

Bolton NHS Foundation Trust – Part One Board Meeting 28 November 2019

Location: Boardroom

Time: 0900 –

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
09.00		Patient Story			
	1.	Welcome and Introductions	Chair	verbal	
	2.	Apologies for Absence	Trust Sec.	Verbal	Apologies Dr J Bene
	3.	Declarations of Interest	Chair	Verbal	To note any declarations of interest in relation to items on the agenda
	4.	Minutes of meeting held 31 October 2019	Chair	Minutes	To approve the previous minutes
	5.	Action sheet	Chair	Action log	To note progress on agreed actions
	6.	Matters arising	Chair	Verbal	To address any matters arising not covered on the agenda
	7.	CEO Report including reportable issues	CEO (Trish)	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					
09.30	8.	Quality Assurance Committee Chair Report	QA Chair	Report	QA Chair to provide a summary of assurance from the QA Committee and to escalate any items of concern to the Board
09.40	9.	Finance and Investment Committee – Chair Report	F&I – Chair	Report – to follow	F&I Chair to provide a summary of assurance from the F&I Committee and to escalate any items of concern to the Board
09.50	10	Workforce Assurance Committee – Chair Report	Director of Workforce	Report	CEO to provide a summary of assurance from the Workforce Assurance Committee and to escalate any items of concern to the Board
10.00	11.	Audit committee Chair Report	Audit Chair	Report	Audit Chair to provide a summary of assurance from the Audit Committee and to escalate any items of concern to the Board
10.10	12	Urgent Care Delivery Board Chair Report –	COO	Report	To receive a report on the Urgent Care Delivery Board
10.20	13	Performance Report	Director of Nursing	Report	To receive
Governance					

<i>Time</i>		<i>Topic</i>	<i>Lead</i>	<i>Process</i>	<i>Expected Outcome</i>
10.40	14	EDI Annual Report	EDI lead	Report	
10.50	15	EPRR Core standards	COO	Report	
Reports from Sub-Committees (for information)					
11.00	16.	Any other business			
Questions from Members of the Public					
	17.	To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting.			
Resolution to Exclude the Press and Public					
11.05	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 October 2019
Venue Boardroom RBH

Present:-

Mrs D Hall	Chair	DW
Dr J Bene	Chief Executive	JB
Mrs T Armstrong-Child	Director of Nursing/Deputy Chief Executive	TAC
Dr F Andrews	Medical Director	FA
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
Mrs J Njoroge	Non-Executive Director	JN
Mr M North	Non-Executive Director	MN
Mr A Stuttard	Non-Executive Director	AS
Mr A Thornton	Non-Executive Director	AT
Mrs A Walker	Director of Finance	AW

In attendance: -

Mrs E Steel	Trust Secretary	ES
Ms R Ganz	Associate NED	RG
Mrs C Sheard	Deputy Director of Workforce	CS

Apologies Mr J Mawrey

The Chair welcomed attendees and observers

Declarations of Interest

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

4. Minutes of The Board Of Directors Meetings held 3 October 2019

The minutes of the meetings held on 3 October 2019 were approved as a true and accurate reflection of the meeting.

5. Action Sheet

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

6. Matters Arising

There were no matters arising.

7. Chief Executive report

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

In response to a question about the impact of the new Medicines and Medical Devices Bill, the Director of Strategic Transformation advised that this would be of more benefit to University hospitals but when further detail is made available this will be reviewed to identify potential benefits for Bolton.

In response to a question about winter planning, the Chief Operating Officer advised that plans are on track – the winter ward is scheduled to open later in the year than previously but if required additional capacity will be commissioned earlier.

Board Assurance Framework

Board members noted the BAF and after some discussion with regard to the delivery of performance targets agreed this was a fair and accurate assessment of the current risks to the achievement of strategic objectives. It was noted that the full BAF was scheduled for review at the November Audit Committee meeting.

Resolved: the board noted the CEO update.

8. Quality Assurance Committee Chair Report

Mr Thornton, the NED Chair of the Quality Assurance Committee presented his report from the meeting held on 16 October 2019. The Committee's main concern was with regard to bowel cancer screening capacity, although Committee members had been assured that there was no patient harm as a result of increased waiting time, they remained concerned about the overall impact on patient experience and had requested an update in three months.

Board members discussed the challenge of scoping capacity in light of a national shortage of endoscopists and a restriction on appointing additional clinicians to this role. The Chief Executive confirmed that the capacity issues are a national challenge and with an anticipated continued increase in screening demand this will remain a risk. The position across GM is similar and reflective of the high incidence of bowel cancer in the North West. The positive aspect of this issues is that the screening programme and early diagnosis of bowel cancer is leading to good patient outcomes and people should continue to be encouraged to take up the offer of screening.

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

Finance and Investment Committee Chair Report

Mr Stuttard, the NED Chair of the Finance and Investment Committee presented his report from the meeting held on 22 October 2019.

The main focus of the meeting, as detailed within the written report was on the overall financial position - although the position has not yet improved there has been a stabilising of the position.

The F&I Committee considered the work being undertaken to address income shortfall, overspend and ICIP performance. System savings remain a significant issue in terms of the plan. The capital programme is on track and performance against the better payment practice code has improved.

The Committee received a paper on the arrangements for changing the in year financial forecast, the Director of Finance is working closely to ensure NHSI are remain updated on the Trust's position.

The Committee noted the planned changes to the NHS financial regime with the removal of PSF and a financial improvement trajectory replacing the control total - for 2020/21 Bolton are likely to have a financial improvement trajectory of £1.5m surplus.

A number of other reports were received for information as detailed within the written report.

Board members discussed the current financial position and the challenges facing the Trust. Noting that the report on procurement was rated as amber, Ms Ganz in her role as Chair of iFM Bolton asked if there was anything else iFM could do to support the Trust in this area. Mr Stuttard advised that wave 3 of the transfer of services to iFM could provide further efficiencies; the Director of Finance advised that the procurement team in iFM had supported the Trust in proactively realising savings opportunities through procurement.

In response to a question about the income shortfall, the Director of Finance advised that although the Trust has an aligned incentive contract, increased depth of coding is a benefit in fully understanding activity and invoicing accordingly when not covered by the aligned incentive contract.

Executive Directors confirmed that the operational managers are engaged and committed to the achievement of ICIPS; Mr North confirmed that the interactions he had with members of the Shadow Board assured him of their commitment to delivering ICIPS.

Resolved: The Board noted the report from the Finance and Investment Committee. The Board supported the recommendation of to maintain the risk rating at 20.

10. Workforce Assurance Committee Chair report

The Chief Executive presented her Chair's reports from the Workforce Assurance Committee meeting held on 18 October 2019. As recorded within the written summary of the meeting the Committee received a number of reports for assurance including the Annual Equality Compliance Report which will be presented to Board members in November.

The Committee reviewed the workforce dashboard and while sickness absence continues to be above target, the performance against other HR metrics is good. The Committee received a detailed update on sickness absence and discussed the correlation between staff health and population health it was also noted that while older employees have a greater incidence of long term absence the younger generations tend to have a higher number of short term absences. Further discussion on actions to take in relation to these findings is scheduled for the December meeting.

In response to a question about the Guardian of Safeworking report, the Medical Director advised that temporary arrangements were in place with actions agreed to improve the support for junior doctors and the assurance to the Board with regard to these arrangements.

An action was agreed to provide an update to the Board on the results of the latest Go-Engage survey.

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

FT/19/70

GoEngage results to be presented to Board

11. **Urgent Care Delivery Board**

The Chief Executive presented the chair's report from the Urgent Care Delivery Board. The main focus of the meeting held on 8 October 2019 was

on assurance on winter preparedness. Overall there is assurance that systems and processes are in place. Actions in place to divert activity from A&E are having an impact on reducing attendances from the over 65s but overall A&E activity and performance remains a concern.

Board members discussed the impact of mental health patient activity in the ED department; although the Trust has a strong working relationship with Manchester Mental Health Trust patients requiring mental health interventions still experience long waits within A&E and on the wards.

The focus will continue to be on streaming patients away from A&E, improving time to decision and reducing delays to discharges.

In response to feedback about the home first service having a lot of admin processes, the Chief Operating Officer agreed the importance of developing a joint record to be used by all parties, the Bolton Care Record is making a real difference in this area with one version of information that can be accessed by all parties, as neighbourhoods continue to develop this will become stronger.

The Director of Nursing reminded Board members that it was important to ensure a systematic process was in place to engage with patients and carers and receive feedback from recipients of these services - it was agreed that this should be considered further within the Patient Experience Committee.

Resolved: the board noted the Urgent Care Delivery Board Chair report.

12. Infection Control Annual Report

The Director of Nursing presented the Infection control Annual report providing an overview of performance against a range of infection control metrics alongside a description of the governance arrangements and structures and the day to day challenges in reducing infections. The team and committee charged with stewardship of infection control arrangements had continued with their actions to keep people safe and enhanced this with increased patient engagement using patient stories to understand the impact of infections on patients.

In response to questions relating to the report:

- The Director of Nursing advised that her priority remained the focus on doing things right and ensuring robust process for the simple basic actions required on a day to day basis.
- The Director of Nursing explained the link between hydration and e-coli infections; hydration is one of the Quality Account priorities for 2019/20, it is a key element of the care worker certificate and a crucial element of the actions to reduce e-coli infections by 20%
- Whilst the Trust will aim to ensure that all staff receive a flu vaccination making this mandatory cannot be enforced. The infection control team have worked with the communications team to develop a strong campaign with stories to make the risks real. There is a good level of confidence that this will result in the highest rate of vaccinations yet.
- Although the limited number of side wards can be a challenge when looking to isolate patients there is good cohorting practice to reduce the risk of spreading infection. The IPC team liaise daily with the operational team and patient safety is always paramount.

Resolved: The Board noted the report and agreed that while it should remain a report for the Board in future years it would be reviewed within the QA Committee before being presented to Board.

respond to question on E coli infections % relating to catheter use in hospital and in community

13. Safeguarding Annual Report

The Director of Nursing presented the Annual Safeguarding report outlining the arrangements within Bolton to safeguard and promote the welfare of children and adults. The Safeguarding and looked after children team have continued to provide a responsive service with an open door policy to allow staff access to their support and advice when required. There has been an increase in referrals to the adult safeguarding team illustrating an increased awareness including recognition of financial abuse. Compliance with safeguarding training is good and the capable and committed team ensure that safeguarding is on everyone's'

agenda.

Resolved: The Board noted the report and expressed their thanks to the safeguarding team.

14 Learning from Deaths quarterly report

The Medical director presented the quarterly learning from deaths report including data on the total number of deaths within the hospital and the outcome of case record reviews. The Learning from Deaths Committee has been established to receive reviews and to discuss findings and actions in cases where concerns are identified and also in cases where good practice is highlighted. Learning from the Committee is shared with all staff.

Board members discussed the data presented within the report, the Medical Director expressed his concern with regard to the poor completion of cases in September, one of the factors contributing to this was the availability of notes, and this should be addressed with the implementation of EPR. It was recognised that this is a relatively new process that is being developed to ensure that all opportunities for learning are realised to develop a consistent approach to end of life care.

In response to a question about learning for individual clinicians, the Medical Director advised that opportunities for learning are fed back to clinicians as part of their appraisal. Where poor care is identified that meets the criteria for candour, the duty of candour process is followed.

Resolved: The Board noted the Learning from Deaths report.

15 Patient Story

L, attended to share her story of the support provided by the adult learning disability team. L had previously lived at home with her elderly mother as her main carer however with the decline in her mother's health it had been determined that L would need alternative living arrangements. L had moved into a community property with full time carers and although she clearly missed being with her mother had settled in well and was enjoying a wide range of activities with increased independence and regular trips out.

Resolved: The Board thanked L for sharing her story.

16 Integrated Performance Report

Board members reviewed the Integrated Performance Report considering the metrics within the report and focusing on areas in response to questions and as directed by the executive team. In discussing the metrics and responding to questions the following points were noted:

Quality

Mortality - In response to a question about the possibility of an external review of mortality, the Medical Director advised that once EPR was implemented a review of pneumonia deaths would be undertaken to check the hypothesis that coding of

co-morbidities was a factor.

Maternity

In response to a question about the number of stillbirths, the Director of Nursing advised that she was assured that although there had been a slight increase over the previous two months, this did not constitute a trend; the overall numbers were low and remained better than the England average.

Board members noted that at their previous meeting they had agreed there was a need to review the metrics associated with maternity services to provide a balance between national targets and aspirational targets as a centre of excellence. (slides from maternity presentation on October 3 2019 to be sent to all Board members)

Operational

A&E performance has been challenged in month with increased activity compounded by the impact of the introduction of EPR.

Cancer

The Chief Operating Officer advised that system pressures would mean that achievement of the target for Q3 was likely to be a challenge. The biggest challenge is in regard to colorectal cancers with delays due to limited PET scanner access - this is outside the Trust's control. For Breast cancer performance there are opportunities to improve performance, an additional radiologist has been recruited and another member of the team will be returning from maternity leave in January but there are theatre capacity issues. Board members asked for a more detailed report to be provided to the QA Committee to provide assurance that waiting times were not significantly increased and measures were being taken to ensure patients were prioritised according to risk/clinical need.

In response to a question about actions to reduce the number of appointments lost because patients do not attend, the Director of Strategy advised that actions including text reminders were included within the outpatient transformation programme.

Resolved: the Board noted the integrated performance report

FT/19/73

update to QA committee on Breast waiting times

AE

16.1

18 week RTT performance update

The Chief Operating Officer presented an update on the current 18 week RTT position in the Trust, the factors impacting performance and the activity needed to reduce the number of patients waiting for treatment.

The Trust has failed to deliver the 18 week standard since September 2017 and the gradual deterioration has led to an increase in the number of patients on the waiting list. This is a complex issue with a number of factors contributing to the current challenge including increased demand, reduced capacity and validation issues as a result of numerous touch points and opportunities for data entry discrepancies. The implementation of EPR should help to address the validation issues and the Trust is working with commissioners to address capacity and

demand.

Board members discussed the challenge and the actions within the Trust's control, Non-Executive Board members were assured by the depth of detail provided within the report but remained concerned that although there were some actions in the Trust's control including validation and increased theatre efficiency the overall issue would not be addressed unless the demand and supply challenge was addressed in partnership with commissioners.

17. Brexit update

The Chief Operating Officer gave a verbal update on arrangements made in preparation for Brexit - the Trust continue to engage in webinars and plans and have taken recommended actions, potential risks are in relation to supplies of pharmaceuticals.

18. Change to iFM Articles of Association

The Trust Secretary acting in her capacity as Company Secretary of Integrated Facilities Management Bolton Ltd (iFM) presented a proposed amendment to the iFM Bolton Articles of Association.

Following the changes made to the composition of the iFM board a proposal had been made to reduce the number of Directors required for a quorum to two, to align the quorum requirement with that required in the Companies Act.

Resolved: The board approved the proposed change to the iFM Bolton Articles of Association.

19. Any other business

No other business

20. Questions from members of the public

Two questions were received in advance from a Mr C Banks:

Question one related to the publication of minutes of Governor meetings in 2019 – the Trust Secretary confirmed that these have now been published on the internet and apologised for the administrative oversight in not publishing these previously - a process is now in place to ensure these are published in a timely manner.

Question two related to the appointment of the Chair and asked what due diligence was undertaken in approving this appointment. The Trust Secretary confirmed that full and appropriate due diligence including references and background checks in accordance with NHSI Fit and Proper person requirements, was undertaken and the appointment was unanimously approved by the full Council of Governors.

Date and Time of Next Meeting

28 November 2019

October 31 2019 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/19/61	03/10/2019	F and I Chair report	refer decision on accounting treatment of valuation to Audit Committee	AW	Nov-19	Audit Committee agenda item - complete
FT/19/74	31/10/2019	finance update	System Saving Board report to be added to Board standing items	ES/JB	Nov-19	to be discussed in F & I Committee and included within the Chair report
FT/19/69	03/10/2019	Complaints report	check activity figures recorded in the complaints report	TAC	Nov-19	verbal update
FT/19/72	31/10/2019	Infection control annual report	respond to question on E coli infections % relating to catheter use in hospital and in community	TAC	Nov-19	verbal update
FT/19/67	03/10/2019	Workforce strategy update	JM to share staff pledges with Board members	JM	Dec-19	
FT/19/38	27/06/2019	Seven Day services	Verbal update on benchmarking, written update in six months	FA	Dec-19	verbal update provided - written update due 6 months
FT/19/51	25/07/2019	Car parking - sustainability	update on work of the sustainability group	AE	Dec-19	
FT/19/64	03/10/2019	performance report	Mortality update	FA	Dec-19	
FT/19/65	03/10/2019	performance report	update on outpatient improvement plan including action to	SM	Dec-19	
FT/19/70	31/10/2019	Workforce Assurance Committee	GoEngage results to be presented to Board	JM	Dec-19	
FT/19/36	27/06/2019	Urgent Care Board	System wide discussion/report on mental health including proactive approach	AE	Jan-20	update on approach to mental health patients to January QA committee
FT/19/63	03/10/2019	Urgent Care Board	update on system working	JB	Jan-20	
FT/19/68	03/10/2019	Workforce strategy update	WAC to undertake a focus on retention and report back thru Chair report	JM	Jan-20	
FT/19/71	31/10/2019	Urgent and Emergency Care Board	PEIP Committee to consider process for patient engagement and feedback in neighbourhood services	TAC/SM	Jan-20	
FT/19/73	31/10/2019	performance report	update to QA committee on Breast waiting times	AE	Jan-20	
FT/19/62	03/10/2019	Shadow Board	Report through Workforce Assurance Committee on the Shadow Board programme	JM	Feb-20	

Key

complete	agenda item	due	overdue	not due
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Agenda Item No:	
Meeting:	Board of Directors
Date:	28 November 2019

Title:	Chief Executive Report
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Purpose	<p>The Chief Executive update includes a summary of key issues since the previous Board meeting, including but not limited to:</p> <ul style="list-style-type: none"> • NHS Improvement update • Stakeholder update • Reportable issues log <ul style="list-style-type: none"> ○ Coroner communications ○ Never events ○ SIs ○ Red complaints
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Executive Summary:	
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Previously considered by:	
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Recommendation Please state if approval required or if for information	Provided for information <div> Confidential y/n no </div>
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This issue impacts on the following Trust ambitions (please ✓ & “RAG” rate relevant boxes)			
To provide safe, high quality and compassionate care to every person every time	✓	Our Estate will be sustainable and developed in a way that supports staff and community Health and Wellbeing	✓
To be a great place to work, where all staff feel valued and can reach their full potential	✓	To integrate care to prevent ill health, improve wellbeing and meet the needs of the people of Bolton	✓
To continue to use our resources wisely so that we can invest in and improve our services	✓	To develop partnerships that will improve services and support education, research and innovation	✓
Negative Impact	Neutral Impact	Positive Impact	

Prepared by:	Esther Steel Trust Secretary	Presented by:	Dr J Bene Chief Executive
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1. **Awards and recognition**

Internal

Employee of the Month –Catherine Binns, Deputy Head Chaplain - Following the vandalism of the Baby Memorial, Catherine worked with many people in the Trust and outside organisations to create a new memorial. She created a dedication service and blessing alongside the annual Wave of Light Service on 15th October. Catherine also spent many hours getting lights, candles, and creating bottle lights to make the garden look beautiful for this service.

Team of the Month – E5 Ward for their work to comfort and care for a troubled little girl despite some risk to themselves

2. **News and Developments**

2.1 **Purdah**

The term 'purdah' is used to describe the period of time immediately before an election when specific restrictions on the activity of civil servants and local government officials are in place.

Purdah prevents announcements from and activities by public bodies which could influence or be seen to influence the election. Purdah officially applies until the day following the general election, but effectively applies during any period of negotiation around the formation of a government.

Key Principles

No activity should be undertaken which could be considered politically controversial or influential, which could compete for public attention or which could be identified with a party/candidate/designated campaign group.

NHS providers have discretion in their approach, but must be able to demonstrate the same approach for every political party, official candidate and designated campaign groups in order to avoid allegations of bias or pre-judging the electorate and to ensure a constructive relationship with whoever wins the seat.

2.2 **NHSI/NHSE**

Winter pressures

Pauline Philip the National Director for Emergency and Elective Care and Bill McCarthy the NHSI regional director for the NW wrote to all providers and commissioners setting out the default position for winter and a suggested system approach for system delivery to meet this position.

The important elements identified in the letter are:

- Where possible more general and acute beds to open to reflect increased levels of patient need and admissions
- Work with local authorities to ensure at least the same care packages as in winter 2018/19 are available with the same level of visibility.
- GP out of hours services to deliver from 8.00pm – 8.00 am seven days a week including bank holidays
- Ensure mental health services can respond quickly and comprehensively, particularly in relation to ED presentations.
- Community services to operate at same responsiveness as acute emergency services where that would avoid hospital admission or speed discharge

- Improved uptake of flu vaccination
- Pension tax – update to be provided as an agenda item in part two

NHS England and NHS Improvement have published the latest combined performance figures.

- The figures show that 83.6% of A&E patients were admitted or transferred in four hours - below the 95% target.
- 84.8% of patients on the waiting list for hospital treatment are waiting under 18 weeks - below the 92% target.
- A total of 4.42 million patients are on the waiting list overall.
- 76.9% of cancer patients started treatment in 62 days in September - below the 85% target.

3.0 Reportable Issues Log

Issues occurring between 30/10/19 and 20/11/19

3.1 Serious Incidents and Never events

Four serious incidents reported, one within the elective division, two within the acute division and one within families. These will be investigated in accordance with the policy – the final reports will be submitted for approval by the QA Committee

3.2 Red Complaints –

One red complaint relating to maternity care

3.3 Regulation 28 Reports – no new concerns from coroner reports

3.4 Whistleblowing

No concerns to escalate to board

3.5 Media Coverage

There has been some very positive media coverage this month for the launch of Bolton Children's Integrated Health and Wellbeing Service and the ChatHealth text messaging service.

Other positive stories that have been featured in the local press and had significant engagement on social media include the Trust's first platinum volunteer (first to complete 500 hours volunteering) and the story of twins who were cared for on neonatal units at different hospitals and improved when they were brought together at Bolton. They have just celebrated their first birthday.

A number of pieces focused on performance; including pressures on A&E during October, waiting lists and missed cancer targets. There was also a piece in the Bolton News about staffing challenges in the maternity unit.

On social media, several of our posts have had significant engagement. In particular, posts about ChatHealth have reached over 20,000 users. An emotive video that forms part of this year's flu campaign also resulted in above average interaction with our followers, as did the latest gold BoSCAs and employee of the month winner.

Further to the information breach reported to the Board on 3 October 2019, the missing list which resulted in the potential breach of confidentiality, has been found in Castlehill where the records in question were originally stored.

4 Board Assurance Framework

The full Board Assurance Framework (BAF) is used to record and report the risks to the achievement of the Trust's strategic objectives, the controls to reduce or mitigate these risks, any identified gaps in these controls and the assurance that the controls are effective.

The BAF has been reviewed to align with the new five year strategy; comments are welcome on how the risks to our new ambitions are reflected within the BAF

The full BAF was reviewed in detail within the November Audit Committee

Ambition	Lead	I	L	Nov	Oct	Key Risks/issues	Key actions	Oversight
To give every person the best care every time – reducing deaths in hospital	FA					Escalation of ill patients Increase in HSMR/RAMI	Ensure learning points are captured by Learning from deaths committee and that assurance fed back Ensure KPIS for E-obs/NEWS are agreed and monitored for improvement Ensure learning from deaths committee looks at diagnostic groups with greater than expected deaths using SJRs End of life strategy role out including education on identifying patients who are nearing end of life	QA committee Mortality Reduction Group Learning from Deaths
To give every person the best care every time – Delivery of Operational Performance	AE					Urgent Care pressure and increased demand on Diagnostic and Elective work Late decisions in A/E Beds coming up late Lower discharges at weekends Staffing in key departments Changes in pension rules	Urgent Care programme plan SAFER ECIP support Enhanced pathways as part of the new streaming model	Urgent care prog board System Sustainability Board
To be a great place to work	JM					Recruitment, limited pool of staff Pensions / Tax implications Sickness rates Reliance on Non-Core Staff – Premium spend (Agency)	Recruitment workplan in place Reviewing options to mitigate pension/tax implications Targeted actions to reduce sickness absence Tight focus on controls of Agency staff	IPM Workforce committee
To use our resources wisely Financial sustainability	AW					Delivery of ICIPs In year cost pressures Agency cost pressures Income/contracting risk Commissioning decisions Transformation funding Cash flow iFM performance System wide savings PSF risk	PMO and ICIP escalation meetings IPM Integrated Care partnership development Actions to address agency pressures PBR review Develop links with specialist commissioners Development of joint budgets within local system Review of costs and income iFM development including strategy and business plan System wide savings governance	F&I committee Board IPM Transformation Board ICIP escalation
To make our hospital and our buildings fit for the future						Availability of capital funding Changes to capital regime Technical accounting rules Lack of revenue to support capital Planning considerations – traffic and car parking constraints	Development of detailed Business Cases Detailed Strategy Working with LA and other partners	Strategic Estates Board Strategic Estates Group Finance Committee
To join up services to improve the health of the people of Bolton	SM					Failure to Deliver Integrated Care Partnership	Locality Plan to be produced November 2019 Business Case for ICP to be developed December to include:- <ul style="list-style-type: none"> Identify target population Define core elements of delivery model Translate the core elements to activity Identify and model the workforce requirements Model the financial requirement Robust Communication and Engagement Plan across all providers in place	Strategy / Transformation Board QA Board

						Development of an OD Framework to support cultural change Development of a system approach to community engagement.	
To develop partnerships across Greater Manchester to improve services	JB/S M	4	4	16	16	Delivery of Healthier together/Improving Specialist Care Executive Provider Oversight Group overseeing implementation of Healthier Together NW Sector Partnership Board in place to oversee the delivery of the outputs of the Improving Specialist Care programme. Robust Programme Plan in place across GM for the delivery of the Improving Specialist Care Programme. Executive Level involvement in the Improving Specialist Care Programme.	Strategy / Transformation Board QA F and I Board

Committee/Group Chair's Report

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	20 November 2019	Date of next meeting:	18 December 2019
Chair:	A Thornton	Parent Committee:	Board of Directors
Members present/attendees:	D Hall, T Armstrong Child, J Bene, M Brown, J Njoroge, A Ennis, M Forshaw, E Steel. Representation from the four clinical divisions D Sankey	Quorate (Yes/No):	Yes
		Key Members not present:	F Andrews

Key Agenda Items:	RAG	Key Points	Action/decision
Patient story		Patient story from Acute Adult Division highlighting the overwhelming support from teams across the Trust who pulled together at short notice to organise a wedding for a lifelong haematology patient.	
Clinical Governance and Quality Committee chair report		Chair report from Clinical Governance Committee included a number of areas assessed as amber in terms of assurance/risk this included a national report on regulation 28s and an update on the maternity antenatal screening update. The committee were assured that actions had been agreed to address these areas.	The Trust Chair requested a solution be sought regarding the IT issues raised in the Maternity Antenatal Screening Review Update. The Deputy Chief Operating Officer agreed to raise the issues with Phillipa Winter, Chief Informatics Officer.
Acute Adult Care divisional quality report		The comprehensive quarterly report included the achievements and challenges for the division in Q 1. Committee members discussed specifics within the report including the focus on reducing blood culture contaminants and whether this was linked to environmental issues.	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

Integrated Care Divisional quality report		<p>Quarterly report presented to provide a picture of successes and challenges within the division.</p> <p>The Trust Chair congratulated the division on the work of the Admissions Avoidance team – the Council of Governors had been very impressed by a presentation on the work of this team.</p>	<p>Report noted – no actions required</p> <p>A presentation on the work of the Admission Avoidance team will be shared with the Board</p>
BOSCA six month update		<p>The Assistant Director of Nursing, presented the BOSCA Six Month Update, there is now a whole library of templates which have been reviewed and now include areas such as sharps bins, storage potassium, ward evacuation cards.</p> <p>Discussions are currently taking place on next steps for Platinum and Gold areas to ensure standards continue to improve.</p>	The Director of Nursing would like to see the BOSCA accreditation system used across the whole of the Bolton Economy, for example in nursing homes.
Falls quarterly update		<p>Falls Quarterly Update was presented by the Deputy Director of Nursing. The Falls Coordinator is working closely with Darley Court in response to an increase in falls and with the Divisions to ensure performance improves for the national CQUIN.</p> <p>Despite the increase in falls at Darley Court, performance remains within the threshold of 5.21 per 1000 bed days</p>	Report noted
Bowell cancer audit update (NBOCA data		The BI team presented a paper to provide assurance on the quality of data uploaded to national audits	Report noted
SI reports		Submitted to part two board for approval	
Patient Experience, Inclusion and Partnership Committee		<p>The Committee received the EDI report.</p> <p>No risks escalated</p>	EDI report for Board approval
Mortality Committee		The Committee received a summary of the cardiac arrest RCA report and an update on the heart failure workstream.	Report noted, some amber areas within the report but no risks escalated

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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

		Work is on-going with the clinical coding team to pneumonia cases	
Risk Management Committee			
Comments			
Risks Escalated –			

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Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	26 th November 2019	Date of next meeting:	17 th December 2019
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Andy Ennis, Bilkis Ismail, Annette Walker, Catherine Hulme, Lesley Wallace, Martin North, Andy Chilton, Mark Costello	Quorate (Yes/No):	Yes
		Key Members not present:	Jackie Bene, Donna Hall, Sharon Martin

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
CCG Finance Update		CCG Finance Director	The Committee welcomed Ian Boyle, the Finance Director of the CCG, to the meeting. He gave an update on the CCG financial position which is forecasting achievement of its break even target. He highlighted a number of risks to the CCG together with mitigation actions to offset the risks. The CCG and the Trust are working closely together ensuring a full understanding of the respective positions of the two organisations and the pressures across the health and care system in Bolton. A number of initiatives are being considered in terms of identifying efficiencies particularly from joint system working.	For noting.
Month 7 Finance Report		Director of Finance	<p>The financial position to the end of October 2019 (Month 7), excluding PSF, is a deficit of £9.0m, against a deficit plan of £3.7m, an overall shortfall of £5.3m. Taking PSF into account the deficit is £5.4m which is £4.7m off plan. The main reasons for the shortfall are:</p> <ul style="list-style-type: none"> Income shortfall of £1.6m Expenditure overspend of £3.1m ICIP off track by £1.1m <p>Overall for the month of October the Trust returned a surplus of £0.1m albeit this is against a surplus plan for the month of £0.6m, however this does represent the first month this year where a surplus has been reported.</p>	For noting.

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Committee/Group Chair's Report

			<p>Of particular note is the agency expenditure which is below both the in-month NHSI target and the Trust target.</p> <p>With regard to income although the Trust is reporting a shortfall, mainly associated with the income from CCGs outside of Bolton. Whilst the implementation of EPR does not appear to have had an adverse impact on the overall position the finance teams have had to manage a number of technical issues to ensure all activity has been captured and coded. With a new system such as EPR there can be a lead-in time as staff become familiar with the operation of the system.</p> <p>On the ICIP as previously reported the Trust is on track to deliver the internal savings of £9.5m, however the system savings will not be delivered in this financial year.</p> <p>The Capital Programme is on track with regard to the plan of £11.9m.</p> <p>The Committee has focused in recent months on the overdue debt and it is pleasing to note that the levels of long term debt are now showing a reduction. The figure reported to the Committee for debt over 120 days was £1.1m compared to £1.8m at the end of August. Further improvements are anticipated over the coming months.</p> <p>The cash position at the end of October was a closing cash balance of £23.8m which is £11.1m above plan.</p>	
ICIP Progress Update	<div>Internal</div> <div>System</div>	Deputy Director of Transformation	<p>The Committee received an update on the delivery of the ICIP. The Trust is forecasting delivery of the internal Divisional schemes of £9.5m. However the main risk remains around the delivery of the system wide savings. The Committee did agree that the system schemes should remain on the plan because they may be deliverable over a longer period of time.</p> <p>The Committee were assured that there is a detailed monitoring programme in place through the PMO on the ICIP programme.</p>	For noting.

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Committee/Group Chair's Report

Income Action Plan		Head of Financial Management	<p>The Committee received a further update on the Income Action Plan. This has identified a number of areas which are relatively small in terms of recognising additional income but have provided a level of assurance in terms of ensuring that activity is being captured and coded. The introduction of EPR will also improve the accuracy of the coding.</p> <p>The work on income has also resulted in greater understanding and ownership by the Directorates of their income position.</p> <p>Staffing issues within the Finance Department are also being addressed.</p>	For noting.
Proposed 20/21 Budget Setting Process	N/A	Head of Financial Management	<p>The Committee received a paper setting out the Trust's proposed budget setting process for 2020/21. This covers the budget setting principles and methodology for the areas of income, pay and non-pay and the overall governance arrangements.</p> <p>It is of note that this is the first time that the Trust has fully documented the budget setting arrangements thereby ensuring visibility of the process for all the Divisions. This will be presented annually to the Committee.</p>	For noting.
2019/20 Reference Costs Update		Head of Financial Management	<p>The Committee received an update on the 2019/20 Reference Costs' submission. Unfortunately the Trust was not able to complete a submission in line with the guidance due to staffing and technical system issues. NHSI were kept fully informed of the issues however this is likely to result in an assurance visit from the regulator to ensure that the Trust has robust costing arrangements in place. Changes have also been made to the structure within the Finance team and options for a new costing system are also under review. This could affect the benchmarking information that is used in the Model Hospital analysis.</p>	For noting.
Automated Number Plate Recognition Parking Solution Business Case		Director of Finance, iFM Bolton	<p>The Committee considered a Business Case for the introduction of an Automated Number Plate Recognition solution. A number of issues were discussed and clarification sought on the operation of the system and the Committee recommended the approval of the Business Case for consideration by the Board.</p>	Recommendation for approval.

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Committee/Group Chair's Report

iFM Finance Paper		Director of Finance, iFM Bolton	The Committee received an update on the iFM financial position at Month 7. iFM are reporting a profit of £259.0k which is slightly adverse to the budget of £318.0k. Profit in month was £61.0k. iFM are forecasting an outturn profit of £596.0k against a plan of £545.0k.	For noting.
Committee Chair Reports/Tender Update	N/A		<p>The Committee received Chair reports from:</p> <ul style="list-style-type: none">• Capital and Revenue Investment Group• Strategic Estates Board• Digital Transformation Board• Contract & Performance Committee• Tender Update	For noting.
Risks escalated There are no new risks to be escalated to the Board.				

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Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board
Date of Meeting:	November, 2019	Date of next meeting:	December, 2019
Chair:	J Bene	Parent Committee:	Trust Board
Members present/attendees:	J Mawrey, F Andrews, T Armstrong-Child, M Foreshaw, C Sheard, L Gammack, A Chilton and all the clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	T Armstrong-Child, E Steele
Key Agenda Items:	RAG	Key Points	Action/decision
Workforce & OD Dashboard		<ul style="list-style-type: none"> The Committee received the Integrated Workforce Performance Report. The report triangulated key workforce data to support informed discussions. Members noted that the in-month Agency spend remains below the Trust's forecast and the NHSI forecast. Workforce & OD metrics positive with the exception of sickness management (albeit in-month improvement). 	Actions agreed:- <ul style="list-style-type: none"> Update on the Health & Wellbeing Strategy to be provided to the January Committee.
NHS Staff Survey		<ul style="list-style-type: none"> The Committee noted that our response rate is currently just below the national mean response rate. The Committee will receive an update in December on the Quarter 3 Go Engage findings, at this time the Trust will have an indication as to the potential findings of on the Staff Survey findings. 	Actions agreed:- <ul style="list-style-type: none"> Divisions & OD Department to target their efforts to encourage staff to complete the survey

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Committee/Group Chair's Report

Staff Deal		<ul style="list-style-type: none"> The Committee noted that the work is on-going on the plans to introduce a staff pledge and refreshed behavioural framework, aligned to a refocused staff recognition approach. An update had been intended to Trust Board in November / December however, the Committee felt that it would be helpful to pause this update and spend additional time engaging with the Divisions and wider organisation. 	Actions agreed:- <ul style="list-style-type: none"> It was agreed that this would remain a standing item until which time the Committee would be able to make final recommendations to the Trust Board.
Apprenticeship Update		<ul style="list-style-type: none"> The Trust delivered their Apprentice target for 2018-2019 (131) and is confident that we will deliver the 2019-2020 (160) target. Detailed conversations took place regarding the Levy transfer, along with consideration as to whether we are taking all possible steps to maximise potential financial opportunities to support our workforce. 	Actions agreed:- <ul style="list-style-type: none"> The Associate Director of OD and the Deputy Director of Finance work together to produce a paper for the next meeting on the Levy transfer and Financial position / opportunities.
Freedom to Speak Up		<ul style="list-style-type: none"> The Committee were assured that the very good work continues. During the period from 1st July 2019 to 30th September 2019 (Q2) a total of 13 cases were reported through the FTSU route. There were no matters that required escalation that were not already being managed. The Committee commended the FTSU Guardian on the excellent work for national 'Speak Up Month' (October 2019). 	Actions agreed:- <ul style="list-style-type: none"> Report noted

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Committee/Group Chair's Report

Job planning Update		<ul style="list-style-type: none"> The Trust has made good progress on completing updated job plans for all consultants and SAS Doctors. This has included:- utilising an electronic version of the job plan template; Balancing consultant workloads by sharing sessions more equitably; Confirming the level of management time in consultant job plans; and Reviewing On-call payments to ensure equitability. Potential cost pressures were considered and will be discussed further at EDT 	Actions agreed:- <ul style="list-style-type: none"> Report noted The focus for the next Job Planning to be strengthening the performance information used in job planning. Discussion at EDT on potential cost pressure.
Medical Appraisal		<ul style="list-style-type: none"> The Committee received a very helpful update on the current positive performance of medical appraisal and revalidation. 	Actions agreed:- <ul style="list-style-type: none"> It was agreed that this paper is brought to the Committee every 6 months with the next one in April 2020
Obstetrics & Gynaecology Trainees Action Plan		<ul style="list-style-type: none"> The Committee received a very helpful update on the action plan and noted the considerable progress that has been made since the last meeting. 	Actions agreed:- <ul style="list-style-type: none"> Report noted Update paper in Quarter 4 to outline continued progress being made.
Risks escalated None – matters being managed within Committee Recommendations Update on the Staff Deal and behaviours to Trust Board be paused to allow for increased engagement with Divisions / wider organisation.			

