Bolton NHS Foundation Trust – Board Meeting 29 March 2018

Location: Boardroom   **Time: 0930**

Time		Topic	Lead	Process	Expected Outcome
09.00		Patient Story (Elective division)	DoN		For the Board to hear a recent patient story to bring the patient into the room (Press and public to be excluded to preserve confidentiality)
09.30	1.	Welcome and Introductions	Chairman	verbal	
	2.	Apologies for Absence	Trust Sec.	Verbal	Apologies noted
	3.	Declarations of Interest	Chairman	Verbal	To note any declarations of interest in relation to items on the agenda
	4.	Minutes of meeting held 22 February 2018	Chairman	Minutes	To approve the previous minutes
	5.	Action sheet	Chairman	Action log	To note progress on agreed actions
	6.	Matters arising	Chairman	Verbal	To address any matters arising not covered on the agenda
	7.	Chairman's Report	Chairman	Verbal	To receive a report on current issues
	8.	CEO Report including reportable issues	CEO	Report	To receive a report on any reportable issues including but not limited to SIs, never events, coroner reports and serious complaints
Safety Quality and Effectiveness					
09.50	9.	Quality Assurance Committee Chair Report	QA Chair	Report	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
10.00	10.	Finance and Investment Committee – Chair Report	FC – Chair	Report	FC Chair to provide a summary of assurance from the F&I Committee and to escalate any items of concern to the Board
10.10	11.	Workforce Assurance Committee – Chair Report	CEO	Report	CEO to provide a summary of assurance from the Workforce Assurance Committee and to escalate items of concern to the Board
10.20	12.	Performance summary – key metrics	CEO	Report	

Coffee

11.00	13.	Staff Survey	Director of Workforce	Report	
11.15	14.	Gender pay gap	Director of Workforce	Report	
Governance					
11.30	15.	iFM Board changes	Trust Secretary	Report	
Reports from Sub-Committees (for information)					
	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					
11:45	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	22nd February 2018
Venue	Boardroom Royal Bolton Hospital

Present:-

Mr D Wakefield	Chairman	DW
Dr J Bene	Chief Executive	JB
Mr Allan Duckworth	Non-Executive Director	AD
Mr A Ennis	Chief Operating Officer	AE
Ms A Gavin Daley	Non-Executive Director	AGD
Steve Hodgson	Medical Director	SH
Ms B Ismail	Non-Executive Director	BI
Mr J Mawrey	Director of Workforce	JM
Mrs J Njoroge	Non-Executive Director	JN
Andrew Thornton	Non-Executive	AT
Mrs A Walker	Director of Finance	AW

In attendance:-

Mrs M Forshaw	Deputy Director of Nursing (for T Armstrong Child	MF
Mr R Mundon	Director of Strategy WWL	RM
Mrs E Steel	Trust Secretary	ES
Ms G Murphy	Insight programme for aspirant NEDs	

Apologies

Apologies were received from, Mrs T Armstrong Child Director of Nursing and Dr M Harrison, Non-Executive Director

Welcome and Introductions

The Chairman welcomed all Board members and observers to the meeting.

1. **Patient Story**

J, a 39 year old with physical and learning disabilities attended the Board

meeting with his mother (his primary carer) and his physiotherapist. The physiotherapist supported James and his mother in sharing his story highlighting the services he had accessed to improve his mobility and reduce bursa on his knees which had developed as a result of mobilising on his knees on hard floors.

Although J had accessed services as a child he had been attacked whilst in day care and for many years after that his mother had cared for him at home.

Following physiotherapy intervention and ongoing treatment including an onward referral to orthotics J now has a specialist walker, boots, caliper and self-propelled chair. These devices and ongoing support have enabled James to improve his mobility and increased his involvement in activities with others thus improving his overall wellbeing.

Resolved: The board noted the points raised in the story and agreed this served as a useful example of how neighbourhood working would help to ensure that touch points and opportunities to provide support and services were not missed.

2. Welcome and Introductions

The Chairman welcomed all attendees and observers to the meeting; James Mawrey, the new Director of Workforce was welcomed to his first Board meeting.

3. Declarations of Interest

No new declarations in addition to those recorded on the Trust Register of Interests.

4. Minutes of The Board Of Directors Meetings Held 25 January 2018

The minutes of the meetings held on 25 January 2018 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. Chairman's Report

The Chairman gave a verbal update on key meetings and developments since

the previous Board meeting:

- At a meeting with Tony Oakman, the new CEO of Bolton council good progress was made in outlining a shared vision of integrated services for the population of Bolton.

- The Trust hosted a forum for Governors from across the North West; this was well attended and well received with a programme that included updates on CQC and strategic developments.

- A&E performance remains a challenge, the hard work of all teams is recognised but a constant focus is required to deliver consistent recovery.

- Recent articles in the HSJ highlight the financial challenge facing the NHS to deliver financial plans and efficiencies with £1billion deficit forecast across the sector.

Resolved: The Board noted the update from the Chairman.

8.   CEO report

The CEO highlighted the following items from the written report provided within the Board pack:

- The Trust anticipates a Well Led review by the CQC during 2018 although formal notification has not yet been received.

- Regular Exec to Exec meetings are now taking place with the WWL Exec team to progress collaborative working in areas with resilience issues.

- Unfortunately four Serious Incidents one of which was a never event and one red complaint have been reported, these will be investigated in accordance with the policy with final reports presented to the Board in due course.

In response to a question regarding the Board Assurance Framework and the score of 20 against the risk of achieving the A&E target the Chief Operating Officer advised that this was the product of likelihood 5 and impact of 4 – it was therefore agreed that on this basis the score should remain at 20.

The Chair of the Audit Committee confirmed that the Audit Committee were continuing their deep dive of the BAF by exec portfolio

Resolved: The Board noted the CEO report.

9.   Quality Assurance Committee Chair Report

The Chair of the Quality Assurance Committee presented his report from the meeting held on 21st February 2018:

- The Committee heard a moving story illustrating the benefits of coordinated services in the provision of end of life care to enable an elderly couple to die together in their own home.

- The Clinical Governance and Quality Committee escalated risks relating to training in the use of Rambleguard fall mats.

- Strong reports were provided from both the Acute Adult Division and the Integrated Care Division illustrating good governance and good acknowledgement of challenges, The Committee recognised the contributions made by Brian Bradley as Head of the Acute Division and Jill Pinington as Divisional Director of Nursing for the Integrated Care Division. Both were attending their last Quality Assurance Committee before retirement.

- The committee received an update on the environmental improvements undertaken at Darley Court. A number of issues have now been addressed and work is ongoing with Bolton Council to address outstanding estates issues. Good progress has been made with BOSCA accreditation - the unit have progressed from white and are now a strong silver

- The Deputy Director of Nursing presented a summary of actions implemented following patient stories which provided assurance that actions identified in the stories received within the Board meeting are addressed.

- The Chief Pharmacist attended to provide an update on progress made against Medicines Optimisation guidance

- Following an incident at Portsmouth Hospitals where a large number of Chest X-Rays were unreported CQC requested data from all trusts. Although the Committee were assured that there is no hidden backlog there is a potential risk from delays to reporting where further assurance was requested

- Update provided on the Safer Maternity Care action plan – majority of actions green, no reds

- Update received on AKI, AKI steering group in place and reporting to Mortality Reduction Group

- Update on actions agreed in response to Regulation 28 letters from coroners – provided assurance that actions are addressed

- Paper summarising the impact of new GDPR regulations, impact also considered within Audit Committee – some increased risk in terms of increased fines and access to information. The Chair of the Audit Committee advised that this had also been discussed within the Audit Committee were some concerns were raised which would be covered within her chair report later.

- The Risk Management Committee reported on issues with the uninterruptible power supply which resulted in three separate power outages

- The report from the Chair of the IT Committee alerted the QA Committee to a potential delay with the implementation of Ascribe and E-obs.

Resolved: The board noted the QA committee Chair report.

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

The Chair of the Finance and Investment Committee presented his report from

the meeting held on 20th February 2018.

The committee received the month 10 Finance Report and noted the year to date surplus of £1.7m including STF, this is £2.6m worse than plan

Month nine performance improvements to pay and agency costs were not sustained and quarter four remains very challenging. Successful delivery of full year plan will require significant improvement in performance

The underlying cash position continues to give cause for concern and requires close monitoring. The Committee has requested the development of contingency plans in the event that the cash situation becomes more serious.

Reasonable assurance was provided regarding delivery of the revised tactical plan and additional opportunities, but this is likely to be contingent upon further negotiation with the CCG. NHSI continue to be fully briefed with regard to the significant risks to delivery.

The Committee recommended that the Board maintains the control total target subject to the ongoing assurances of understanding and support

The Committee received a paper which reported that expected capital slippage is £10.2m, mainly due to slippage in EPR, maternity and unified communications. The 18/19 capital plan will be capped based on the previous submission and will require review for affordability and capability.

The Committee recognised the significant challenge to deliver the 18/19 Control the required level of ICIP is of particular concern although there is a reasonable expectation that increased income will reduce the required level of ICIP

Some concerns were expressed regarding the efficiency and effectiveness of the Trust procurement processes. In response to these concerns the Committee Chairman requested that the Finance Director should instigate an independent review of the effectiveness of procurement activities and services.

Resolved: the Board noted the report from the Chair of the Finance and Investment Committee and approved the recommendation to continue with the current plan and to accept the control total for 2018/19.

11.   **Workforce Assurance Committee Chair Report**

The Chief Executive presented her report from the meeting held on 15th February 2018. The Workforce Assurance Committee is still a relatively new committee and members recognise that more work is needed to provide papers that give assurance.

Sickness absence remains a challenge – paper included on the Board agenda.

The clinical divisions provided their workforce planning reports; while there was some variation in content and detail with more work required by the Elective and Acute Adult to further develop their plans the Committee were assured that divisions are taking action to develop appropriate plans.

The Committee spent some time discussing the data prepared for the gender pay gap disclosure – this will be reported to the Board in March 2018 prior to publication in line with guidance.

The Committee received the Chair report from the Medical Workforce Committee

which escalated continued issues with job planning in Elective and Acute Adult.

In response to an enquiry form Board members with regard do the HR support provided to divisions and the difference in performance between the divisions, the Director of Workforce advised that although there are some strong areas more work is required on the provision of assurance. Having been given a warm welcome by the team who have recognised the need for direction he would be working with the team to provide consistent levels of high service.

Resolved: the Board noted the report from the Chair of the Workforce Committee.

12. Urgent Care Delivery Board Chair Report

The Chief Executive presented her report from the meeting of the Urgent Care Delivery Board held on 13th February 2018. The letters from the GM Strategic Partnership had been discussed with a focus on the actions required to address issues. The Urgent Care Board were assured that measures had been agreed with regard to frailty care planning, this should enable the next stage of work to turn the frailty risk assessments into actions to avoid admission.

- ECIP continue to support the Trust and feel that the right actions are being taken but will take time to embed.
- There have been some issues with the implementation of imedicare in nursing homes
- A trajectory for streaming has been submitted setting a target to double the number of patients streamed, the Trust are working with BARDOC to support streaming.

In response to a question about how the board could be assured with regard to the robustness and effectiveness of the Delivery Board, the CEO advised that it is essential to bring all parties to the table to address system wide challenges by working together as a locality. The effectiveness will be judged on performance, assurance could be provided by a third party review and this could be something for discussion with the wider GM sector.

Charts outside the CEO office provide further detail of the metrics being monitored.

Resolved: The Board noted the update on the work of the Urgent Care Board.

13. RTT Update

The Chief Operating Officer presented a report setting out current performance against the RTT target and the challenges to performance.

The Trust are working with the CCG to agree the process for recovery, when activity is lost as it was in January it takes time to recover unless there is significant investment in additional capacity.

The challenge and actions required vary by speciality and further discussion is planned both with the CCG and with NHSI to ensure actions planned are in line with GM and national expectations.

Under the aligned incentive contract it is important to reach agreement with commissioners, this will be subject to debate within contract discussions – an update will be provided through the Finance and Investment Committee once the debate is concluded.

In response to a question as to how performance compares to other Trusts within GM, the COO advised that the majority of GM Trusts are struggling with the exception of WWL where the cold site at Leigh lessened the impact of operational pressures on elective treatment.

Resolved: The Board noted the update and agreed that further information should be provided through the F&I Committee.

FT/18/10	Briefing to F&I committee on impact of options to address backlog

14. Sickness absence update

The Director of Workforce presented an update on the current sickness absence rate and a summary of the planned actions to improve attendance. The sickness absence rate in December was 5.64% with two thirds of sickness absence categorised as long term absence (192 cases currently in the system). The HR team are working with operational teams to provide support and develop a trajectory to reduce this rate.

There has been an increase in absence due to stress and anxiety – actions will include a review of support/counselling provision to offer help to staff. Targeted actions would include the provision of training sessions for operational teams.

The Director of Workforce agreed that this was an area of concern, being new in post, he could offer reassurance that this would be an area of immediate focus and that plans were in place to develop a more coherent workforce strategy.

Non-Executive members of the Board thanked the Director of Workforce for his report, commending the implementable actions and clear practical approach.

In response to a question about exit interviews the Director of Workforce agreed that this was a key area, a similar question had already been raised at the Workforce Assurance Committee and would be followed up.

Resolved: the Board noted the update on sickness absence.

FT/18/11	Response to exit interviews to be reviewed through workforce assurance committee

15. Mortality – six month update

The Medical Director provided his six monthly mortality report including a summary of current performance and a description of the ongoing improvement work. The following key points were noted:

- The latest SHMI of 107.1 is within the "as expected" range

- A new mortality review process has been introduced; the process was approved in August 2016 and progress has been made towards developing a robust procedure. Quarterly reports will be provided to the QA Committee and to the Board – the Board report will be published on the internet in accordance with the guidance

- The Trust crude mortality rates provide assurance and demonstrate a favourable trend compared to national and regional rates.

Board members asked about the impact of the ACU on the SHMI rate having previously been advised of a potential statistical increase. The Medical Director agreed that the potential increase had not so far been seen but warned that a full year effect would be required to fully assess the impact.

Board members spent some time discussing the quality strategy target to achieve an SHMI of 90 by the year 2020. Although it was felt by the majority that this was perhaps over ambitious the Board agreed to continue working towards this target.

Resolved: board members noted the update and agreed that detailed oversight of mortality would continue through the QA Committee with regular updates to the public meeting of the Board of Directors.

16. **Performance Summary**

The Chief Executive reminded Board members that as previously agreed presentation of the full performance report had been suspended for two months to allow the BI team the time to develop a new dashboard which would be shared with Board members at the development day on 22nd March 2018.

A summary performance report had therefore been produced to ensure the Board remained sighted on key metrics:

RTT – as previously discussed, remains an issue

Diagnostic waits – to be covered under agenda item 16.03

Cancer – performance targets will be achieved for quarter three. The COO advised that the current GM pathway agreement works well, however potential national will increase the number of breaches and will potentially increase the debate regarding breach allocation. This should be considered as a risk to performance although it is difficult to determine the impact which will need to be assessed on a case by case basis. Other trusts within GM share this view and there will be a regional response to the proposed English policy.

C. difficile – The Deputy Director of Nursing advised that the independent review had been delayed due to the availability of the assessors. Once completed, the results of this review would be reported to the QA Committee.

A & E – as discussed within the update from the Urgent Care Board remains a significant challenge. There was a significant increase in the number of confirmed flu cases admitted to the hospital with the need to isolate flu patients adding to the flow challenge.

Although there are some indications of recovery one of the concerns is the volatility of performance with significant day to day variation in performance. ECIP continue to support the trust and provide assurance that the correct actions are being taken. The Trust and CCG along with representatives from other

areas with challenged performance have been invited to a meeting in Manchester to discuss performance.

<table>
<tr><td>**FT/18/12**</td><td>MF to confirm flu figures with Deputy DIPC</td></tr>
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16.1   <u>**Sepsis**</u>

The Medical Director provided a briefing note to update Board members on the actions taken to address the issue of patients in the sepsis CQUIN audit not receiving IV antibiotics within 60 minutes of sepsis diagnosis. The audit results will be used to drive improved performance, oversight of this will be through the Quality Assurance Committee.

Resolved: The Board noted the update.

16.2   <u>**Finance Update**</u>

The Director of Finance used a slide included below to describe the current financial position.

As articulated in the update from the Chair of the F&I Committee the achievement of the plan remains a challenge, significant savings have been achieved but there have also been significant cost pressures.

The I & E forecast is break even against a surplus plan of £2.2m with the potential to achieve a small surplus including STF if risks can be managed.

2017/18 Financial Outturn

- I&E forecast is break even v surplus plan of £2.2m
  - after additional funding for Transformation, Winter and technical benefits totalling £4.6m
- STF forecast achievement range £3.8m – £7.9m
- ICIP forecast £18.7m v plan of £20.8m
- Capital forecast £23.7m v plan of £33.7m, may slip further
- Underlying cash position very challenging, BPPC 65.4%
- UOR forecast 3 v plan of 1
- Financial risks to end of March circa £9.1m

<table>
<tr><td>**FT/18/13**</td><td>Capital plan to Board</td></tr>
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16.3   <u>**DM01 Performance and recovery**</u>

The diagnostic waits (DM01) target includes a number of diagnostic tests; the performance issue with 9.5% waiting over six weeks (target 1%) is almost entirely in relation to endoscopy capacity and demand.

Additional lists have been started to reduce waiting times and there is a reasonable degree of confidence that performance will be back on track by the end of April 2018. Although the expansion of the Endoscopy department is important, investment in manpower will also be required to deliver the target and further discussions are underway with the CCG to agree the investment to meet demand.

