral Care

The team care for patients of any faith and no faith as well as their relatives and carers. A number of religious leaders are employed representing the various

faiths across Bolton including Christianity, Islam and Hinduism, supported by a number of volunteers.

In the acute setting the team have an active presence and are readily available to offer advice and support to patients, carers and staff and arrange for religious rites to be performed such as prayers and blessings, communions etc. Should a patient wish to make contact with their own religious or spiritual leader, a member of staff can assist with this also.

The Chaplaincy Team offer support in many ways including offering non-judgmental personal support to everyone regardless of belief, religious support. Examples include when facing distressing news, bereavement care, end of life issues, support for palliative patients as well as memorial and funeral services.

The Trust also have a specialist bereavement support service to ensure patients receive responsive services by working in partnership with local organisations such as the Bolton Council of Mosques.

Patients, carers, staff and visitors have access to the chapel, mosque and temple. Signposting is also carried out by the team who have well established links with community groups to meet religious needs, such as Muslim burials.

The Chaplaincy service is on hand to support staff for example following the Manchester bombings. Prayers for Muslim, Christian and Hindu staff take place on a regular basis and the facilities remain open to access.

g. Carer participation

We recognise the vital role that carers play in the care of our patients, supporting the whole patient journey from admission to discharge and in the smooth transition to other services. Active involvement of carers supports patient experience by ensuring holistic assessments can be conducted for example.

The Trust works closely with Bolton Carers Centre and has a direct referral process into the service to identity carers and provide them with the additional

support they may require. The Trust has signed up to and played an active part in the Borough wide carers strategy.

h. Age UK Home from Hospital Service

This service provides low level practical and emotional support for patients aged 65+ who live alone or are the main carer, operating from the Royal Bolton Hospital. Staff can make referrals into the service to support elderly people following discharge from hospital. Volunteers help elderly residents to settle in at home after a stay in the hospital by assisting them with day to day tasks such as shopping, collecting prescriptions or housework. As well as providing six weeks of support the scheme also encourages older people to join lunch clubs or go along to other community activities that will help them adjust to being back home.

i. Asylum Seeker and Refugee Specialist Nursing Service

the service provides specialist nursing support with a particular focus on assessing the immediate and future health needs of asylum seekers and refugees who settle in Bolton via the Home Office UK Border Agency Gateway Protection Programme. They run a TB screening service, and an outreach service is available to assist patients in accessing health and social care, with the aim to improve their health.

4.5 Menu options

We retain a wide range of cultural diets, including Halal, Kosher, vegetarian and Vegan options. Foods can also be provided in a range of consistencies, to meet the needs of patients with disabilities, including pureed food.

4.6 Access in and around the hospital

The Trust conducts annual Patient-led assessments of the care environment (PLACE) assessments to review the quality of the hospital environment. They put patient views at the center of the assessment process, and use information taken directly from patient assessors to report how well a hospital is performing in the areas assessed – privacy and dignity, cleanliness, food, general building

maintenance and the extent to which the environment is able to support the care of those with dementia. It focuses entirely on the care environment and does not cover clinical care provision or staff behaviors. Following an assessments an action plan is considered to remove any barriers to access and improve the patient experience.

4.7 Equality in Complaints and Comments from our patients

The Patient Advice & Liaison Service (PALS) offers help, support and advice to patients, relatives or carers, if they wish to make enquires, compliments or raise concerns in relation to the hospital. PALS and the complaint department routinely collect diversity monitoring data. PALS and complaints information is available in different formats and patients and carers with language barriers are supported with the use of interpreting services. Posters are displayed across the Trust highlighting the process for raising a concern.

Data shows that a diverse range of people use the service. Through engagement in the future the Trust will check with diverse communities how easy they find it to make a complaint or comment.

4.8 Additional workforce support

- Flexible working policy is available and applied across the Trust to better manage a healthy work life balance and child or other caring responsibilities. Staff have the opportunity to appeal if they are dissatisfied with the decision.
- Applicants with a disability who meet the previous two ticks requirement are guaranteed an interview if they meet the essential criteria.
- Various health and wellbeing initiatives are offered to staff including Relaxation sessions held one regular basis for staff to help with managing stress and anxiety.
- Various resolutions are available where grievances are raised including mentoring.

- Freedom to speak up guardians are in place to take a lead in supporting staff to speak up safely, to listen to their concerns, and help resolve issues satisfactorily and fairly at the earliest stage possible.

5. Summary & Conclusion

The Trust continues to raise awareness of the requirements and make progress on the equality, diversity and inclusion agenda across the organisation. The commitment from the organisation is apparent and the recruitment of a new interim EDI Lead brings with it opportunities.

The annual workforce and service delivery report have highlighted areas of good practice across the Trust and where further intelligence is required to assure our selves that we are performing to our level best. We can conclude we are fairly reflective of the local population in terms of our patient and workforce profiles. Further analysis of workforce data in particular is required to gauge an informed understanding of where concerted effort is required across all protected characteristics, as well as an overall review of existing mechanisms to deliver EDI is required.

The Trust has various formal mechanisms in place and examples of good practice which reach out to and improve the access, experience and outcomes for people with protected characteristics. Effort has been placed into collating and consolidating this information and will continue to occur to celebrate the Trusts successes. To inform the update of the EDI strategy which is due in the coming year and the EDS2 assessment , the Trust will collate new and make use of existing quantitative and qualitative data and prioritise where its efforts need to be placed to improve outcomes for patients and the workforce.

A priority area for the Trust continues to be to improve the existing equality impact assessment process, inclusive involvement of people in decision making processes, full implementation of the Accessible Information Standard, implementation of the Workforce Race Equality Standard Action Plan, improving equality monitoring data collection, preparation of the new Workforce Disability Equality Standard and offering a suite of staff awareness sessions.

The following year brings with it new opportunities which the Trust is excited to be part of allowing the organisation to go from strength to strength.