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Name of Committee/Group:	Audit Committee	Report to:	Board of Directors
Date of Meeting:	21 Nov 2019	Date of next meeting:	
Chair:	Jackie Njoroge	Parent Committee:	Board of Directors
Members Present:	J Njoroge, B Ismail, R Ganz, M Brown, M North, A Walker, E Steel, Internal Audit, External Audit, C Ryan	Quorate (Yes/No):	Yes
		Key Members not present:	L Wallace

Key Agenda Items:	RAG	Key Points	Action/decision
Internal Audit Reports			
Internal Audit Progress and Follow up Report		The Chief Operating Officer attended to provide an update on actions taken to address the outstanding item identified at the previous meeting (with regard to recording of discharges. The BI team have increased analytical capacity within data quality and now have a range of formalised, routine reporting that is carried out on LE2 data in order to identify anomalies. Including readmissions, treat and returns, no clinic outcomes etc.	
Agency Use follow up report (draft)		Update provided – report previously high risk but actions taken and risk reduced to medium.	
Technical update		Report from the external auditor flagged the implementation of IFRS 16 leases – NHS bodies will be required to have assessed the impact of the change and to embed operationally	External Auditors providing a paper on the impact of IFRS 16
Security Report		High risk report escalated to Board when received as a draft report. Actions now agreed in response to the report	Security Committee to monitor the implementation of actions
Ward visits – cleaning report (draft)		High risk report escalated to Board when received in draft – followed up with a peer review to identify priority actions.	Clear message to iFM to escalate if actions off track
Workforce and OD report		Low risk report	noted
Key Financial controls report		Low risk report	noted

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Committee/Group Chair's Report

Board Assurance Framework		New BAF developed to align with new strategic objectives	Agreed to discuss and review risk appetitive
Accounting Treatment of valuation		Further to discussion at F&I Committee the Audit Committee approved the proposal. The Committee approved the proposal not to implement RICS guidance which would increase depreciation by circa £700k on the grounds of materiality	Proposal approved. External auditors confirmed this was not considered material but would be noted within the narrative report on the audit
Local Counter Fraud Specialist Report			
Counter Fraud report		Detailed report on the work of the Local Counter Fraud Specialist	Report noted
Governance			
Waivers		Report on waivers for Bolton NHSFT and iFM Bolton waivers	Report noted
Losses		Report on losses for Bolton NHSFT and iFM Bolton	Further assurance requested on pharmacy losses
iFM Accounts including letter of repo and ISA260		iFM Accounts previously approved at the iFM AGM noted	
Comments			
Risks Escalated – No new risks escalated			

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Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)


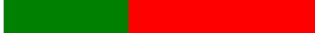
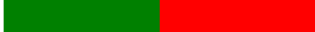





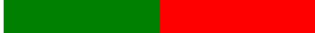




Name of Committee/Group:	Urgent & Emergency Care Board	Report to:	Board of Directors
Date of Meeting:	Tuesday 12 th November 2019	Date of next meeting:	10 th December 2019
Chair:	Su Long	Parent Committee:	Board of Directors
Members Present:	All System representatives present except NWAS.	Quorate (Yes/No):	Yes
		Key Members not present:	Dr J Bene

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
National pressure to open more beds	A		<ul style="list-style-type: none"> National request to open more beds if possible – agreed these could be external to Hospital. 	<ul style="list-style-type: none"> Review capacity/staffing. Increase reablement capacity.
4 Hour Performance	R		<ul style="list-style-type: none"> Position deteriorating. EPR has impact. Rise in paediatric referrals Volume of attendances up. 	<ul style="list-style-type: none"> Refine impact of EPR. Review bed capacity.
NWAS EPR			<ul style="list-style-type: none"> Noted launch later in year. 	<ul style="list-style-type: none"> Report received. Assurance given on expected impact.
Comments				
Risks escalated				

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Executive Summary

Trust Objective	RAG Distribution	Total
Quality and Safety		
Harm Free Care		18
Infection Prevention and Control		10
Mortality		4
Patient Experience		16
Maternity		10
Operational Performance		
Access		11
Productivity		12
Cancer		7
Community		4
Workforce		
Sickness, Vacancy and Turnover		4
Organisational Development		6
Agency		3
Finance		
Finance		5
Appendices		
Heat Maps		






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 significantly underperforming against the plan for the relevant period (latest, previous, year to date).
	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

Quality and Safety

Harm Free Care

Pressure Ulcers

The number of hospital acquired Category 2 pressure ulcers remained under trajectory for the month.

There continued to be no Category 3 or 4 pressure ulcers acquired in the hospital. In the community, the number of Category 2 pressure ulcers increased, this was over trajectory by 2.

All of these pressure ulcers developed with no lapses in care. There was an increase in Category 3 pressure ulcers in the community but this number remains under trajectory. There were no Category 4 pressure ulcers in October. The number of pressure ulcers, both hospital and community acquired which were determined to have developed due to a lapse in care remains below trajectory.

Falls

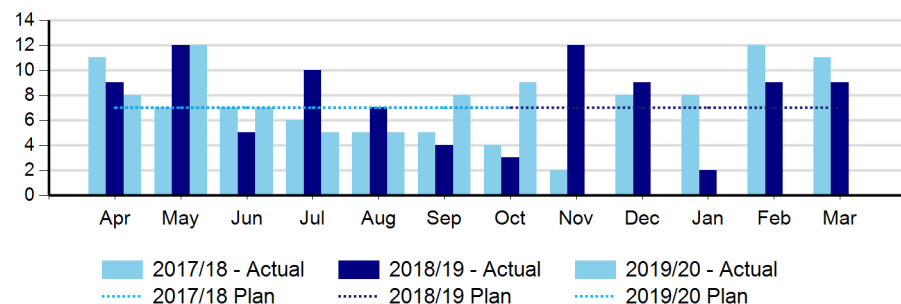
Falls incidence for October remains within our target of 5.3 falls per 1000 bed days. The Quality Assurance Committee in November received the falls quarterly update. There is specific focus on two areas of quality improvement which will report back to the committee in the next quarter.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
6 - Compliance with preventative measure for VTE	>= 95%	95.9%	Oct-19			>= 95%	95.5%	Sep-19		>= 95%	96.7%		95.5 - 97.6%	
9 - Never Events	= 0	0	Oct-19			= 0	1	Sep-19		= 0	1		0 - 1	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	4.44	Oct-19			<= 5.30	4.24	Sep-19		<= 5.30	5.10		3.60 - 6.19	
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	1	Oct-19			<= 1.6	2	Sep-19		<= 11.2	11		0 - 5	
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	5.0	Oct-19			<= 6.0	3.0	Sep-19		<= 42.0	34.0		1.0 - 8.0	
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	0.0	Oct-19			<= 0.5	0.0	Sep-19		<= 3.5	0.0		0.0 - 2.0	
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Oct-19			= 0.0	0.0	Sep-19		= 0.0	0.0		0.0 - 0.0	
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	9.0	Oct-19			<= 7.0	8.0	Sep-19		<= 49.0	54.0		2.0 - 12.0	
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	4.0	Oct-19			<= 4.0	2.0	Sep-19		<= 28.0	20.0		0.0 - 8.0	

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	0.0	Oct-19			<= 1.0	1.0	Sep-19		<= 7.0	2.0		0.0 - 2.0	
21 - Total Pressure Damage due to lapses in care	<= 6	2	Oct-19			<= 6	3	Sep-19		<= 39	20		0 - 8	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	94.3%	Q4 2018/19			>= 90%	92.5%	Q3 2018/19		>= 90%			92.5 - 94.3%	
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	100.0%	Q4 2018/19			>= 90%	91.7%	Q3 2018/19		>= 90%			91.7 - 100.0%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	81.0%	Sep-19			>= 80%	80.0%	Aug-19		>= 80%	79.0%		75.2 - 81.0%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	62.7%	Oct-19			>= 72.5%	68.6%	Sep-19		>= 72.5%	61.7%		50.1 - 79.3%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	14.3%	Oct-19			= 100%	66.7%	Sep-19		= 100%	76.4%		14.3 - 100.0%	
88 - KPI Audits linked to Bolton System of Accreditation (BOSCA)	>= 85%	89.1%	Oct-19			>= 85%	91.6%	Sep-19		>= 85%	91.9%		89.1 - 94.0%	
91 - All Serious Incidents investigated and signed off by the Quality Assurance Committee within 60 days	= 100%	0.0%	Oct-19			= 100%	0.0%	Sep-19		= 100%	185.7%		0.0 - 100.0%	

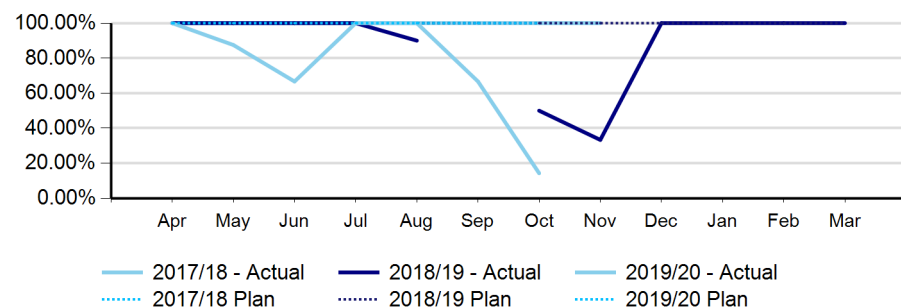
Exceptions

18 - Community patients acquiring pressure damage (category 2)



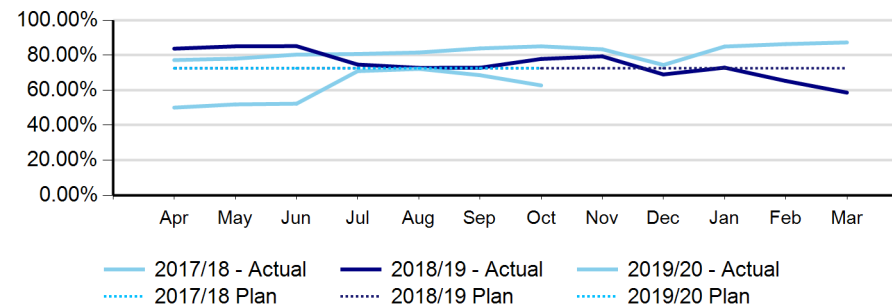
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	11.0	7.0	7.0	6.0	5.0	5.0	4.0	2.0	8.0	8.0	12.0	11.0
18/19	9.0	12.0	5.0	10.0	7.0	4.0	3.0	12.0	9.0	2.0	9.0	9.0
19/20	8.0	12.0	7.0	5.0	5.0	8.0	9.0					

86 - NHS Improvement Patient Safety Alerts (CAS) Compliance



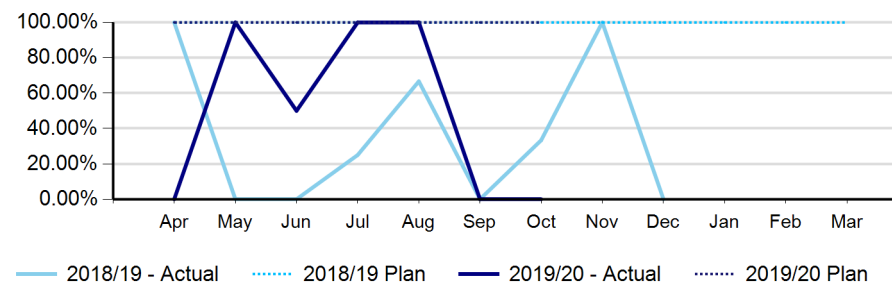
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
18/19	100.0%	100.0%	100.0%	100.0%	90.0%		50.0%	33.3%	100.0%	100.0%	100.0%	100.0%
19/20	100.0%	87.5%	66.7%	100.0%	100.0%	66.7%	14.3%					

31 - Clinical Correspondence - Outpatients %<5 working days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	77.2%	78.0%	80.3%	80.7%	81.5%	83.8%	85.0%	83.4%	74.4%	84.9%	86.3%	87.2%
18/19	83.7%	85.0%	85.1%	74.6%	72.7%	72.8%	77.8%	79.3%	69.0%	72.9%	65.3%	58.6%
19/20	50.1%	51.9%	52.3%	70.9%	72.2%	68.6%	62.7%					

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	100.0%	0.0%	0.0%	25.0%	66.7%	0.0%	33.3%	100.0%	0.0%		100.0%	
19/20	0.0%	100.0%	50.0%	100.0%	100.0%	0.0%	0.0%					

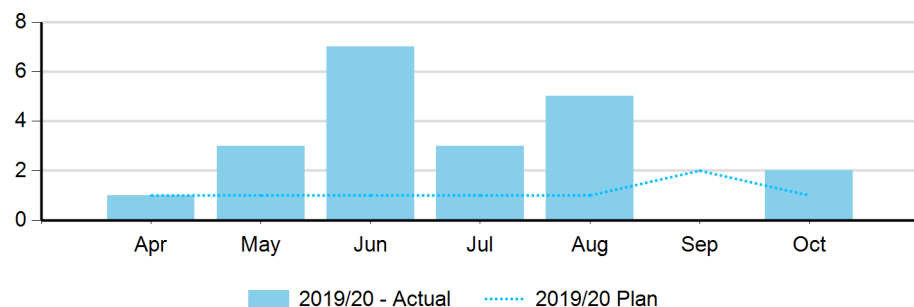
Infection Prevention and Control

There has now been two months of sustained reduction in CDT cases since the peak in August. Although the blood culture contaminants remains over the target 3%, the improvements made now seem to be sustained and more work is on-going in A&E and the assessment areas in particular to improve this forward.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
215 - Total Hospital Onset C.diff infections	<= 3	2	Oct-19			<= 3	5	Sep-19		<= 19	25		0 - 7	
346 - Total Community Onset Hospital Associated C.diff infections	<= 1	2	Oct-19			<= 2	0	Sep-19		<= 8	21		0 - 7	
347 - Total C.diff infections contributing to objective	<= 3	4	Oct-19			<= 3	6	Sep-19		<= 18	41		2 - 12	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Oct-19			= 0	0	Sep-19		= 0	1		0 - 1	
218 - Total Trust apportioned E. coli BSI	<= 4	2	Oct-19			<= 4	5	Sep-19		<= 28	22		0 - 6	
219 - Blood Culture Contaminants (rate)	<= 3%	4.1%	Oct-19			<= 3%	3.4%	Sep-19		<= 3%	3.9%		2.8 - 6.5%	
199 - Compliance with antibiotic prescribing standards	>= 95%	85.2%	Q3 2018/19			>= 95%	86.0%	Q1 2018/19		>= 95%			85.2 - 85.2%	
304 - Total Trust apportioned MSSA BSIs	<= 1.3	3.0	Oct-19			<= 1.3	1.0	Sep-19		<= 9.1	6.0		0.0 - 4.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	= 0	2	Oct-19			<= 1	1	Sep-19		<= 5	8		0 - 3	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Oct-19			= 0	0	Sep-19		<= 1	1		0 - 1	

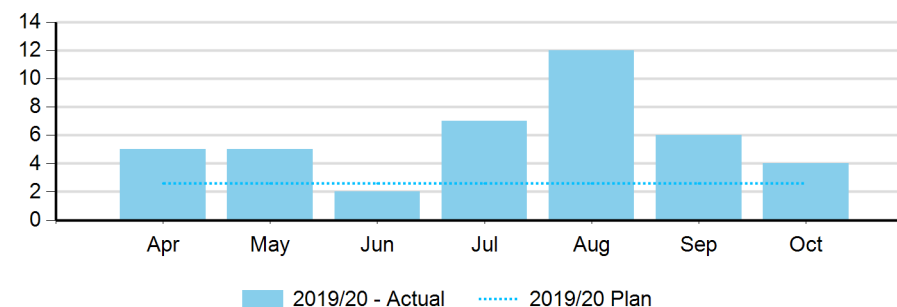
Exceptions

346 - Total Community Onset Hospital Associated C.diff infections



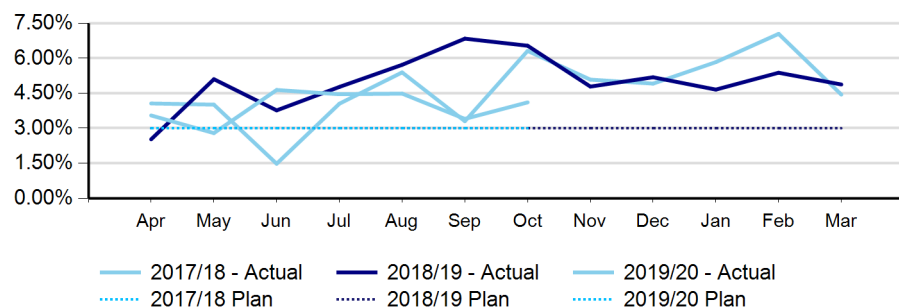
	Apr	May	Jun	Jul	Aug	Sep	Oct
19/20	1	3	7	3	5	0	2

347 - Total C.diff infections contributing to objective



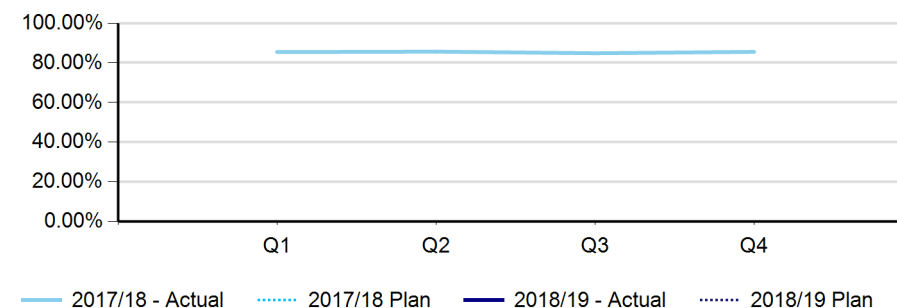
	Apr	May	Jun	Jul	Aug	Sep	Oct
19/20	5	5	2	7	12	6	4

219 - Blood Culture Contaminants (rate)



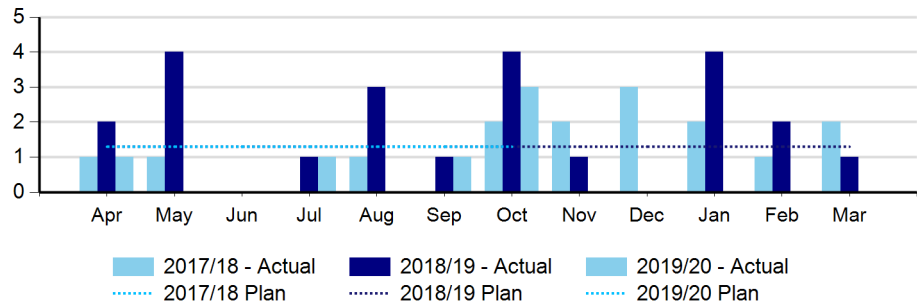
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.1%	4.0%	1.5%	4.1%	5.4%	3.3%	6.3%	5.1%	4.9%	5.8%	7.0%	4.4%
18/19	2.5%	5.1%	3.8%	4.8%	5.7%	6.8%	6.5%	4.8%	5.2%	4.7%	5.4%	4.9%
19/20	3.5%	2.8%	4.6%	4.5%	4.5%	3.4%	4.1%					

199 - Compliance with antibiotic prescribing standards



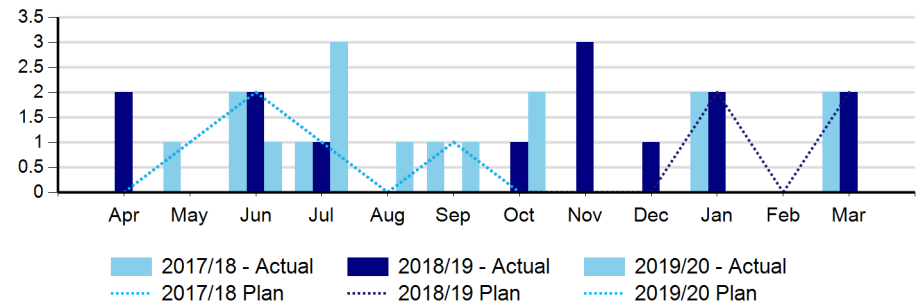
	Q1	Q2	Q3	Q4
17/18	85.4%	85.6%	84.8%	85.5%
18/19	86.0%		85.2%	

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	2.0	1.0
19/20	1.0	0.0	0.0	1.0	0.0	1.0	3.0					

305 - Total Trust apportioned Klebsiella spp. BSIs



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	0	1	2	1	0	1	0	0	0	2	0	2
18/19	2	0	2	1	0	0	1	3	1	2	0	2
19/20	0	0	1	3	1	1	2					

Mortality

SHMI is a rolling 12 month average and is now reported on a monthly basis rather than quarterly from NHS Digital. SHMI has improved slightly which would be expected over the summer months.

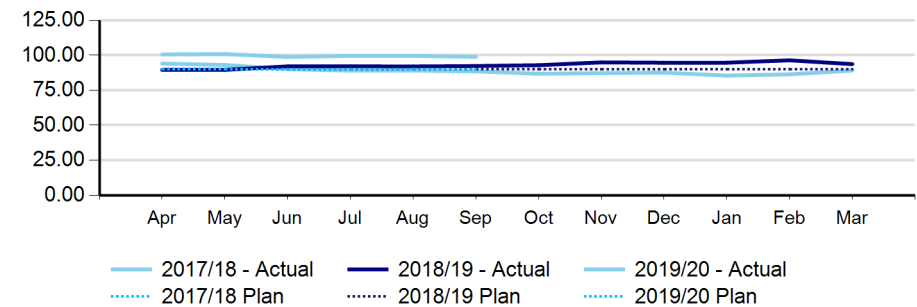
Learning from Deaths Committee are currently monitoring heart failure and pneumonia deaths.

Crude rate has increased, but this follows the transition and cyclical pattern from summer to autumn.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
3 - National Early Warning Scores to Gold standard	>= 85%	95.0%	Oct-19			>= 85%	98.8%	Sep-19		>= 85%	96.0%		87.5 - 100.0%	
10 - Risk adjusted Mortality (ratio) (2 mths in arrears)	<= 90	98.8	Sep-19			<= 90	99.5	Aug-19		<= 90	98.8		92.8 - 100.8	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 100.00	116.60	Jun-19			<= 100.00	118.30	May-19		<= 100.00	116.60		116.00 - 119.00	
12 - Crude Mortality %	<= 2.9%	2.2%	Oct-19			<= 2.9%	1.9%	Sep-19		<= 2.9%	2.0%		1.7 - 2.7%	

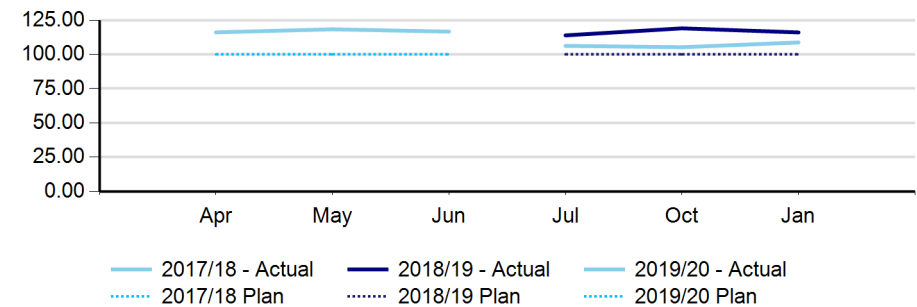
Exceptions

10 - Risk adjusted Mortality (ratio) (2 mths 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	94.6	94.6	96.3	93.6
19/20	100.5	100.8	98.7	99.5	99.5	98.8						

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



	Apr	May	Jun	Jul	Oct	Jan
17/18	108.10			106.20	105.22	108.70
18/19	111.16			113.85	119.00	116.00
19/20	116.08	118.30	116.60			

Patient Experience

FFT A&E response and recommendation rates

There was a decline in performance around both response and recommendation rates for A&E in October despite paediatric A&E maintaining a good response rate above the trajectory of 20%. The Division are looking at the root cause and if there is more can be done to encourage patients to respond to the text message.

FFT Inpatient response rate

There was a decline on the response rate on the inpatient return in October, it is anticipated this will be back on track next month corporate team during October due to sickness.

FFT Birth recommendation rates

There was a decline in the recommendation rates for the birth touch point in October. The Division is looking at the narrative around the negative responses to identify any trends and to take appropriate action.

Complaints acknowledgement and response rates

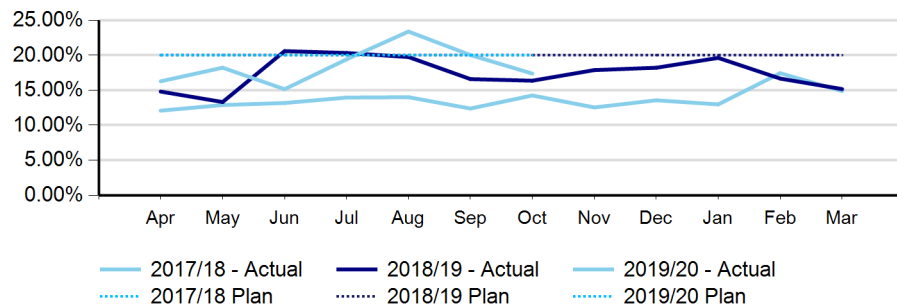
There was a decline in both these areas in October. It is expected that the response rate will return to its 100% rate going forward. There were 3 complaints that were responded to outside the 35 working days.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
200 - A&E Friends and Family Response Rate	>= 20%	17.4%	Oct-19			>= 20%	20.0%	Sep-19		>= 20%	18.5%		15.1 - 23.4%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	89.9%	Oct-19			>= 90%	90.7%	Sep-19		>= 90%	91.1%		88.9 - 92.3%	
80 - Inpatient Friends and Family Response Rate	>= 30%	24.6%	Oct-19			>= 30%	29.9%	Sep-19		>= 30%	28.9%		24.6 - 32.7%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	95.8%	Oct-19			>= 90%	95.3%	Sep-19		>= 90%	96.5%		95.3 - 97.9%	
81 - Maternity Friends and Family Response Rate	>= 15%	25.5%	Oct-19			>= 15%	30.2%	Sep-19		>= 15%	30.7%		25.0 - 40.0%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	93.8%	Oct-19			>= 90%	94.2%	Sep-19		>= 90%	95.4%		92.4 - 97.3%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	19.9%	Oct-19			>= 15%	20.8%	Sep-19		>= 15%	22.0%		7.3 - 43.4%	

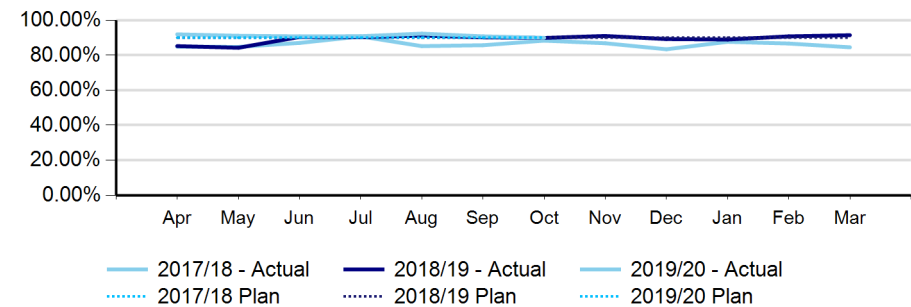
Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	99.1%	Oct-19			>= 90%	99.1%	Sep-19		>= 90%	98.7%		96.4 - 100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	30.8%	Oct-19			>= 15%	27.0%	Sep-19		>= 15%	32.8%		26.1 - 50.2%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	89.7%	Oct-19			>= 90%	90.1%	Sep-19		>= 90%	92.3%		88.7 - 97.6%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	17.3%	Oct-19			>= 15%	28.1%	Sep-19		>= 15%	31.0%		17.3 - 58.0%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	86.5%	Oct-19			>= 90%	89.6%	Sep-19		>= 90%	92.7%		86.5 - 96.7%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	33.1%	Oct-19			>= 15%	47.7%	Sep-19		>= 15%	39.3%		28.8 - 51.4%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	97.6%	Oct-19			>= 90%	97.0%	Sep-19		>= 90%	98.1%		93.2 - 99.5%	
89 - Formal complaints acknowledged within 3 working days	= 100%	94.7%	Oct-19			= 100%	96.8%	Sep-19		= 100%	98.5%		94.7 - 100.0%	
90 - Complaints responded to within the period	>= 95%	90.9%	Oct-19			>= 95%	95.5%	Sep-19		>= 95%	96.0%		90.0 - 100.0%	

Exceptions

200 - A&E Friends and Family Response Rate

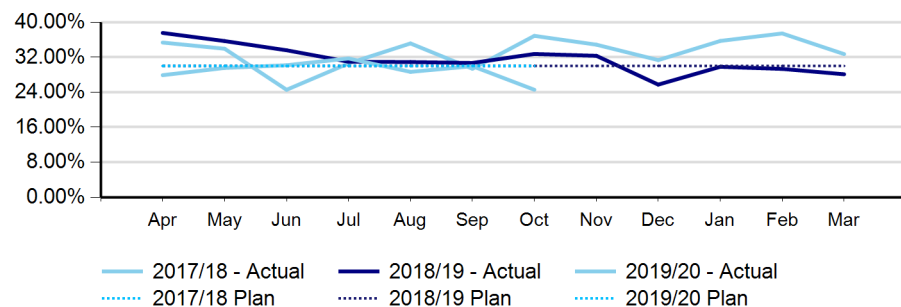


294 - A&E Friends and Family Satisfaction Rates %



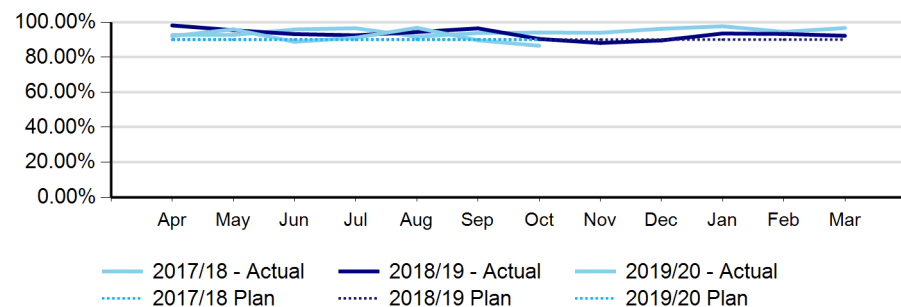
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12.1%	12.9%	13.2%	13.9%	14.0%	12.4%	14.2%	12.5%	13.6%	13.0%	17.4%	14.9%
18/19	14.8%	13.3%	20.6%	20.3%	19.7%	16.6%	16.4%	17.9%	18.2%	19.6%	16.7%	15.2%
19/20	16.3%	18.2%	15.1%	19.4%	23.4%	20.0%	17.4%					

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%	29.3%	28.1%
19/20	27.9%	29.5%	30.2%	31.7%	28.6%	29.9%	24.6%					

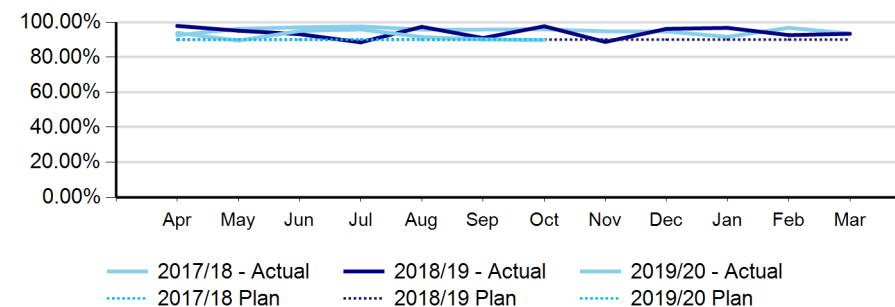
244 - Hospital Postnatal Friends and Family Test - Satisfaction %



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.7%	92.7%	95.8%	96.5%	91.7%	93.8%	94.0%	93.9%	96.2%	97.6%	94.4%	96.6%
18/19	98.1%	95.4%	93.2%	92.5%	94.4%	96.4%	90.4%	88.1%	89.6%	93.5%	93.2%	92.2%
19/20	92.0%	95.9%	88.8%	91.1%	96.7%	89.6%	86.5%					

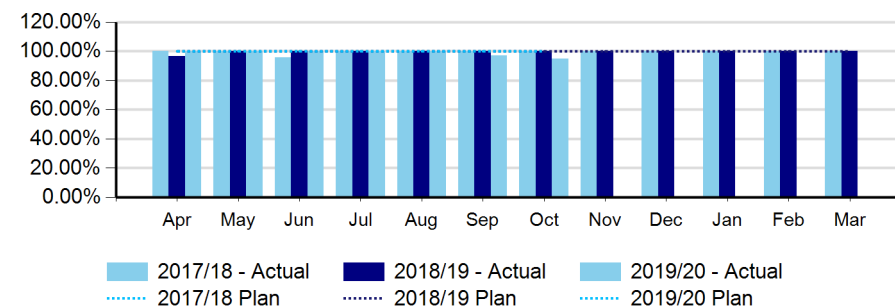
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	84.8%	84.7%	87.0%	90.7%	85.1%	85.7%	88.3%	86.8%	83.3%	87.6%	86.6%	84.5%
18/19	85.2%	84.2%	90.4%	90.2%	91.1%	90.2%	89.8%	90.9%	89.2%	88.9%	90.7%	91.4%
19/20	91.9%	91.1%	90.7%	90.8%	92.3%	90.7%	89.9%					

243 - Birth Friends and Family Test - Satisfaction %



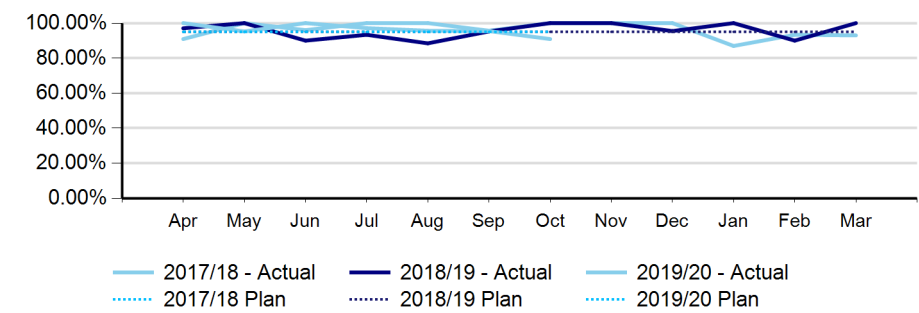
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.5%	96.2%	97.0%	97.6%	95.7%	95.7%	95.9%	94.7%	94.7%	91.6%	96.7%	93.4%
18/19	97.8%	95.1%	93.1%	88.5%	97.3%	90.9%	97.6%	88.7%	96.2%	96.7%	92.6%	93.3%
19/20	93.8%	89.4%	94.9%	95.8%	91.5%	90.1%	89.7%					

89 - Formal complaints acknowledged within 3 working days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
18/19	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
19/20	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	94.7%					

90 - Complaints responded to within the period



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	90.9%	100.0%	96.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%	87.0%	93.3%	93.0%
18/19	97.1%	100.0%	90.0%	93.3%	88.5%	95.2%	100.0%	100.0%	95.5%	100.0%	90.0%	100.0%
19/20	100.0%	95.2%	100.0%	97.1%	95.7%	95.5%	90.9%					

Maternity

October was an extremely busy month with 539 births (average 481) and 555 bookers (average 505).

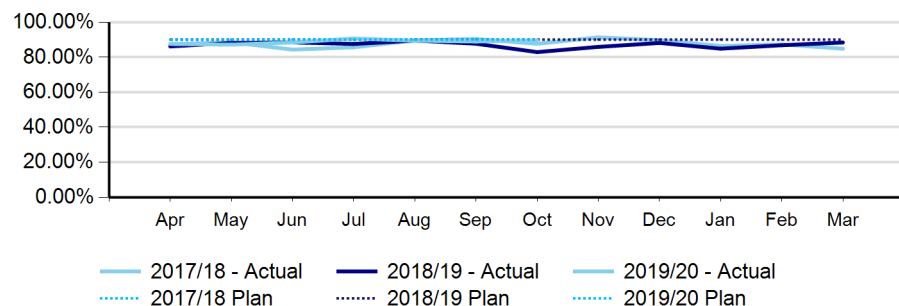
Breastfeeding initiation is amber at 64% down from 69.9% last month, but remains above target for yearly average at 67.9%.

There were some delays in completing complaint responses due to various issues and it is anticipated that this is now resolved.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
322 - Maternity - Stillbirths per 1000 births	<= 3.50	1.82	Oct-19			<= 3.50	5.99	Sep-19		<= 3.50	4.04		0.00 - 7.94	
23 - Maternity -3rd/4th degree tears	<= 2.5%	1.9%	Oct-19			<= 2.5%	2.0%	Sep-19		<= 2.5%	2.3%		1.3 - 3.3%	
202 - 1:1 Midwifery care in labour	>= 95.0%	97.7%	Oct-19			>= 95.0%	98.3%	Sep-19		>= 95.0%	98.6%		97.7 - 99.5%	
203 - Booked 12+6	>= 90.0%	89.5%	Oct-19			>= 90.0%	88.9%	Sep-19		>= 90.0%	88.8%		82.9 - 90.7%	
204 - Inductions of labour	<= 35%	34.7%	Oct-19			<= 35%	40.9%	Sep-19		<= 35%	40.7%		34.7 - 45.0%	
208 - Total C section	<= 29.0%	31.9%	Oct-19			<= 29.0%	30.8%	Sep-19		<= 29.0%	28.5%		24.6 - 31.9%	
210 - Initiation breast feeding	>= 65%	64.13%	Oct-19			>= 65%	69.86%	Sep-19		>= 65%	68.04%		63.30 - 72.28%	
213 - Maternity complaints	<= 5	4	Sep-19			<= 5	6	Aug-19		<= 30	19		0 - 8	
319 - Maternal deaths (direct)	= 0	0	Oct-19			= 0	0	Sep-19		= 0	0		0 - 0	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	11.1%	Oct-19			<= 6%	10.2%	Sep-19		<= 6%	9.9%		7.6 - 11.4%	

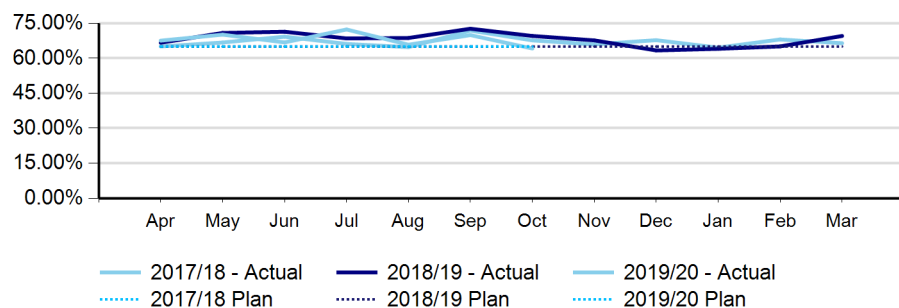
Exceptions

203 - Booked 12+6



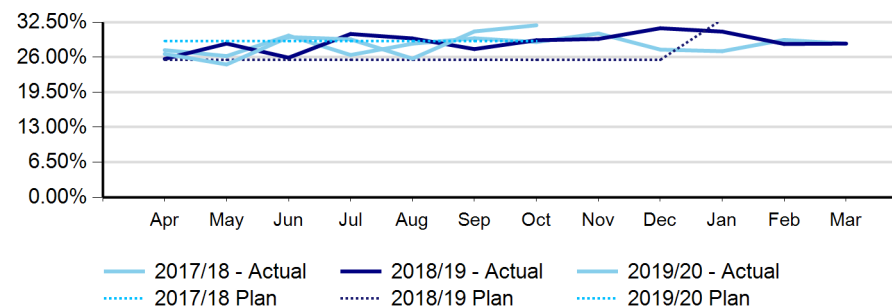
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87.4%	88.5%	84.3%	85.6%	89.6%	90.4%	87.6%	91.3%	89.7%	86.4%	87.3%	84.8%
18/19	86.1%	88.1%	88.4%	87.5%	89.4%	87.7%	82.9%	85.9%	88.1%	84.8%	86.8%	88.4%
19/20	87.5%	87.1%	88.4%	90.7%	89.4%	88.9%	89.5%					

210 - Initiation breast feeding



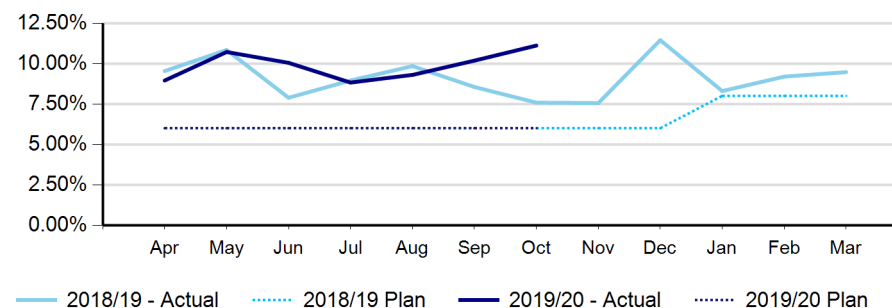
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	65.00%	66.70%	69.20%	66.10%	64.70%	71.80%	67.60%	65.90%	67.70%	64.50%	68.00%	66.40%
18/19	66.59%	70.80%	71.31%	68.45%	68.64%	72.60%	69.50%	67.61%	63.30%	63.99%	65.03%	69.49%
19/20	67.50%	70.06%	66.74%	72.28%	65.76%	69.86%	64.13%					

208 - Total C section



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	27.3%	26.2%	30.0%	26.4%	28.5%	29.5%	28.8%	30.4%	27.4%	27.1%	29.2%	28.5%
18/19	25.7%	28.5%	25.9%	30.3%	29.5%	27.5%	29.1%	29.4%	31.4%	30.7%	28.4%	28.5%
19/20	26.6%	24.6%	29.7%	29.3%	25.7%	30.8%	31.9%					

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	9.5%	10.8%	7.9%	8.9%	9.8%	8.5%	7.6%	7.6%	11.4%	8.3%	9.2%	9.5%
19/20	8.9%	10.7%	10.0%	8.8%	9.3%	10.2%	11.1%					

Operational Performance

Access

RTT waiting list size

The waiting list size has continued to rise in October. The Board will recall an RTT paper was presented last month and the action plan is being put in place.