17.   **Planning for 2018/19**

The Director of Finance presented a summary of the planning implications for Bolton (the full NHSI guidance had been circulated within Board packs)

The CCG allocation has increased, this includes some new monies and CCGs will be encouraged to release reserves, there are also potential technical gains to be achieved relating to prescribing. In total there is an additional £160m available to the GM economy, the additional money will need to cover winter, RTT recovery and activity growth.

Provider Sustainability Funding replaces STF; the amount available to the Trust has been increased to £11.094m if all requirements are met. With a revised control total of £1.623m (if the 2017/18 control total is delivered) this gives a planning total of £12.717m.

2018/19 Planning Guidance
Financial Framework – What it means for Bolton

- Bolton CCG allocation increases by £12.4m plus c £2.2m release from 0.5% reserve plus prescribing gain c £2.0m
- Allocation increases to cover Winter, RTT, activity growth
- Provider Sustainability Fund (PSF formerly STF) increased to £11.094m
- Control total £1.623m
  → £12.717m → Requirement for boards to confirm acceptance by 8 March
- Opening ICIP requirement £20.5m
- GM categorised as an Integrated Care System – PSF being linked to aggregate GM financial performance
- Capital spend capped at original plan £20.2m unless permission given to exceed
- Agency ceiling £5.814m

In order to deliver the control total the Trust will need to deliver £20.5m of ICIPs; this will require the realisation of the benefits of system transformation.

There is a risk that Greater Manchester could be designated as an Integrated Care System in which case PSF would be linked to aggregate performance – there is strong opposition to this and this risk is being discussed within GM.

Capital plans will be capped at the level set in previously submitted plans unless permission is given to exceed this level – for Bolton the planned capital expenditure for 2018/19 was set at £20.2m. Board members asked for an update to the capital plan and agreed that the plan would need to be prioritised to match cash

Control of agency expenditure will remain a challenge, the Trust continue to exceed the threshold and a continued focus will be required to attract staff to Bolton to reduce the reliance on agency staff.

The Chair of the F&I Committee confirmed that the factors impacting on the 2018/19 plan had been discussed in detail in the meeting held on 20 February 2018 and on the basis of the facts presented to the F&I Committee summarised on the slide shared with Board members agreed to recommend acceptance of the control total.

Resolved: after further debate and consideration of the implications of the planning guidance the Board accepted the control total for 2018/19.

FT/18/13	Capital plan to Board

Operational Guidance

The Chief Operating Officer presented a summary of the operational planning guidance, the following key points were noted:

- Return to the 95% standard for A&E has been deferred with a target of achieving 90 by September 2018 and improvement to 95% in 2019.

- All providers and commissioners will be required to work together to reduce length of stay with a new incentive scheme for reinvestment of savings from reduced excess bed days.

- There will be no additional winter funding in 2018/19. Systems will need to demonstrate that winter plans are embedded in both system and individual organisation operating plans.

- RTT waiting list will be no higher in March 2019 than March 2018, and should aim to reduce it.

- Numbers of patients waiting over 52 weeks should be halved by March 2019 – as a Trust there are no patients currently waiting over 52 weeks although there are a couple where complex pathways have led to long waits.

- For cancer patients the emphasis is on faster diagnosis on key pathways; within the Trust performance is back on track for two week breast cancer screening.

Board members discussed the implications of the operational guidance and agreed that while the national targets were less ambitious than in previous years it was important to do the right thing for patients to minimise delays and cancellations.

Resolved: Board members noted the planning guidance for 2018/19

18. **Charitable Funds Chair Report**

The Chairman presented the Chair report from the meeting of the Charitable Fund Committee held on 6th February 2018.

The Committee reviewed the fund balances, there are no funds in the General Purpose funds and over half the funds are within the Acute Adult Division. The new DDO within the Acute Adult Division will work with staff to encourage the use of these monies for the benefit of patients.

The Committee received an update on previously approved funding requests; the investment in a resource to support volunteers has been a particular success with over 100 volunteers recruited to support the Trust.

The Committee voted to allow the waiving of management charges for the Charity of the Year.

Resolved: The Board noted the Charitable Funds Chair report.

19. **Any other business**

No other business.

20. **Questions From Members of the Public**

No questions raised

Date And Time of Next Meeting

29th March 2018

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

February 2018 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/17/111	21/12/2017	Discharge medication	report back in March 2018 to update on changes and progress	SH	Mar-18	verbal update
FT/18/10	22/01/2018	RTT update	Briefing to F&I committee on impact of options to address backlog	AE	Mar-18	F&I chair report - verbal update
FT/18/12	22/01/2018	performance - flu rates	MF to confirm flu figures with Deputy DIPC	MF	Mar-18	verbal update
FT/18/13	22/01/2018	Financial planning	Capital plan to Board	AW	Mar-18	agenda item
FT/17/100	30/11/2017	Performance report	Report back to provide further understanding and	JM	Mar-18	Assurance update at Workforce Assurance Committee on
FT/17/99	30/11/2017	Performance report	Report through Workforce Assurance Committee on quality of appraisals	JM	Mar-18	Assurance update at Workforce Assurance Committee on 12th March - Workforce Chair report
FT/18/01	25/01/2018	patient story	report back to Board on actions raised in patient story	TAC	Mar-18	verbal update on specific actions - report to QA in Feb 2018 with update on all patient stories
FT/18/08	25/01/2018	Maternity report	consideration of maternity metrics and red flags for Board performance report	TAC	Mar-18	verbal update - development of new performance report
FT/18/11	22/01/2018	Sickness absence report	Response to exit interviews to be reviewed through workforce assurance committee	JM	Mar-18	Assurance update at Workforce Assurance Committee on 12th March - Workforce Chair report
FT/17/110	21/12/2017	Infection control review	full report to QA Committee	TAC	Apr-18	
FT/18/03	25/01/2018	Capital programme	Strategic Estates Board to reflect on learning from capital programme	JB	Apr-18	
FT/18/04	25/01/2018	Workforce Assurance Committee	report back on whistleblowing and Freedom to speak up	TAC	Apr-18	
FT/18/14	22/01/2018	GDPR	report back to Board to provde assurance with regard to completion of internal audit actions and GDPR mitigation	AE	Apr-18	
FT/17/117	21/12/2017	Equality and Diversity	update on E,D&I	TAC	Jun-18	
FT/17/92	26/10/2017	Board Assurance Framework	Audit Committee to discuss potential to revise report to include a projected score if actions have desired effect	ES	Jul-18	date changed to align with BAF presentaion to Board
FT/17/96	30/11/2017	Performance report	TAC to provide update on trajectory to achieve recommended fill rate	TAC	Jul-18	
FT/18/05	25/01/2018	Nurse staffing report	next report to include further information on retention/attrition	TAC	Jul-18	

Key

| complete | agenda item | due | overdue | not due |

Agenda Item No: 8

Meeting	Board of Directors

Date	29 March 2018

Title	Chief Executive Update

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

Previously considered by	

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

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

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

Prepared by	Esther Steel Trust Secretary	Presented by	Jackie Bene Chief Executive

All information provided in this written report was correct at the close of play 21/03/2018 a verbal update will be provided during the meeting if required

1. **Awards and recognition**

   D4 have been shortlisted in the Student Nursing Times Student Placement of the Year: Hospital category for their work on the Synergy project.

   The Paediatric Audiology service were successful in gaining UKAS accreditation

   The Director of Nursing and Nurse Specialist Jainab Desai, from the Learning Disability Team, were among a number frontline nurses recognised by The Prince of Wales, HRH Princes Charles, at a special ceremony. Over 350 nurses from across the country were invited to the Royal reception at Buckingham Palace after being nominated for exceptional contributions in their field.

2. **Stakeholders**

2.1 **NHSI/NHSE**

   The high level of scrutiny an regulatory oversight of urgent care pressures continues with a number of letters received from NHSI on plans to relieve current pressures and longer term plans in preparation for winter 2018/19.

   Draft finance and activity plans were submitted by the 8th March deadline

2.2 **CQC**

   The Director of Nursing had her regular meeting with the Trust's CQC relationship manager on Monday 19th March, a full update was provided on challenges and recent incidents. The meeting was very positive all matters discussed have previously been discussed either within this Board meeting or in the Quality Assurance meeting.

2.3 **Greater Manchester Devolution**

   A Programme Board for the GM Corporate Services Programme was established on Feb 22nd 2018. This forum will oversee the creation of a new GM organisation to deliver shared corporate services (procurement, HR and IM &T) for those who want to participate.

   A short presentation will be provided in the part two meeting on the proposed risk share arrangements for pathology services.

2.4 **North West Sector**

   The Exec to Exec meeting with WWL scheduled for Friday 16th March was cancelled by mutual agreement because of operational challenges and team availability for both trusts.

3. **<u>Reportable Issues Log</u>**

Issues occurring between 16/02/2018 and 21/03/18

3.1 **Serious Incidents and Never events**

Three serious incidents, one of which was a never event had been reported since the last Board meeting.

3.2 **Red Complaints**

No red complaints reported since the last meeting

3.3 **Whistleblowing**

Nothing to report

3.4 **Media issues**

Very positive social media coverage of the Chief Executive's OBE presentation on 15th March 2018

4 **<u>Board Assurance Framework</u>**

The Board Assurance Framework will be revised after the Board Development session scheduled for March 22nd 2018 to provide a framework of assurance and to focus on the key risks identified during the course of the strategic discussions

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	21st March 2018	Date of next meeting:	18th April 2018
Chair:	Andrew Thornton	Parent Committee:	Board of Directors
Apologies:	Annette Walker, Karen Bancroft, Sharon Cunliffe and Harni Bharaj	Quorate (Yes/No):	Yes

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story	🟩	The patient story provided a further example of integrated interventions from the acute pain team and pharmacy to significantly improve the quality of life for a patient with post herpetic pain	Story noted
Clinical Governance and Quality Committee Chair Report	🟧	The Chair report from the Clinical Governance and Quality Committee escalated a challenge in relation to the monitoring of actions from serious incidents and an increase in the number of outstanding actions	The Committee were advised that clear actions have been identified to address the issues
Divisional Quarterly Report – Elective Care Division	🟩	Comprehensive report highlighting challenges and successes. The division now has four wards with platinum BOSCA status and no wards below silver. Some challenges with regards to waiting lists, compliance with sepsis and medical device training	Actions and further assurance agreed
Divisional Quarterly Report – Family Care Division	🟩	Comprehensive report flagging challenges including recent reviews.	The Division have commissioned an independent governance review in light of recent incidents
Sepsis – quarterly review of quality account priority	🟥	Update provided on progress against the national sepsis CQUIN, some concerns with regard to sampling. QA Committee note assured	Comprehensive report on sepsis to be provided in three months.
Acute bronchitis mortality outlier alert	🟧	Action plan in place, slight delay in the closure of actions for nutrition related queries	Division to work with the Director of Nursing to provide feedback to the CQC

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🟧	Moderate assurance – potential moderate impact on quality, operational or financial performance
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Please complete to highlight the key discussion points of the meeting using the key to identify the level of assurance/risk to the Trust

Committee/Group Chair's Report

Falls collaborative paper	🟩	The Committee received a summary of the Falls Improvement Collaborative work – the trial which was successfully piloted on two wards has now been extended	Further update to be provided after roll out to other areas.
Organ Donation Update	🟩	Noted increase in organ donations	
CQC Insight Report	🟧	The CQC insight report was reviewed, some concerns expressed about the lack of supporting narrative	Further report to be provided with narrative to explain current position and actions taken
Use of resources metric governance arrangements	🟩	The QA Committee noted and endorsed the arrangements to ensure oversight of the metrics that make up the use of resources rating	
Update on 2017/18 quality account audit and plans for 2018/19 quality account	🟩	On track with the production of the Quality Account	
Patient Experience, Inclusion and Partnership Committee	🟩	Report noted, no concerns escalated	
Mortality Committee	🟧	SHMI decreased from 108 to 107; RAMI stabilised at 87.5. Reports provided from supporting workstreams	
Risk Management Committee	🟥	The Committee noted that a large number of risks had been added to the iFM risk register	Ongoing programme or work to improve risk management within iFM Bolton
Comments			
Risks Escalated			

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Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	20th March 2018	Date of next meeting:	24th April 2018
Chair:	Allan Duckworth	Parent Committee:	Board of Directors
Apologies:	D Wakefield, A Ennis	Quorate (Yes/No):	Yes

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Finance Report (Month 11)		Director of Finance	Key points noted from the Finance & Activity Report: • The Trust has a year to date surplus of £3.5m including STF, which is £3.0m worse than plan at the end of Month 11. • The NHSI plan is a surplus plan of £10.1m by the end of the year. • The Trust has a year to date deficit of £1.6m when STF is excluded from the position. • Balance Sheet adjustments of £0.8m were released into the position. • Agency costs are at £9.4m against a year to date plan of £5.7m which exceeds the full year plan of £6.2m. • ICIPs at £15.6m are £0.8m worse than the year to date plan. Note the full year target of £20.8m. • The month end cash balance is £3.4m which is worse than plan by £3.7m this month. • Year to date capital spend is £15.8m which is £14.3m below the capital plan. • The Trust Use of Resource Rating is 3 as at the end of Month 11 which is below plan.	Some risks to delivery still exist but the Executive now feel able to express some confidence that the revised tactical plan and the existing ICIP schemes will be achieved and, importantly, that sufficient additional opportunities have now been secured to provide reasonable assurance that the overall control total target can be achieved. More specifically, ongoing discussions with Bolton CCG and GM have yielded positive results in terms of providing additional support, albeit with potential consequences in future years. NHSI continues to be fully briefed and understands that some risk to full delivery remains. The underlying cash position continues to give cause for concern but assurance has been provided that intensive cash management and monitoring programmes are in place, including appropriate and escalating contingency plans.

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Committee/Group Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Capital Programme Update (Month 11)		Director of Finance	The Committee received a paper which reported that expected slippage will now be in the region of circa £12.4m. Further slippage looks likely in Month 12. The Committee expressed serious concern regarding some further delays now reported across a range of capital projects, particularly Estates Schemes, and questions were asked as to whether or not these should have been foreseen earlier.	Specific concerns were raised about the quality and accuracy of capital expenditure planning and forecasting and about the ability of the Trust to deliver projects on time and on budget. The Executive have been instructed to review the relevant processes and to make appropriate recommendations for improvement as a matter of urgency. Report noted.
Minutes from the Capital, Revenue and Investment Group (CRIG)		Director of Finance	The Committee received the Chair's report from the CRIG meeting held on 13th February.	Report noted.
• 2018/19 Financial Plan • Capital Plan 2018/19 • Income and Cost Improvement Programme 2018/19		Director of Finance	The Committee considered all three planning papers collectively in order to formulate a fully informed view of the proposed 2018/19 financial plan. Whilst the Committee agreed that the ICIP target for 2018/19 must be regarded as extremely challenging the Executive expressed confidence that the plan can be delivered. Improved process management and recent changes to senior management (Divisional and Executive) provide further assurance. The proposed capital plan for 2018/19 has been prioritised taking account of slippage from 2017/18. The prioritisation process and a commitment of close ongoing Executive scrutiny provides reasonable assurance that the plan can be delivered despite the challenging level of spend involved.	Notwithstanding the degree of challenge inherent in the proposed financial plan for 2018/19, particularly with regard to ICIP/pay and capital expenditure, levels, the Executive provided reasonable assurance that the 2018/19 financial plan is deliverable. This assurance is enhanced by improved process management capability and recent changes to senior management. Moreover, the potential for receiving significant additional rewards based on full or partial delivery of control total targets leads the Committee to conclude that it remains in the best overall interest of the Trust to agree a financial plan based on such targets. The Committee therefore recommends that the Board should approve the proposed financial plan for 2018/19, whilst recognising the associated risks, and should also reconfirm acceptance of the 2018/19 control totals.

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Committee/Group Chair's Report

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Procurement KPI Report	🟧	Director of Finance	The Committee received this regular report which sets out current achievement against the agreed KPIs in the Trust's procurement strategy. The report also provided a brief update on the purchase price index and benchmarking (PPIB) tool and the status in regard to the financial grip and control checklist.	It was noted that an independent review of the effectiveness of Procurement activities and services had now been instigated.
Devolution Manchester	🟧	Director of Finance	The Director of Finance gave a verbal update in relation to recent progress.	Update noted.
Authorisation of High Value Supplier Payments	🟩	Deputy Director of Finance	The Committee received an in-year update of expenditure against the high value supplier payments list (expenditure over £1m). Seven additions to the high value contracts have been made together with a revised increase in forecast expenditure of £2.4m for four high value contracts.	The Committee recommended to the Board approval of: • the 26 contracts over £1m for 2017/18; and, • the 2018/19 register of supplier payments.
Tender Update	🟩	Director of Finance	There had not been any updates since the previous meeting.	Noted.
Comments				

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Committee/Group Chair's Report

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Risks escalated

2018/19

- Divisional performance/delivery of ICIPs – key material risk for the year.
- Capital plan: risk to delivery.
- General risk regarding workforce, both shortages and the cost pressure that this creates, especially variable pay.
- iFM Bolton delivery of plan.

2017/18

- Divisional performance/delivery of ICIPs – key material risk for the year. Actions in place to secure delivery.
- The Business Case for the transfer of Outpatient Pharmacy: further negotiations to achieve Business Case objectives still not complete
- The underlying cash position continues to give cause for concern and requires ongoing close monitoring; contingency plans are in place in the event that the cash situation becomes more serious.