52 week breaches

The key themes of the 52 week breaches continue to be patient choice and the lack of corneal graft material. The Trust is working with the CCG to agree a shared Access Policy to ensure patients are fully aware of their need to be available for treatment when reasonable notice is given. In addition, the lack of graft material has been escalated to NHSE/I. All patients waiting greater than 40 weeks continue to be micromanaged through their pathway to ensure all appropriate action is taken to prevent them from waiting 52 weeks.

A&E

There was a significant deterioration in the 4 hour standard in October, and whilst performance had begun to dip towards the end of September this was exacerbated with the introduction of the Electronic Patient Record (EPR). Whilst the system has not been introduced in A&E, delays in processes on the wards and the use of both EPR and Extramed in the Emergency Department had a detrimental impact on our ability to move patients through the system in a timely way. As EPR is used more on the wards, processes are beginning to take place quicker.

Ambulance handovers

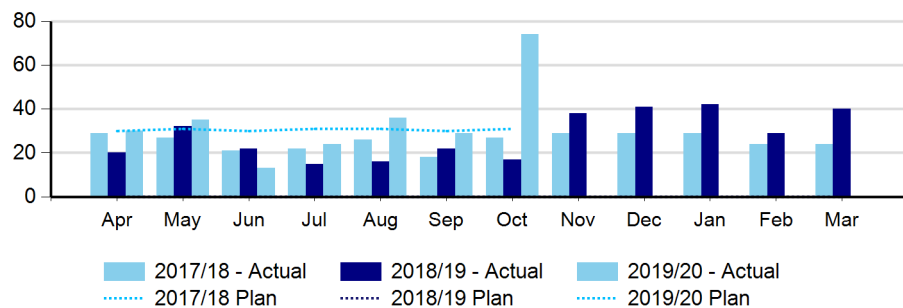
The impact of poor flow through the Emergency Department has led to a deterioration in handover times. The division has put in a place a number of actions to improve 4 hour and Ambulance handover performance including; the reinforcement of the Early Transfer Protocol, the expansion of ACU to create space for GP expected patients, and a further drive to increase streaming to other areas.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	<= 31	74	Oct-19			<= 30	29	Sep-19		<= 214	241		13 - 74	
8 - Same sex accommodation breaches	= 0	22	Oct-19			= 0	19	Sep-19		= 0	103		4 - 22	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	74.1%	Oct-19			>= 75%	68.8%	Sep-19		>= 75%	71.0%		56.8 - 90.6%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	83.9%	Oct-19			>= 92%	84.8%	Sep-19		>= 92%	85.2%		83.9 - 89.4%	
42 - RTT 52 week waits (incomplete pathways)	= 0	7	Oct-19			= 0	6	Sep-19		= 0	41		1 - 9	

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
314 - RTT 18 week waiting list	<= 22,812	27,278	Oct-19	●	↑	<= 22,812	26,705	Sep-19	●	<= 22,812	27,278	●	22,554 - 27,278	
53 - A&E 4 hour target	>= 95%	70.1%	Oct-19	●	↓	>= 95%	84.5%	Sep-19	●	>= 95%	83.1%	●	70.1 - 91.3%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	12.2%	Oct-19	●	↑	= 0.0%	6.1%	Sep-19	●	= 0.0%	5.1%	●	3.1 - 12.2%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	7.70%	Oct-19	●	↑	= 0.00%	2.70%	Sep-19	●	= 0.00%	2.30%	●	0.35 - 7.70%	
72 - Diagnostic Waits >6 weeks %	<= 1%	0.9%	Oct-19	●	↑	<= 1%	0.7%	Sep-19	●	<= 1%	0.9%	●	0.4 - 3.2%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	29.0%	Oct-19	●	↓	= 100%	77.0%	Sep-19	●	= 100%	64.9%	●	0.0 - 100.0%	

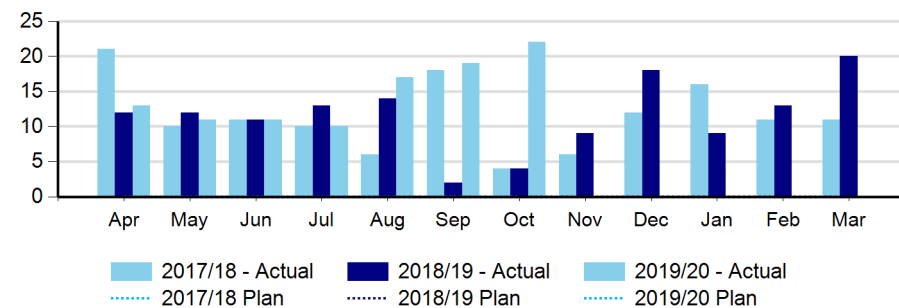
Exceptions

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



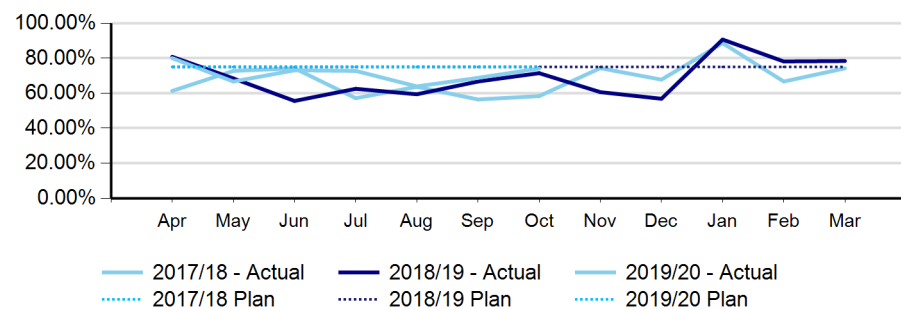
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	29	27	21	22	26	18	27	29	29	29	24	24
18/19	20	32	22	15	16	22	17	38	41	42	29	40
19/20	30	35	13	24	36	29	74					

8 - Same sex accommodation breaches



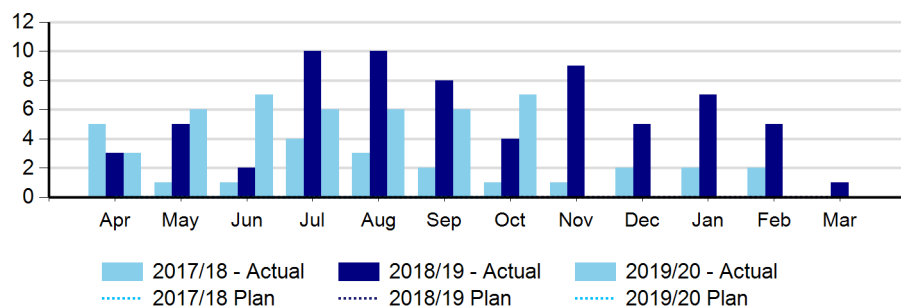
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	21	10	11	10	6	18	4	6	12	16	11	11
18/19	12	12	11	13	14	2	4	9	18	9	13	20
19/20	13	11	11	10	17	19	22					

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



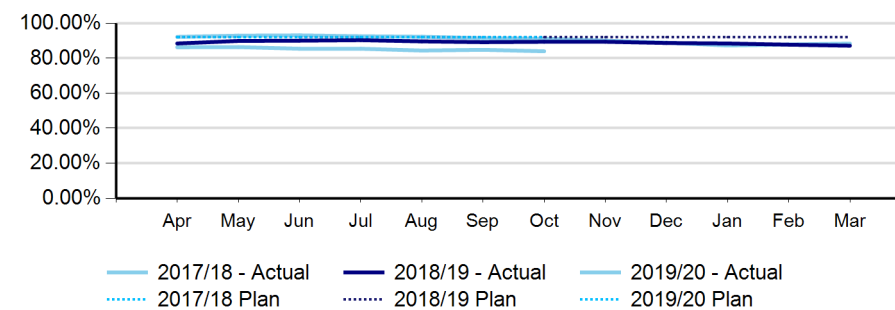
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	61.3%	72.7%	74.2%	57.1%	63.6%	56.4%	58.3%	74.3%	67.7%	88.6%	66.7%	74.2%
18/19	80.8%	68.4%	55.6%	62.5%	59.4%	66.7%	71.4%	60.6%	56.8%	90.6%	78.1%	78.4%
19/20	80.0%	66.7%	73.1%	72.7%	63.9%	68.8%	74.1%					

42 - RTT 52 week waits (incomplete pathways)



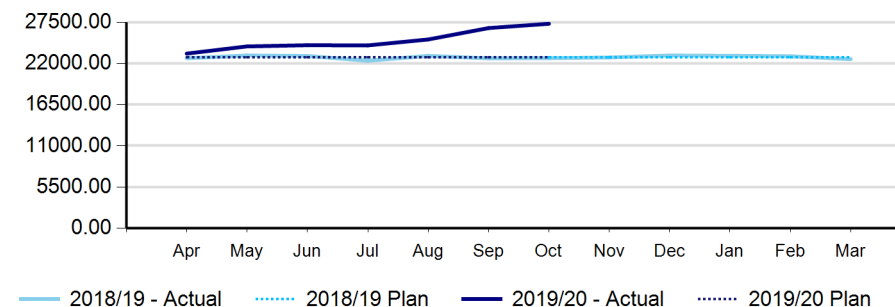
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5	1	1	4	3	2	1	1	2	2	2	0
18/19	3	5	2	10	10	8	4	9	5	7	5	1
19/20	3	6	7	6	6	6	7					

41 - RTT Incomplete pathways within 18 weeks %



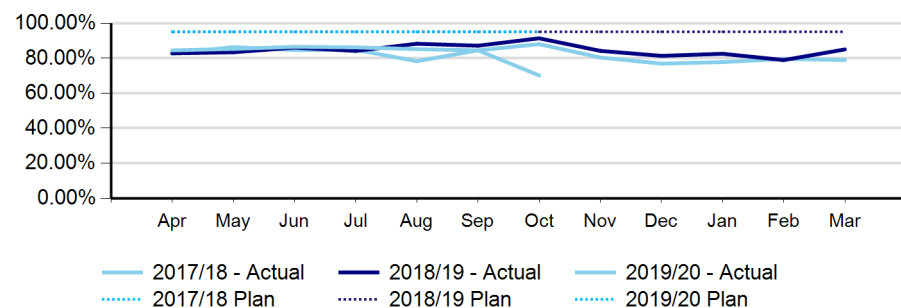
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.2%	87.8%	88.3%
18/19	88.4%	89.8%	90.0%	90.3%	89.6%	89.1%	89.4%	89.4%	88.7%	88.4%	87.7%	87.1%
19/20	86.2%	86.3%	85.4%	85.4%	84.4%	84.8%	83.9%					

314 - RTT 18 week waiting list



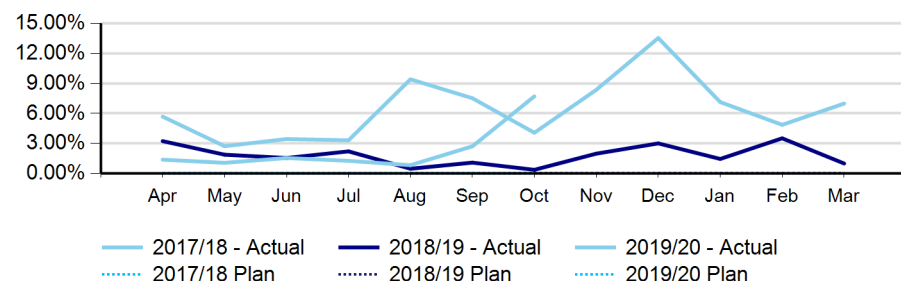
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
18/19	22,675	23,052	22,985	22,344	23,003	22,663	22,691	22,783	23,050	23,004	22,949	22,554
19/20	23,298	24,259	24,416	24,394	25,184	26,705	27,278					

53 - A&E 4 hour target



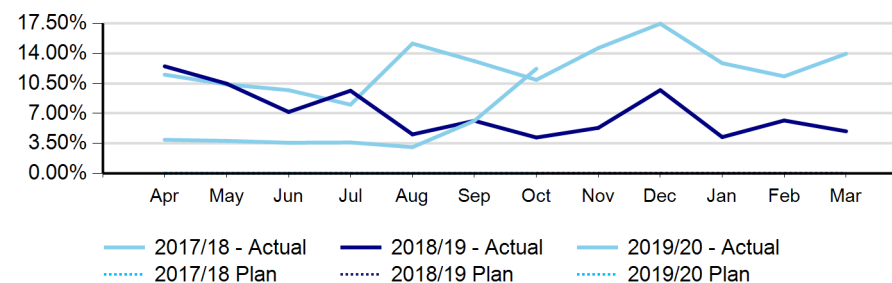
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	82.5%	86.3%	84.6%	84.7%	78.3%	84.5%	88.0%	80.4%	76.9%	77.8%	79.5%	78.9%
18/19	82.7%	83.4%	86.0%	84.1%	88.2%	87.1%	91.3%	84.2%	81.3%	82.5%	78.9%	85.0%
19/20	84.4%	85.3%	86.5%	86.2%	85.2%	84.5%	70.1%					

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



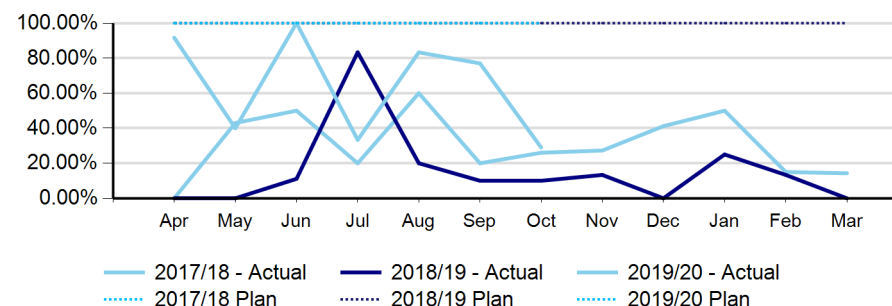
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5.67%	2.71%	3.43%	3.30%	9.40%	7.51%	4.06%	8.36%	13.54%	7.13%	4.85%	6.98%
18/19	3.22%	1.86%	1.53%	2.19%	0.45%	1.07%	0.35%	1.97%	2.99%	1.44%	3.50%	0.98%
19/20	1.36%	1.05%	1.53%	1.25%	0.81%	2.70%	7.70%					

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	11.5%	10.4%	9.7%	8.0%	15.1%	13.1%	10.9%	14.6%	17.5%	12.9%	11.3%	14.0%
18/19	12.5%	10.5%	7.2%	9.6%	4.5%	6.1%	4.2%	5.3%	9.7%	4.2%	6.2%	4.9%
19/20	3.9%	3.8%	3.6%	3.6%	3.1%	6.1%	12.2%					

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%	13.3%	0.0%
19/20	91.7%	40.0%	100.0%	33.3%	83.3%	77.0%	29.0%					

Productivity

Stranded Patients/21 days LOS

The number of stranded patients (>7 days length of stay) whilst slightly above target has remained fairly static along with the >21 day length of stay patients.

LOS

Both Elective and Non-Elective Length of Stay have improved slightly on last month. Work has continued across the Divisions to reduce length of stay. In addition, we have introduced an Executive Length of Stay meeting, chaired by the Deputy COO, reviewing our longest stay patients with representation from across the system including Consultants, GPs, Local Authority and CCG.

Cancelled Operations

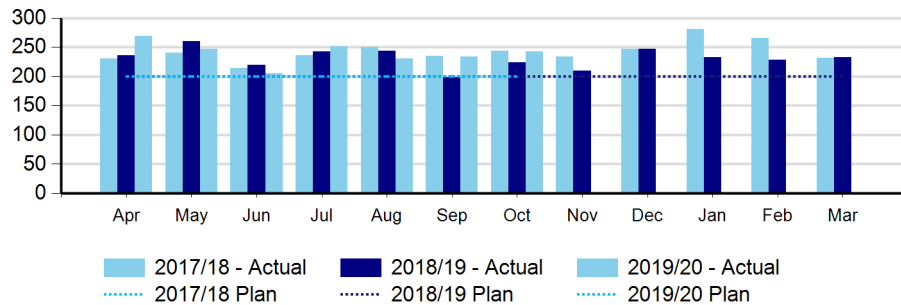
There has been a decrease in cancelled operations re-booked within 28 days in October. These are reviewed weekly at ptl meeting with an aim of bringing patients in within the 28 days. The main themes for these are when specialties that already have capacity issues cancel they often lead to breach as there is no capacity available to move them to without another patient breaching 28 days or moving a long waiter. It also happens most often where a specific surgeon is required as it is difficult to rebook. In addition we have also experienced significant staffing issues in theatre which has resulted in cancellation of some lists therefore decreasing available capacity.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
56 - Stranded patients	<= 200	242	Oct-19			<= 200	234	Sep-19		<= 200	242		205 - 269	
307 - Stranded Patients - LOS 21 days and over	<= 69	75	Oct-19			<= 69	77	Sep-19		<= 69	75		68 - 100	
57 - Discharges by Midday	>= 30%	28.1%	Oct-19			>= 30%	27.9%	Sep-19		>= 30%	28.8%		26.2 - 33.1%	
58 - Discharges by 4pm	>= 70%	63.1%	Oct-19			>= 70%	69.7%	Sep-19		>= 70%	67.2%		63.1 - 70.0%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	11.8%	Sep-19			<= 13.5%	10.9%	Aug-19		<= 13.5%	11.4%		10.8 - 12.0%	
60 - Daycase Rates	>= 80%	91.2%	Oct-19			>= 80%	90.0%	Sep-19		>= 80%	89.7%		87.4 - 91.2%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	2.0%	Oct-19			<= 1%	3.3%	Sep-19		<= 1%	2.1%		1.4 - 3.3%	
62 - Cancelled operations re-booked within 28 days	= 100%	68.6%	Oct-19			= 100%	94.9%	Sep-19		= 100%	85.4%		68.6 - 103.1%	
318 - Delayed Transfers Of Care (Trust Total)	<= 3.3%	3.2%	Oct-19			<= 3.3%	3.6%	Sep-19		<= 3.3%	2.7%		1.1 - 3.6%	
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.46	Oct-19			<= 2.00	2.47	Sep-19		<= 2.00	2.47		2.06 - 2.90	

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.70	Oct-19	●	↓	<= 3.70	4.80	Sep-19	●	<= 3.70	4.73	●	4.09 - 4.97	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	90.9%	Sep-19	●	→	>= 80%	90.9%	Aug-19	●	>= 80%	91.8%	●	78.6 - 95.2%	

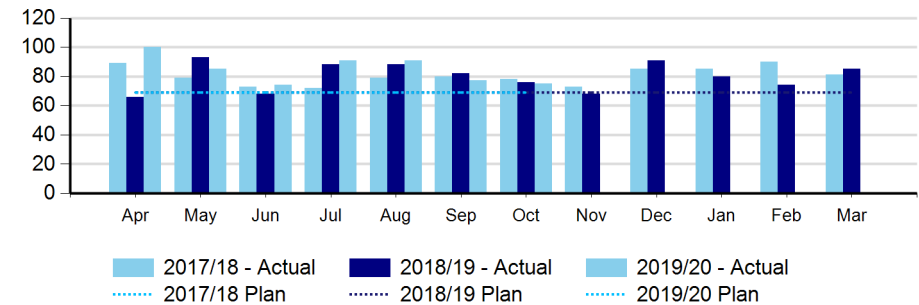
Exceptions

56 - Stranded patients



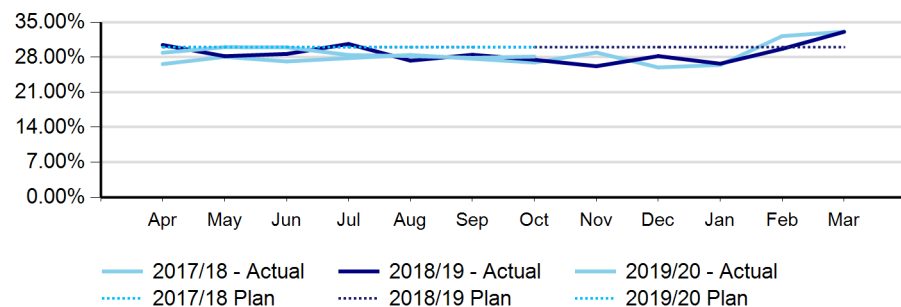
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	230	240	214	236	250	235	244	234	247	281	265	232
18/19	236	260	219	242	243	199	224	210	247	233	228	233
19/20	269	247	205	251	230	234	242					

307 - Stranded Patients - LOS 21 days and over



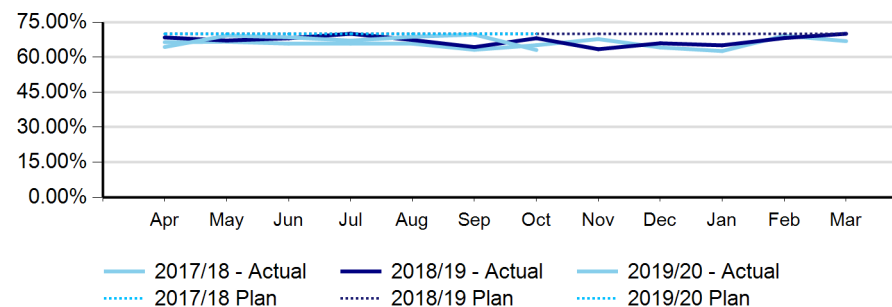
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89	79	73	72	79	80	78	73	85	85	90	81
18/19	66	93	68	88	88	82	76	68	91	80	74	85
19/20	100	85	74	91	91	77	75					

57 - Discharges by Middyay



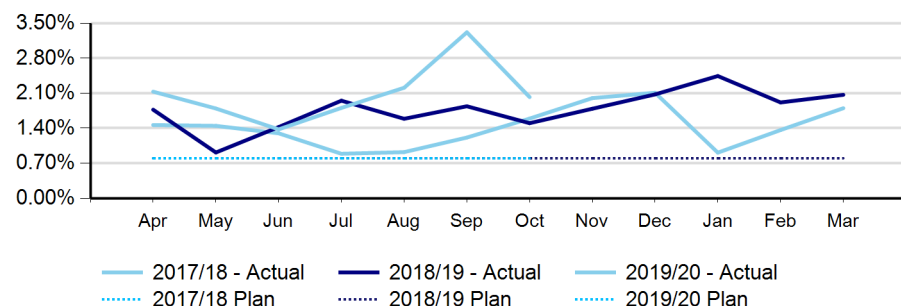
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	26.6%	28.1%	27.1%	27.8%	28.4%	27.7%	26.9%	28.9%	25.9%	26.4%	32.2%	33.1%
18/19	30.4%	28.2%	28.6%	30.6%	27.3%	28.5%	27.5%	26.2%	28.2%	26.7%	29.7%	33.1%
19/20	28.9%	30.0%	30.0%	28.4%	28.2%	27.9%	28.1%					

58 - Discharges by 4pm



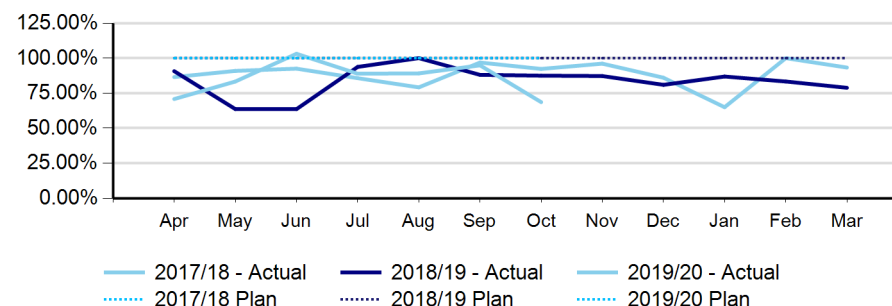
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	66.4%	66.6%	65.8%	65.8%	65.8%	63.2%	65.1%	67.7%	64.1%	62.6%	69.2%	66.9%
18/19	68.4%	67.1%	68.1%	70.0%	67.3%	64.3%	68.1%	63.4%	65.9%	65.1%	68.2%	70.0%
19/20	64.3%	69.2%	68.5%	67.1%	68.7%	69.7%	63.1%					

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



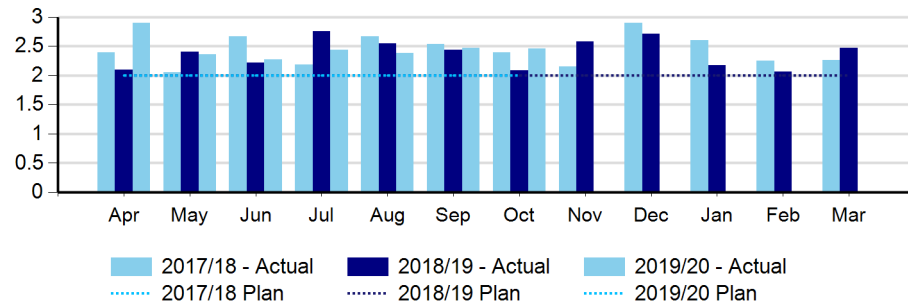
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.5%	1.4%	1.3%	0.9%	0.9%	1.2%	1.6%	2.0%	2.1%	0.9%	1.4%	1.8%
18/19	1.8%	0.9%	1.4%	2.0%	1.6%	1.8%	1.5%	1.8%	2.1%	2.4%	1.9%	2.1%
19/20	2.1%	1.8%	1.4%	1.8%	2.2%	3.3%	2.0%					

62 - Cancelled operations re-booked within 28 days



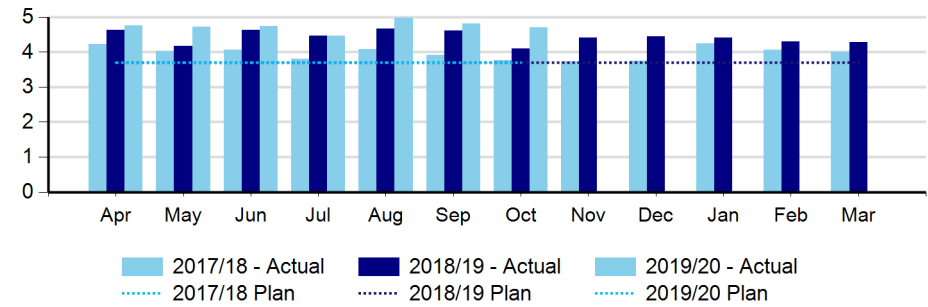
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86.5%	90.9%	92.5%	85.7%	79.2%	96.9%	92.3%	96.1%	86.0%	65.0%	100.0%	93.3%
18/19	90.7%	63.6%	63.6%	93.8%	100.0%	88.1%	87.5%	87.2%	81.0%	86.9%	83.3%	78.8%
19/20	70.8%	83.3%	103.1%	88.9%	89.1%	94.9%	68.6%					

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	2.06	2.47
19/20	2.90	2.36	2.27	2.44	2.39	2.47	2.46					

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	4.40	4.29	4.28
19/20	4.75	4.71	4.74	4.47	4.97	4.80	4.70					

Cancer

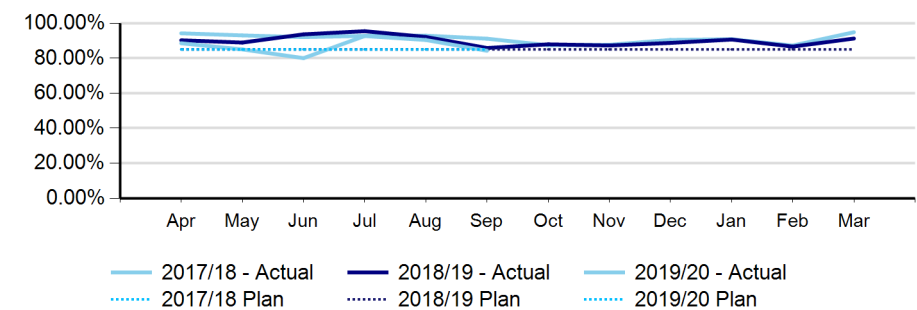
There is significant challenge to the 62 day, related to internal and external diagnostic waits and increased referrals. Quarter 2 is achieved, but predicted October performance related to end of Qtr 2 pressures as described put performance at significant risk, actions have been taken to increase diagnostic capacity, but Qtr 3 performance is significantly challenged.

Two week Breast performance has remained below expectations due to capacity constraints. Capacity is being managed to ensure the highest clinical risks are being seen in a timely manner. A business case has been developed to increase capacity and recruitment is expected to be started in month. In the short term extra capacity is being procured.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
46 - 62 day standard % (1 mth in arrears)	>= 85%	84.2%	Sep-19			>= 85%	90.4%	Aug-19		>= 85%	87.0%		80.0 - 92.6%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	96.1%	Sep-19			>= 90%	96.2%	Aug-19		>= 90%	88.7%		75.6 - 100.0%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	97.5%	Sep-19			>= 96%	97.8%	Aug-19		>= 96%	98.4%		97.5 - 100.0%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	94.1%	Sep-19			>= 94%	100.0%	Aug-19		>= 94%	98.9%		87.5 - 100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Sep-19			>= 98%	100.0%	Aug-19		>= 98%	100.0%		100.0 - 100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	97.2%	Sep-19			>= 93%	96.7%	Aug-19		>= 93%	97.0%		93.8 - 98.7%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	9.8%	Sep-19			>= 93%	13.8%	Aug-19		>= 93%	33.3%		9.8 - 92.4%	

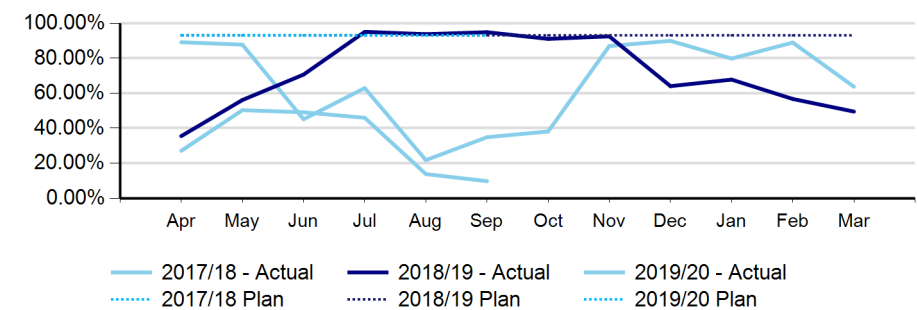
Exceptions

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	94.2%	93.0%	92.0%	92.7%	92.9%	91.1%	87.4%	87.6%	90.4%	90.8%	87.2%	94.8%
18/19	90.2%	88.9%	93.6%	95.4%	92.1%	85.8%	87.9%	87.2%	88.7%	90.6%	86.6%	91.2%
19/20	88.5%	85.0%	80.0%	92.6%	90.4%	84.2%						

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%	67.7%	56.7%	49.5%
19/20	27.1%	50.3%	49.1%	46.0%	13.8%	9.8%						

Community

DTC

Delayed transfers of care have reduced this month in line with the reduction in medically optimised days delayed.

Medically Optimised

The number of people remaining in hospital once medically optimised has increased in October but the days occupied by people who are medically optimised has reduced this month and is now approaching the plan.

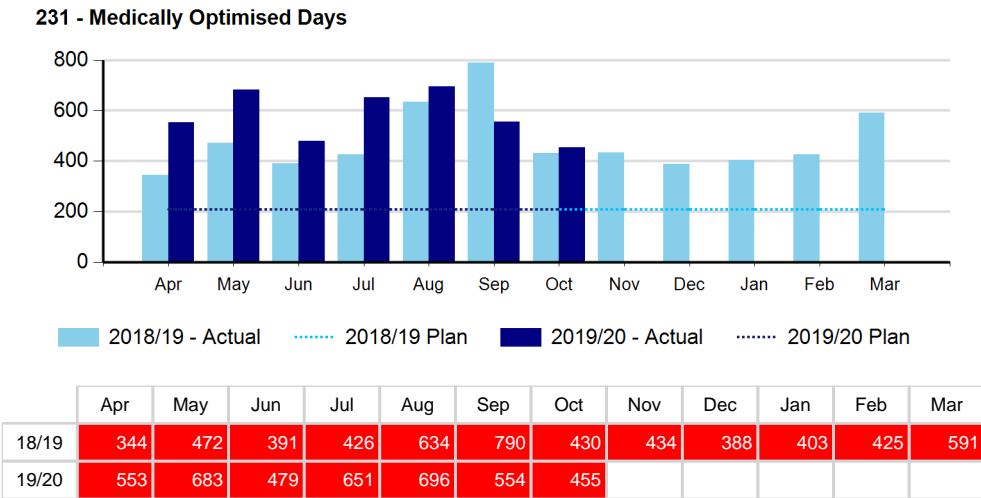
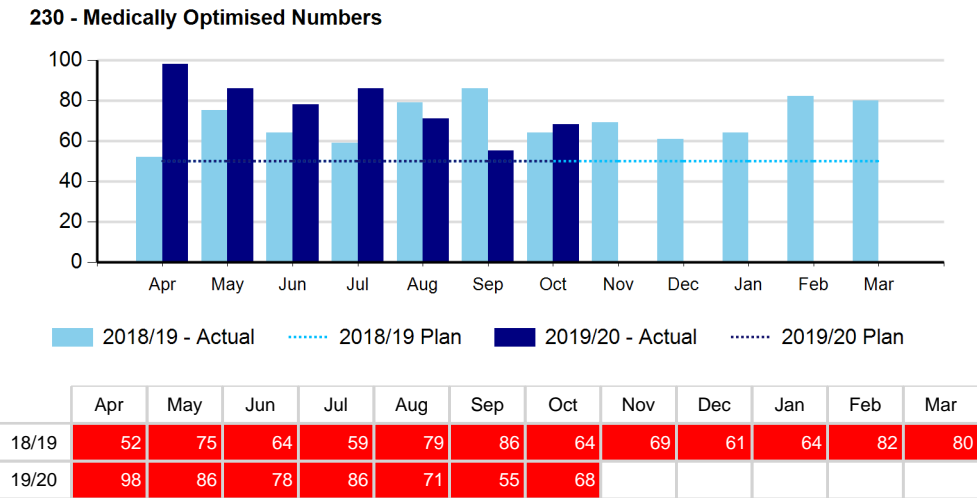
Intermediate Tier

The number of people deflected from admission by the Home First team and Admission Avoidance team continues to grow and a new stretch target has been set for these services as part of the Trust Winter Plan.

The LOS in Intermediate Tier remains within plan.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
334 - Total Deflections from ED	>= 400	583	Oct-19			>= 400	546	Sep-19		>= 2,800	3,787		343 - 583	
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	5.40	Oct-19			<= 6.00	5.10	Sep-19		<= 6.00	5.40		3.86 - 5.41	
230 - Medically Optimised Numbers	<= 50	68	Oct-19			<= 50	55	Sep-19		<= 350	542		55 - 98	
231 - Medically Optimised Days	<= 209	455	Oct-19			<= 209	554	Sep-19		<= 1,463	4,071		388 - 696	

Exceptions



Workforce

Sickness, Vacancy and Turnover

Sickness absence rates have increased in Bolton and throughout the Greater Manchester footprint. Colleagues will note a similar increase this time last year. All Divisional sickness rate increased, with the exception of the Integrated Community Services Division. Long term sickness continues to be the driver for this high sickness rates. The Workforce Assurance Committee recently received an update on the clear correlation between higher sickness absence rates and Bolton population demographics – whilst the data proved helpful it was agreed that a further update would be provided on potential enabling actions that could be taken as a result of these findings. As previously communicated the Committee recently received the Health & Wellbeing Strategy, which sets out the enabling actions that will be taken moving forward.

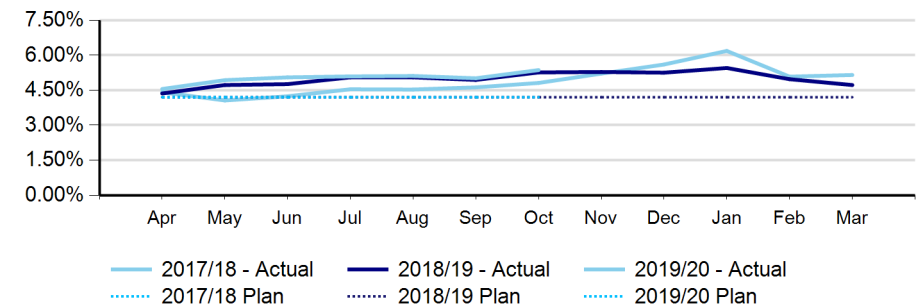
Performance on the recruitment & retention metrics remains strong. Via the Workforce Dashboard the Workforce Assurance Committee are sighted on the areas within the organisation that remain 'hard to fill', along with the clear set of actions that are in place. Strong partnership working between the Divisional & Workforce Teams is evident which is supporting this positive position.

As noted in the previous Board Dashboard colleagues will see that the Dashboard includes the number of investigations over 8 weeks. A KPI will be set during the planned changes to the wider Board Dashboard.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
117 - Sickness absence level - Trust	<= 4.20%	5.36%	Oct-19			<= 4.20%	5.01%	Sep-19		<= 4.20%	5.01%		4.55 - 5.45%	
120 - Vacancy level - Trust	<= 6%	2.63%	Oct-19			<= 6%	1.92%	Sep-19		<= 6%	4.39%		1.92 - 6.78%	
121 - Turnover	<= 9.90%	9.82%	Oct-19			<= 9.90%	9.77%	Sep-19		<= 9.90%	9.89%		9.16 - 10.65%	
366 - Ongoing formal investigation cases over 8 weeks		6	Oct-19				7	Sep-19			21		2 - 7	

Exceptions

117 - Sickness absence level - Trust



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.41%	4.06%	4.24%	4.54%	4.53%	4.62%	4.81%	5.21%	5.60%	6.18%	5.08%	5.15%
18/19	4.36%	4.72%	4.76%	5.05%	5.05%	4.94%	5.26%	5.28%	5.25%	5.45%	4.97%	4.72%
19/20	4.55%	4.93%	5.05%	5.09%	5.11%	5.01%	5.36%					

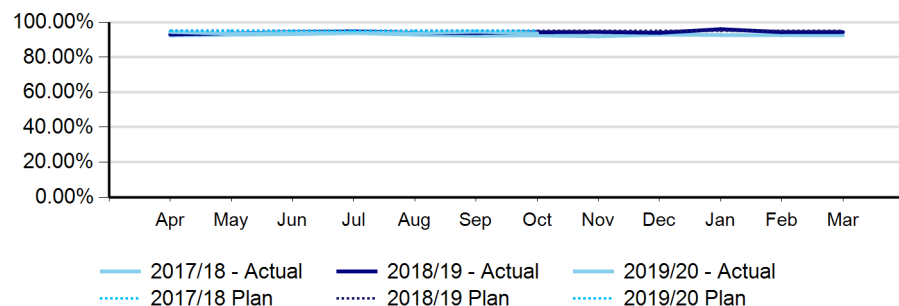
Organisational Development

The OD indicators remain strong, albeit remedial action is being taken in some areas due to seasonal reductions. The NHS Staff Survey is currently out (closing end of November), our response rate is currently just below the national mean response rate for all acute trusts using Quality Health. Divisions are targeting their efforts to encourage staff to complete the survey which it is hoped will lead to an improved overall response rate by the end of the survey period. The WAC will receive an update in December on the Quarter 3 Go Engage findings, at this time the Trust will have an indication as to whether the EPR 'Go live' and other media announcements will have an impact on the Staff Survey findings.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
37 - Staff completing Statutory Training	>= 95%	93.6%	Oct-19			>= 95%	94.5%	Sep-19		>= 95%	93.9%		93.4 - 96.0%	
38 - Staff completing Mandatory Training	>= 85%	89.1%	Oct-19			>= 85%	91.5%	Sep-19		>= 85%	91.4%		85.9 - 93.1%	
39 - Staff completing Safeguarding Training	>= 95%	95.16%	Oct-19			>= 95%	95.66%	Sep-19		>= 95%	95.74%		94.95 - 96.19%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	82.8%	Oct-19			>= 85%	85.8%	Sep-19		>= 85%	84.4%		82.8 - 89.4%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	83.0%	Q1 2019/20			>= 66%	68.0%	Q4 2018/19		>= 66%			68.0 - 83.0%	
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	75.0%	Q1 2019/20			>= 80%	82.0%	Q4 2018/19		>= 80%			75.0 - 82.0%	

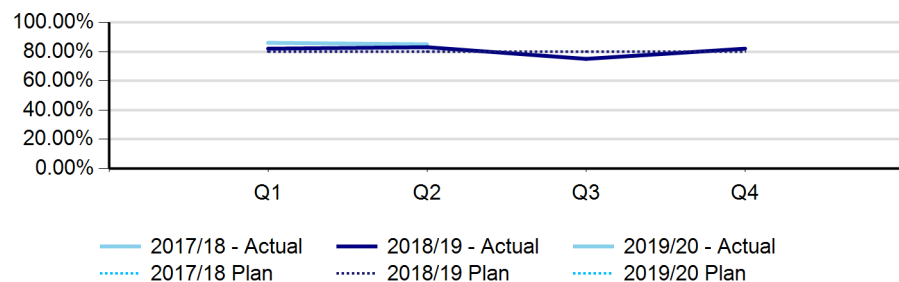
Exceptions

37 - Staff completing Statutory Training



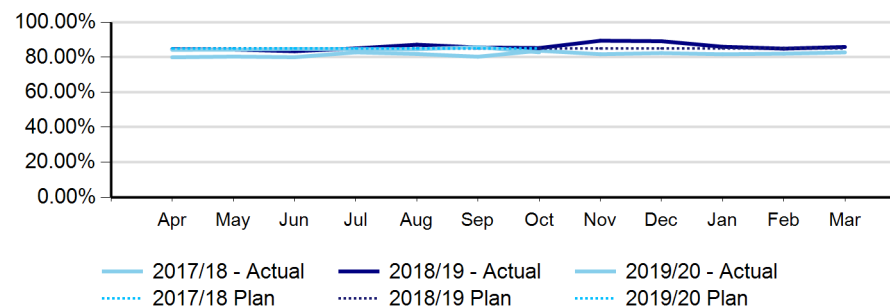
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.4%	92.8%	93.1%	93.8%	92.9%	92.2%	92.4%	91.9%	92.9%	92.6%	92.6%	92.5%
18/19	93.0%	93.6%	94.2%	94.7%	93.8%	93.8%	94.2%	94.4%	93.9%	96.0%	94.3%	94.3%
19/20	94.4%	93.4%	94.0%	94.0%	93.7%	94.5%	93.6%					

79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)



	Q1	Q2	Q3	Q4
17/18	86.0%	85.0%		83.0%
18/19	82.0%	83.0%	75.0%	82.0%
19/20	75.0%			

101 - Increased numbers of staff undertaking an appraisal















	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	79.9%	80.3%	80.0%	82.7%	81.8%	80.3%	83.7%	81.7%	82.3%	81.7%	82.0%	82.7%
18/19	84.5%	84.3%	83.4%	85.0%	87.1%	85.5%	85.2%	89.4%	89.1%	85.9%	84.9%	85.8%
19/20	84.2%	84.3%	84.7%	84.6%	84.5%	85.8%	82.8%					

Agency

Agency

Colleagues will note the in-month Agency spend remains below the Trust's forecast and the NHSI forecast. As would be expected the two areas of greatest spend being Nursing, Medical. The Trust continues to benchmark very favourable on Agency spend when compared to peer organisations for % Agency spend versus overall pay, that said the Workforce Assurance Committee remains sighted on the multiple actions that are being taken to drive down agency spend to the lowest possible level.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
198 - Trust Annual ceiling for agency spend (£m)	<= 0.66	0.42	Oct-19			<= 0.82	0.52	Sep-19		<= 4.92	3.98		0.42 - 0.74	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.28	0.17	Oct-19			<= 0.27	0.17	Sep-19		<= 2.08	1.49		0.17 - 0.33	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.30	0.18	Oct-19			<= 0.36	0.24	Sep-19		<= 2.27	1.80		0.18 - 0.31	

Finance

Finance

The October YTD performance against the control total is a deficit of £9.0m, £5.3m worse than the plan. The variance is mainly as a result on the under delivery of ICIP, income performance and control of costs.

PSF/MRET of £3.6m has been earned year to date compared to a plan of £3.1m. Within the PSF element £1.5m is secured but the remainder is subject to confirmation of the achievement of the finance plan in Quarter 2 or the ICS (GM). As such this has been accrued on the basis of the system delivering overall.

Overall, the Trust has made a deficit after PSF/MRET and Impairments of £5.4m year to date compared to a plan deficit of £0.8m.

Following discussions with GM and NHS NW, the Trust has resubmitted its forecast in line with the mid case scenario as set out in the Finance Recovery Plan.

The Trust capital plan for the year is £15.0m. The spend YTD was £5.3m which is £0.4m more than plan.

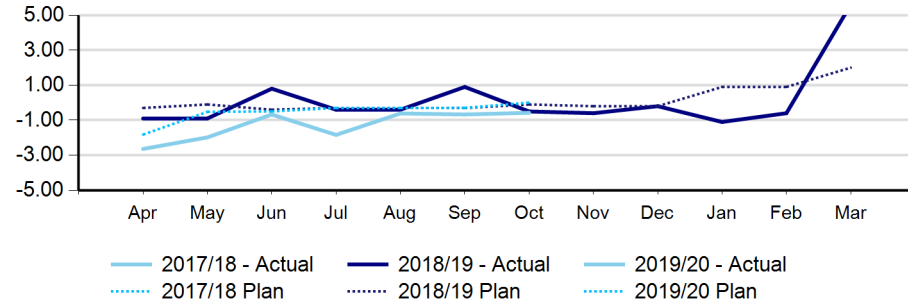
In October there was a net cash outflow of £1.1m with a closing cash balance of £23.7m, which is £11.0m above plan.

The Trust overall risk rating for Use of Resources was a 3 in October compared to a plan of 2.

Outcome Measure	Latest					Previous				Year to Date			Last 12 Months	
	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
220 - Control Total (£ millions)	>= 0.0	-0.6	Oct-19			>= -0.3	-0.7	Sep-19		>= -3.7	-9.0		-2.6 - 5.6	
221 - Provider Sustainability Fund (£ millions)	>= -0.01	0.01	Oct-19			>= -0.01	0.02	Sep-19		>= -0.06	-0.03		-0.01 - 1.30	
222 - Capital (£ millions)	>= 1.4	0.8	Oct-19			>= 1.4	2.2	Sep-19		>= 5.7	5.3		0.2 - 4.2	
223 - Cash (£ millions)	>= 12.7	23.7	Oct-19			>= 13.6	24.8	Sep-19		>= 12.7	23.7		6.0 - 27.5	
224 - Use of Resources	<= 2	3	Oct-19			<= 2	3	Sep-19		<= 2	3		2 - 3	

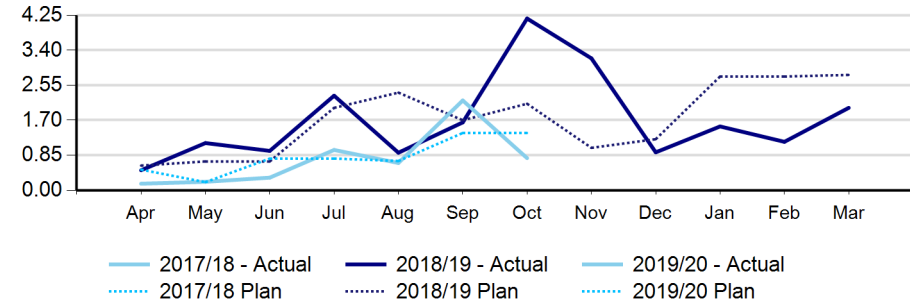
Exceptions

220 - Control Total (£ millions)



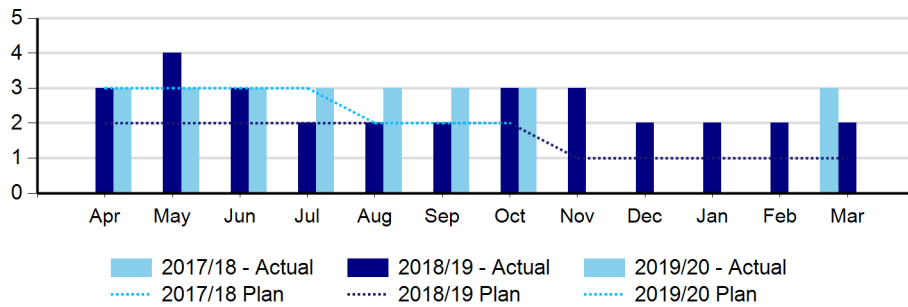
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												2.3
18/19	-0.9	-0.9	0.8	-0.4	-0.4	0.9	-0.5	-0.6	-0.2	-1.1	-0.6	5.6
19/20	-2.6	-2.0	-0.7	-1.8	-0.6	-0.7	-0.6					

222 - Capital (£ millions)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												2.9
18/19	0.5	1.1	1.0	2.3	0.9	1.6	4.2	3.2	0.9	1.5	1.2	2.0
19/20	0.2	0.2	0.3	1.0	0.7	2.2	0.8					

224 - Use of Resources



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												3
18/19	3	4	3	2	2	2	3	3	2	2	2	2
19/20	3	3	3	3	3	3	3					

Board Assurance Heat Map - Hospital																																																	
			ICS				Acute Division																Elective Division										Families Division																
Indicator		Target	Darley Court	A4	AED-Adults	AED-Paedrs	B1 (Frailty Unit)	B3	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	DL	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 M1A	EPU	M2	CDS	M3 (Birth Suite)	Ingleside	M4/M5	NICU	Total					
Beds	Total Beds		30	22	0	0	23	21	25	26	27	26	10	15	26	22	27	27	12	24	10	8	25	25	25	24	24	24	16	25	9	11	4	10	7	17	6	26	15	5	4	44	38	765					
Infection Prevention Control	Hand Washing Compliance % (Self Assessed)	G>=100%, A>80% <99.9%, R = <80%	100.0%	100.0%		90.0%		95.0%	100.0%	95.0%	95.0%	100.0%	100.0%		45.0%	90.0%	95.0%	100.0%	90.0%	95.0%	100.0%	100.0%	100.0%	90.0%	100.0%	100.0%	95.0%	100.0%	95.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%	90.0%	100.0%		100.0%		100.0%	95.0%	96.7%			
	IPC Rapid Improvement Tool %	<80%=R, >80% <94.9%=A, >95%=G	96.0%	100.0%	91.0%	100.0%	78.0%	92.0%	96.0%	96.0%	92.0%		96.0%	100.0%	83.0%	92.0%	96.0%	100.0%	91.0%	88.0%	100.0%	100.0%	96.0%	92.0%	96.0%	92.0%	96.0%	83.0%	100.0%	86.0%	100.0%	91.0%	95.0%	100.0%	100.0%	95.0%	100.0%	92.0%			87.0%	100.0%	94.5%						
	Mattress Audit Compliance %	Yes=G, No Return=White	100.0%	100.0%			100%	100%		100%	100%	95%	100%		100%	98%	100%		100%		100%	100%	100%	100%	100%	100%	100%				100%		100%	100%	100%	100%	100%				100%	100%	99.7%						
	C - Diff		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4				
	MSSA BSIs		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3			
	E.Coli BSIs		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0		
Harm Free Care	Safety Express Programme Harm Free Care (%)	95%	96.2%	93.8%			100.0%	61.9%	96.0%	100.0%	95.7%	96.2%	80.0%	100.0%	100.0%	100.0%	70.4%	100.0%		100.0%	100.0%	85.7%	100.0%	95.5%	100.0%	100.0%	100.0%	100.0%					100.0%	100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	96.9%						
	All Inpatient Falls (Safeguard)	0	10	6	0	0	5	5	9	3	3	6	0	0	2	6	1	1		3	1	0	1	5	0	2	1	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	73			
	Harms related to falls (moderate and above)	1.6	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2		
	VTE Assessment Compliance	95%					50.0%	0.0%	100.0%	57.1%	91.1%	33.3%	92.5%	99.0%	97.7%	97.4%	100.0%	83.9%		95.8%	100.0%	100.0%	93.1%	100.0%	94.2%	88.9%	96.8%	100.0%	87.4%	97.8%	97.9%	100.0%	93.9%			84.8%	99.3%	99.6%	100.0%	79.2%	92.3%	96.7%		95.9%					
	Monthly New pressure Ulcers (Grade 2)	0	2	1	0	0	0	0	0	0	1	0	0	0	0	0	0	2	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	7			
	Monthly New pressure Ulcers (Grade 3)	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0			
PU due to lapses in care	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2			
Audit	Monthly KPI Audit %	R=<80%, A>80%<94.9%, G>=95%	96.5%	93.0%	94.5%	90.1%	80.8%	89.7%	85.6%	81.1%	86.6%	73.4%	87.0%	56.7%	89.9%	88.1%	non return	84.4%		92.1%	100.0%	100.0%	88.1%	77.8%	87.5%	76.3%	85.4%	74.8%	100.0%	93.4%	100.0%	99.5%	99.6%	99.0%	99.0%	97.2%	97.2%	non return	99.1%	non return	93.8%	99.6%	98.6%						
	BoSCA Overall Score %	W=<55%, B>55%<74.9%, S=>75%<89.9%, G>90%	92.3%	76.3%	71.7%		59.5%	71.9%	82.1%	80.1%	76.0%	79.3%	91.7%	91.3%	75.3%	83.2%	92.9%	90.2%		90.2%	90.7%	93.9%	72.4%	90.4%	90.4%	81.6%	90.4%	92.5%	93.7%		81.4%		75.6%	90.1%	90.1%	75.5%	75.5%	91.9%	90.3%	90.4%		71.4%	90.3%						
	BoSCA Rating	white, bronze, silver, gold, platinum	platinum	silver	bronze		bronze	bronze	silver	silver	silver	silver	gold	gold	silver	silver	platinum	gold		gold	platinum	platinum	bronze	platinum	gold	silver	platinum	gold	platinum		silver		silver	platinum	platinum	silver	silver	platinum	gold	gold		bronze	gold						
Patient Experience	Friends and Family Response Rate	30%		23.9%	17.4%	16.4%	38.0%	37.5%	38.1%	7.4%	20.2%	0.0%	67.3%	18.2%	19.3%	33.7%	10.0%	68.8%		76.7%	54.5%	44.4%	37.0%	9.3%	27.0%	21.2%	22.6%	18.9%	32.6%	24.5%	25.7%	28.8%	41.7%	42.4%	0.0%	16.0%	16.0%	19.9%	17.3%	65.6%		17.3%	57.8%	24.6%					
	Friends and Family Recommended Rate	97%		95.5%	88.0%	94.9%	94.7%	88.9%	94.6%	100.0%	94.7%	0.0%	100.0%	95.8%	82.1%	96.9%	88.9%	93.3%		100.0%	100.0%	100.0%	86.5%	100.0%	100.0%	97.7%	100.0%	92.9%	100.0%	94.4%	94.9%	96.0%	86.7%	98.5%	0.0%	100.0%	100.0%	99.1%	90.1%	97.6%		86.5%	100.0%	95.8%					
	Number of complaints received	0	0	1	2	0	0	0	0	0	1	1	0	0	1	0	1	1	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	1	16			
Governance	SIs in Month	0	0	0	0	0	0	0	0	0	0	0	0	0	2	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	3			
	Incidents over 20 days, not yet signed off	0	3	3	76	0	4	3	5	1	2	6	0	0	3	0	1	2	0	0	1	0	1	0	4	1	6	0	0	1	3	1	0	10	4	39	20	7	9	1	15	18	1						
	Harms related to Incidents (Moderate and above)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0		0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0									

Board Assurance Heat Map - District Nursing Domiciliary

	INDICATORS	Avondale and Chorley old Road	Brightmet & 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	Treatment Rooms	Total
Harm Free Care	Total Monthly New pressure Ulcers (Grade 2)(Lapse in Care + No Lapse in Care)	0	1	0	1	0	1	0	3	1	0			7
	Total Monthly New pressure Ulcers (Grade 3)(Lapse in Care + No Lapse in Care)	0	0	0	0	0	0	0	2	1	0			3
	Total Monthly New pressure Ulcers (Grade 4)(Lapse in Care + No Lapse in Care)	0	0	0	0	0	0	0	0	0	0			0
	Total Monthly New Pressure Ulcers - due to lapses in care	0	0	0	0	0	0	0	0	0	0			
Audit	Monthly KPI Audit % (Revised Buddy Assessed Audit)	98.4%	98.3%	96.5%	97.2%	94.2%	97.5%	NA	97.5%	97.1%	96.4%	97.6%		
	BoSCA Overall Score %	95.7%	94.2%	91.1%	87.1%	96.0%	91.4%	NA	94.7%	91.7%	93.4%	95.6%		
	BoSCA Rating	platinum	gold	gold	silver	platinum	platinum		gold	platinum	gold	gold		
Patient Experience	Friends and Family Response Rate %	100.00%											100.00%	
	Friends and Family Recommended Rate %	97.80%											100.00%	
	Number of Complaints received	0	0	0	1	0	0	0	0	0	0	0	0	1
Governance	Total SI's	0	0	0	0	0	0	0	0	0	0	0	0	0
	Incidents over 20 days, not yet signed off	0	0	0	0	0	0	0	0	1	0	0	0	1
Staffing and Workforce	Current Budgeted WTE	11.64	13.72	16.00	18.24	7.11	13.15	17.13		17.24	11.09	19.96	25.39	170.67
	Actual WTE In-Post	12.24	16.00	15.10	12.60	10.44	11.89	12.00		11.81	7.80	16.27	21.96	148.12
	Actual WTE Worked	12.38	16.07	15.06	13.33	10.70	12.61	12.56		12.03	8.40	17.62	22.36	153.11
	Pending Appointment	0.8		0.53	4.8			1						7.13
	Current Budgeted Vacancies (WTE)	1.00			2.00	1.00	2.50	1.00		1.80	2.80	3.53		15.63
Staff Development	Sickness (%) (september)	9.40%	7.15%	7.19%	10.40%	11.39%	0.16%	0.95%		1.24%	3.62%	4.23%	9.76%	5.24%
	Total WTE WITH 19.81% Headroom (Sickness, Training etc)													
	Substantive Staff Turnover Headcount (rolling average 12 months)	0.00%	5.45%	16.82%	27.15%	0.00%	6.15%	16.07%		12.50%	29.51%	19.20%	9.45%	15.19%
	12 month Appraisal	87.5%	100.0%	88.2%	84.6%	66.7%	71.4%	86.7%		92.9%	87.5%	86.67%	80.77%	85.0%
	12 month Statutory Training	91.8%	96.3%	86.1%	88.9%	100.0%	96.4%	90.0%		98.8%	100.0%	98.92%	98.08%	95.2%
	12 month Mandatory Training	93.65%	95.83%	84.51%	89.58%	100.00%	98.18%	87.93%		94.64%	96.97%	96.77%	99.00%	94.07%



Bolton NHS Foundation Trust

Finance & Use of Resources

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

Report Date: 20 November 2019

Generated by: Emma Cunliffe

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

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Single Oversight Framework

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

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

Peer group: 'My Region'

The Finance Score		Data period	Trust value	Performance band description
Single Oversight Framework segment		Sep 2019	2 - Targeted support offer	
The finance score		Aug 2019	3	

Financial Sustainability		Data period	Trust value	Performance band description
Capital service capacity - value		Aug 2019	-0.59	In quartile 1 - Lowest 25% (blue)
• Capital service capacity - SOF Score		Aug 2019	4	
Liquidity (days) - value		Aug 2019	10.80	In quartile 4 - Highest 25% (blue)
• Liquidity (days) - SOF Score		Aug 2019	1	

Financial Efficiency		Data period	Trust value	Performance band description
Income and expenditure (I&E) margin - value		Aug 2019	-4.07%	In quartile 2 - Mid-Low 25% (blue)
• Income and expenditure (I&E) margin - SOF score		Aug 2019	4	







Financial Controls	Data period	Trust value	Performance band description
Distance from financial plan - value	Aug 2019	-3.03%	In quartile 1 - Lowest 25% (blue)
<ul style="list-style-type: none">Distance from financial plan - SOF score	Aug 2019	<div><div></div></div> 4	
Distance from agency spend cap - value	Aug 2019	29.00%	In quartile 3 - Mid-High 25% (blue)
<ul style="list-style-type: none">Distance from agency spend cap - score	Aug 2019	<div><div></div></div> 3	












Use of Resources Framework

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









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

Peer group: 'My Region'

Clinical Services	Data period	Trust value	Performance band description	Peer median	National median
Pre-procedure elective bed days	Q2 2019/20	 0.16	In quartile 3 - Mid-High 25% (amber / red)	0.14	0.12
Pre-procedure non-elective bed days	Q2 2019/20	 1.21	In quartile 4 - Highest 25% (red)	0.77	0.62
Did not attend (DNA) rate	Q2 2019/20	 9.11%	In quartile 4 - Highest 25% (red)	7.95%	7.14%
Emergency Readmission 30 days	Q2 2019/20	 5.16%	In quartile 2 - Mid-Low 25% (amber / green)	5.35%	5.36%
Clinical Support Services	Data period	Trust value	Performance band description	Peer median	Benchmark value
Top 10 Medicines - % Delivery of Savings Target Achieved to Current Month	To Nov 2017	 73%	Below the benchmark (red)	N/A	100%
Clinical Support Services	Data period	Trust value	Performance band description	Peer median	National median
Overall cost per test	2018/19	 £1.80	In quartile 2 - Mid-Low 25% (amber / green)	£1.67	£1.86

People	Data period	Trust value	Performance band description	Peer median	National median
Staff retention rate	Dec 2018	 86.9%	In quartile 3 - Mid-High 25% (amber / green)	86.8%	85.6%
Sickness absence rate	Aug 2019	 5.28%	In quartile 4 - Highest 25% (red)	4.69%	4.06%
Total pay cost per WAU	2017/18	 £2,434	In quartile 4 - Highest 25% (red)	£2,351	£2,180
Substantive Medical staff cost per WAU	2017/18	 £412	In quartile 1 - Lowest 25% (green)	£459	£533
Substantive Nursing staff cost per WAU	2017/18	 £967	In quartile 4 - Highest 25% (red)	£826	£710
Substantive AHP staff cost per WAU	2017/18	 £184	In quartile 4 - Highest 25% (red)	£148	£130
Corporate services, procurement, and estates and facilities	Data period	Trust value	Performance band description	Peer median	National median
Total non-pay cost per WAU	2017/18	 £1,058	In quartile 1 - Lowest 25% (green)	£1,222	£1,307
Finance function cost per £100m turnover (comparison within sector)	2018/19	 £643.56k	In quartile 2 - Mid-Low 25% (amber / green)	£641.75k	£653.29k
HR function cost per £100m turnover (comparison within sector)	2018/19	 £870.62k	In quartile 2 - Mid-Low 25% (amber / green)	£952.29k	£910.73k
Corporate services, procurement, and estates and facilities	Data period	Trust value	Performance band description	Peer median	National median
Estates & Facilities Cost (£ per m2)	2018/19	 £288	In quartile 1 - Lowest 25% (green)	£316	£377
Procurement League Table: Process Efficiency and Price Performance Score (scaled 0 to 100)	Q4 2018/19	 62	In quartile 2 - Mid-Low 25% (amber / red)	75	69

Finance	Data period	Trust value	Performance band description
Capital service capacity - value	Aug 2019	-0.59	In quartile 1 - Lowest 25% (blue)
Liquidity (days) - value	Aug 2019	10.80	In quartile 4 - Highest 25% (blue)
Distance from agency spend cap - value	Aug 2019	29.00%	In quartile 3 - Mid-High 25% (blue)
Income and expenditure (I&E) margin - value	Aug 2019	-4.07%	In quartile 2 - Mid-Low 25% (blue)
Distance from financial plan - value	Aug 2019	-3.03%	In quartile 1 - Lowest 25% (blue)

Procurement (Supplies & Services)	Data period	Trust value	Performance band description	Peer median	National median
YTD Expenditure - Actual - Procurement	Sep 2019	 £15.21m	In quartile 3 - Mid-High 25% (blue)	N/A	N/A
• YTD Expenditure - VarianceToPlan - Procurement	Sep 2019	 0%	In quartile 2 - Mid-Low 25% (blue)	N/A	1%
Monthly Expenditure - Actual - Procurement	Sep 2019	 £2.56m	In quartile 3 - Mid-High 25% (blue)	N/A	N/A
• Monthly Expenditure - VarianceToPlan- Procurement	Sep 2019	 -3%	In quartile 2 - Mid-Low 25% (blue)	N/A	2%
Drugs (Medicines)	Data period	Trust value	Performance band description	Peer median	National median
YTD Expenditure - Actual - Drugs	Sep 2019	 £11.68m	In quartile 3 - Mid-High 25% (blue)	N/A	N/A
• YTD Expenditure - Variance to Plan - Drugs	Sep 2019	 0%	In quartile 2 - Mid-Low 25% (blue)	N/A	1%
Monthly Expenditure - Actual - Drugs	Sep 2019	 £2.09m	In quartile 3 - Mid-High 25% (blue)	N/A	N/A
• Monthly Expenditure - Variance to Plan- Drugs	Sep 2019	 6%	In quartile 3 - Mid-High 25% (blue)	N/A	-1%

About the peer group referenced in this report

Peer group

Your trust is benchmarked against the peer group My Region

Trusts in your NHS England and NHS Improvement region




Peer group members

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

Colour meanings

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

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

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

Agenda Item No:	
Meeting:	Board of Directors
Date:	28 November 2019

Title:	Annual Equality Assurance Report 2018/2019
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Purpose	Demonstrates progress in meeting the Specific and General duties legislated in the Equality Act 2010 and by the Trusts contractual requirement with Bolton CCG. Publication on the Trust website is required by 31 January 2020.
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Executive Summary:	<p>This report provides the Board with an overview and analysis of key Equality Diversity and Inclusion (EDI) data for service delivery and workforce and progress against legislative and contractual requirements.</p> <p>The Board is assured through demonstrable Trust wide actions that it is meeting its requirements and has been able to use data to identify areas for improvement which will be translated into equality objectives in 2019/2020.</p>
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Previously considered by:	EDI Steering Group, Patient Experience and Inclusion Committee & Workforce Assurance Committee
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Recommendation	For approval.
Please state if approval required or if for information	A series of recommendations are made within on page 36 and 51
	Confidential y/n
	N

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

Prepared by:	Rahila Ahmed, EDI Lead	Presented by:	???
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Annual Equality Assurance Report 2018-19



Consciously Inclusive

Equality, Diversity And Inclusion At Bolton NHS
Foundation Trust



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To request a copy in a different language or format please contact the Equality, Diversity & Inclusion Lead.

Email: Rahila.Ahmed@boltonft.nhs.uk or Telephone: 01204 390390

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. We aim to provide equality of access, experience and health and workplace outcomes by actively listening and acting on feedback to drive improvements.

Over the last 12 months the Trust has made significant progress in moving the equality agenda forward as a result of local innovation and best practice. The Equality, Diversity and Inclusion (EDI) Lead will continue to work with departments to advice and support on work areas to continue to make improvements and remain responsive to the needs of patients with protected characteristics.

The Trust aspires to be the employer and healthcare provider of choice. We want to ensure staff are consciously inclusive in their day to day practice and interactions with our diverse patients and teams recognising their mix of abilities, experience and knowledge. The Trust dedicates effort to ensuring a culture of respect by applying fair and inclusive working practices to ultimately deliver the highest standards of care. Having a supportive staff culture leads to high levels of staff motivation and impacts positively on patients experiences and health outcomes through provision of accessible and compassionate care. This way we can ensure the Trusts vision is achieved to deliver high quality, patient centred accessible services and as an employer to provide a positive workplace culture free from bullying and harassment and discrimination.

1.1 Scope and Report Background

In line with the Equality Act 2010 and associated Public Sector Equality Duty (PSED), NHS Trusts are required to annually publish evidence to demonstrate commitment and progress in meeting the aims and objectives of this legislation and to set out plans for the coming year.

The report provides an overview of the workforce, celebrates good practice initiatives and highlights any differential outcomes for employees with protected characteristics. Similarly, patient profiling data from inpatients, outpatients, community services and Accident and Emergency services is also provided by protected groups whilst offering a snap shot of diverse communities residing in Bolton and regionally.

A comparison against the local population allows an assessment of how accessible our services and whether our workforce is reflective and responsive to need. Trust activities conducted during the 2018-2019 financial year are explored, along with recognition of achievements. Various sources of data are used to determine the level of equality and progress in the workforce and service delivery arm and to make recommendations where areas for improvement are required.

The report will be reviewed by the Equality, Diversity and Inclusion Steering Group and agreed by the Workforce Assurance Committee. Recommendations will feed into the development of the refresh of the Trusts equality objectives alongside the updated Workforce Race Equality Standard action plan and Equality Delivery System stakeholder feedback.

The recent local growth in the diversity of the local population means that increasing volumes of individuals from diverse backgrounds will be turning to the Trust as a provider of acute and community health services and remain the largest employer in the area.

The data contained within this report will enable services and workforce leaders to identify key areas for improvement and should be used to inform and shape decisions making process in relation to service improvement and workforce transformation programmes. A number of recommendations are listed within which will be prioritised and action accordingly.

A range of available data, from a variety of sources has been used in its compilation, including the most recent census 2011 data where possible. Patient data reports are based on the single visit/admission of a patient as opposed to number of times a patient has been admitted. There are however gaps in some areas associated with the fact that the Trust does not have an Electronic patient record system which is highlighted throughout the report.

Glossary of Staff Occupational Group abbreviations are as follows:

<i>Add Prof, Sci& Tech</i>	<i>Additional Professional, Scientific and Technical</i>
<i>Add Clin Services</i>	<i>Additional Clinical Services(health care assistants)</i>
<i>Admin</i>	<i>Administrative and Clerical</i>
<i>AHP</i>	<i>Allied Health Professionals (physiotherapist, radiologists etc)</i>
<i>Estates</i>	<i>Estates and Ancillary (cleaners, electricians etc)</i>
<i>HCS</i>	<i>Healthcare Scientists</i>
<i>Med & Den</i>	<i>Medical & Dental</i>
<i>RegNur& Mid</i>	<i>Registered Nursing and Midwifery</i>

2. Progress in meeting Equality Duties

2.1 Trust Equality Objectives

The Public Sector Equality Duty (PSED) requires Trusts to publish equality objectives at least every four years. An update on progress in meeting these objectives is offered below:

- ✓ Successfully compiled and submitted annual workforce, service delivery and annual Compliance reports.
- ✓ Wres reports and gender pay gap reports and action plan for improvements.

Goal 1 We will position the patient experience and community engagement as drivers for our EDI activities

We committed to:

- ✓ *Strengthen partnerships with external organisations*
- ✓ *Engage with relevant stakeholder groups to identify good practice and gaps in service to inform the updated EDI strategy.*
- ✓ *Ensure large scale service review, strategies and policies are inclusive and support representation from people with protected characteristics to have a voice*

Progress

- ✓ The Trust Board have received regular patient stories at monthly Board meetings which includes hearing from patients with protected characteristics. This allows leaders to see service provision through the eyes of our patients and their families. This has included hearing about the experience of a Deaf patient which has prompted a review of the information and communication support needs and provision available.
- ✓ Held a series of engagement events with people with protected groups including the deaf community, sensory advocates, Asian elders and interfaith forum to understand current experience and highlight areas for improvement which will inform the forthcoming EDI strategy.
- ✓ The EDI Lead has been actively developing partnerships with statutory and third sector organisations who work with people with protected groups and to build community relations.
- ✓ As part of the Accident and Emergency building refurbishment a patient experts groups was formed which consisted of a reflective representation of a wide diverse group of local service providers and users. The group met and were asked to share what their current



experiences are of using Accident and Emergency services and highlight what provision would be required to improve the access and experience of the various groups .An action plan was developed and is being implemented.

Goal 2 We will empower staff to excel in their role and provide an exceptional service in an environment where dignity and respect are promoted

We committed to:

- ✓ Continue to implement the Workforce Race Equality Standard (WRES) to improve the recruitment, retention, workplace experience and opportunities for Black and Minority Ethnic (BME) staff.
- ✓ Engage with BME staff to understand differences in workforce experiences and set up a BME staff forum.
- ✓ Celebration of key equality events to raise awareness of the needs of communities
- ✓ Organise training delivered by experts covering a variety of protected groups to better inform service provision and staff support.
- ✓ Roll out staff health and wellbeing initiatives to improve support for staff and reduce sickness absence.
- ✓ Design and deliver an Inclusive leadership session available to managers in partnership with organisational development.
- ✓ Procure and deliver Unconscious Bias training to staff across the Trust to reduce potential for discrimination in the decision making process.

Progress:

- ✓ Successfully published our Annual return for the NHS Workforce Race Equality Standard with an associated action plan to increase recruitment and improve workplace experience and career progression of BME staff.
- ✓ Held a listening event with BME staff to understand barriers to success and workplace experiences.
- ✓ Launched BME staff forum which is growing from strength to strength.
- ✓ Black History month celebrations were held in October which included holding an information stand to raise awareness of Trust wide initiatives and engagement.



The Rainbow badge campaign was launched during LGBT History Month which



aims to raise awareness of LGBT workplace and health inequalities which saw a large number of staff signing pledge committing to making improvements in response to which they received rainbow badges. The rainbow flag was flown and Directors also wore rainbow socks reinforcing leadership commitment to making improvements for the LGBT community.

- ✓ A number of Trust services attended the Bolton college diversity event providing key information to improve health outcomes.
- ✓ The Trust continues to promote leadership and development opportunities for BME staff including the 'stepping up programme.'
- ✓ Procured Unconscious Bias training and trained a number of staff to deliver across the organisation to reduce any potential for discrimination in the decision making process and workplace practices.

WDES Achievements

- ✓ Received Disability Confident Employer Level 1 accreditation – this means that the Trust has processes in place to ensure that disabled people and those with long term health conditions have the opportunities to fulfil their potential and realise their aspirations. We will now aspire as a Trust to achieve levels 2 and 3.
- ✓ Musculoskeletal (MSK) conditions are a frequent cause of ill-health for employees often resulting in them becoming disabled. The Trust has an excellent staff physiotherapy service providing fast track service for staff suffering from an MSK condition and helping them to return to work. The Trust has recently increased the number of appointments available for staff.
- ✓ An attendance matters team has been introduced who hold a library of self-help materials covering a wide range of physical health conditions that are shared with staff who may need reading materials.
- ✓ The Trusts new health and wellbeing portal has a range of support materials ranging from advice developed in conjunction with Macmillan about working/living with cancer to understanding the menopause.

- ✓ A range of mental health and wellbeing initiatives and approaches have been introduced at an organisational level over the last 12 months. This has included investing in additional counselling services for our staff to use. As part of the National Mental Health Awareness Week.
- ✓ Employee Assistance Programme (EAP) has been launched that provides a 24/7 help and advice telephone line, 24/7 telephone counselling, online cognitive behavioural therapy programme tools and additional support services.
- ✓ The Trust commissioned an innovative, modular-based 'Caring for Yourself Programme' for staff working in urgent care. The aim of the programme was to equip staff with additional tools and support to improve their resilience ahead of the winter period.