From 2016/17

- Contingent liability on the ill health retirement case still an outstanding issue but mitigation in place

Other Matters Escalated

- Governance Issues relating to iFM Bolton

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Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Workforce Assurance Committee	Report to:	Board of Directors
Date of Meeting:	12th March 2018	Date of next meeting:	18th April 2018
Chair:	Jackie Bene	Parent Committee:	Board of Directors
Apologies:	A Walker, S Ainsworth, R Chel	Quorate (Yes/No):	Yes

Key Agenda Items:	RAG	Key Points	Action/decision
Recruitment and Retention update		Summary analysis provided of vacancies in nursing and midwifery together with a summary of recruitment activity being undertaken to fill these roles.	The Committee felt that the paper would benefit from further detail on actions being taken and include forecasting and trajectories. Link to Divisional Workforce Plans.
Management of Temporary Staffing Usage and Spend		The Committee received a paper providing a narrative summary of the hot-spot areas for temporary staffing in the Divisions and also summarising the actions being taken to control usage and mitigate spend.	The Committee felt that further details are required on actions being taken.
Job Planning		A brief update was received in relation to the current position with regard to job planning. The Adult Acute Division has demonstrated good progress and are on track to meet the projected sign off. Progress has been poor in the Elective Division.	Process to be developed to map the job planning cycle. Corporate actions will be implemented if the projected position is not met.
Staff Survey Results		A report was received to update the Committee on the findings of the 2017 staff survey. Benchmarking data shows that the Trust is fifth for overall staff engagement score for Providers in the Manchester Footprint and second in the country for combined and Acute Trusts.	The Committee noted a decline in failure to identify learning needs in the appraisal process. An educational training framework will be developed to identify what training is available internally and externally.

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Committee/Group Chair's Report

Statutory and Mandatory Training	🟩	Assurance was provided to the Committee that staff are receiving the training they require in relation to Statutory and Mandatory Training.	The Committee were assured that the training is quality assured in line with national, local and subject matter expert (SME) requirements.
Quality of Appraisal Update	🟩	The Committee received an update on the assessment of the quality of appraisals undertaken by managers within the Trust and actions taken.	Appraisal paperwork to be streamlined.
Workforce Dashboard	🟩	The Committee noted that sickness absence has reduced to 5.08% in February and complimented teams on this achievement.	Reviewing the recruitment to vacancy process.
Gender pay gap report	🟧	Updated report received in advance of report being prepared for March Trust Board and publication in line with reporting requirements	Initial actions have been developed which will take time to come to fruition.
Workforce Operational Committee	🟧	Escalated sickness absence rates. Comprehensive sickness management report detailing Trust and Divisional rates reasons and cases was noted.	Continue detailed reporting to managers and Divisions to inform their actions. Audit application of policy. Continued HR support to line managers on local action plans. Report from e-roster on return to work compliance from April 2018.
Strategic Workforce Board	🟧	Workforce Communication and Engagement Strategy discussed.	Documents to be circulated to ensure engagement with Integrated Community Services.
Medical Workforce Improvement Group	🟧	Making steady progress in relation to e-rostering for medical workforce.	Meeting planned to agree next steps for General Surgery.
Comments			
Risks Escalated			
Job Planning			

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Committee/Group Chair's Report

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Agenda Item No	

Meeting	Board of Directors

Date	

Title	Summary Performance Report – February 2018

Executive Summary	The purpose of this report is to summarise performance for the year against the Trust's business plan. Whilst areas of good performance are noted in the report the main emphasis is highlighting for the Board those material issues where improvement is required.

Previously considered by	It is recommended that the Board note the report

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

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

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

Prepared by	Business Intelligence	Presented by	Jackie Bene, Chief Executive

Contents

Balanced Scorecard - Summary Performance

Trust Objective	Year to Date Performance	Forecast Year Performance
1: Quality of Care	🟧	🟩
2: Operational Performance	🟧	🟧
3: Leadership and Improvement	🟩	🟩
4: Finance and Use of Resources	🟧	🟧
5: Fit for the Future	🟧	🟩

Performance Summary Exceptions

Areas where further work on performance is needed are:

- Total Hospital acquired infections
- RTT Incomplete Pathways within 18 weeks
- Diagnostic waits
- Cancer
- A&E
- Sickness absence levels are appropriately managed
- Headline financial performance

Total Hospital acquired Infections

C-Diff (CDT) infections

There was one Clostridium Difficile toxin positive case in February 2018 which had a lapse in care. The panel concluded that there should have been more oversight for the antibiotic prescribing from admission.

Year to date the Trust has reported 28 cases, of these, 15 in total had lapses in care and are considered as performance cases against the trust threshold of 19 cases. Given this level of performance the Trust should achieve the NHSE assigned threshold of 19 CDT cases for 2017/18.

MRSA Bacteraemia Infections

There were no cases assigned to the Trust in February.

RTT

Performance of this constitutional indicator has remained below the target for the sixth month with performance in month of 87.8%. The largest challenges to this at a specialty level are observed in General Surgery, Trauma and Orthopaedics and Ophthalmology. A paper has been put together with a number of options open to the Trust to recover performance which is being reviewed by the executive team to determine the action required.

Cancer

First appointment from urgent cancer referral to be within 11 days (1 mth in arrears)

Performance in January was 87.7% although elevated levels of referrals and capacity issues are impacting on this metric significantly, the capacity within the division is used to protect and deliver the NHS constitutional standards. High performing areas are Colorectal, Head and Neck, Gynaecology and Lung. The main areas of underperformance are Skin, Breast and Urology.

Performance Summary Exceptions

62 day screening % (1 mth in arrears)

Cancer Screening remains a concern on the year to date performance, January was below the threshold at 87.5%.Capacity issues in both breast treatment and endoscopy have impacted the breast and bowel cancer screening pathways. Performance is being managed through the twice weekly cancer performance meetings.

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

Work is ongoing to recover the breast symptomatic standard. The position at the end of January was below the standard of 93% at 79.8% and a reduction of 10% on December's performance.

A&E

A&E performance in February 2018 was 79.6%; an improvement of 1.8% on the previous month but 5.7% worse than the same month last year. Performance in February 2018 was 8.4% worse than the improvement trajectory agreed with NHSI of 88.0%.

Work continues on the urgent care plan with oversight from the Emergency and Urgent Care Delivery Board co-chaired by the Trust Chief Executive

Diagnostic Waits

There were 141 validated breaches at month end breaches have been validated, giving a final position of 4.8% of the Diagnostic Waiting List waiting more than 6 weeks at the end of February. Last month there were 291 patients waiting over 6 weeks (decrease of 150 this month). The main areas of pressure continue to be Colonoscopy which accounts for 118 of the 141 patients who were waiting over six weeks and Gastroscopy with 15 patients.

A plan is in place to recover the Diagnostic 6 week performance standard (DMO1) by the end of March. The plan is made up of internal weekend support and Inhealth providing 14 day support onsite from March.

Sickness absence levels are appropriately managed

Sickness levels were 5.1% in February compared to the Trust target of 4.2% which is an improvement of over 1% on last month's position. It is above the same time last year (4.7%).

Headline financial performance

- The Trust has a year to date surplus of £3.5m including STF, which is £3.0m worse than plan at the end of Month 11.
- The NHSI plan is a surplus control total of £10.1m by the end of the year.

Performance Summary Exceptions

- The Trust has a year to date deficit of £1.6m when STF is excluded from the position.
- Balance Sheet adjustments of £0.8m were released into the position.
- Agency costs are at £9.4m against a year to date plan of £5.7m which exceeds the full year plan of £6.2m.
- ICIPs at £15.6m are £0.8m worse than the year to date plan. Note the full year target of £20.8m.
- The month end cash balance is £3.4m which is worse than plan by £3.7m this month.
- Year to date capital spend is £15.8m which is £14.3m below the capital plan.
- The Trust Use of Resource Rating is three as at the end of Month 11 which is below plan.

Summary Indicators

Key Performance Indicators

Trust Objective	Outcome Measure	Financial Year	Annual Plan	Plan YTD	Actual YTD	Monthly Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Reduce healthcare acquired infections	Total Hospital acquired C-Diff infections	2016/17	19	17	34	1.6	3	2	1	2	5	4	5	3	4	4	1	3
		2017/18	19	17	28	1.6	4	2	1	6	3	5	2	1	2	1	1	
	Total Hospital acquired MRSA infections	2016/17	0	0	2	0	0	0	0	0	0	1	0	1	0	0	0	0
		2017/18	0	0	2	0	0	1	0	0	0	0	0	0	1	0	0	
To Deliver the NHS Constitution, achieve Monitor standards and contractual targets	RTT Incomplete pathways within 18 weeks %	2016/17	92.0%	92.0%	92.1%	92.0%	95.5%	95.4%	94.9%	94.4%	93.1%	92.9%	93.5%	93.7%	92.5%	92.1%	92.1%	92.6%
		2017/18	92.0%	92.0%	87.8%	92.0%	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.2%	87.8%	
	RTT 52 week waits (incomplete pathways)	2016/17	0	0	11	0	0	0	0	0	0	3	2	1	0	3	2	1
		2017/18	0	0	24	0	5	1	1	4	3	2	1	1	2	2	2	
	RTT 52 week waits (Admitted pathways)	2016/17	0	0	2	0	1	0	0	0	0	1	1	1	0	0	0	1
		2017/18	0	0	8	0	2	1	1	0	0	2	0	0	0	1	1	
	RTT 52 week waits (Non Admitted pathways)	2016/17	0	0	5	0	0	0	0	0	0	0	2	1	1	0	2	0
		2017/18	0	0	10	0	0	2	1	0	2	0	1	2	0	1	1	
	First appointment from urgent cancer referral to be within 11 days (1 mth in arrears)	2016/17	93.0%	93.0%	91.7%	93.0%	86.6%	77.6%	80.0%	95.8%	82.7%	89.6%	94.0%	89.4%	92.3%	91.7%	85.3%	75.0%
		2017/18	93.0%	93.0%	87.7%	93.0%	68.1%	83.4%	69.1%	63.4%	75.3%	71.9%	76.0%	69.3%	72.1%	87.7%		
	62 day standard % (1 mth in arrears)	2016/17	85.0%	85.0%	95.3%	85.0%	94.0%	97.0%	96.4%	93.4%	93.4%	93.6%	95.7%	97.8%	94.8%	96.6%	92.2%	94.6%
		2017/18	85.0%	85.0%	91.2%	85.0%	94.2%	93.0%	92.0%	92.7%	92.9%	91.1%	87.4%	87.6%	90.4%	90.8%		
	62 day screening % (1 mth in arrears)	2016/17	90.0%	90.0%	94.4%	90.0%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%	94.4%
		2017/18	90.0%	90.0%	84.4%	90.0%	92.5%	96.4%	88.9%	85.7%	83.3%	77.3%	61.0%	81.1%	90.2%	87.5%		
	31 days to first treatment % (1 mth in arrears)	2016/17	96.0%	96.0%	96.8%	96.0%	96.8%	98.9%	97.3%	99.0%	93.8%	92.7%	93.4%	95.7%	100.0%	100.0%	98.9%	100.0%
		2017/18	96.0%	96.0%	99.5%	96.0%	100.0%	100.0%	99.0%	97.8%	100.0%	98.9%	100.0%	100.0%	100.0%	99.0%		
	31 days subsequent treatment (surgery) % (1 mth in arrears)	2016/17	94.0%	94.0%	95.3%	94.0%	94.4%	100.0%	100.0%	100.0%	78.6%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		2017/18	94.0%	94.0%	97.7%	94.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.9%	92.9%	100.0%	100.0%	93.3%		
	31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	2016/17	98.0%	98.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		2017/18	98.0%	98.0%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
	Patients 2 week wait (all cancers) % (1 mth in arrears)	2016/17	93.0%	93.0%	98.8%	93.0%	99.1%	99.1%	98.0%	99.6%	98.5%	99.0%	98.9%	99.0%	98.5%	98.4%	99.1%	98.4%
		2017/18	93.0%	93.0%	97.3%	93.0%	93.9%	98.6%	98.6%	97.2%	97.2%	98.0%	98.3%	97.0%	97.8%	96.7%		
	Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	2016/17	93.0%	93.0%	95.3%	93.0%	97.0%	97.5%	95.0%	97.2%	95.8%	94.7%	95.5%	95.3%	90.2%	94.6%	94.0%	89.5%
		2017/18	93.0%	93.0%	63.6%	93.0%	89.1%	87.7%	45.1%	62.9%	21.8%	34.9%	38.1%	86.9%	89.9%	79.8%		
	A&E 4 hour target	2016/17	95.0%	95.0%	82.4%	95.0%	80.3%	81.4%	85.3%	81.9%	86.1%	87.1%	81.5%	79.5%	79.2%	79.2%	85.3%	83.6%
		2017/18	95.0%	95.0%	82.1%	95.0%	82.5%	86.3%	84.6%	84.8%	78.3%	84.5%	88.0%	80.4%	76.9%	77.8%	79.6%	
Diagnostics and continued care of the services at BFT	Diagnostic Waits >6 weeks %	2016/17	1.0%	1.0%	0.8%	1.0%	1.5%	0.9%	1.0%	0.5%	1.2%	1.0%	0.7%	0.7%	0.6%	1.0%	0.3%	0.4%
		2017/18	1.0%	1.0%	2.4%	1.0%	0.9%	0.7%	0.3%	0.5%	0.8%	0.8%	1.5%	1.7%	5.3%	9.5%	4.8%	
Teams are appropriately staffed and flexible	Sickness absence levels are appropriately managed	2016/17	4.2%	4.2%	4.7%	4.2%	4.8%	4.4%	4.3%	4.8%	4.3%	4.3%	5.2%	5.3%	5.3%	5.3%	4.7%	4.2%
		2017/18	4.2%	4.2%	5.1%	4.2%	4.4%	4.1%	4.2%	4.5%	4.5%	4.6%	4.8%	5.2%	5.6%	6.2%	5.1%	
	iFM sickness	2017/18			9.61%		5.3%	6.2%	6.4%	7.8%	8.1%	7.7%	8.0%	7.3%	7.4%	9.6%	9.6%	
	Ward sickness	2017/18			6.97%		5.9%	5.5%	5.2%	6.0%	6.5%	6.6%	6.3%	6.8%	7.8%	8.4%	7.0%	

Agenda Item No : 13

Meeting	Board of Directors

Date	29th March 2018

Title	2017 Staff Survey Results
Executive Summary	1. The purpose of this report is to update the Trust Board on the findings of the 2017 Staff Survey 2. Staff satisfaction and engagement are essential in continuously improving both the staff and patient experience in the Trust and creating a positive workplace culture. 3. The paper sets out the next steps to support staff engagement in developing Divisional and cross cutting action plans.
Previously considered by	Not Applicable

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

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

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

Prepared by:	Carol Sheard and James Mawrey	Presented by:	James Mawrey, Director of Workforce

1.   Executive Summary

1.1   This paper provides a summary report of the outcomes relating to the 2017 NHS Staff Survey. It also proposes that, in responding to staff feedback, actions and interventions should be focused at a Divisional level as well as a small number of Trust-wide cross cutting themes.

1.2   The NHS Staff Survey is conducted annually and all trusts are mandated to participate. The Trust surveyed a random sample of 1,250 substantive staff (the advised minimum sample size for an organisation of this size). The Survey was conducted between late September and early December 2016 and the overall response rate was 43%. Across the Divisions, response rates varied from 29% to 65%.

1.3   Against the majority of Key Findings there was little variation in the 2017 outcomes when compared with the previous year. Bolton continues to benchmark well on staff engagement levels when compared to the sector average.

1.4   The report proposes that, in acknowledging and responding to staff feedback, actions will be developed at a Divisional level. That said there will be a small number of cross cutting themes which will form part of an overall Trust Staff Engagement Plan. Associated work has already commenced at Divisional level and for these cross cutting themes.

1.5   The staff engagement work is being led by the Workforce & Organisational Development team, but will necessitate the full involvement, leadership and commitment of all senior managers. Implementation and progress will be monitored via the Workforce Assurance Committee.

2.0   Background and context

2.1   The Survey results are primarily intended for use by local organisations to help them review and improve staff experience, which is accepted as having a direct impact on the quality of care and the patient experience. The Care Quality Commission (CQC) uses the annual Survey results to monitor on-going compliance with essential standards of quality and safety. Used effectively, Survey data are also of value in developing the 'employee voice', alongside the patient voice, and in supporting the delivery of the Trust's quality priorities

2.2   All trusts are obliged to appoint an independent Survey administrator, which is responsible for selecting a minimum sample set of staff, co-ordinating the issue, collation and analysis of Survey questionnaires, and producing a full Survey report. The Survey administrator appointed by Bolton NHS Foundation Trust is Quality Health

2.3   The results of the Survey are widely disseminated through divisional management structures as a focus for action and as a platform to improve staff engagement and continue to build on the good work already undertaken.

3.0   Summary of findings

3.1   The Executive Summary which is accessible to the public is detailed in Appendix 1 of this paper. A presentation of findings presented by the Survey provider (Quality Health) to the Trust's Management Teams is provided at Appendix 2. Colleagues may note minor discrepancies between the two reports, Appendix 1 is the report accessible to the public and the one considered by our external regulators.

3.2   Colleagues will note that broadly, the results are again encouraging this year, in that they demonstrate that the Trust is above average on overall staff engagement levels as well as being above average on a number of the key questions within the NHS Staff Survey.

3.3 Response rate: The Trust-level response rate was slightly below the sector average at 43% (Sector average 45%). That said there was fluctuation across the Divisions as detailed below:-

Division	% Response Rate
Trust	43%
Adult Acute	29%
Elective	43%
Families	36%
Integrated Community Services	38%
Corporate	65%

3.4 The Survey outcomes provide for an overall staff engagement score, which is referred to by the main regulatory bodies as the 'Employee Engagement Index' (EEI) score. The score is the product of the combined responses to nine particular questions relating to three specific domains, namely 'advocacy', 'involvement' and 'motivation'. Responses to the 2017 Survey provided for a Trust EEI score of 3.86 (out of a maximum score of 5.0), reflecting a slight deterioration on last year (3.88) but above the sector average (3.78). The reduction of 0.02 in 2017 is not considered as statistically significant by our NHS Staff Survey Providers.

3.5 The table below provides a high level overview of the key findings / key questions related to the organization. A breakdown by Division is also noted for these key areas:-.

	2016	2017	Sector Average	Adult Acute	Elective	Community	Family	Corporate
"Care of patients / service users is my organisation's top priority"	80%	77%	77%	71%	76%	83%	72%	83%
"My organisation acts on concerns raised by patients /	83%	80%	74%	74%	81%	88%	85%	75%
"I would recommend my organisation as a place to work"	66%	62%	59%	61%	60%	67%	64%	63%
"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	73%	68%	69%	64%	70%	72%	62%	65%
Staff recommendation of the organisation as a place to work or receive treatment	3.85	3.76	3.75					

3.6 When considering the Trust's benchmark position against comparator Trusts the following key matters are observed:-:

- **4** key finding scores are **significantly better** than the average for Combined Acute and Community Trusts surveyed by Quality Health:-

   o **KF7** % of staff able to contribute towards improvements at work

   o **KF11** % of staff appraised in last 12 months

- KF15 % of staff satisfied with the opportunities for flexible working patterns
- KF26 % of staff experiencing harassment, bullying or abuse from staff in last 12 months

- **2** key finding scores have shown **significant improvement** since 2016
  - KF15 % of staff satisfied with the opportunities for flexible working patterns
  - KF28 % of staff witnessing potentially harmful errors, near misses or incidents in last month

- **0** key finding scores are **significantly worse** than the average Combined Acute and Community Trusts surveyed by Quality Health
- **1** key finding score has shown **significant decline** since 2016
  - KF3 % of staff agreeing that their role makes a difference to patients/service users

3.7 **Regional Benchmark Data from 2017 Staff Survey** – The overall staff engagement score for Providers in the Manchester Footprint is detailed below:

GM Trust	
The Christie NHS Foundation Trust	4.00
Wrightington, Wigan and Leigh NHS Foundation Trust	3.95
Greater Manchester West Mental Health NHS Foundation Trust	3.89
Tameside Hospital NHS Foundation Trust	3.89
Bolton NHS Foundation Trust	3.86
Pennine Care NHS Foundation Trust	3.80
Salford Royal NHS Foundation Trust	3.78
Manchester University NHS Foundation Trust	3.78
Stockport NHS Foundation Trust	3.73
Pennine Acute Hospitals NHS Trust	3.64

When benchmarked against combined Acute & Community Trusts then Bolton benchmarks very favorably. This benchmarking data has not been included in this report though as further validation is required on the data source.

4. Responding to the Main areas of concern / Next steps

4.1 Quality Health provide an on line portal to enable granular analysis by staff group, Division or other identifying field greater than 11 staff. Analysis by EDI protected characteristic is also supported which will support the development of local action planning. Work will take place with staff and staff representatives, across bands and staff groups during March to develop local action plans and identify cross cutting actions by the end of April. Progress and implementation will be monitored by the Workforce Operational Committee and assurance provided by the Workforce Assurance Committee.

4.2 Further work is being undertaken by the Workforce & OD team to consider whether a refreshed offering / approach to staff engagement is required given the levelling of the staff engagement scores.

5.0   Concluding comments

5.1 The 2017 NHS Staff Survey outcomes demonstrate that the Trust remain above average on most areas contained within the NHS Staff Survey. Whilst this is encouraging, staff feedback also highlighted some particular areas of concern, which must be recognized, better understood and effectively addressed.

6.0   Recommendation

6.1 The Trust Board is asked to:

1. Note the contents of the report

2. Note that the Workforce Operational Committee will oversee the implementation and development of corporate and divisional action planning.

3. Note that the Staff Friends & Family Test (quarterly) will be used throughout the year to provide a temperature check on the workforce staff engagement levels. This year the Staff Friends & Family test will ask all nine questions that make up the overall staff engagement levels. The Trust Board will be updated on these results via the Integrated Performance Dashboard.

Enclosed: 2017 National Staff Survey Summary Report
2017 Staff Survey Presentation

2017 National NHS staff survey

Brief summary of results from Bolton NHS Foundation Trust

Table of Contents

1. Introduction to this report

This report presents the findings of the 2017 national NHS staff survey conducted in Bolton NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document **Making sense of your staff survey data**, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 32 Key Findings.

These sections of the report have been structured thematically so that Key Findings are grouped appropriately. There are nine themes within this report:

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

Please note, two Key Findings have had their calculation changed and there have been minor changes to the benchmarking groups for social enterprises since last year. For more detail on these changes, please see the **Making sense of your staff survey data** document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions

- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2017 survey results for Bolton NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q21a, Q21b, Q21c and Q21d and the un-weighted score for Key Finding 1. The percentages for Q21a – Q21d are created by combining the responses for those who "Agree" and "Strongly Agree" compared to the total number of staff that responded to the question.

Q21a, Q21c and Q21d feed into Key Finding 1 "Staff recommendation of the organisation as a place to work or receive treatment".

		Your Trust in 2017	Average (median) for combined acute and community trusts	Your Trust in 2016
Q21a	"Care of patients / service users is my organisation's top priority"	77%	75%	80%
Q21b	"My organisation acts on concerns raised by patients / service users"	80%	73%	83%
Q21c	"I would recommend my organisation as a place to work"	62%	59%	66%
Q21d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	66%	69%	73%
KF1.	Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21c-d)	3.76	3.75	3.85

2. Overall indicator of staff engagement for Bolton NHS Foundation Trust

The figure below shows how Bolton NHS Foundation Trust compares with other combined acute and community trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.86 was above (better than) average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)   *Scale summary score*

Trust score 2017	3.86
Trust score 2016	3.88
National 2017 average for combined acute and community trusts	3.78

1   2   3   4   5

Poorly engaged staff   *Highly engaged staff*
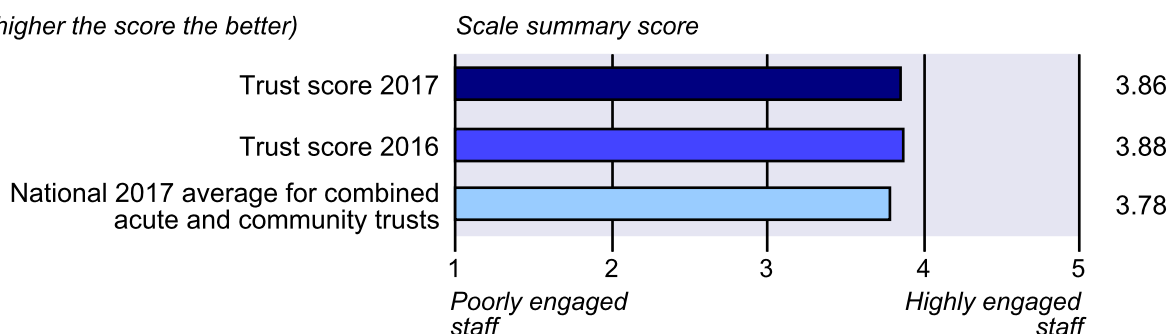
This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 1, 4 and 7. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 7); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 1); and the extent to which they feel motivated and engaged with their work (Key Finding 4).

The table below shows how Bolton NHS Foundation Trust compares with other combined acute and community trusts on each of the sub-dimensions of staff engagement, and whether there has been a significant change since the 2016 survey.

	Change since 2016 survey	Ranking, compared with all combined acute and community trusts
OVERALL STAFF ENGAGEMENT	• No change	✓ Above (better than) average
KF1. Staff recommendation of the trust as a place to work or receive treatment *(the extent to which staff think care of patients/service users is the trust's top priority, would recommend their trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.)*	• No change	• Average
KF4. Staff motivation at work *(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)*	• No change	✓ Above (better than) average
KF7. Staff ability to contribute towards improvements at work *(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)*	• No change	✓ Above (better than) average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data***.

3. Summary of 2017 Key Findings for Bolton NHS Foundation Trust

3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Bolton NHS Foundation Trust compares most favourably with other combined acute and community trusts in England.

TOP FIVE RANKING SCORES

✓ KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)   Percentage score

Trust score 2017   20%

National 2017 average for combined acute and community trusts   24%

0   25   50   75   100

✓ KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)   Scale summary score

Trust score 2017   3.90

National 2017 average for combined acute and community trusts   3.73

1   2   3   4   5

Ineffective / unfair procedures   *Effective / fair procedures*

✓ KF7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)   Percentage score

Trust score 2017   75%

National 2017 average for combined acute and community trusts   70%

0   25   50   75   100

✓ KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)   Percentage score

Trust score 2017   49%

National 2017 average for combined acute and community trusts   53%

0   25   50   75   100

✓ KF8. Staff satisfaction with level of responsibility and involvement

(the higher the score the better)   Scale summary score

Trust score 2017   4.01

National 2017 average for combined acute and community trusts   3.89

1   2   3   4   5

Unsatisfactory level of responsibility / involvement   *Highly satisfactory level of responsibility / involvement*

This page highlights the five Key Findings for which Bolton NHS Foundation Trust compares least favourably with other combined acute and community trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

！KF23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)   *Percentage score*

Trust score 2017 — 3%

National 2017 average for combined acute and community trusts — 2%

0   25   50   75   100

！KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)   *Percentage score*

Trust score 2017 — 15%

National 2017 average for combined acute and community trusts — 14%

0   25   50   75   100

！KF24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)   *Percentage score*

Trust score 2017 — 66%

National 2017 average for combined acute and community trusts — 67%

0   25   50   75   100

！KF3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)   *Percentage score*

Trust score 2017 — 90%

National 2017 average for combined acute and community trusts — 90%

0   25   50   75   100

！KF16. Percentage of staff working extra hours

(the lower the score the better)   *Percentage score*

Trust score 2017 — 70%

National 2017 average for combined acute and community trusts — 71%

0   25   50   75   100
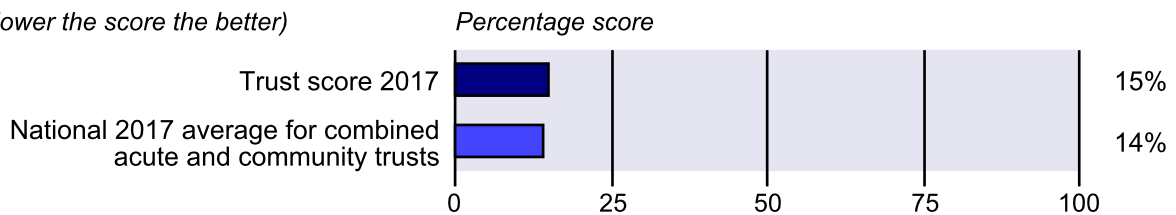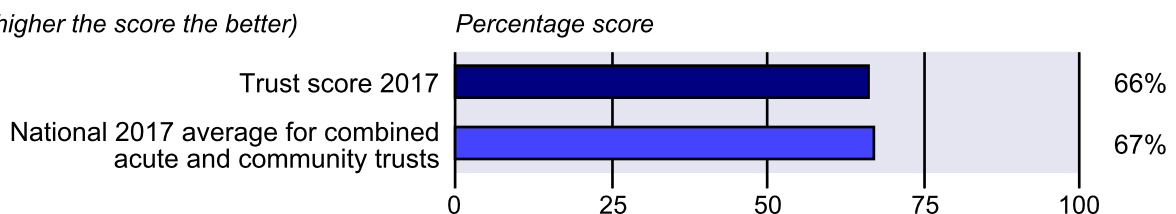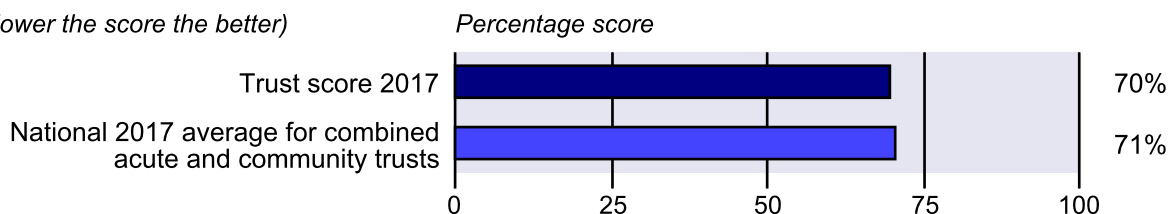
For each of the 32 Key Findings, the combined acute and community trusts in England were placed in order from 1 (the top ranking score) to 43 (the bottom ranking score). Bolton NHS Foundation Trust's five lowest ranking scores are presented here, i.e. those for which the trust's Key Finding score is ranked closest to 43. Further details about this can be found in the document *Making sense of your staff survey data*.

3.2 Largest Local Changes since the 2016 Survey

This page highlights the Key Finding that has improved at Bolton NHS Foundation Trust since the 2016 survey.

WHERE STAFF EXPERIENCE HAS IMPROVED

✓ KF15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)   *Percentage score*

Trust score 2017	57%
Trust score 2016	50%

0   25   50   75   100
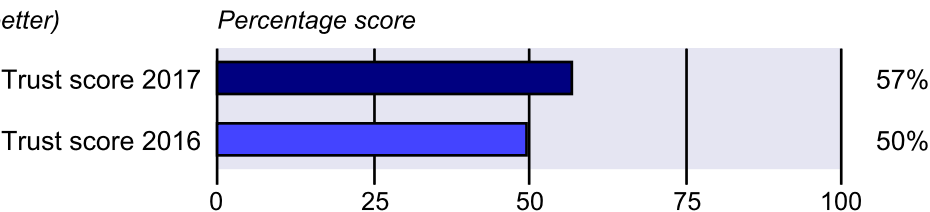
Because the Key Findings vary considerably in terms of subject matter and format (e.g. some are percentage scores, others are scale scores), a straightforward comparison of score changes is not the appropriate way to establish which Key Findings have improved the most. Rather, the extent of 2016-2017 change for each Key Finding has been measured in relation to the national variation for that Key Finding. Further details about this can be found in the document ***Making sense of your staff survey data***.

This page highlights the Key Finding that has deteriorated at Bolton NHS Foundation Trust since the 2016 survey. It is suggested that this might be seen as a starting point for local action to improve as an employer.

<p style="text-align:center">WHERE STAFF EXPERIENCE HAS DETERIORATED</p>

! KF3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)   *Percentage score*

	Score
Trust score 2017	90%
Trust score 2016	94%

0   25   50   75   100
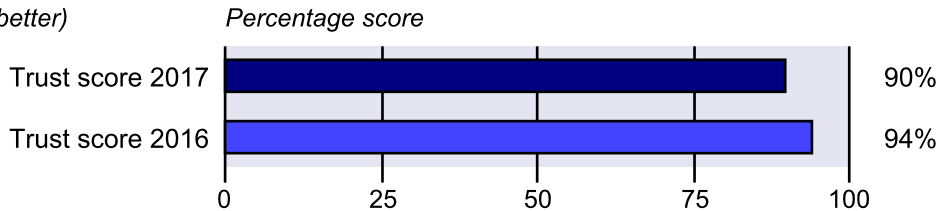
Because the Key Findings vary considerably in terms of subject matter and format (e.g. some are percentage scores, others are scale scores), a straightforward comparison of score changes is not the appropriate way to establish which Key Findings have deteriorated the most. Rather, the extent of 2016-2017 change for each Key Finding has been measured in relation to the national variation for that Key Finding. Further details about this can be found in the document *Making sense of your staff survey data*.

3.3. Summary of all Key Findings for Bolton NHS Foundation Trust

KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Change since 2016 survey

KF11. % appraised in last 12 mths

* KF20. % experiencing discrimination at work in last 12 mths

KF21. % believing the organisation provides equal opportunities for career progression / promotion

* KF28. % witnessing potentially harmful errors, near misses or incidents in last mth

KF29. % reporting errors, near misses or incidents witnessed in last mth

* KF17. % feeling unwell due to work related stress in last 12 mths

* KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure

KF15. % satisfied with the opportunities for flexible working patterns

* KF16. % working extra hours

KF7. % able to contribute towards improvements at work

KF6. % reporting good communication between senior management and staff

KF3. % agreeing that their role makes a difference to patients / service users

* KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths

* KF23. % experiencing physical violence from staff in last 12 mths

KF24. % reporting most recent experience of violence

* KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths

* KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths

KF27. % reporting most recent experience of harassment, bullying or abuse

3.3. Summary of all Key Findings for Bolton NHS Foundation Trust

KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2016 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2016 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2016 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Change since 2016 survey (cont)

-1.0   -0.6   -0.2   0.2   0.6   1.0

KF12. Quality of appraisals

KF13. Quality of non-mandatory training, learning or development

KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

KF31. Staff confidence and security in reporting unsafe clinical practice

KF19. Org and mgmt interest in and action on health and wellbeing

KF1. Staff recommendation of the organisation as a place to work or receive treatment

KF4. Staff motivation at work

KF8. Staff satisfaction with level of responsibility and involvement

KF9. Effective team working

KF14. Staff satisfaction with resourcing and support

KF5. Recognition and value of staff by managers and the organisation

KF10. Support from immediate managers

KF2. Staff satisfaction with the quality of work and care they are able to deliver

KF32. Effective use of patient / service user feedback

3.3. Summary of all Key Findings for Bolton NHS Foundation Trust

KEY

Green = Positive finding, e.g. better than average.

Red = Negative finding, i.e. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all combined acute and community trusts in 2017

KF11. % appraised in last 12 mths

* *KF20. % experiencing discrimination at work in last 12 mths*

KF21. % believing the organisation provides equal opportunities for career progression / promotion

* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*

KF29. % reporting errors, near misses or incidents witnessed in last mth

* *KF17. % feeling unwell due to work related stress in last 12 mths*

* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*

KF15. % satisfied with the opportunities for flexible working patterns

* *KF16. % working extra hours*

KF7. % able to contribute towards improvements at work

KF6. % reporting good communication between senior management and staff

KF3. % agreeing that their role makes a difference to patients / service users

* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*

* *KF23. % experiencing physical violence from staff in last 12 mths*

KF24. % reporting most recent experience of violence

* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*

* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*

KF27. % reporting most recent experience of harassment, bullying or abuse

3.3. Summary of all Key Findings for Bolton NHS Foundation Trust

KEY

Green = Positive finding, e.g. better than average.