WRES Achievements

- ✓ BME representation with the staff population has increased since 2015 – increasing from 9.4% to 12.44% in 2019 at different grades. The Trust headcount has increased by 159 heads, staff engagement levels for staff from a BME background and Muslim staff are positive with both being higher than the Trusts average (7.3) at 7.7 and 8.1 respectively.
- ✓ The BME staff network has been established which has received positive engagement through the year.
- ✓ A manager's guide explaining the purpose of the BME network has been distributed to encourage managers to support staff to engage in the group and attend meetings.
- ✓ A range of cultural awareness sessions have been arranged and promoted. Uptake needs to be improved.
- ✓ Positive action statements have been added to job adverts and development and training communications. Attraction to the Trust is key to improve representation. The Trust will be working with the local ethnic and religious community to discuss partnership working and development of the attraction strategy.
- ✓ Un-conscious bias training has been developed and a roll out plan is currently being finalised in conjunction with Enact Solutions a leading EDI specialist firm who use innovative interactive solutions to communicate key messages. The objectives of the half day **embracing differences interactive session** are:
 - To recognise that everyone is different and embrace the value of those differences,
 - To recognise our responsibilities and feel confident in addressing behaviours that don't align with our core values,
 - To understand how unconscious bias may influence the decisions we make and the interactions we have.

- ✓ Two BME Freedom to Speak up Champions have been appointed.
- ✓ We have had two employees who have attended the national stepping up programme and one employee who is completing the indrush leadership programme.
- ✓ Improvements to the employee relations processes have been introduced which include early intervention mediation process, personal responsibility framework, effective case management.

Goal 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

We committed to

- ✓ *Produce an equality events calendar highlighting key religious dates with a view to better inform staff in the provision of services and staff support.*
- ✓ *Develop contextualised training packages using data and intelligence to improve workplace experiences.*
- ✓ *Review delivery of and continue to implement the Accessible Information Standard.*

Progress

- ✓ EDI Mandatory training is available to all staff with a 96.5% completion rate.
- ✓ Forty staff received sexual orientation and Transgender awareness training aimed at increasing confidence in working with patients and staff and appreciating their support requirements in line with the legislative context.
- ✓ A series of training sessions on the topic of Banter v Harassment were piloted in Darley Court in partnership with Bolton Council since they offer joint services. This has led to staff being able to be more aware of their interaction with others and reinforce the Trust's zero tolerance to bullying and harassment.
- ✓ A pilot training session on inclusive leadership was delivered to senior managers in the Laboratory medicine department jointly between EDI and organisational development.
- ✓ Equality and religious events desktop calendar published and circuited highlighting key dates for the 7 main religions and their impact on inpatients, outpatients and staff. The calendar is a key document to be used to improve the patient and staff experience and reduce waste of resources by



ensuring effective scheduling of appointments and engagement events with groups.

- ✓ The Integrated Community care division have successfully developed a **lived experience panel** where local people are recruited to support the Trust to improve the services we provide. It is aimed at people with experience of living with, or caring for someone with health/care issues. The Trust successfully recruited and trained its first co-cohort of panel members reflecting the diversity of the community to review intermediate tier care, neighbourhoods redesign amongst others. They received equality, diversity and inclusion training to ensure the voices of people with protected characteristics is considered within any service redesign work. The Trust has successfully started to review.
- ✓ Scheduled a series of briefing sessions delivered by local part organisations and in house specialist teams.



Goal 4 We will embed EDI within Trust systems to support better health outcomes as well as legal compliance

We committed to

- ✓ *Review and re-establish the Equality, Diversity and Inclusion Sub Group once the new EDI Lead is recruited.*
- ✓ *Conduct internal EDS review and self-assessment across all four EDS2 Goals and outcomes.*
- ✓ *Review the Trusts Equality Impact Assessments and strengthen processes to ensure good quality reviews are conducted.*
- ✓ *Conduct comprehensive review of equality monitoring data for staff and patients highlighting gaps and making recommendations for the Trust.*
- ✓ *Improve collection of equality monitoring data for staff and patients.*
- ✓ *Review the translation and interpretation provision to ensure patients receive the best service.*

Progress

- ✓ Refreshed existing EDI steering group with new terms of reference and reviewed membership with divisional representation. The groups is currently meeting on a bi-monthly basis to drive the agenda forward chaired by the Deputy Director of Nursing.
- ✓ Renewed focus, broader awareness and gap analysis conducted of EDI related legislative, contractual and regulatory requirements.

- ✓ The Freedom to speak up service has been refreshed with a dedicated Guardian employed to develop the service encouraging staff to raise public interest and safety concerns in a confidential manner. The EDI Lead signed as a Freedom to Speak Up champion to make it more comfortable for staff to report any discriminatory related incidents and has coffered support to a number of staff.



- ✓ AIS requirements table produced with proposed action plan to raise staff awareness and continue to implement through gap analysis and action plan.

- ✓ A new Interpretation contract rolled out with Language Line in November 2018 offering a more streamlined service and single provider service.



- ✓ Formal translation of written documents contract signed with Language Line providing guidance on how to access documents in a timely fashion.
- ✓ Interpretation and translation policy developed and signed off formalising process for requesting foreign language and BSL interpretation and translation services and roles and responsibilities.
- ✓ Interpretation and translation data analysis of usage conducted including link worker activity report to better understand supply and demand for services.
- ✓ British Sign language contract renewed with Deaf Resource Centre.

2.2 Equality Delivery System 2 (EDS2)

NHS England first introduced EDS in 2012 followed by its refresh in 2013 EDS2. NHS organisations are required to measure and benchmark their equality performance through gathering equality related evidence against 18 outcomes focusing on patients and staff. Success in meeting these outcomes demonstrates compliance with the requirements of the PSED.

The implementation of EDS2 also supports the Trusts strategic objective to promote equality throughout the planning, development and delivery of our services whilst valuing the diversity of our service users and workforce.

A public scoring event was not held in 2018/19 due to gap in the recruitment of an EDI Lead. Instead the Trust has taken time to collate evidence and is in the process of conducting a self-assessment which will be carried out in 2019/2020 and will be accompanied by a public scoring event to review and evaluate our work.

The trust has been working on Goals 2 and goal 3. Case studies shown in section 3 of this report demonstrate the continuous improvement of patients and staff access and experience.

2.3 Governance arrangements

The Executive Lead for Equality, Diversity and Inclusion is the Executive Director of Nursing & Deputy Chief Executive. As chair of the Patient Experience and Inclusion Partnership Committee, the Director of Nursing & Deputy Chief Executive provides senior leadership and scrutiny for EDI activity across the Trust.

The Equality & Diversity Steering Group is responsible for setting the strategic direction of EDI related activity. Its membership consists of staff from across the Trust at various levels. This group is chaired by the Deputy Director of Governance (and subsequently the Deputy Director of Nursing). Membership is drawn from all clinical divisions and corporate areas. Members of the EDI Steering Group are responsible for cascading information and initiating action within their division or corporate areas. As well as reporting to the PEIPC, the E&D steering Group also reports to the Workforce Committee.

The Equality & Diversity Steering Group reports to the Workforce Assurance Committee, chaired by the Chief Executive and made up of senior staff who are responsible for providing assurance to the Board of Directors around compliance with national standards and the PSED in accordance with relevant legislation.

There are a number of patient groups that contribute to the EDI agenda, such as the Learning Disability Sub group; Dementia and falls; Child and Adolescent Mental Health Service (CAMHS) amongst other. Action logs for these groups indicate that these groups make a significant contribution to service delivery and improvement.

2.4 Equality Outcomes Analysis

The Trust is committed to ensuring the needs of diverse groups are considered in decision making processes to ensure inclusivity and delivery of accessible and responsive services. The Trust continues to use Equality Impact Assessments (EIA) documentation to provide structure to the process. All new and revised policies undergo and 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 outcome assessment.

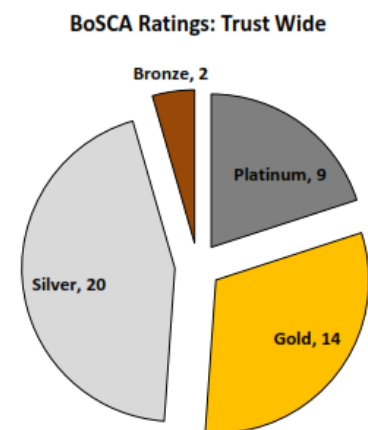
3. Improving Clinical and workforce practice

The Trust is committed to delivering high standards of care which meet local needs, are accessible and create positive experiences for all patients. The Trusts vision is to use patient and staff feedback and data analysis to build on the journey of learning and continuous improvement.

A selection of examples are provided below demonstrating how access and experience is being improved.

Bolton System of Care Accreditation (BOSCA)

The Trust uses a multi-disciplinary structured assurance framework designed to monitor the delivery of patient 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, 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 incorporated reviewing how diverse patients have their specific needs met. Examples include staff awareness, eliminating mixed sex accommodation, meeting patient's nutritional needs and putting support in place, spiritual and religious support, awareness of reasonable adjustments and 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 way wards and services are able to continually strive to make improvements.



Home from Hospital Service



A partnership between the Bolton NHS Foundation Trust and Age UK Bolton has helped older people return to independence after they have been an inpatient. It offers a free, six week programme of support providing low level practical and emotional support to patients over 65 who live alone or are the main carer for someone else. This could be anything from helping them to book

appointments, accompanying them to do the shopping or visiting them at home. The service aims to increase independence and reduce readmissions.

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. Various inter agency processes and systems are in place to ensure identification and timely responses. The Trust has a dedicated Children Protection Team and Adult Safeguarding Lead who provide training, advice and support to all services.

Support for patients with Dementia and Delirium

There are currently 284,800 people living in the local authority area of Bolton. 42,540 of which, are over the age of 65. 2233 people living in Bolton have a formal diagnosis of dementia. The overall diagnosis rate for Bolton is 76.6% higher than the national average of 66.9%. Dementia is one of the priority care areas given acknowledgement of the ageing population in Bolton. The Alzheimer's Society reported that nationally 36% of carers report caring for more than 100hrs per week, contributing to the £11.6 billion in unpaid care.



A new joint Trust and Admiral Nurse Dementia post has been developed to take forward this work whose focus will be to align the hospital to the Dementia Friendly Hospital Charter.

An example is of Intermediate Care services in Darley Court which is available 24 hours a day and is supported by social care workers. Dementia friendly signs have been fitted, the environment has been painted in dementia friendly colours and dementia friendly clocks have been purchased. Dinner place mats prompting patients regarding think home first Dementia introduced PAT dog in complex care who attends wards and departments monthly to offer therapy.



Achievements

- ✓ Environmental dementia friendly upgrades being rolled out throughout the inpatient areas
- ✓ Introduction of activity programmes for therapeutic engagement



- ✓ Uplift in enhanced care resources (reminiscence boxes, conversation cards, table top engagement resources and music therapy)
- ✓ Launch of I-Care project in support of Carers with a new training package – this was shortlisted for the Royal College of Nursing Awards in July 2019 and commended the CQC on their recent inspection.
- ✓ Introduction of overnight accommodation and resource provision for carers.
- ✓ Introduction of carer lanyards.
- ✓ Re-launch of Johns Campaign.
- ✓ Dementia Champions appointed.

I-Care project launched across AACD



The I-Care project is being rolled out across the Trust to support the delivery of the National Dementia Strategy. Based on engagement with carers the I-Care model encourages patient's

relatives or carers to be an active partner in their care during their hospital stay. As a result, carers say their experience has improved significantly, with many reporting better mental and physical health, as well as lower stress levels, and feeling more involved in the patient's care. A training video has also been developed alongside supporting and planning improvements

needed to achieve the different aspects of the I-Care vision. The service provided accommodation to carers in pleasantly decorated relative's rooms.

Audiology

The Audiology Department is responsible for diagnosing and managing disorders of the ear, including treating hearing loss. The audiology department offers 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 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.

The Paediatric audiology service works directly with parents to ensure their preferred management option for the deaf child is acted on which may include the use of hearing aids or BSL rather than developing speech. They also hold a Children Hearing Service working group three times a year with parental representation at the meeting.

Chaplaincy Team

The Team consists of a number of religious leaders representing the various faiths across Bolton including Christianity, Islam and Hinduism, supported by a number of volunteers and offering a 24 hour On-Call service.

The Chaplains are readily available to offer advice and support to patients and staff and are able to arrange for religious rites to be performed such as prayers and blessings, communions etc. In the acute setting patients and staff 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.



The Trust also has 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.

Achievements:

- ✓ Over 2500 new patient contacts and almost 6000 significant encounter interactions
- ✓ Delivered a number of training including Corporate Induction, Spiritual Care End of Life, Bereavement Study Days, Link Nurses, Health Care Certificate, and Student Forums.
- ✓ Volunteers continue to join the team.
- ✓ Continue to offer Psychological First Aid/Staff Support.
- ✓ Publish a regular staff newsletter highlighting key religious events and spiritual care.
- ✓ Festivals – Attendances seem to have increased over the last year.
- ✓ Baby Memorial service – This has been an important service in the hospital for many years. Maternity staff and many people have worked hard on it and between 150-200 family members who have lost babies attend. The service is designed for all three main faith groups in the Bolton area and those with no faith.

Learning disabilities

The Learning Disability Nurse has delivered training to a wide range of hospital staff which includes medical staff, newly qualified nurses, trainee nurse associates and specialty staff. Hospital staff have access to bespoke learning disability training pertinent to their specialty and area of work.

To continually improve the quality of care we provide to people with a learning disability who access hospital services and intermediate care we have a network of over 50 Learning

Disability Link Champions throughout the hospital wards, departments and intermediate care facility.

The national LeDeR (Learning Disability Mortality Review Programme) programme supports local reviews of people with a learning disability. There has been an increase in the number of staff trained which will increase response time. Feedback has remained consistently positive regarding the quality of reviews, detailed information and family involvement.

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 (RNIB). 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.

Homeless and Vulnerable Adults Service

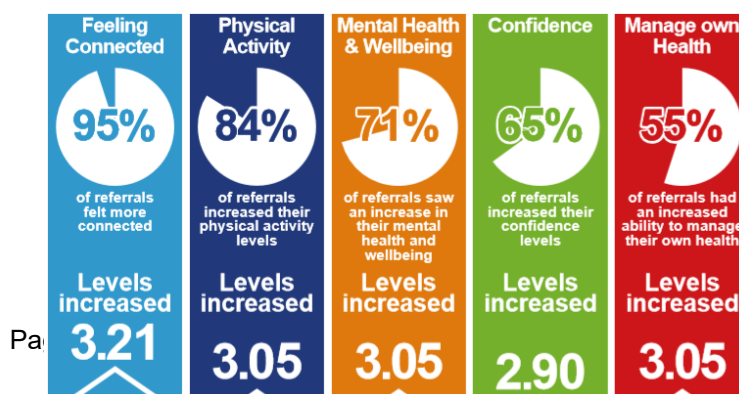
A specialist nursing service for rough sleepers works closely with Bolton Council and local voluntary sector services. It provides support on the streets as well as into hostels and from its town centre base. A district nurse and health visitor offer a bespoke treatment service treating up to 50 homeless people a week. They have a wide variety of health needs leg ulcers, abscesses, wounds and chest infections Over the years, the team expanded and now has five staff, including a staff nurse, junior sister and nursing associate. As well as providing support to rough sleepers, the Homeless and Vulnerable Adults Service also works with asylum seekers.

Bolton Health Improvement Practitioner Service

NHS Health Improvement Practitioners aim to support people to live healthier lives by working with them to make small but important changes to their lifestyle. Bolton's service specialises in providing intense support, motivation and advice for people to make healthy lifestyle changes. Health improvement practitioners are based in GP surgeries and work mainly with patients who are at high risk of developing cardiovascular disease or diabetes. They adopt a proactive tailored approach to meet the need of various communities to support the health promotion agenda. Good links are established diverse communities and partner third sector organisations.

The Power of Partnership in Bolton

Bolton Council, Bolton NHS Foundation Trust and NHS Bolton CCG have been working together, along with other providers and local community and



voluntary services, to improve health and care which will ultimately enable residents to live a happier and healthier life.

Examples of the progress achieved to date include an increase in health and care professionals on the doorstep, improvements to A&E, more Technology Enabled Care (TEC) and the introduction of Community Asset Navigators which has a key focus around building capacity in the voluntary and community sector to better engage and improve population health through promoting prevention and self-care across the borough. This programme was developed to support and enable effective 'social prescribing' or 'community referrals' in Bolton.

Speech and language therapy

Speech and Language Therapists often see clients for whom English is a second language. The Royal College of Speech and Language Therapists (RCSLT) state that communication assessment and intervention should be delivered in both/all languages used by the client. If a client has communication difficulties, these difficulties will be present in both/all languages.

Members of Bolton's Adult Speech and Language Therapy Team work closely with a team of professional interpreters and translators to ensure equitable access for all clients with communication difficulties. An example is the Trust delivered sessions in Hungarian and Romanian.

Feelings	română	magyar
I want to talk about	eu ai să vorbesc despre	marc e vishe vaat karvi chhe
My health	eu simt	marc tandurasti
Physiotherapy	eu am	ang vyayam
Speech Therapy	eu am	bolcano upchar
Occupational Therapy	eu am	vyasayik upchar
My Medication	eu am	marc davaa
Food / Diet	eu am	khurak
Money	eu am	paisa - pound
The Future	eu am	bhavishya

Bowel cancer screening

Bowel cancer screening champions and buddies have been introduced who are members of the living with and beyond cancer. Cancer services have access to information in different languages. DVDs are also available. Royal Bolton is a specialist centre for bowel screening for patients from Salford and Wigan. The new endoscopy unit hosts the latest technology that is more patient friendly environment which has been designed to improve the patient flow from arrival to discharge. There is an additional treatment room, which means we can see more patients in a timely manner and has dedicated entrances for in-patients, which means their privacy and dignity is better respected.



Improved identification and support for at risk new mothers

New guidance for midwives to support women who are homeless or at risk of becoming homeless was launched at Ingleside Birth Centre in Salford, by the Mayor of Greater Manchester, Andy Burnham.

The Homelessness Reduction Act (HRA) came into force in England on 3rd April 2018 to prevent and stop homelessness by offering early support to those at risk of becoming homeless or who are homeless. It also places a new duty on health services, including maternity, to help those who are homeless or at risk of homelessness.



Improved support for young mothers

The Family Nurse Partnership works with first time mothers under the age of 20 to help them have a healthy pregnancy and to understand how to care for themselves and their baby. Family nurses are specially trained and provide support through home visits from early pregnancy until the child is two years old, after which families will be cared for by the health visiting service.

Involving parents

The family integrated care package went live which aims to facilitate a partnership between parents and NICU staff to promote parent confidence to be an active participant in the infants care rather than just being delivered by only highly trained healthcare professionals. The Trust has received regional recognition for being a for runner in its implementation of the package.



Saving babies lives



All day visiting is available in maternity wards for named visitors to support new mums on postnatal wards. The team have successfully implemented the **Saving Babies' Lives** improvement tool which has helped to reduce avoidable stillbirth and early neonatal death. It brings together four elements of care that are recognised as evidence-based and/or best practice:

1. Reducing smoking in pregnancy,
2. Risk assessment and surveillance for foetal growth restriction,
3. Raising awareness of reduced foetal movement,
4. Effective foetal monitoring during labour.

Events

Specialist services across the Trust continue to mark key equality events sending out Trust wide communication to increase staff awareness of the needs of communities and using other platforms such as social media e.g. deaf awareness, mental health etc.



Bolton Staff Join the Pride Celebrations

Staff from the sexual health department were among the people celebrating PRIDE in Bolton. The annual event celebrates the life and culture of the LGBT+ community and we were proud to be a part of it. Lots of people visited our stall and the team did a lot of health promotion. They also raised funding for the 'special care for special babies' appeal via a sweets tombola.

The **Bolton Maternity Voice Partnership** is a team of women, health professionals and commissioners working together to review and contribute to the development of maternity care. They held their first listening event this year to gain feedback on experiences of its service users.



Cancer services reaching out to South Asian communities

The Macmillan living with and Beyond Cancer Team in partnership with the Asian Elders Resource Centre and the Macmillan Cancer Information and Support Service held a free Cancer Awareness Event delivered in Gujarati and Urdu. This is a general cancer awareness session, including information about the recovery package for those living with and beyond cancer, targeted at an audience whose first language is not English.



African Pentecostal Community Development Programme.

The project was developed out of the engagement conducted at the EDS scoring event. A group of community ambassadors have been recruited which have links to the local African community across the borough. The ambassadors 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. They have included information on sexual health matters and will in 2019/2020 include raising awareness of recruitment practices.

Paediatric learning disability service

The Paediatric learning disability service has completed two service user engagement activities where young people were invited in to look at care plans and give feedback on how they can be improved and increase involvement in care planning. The service has adapted the friends and family form to make it more age appropriate. Parents are also invited to sit on a dedicated support group. The service follows the 'do nothing about me without me' philosophy.



Involving young students



Harper Green School student project: Year 9 Students were offered a 12 week placement on Ward E5 as part of the Princes Trust Community Project. They took part in various projects including critiquing the food on the ward, painted windows and canvasses for the ward. They also received training in Basic life support, parent craft skills, learning how to apply plaster casts and spent time tidying up the memorial garden. It provided students with insight into the NHS and awareness of careers.

available.

World Prematurity Day

The Neonatal Intensive Care unit took part in World Prematurity Day to raise awareness of premature birth and effects it can have on the family. Activities included raising awareness of premature deaths, and performed a Bliss little lights walk led by the Chaplains to offer recognition and support to ex and current preterm infants and sick children on the unit. The Hindu priest, Imam and Chaplain were invited to take part who offered a short prayer at the end of the walk.



Community event aimed at everyone

A Summer Celebration event aimed all sections of the community as part of the NHS' 70th birthday celebrations. A wide range of stalls and activities were available including a



giant game of operation, a giant dart board and an inflatable bowel and were tailored to meet the needs of different communities.

Workforce Specific Examples

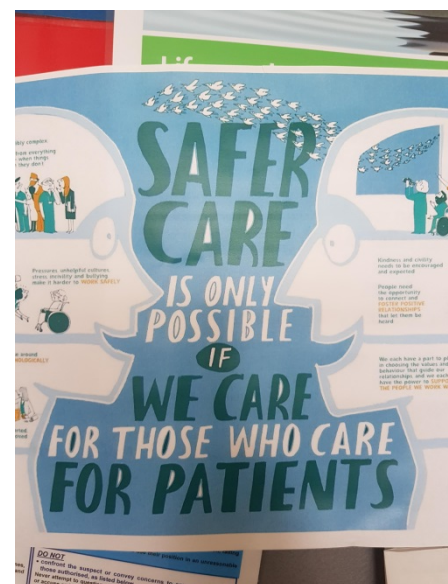
Inclusive policies and practices

- A wide range of resolutions are available where grievances are raised by staff. Employment policies are in place to support staff including dignity at work, grievance, whistleblowing, violence and aggression etc.
- Flexible working policy is available for all staff to access and is applied across the Trust to support staff to manage a healthy work life balance, and/or to fulfil caring responsibilities. Staff have the opportunity to appeal if they are dissatisfied with the outcome of an application.
- An equality assessment is conducted for all policies to ensure no adverse impact on protected groups.
- Policies are reviewed regularly in partnership with staff side to ensure staff are represented and the best outcome for staff and the organisation is achieved.



Health and wellbeing initiatives

- The Trust has an occupational health service which offers a wide range of support to staff.
- Stress risk assessments are conducted with staff if they are showing signs of stress within the workplace.
- Mental health drop in sessions run three times a week to give staff immediate access to a mental health nurse if they require mental health support.
- A counselling service is available for staff to support staff that require deeper support.
- The Trust has partnered with an organisation that provides financial well-being advice and guidance, recognising that a major cause of stress and anxiety with employees is financial worry and stress.
- Stress awareness training is run with staff on a regular basis, staff can access this training within an open course or our occupational health team will run the programmes within teams.



- A series of resilience training programmes have been rolled out with front line staff.
- The Trust has a staff physiotherapy service which fast tracks employees who have MSK health issues.
- Close work has taken place with Macmillan to provide support to staff who are diagnosed or supporting people with cancer.

Staff support

- The dementia team offer support and advice to staff who may be carers to family and friends outside of work.
- Working in partnership with Action on Hearing Loss hold monthly surgeries for staff that require support.
- Audiology services are on hand to offer support to staff with hearing impairments.
- The Chaplaincy services are available to support staff with pastoral issues, for example following the Manchester bombings. Worship and prayers services take place regularly for all faiths including Muslim, Christian and Hindu. The facilities remain open at all times for to access if staff require a quiet space for contemplation.
- In-house Royal National Institute for the Blind (RNIB) Liaison officer available to offer support to staff with visual impairments.
- Staff have access to the podiatry service that is run by the Trust.



4. Our patients

An analysis of the Trusts patient profile is offered below benchmarked against the local Bolton resident population.

A total of 203,471 patients were seen many of which were seen more than once amounting to 342,320 appointments sent out in 2018-19.

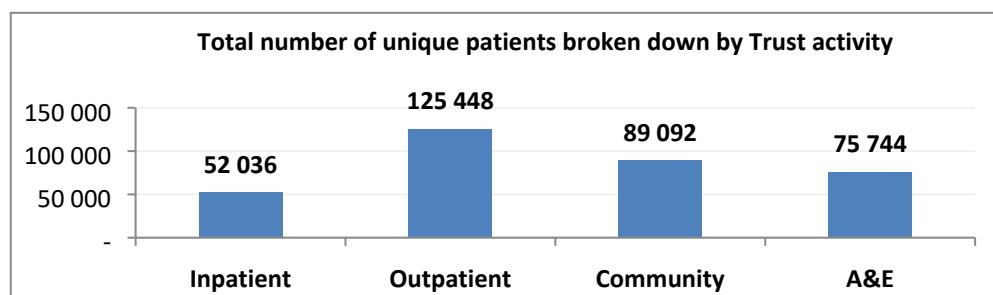
4.1 Bolton Overview

Total Population

Bolton has a resident population of 276,786 residents according to the Census of 2011. Mid-2016 estimates the population to have grown to 283,100 residentsⁱ.

Deprivationⁱⁱ

- 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. Rates of sexually transmitted infections and people killed and seriously injured on roads are lower than average.

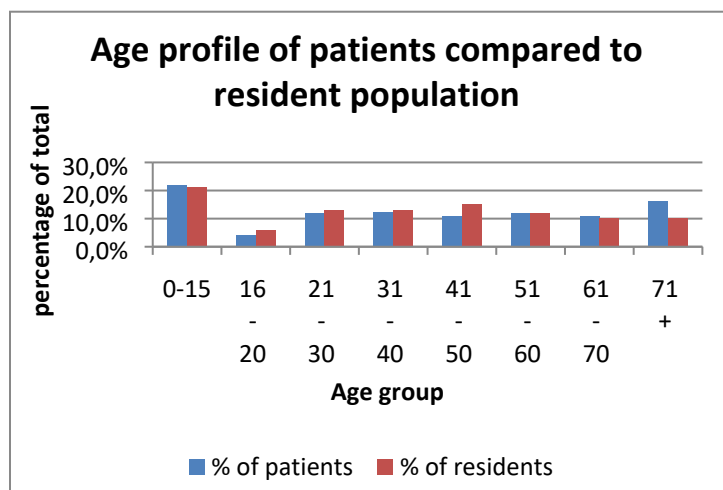


- A breakdown of Trust activity shows a total of 36% (125,448) of patients used outpatients appointments, followed by 26% (89,092) community services, 22% (75,744) Accident and emergency and lastly 15% (52,036) Inpatient services
- Patients failed to attend 18% (37,065) of the total amount of appointments, amounting to 40,159 missed appointments

4.2 Age

Refers to a person belonging to a particular age (e.g. 42 year olds) or range of ages (e.g. 21 - 30 year olds).

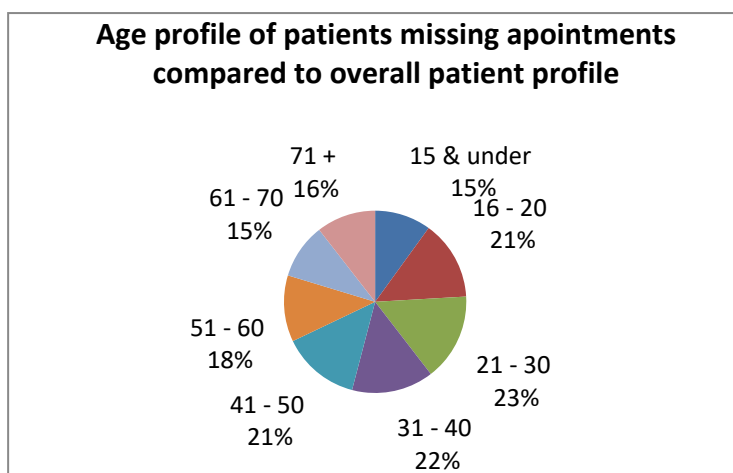
The average age of people in Bolton is 38, while the median age is also 38.



Patients aged under 15 years of age have the highest usage of Trust services overall as an age category (22%) followed by patients aged over 70 years (16%). Patients aged 41-50 have the lowest rates of usage when compared to the local population.

There are age differences in the usage of services by type of Trust activity accessed. Patients aged under the ages of 15 are the highest users of community services (28%) and

Accident and Emergency (24%). The most frequent users of inpatient services (22%) and outpatients (20%) are by patients aged over the age of 70.



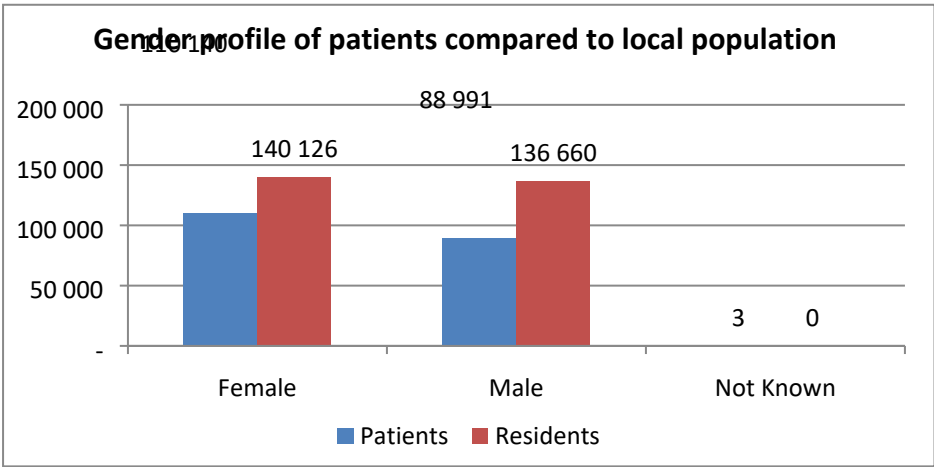
Patients aged 21-30 have the highest rates of missed appointments (23%) whilst patients aged 61-70 are least likely to miss appointments (15%).

Differences are noted however in the rates of missed appointment by type of Trust activity. Patients aged under the age of 20 have the highest rates of missed community appointments (24%) followed by patients aged over 71 (15 %) whilst patients aged 21 to

30 have the highest rates of missed outpatients appointments (17%) followed by patients aged 31-40 (16%) and 15 and under (15%) .

4.3 Gender

Refers to the sex of a person i.e. man or woman.



There is an almost equal 50/50 split between men and women residing in Bolton which is in parallel to the regional figures. However the Trusts patients profile indicates more women access services (55%) compared to the local resident population (51%).

- Comparison against type of Trust activity accessed shows similar gender differences although a higher proportion of male patients are accessing Accident & Emergency services (51% male compared to 49% female) whilst females are much more likely to access Inpatients, outpatients and community services compared to males.
- Almost equal numbers of male (18.50%) and female (18%) patients missed appointments.

4.4 Ethnicity

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

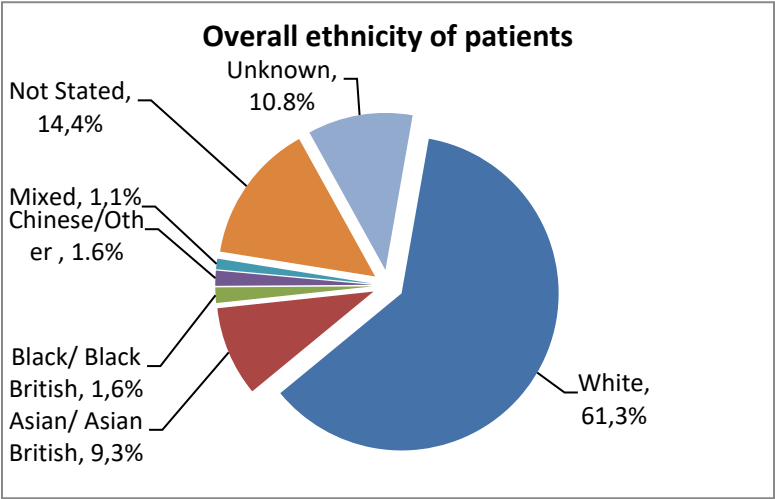
Bolton has a rich cultural diversity and recent migration has seen changes to the makeup of the local community due to an influx of Asylum Seekers (as Bolton is an asylum dispersal area), Refugees including those entering through the gateway programme and Eastern European migrants. Some new communities include an increase in Somali, Kurdish, Polish and other Black communities and Eastern European communities some of which are not native speakers and may have migrated from other countries such as South Asia. The usage of interpretation and translation services highlighted in this report lends itself as evidence of this change. The census 2011 data used to compile this report does not take account of the change in demographics. Community engagement will allow an improved appreciation of issues pertinent to communities.

According to the 2011 census 87% of people living in Bolton were born in England.ⁱⁱⁱ

The largest minority ethnic group in Bolton is Indian making up 8% of the population. (This was almost four times larger than the national average at 2.5%). Bolton also has the third

largest Indian population in the North-West, and the 17th largest in the country. Pakistani was the second largest minority group, making up 4% of the population. Estimates suggest that by 2025, 25% of the population will be BME.

The Bangladeshi, Chinese and Asian Other populations remained quite small 0.2%, 0.5% and 1% respectively which has increased significantly since the last census.^{iv}

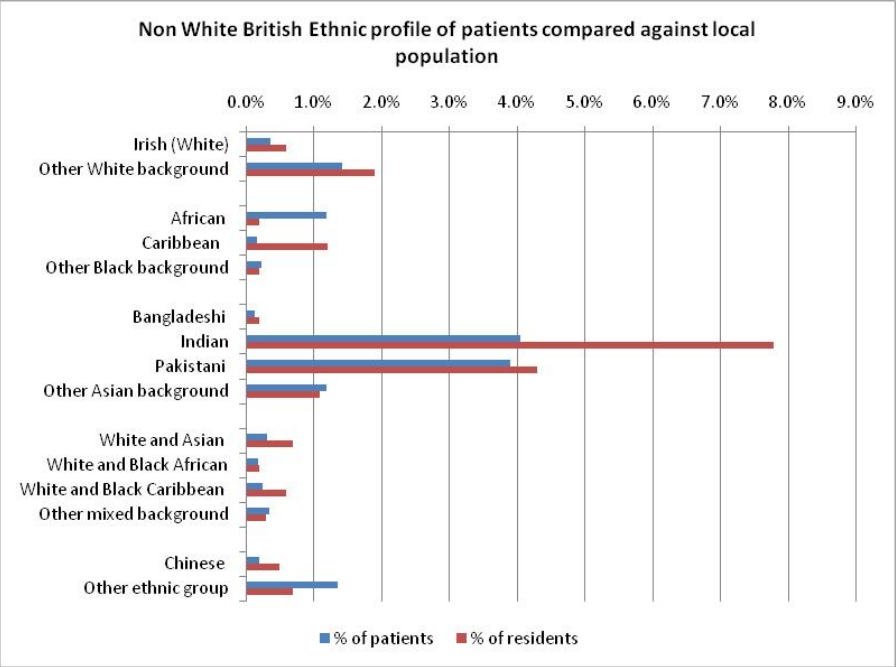


13.5% (27,456) of patients are from Black and Minority Ethnic (BME) backgrounds compared to 18% of the local population indicating lower usage. However the Trust delivered services to 3594 more BME patients compared to last year. Patients who identify as Asian or Asian British make up the largest BME group (9%).

The vast majority of patients are White (61%) although a much higher percentage 82% make up

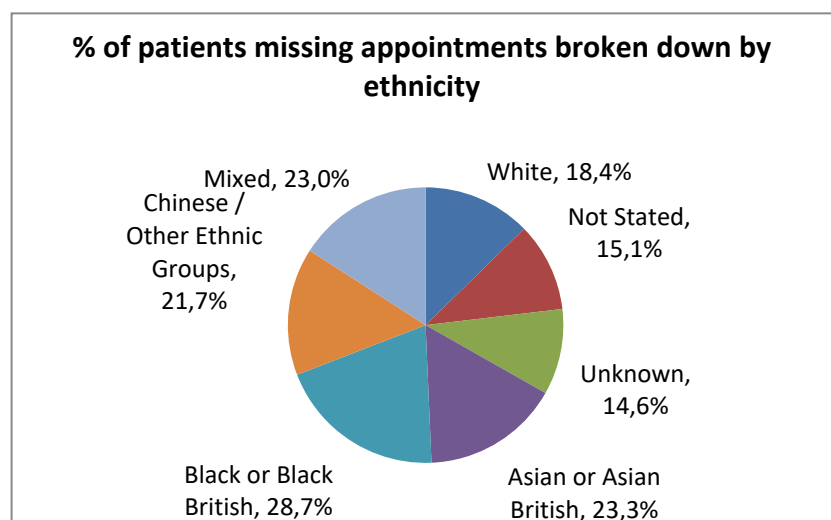
the local resident population again indicating lower usage.

14% of patients have stated they do not wish to disclose their ethnicity. 11% of ethnicity data is not recorded. Community services have the highest percentage rates of data not recorded (11%). The biggest improvements in data capture can be seen from accident and emergency which is gone from 11.8% of data not being recorded to 0.85% in this financial year.



A detailed breakdown of ethnic group data indicates there are visible differences in the usage of Trust services when comparing with local population. Indian, Pakistani followed by Other White backgrounds are the largest users of Trust services although the usage is lower than the resident population. This is consistent with the demographics of Bolton as the largest groups making up the resident population.

The groups indicating higher disproportionate usage when compared to the resident population are from African, other ethnic group, other Black background, other Asian background and other mixed background. This is expected due to the recent change in demographics on people residing from other countries whilst the data used to conduct the analysis is from the 2011 census.



Black communities have the highest rates of missed appointments when compared to all other ethnic groups (29%) followed by mixed communities (23%). Within each ethnic group the sub-groups more likely to miss appointments are Pakistanis (25 %) Caribbean (28%) Other Ethnic Groups (23%) White and Black Caribbean (28%) and White Irish communities (22%). Further engagement is required to understand the reasons why

such as barriers to access.

4.5 Religion and Belief

Covers non-belief or a lack of religion or belief.