Red = Negative finding, i.e. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all combined acute and community trusts in 2017 (cont)

3.4. Summary of all Key Findings for Bolton NHS Foundation Trust

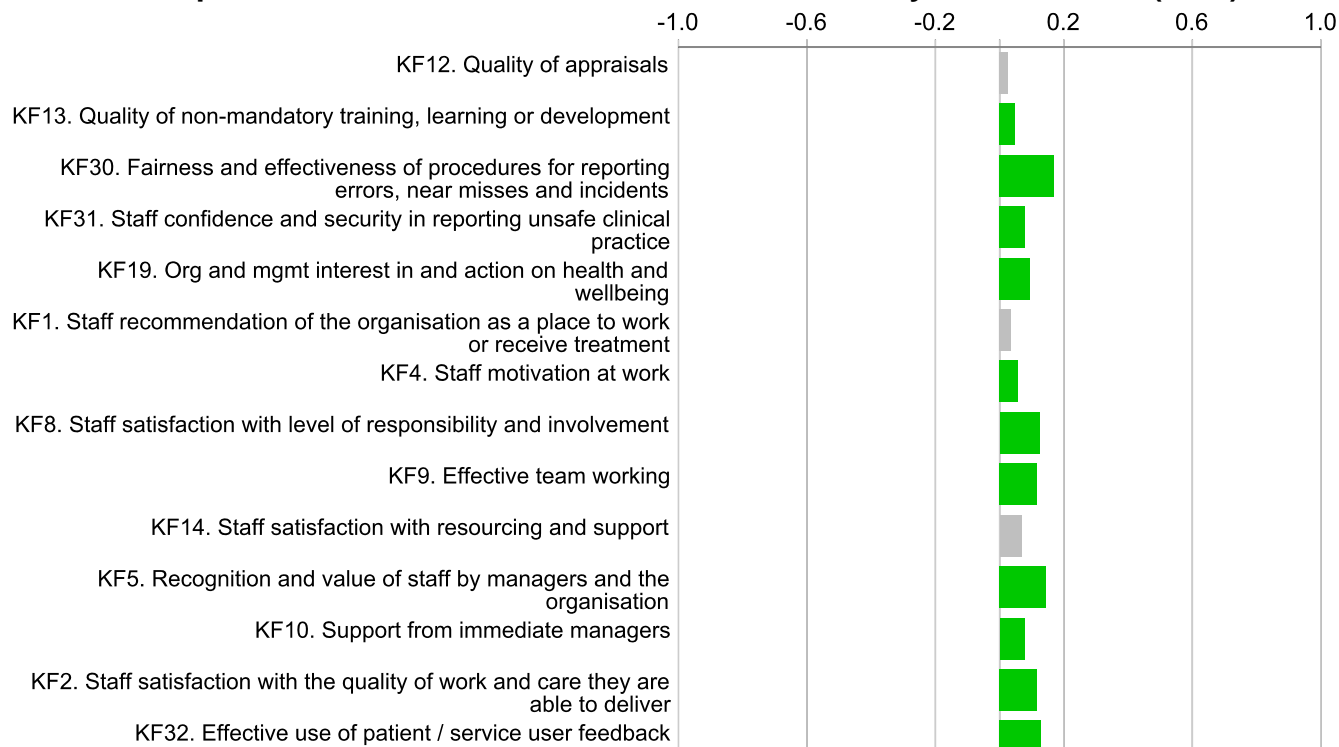| KEY	
✓	Green = Positive finding, e.g. better than average, better than 2016.
!	Red = Negative finding, e.g. worse than average, worse than 2016.
	'Change since 2016 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2016 survey.
--	No comparison to the 2016 data is possible.
*	For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

	Change since 2016 survey	Ranking, compared with all combined acute and community trusts in 2017
Appraisals & support for development		
KF11. % appraised in last 12 mths	• No change	✓ Above (better than) average
KF12. Quality of appraisals	• No change	• Average
KF13. Quality of non-mandatory training, learning or development	• No change	✓ Above (better than) average
Equality & diversity		
* *KF20. % experiencing discrimination at work in last 12 mths*	• No change	✓ Below (better than) average
KF21. % believing the organisation provides equal opportunities for career progression / promotion	• No change	✓ Above (better than) average
Errors & incidents		
* *KF28. % witnessing potentially harmful errors, near misses or incidents in last mth*	• No change	• Average
KF29. % reporting errors, near misses or incidents witnessed in last mth	• No change	✓ Above (better than) average
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	• No change	✓ Above (better than) average
KF31. Staff confidence and security in reporting unsafe clinical practice	• No change	✓ Above (better than) average
Health and wellbeing		
* *KF17. % feeling unwell due to work related stress in last 12 mths*	• No change	✓ Below (better than) average
* *KF18. % attending work in last 3 mths despite feeling unwell because they felt pressure*	• No change	✓ Below (better than) average
KF19. Org and mgmt interest in and action on health and wellbeing	• No change	✓ Above (better than) average
Working patterns		
KF15. % satisfied with the opportunities for flexible working patterns	✓ Increase (better than 16)	✓ Above (better than) average
* *KF16. % working extra hours*	• No change	• Average

3.4. Summary of all Key Findings for Bolton NHS Foundation Trust (cont)

	Change since 2016 survey	Ranking, compared with all combined acute and community trusts in 2017
Job satisfaction		
KF1. Staff recommendation of the organisation as a place to work or receive treatment	• No change	• Average
KF4. Staff motivation at work	• No change	✓ Above (better than) average
KF7. % able to contribute towards improvements at work	• No change	✓ Above (better than) average
KF8. Staff satisfaction with level of responsibility and involvement	• No change	✓ Above (better than) average
KF9. Effective team working	• No change	✓ Above (better than) average
KF14. Staff satisfaction with resourcing and support	• No change	• Average
Managers		
KF5. Recognition and value of staff by managers and the organisation	• No change	✓ Above (better than) average
KF6. % reporting good communication between senior management and staff	• No change	✓ Above (better than) average
KF10. Support from immediate managers	• No change	✓ Above (better than) average
Patient care & experience		
KF2. Staff satisfaction with the quality of work and care they are able to deliver	• No change	✓ Above (better than) average
KF3. % agreeing that their role makes a difference to patients / service users	! Decrease (worse than 16)	• Average
KF32. Effective use of patient / service user feedback	• No change	✓ Above (better than) average
Violence, harassment & bullying		
* *KF22. % experiencing physical violence from patients, relatives or the public in last 12 mths*	• No change	! Above (worse than) average
* *KF23. % experiencing physical violence from staff in last 12 mths*	• No change	! Above (worse than) average
KF24. % reporting most recent experience of violence	• No change	• Average
* *KF25. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths*	• No change	• Average
* *KF26. % experiencing harassment, bullying or abuse from staff in last 12 mths*	• No change	✓ Below (better than) average
KF27. % reporting most recent experience of harassment, bullying or abuse	• No change	✓ Above (better than) average

4. Key Findings for Bolton NHS Foundation Trust

Bolton NHS Foundation Trust had 529 staff take part in this survey. This is a response rate of 43%[1] which is average for combined acute and community trusts in England (43%), and compares with a response rate of 37% in this trust in the 2016 survey.

This section presents each of the 32 Key Findings, using data from the trust's 2017 survey, and compares these to other combined acute and community trusts in England and to the trust's performance in the 2016 survey. The findings are arranged under nine themes: appraisals and support for development, equality and diversity, errors and incidents, health and wellbeing, working patterns, job satisfaction, managers, patient care and experience , and violence, harassment and bullying.

Positive findings are indicated with a green arrow (e.g. where the trust is better than average, or where the score has improved since 2016). Negative findings are highlighted with a red arrow (e.g. where the trust's score is worse than average, or where the score is not as good as 2016). An equals sign indicates that there has been no change.

Appraisals & support for development

KEY FINDING 11. Percentage of staff appraised in last 12 months

(the higher the score the better)   *Percentage score*

Trust score 2017	92%
Trust score 2016	93%
National 2017 average for combined acute and community trusts	86%
Best 2017 score for combined acute and community trusts	95%
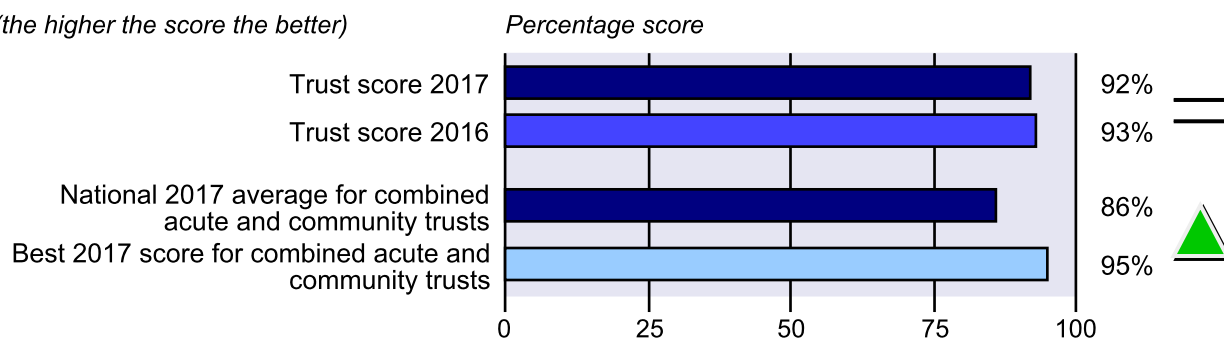
KEY FINDING 12. Quality of appraisals

(the higher the score the better)   *Scale summary score*

Trust score 2017	3.13
Trust score 2016	3.07
National 2017 average for combined acute and community trusts	3.11
Best 2017 score for combined acute and community trusts	3.46

Low-quality appraisals   *High-quality appraisals*

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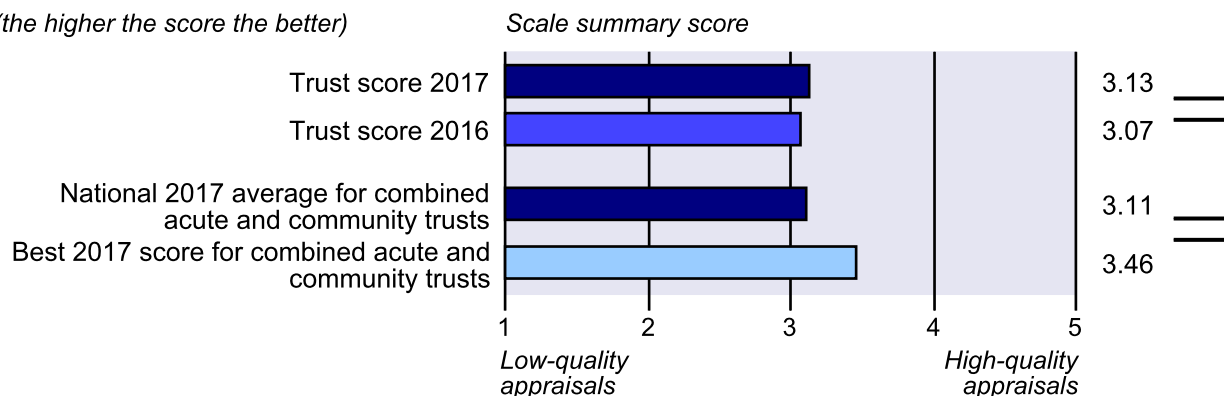
[1]At the time of sampling, 4703 staff were eligible to receive the survey. Questionnaires were sent to a random sample of 1235 staff. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

KEY FINDING 13. Quality of non-mandatory training, learning or development

(the higher the score the better)   *Scale summary score*

Trust score 2017	4.11
Trust score 2016	4.08
National 2017 average for combined acute and community trusts	4.06
Best 2017 score for combined acute and community trusts	4.17

1   2   3   4   5

Low-quality training   *High-quality training*
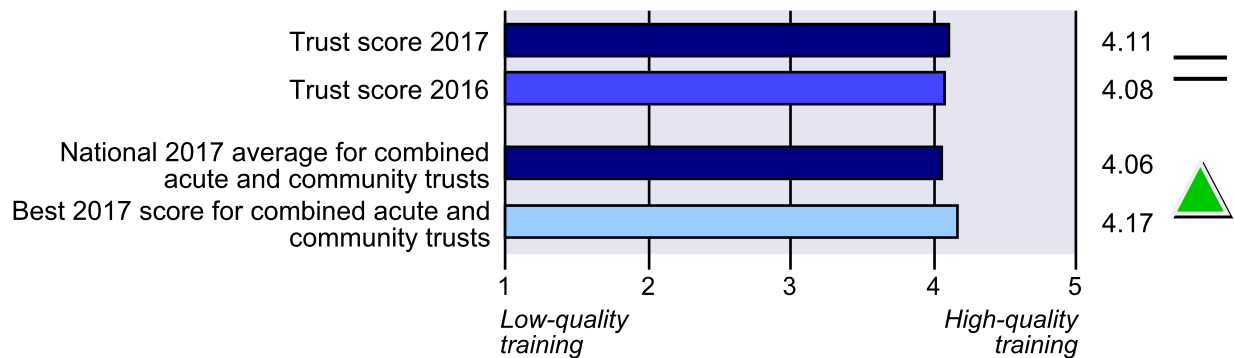
Equality & diversity

KEY FINDING 20. Percentage of staff experiencing discrimination at work in the last 12 months

(the lower the score the better)   *Percentage score*

Trust score 2017	9%
Trust score 2016	9%
National 2017 average for combined acute and community trusts	10%
Best 2017 score for combined acute and community trusts	7%

0   25   50   75   100
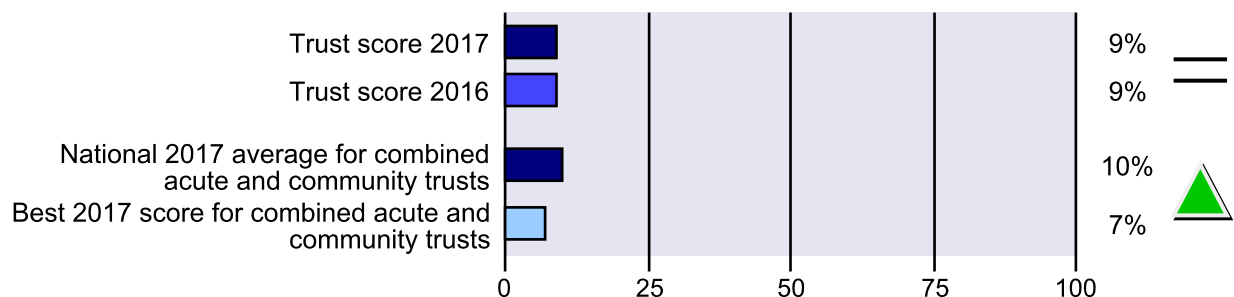
KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

(the higher the score the better)   *Percentage score*

Trust score 2017	89%
Trust score 2016	92%
National 2017 average for combined acute and community trusts	85%
Best 2017 score for combined acute and community trusts	93%

0   25   50   75   100
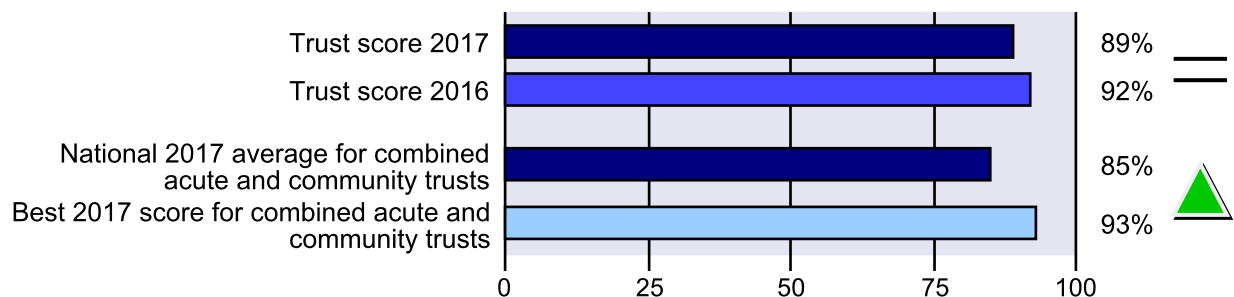
Errors & incidents

KEY FINDING 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)   *Percentage score*

Trust score 2017	28%
Trust score 2016	34%
National 2017 average for combined acute and community trusts	29%
Best 2017 score for combined acute and community trusts	22%

0   25   50   75   100

17
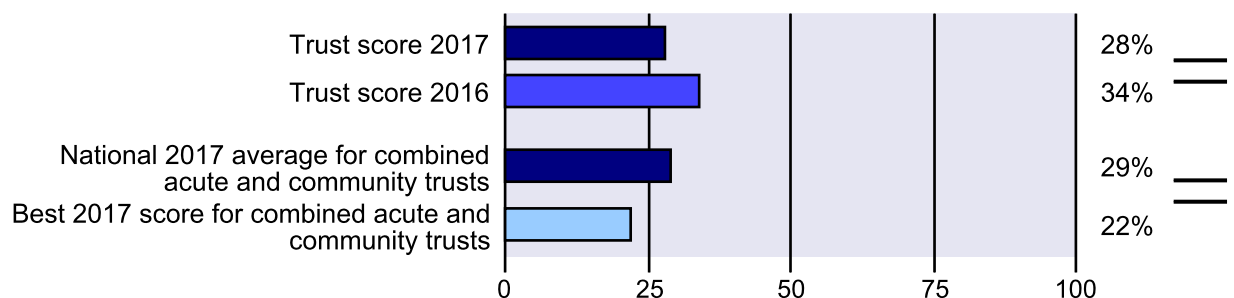
KEY FINDING 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)