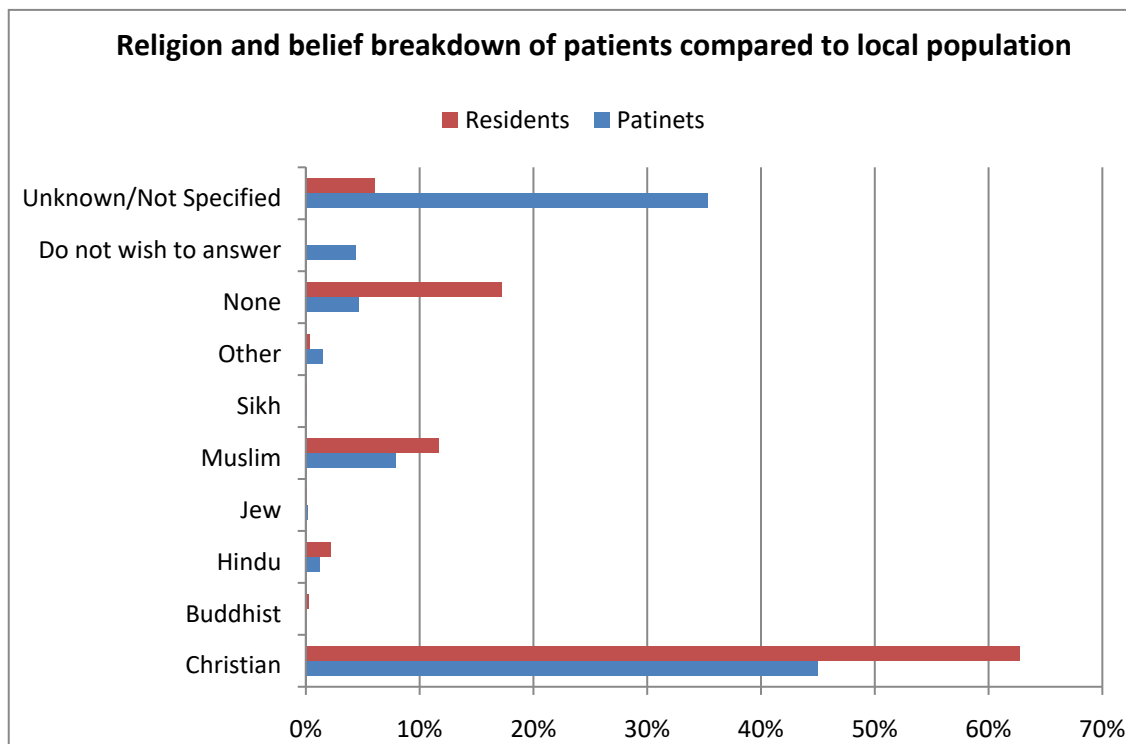
There are notable differences when comparing Bolton population profile against the regional Greater Manchester data. Bolton has a higher representation of Hindu residents (2.6% compared to 1% regionally) Muslim residents (11.7% compared to 9% regionally). Meanwhile Bolton has a lower presentation of Jewish residents (0.6% compared to 1% regionally) and 17% of Bolton residents identify as having no religion compared to 21% regionally.

The majority of Muslim residents reside in parts of Crompton and Rumworth, as well as parts of Great Lever, Farnworth and Halliwell. Parts of Crompton and Rumworth for instance

had up to 75% of their population stating they were Muslim in 2011. Smaller numbers however were spread across the borough, with every ward in the borough having at least a small number of Muslims residents^v. Hindu residents follow a similar pattern.

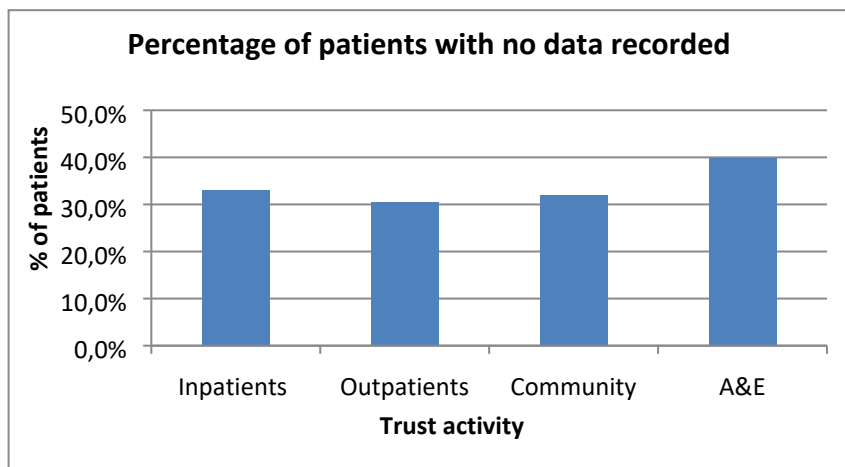
A total of 35 religions were recorded.

43% of Patients are Christian making up the majority religion although their usage is lower when compared to the local population. 53 Christian denominations were recorded where patients had self-classified themselves.



Muslims make up the second largest religious group to access services (7.8%) which is expected as they make up the second largest religion locally. This lower usage may in part be due to the presence of new and emerging communities many of which have migrated for work purposes, are of a younger age group and healthy and fit to work with less reliance on health services. Hindu patients are also less likely to access Trust services (1.2%) when compared to the local population (2.16%) as are those who state not to follow any religion or belief.

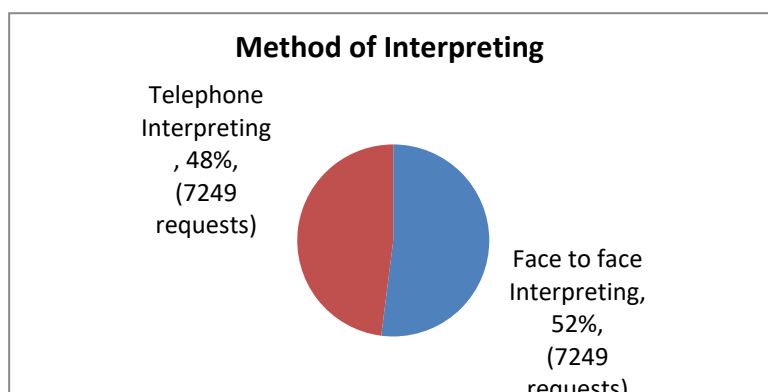
A considerable third of patients have no religion and belief recorded (37%). The lowest rates of recording are by the accident and emergency department.



When compared with overall Trust profile, Christians are most likely to miss appointments (43%) followed by patients with no data recorded (37%) and lastly Muslim patients (7.8%).

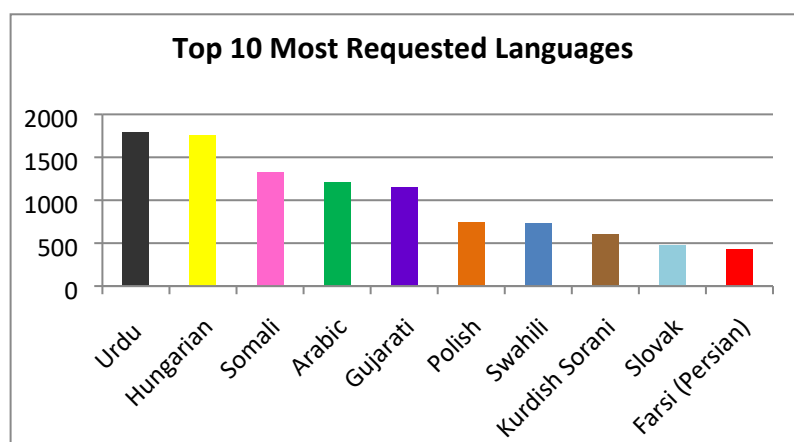
4.6 Interpretation and Translation

A total of 72 different languages and dialects requested by patients using Trust services. A total of 318 British Sign Language interpreting assignments were supported. 1 requests for translation of documents in different languages was requested



There were a total of 14,009 interpretation requests both over the phone and face to face which is 32% lower than last years figure at 20,660. The majority of assignments were provided face to face (52%) which is the opposite to last years figures were telephone interpreting was most frequently used making up 56% of usage compared to 48% this year.

Further investigation is required to understand these differences.



The top 10 languages overall are listed below showing Urdu is the most requested languages overtaking Arabic in last years figures. Overall the top 10 languages requested last year remain unchanged.

It is important to note the total usage of Urdu, Punjabi, Gujarati and Hindi is not listed below and will be much higher as in house interpreting services are provided

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

All services have access to interpreting and translation services to ensure the communication and information needs of patients are met. Patient information is readily available in different languages and formats upon request. Formal contracts are in place with various service providers namely Language Line. Over 200 languages can be catered for. British Sign Language (BSL) interpreters are also available through a contract secured with the Deaf Resource Centre. The external contractors are also able to provide lip speakers, Deaf relays, Note-takers, Speech to text operators and Deaf blind Interpreters.

The service is reviewed on a regular basis through the Equality & Diversity Steering Group to ensure it continues to meet the needs of patients and staff. The Trusts patient recording system records details of patients' needs such as language and translation, use of hearing aids etc.

Table: Total number of face to face and telephone interpretation requests by language

Urdu	1793	Amharic	95	Dinka	7
Hungarian	1758	Vietnamese	95	Thai	6
Somali	1320	Cantonese	91	Armenian	5
Arabic	1207	French	88	Kurmanji	5
Gujarati	1152	Turkish	83	Sinhalese	4
Polish	741	Bulgarian	77	Croatian	3
Swahili	735	Italian	74	Mandingo	3
Kurdish Sorani	604	Slovene	66	Sindhi	3
Slovak	474	Hindi	52	Dutch	2
Farsi (Persian)	428	Kinyarwanda	47	Fulani	2
Oromo	333	Kurdish (Kurmanji)	45	Hebrew	2
Portuguese	327	Ukrainian	38	Mongolian	2
Romanian	310	Tamil	29	Behdini	1
Czech	290	Swahili (Congo)	26	Estonian	1
Punjabi	196	Burmese	21	Haitian creole	1
Mandarin	180	Lingala	21	Kirundi	1
Albanian	167	Kurdish (Bahdini)	18	Luganda	1
Pushtu	158	Dari	16	Maay	1
Bengali	147	Sudanese Arabic	16	Mirpur	1
Tigrinian	132	Nepalese	12	Rundi	1
Cantonese	131	Greek	11	Sylhetti	1
Russian	112	Latvian	11	Tigre	1
Spanish	111	Bosnian	10	Yoruba	1
Lithuanian	98	Portuguese Br	8	-	-

4.7 Disability

The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. This includes physical and sensory impairments, learning disabilities, long term health condition such as, diabetes, heart disease, cancer, people experiencing mental and emotional distress and those with a learning difficulty such as dyslexia.

Trust patient profiling data is currently unavailable due to limitations with the data collection systems. Patient's communication needs are identified within case records however.

- In the 2011 census, 19.8% of adults declared a long term illness, health problem or disability which is higher than the national average at 16.2%. ^{vivii}
- 30,649 (11%) people in Bolton stated they had caring responsibilities according to the 2011 census.

Hearing loss

- 16.3% of total population nationally have measurable hearing loss. That works out at around 1 person in 6 ^{viii}
- More than 40% of people over 50 years old have hearing loss, rising to 71% of people over the age of 70.^{ix}
- 2 million people wear hearing aids but only 1.4 million use them regularly. Around 6.7 million people could benefit from hearing correction.^x
- 2 million people in the UK have a sight loss. Every day 250 people start to lose their sight in the UK.

Sight impairments

- 2 million people live with sight loss nationally.
- One in five people aged 75 and over are living with sight loss; one in two people aged 90 and over are living with sight loss^{xi}
- Nearly two-thirds of people living with sight loss are women.
- People from BME communities are at greater risk of some of the leading causes of sight loss.
- Adults with learning disabilities are 10 times more likely to be blind or partially sighted than the general population.

Other disabilities

- Over 3000 residents are estimated to have dementia.
- At any given time 24,000 people are registered with depression. Depression is more common in the most deprived 20% of the local population, in the Pakistani population, and in the disabled and LGB populations.^{xii}
- There are approximately 2.6% (5,586) adults with learning disabilities in Bolton.

4.8 Sexual Orientation

Sexual orientation is the term used to describe the biological sexual preferences of individuals.

Sexual orientation is the term used to describe the biological sexual preferences of individuals.

- It is estimated that the LGBT community make up 6% of the population in Greater Manchester.
- Nationally, lesbians, gay men and bisexual (LGB+) people make up 5 – 7% of the UK population.
- It is estimated that 1 in 15 people living in Great Britain identify as LGB+1.3% live with a partner of the same sex.

4.9 Transgender population profile

Sex is the biological difference between men and women. The term gender refers to the differences between men and women that are social rather than biological. It is generally assumed that someone's gender follows on from his or her biological sex and leads to a set of expectations. The term transgender refers to someone who considers that they do not identify with the gender that was assigned to them at birth.

Local Population Data

Data reflecting the number of transgender people in the UK is extremely limited. About 1 in every 11,500 people in the world are transsexual (DoH).

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^{xiii}. 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.

5. Patient Experience

Recommendations – 2019/ 2021

On a four yearly basis the Trust is required to refresh its equality objectives making use of the key equality data highlighted in the annual compliance reports.

The data analysis conducted in this report makes the following key recommendations to be considered as part of the review and refresh of the Trusts EDI objectives which will allow the Trust to demonstrate progress against its key outcomes on this agenda.

- Strengthened community engagement across all protected groups through the development of community partnership to scrutinise, inform and influence Trust policies, practices and service redesigns.
- Identify EDS2 objectives for review, collate evidence with involvement from divisions and hold stakeholder events with patients and staff.
- Identify and train equality champions and Co-ordinators across the Trust to support local implementation and corporate returns. Role is to ensure key EDI messages are considered in planning, decision making and service delivery. To also act as single point of access for collation of data for EDS2 and other EDI related activity.
- Review the current Equality Impact assessment templates, process and framework, ensuring due regard is given to meeting people's needs in policy making, service planning and delivery, modernisation and project development. Support learning by offering training.
- Conduct equality impact assessment of complaints and PALS service to review accessibility. Identify ways to effectively use patient experience data to inform good practice and areas for improvement.
- Improve collection of equality data, ensuring staff awareness and training is in place to reduce number of unknown fields.
- Roll out Accessible Information Standard including review of processes, systems and provision available to meet the information and communication needs of patients with disabilities. . Includes development required to identify, flag and share needs within electronic systems and manually and structures in place to respond to needs including communication support, communication professional, contact method and information format. To be supported by a programme of staff training and awareness raising.
- Conduct accessibility audits with a view to ensure appropriate access and communication methods are in place.

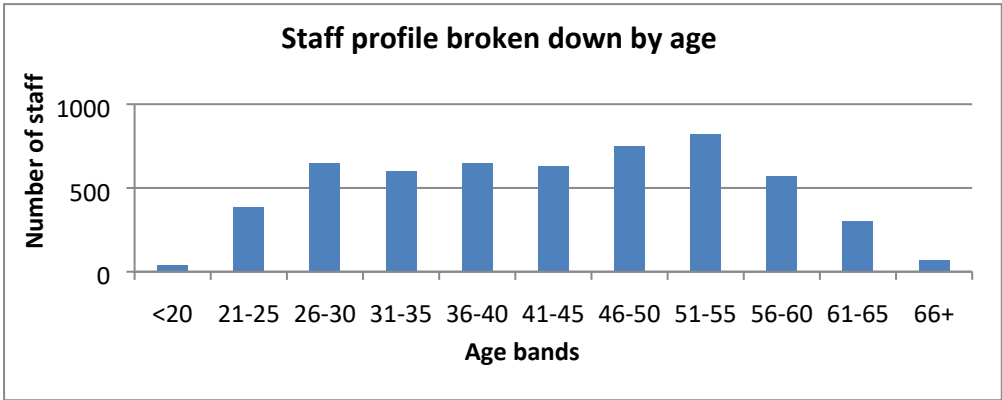
- Implement the sexual orientation monitoring standard within new patient data recording systems e.g. EPR. To be supported by education and training.
- Ensure effective implementation of the new Interpretation and Translation contract. Review usage across the Trust and by divisions and services to ensure appropriate methods are utilised and barriers are overcome.
- Develop a suite of training for staff delivered by subject matter experts to better equip staff with knowledge and skills to care for patients and support staff with protected characteristics.
- Produce tools and resources to better support staff to deliver patients centred care specific to the needs of people with protected characteristics e.g. equality events calendar, disability support toolkit, intranet resources etc.
- Increased focus and celebration of key national equality events throughout the year to educate, inform, inspire and value diversity e.g. Equality, Diversity and Human Rights Week.
- Review Equality and diversity and Inclusion external website to allow greater awareness and transparency.
- Updated & review the Trust's current equality objectives in light of the key recommendations from this report to ensure that they are effective and fit for purpose.
- The Equality, Diversity and inclusion Steering Group to undertake a review of the Trust's current action plan in light of this paper and develop a final list of key recommendations and objectives.

6. Our Workforce

6.1 Age

Refers to a person belonging to a particular age (e.g. 42 year olds) or range of ages (e.g. 21 - 30 year olds).

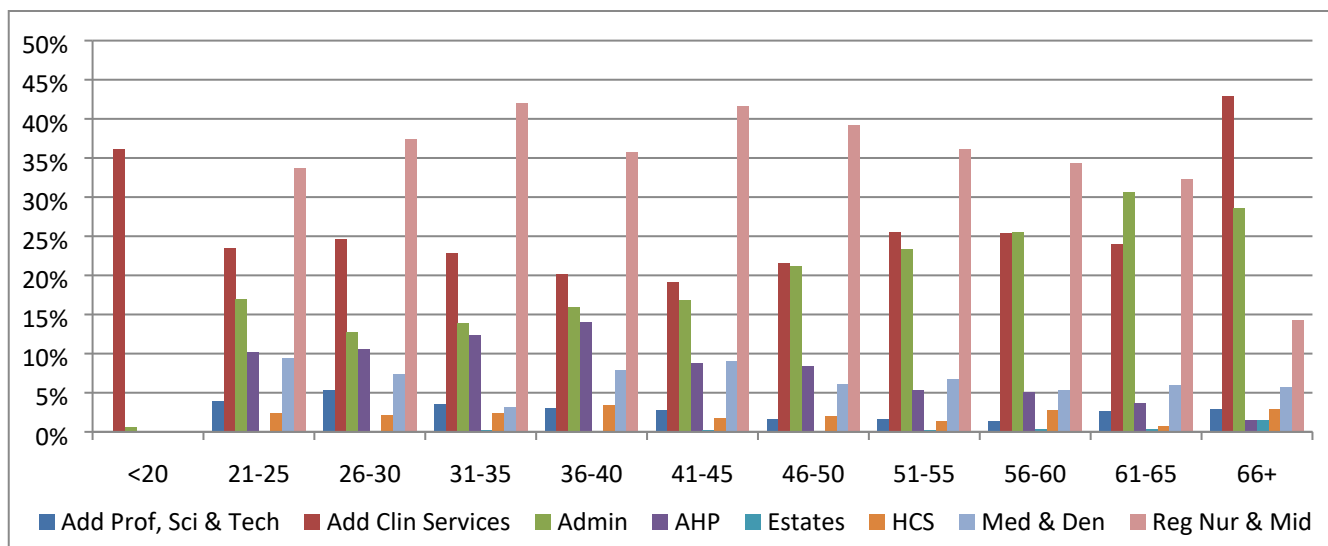
The Trust has an ageing workforce with 58% of its staff aged over the age of 40 years. An older workforce requires the continuing development of health and wellbeing initiatives and a consideration of flexible working and caring responsibility requirements.



The Trust has an overall good representation of staff across all working age groups but reduces after the age of 60 years, with the highest number of staff being in the age group 46-55.

Given the basic skill and education standards required for a number of posts, this data profiling is expected. A low 7% are aged under 25 years of age although an increase from last year from 3%.

60% of band 1 and under positions are held by staff aged 20 years. However, there is work being undertaken to look at more training posts across the organisation and apprenticeship schemes for people aged under 20 who are largely under represented(60%).

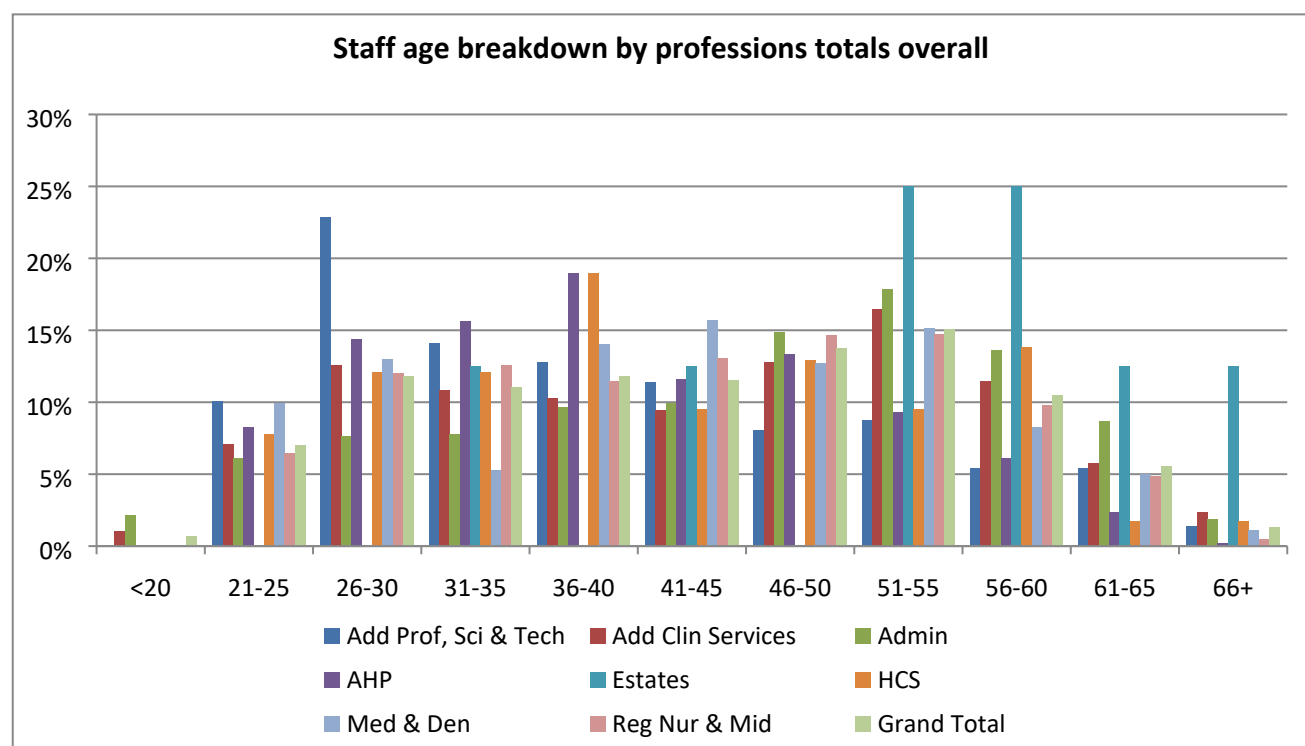


Cross representation across all professionals exist although staff aged under 20 years and over 66 are predominantly represented in additional Clinical services. Staff aged over 55 have the highest representation in administration posts.

Allied health professionals positions have a younger representation predominantly held by staff under the age of 40 years (57%).

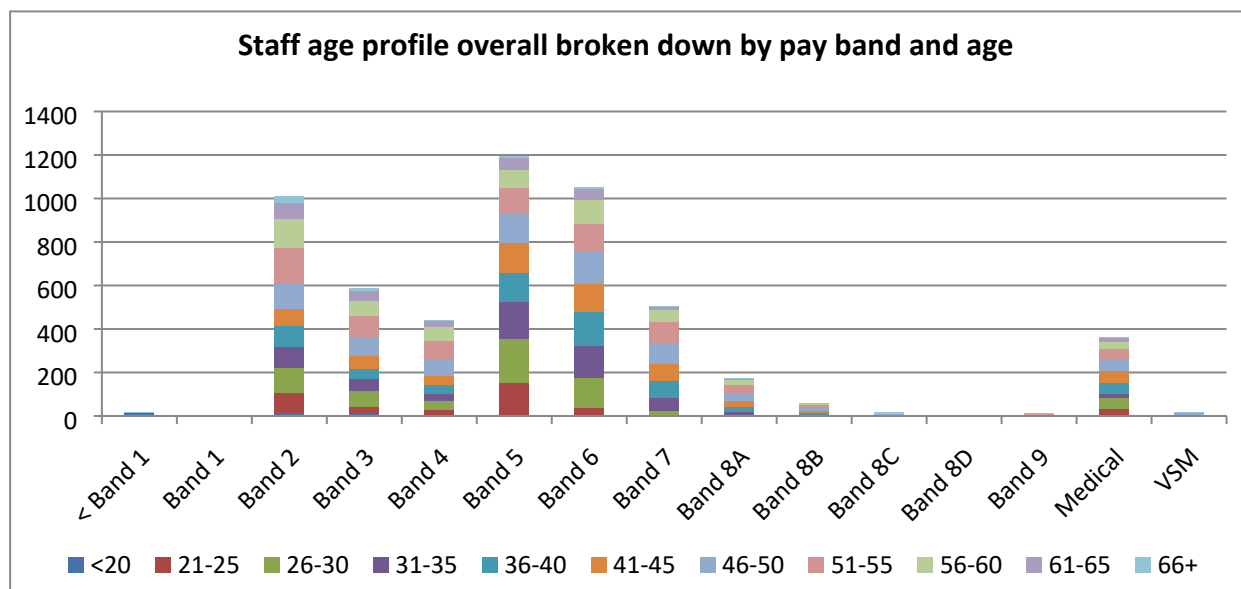
Staff aged 50 to 59 have high representation in in Estates (67%).

Registered nursing and midwifery, Medical and Dentistry and Estates have good representation for all age groups.



Nursing and Midwifery is the largest professional group making up 37% (2008) of the Workforce. Nursing and midwifery has seen an increase in staff aged under the age of 40 from 36% last year to 42% which lends its way to reduce the shortage and is down to active recruitment campaigns.

Additional Clinical Services is the next largest staff group making up 23% (1,268) of the total workforce. Similarly this occupational group is also predominantly made up of staff aged over 40 years of age (57%).



There is good representation of staff of all age ranges in Band 7 to band 8B although all banding above that are held by staff aged 40 plus which is expected due to the level of experience and achievement required to hold senior positions.

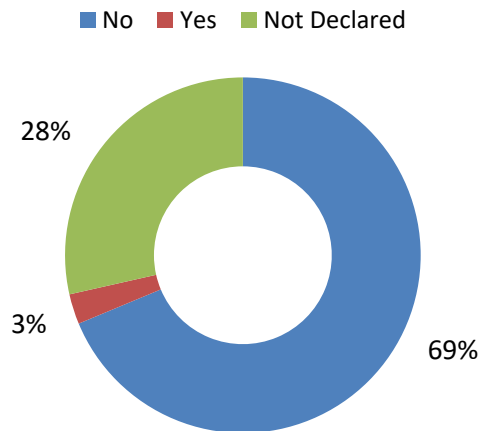
Although the Trusts receives applications from all staff groups people aged under 20 (14.65%) and aged 65 plus (15.79%) have remained as the age group least likely to be appointed from shortlisting. Applicants aged 60-64 have the highest success rate (26.38%).

6.2 Disability

The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. This includes physical and sensory impairments, learning disabilities, long term health condition such as, diabetes, heart disease, cancer, people experiencing mental and emotional distress and those with a learning difficulty such as dyslexia.

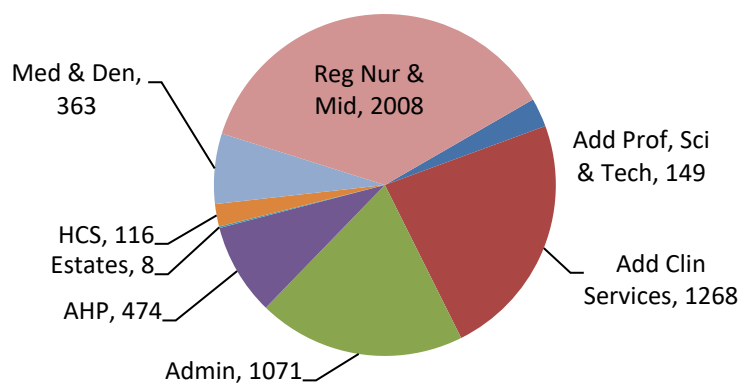
The proportion of staff with a disability (3%) is much lower when compared to the local population (19.8%) and staff survey declaration at 17%. The staff survey has a more

Disability



inclusive question which groups disability, long standing illness or health problem together which staff may better identify with. The level of non-disclosure within the Trust has decreased by 3% to 28% which remains relatively low across most disciplines with the highest rates of non-disclosure resting with Nursing and midwifery at 38%.

Percentage of staff with a disability by occupation

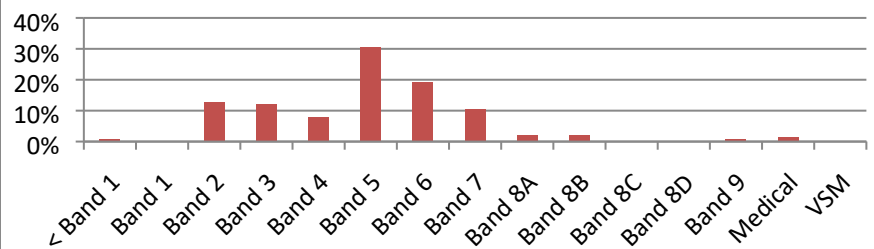


The highest representation (38%) of people with a disability are in Nursing and Midwifery posts followed by Additional Clinical services (22%).

The highest concentration is in Band 5 and band 6 positions (31% and 19% respectively) and have less visibility in positions above band 8.

In the staff survey when asked whether adequate reasonable adjustments have been made an increasing amount of staff agreed with this statement rising from 71% to 74% in this reporting period.

Disabled staff representation by banding



Recruitment and selection data continues to show applicants declaring a disability have a lower chance of being recruited as 11.83% compared to 17% of candidates with no disability although this is a slight improvement from the previous year's figures. Concerning

is the fact that figures show staff with a disability are this year more likely to leave the Trust (11% compared to 9% in the previous reporting year).

In light of the recent mandated Workforce Disability Equality Standard focus is required to improve the level of self-declaration to make any meaningful comparisons possible. The associated action plan to improve recruitment, retention and reward of staff commit to action which will help to reduce this disparity.

6.1.1. Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is a set of mandated specific measures (metrics) that has enabled NHS organisations to further compare the experiences of disabled and non-disabled staff. These findings have allowed an action plan to be developed to improve scores and can be found on the trust website.

This is the first year that the WDES has been produced and as such, there is no comparator from previous years.

Total number of staff : 5457
Proportion of Disabled staff employees: 2.75% whilst the NHS Staff Survey shows 17%.
The proportion of staff who have self-reported their disability: 71.47%.
Percentage of staf in each AFC pay bands or medical and dental sub groups or VSM Workforce analysis shows that the majority of Disabled staff are clustered at Bands 1 to 8a. <ul style="list-style-type: none"> • 38 non-clinical members of staff declared a disability, of these 92% were in bands 1-7 and 8% are in bands 8a+ • 112 clinical members of staff declared a disability 95% of these staff are in bands 1-7 and 5% are in bands 8a+.
Relative likelihood of staff being appointed from shortlisting across all posts. 1.41
Relative likelihood of disabled staff compared to non-disabled staff entering the formal disciplinary process: Data currently not available
Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: <i>i: Patients/their relatives/Public : 34%</i> <i>ii: Managers: 10%</i> <i>iii: Other colleagues: 20%</i> Higher than other Trusts in our comparator group in Greater Manchester
Q14. Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion: Disabled: 85% / Non-Disabled : 89%

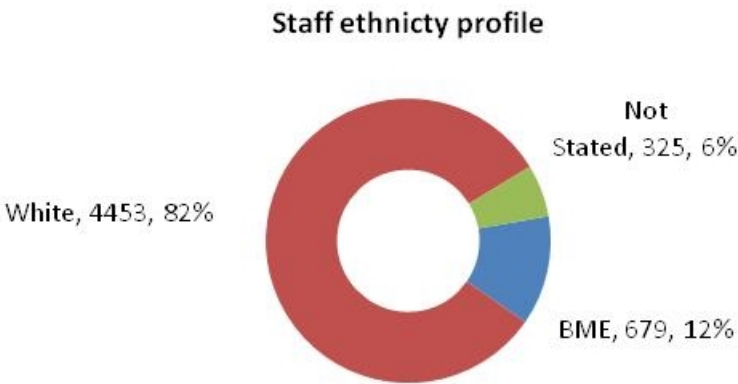
Q13. b) Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.: Disabled: 68% / Non-Disabled : 50%
Q11. Percentage of Disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties: Disabled: 27% / Non-Disabled : 19%
Q5. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work: Disabled: 47% / Non-Disabled : 57%
Q28. b) Percentage of disabled staff saying their employer has made adequate adjustment(s) to enabled them to carry out their work: 74%
The staff engagement score : Disabled: 7.1 / Non-Disabled: 7.4 The Trust score higher than most GM trusts for disabled staff engagement.

Please see page 8 for achievements made against the WDES

6.3 Ethnicity

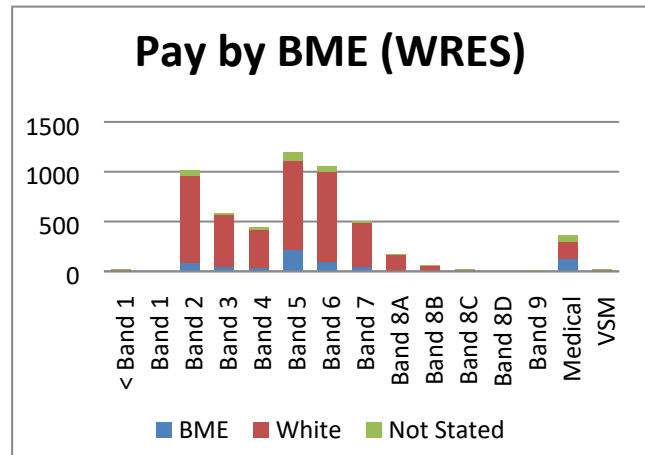
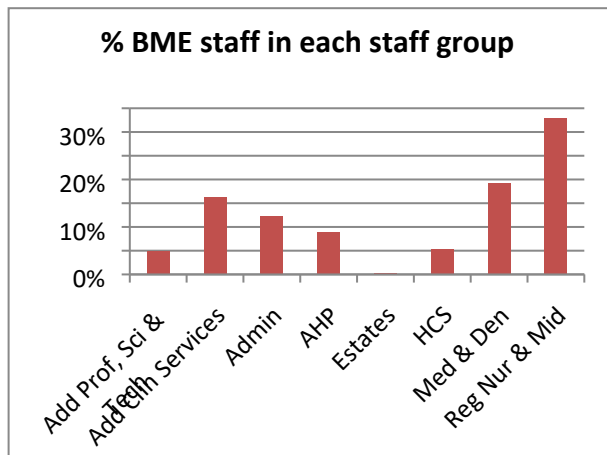
Refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

The Trusts staff profile continues to have the same reflection of White representation than the local demographic of the people that it serves (82%). Comparison against sub categories within i.e. White Irish and White other is required to identify any differences based on culture and identify for example.



18% of the local population identify as Black and Minority Ethnic (BME) compared with a consistent 12% representation based on last years figures. However the overall headcount has increased. The local demographic has a large variation in BME representation but a further breakdown of main ethnic groups is not available to identify any under representation within groups but

should be considered in future reports.



6% of staff continue to choose to not state their ethnicity, with the majority in Nursing and Midwifery posts (35%). For those that do the majority (33%) are in Nursing and Midwifery posts, followed by Dentistry and Medical (19%) and Additional Clinical Services (16%).

The highest concentration of BME staff continue to be in Band 5 positions (33%) and medical and dentistry (19%) followed by Band 6 (14%) and Band 2 positions (13%). Ethnic diversity reduces in Bands 8 and onwards.

Trust figures also show a positive reduction in the overall percentage of BME leavers from 16% in the previous reporting year to 9% this year showing a marginal difference when compared with their white counterparts.

The Workforce Race Equality Standard (WREs) data shows a positive reduction in BME disciplinarys and discrimination from managers and colleagues. However a deterioration is shown in the likelihood of being appointed from shortlisting, access to CPD and opportunities for career progression and promotion, considerably higher comparative rates of experiencing bullying and harassment from patients, relatives and the public (from 20% to 42%) as well as bullying and harassment from staff.

The comprehensive WRES action plan commits to a series of actions focused on targeting and improving recruitment, engagement and development opportunities.

6.3.1. Workforce Race Equality Standard

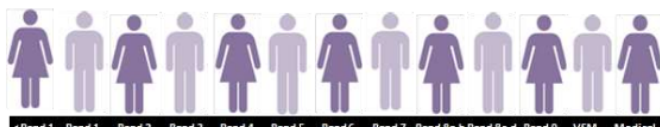
This is a summary of the 2018 WRES submission results which includes an intensive analysis of data to identify any differential outcomes for BME staff.

Please see Bolton NHS Foundation Trust website for the WRES Action plan. This plan details the long term detailed objectives to allow a realistic timeframe to appreciate improvements. This will include focus on recruitment and selection practices, improved

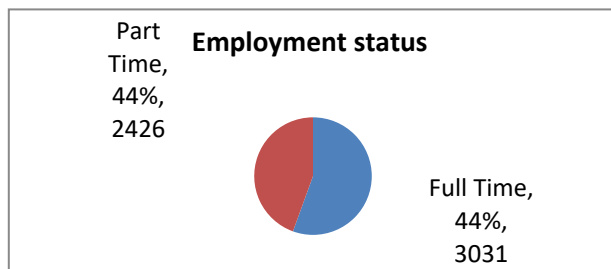
promotions opportunities, staff training and awareness and focus on disciplinary practices to mention a few.

For details of progress against the WRES action plan please see page 9.