Percentage score

	Score
Trust score 2017	93%
Trust score 2016	89%
National 2017 average for combined acute and community trusts	91%
Best 2017 score for combined acute and community trusts	94%
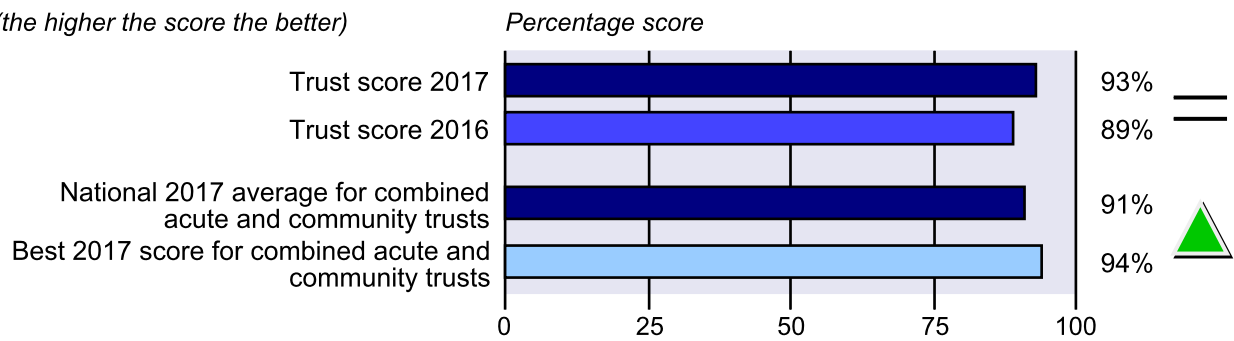
KEY FINDING 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents

(the higher the score the better)

Scale summary score

	Score
Trust score 2017	3.90
Trust score 2016	3.94
National 2017 average for combined acute and community trusts	3.73
Best 2017 score for combined acute and community trusts	3.93

Ineffective / unfair procedures   *Effective / fair procedures*
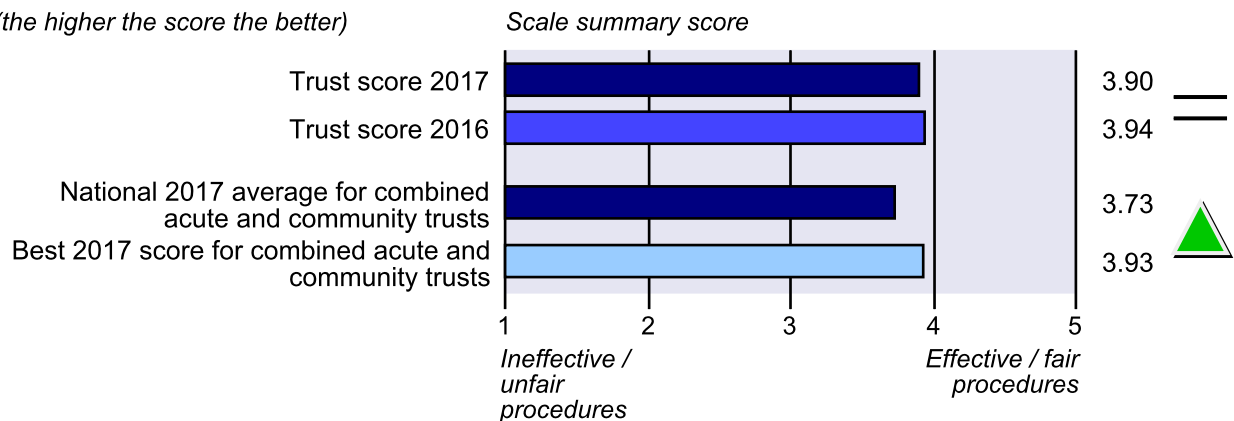
KEY FINDING 31. Staff confidence and security in reporting unsafe clinical practice

(the higher the score the better)

Scale summary score

	Score
Trust score 2017	3.75
Trust score 2016	3.80
National 2017 average for combined acute and community trusts	3.67
Best 2017 score for combined acute and community trusts	3.84

Not confident / secure   *Confident / secure*
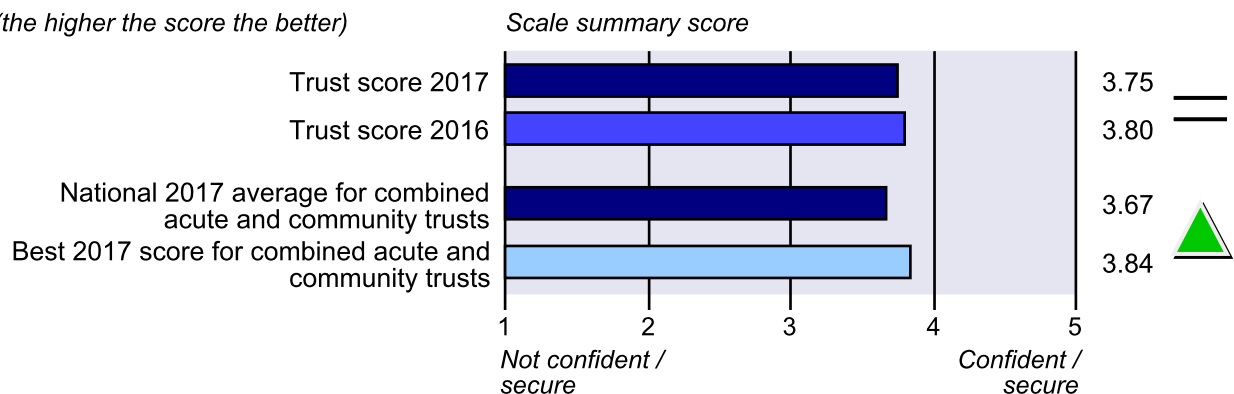
Health and wellbeing

KEY FINDING 17. Percentage of staff feeling unwell due to work related stress in the last 12 months

(the lower the score the better)

Percentage score

	Score
Trust score 2017	35%
Trust score 2016	36%
National 2017 average for combined acute and community trusts	38%
Best 2017 score for combined acute and community trusts	30%
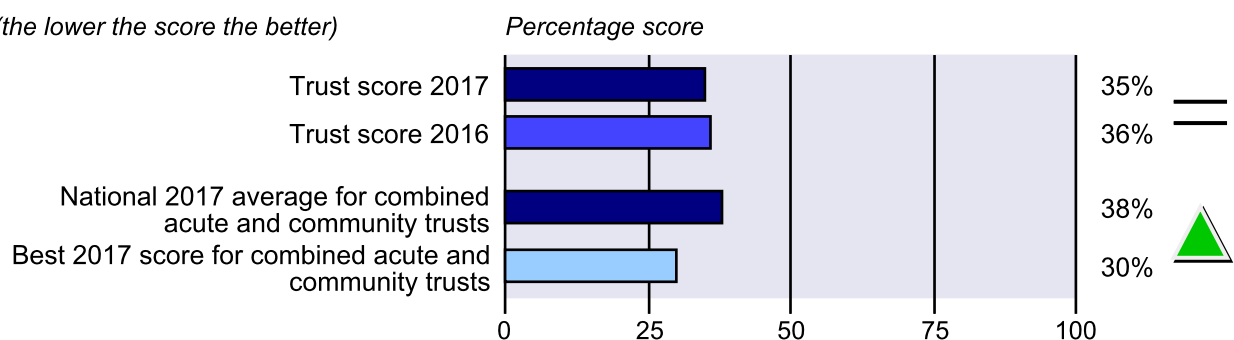
KEY FINDING 18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves

(the lower the score the better)   Percentage score

Trust score 2017	49%
Trust score 2016	52%
National 2017 average for combined acute and community trusts	53%
Best 2017 score for combined acute and community trusts	47%

0   25   50   75   100
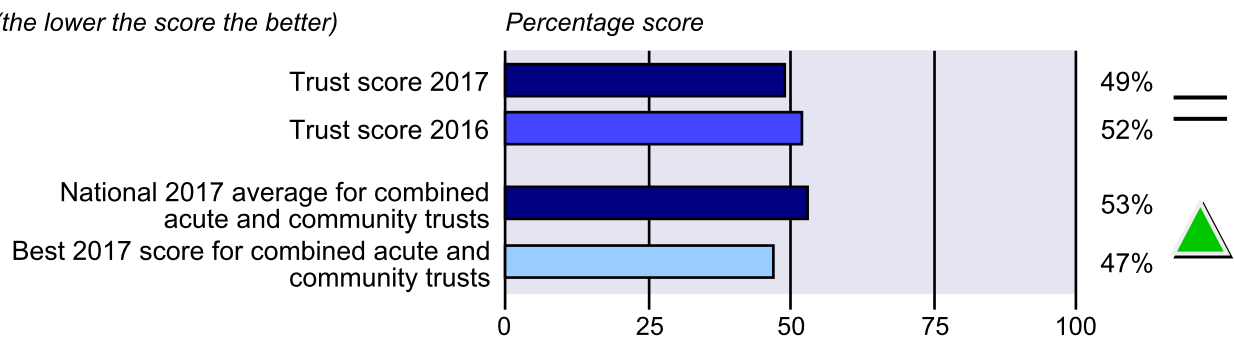
KEY FINDING 19. Organisation and management interest in and action on health and wellbeing

(the higher the score the better)   Scale summary score

Trust score 2017	3.72
Trust score 2016	3.71
National 2017 average for combined acute and community trusts	3.63
Best 2017 score for combined acute and community trusts	3.83

1   2   3   4   5

Low interest in health   *High interest in health*
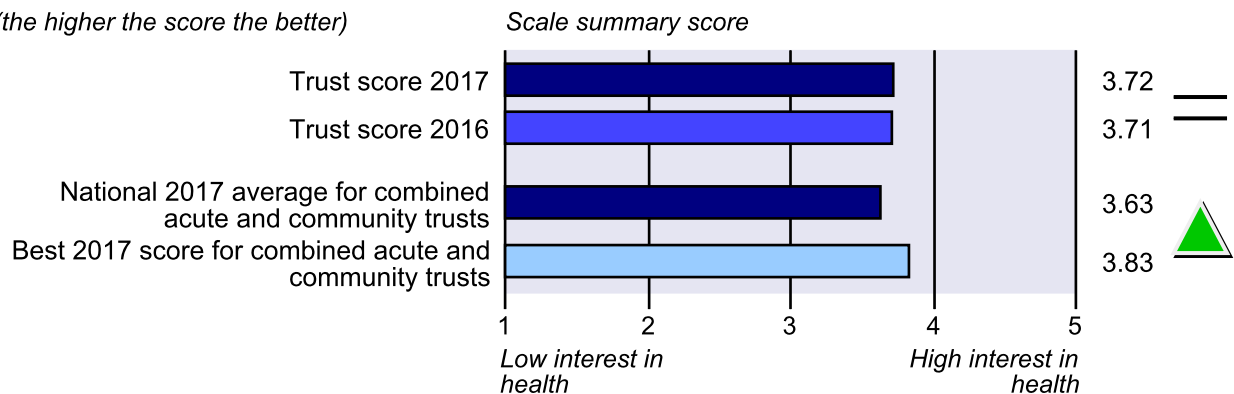
Working patterns

KEY FINDING 15. Percentage of staff satisfied with the opportunities for flexible working patterns

(the higher the score the better)   Percentage score

Trust score 2017	57%
Trust score 2016	50%
National 2017 average for combined acute and community trusts	51%
Best 2017 score for combined acute and community trusts	61%

0   25   50   75   100
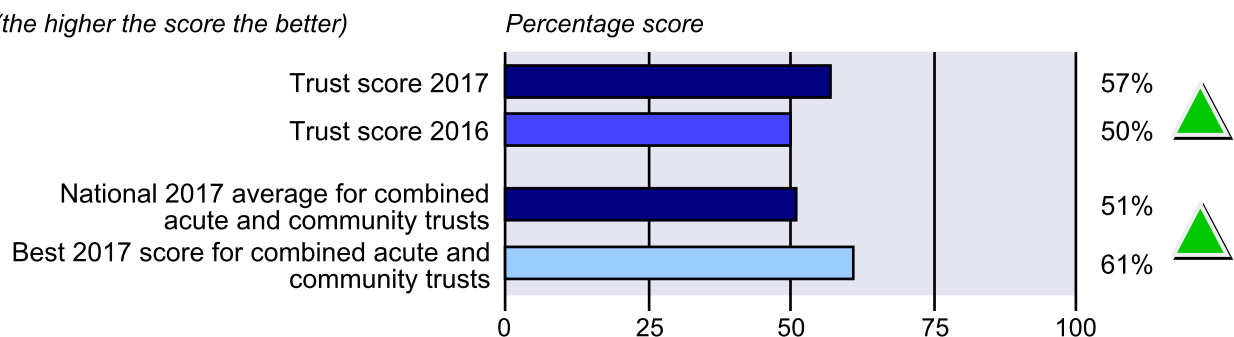
KEY FINDING 16. Percentage of staff working extra hours

(the lower the score the better)   Percentage score

Trust score 2017	70%
Trust score 2016	68%
National 2017 average for combined acute and community trusts	71%
Best 2017 score for combined acute and community trusts	63%

0   25   50   75   100
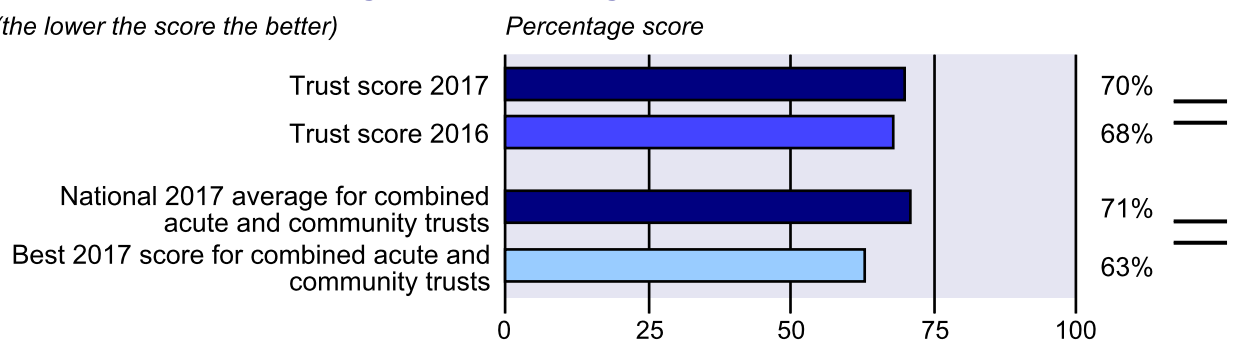
Job satisfaction

KEY FINDING 1. Staff recommendation of the organisation as a place to work or receive treatment

(the higher the score the better)   Scale summary score

Trust score 2017	3.78
Trust score 2016	3.86
National 2017 average for combined acute and community trusts	3.75
Best 2017 score for combined acute and community trusts	4.18

1   2   3   4   5

Unlikely to recommend   *Likely to recommend*

KEY FINDING 4. Staff motivation at work

(the higher the score the better)   Scale summary score

Trust score 2017	3.96
Trust score 2016	3.98
National 2017 average for combined acute and community trusts	3.91
Best 2017 score for combined acute and community trusts	4.01

1   2   3   4   5

Not enthusiastic / absorbed   *Enthusiastic / absorbed*
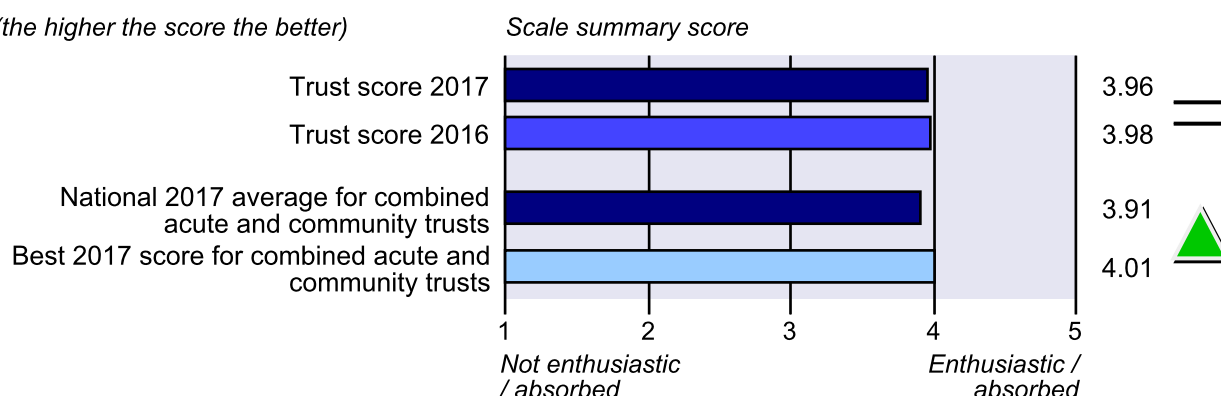
KEY FINDING 7. Percentage of staff able to contribute towards improvements at work

(the higher the score the better)   Percentage score

Trust score 2017	75%
Trust score 2016	73%
National 2017 average for combined acute and community trusts	70%
Best 2017 score for combined acute and community trusts	77%

0   25   50   75   100
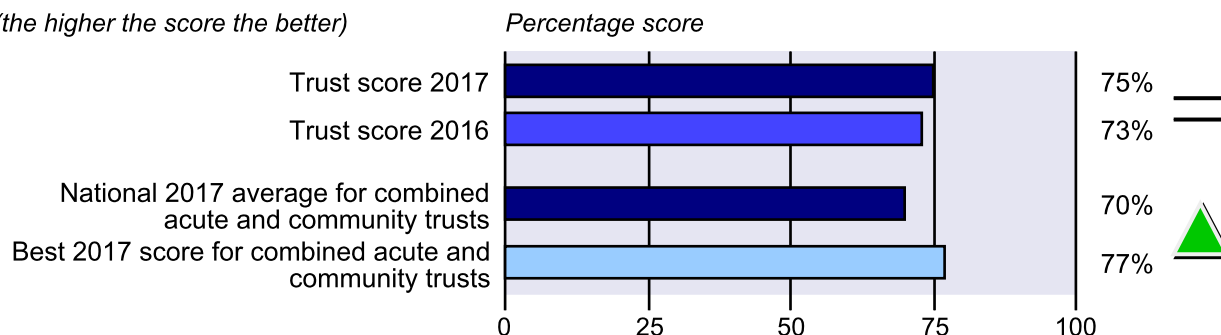
KEY FINDING 8. Staff satisfaction with level of responsibility and involvement

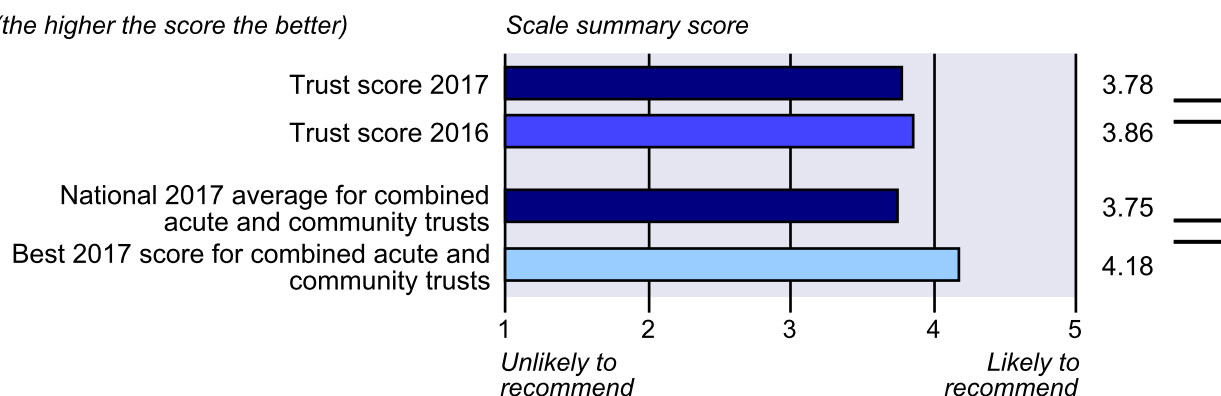*(the higher the score the better)*   Scale summary score

Trust score 2017	4.01
Trust score 2016	4.01
National 2017 average for combined acute and community trusts	3.89
Best 2017 score for combined acute and community trusts	4.05

1   2   3   4   5

Unsatisfactory level of responsibility / involvement   *Highly satisfactory level of responsibility / involvement*
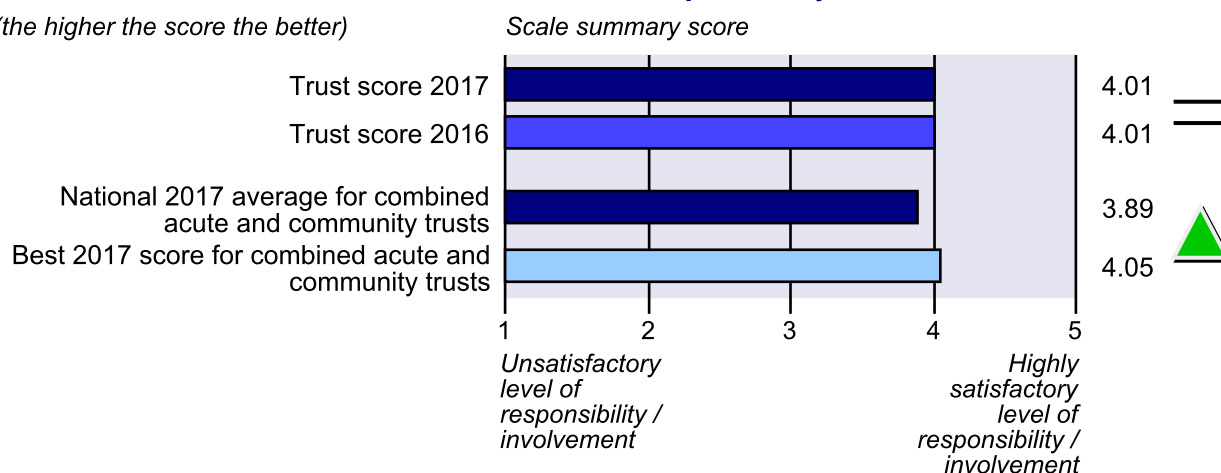
KEY FINDING 9. Effective team working

(the higher the score the better)   Scale summary score

	Score
Trust score 2017	3.86
Trust score 2016	3.83
National 2017 average for combined acute and community trusts	3.74
Best 2017 score for combined acute and community trusts	3.91

1   2   3   4   5

Ineffective team working   *Effective team working*
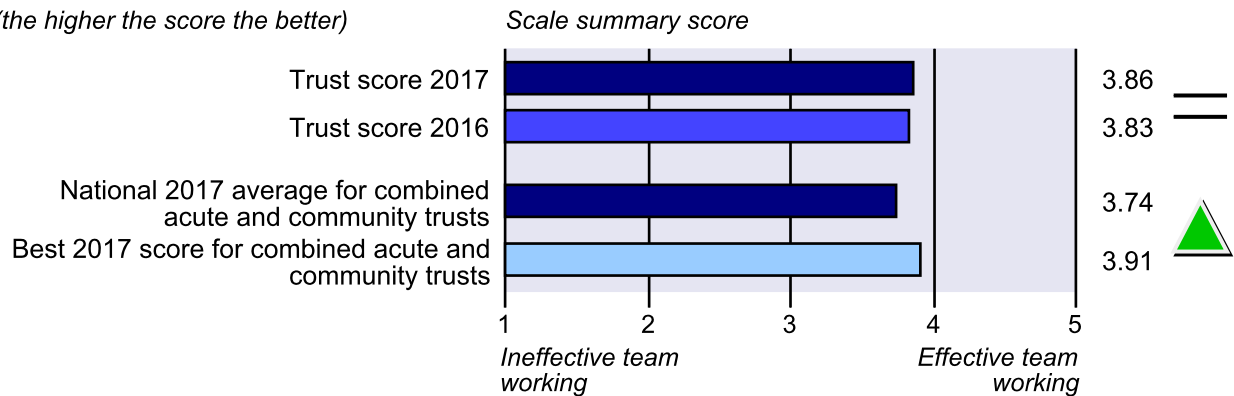
KEY FINDING 14. Staff satisfaction with resourcing and support

(the higher the score the better)   Scale summary score

	Score
Trust score 2017	3.34
Trust score 2016	3.27
National 2017 average for combined acute and community trusts	3.27
Best 2017 score for combined acute and community trusts	3.48

1   2   3   4   5

Unsatisfactory resourcing / support   *Highly satisfactory resourcing / support*
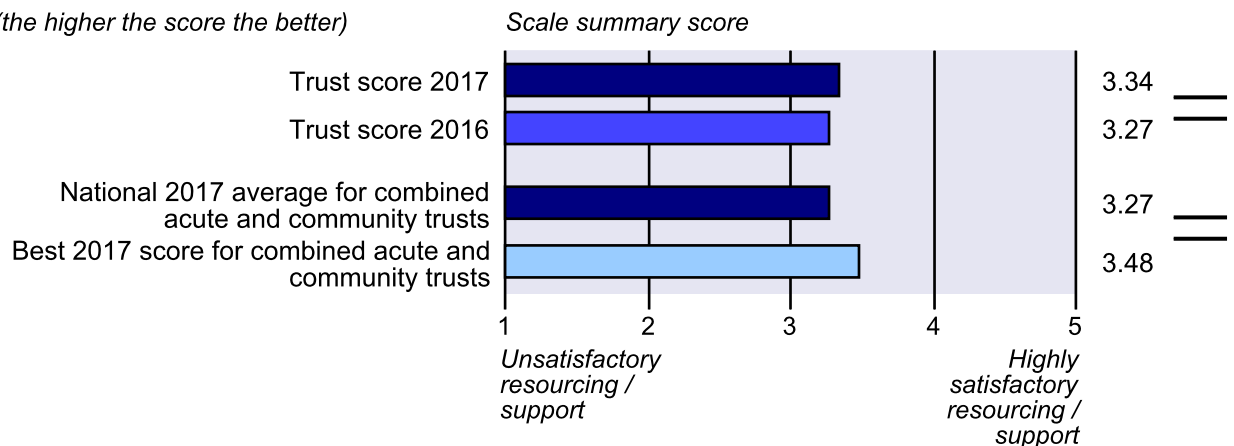
Managers

KEY FINDING 5. Recognition and value of staff by managers and the organisation

(the higher the score the better)   Scale summary score

	Score
Trust score 2017	3.58
Trust score 2016	3.57
National 2017 average for combined acute and community trusts	3.44
Best 2017 score for combined acute and community trusts	3.62

1   2   3   4   5

Low recognition / value   *High recognition / value*
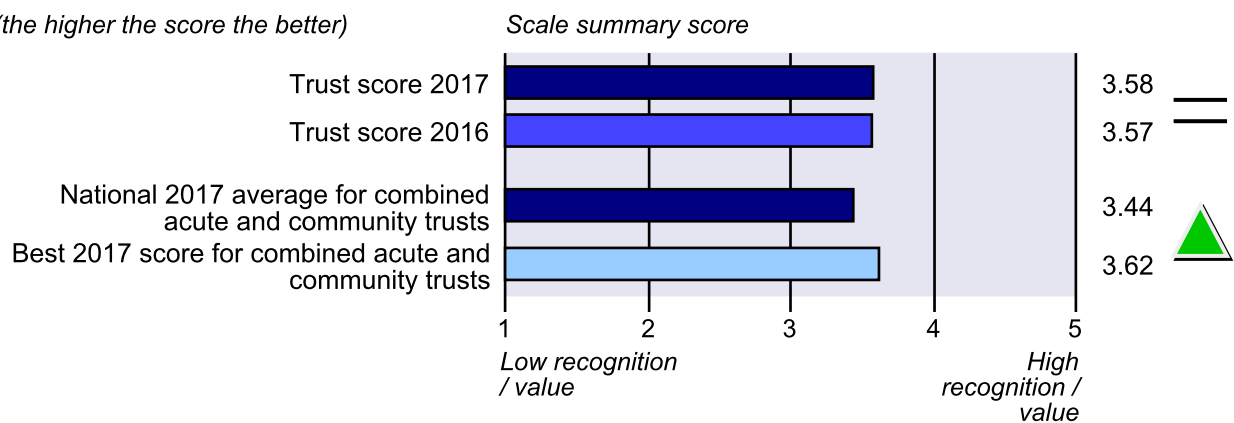
KEY FINDING 6. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)   Percentage score

	Score
Trust score 2017	38%
Trust score 2016	34%
National 2017 average for combined acute and community trusts	33%
Best 2017 score for combined acute and community trusts	43%

0   25   50   75   100
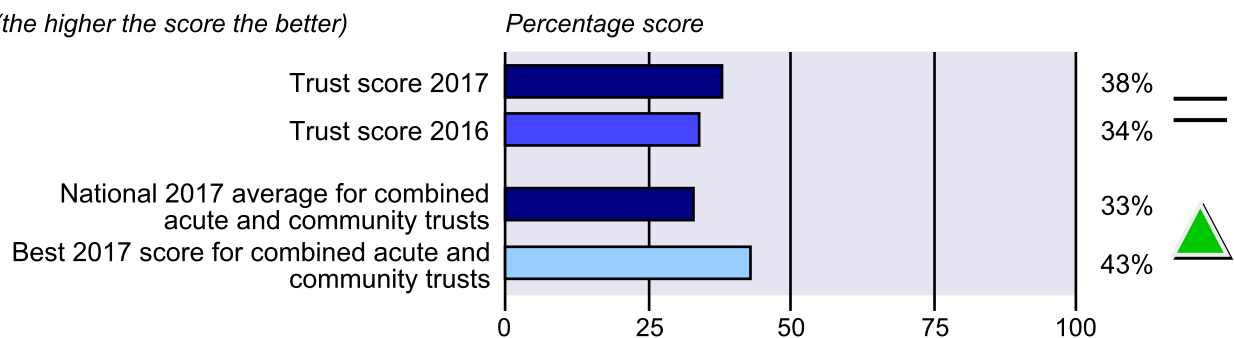
KEY FINDING 10. Support from immediate managers

(the higher the score the better)   Scale summary score

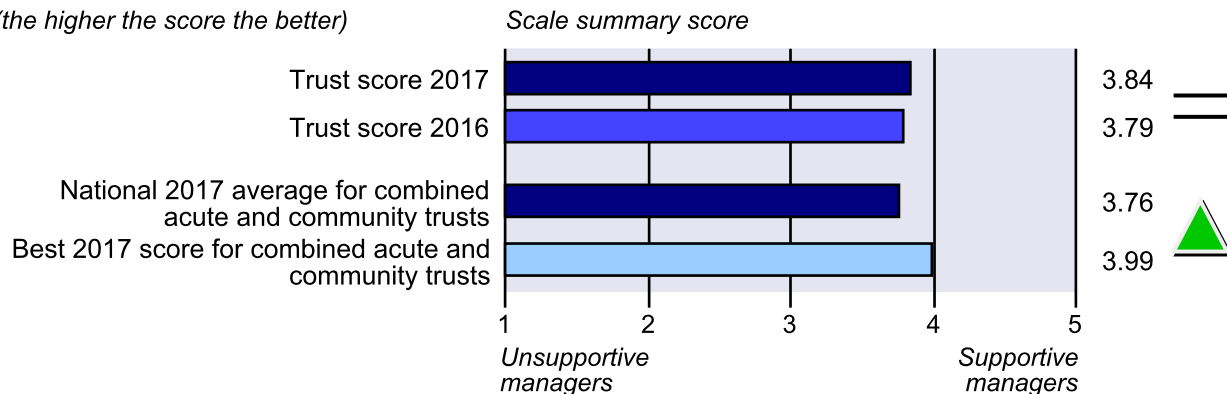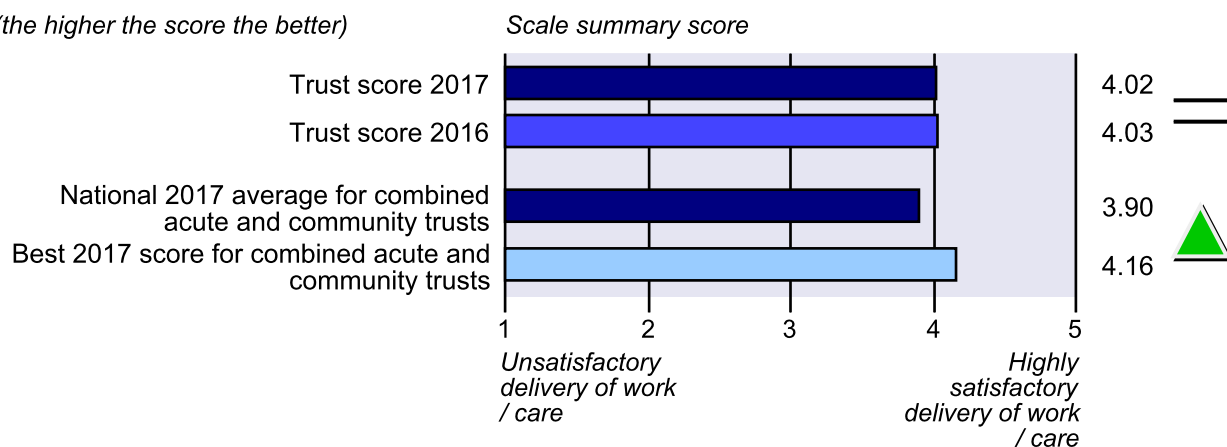|	
Trust score 2017	3.84
Trust score 2016	3.79
National 2017 average for combined acute and community trusts	3.76
Best 2017 score for combined acute and community trusts	3.99

1   2   3   4   5
Unsupportive managers   *Supportive managers*

Patient care & experience

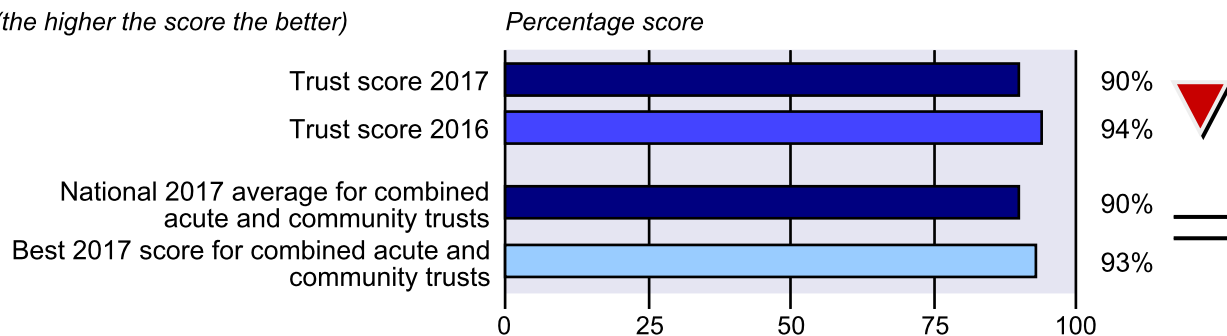## KEY FINDING 2. Staff satisfaction with the quality of work and care they are able to deliver
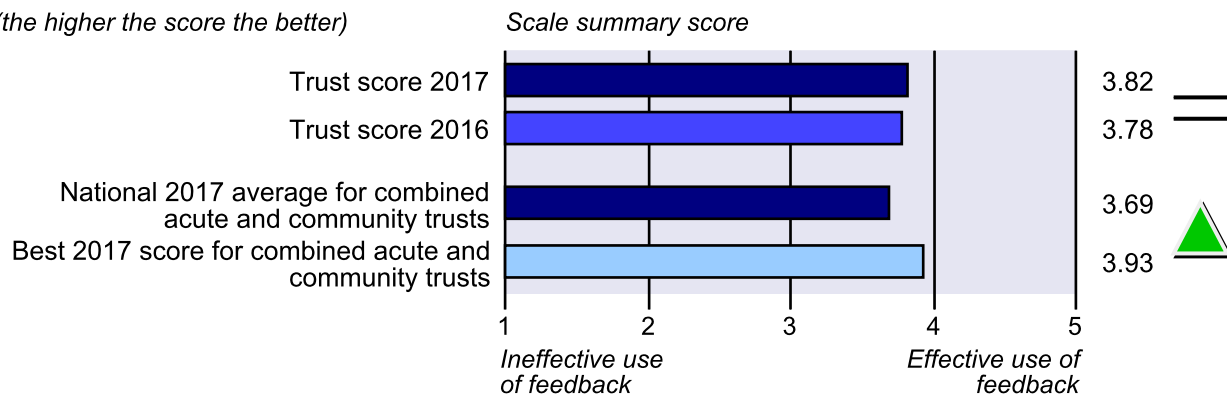
(the higher the score the better)   Scale summary score