Current scores compared with previous year

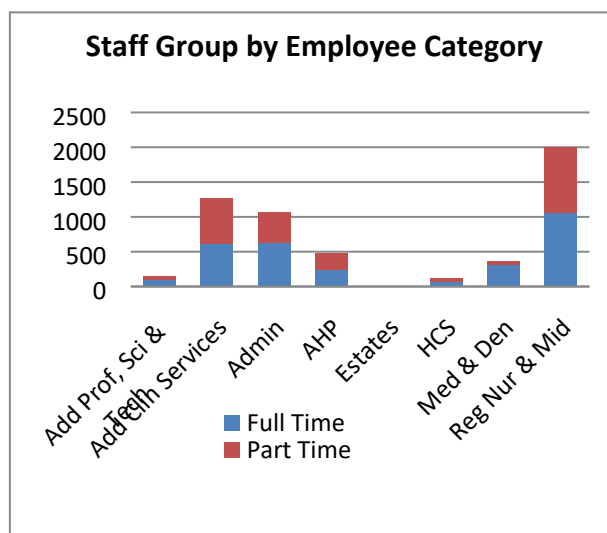
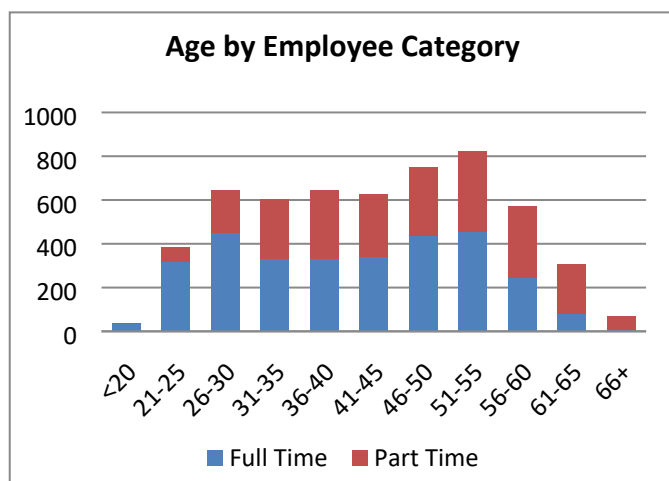
Indicator	Findings	Comparison with previous year																																																								
Indicator 1 :Percentage of staff in each of the AFC bands 1-9 and VSM																																																										
<div><table><thead><tr><th></th><th>< Band 1</th><th>Band 1</th><th>Band 2</th><th>Band 3</th><th>Band 4</th><th>Band 5</th><th>Band 6</th><th>Band 7</th><th>Band 8-a-b</th><th>Band 8-c-d</th><th>Band 9</th><th>VSM</th><th>Medical</th></tr></thead><tbody><tr><td>BME Non-Clinical</td><td>0.06%</td><td>0.04%</td><td>0.45%</td><td>0.28%</td><td>0.34%</td><td>0.13%</td><td>0.04%</td><td>0.02%</td><td>0.02%</td><td>0.00%</td><td>0.00%</td><td>0.02%</td><td>-</td></tr><tr><td>BME Clinical</td><td>0.02%</td><td>0.00%</td><td>1.06%</td><td>0.57%</td><td>0.38%</td><td>3.27%</td><td>1.57%</td><td>0.76%</td><td>0.11%</td><td>0.00%</td><td>0.00%</td><td>0.00%</td><td>2.49%</td></tr><tr><td>Overall BME</td><td>0.08%</td><td>0.04%</td><td>1.51%</td><td>0.85%</td><td>0.72%</td><td>3.40%</td><td>1.60%</td><td>0.77%</td><td>0.13%</td><td>0.00%</td><td>0.00%</td><td>0.02%</td><td>2.49%</td></tr></tbody></table></div>				< Band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8-a-b	Band 8-c-d	Band 9	VSM	Medical	BME Non-Clinical	0.06%	0.04%	0.45%	0.28%	0.34%	0.13%	0.04%	0.02%	0.02%	0.00%	0.00%	0.02%	-	BME Clinical	0.02%	0.00%	1.06%	0.57%	0.38%	3.27%	1.57%	0.76%	0.11%	0.00%	0.00%	0.00%	2.49%	Overall BME	0.08%	0.04%	1.51%	0.85%	0.72%	3.40%	1.60%	0.77%	0.13%	0.00%	0.00%	0.02%	2.49%
	< Band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8-a-b	Band 8-c-d	Band 9	VSM	Medical																																													
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BME Clinical	0.02%	0.00%	1.06%	0.57%	0.38%	3.27%	1.57%	0.76%	0.11%	0.00%	0.00%	0.00%	2.49%																																													
Overall BME	0.08%	0.04%	1.51%	0.85%	0.72%	3.40%	1.60%	0.77%	0.13%	0.00%	0.00%	0.02%	2.49%																																													
Indicator 2: White staff are 1.53 times more likely to be appointed form shortlisting than BME staff. Worse score from 1.4 being a higher than the national average of 1.45.																																																										
Indicator 3: BME staff are 1.59 times more likely to enter the formal disciplinary process than White staff. Improved score from 1.82 however this is worse than the national figure of 1.24. A score of 1.0 indicates equity.																																																										
Indicator 4: BME staff are 0.9 times more likely to access CPD than white staff. Slightly worse score than last year at 0.95																																																										
Indicator 5 : 42% of BME staff reporting bullying and harassment or abuse from patients, relatives or the public in the last 12 months compared to 21% of White staff . Worse score from 20%																																																										
Indicator 6 : 29% of BME staff reporting experiencing harassment, bullying and abuse from staff in the last 12 months compared to 19% of White staff. Worse score from last year at 27%																																																										
Indicator 7: 75% of BME staff believing the Trust provides equal opportunities for career progression or promotion compared to 90% of White staff. Worse score from 79%																																																										
Indicator 8: 18% of staff report in the last 12 months having personally experienced discrimination at work from managers/ team leaders or other colleagues compared to 5% of white staff. Improved score from 20%																																																										
Indicator 9 : the percentage difference between the organisation board voting membership and its overall workforce is at 5.77% Improved score from -0.39%																																																										

6.4 Employment status



Flexible working options are being applied across all occupational groups and across all age bands with the majority part time working within Nursing and midwifery occupations and age groups above 51 years the Trust has a positive staff survey score of 60% that the Trusts offers opportunities for flexible working compared to the national comparator of 52%.

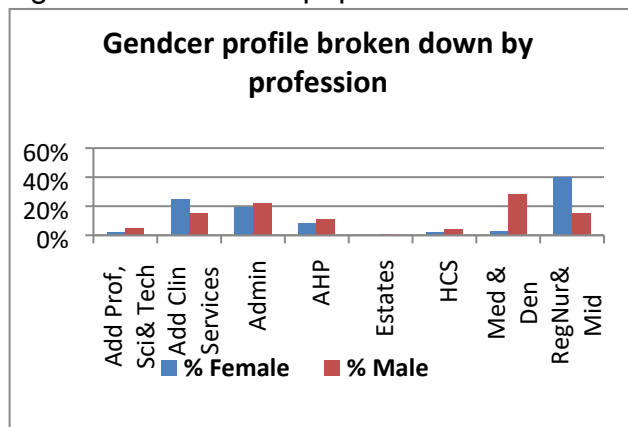
There are still improvements that can be made with the flexible working policy which is currently under review.



6.5 Gender

Refers to the sex of a person i.e. man or woman

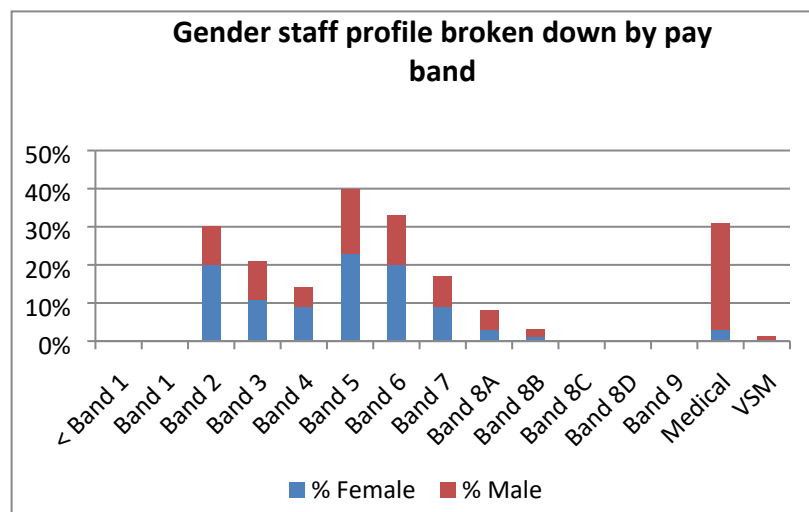
The gender profile of staff continue to remain as predominantly female (87%) and is much higher than the local population rate at 49%. The national NHS workforce data indicates that this figure is the norm and that 77% of the national workforce is female. The Trusts figures are higher in comparison.



The national NHS workforce data indicates that this figure is the norm and that 77% of the national workforce is female. The Trusts figures are higher in comparison.

Estates and Medical and Dentistry continue to employ a higher proportion of males whilst the other occupations have a higher representation of a female workforce in particular Nursing and Midwifery (94%) and

Additional Clinical Services (91%) making these the least diverse.



Analysis of occupational groups shows Female staff have a higher representation in Band 5 (23%), band 6 (20%) and band 2 (20%) positions. Male employees have a significantly high concentration in Medical and Dentistry professions (28%).

The Trusts published its gender pay gap report which is a measure of the difference between the average hourly

earnings of men and women. It is useful to note that compared to all Trusts that reported their data in 2017 Bolton were also mid table placing at 124 out of 204 trusts. The Trust's mean gender pay gap at 25.7 which places the Trust in position 124 out of 204 nationwide. An action plan has been formed to reduce the gender gap with a focus on encouraging women in leadership positions and males into other roles, continue to encourage flexible working, reviewing study leave policy and promotion of clinical excellence awards.

Please see Bolton NHS Foundation Trust website for the gender pay gap report.

The recruitment and selection analysis shows women continue to have a higher likelihood (20%) of being selected than Males (18%) whilst Males are also more likely to leave the Trust (12%) compared to women (9%).

6.6 Transgender

Sex is the biological difference between men and women. The term gender refers to the differences between men and women that are social rather than biological. It is generally assumed that someone's gender follows on from his or her biological sex and leads to a set of expectations. The term transgender refers to someone who considers that they do not identify with the gender that was assigned to them at birth.

There is no census information accurately recording the size of the Trans population in the UK. The number of gender variant people estimated in the UK is to be 500, 000 (Gender Identity Research and Education Society- GIRES) equating to 1% of the total population. Monitoring of the number of Trans people is highly sensitive and strict data protection rules apply to ensure privacy and confidentiality is maintained at all times.

The Trust continues to receive application from Trans Candidates and has supported a number of employees through transition.

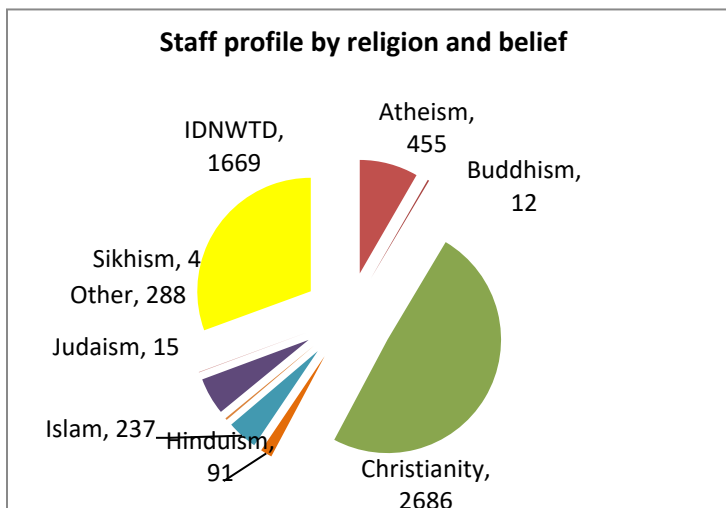
6.7 Maternity, Adoption and Other Leave

Paternity requests are not reported on but will be included in future reports.
Analysis of requests made for maternity and adoption leave shows these are actively being utilised by staff groups across the Trust.

6.8 Religion and Belief

Covers non-belief or a lack of religion or belief.

There is a lower presentation from all the main religions in Bolton apart from Jewish and Buddhist staff which farewell.

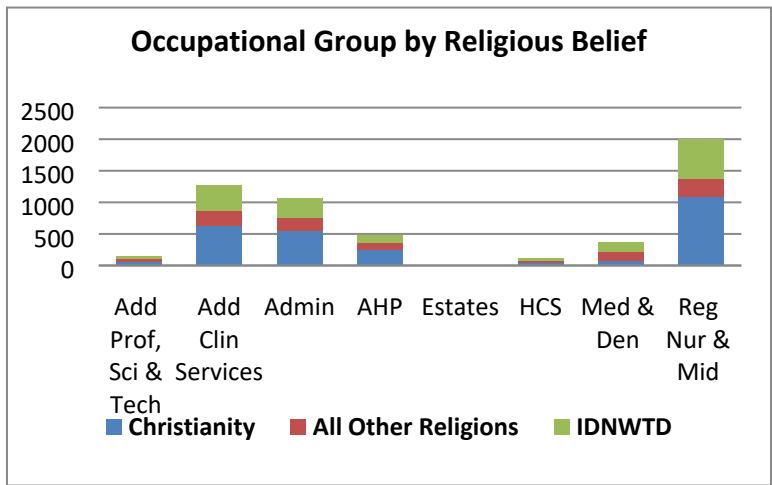


The largest gap in representation is for staff who identify as Christians (49%) compared to the local population (62%) and Muslim staff at an increased 5 % (from 3.87%) compared to 11.7% local population who also makeup the largest residential minority religious group in Bolton.

There has been a slight increase in the number of staff reporting their religion and belief with a rise of 1% from the previous year but still leaving a 31% gap in data. 73% of VSM data is

missing

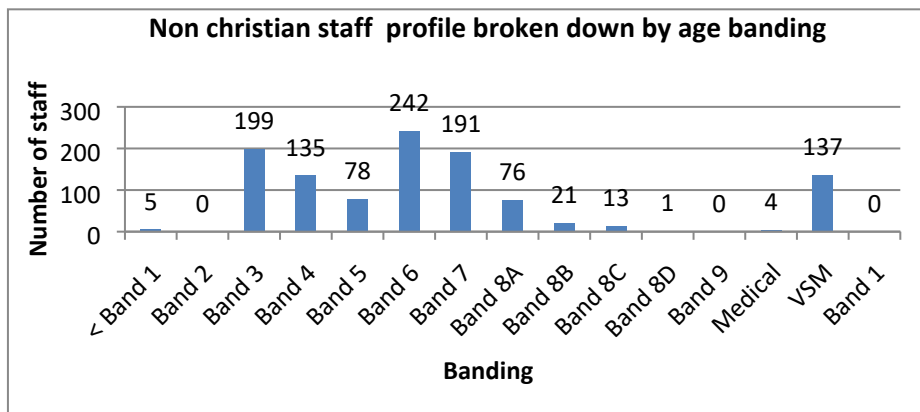
When looking at minority religions, Islam is the second dominant religion followed by Hinduism.



There is most religious and belief diversity in Nursery and Midwifery and Additional Clinical services followed by Administration.

Medical staff again have most data missing when compared to overall

occupational group which has remained consistent throughout.



Staff across minority religions have the highest representation in band 6, band 3 and band 7 positions respectively.

Christians have the highest representation in all bandings followed by Atheists apart from Band 2 positions which after Christians are mainly

occupied by staff belonging to 'other' religions.

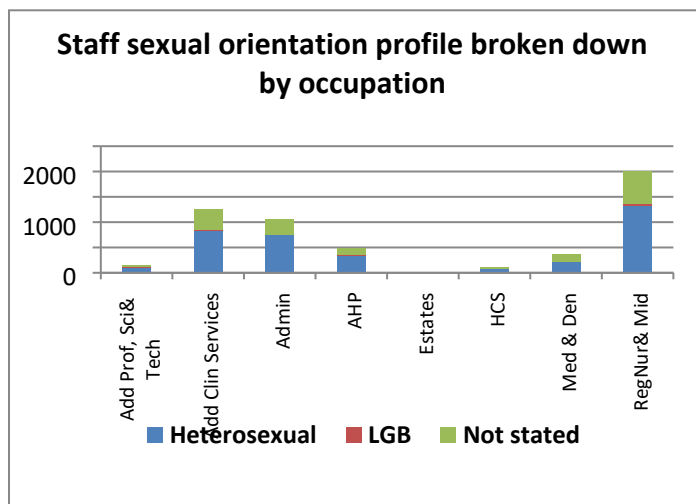
There is good representation from both these groups in the Medical profession, whilst Muslims have third highest representation in bands 3 to 7 inclusive and followers of 'Other' religions in Bands 6 to 8B. Band 9 positions also have representation from both these groups. There are however no Hindu, Jewish, Sikh or Buddhist staff in Band 8 and above.

Applicants who identify with other non-Christian religions have the same level of success from being shortlisted to appointment (16%) as their Christian counterparts. A breakdown of specific religions is not available to identify any differences in outcomes.

Leavers data however shows an improvement in that staff belonging to a minority religion or belief are now less likely to leave the Trust (10% from 18% in the previous reporting year).

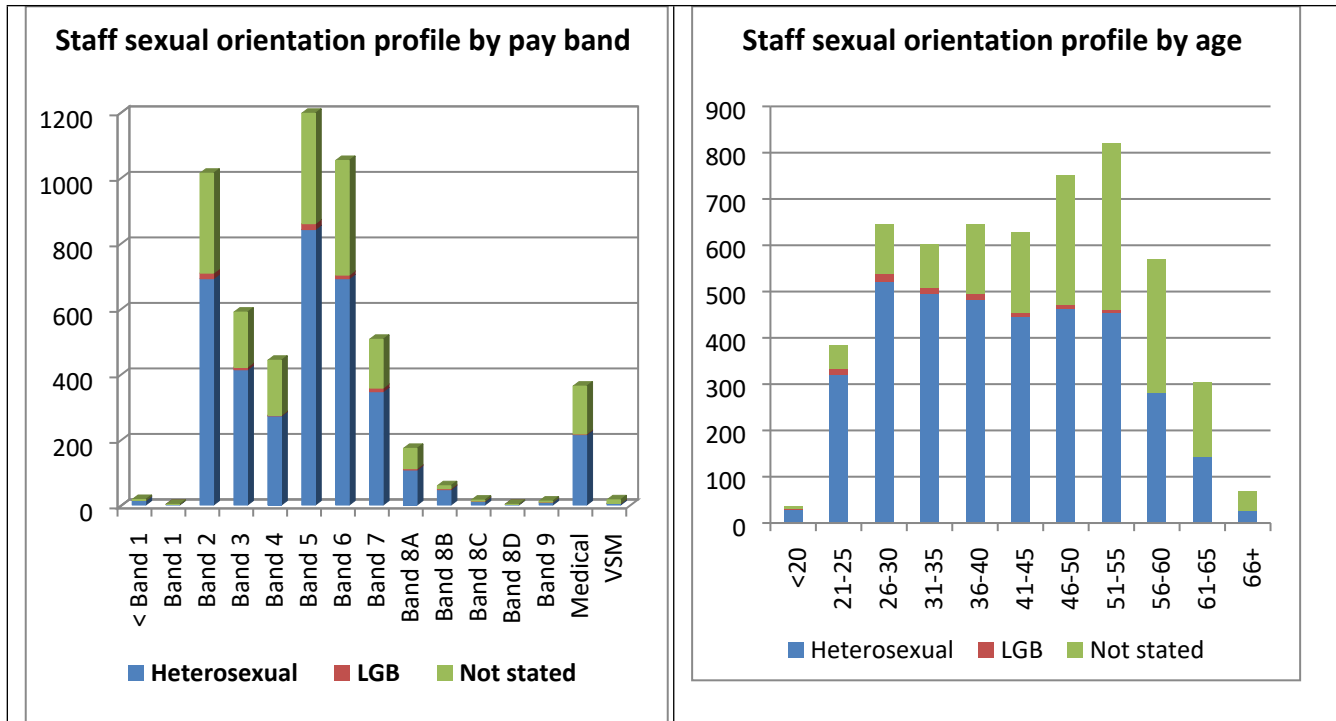
6.9 Sexual Orientation

Sexual orientation is the term used to describe the biological sexual preferences of individuals.



The Sexual Orientation staff profile shows heterosexuals make up the majority of the workforce (67%) whilst 1% of staff identify as Lesbian. Gay or Bisexual. This is lower than the regional estimate between 5 to 7%. This would mean that taking the lower figure at least 272 employees would identify as LGB although the staff profile indicates only 77 members of staff. LGB staff are represented in all disciplines apart from Estates.

31% of staff however chose not to declare their sexual orientation which is an decrease from the previous year (34%) in particular registered nursing and midwifery and administration.



LGB staff are reflected in age groups other than 61 years plus and most pay bands apart from band 1 and band 8D. Only 2 people out of 363 in the Medical profession have indicated belonging to the LGB community although 146 (40%) staff have not disclosed their sexual orientation.

Recruitment and selection data suggests those that do not wish to declare their sexual orientation have the highest success rate at interview (36% compared to 23% last year) LGB applicants also have a marginal lower likelihood of being appointed after shortlisting (15% compared to 16% for heterosexual applicants although LGB staff have a much higher turnover representing 15% of leavers compared to 8% heterosexual employees). Further work is required to understand the reasons why.

7. Workforce Recommendation 2019/2021

On a four yearly basis the Trust is required to refresh its equality objectives making use of the key equality data highlighted in the annual compliance reports.

The data analysis conducted in this report makes the following key recommendations to be considered as part of the review and refresh of the Trusts EDI objectives which will allow the Trust to demonstrate progress against its key outcomes on this agenda.

Main objective: To work towards a more inclusive and supportive working environment for all of our staff.

- Improve staff reporting and recording of protected characteristics through strengthening the use of the Electronic Staff Record (ESR) system to ensure the on-going refinement of performance and equality data.
- Roll out unconscious bias training to remove any potential discriminatory practices highlighting key differential data within this report.
- Improve the recruitment, workplace experience and career progression of BME staff through implementation of the WRES action plan.
- Improve the recruitment, workplace experience and career progression of staff with disabilities and long term health conditions through implementation of the WRES action plan.
- Reduce the gender pay gap through implementation of the action plan.
- Foster good relations between staff who share a protected characteristic and those that don't by continuing to celebrate and acknowledge key equality events.
- Develop EDI staff champions programme to act as appoint of contact to share knowledge and improve the staff and patient experience.
- Close any gaps in recruitment, retention and reward of staff by embedding unconscious bias training across the Trust.
- Review internet pages to ensure equality, diversity and inclusion pages are highly visible and attract a high calibre of applicants.
- Increase engagement with staff from protected groups to be able to influence Trust policy and practice and improve outcomes for staff.

- Promote the freedom to speak up guardian initiative and encourage staff to report any concerns.
- Develop zero tolerance to bullying and harassment campaign.
- Apply for Disability Confident Status 2 and 3.
- Conduct EDS2 assessment with staff.
- Continue to run the rainbow badge campaign to improve the experiences and employment chances of LGBT employees.
- Leadership, development and learning opportunities to be reviewed to ensure they are accessible to all groups.

Workforce Race Equality Standard action plan

- ✓ WRES data to be broken down by divisions and local action plans developed to close the gap.
- ✓ Training of BME staff to support the Trust and sit on recruitment panels when required, particularly when an internal BME staff member is applying for promotion.
- ✓ Ensure that attraction and recruitment strategies are inclusive and reaching all communities. Recruitment audits to be conducted – audits to commence in July 2019 and will be conducted on a quarterly basis.
- ✓ A process to capture all development and CPD is being explored which will help to identify equal opportunities for training and development. A long term solution is being developed to link to the ESR/OLM project and digital transformation plan.
- ✓ Raising the profile of the freedom to speak up function to ensure all staff have a process to raise concerns independently.
- ✓ Leadership and personal development opportunities with an equalities target audience. The trust is exploring the viability of developing a Bolton stepping up programme to prepare BME staff for promotional opportunities. This may be offered locality wide.

Workforce Disability Equality Standard action plan

- A key focus this year will be ensuring that the information we hold on our HR systems is accurate. We know from the NHS Staff Survey that a number of our staff are choosing not to declare their disability. As such, the Trust will need to fully

understand the reasons for this and then put appropriate measures in place to increase our staff confidence in declaring their disability.

- Physical Health. A review of the sports and social club will take place to improve the pro-active physical health staff offer from the trust.
- Mental Health. The Workforce Assurance Committee recently received a report that set out the following actions that will be taken in 2019/2020 related to mental health. As follows:-
 - Signing the 'Time to Change' employer pledge to show the Trust's commitment to changing the way we all think and act about mental health in the workplace.
 - Developing a high-profile awareness campaign and education programme that helps to remove the stigma around mental health.
 - Equipping line managers with the skills, competence and confidence to spot the early signs of mental ill health, to intervene early and support staff with mental health problems.
 - Establishing a network of Mental Health and Wellbeing Champions across the Trust. The champions will complete the RSPH Level 2 qualification in Understanding Health Improvement, which empowers employees to become involved in the overall strategy and to offer support to peers.

8. 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, as well as safeguarding training. Our aim is to educate and inform staff to deliver inclusive practice and facilitate change in individuals, teams and divisions. The Trust as at 31 March 2019 had a 96.5% compliance rate.



- 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.
- We actively recruit, train and place students on work experience.
- The Trust holds career events in the local community including single faith schools such as Bolton Muslim Girls School.

Other localised examples of training received from specialist department include:

- Student nurses receive equality related training run by specialist departments including caring for patients with spiritual and religious needs, dementia, learning difficulties etc.
- An online neonatal mandatory training has been developed to promote nurses understanding of developmental care.
- The Children safeguarding team delivered safeguarding training to a number of staff across the Trust.
- E5 staff have received mental health training to build their confidence and understanding in caring for children with mental health issues.
- Health visitors have completed 'voice of the child' training to inform their health assessment and care plans. It provides practitioners with techniques and methods to communicate key messages with young children, using words and pictures to gain the child's understanding and involvement in decision-making.



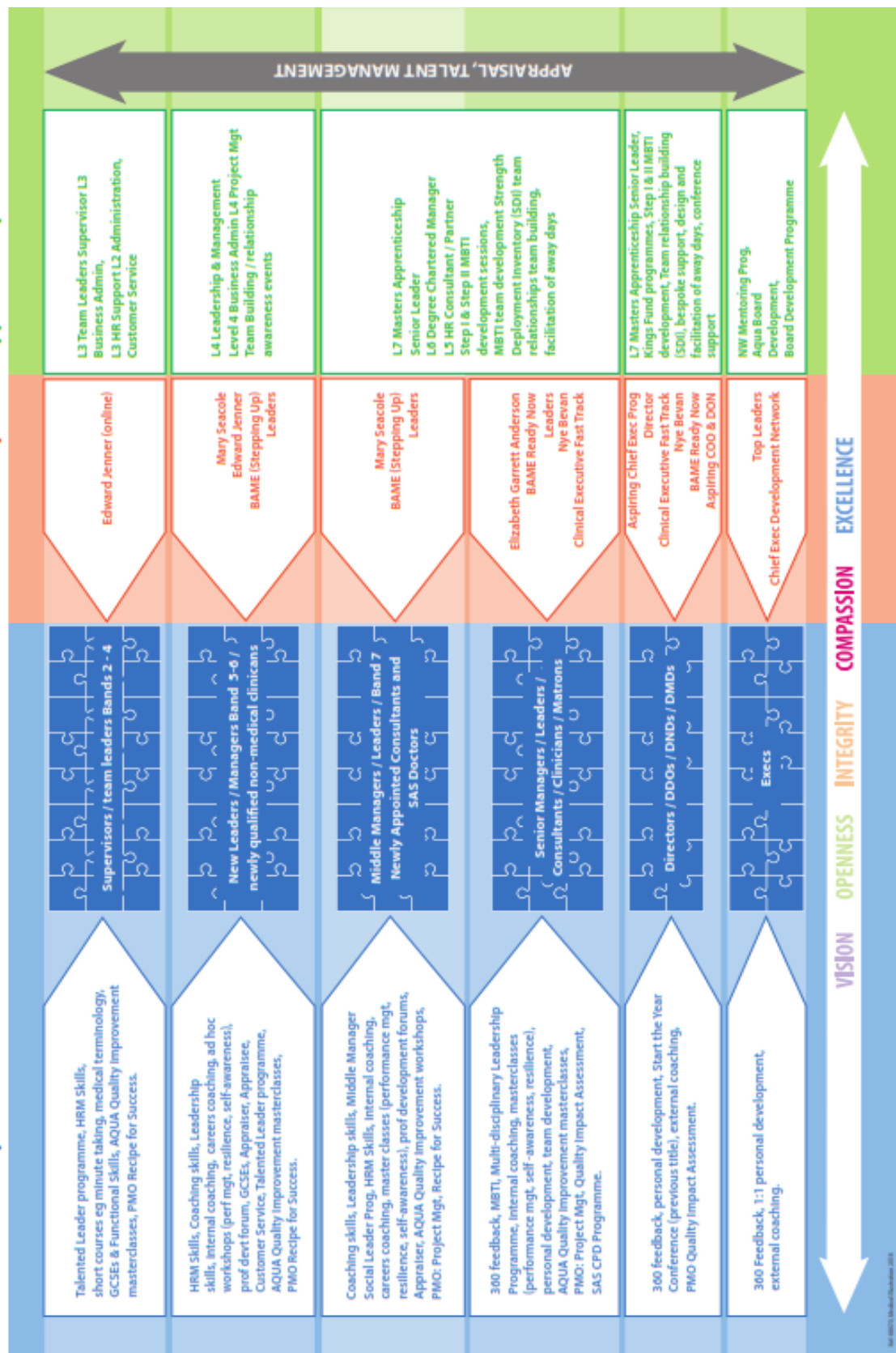
Various other leadership opportunities are presented as listed below.

LEADERSHIP DEVELOPMENT FRAMEWORK

Bespoke / Other /
Apprenticeships

External Development

Internal Development

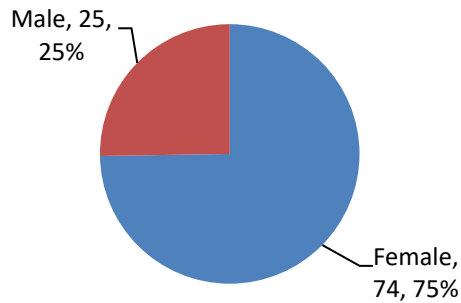


Work experience opportunities

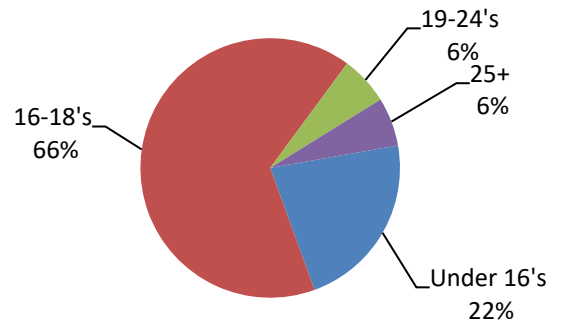
The Trust actively works with schools and colleges to offer them workplace place learning opportunities. A total of 99 students have been able to take advantage of this opportunity.

The equality monitoring breakdown is offered below which shows good representation across the categories collected.

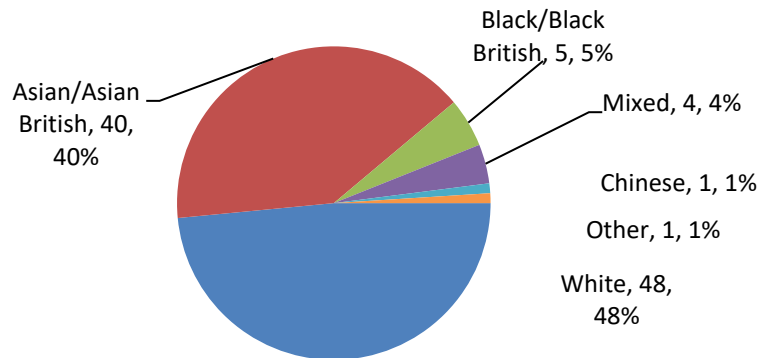
Gender of workplace experience students



Age of work experience students



Ethnicity of work experience students



9. Patient and Public Engagement, Experience and Improved Access

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.

The Trusts Patient and Carers Experience Strategy 2016 -19 sets forward the Trusts commitments for the need to listen to patients adapting the methods used to ensure everyone is able to participate. It places the onus on individual services to demonstrate how they have acted on feedback and ensures there is continual improvements made.

The strategy 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

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.

Other examples of their achievement in this reporting period are:

- ✓ Listened to carers and introduced open visiting in line with Johns campaign
- ✓ Provided staff training on the needs of patients with learning difficulties
- ✓ Amended patients information leaflets to include additional conditions to support patients
- ✓ Worked with the bereavement team to improve staff skills in caring for the dying
- ✓ Provision of a tongue tie clinic in partnership with Bolton CCG
- ✓ Introduced an early baby bereavement nurse to support families and staff

To assess satisfaction levels a variety of methods are utilised to capture the experiences of patients following treatment. This includes:

- ✓ Friends and family tests
- ✓ Text surveys
- ✓ Comment cards
- ✓ National surveys
- ✓ In-house surveys
- ✓ Patient user groups
- ✓ Leaders walk the floor
- ✓ Peer reviews
- ✓ Patient experience and pathway audits

Engagement occurs regularly presenting opportunities for stakeholders to influence health service planning and delivery. The Trust also works jointly with various external agencies to actively engage and influence and make wider improvements for the local community Section? Provides examples how of staff teams have listened and acted on feedback.

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.

9.1 Equality in Complaints and Concerns

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. The Complaints and PALS department routinely collect diversity monitoring data on age, gender and ethnicity

PALS and complaints information is available in different formats and opportunities are utilised to promote the service at community events. Patients and carers with language barriers are supported to raise concerns with the use of interpreting services.



The Patient Advice and Liaison Service and Complains Team work closely with the EDI Lead when the need arises to reach satisfactory conclusions and act on learning. In 2018/19 the Trust received 275 complaints and 1292 PALS contacts. All complaints and concerns are themed and equality monitoring of complainant takes place against some protected characteristics (age, gender, ethnicity). An equality impact assessment will be conducted in 2019/20 to identify any barriers to access. They Team ensures information and communication needs are identified and responded to enlisting the help of interpreters where required.

Equality Impact Assessment (EIA) of PALS and complaints

Findings from the recent EIA have identified the following findings for service users

Age:

- People of all ages are accessing pals and complaints services
- Patients aged over the age of 71 are more likely to use the PALS (27%) and the complaints service (30%) when compared to the patient profile (18%)

- Patients aged under the age of 20 years old are least likely to use the PALS service (10%) in comparison to the total patient profile (21%) whilst the remaining aged groups are well represented in service access.
- There is a proportionately higher number of people aged 31-40 (16%) using the complaints service compared to 11% patient profile). In comparison the groups least likely to complain are aged 41-50, under 20 and 61-70.

Disability:

- Equality monitoring data is not available.
- Information is available in different languages and formats upon request. An easy read leaflet for the complaints process is readily available.
- Foreign language and telephone interpreting is readily available.
- Follow up complaint letters and PALS feedback are offered to patients in the language and format requested.
- Hearing loops are available in the PALS office and access to foreign language interpreting via telephone is readily available.
- Complaints and concerns can be raised through Sensory Advocates.
- Unsure how deaf service user who communicate via BSL access the PALS service and what improvements are required.
- Posters are displayed across the Trust however unsure to what extent people with different types of disability understand the PALS and complaints service and process.

Gender Reassignment (Includes transgender):

The service will have a positive impact. There is no indication that patients are treated differently through the process.

Marriage and Civil Partnership:

The service will have a positive impact. There is no indication that patients are treated differently through the process.

Pregnancy and Maternity:

- There is no indication that patients are treated differently through the process.

Race or Ethnicity:

- There is an over representation of the White British community accessing both PALS (81%) and complaints (74%) services when compared to the overall patient profile (62%).
- Ethnic groups with highest usage of pals when compared with total patient profile are White British, Any other Asian background, Caribbean and Any Other Mixed background respectively. Groups with the highest usage of the complaints service are the same with the addition of White Irish and Chinese. It is to be noted both the latter ethnic groups have not used PALS but have the highest level of complaints service when compared with the total patient profile by ethnicity. There is a disproportionately lower representation of services being accessed by the remaining groups.

- 8% of PALS data and 9% of complaints data is not recorded where patients have not given the information.

Sex (Male and Female):

Service usage data analysis shows that both genders are making good use of other PALS and complaints services, although PALS is accessed slightly more frequently by females when compared to the local population and significantly increased use of the complaints process compared to males.

Sexual Orientation (gay, lesbian or heterosexual):

Equality monitoring data is not available to analyse to any differential impacts although the service will have a supportive impact. There is no indication that patients are treated differently through the process.

Carers:

Next of kin and carers can submit complaints and concerns on behalf of the patients for which consent is received from the patients.

Socio/economic groups:

There is no indication that patients are treated differently through the process. The service will have a supportive impact.

The findings have been developed into an action which will include more engagement with groups to understand barriers to access and other improvement required.

9.2 Equality in Trust Membership and Governorship

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 and representative of the community we serve.

Equality monitoring of public members takes place against age, ethnicity, gender and socio-economic groups to ensure it is reflective of the local population. The twenty four elected governors of the Trust are the voice and representation of the membership. They engage with the public, patients and Trust members to raise issues or concerns and both support and challenge the Trust on key areas of service provision.

Equality monitoring against age, gender, ethnicity and disabilities datasets is conducted. The Trust now ensures that when Governors are interviewing to appoint Non Execs the panel is mixed for gender and ethnicity.

For a full breakdown of Trust Membership and Governors equality monitoring data please see appendix 2 appendices.

Appendix 1 : Patient Profiles 2018/19

1. Overall number of unique patients broken down by gender (distinct patients).

	Service								Total			
GENDE R	Inpatient	%	Outpatient	%	Community	%	A&E	%	Sum	%	Unique Pts	%
Female	30,713	59.0%	73,832	58.9%	50,713	56.9%	37,422	49.4%	192,680	56.3%	113,162	55.6%
Male	21,322	41.0%	51,615	41.1%	38,376	43.1%	38,321	50.6%	149,634	43.7%	90,305	44.4%
Not Known	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Not Specified	1	0.0%	1	0.0%	3	0.0%	1	0.0%	6	0.0%	4	0.0%
Total	52,036	100.0%	125,448	100.0%	89,092	100.0%	75,744	100.0%	342,320	100.0%	203,471	100.0%

2. Gender of unique patients who DNA compared to total number profile of patients.

	DNAs				Total (Sum)					Total (Unique Patients)				
GENDER									% DNA of Total					% DNA of Total
	Outp	%	Comm	%	DNAs	%	Patie	%		DNAs	%	Patients	%	
Female	13,80	57.0%	8,218	51.6%	22,022	54.8%	192,6	56.3%	11.4%	20,36	54.9%	113,1	55.6%	18.0%
Male	10,42	43.0%	7,714	48.4%	18,136	45.2%	149,6	43.7%	12.1%	16,70	45.1%	90,30	44.4%	18.5%
Not Known	-	0.0%	-	0.0%	-	0.0%	-	0.0%	0.0%	-	0.0%	-	0.0%	0.0%
Not Specified	-	0.0%	1	0.0%	1	0.0%	6	0.0%	16.7%	1	0.0%	4	0.0%	25.0%
Total	24,22	100.0%	15,933	100.0%	40,159	100.0%	342,3	100.0%	11.7%	37,06	100.0%	203,4	100.0%	18.2%

3. Patient profile broken down by age across Trust activity (unique patients).

	Service								Total			
AGE GROUP	Inpatient	%	Outpatient	%	Community	%	A&E	%	Sum	%	Unique Pts	%
15 & under	8,528	16.4%	17,939	14.3%	24,709	27.7%	18,460	24.4%	69,636	20.3%	44,730	22.0%
16 - 20	1,679	3.2%	4,331	3.5%	2,337	2.6%	4,595	6.1%	12,942	3.8%	8,361	4.1%
21 - 30	7,002	13.5%	14,454	11.5%	9,003	10.1%	10,742	14.2%	41,201	12.0%	24,257	11.9%
31 - 40	6,436	12.4%	15,342	12.2%	9,592	10.8%	9,372	12.4%	40,742	11.9%	24,757	12.2%

41 - 50	4,454	8.6%	14,555	11.6%	7,639	8.6%	8,248	10.9%	34,896	10.2%	22,183	10.9%
51 - 60	6,189	11.9%	16,612	13.2%	8,932	10.0%	7,634	10.1%	39,367	11.5%	24,170	11.9%
61 - 70	6,139	11.8%	16,862	13.4%	9,442	10.6%	5,884	7.8%	38,327	11.2%	22,398	11.0%
71 +	11,609	22.3%	25,353	20.2%	17,438	19.6%	10,809	14.3%	65,209	19.0%	32,615	16.0%
Total	52,036	100.0%	125,448	100.0%	89,092	100.0%	75,744	100.0%	342,320	100.0%	203,471	100.0%

4. Rate of DNA across Community and Outpatients Services and compared against overall Trust activity (unique patients)

	DNAs				Total (Sum)					Total (Unique Patients)				
AGE GROUP									% DNA of Total Pts					% DNA
Age Group	Outp	%	Comm	%	DNAs	%	Patie	%		DNAs	%	Patie nts	%	
15 & under	3,641	15.0%	3,817	24.0%	7,458	18.6%	69,636	20.3%	10.7%	6,920	18.7%	44,730	22.0%	15.5%
16 - 20	1,239	5.1%	646	4.1%	1,885	4.7%	12,942	3.8%	14.6%	1,770	4.8%	8,361	4.1%	21.2%
21 - 30	4,262	17.6%	1,735	10.9%	5,997	14.9%	41,201	12.0%	14.6%	5,634	15.2%	24,257	11.9%	23.2%
31 - 40	3,878	16.0%	1,919	12.0%	5,797	14.4%	40,742	11.9%	14.2%	5,407	14.6%	24,757	12.2%	21.8%
41 - 50	3,067	12.7%	1,936	12.2%	5,003	12.5%	34,896	10.2%	14.3%	4,611	12.4%	22,183	10.9%	20.8%
51 - 60	2,781	11.5%	1,900	11.9%	4,681	11.7%	39,367	11.5%	11.9%	4,273	11.5%	24,170	11.9%	17.7%
61 - 70	2,094	8.6%	1,555	9.8%	3,649	9.1%	38,327	11.2%	9.5%	3,297	8.9%	22,398	11.0%	14.7%
71 +	3,264	13.5%	2,425	15.2%	5,689	14.2%	65,209	19.0%	8.7%	5,153	13.9%	32,615	16.0%	15.8%
Total	24,226	100.0%	15,933	100.0%	40,159	100.0%	342,320	100.0%	11.7%	37,065	100.0%	203,471	100.0%	18.2%

5. Total number of patients broken down by main ethnicity groups and by activity

ETHNICITY	Service								Total			
	Inpatient	%	Outpatient	%	Community	%	A&E	%	Sum	%	Unique Pts	%
Asian or Asian	4,642	8.9%	11,351	9.0%	11,447	12.8%	6,132	8.1%	33,572	9.8%	18,843	9.3%
Black or Black	788	1.5%	2,065	1.6%	1,902	2.1%	992	1.3%	5,747	1.7%	3,247	1.6%
Chinese / Other Mixed	782	1.5%	2,057	1.6%	1,672	1.9%	1,030	1.4%	5,541	1.6%	3,160	1.6%
White	514	1.0%	1,182	0.9%	1,261	1.4%	859	1.1%	3,816	1.1%	2,206	1.1%
White	34,342	66.0%	80,605	64.3%	55,902	62.7%	47,588	62.8%	218,437	63.8%	124,653	61.3%
Not Stated	6,265	12.0%	17,636	14.1%	8,396	9.4%	10,486	13.8%	42,783	12.5%	29,352	14.4%

Unknown	4,703	9.0%	10,552	8.4%	8,512	9.6%	8,657	11.4%	32,424	9.5%	22,010	10.8%
Total	52,036	100.0 %	125,448	100.0 %	89,092	100.0 %	75,744	100.0%	342,320	100.0%	203,471	100.0%

6. Total number of patients broken down by ethnicity and type of activity

	Service								Total			
ETHNICITY	Inpatient	%	Outpatient	%	Community	%	A&E	%	Sum	%	Unique	%
Asian or Asian British												
Bangladeshi	77	0.1%	156	0.1%	145	0.2%	93	0.1%	471	0.1%	257	0.1%
Indian	1,898	3.6%	5,070	4.0%	4,959	5.6%	2,421	3.6%	14,357	4.3%	8,231	4.0%
Pakistani	2,029	3.8%	4,681	3.7%	4,834	5.4%	2,877	4.3%	14,421	4.3%	7,948	3.9%
Any other	638	1.2%	1,444	1.2%	1,509	1.7%	742	1.1%	4,333	1.3%	2,407	1.2%
Total	4,642	8.8%	11,351	9.0%	11,447	12.8%	6,133	9.1%	33,577	10.0%	18,843	9.3%
Black or Black British												
African	590	1.1%	1,518	1.2%	1,456	1.6%	720	1.1%	4,284	1.3%	2,439	1.2%
Caribbean	87	0.2%	249	0.2%	181	0.2%	123	0.2%	640	0.2%	348	0.2%
Any other	111	0.2%	298	0.2%	265	0.3%	149	0.2%	823	0.2%	460	0.2%
Total	788	1.5%	2,065	1.6%	1,902	2.1%	992	1.5%	5,747	1.7%	3,247	1.6%
Chinese / Other Ethnic Groups												
Chinese	104	0.2%	277	0.2%	160	0.2%	106	0.2%	647	0.2%	397	0.2%
Any other	678	1.3%	1,780	1.4%	1,512	1.7%	924	1.4%	4,894	1.5%	2,763	1.4%
Total	782	1.5%	2,057	1.6%	1,672	1.9%	1,030	1.5%	5,541	1.7%	3,160	1.6%
Mixed												
White	135	0.3%	355	0.3%	350	0.4%	250	0.4%	1,090	0.3%	655	0.3%
White	87	0.2%	205	0.2%	204	0.2%	137	0.2%	633	0.2%	359	0.2%
White	127	0.2%	264	0.2%	275	0.3%	197	0.3%	863	0.3%	500	0.2%
Any other	835	1.6%	358	0.3%	432	0.5%	275	0.4%	1,900	0.6%	692	0.3%
Total	1,184	2.2%	1,182	0.9%	1,261	1.4%	859	1.3%	4,486	1.3%	2,206	1.1%
White												
British	33,262	63.1 %	78,400	62.5 %	53,956	60.6 %	46,306	68.8 %	211,924	63.3 %	120,994	59.5 %
Irish	245	0.5%	533	0.4%	353	0.4%	267	0.4%	1,398	0.4%	756	0.4%
Any other White	835	1.6%	1,672	1.3%	1,593	1.8%	1,015	1.5%	5,115	1.5%	2,903	1.4%
Not Stated												
Not Stated	6,265	11.9 %	17,636	14.1 %	8,396	9.4%	10,486	15.6 %	42,783	12.8 %	29,352	14.4 %
Unknown	4,703	8.9%	10,552	8.4%	8,512	9.6%	267	0.4%	24,033	7.2%	22,011	10.8%
Grand Total	52,706	100.0 %	125,448	100.0 %	89,092	100.0 %	67,354	100.0 %	334,600	100.0 %	203,471	100.0 %

7. DNA Rate % of patients by comparison of numbers attending the Trust and broken down by ethnicity (unique patients)

	DNAs				Total (Sum)				Total (Unique Patients)			
ETHNICITY								% DNA of Total Pts			% DNA	
Ethnicity	Outpatient	%	Community	%	DNAs	%	Patients		DNAs	%	Patients	
Asian or Asian British												
Bangladeshi	37	0.2%	30	0.2%	67	0.2%	471	14.2%	61	0.2%	257	23.7%
Indian	965	4.0%	904	5.7%	1,869	4.7%	14,350	13.0%	1,694	4.6%	8,231	20.6%
Pakistani	1,239	5.1%	971	6.1%	2,210	5.5%	14,418	15.3%	2,025	5.5%	7,948	25.5%
Any other Asian	361	1.5%	305	1.9%	666	1.7%	4,333	15.4%	616	1.7%	2,407	25.6%
Total	2,602	10.7%	2,210	13.9%	4,812	12.0%	33,572	14.3%	4,396	11.9%	18,843	23.3%
Black or Black British												
African	482	2.0%	294	1.8%	776	1.9%	4,284	18.1%	706	1.9%	2,439	28.9%
Caribbean	65	0.3%	47	0.3%	112	0.3%	640	17.5%	99	0.3%	348	28.4%
Any other Black	97	0.4%	50	0.3%	147	0.4%	823	17.9%	127	0.3%	460	27.6%
Total	644	2.7%	391	2.5%	1,035	2.6%	5,747	18.0%	932	2.5%	3,247	28.7%
Chinese / Other Ethnic Groups												
Chinese	34	0.1%	11	0.1%	45	0.1%	647	7.0%	43	0.1%	397	10.8%
Any other ethnic group	448	1.8%	264	1.7%	712	1.8%	4,894	14.5%	642	1.7%	2,763	23.2%
Total	482	2.0%	275	1.7%	757	1.9%	5,541	13.7%	685	1.8%	3,160	21.7%
Mixed												
White and Asian	88	0.4%	80	0.5%	168	0.4%	1,090	15.4%	150	0.4%	655	22.9%
White and Black African	52	0.2%	43	0.3%	95	0.2%	633	15.0%	85	0.2%	359	23.7%
White and Black	95	0.4%	58	0.4%	153	0.4%	863	17.7%	140	0.4%	500	28.0%
Any other mixed	75	0.3%	65	0.4%	140	0.3%	1,900	7.4%	133	0.4%	692	19.2%
Total	310	1.3%	246	1.5%	556	1.4%	4,486	12.4%	508	1.4%	2,206	23.0%
White												
British	14,412	59.5%	9,667	60.7%	24,079	60.0%	211,924	11.4%	22,100	59.6%	120,994	18.3%
Irish	103	0.4%	80	0.5%	183	0.5%	1,398	13.1%	167	0.5%	756	22.1%

Any other White	400	1.7%	296	1.9%	696	1.7%	5,115	13.6%	622	1.7%	2,903	21.4%
Total	14,915	61.6%	10,043	63.0%	24,958	62.1%	218,437	11.4%	22,889	61.8%	124,653	18.4%
Not Stated	3,179	13.1%	1,474	9.3%	4,653	11.6%	42,783	10.9%	4,441	12.0%	29,352	15.1%
Unknown	2,094	8.6%	1,294	8.1%	3,388	8.4%	24,034	14.1%	3,214	8.7%	22,010	14.6%
Grand Total	24,226	100.0%	15,933	100.0%	40,159	100.0%	334,600	12.0%	37,065	100.0%	203,471	18.2%

	Service								Total			
RELIGION AND BELIEF	Inpatient	%	Outpatient	%	Community	%	A&E	%	Sum	%	Unique	%
Buddhist	16	0.0%	50	0.0%	36	0.0%	13	0.0%	115	0.0%	69	0.0%
Christian	24,549	47.2%	61,092	48.7%	40,815	45.8%	31,676	41.8%	158,132	46.2%	87,828	43.2%
Hindu	586	1.1%	1,544	1.2%	1,305	1.5%	632	0.8%	4,067	1.2%	2,277	1.1%
Jew	28	0.1%	105	0.1%	40	0.0%	26	0.0%	199	0.1%	135	0.1%
Muslim	3,960	7.6%	10,046	8.0%	8,938	10.0%	5,505	7.3%	28,449	8.3%	15,832	7.8%
Sikh	12	0.0%	35	0.0%	22	0.0%	13	0.0%	82	0.0%	43	0.0%
Do not wish to answer	2,530	4.9%	6,128	4.9%	4,083	4.6%	3,486	4.6%	16,227	4.7%	9,336	4.6%
None	2,466	4.7%	6,431	5.1%	4,171	4.7%	3,240	4.3%	16,308	4.8%	9,017	4.4%
Unknown/Not Specified	17,149	33.0%	38,108	30.4%	28,443	31.9%	30,101	39.7%	113,801	33.2%	76,053	37.4%
Other	740	1.4%	1,909	1.5%	1,239	1.4%	1,052	1.4%	4,940	1.4%	2,881	1.4%
Total	52,036	100.0%	125,448	100.0%	89,092	100.0%	75,744	100.0%	342,320	100.0%	203,471	100.0%

Appendix 2 :Workforce Profile 2018/19

Overall staff profile

BME (WRES)	Total
BME	679
White	4453
Not Stated	325
Grand Total	5457

Assignment Category	Total
Fixed Term Temp	254
Permanent	5203
Grand Total	5457

SO	Total
Heterosexual	3666
LGB	77
IDNWTD	1714
Grand Total	5457

Gender	Total
Female	4726
Male	731
Grand Total	5457

Disabled	Total
No	3750
Yes	150
Not Declared	1557
Grand Total	5457

Age Profile	Total
<20	36
21-25	383
26-30	645
31-35	601
36-40	645
41-45	629
46-50	751
51-55	821
56-60	572
61-65	304
66+	70
Grand Total	5457

Employee Category	Total
Full Time	3031
Part Time	2426
Grand Total	5457

Band	Total
< Band 1	17
Band 1	2
Band 2	1013
Band 3	589
Band 4	442
Band 5	1196
Band 6	1052
Band 7	506
Band 8A	173
Band 8B	59
Band 8C	15
Band 8D	2
Band 9	12
Medical	363
VSM	16
Grand Total	5457

Religious Belief	Total
Atheism	455
Buddhism	12
Christianity	2686
Hinduism	91
Islam	237
Judaism	15
Other	288
Sikhism	4
IDNWTD	1669
Grand Total	5457

Religious Belief	Total
All Other Religions	1102
IDNWTD	1669
Christianity	2686
Grand Total	5457

Maternity	Total
All other Assignment Status'	5325
Maternity & Adoption	132
Grand Total	5457

Staff Group

BME (WRES)	BME	White	Not Stated	Grand Total
Add Prof, Sci& Tech	34	112	3	149
Add Clin Services	110	1087	71	1268

Sexual Orientation	Heterosexual	LGB	IDNWTD	Grand Total
Add Prof, Sci& Tech	113	3	33	149
Add Clin	837	20	410	1267

Admin	83	945	43	1071
AHP	61	388	25	474
Estates	2	6	0	8
HCS	36	73	7	116
Med & Den	130	172	61	363
RegNur& Mid	223	1670	115	2008
Grand Total	679	4453	325	5457

Services				
Admin	743	13	315	1071
AHP	343	7	124	474
Estates	0	0	1	1
HCS	75	3	37	115
Med & Den	215	2	146	363
RegNur& Mid	1333	29	646	2008
Grand Total	3659	77	1712	5448

Gender	Female	Male	Grand Total
Add Prof, Sci& Tech	110	39	149
Add Clin Services	1162	106	1268
Admin	911	160	1071
AHP	394	80	474
Estates	4	4	8
HCS	90	26	116
Med & Den	160	203	363
RegNur& Mid	1895	113	2008
Grand Total	4726	731	5457

Religious Belief	Christianity	All Other Religions	IDN WTD	Grand Total
Add Prof, Sci& Tech	62	51	36	149
Add Clin Services	622	245	401	1268
Admin	545	220	306	1071
AHP	245	116	113	474
Estates	6	1	1	8
HCS	43	34	39	116
Med & Den	81	137	145	363
RegNur& Mid	1082	298	628	2008
Grand Total	2686	1102	1669	5457

Employee Category	Full Time	Part Time	Grand Total
Add Prof, Sci& Tech	97	52	149
Add Clin Services	612	656	1268
Admin	636	435	1071
AHP	243	231	474
Estates	1	7	8
HCS	70	46	116
Med & Den	310	53	363
RegNur& Mid	1062	946	2008
Grand Total	3031	2426	5457

Maternity	All other Assignment Status'	Maternity & Adoption	Grand Total
Add Prof, Sci& Tech	143	6	149
Add Clin Services	1237	31	1268
Admin	1056	15	1071
AHP	458	16	474
Estates	8	0	8
HCS	111	5	116
Med & Den	354	9	363
RegNur& Mid	1958	50	2008
Grand Total	5325	132	5457

Disability	No	Yes	Not Declared	Grand Total
Add Prof, Sci& Tech	113	6	30	149

Staff Group	Fixed Term Temp	Permanent	Grand Total
Add Prof, Sci& Tech	7	142	149

Add Clin Services	900	23	345	1268
Admin	771	38	262	1071
AHP	348	23	103	474
Estates	8	0	0	8
HCS	81	1	34	116
Med & Den	177	2	184	363
RegNur& Mid	1352	57	599	2008
Grand Total	3750	150	1557	5457

Add Clin Services	41	1227	1268
Admin	62	1009	1071
AHP	10	464	474
Estates	2	6	8
HCS	3	113	116
Med & Den	106	257	363
RegNur& Mid	23	1985	2008
Grand Total	254	5203	5457

Age Profile	<20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+	Grand Total
Add Prof, Sci& Tech	0	15	34	21	19	17	12	13	8	8	2	149
Add Clin Services	13	90	159	137	130	120	162	209	145	73	30	1268
Admin	23	65	82	83	103	106	159	191	146	93	20	1071
AHP	0	39	68	74	90	55	63	44	29	11	1	474
Estates	0	0	0	1	0	1	0	2	2	1	1	8
HCS	0	9	14	14	22	11	15	11	16	2	2	116
Med & Den	0	36	47	19	51	57	46	55	30	18	4	363
RegNur& Mid	0	129	241	252	230	262	294	296	196	98	10	2008
Grand Total	36	383	645	601	645	629	751	821	572	304	70	5457

Pay Band	< Band 1	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Band 9	Medical	VSM	Grand Total
Add Prof, Sci& Tech	0	0	0	0	14	66	20	24	17	5	2	1	0	0	0	149
Add Clin Services	4	0	687	358	194	15	8	1	1	0	0	0	0	0	0	1268
Admin	13	0	322	230	228	102	60	30	33	21	6	1	10	0	15	1071
AHP	0	0	0	0	3	76	218	142	30	4	1	0	0	0	0	474
Estates	0	2	4	1	1	0	0	0	0	0	0	0	0	0	0	8
HCS	0	0	0	0	2	33	36	28	12	4	0	0	1	0	0	116
Med & Den	0	0	0	0	0	0	0	0	0	0	0	0	0	363	0	363
RegNur& Mid	0	0	0	0	0	904	710	281	80	25	6	0	1	0	1	2008
Grand Total	17	2	1013	589	442	1196	1052	506	173	59	15	2	12	363	16	5457

Pay band

BME - WRES	BME	White	Not Stat ed	Grand Total	Sexual Orientat ion	Heter osexu al	LGB	IDN WTD	Grand Total	Gender	Femal e	Male	Grand Total
< Band 1	4	11	2	17	< Band 1	14	0	3	17	< Band 1	14	3	17
Band 1	1	1	0	2	Band 1	2	0	0	2	Band 1	2	0	2
Band 2	90	869	54	1013	Band 2	691	17	305	1013	Band 2	939	74	1013
Band 3	44	526	19	589	Band 3	413	8	168	589	Band 3	518	71	589
Band 4	38	381	23	442	Band 4	272	2	168	442	Band 4	409	33	442
Band 5	221	894	81	1196	Band 5	841	18	337	1196	Band 5	1071	125	1196
Band 6	94	901	57	1052	Band 6	691	11	350	1052	Band 6	959	93	1052

Band 7	45	447	14	506
Band 8A	8	158	7	173
Band 8B	2	56	1	59
Band 8C	0	14	1	15
Band 8D	0	2	0	2
Band 9	1	9	2	12
Medical	130	172	61	363
VSM	1	12	3	16
Grand Total	679	4453	325	5457

Band 7	346	11	149	506
Band 8A	107	4	62	173
Band 8B	47	3	9	59
Band 8C	11	1	3	15
Band 8D	2	0	0	2
Band 9	9	0	3	12
Medical	215	2	146	363
VSM	5	0	11	16
Grand Total	3666	77	1714	5457

Band 7	446	60	506
Band 8A	133	40	173
Band 8B	44	15	59
Band 8C	13	2	15
Band 8D	1	1	2
Band 9	9	3	12
Medical	160	203	363
VSM	8	8	16
Grand Total	4726	731	5457

Disability	No	Yes	Not Declared	Grand Total
< Band 1	14	1	2	17
Band 1	2	0	0	2
Band 2	724	19	270	1013
Band 3	434	18	137	589
Band 4	300	12	130	442
Band 5	835	46	315	1196
Band 6	713	29	310	1052
Band 7	358	16	132	506
Band 8A	115	3	55	173
Band 8B	49	3	7	59
Band 8C	13	0	2	15
Band 8D	2	0	0	2
Band 9	9	1	2	12
Medical	177	2	184	363
VSM	5	0	11	16
Grand Total	3750	150	1557	5457

Band	Christianity	All Other Religions	IDN WTD	Grand Total
< Band 1	9	5	3	17
Band 2	2	0	0	2
Band 3	505	199	309	1013
Band 4	291	135	163	589
Band 5	212	78	152	442
Band 6	618	242	336	1196
Band 7	533	191	328	1052
Band 8A	290	76	140	506
Band 8B	87	21	65	173
Band 8C	35	13	11	59
Band 8D	11	1	3	15
Band 9	2	0	0	2
Medical	5	4	3	12
VSM	81	137	145	363
Band 1	5	0	11	16
Grand Total	2686	1102	1669	5457

Employee Category	Full Time	Part Time	Grand Total
< Band 1	16	1	17
Band 1	0	2	2
Band 2	447	566	1013
Band 3	304	285	589
Band 4	258	184	442
Band 5	661	535	1196
Band 6	523	529	1052
Band 7	293	213	506
Band 8A	130	43	173
Band 8B	48	11	59
Band 8C	13	2	15
Band 8D	2	0	2
Band 9	11	1	12
Medical	310	53	363
VSM	15	1	16
Grand Total	3031	2426	5457

Band	Atheism	Buddhism	Christianity	Hinduism	Islam	Judaism	Other	Sikhism	IDN WTD	Grand Total
Under Band 1	2	0	9	0	2	0	1	0	3	17
Band 1	0	0	2	0	0	0	0	0	0	2
Band 2	65	3	505	10	33	2	86	0	309	1013
Band 3	60	0	291	10	22	1	42	0	163	589
Band 4	36	0	212	11	16	0	15	0	152	442
Band 5	107	2	618	4	66	2	60	1	336	1196
Band 6	90	3	533	9	39	5	45	0	328	1052
Band 7	27	0	290	7	20	2	20	0	140	506
Band 8A	10	0	87	2	2	1	6	0	65	173
Band 8B	8	0	35	0	1	0	4	0	11	59
Band 8C	1	0	11	0	0	0	0	0	3	15
Band 8D	0	0	2	0	0	0	0	0	0	2
Band 9	2	0	5	0	1	0	1	0	3	12
Medical	47	4	81	38	35	2	8	3	145	363
VSM	0	0	0	0	0	0	0	0	11	11
Grand Total	455	12	2681	91	237	15	288	4	1669	5452

Assignment Category	Fixed Term Temp	Permanent	Grand Total
< Band 1	17	0	17
Band 1	0	2	2
Band 2	23	990	1013
Band 3	35	554	589
Band 4	12	430	442
Band 5	31	1165	1196
Band 6	12	1040	1052
Band 7	5	501	506
Band 8A	3	170	173
Band 8B	1	58	59
Band 8C	0	15	15
Band 8D	0	2	2
Band 9	0	12	12
Medical	106	257	363
VSM	9	7	16
Grand Total	254	5203	5457

Age Profile	<20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+	Grand Total
< Band 1	10	4	2	1	0	0	0	0	0	0	0	17
Band 1	0	0	0	0	0	1	0	0	0	0	1	2
Band 2	17	88	114	96	101	80	111	165	133	76	32	1013
Band 3	8	36	70	54	50	59	81	103	70	45	13	589
Band 4	1	26	43	35	38	43	73	85	64	30	4	442
Band 5	0	155	199	170	134	141	134	115	84	58	6	1196
Band 6	0	37	138	149	156	129	147	129	110	49	8	1052
Band 7	0	1	25	56	80	75	101	98	51	17	2	506
Band 8A	0	0	5	16	21	27	31	45	22	6	0	173
Band 8B	0	0	2	4	11	7	15	13	5	2	0	59
Band 8C	0	0	0	1	1	4	2	3	3	1	0	15
Band 8D	0	0	0	0	0	1	1	0	0	0	0	2
Band 9	0	0	0	0	2	2	3	5	0	0	0	12
Medical	0	36	47	19	51	57	46	55	30	18	4	363
VSM	0	0	0	0	0	3	6	5	0	2	0	16
Grand Total	36	383	645	601	645	629	751	821	572	304	70	5457

Maternity	All other Assignment Status'	Maternity & Adoption	Grand Total
< Band 1	17	0	17
Band 1	2	0	2
Band 2	987	26	1013
Band 3	582	7	589
Band 4	432	10	442
Band 5	1157	39	1196
Band 6	1019	33	1052
Band 7	499	7	506
Band 8A	172	1	173
Band 8B	59	0	59
Band 8C	15	0	15
Band 8D	2	0	2
Band 9	12	0	12
Medical	354	9	363
VSM	16	0	16
Grand Total	5325	132	5457

Turnovers and leavers

Sexual Orientation	Leavers Headcount	LTR Headcount %
LGB	12	15.58%
IDNWTD	378	10.31%
Heterosexual or Straight	141	8.23%

Disabled	Leavers Headcount	LTR Headcount %
No	390	10.40%
Not Declared	124	7.96%
Yes	17	11.33%

Religious Belief	Leavers Headcount	LTR Headcount %	Ethnic Origin	Leavers Headcount	LTR Headcount %
All Other Religions	115	10.44%	BME	59	8.69%
Christianity	262	9.75%	Not Stated	40	12.31%
IDNWTD	154	9.23%	White	432	9.70%

Gender	Leavers Headcount	LTR Headcount %
Female	441	9.33%
Male	90	12.31%

Shortlisted applicants

Ethnic Origin	BME	White	Not stated
No. of shortlisted applicants	1207	4599	190
No. appointed from shortlisting	140	816	109
Relative likelihood of shortlisting/appointed	11.60%	17.74%	57.37%

Sexual Orientation	Heterosexual	LGB	IDNWTD
No. of shortlisted applicants	5420	168	408
No. appointed from shortlisting	893	25	147
Relative likelihood of shortlisting/appointed	16.48%	14.88%	36.03%

Gender	Female	Male	IDNWTD
No. of shortlisted applicants	4694	1289	13
No. appointed from shortlisting	823	241	1
Relative likelihood of shortlisting/appointed	17.53%	18.70%	7.69%

Disability	No	Yes	IDNWTD
No. of shortlisted applicants	5491	279	226
No. appointed from shortlisting	918	33	114
Relative likelihood of shortlisting/appointed	16.72%	11.83%	50.44%

Religion	All other Religions	Christianity	IDNWTD
No. of shortlisted applicants	2105	3224	667
No. appointed from shortlisting	338	531	196
Relative likelihood of shortlisting/appointed	16.06%	16.47%	29.39%

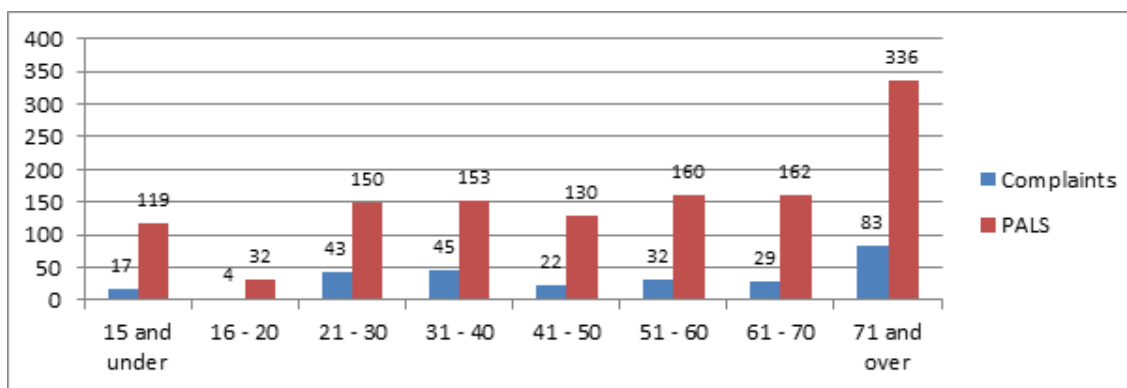
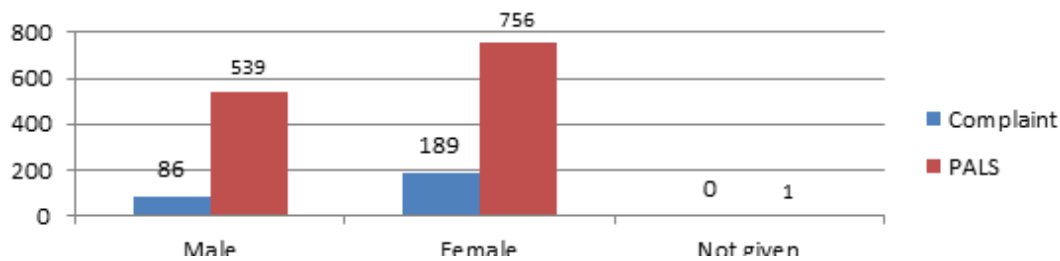
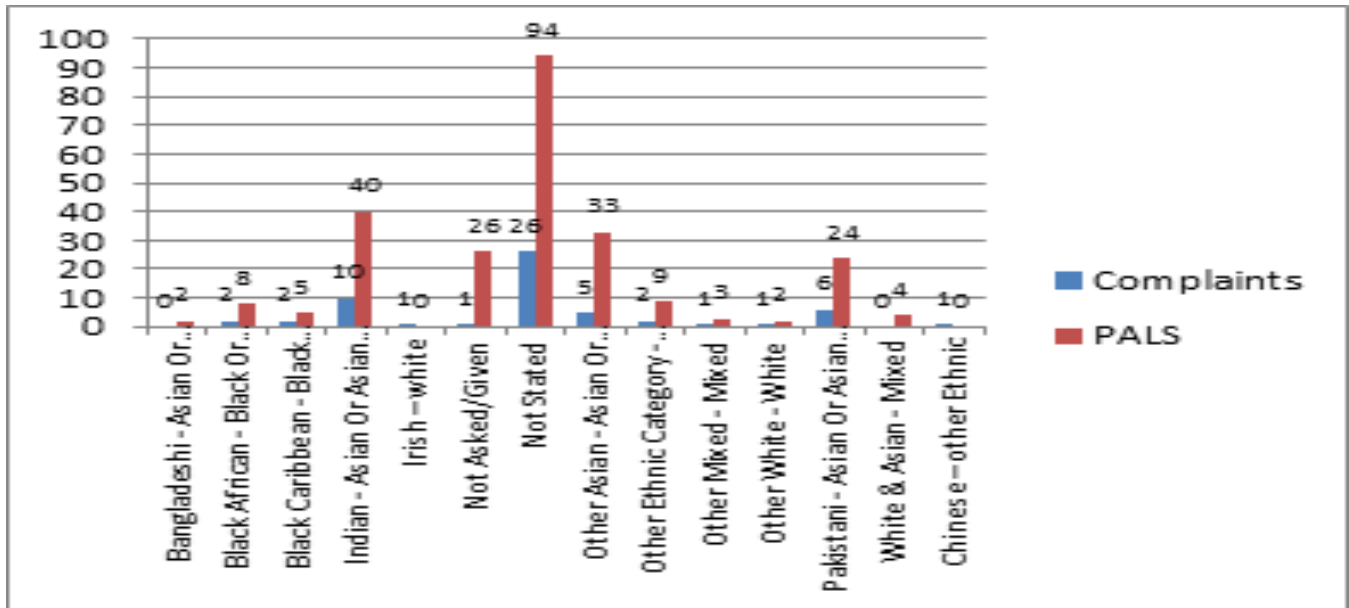
Transgender	No	Yes	IDNWTD
No. of shortlisted applicants	1189	4	4803
No. appointed from shortlisting	297	0	768
Relative likelihood of shortlisting/appointed	24.98%	0.00%	15.99%

Age	No. of shortlisted applicants	No. appointed from shortlisting	Relative likelihood of shortlisting/appointed
Under 20	198	29	14.65%
20 - 24	899	176	19.58%
25 - 29	1084	195	17.99%
30 - 34	928	159	17.13%
35 - 39	721	124	17.20%

40 - 44	645	111	17.21%
45 - 49	557	93	16.70%
50 - 54	557	88	15.80%
55 - 59	304	65	21.38%
60 - 64	82	22	26.83%
65+	19	3	15.79%
Not stated	2	0	0.00%

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Appendix 3: Equality monitoring of PALS and Complaints



Appendix 3: Trust Membership & Governors data

a. Trust membership



Ethnicity profile of members	
White - English, Welsh, Scottish, Northern Irish, British	3,006
White - Irish	41
White - Gypsy or Irish Traveller	0
White - Other	55
Black or Black British - African	73
Black or Black British - Caribbean	11
Black or Black British - Other Black	4
Asian or Asian British - Indian	435
Asian or Asian British - Pakistani	101
Asian or Asian British - Bangladeshi	11
Asian or Asian British - Chinese	8
Asian or Asian British - Other Asian	38
Mixed - White and Black Caribbean	4
Mixed - White and Black African	3

Mixed - White and Asian	18
Mixed - Other Mixed	9
Other Ethnic Group - Arab	0
Other Ethnic Group - Any Other Ethnic Group	84
Not stated	735

Gender profile of members	
Male	1,646
Female	2,914

b. Elected Governors

31 Governors
 13 male, 18 female
 9 BME background;
 3 with a disability
 3 gay/lesbian

7. References

ⁱ<https://www.bolton.gov.uk/downloads/file/613/people-in-bolton-factfile-1-2016-population-estimates-updated-june-2017>

ⁱⁱBolton Health Profile, <http://fingertipsreports.phe.org.uk/health-profiles/2017/e08000001.pdf>

ⁱⁱⁱ<http://localstats.co.uk/census-demographics/england/north-west/bolton>

^{iv}<https://www.bolton.gov.uk/downloads/file/616/people-in-bolton-2011-census-ethnicity-factfile-updated-october-2013>

^v<https://www.bolton.gov.uk/downloads/file/622/people-in-bolton-2011-census-religion-factfile>

^{vi} Health inequalities briefing Bolton/ public health England/ March 2018

^{vii} <http://boltonshealthmatters.org/sites/default/files/Planning4careOlderPeopleReport.pdf>

^{viii}[Disability Counts 2008](#)

^{ix} <https://www.actiononhearingloss.org.uk/about-us/our-research-and-evidence/facts-and-figures/>

^{xi}<https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics>

^{xii}<http://www.boltonccg.nhs.uk/media/1146/equality-diversity-and-human-rights-strategy-2014-2017-3rd-link-on-ed-page.pdf>

^{xiii}Northwest Regional Development Agency, 2009, Equality Interventions - the Evidence Base for NWDA interventions into Equality target Groups in the Northwest

Agenda Item No

Meeting	Board of Directors
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Date	Thursday 28 th November 2019
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Title	2019-20 Emergency Preparedness, Resilience and Response (EPRR) Assurance. Statement of compliance / action plan
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Executive Summary	NHS England require all health organisations participating in the 2019 -20 EPRR Core Standards (V 6.0) self-assessment process to ensure their Boards or governing bodies are sighted on the level of compliance achieved and the action plan for the forth-coming period.
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Previously considered by	This is presented annually to the Board.
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Next steps/future actions	To note compliance level and document in the minutes as a matter of public record		
	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	Jimmy Tunn, Emergency Planning Mgr.	Presented by	Andy Ennis Chief Operating Officer
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2019-20 Emergency Preparedness, Resilience and Response (EPRR) Assurance

STATEMENT OF COMPLIANCE

Bolton NHS Foundation Trust has undertaken a self-assessment against the NHS England Core Standards for EPRR (v 6.0). After self-assessment, and in line with the criteria of compliance stated below, the organisation declares itself as demonstrating the following level of compliance against the 2019-20 standards: **Substantial**

Overall EPRR assurance rating	Criteria
Full	The organisation is 100% compliant with all Core Standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the Core Standards they are expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the Core Standards they are expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation is compliant with 76% or less of the Core Standards they are expected to achieve. For each non-compliant Core Standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The actions plans will be monitored on a quarterly basis to demonstrate progress towards compliance

The self-assessment results were as follows:

Number of applicable Core Standards	Compliance level		
	Standards rated as Fully compliant ¹	Standards rated as Partially compliant ²	Standards rated as Not compliant ³
64	60	4	0
Applicable standards by organisation type: Acute providers: 64 Specialist providers: 55 Community providers: 54 Mental health providers: 54 CCGs: 43	Definition		
	¹ Fully compliant with the Core Standard NOTE: This is the number that is used in order to determine the organisation's overall assurance rating as generated by the self-assessment tool	² Not compliant with the Core Standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months	³ Not compliant with the Core Standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months

Where areas require further action, this is detailed in the *EPRR Action Plan* and these will be reviewed in line with the organisation's governance arrangements.

I confirm that the organisation's overall assurance rating has been / will be:

- Signed off by the Organisation's Accountable Emergency Officer
4th October 2019
- Presented at a public board meeting 28th Nov 2019
- Published in the organisation's annual report available 2020



Signed by the organisation's Accountable Emergency Officer

28/11/2019

04/10/2019

*Date of public Board
meeting*

Date signed

Appendix: EPRR Action Plan:

Ref	Domain	Standard	Organisation Evidence	Self assessment RAG	Action to be taken	Lead	Timescale
				<p>Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months.</p> <p>Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months.</p> <p>Green (fully compliant) = Fully compliant with core standard</p>			
20	Duty to maintain pla	Shelter and evacuation	Evacuation arrangements in place at each ward level which includes Progressive Horizontal Evacuation. Ward in a cage stores in place , Evacuation cubboards and action cards outlining roles and responsibilities. Whole site evac plan not yet in place (Working party ongoing at GM Level.)	Partially compliant	GM to finalise Site Evac template outlining Command and control elements and transport agreements for this type of risk. Trusts can then complete the template for their site.	GM H&SC P	12 months
30	Response	Incident Co-ordination Centre (ICC)	Major Incidents are managed in the ICC based in the Emergency Department. Following review of a recent critical incident the patient flow office will be developed into a Critical Incident / BC Incident control room	Partially compliant	Patient Flow office to be equipped to manage any Critical incident response	EPRR Manager	6 months
40	Cooperation	LRHP attendance	In GM Model individual trust AEO's do not attend th	Partially compliant	GM H&SC P to agree position statement on AEO LRHP attendance	CK	6 months
69	CBRN	FFP3 access	Training ongoing at departmental level	Partially compliant	All acute wards and departments to ensure a programme of FFP3 fit testing is in place	Divisions	3 months