Trust score 2017	4.02
Trust score 2016	4.03
National 2017 average for combined acute and community trusts	3.90
Best 2017 score for combined acute and community trusts	4.16

1   2   3   4   5
Unsatisfactory delivery of work / care   *Highly satisfactory delivery of work / care*

KEY FINDING 3. Percentage of staff agreeing that their role makes a difference to patients / service users

(the higher the score the better)   Percentage score

Trust score 2017	90%
Trust score 2016	94%
National 2017 average for combined acute and community trusts	90%
Best 2017 score for combined acute and community trusts	93%

0   25   50   75   100

KEY FINDING 32. Effective use of patient / service user feedback

(the higher the score the better)   Scale summary score

Trust score 2017	3.82
Trust score 2016	3.78
National 2017 average for combined acute and community trusts	3.69
Best 2017 score for combined acute and community trusts	3.93

1   2   3   4   5
Ineffective use of feedback   *Effective use of feedback*
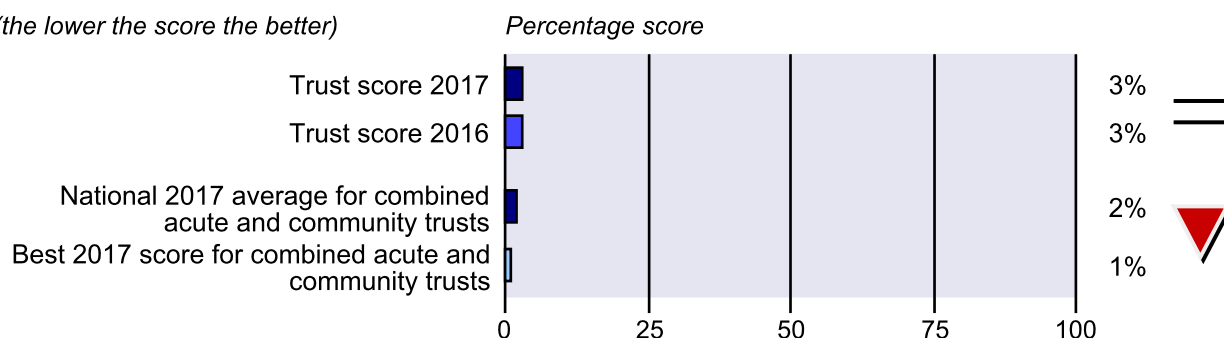
KEY FINDING 22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
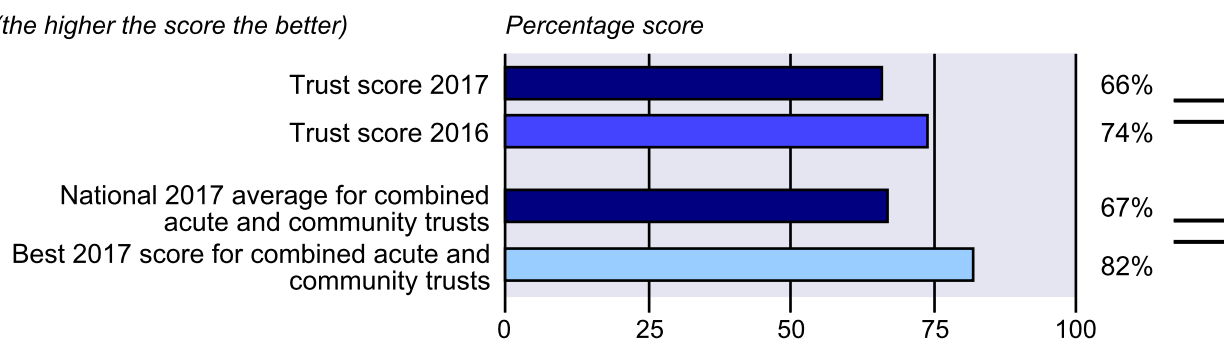
(the lower the score the better)   Percentage score

Trust score 2017	15%
Trust score 2016	15%
National 2017 average for combined acute and community trusts	14%
Best 2017 score for combined acute and community trusts	9%
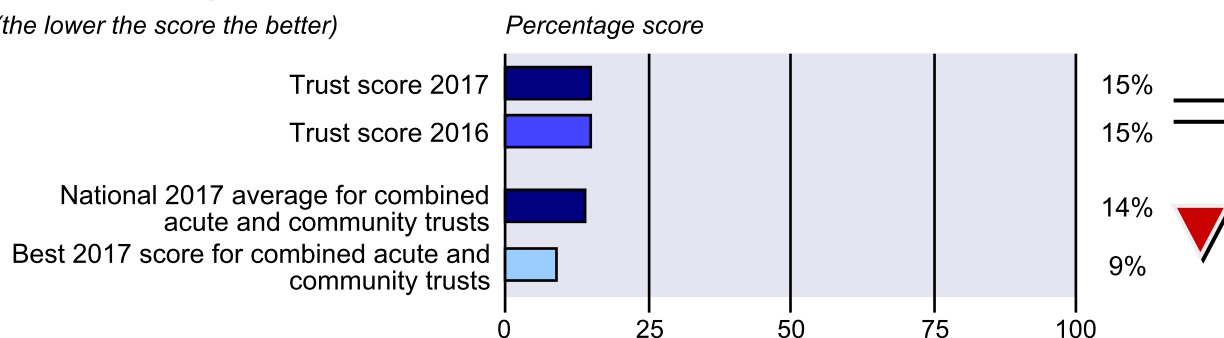
KEY FINDING 23. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)   Percentage score

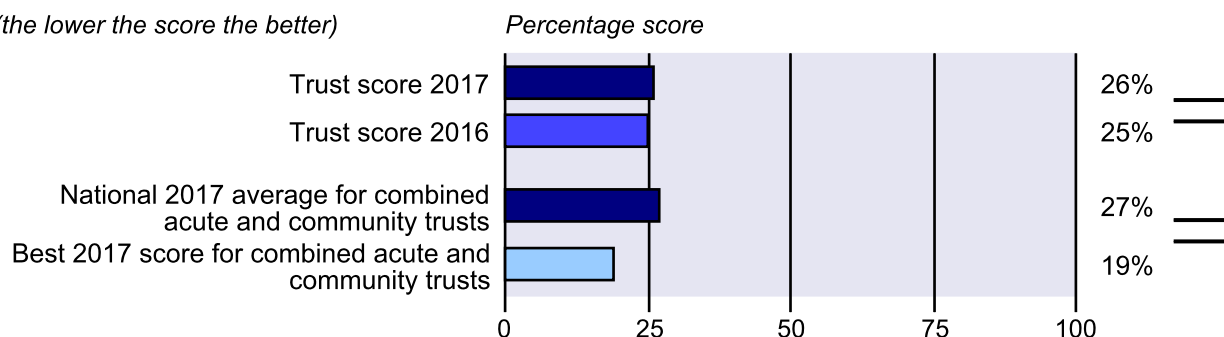|	
Trust score 2017	3%
Trust score 2016	3%
National 2017 average for combined acute and community trusts	2%
Best 2017 score for combined acute and community trusts	1%

KEY FINDING 24. Percentage of staff / colleagues reporting most recent experience of violence

(the higher the score the better)   Percentage score

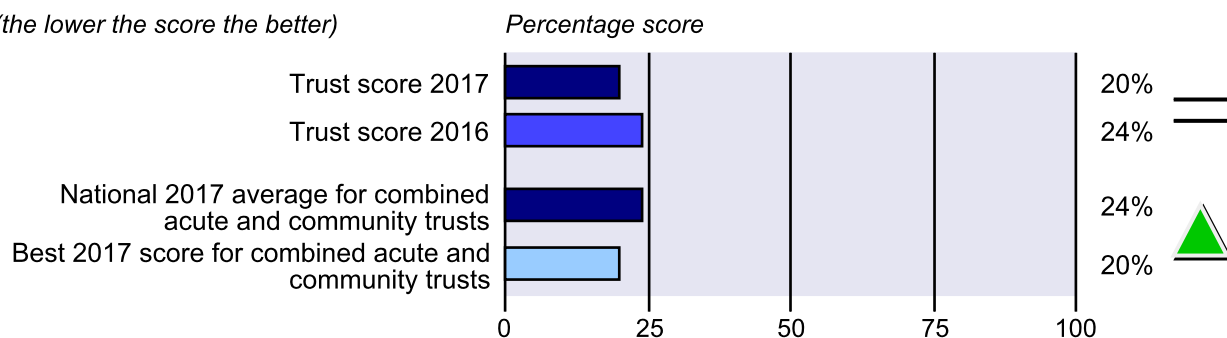|	
Trust score 2017	66%
Trust score 2016	74%
National 2017 average for combined acute and community trusts	67%
Best 2017 score for combined acute and community trusts	82%

KEY FINDING 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

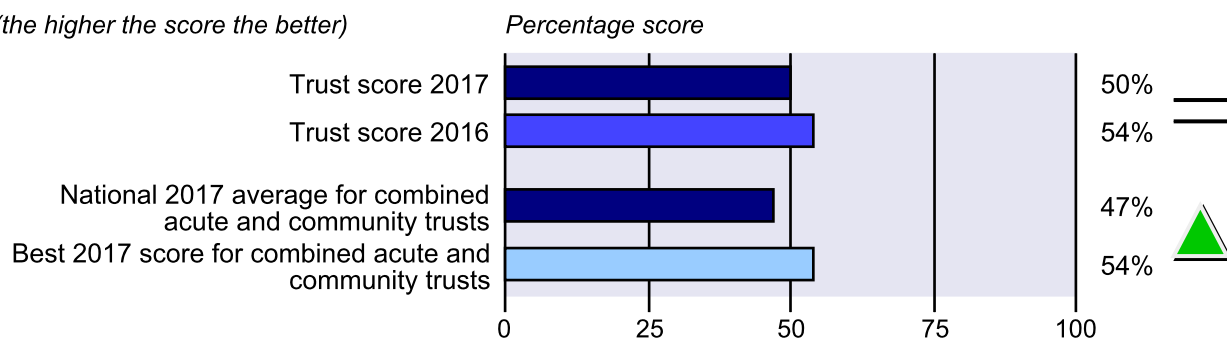*(the lower the score the better)*   Percentage score

Trust score 2017	26%
Trust score 2016	25%
National 2017 average for combined acute and community trusts	27%
Best 2017 score for combined acute and community trusts	19%

KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)   *Percentage score*

Trust score 2017	20%
Trust score 2016	24%
National 2017 average for combined acute and community trusts	24%
Best 2017 score for combined acute and community trusts	20%

0   25   50   75   100

KEY FINDING 27. Percentage of staff / colleagues reporting most recent experience of harassment, bullying or abuse

(the higher the score the better)   *Percentage score*

Trust score 2017	50%
Trust score 2016	54%
National 2017 average for combined acute and community trusts	47%
Best 2017 score for combined acute and community trusts	54%

0   25   50   75   100

Quality Health

Bolton
NHS Foundation Trust

2017 Staff Survey Results

Jennie Bradley | Business Development Consultant
Quality Health

RMC: Bolton NHS Foundation Trust

2017 Staff Survey

Introduction & Background

- Quality Health is an independent, private company working with the NHS to deliver the NHS National Staff Survey

- Used by **NHS England**, and by **CQC**, to judge and assess Trust performance

- Now also used alongside the NHS Staff "Friends and Family Test"

- **Definite correlations between staff engagement, patient experience and patient outcomes**

- Some changes in methodology over time, but many questions have remained the same throughout

- **National results to be published by NHS England on Tuesday 6 March 2018**

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Methodology

- Survey run on paper, on-line or a mixture

- Survey fieldwork between September and December 2016

- Two reminders sent to staff who don't respond

- Sample designed to ensure good statistical comparability between Trusts and good statistical comparability over time

- Comparability within Trusts is less robust, unless additional samples are used

- In 2017, Quality Health sent out 437,688 questionnaires to staff in 124 Trusts/organisations; and received 195,674 responses

RMC: Bolton NHS Foundation Trust

Response Rate

- **Trust response rate 2017: 43%** (529 out of 1,235). 1250 sample MIXED MODE.

- **Overall QH response rate 2017: 45%**

- **Trust response rate 2016: 37%**

- **Overall QH response rate 2016: 44%**

- **Impacts on response rate:**

    ▸ **Accuracy of staff records, and internal distribution**

    ▸ **Communication**

    ▸ **Pro-active management of survey process**

    ▸ **Communication of results**

    ▸ **Response and action from senior management**

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Analysing your data

As well as your Management Report and SRM you now have access to
QH's Survey On-line Analysis and Reporting tool for all of your survey data.
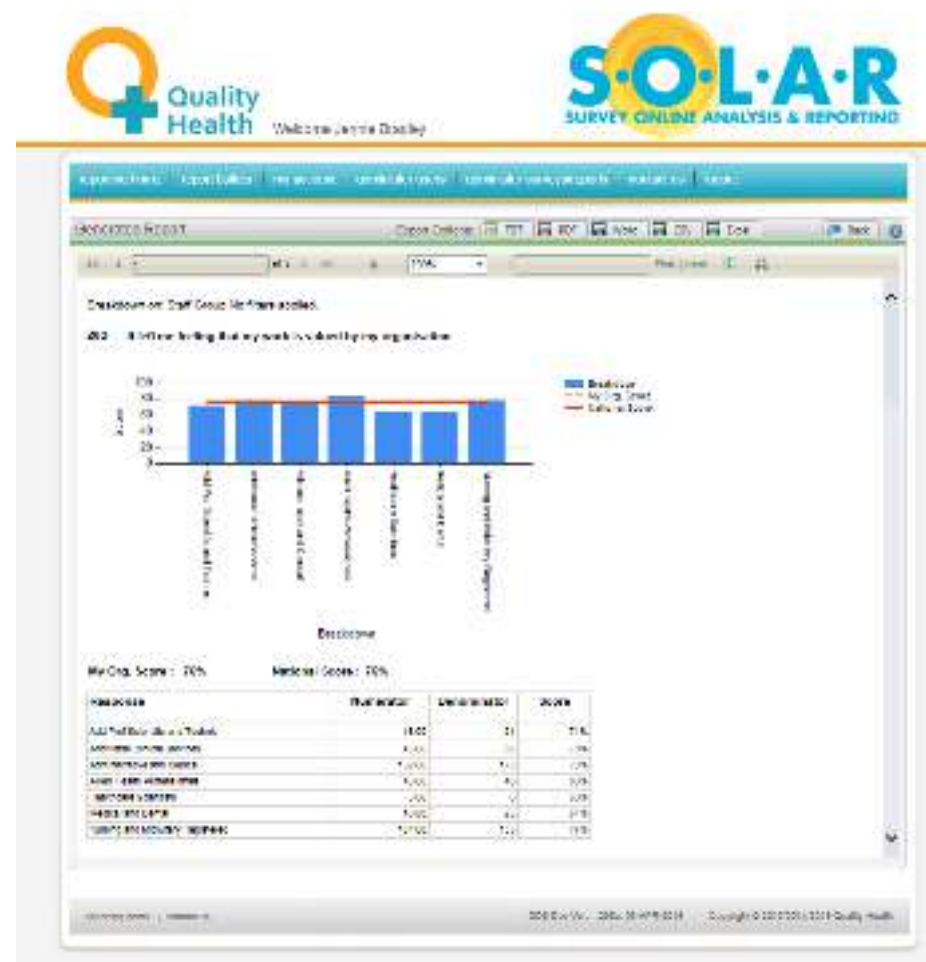
This gives you:

- The facility to breakdown your data by age, gender, ethnic group, staff group division, or any other field in your sample

- The ability to create your own analyses, charts and reports

All reports, breakdowns, charts etc. can be saved and re-used and are formatted for easy printing

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Analysing your data (2)

2017 Staff Survey

RMC: Bolton NHS Foundation Trust

Staff Engagement

Staff Engagement is measured across three themes:

- **Advocacy**, measured by KF1 (Staff recommendation of the trust as a place to work or receive care). **NHS Friends and Family Test questions feature here.**

- **Motivation**, measured by KF4 (Staff motivation at work).

- **Involvement**, measured by KF7 (Staff ability to contribute towards improvements at work).

Staff Engagement scores fall between 1 and 5, where the higher the score, the more engaged the staff.

Overall Staff Engagement Score 2017: 3.85

Score 2016	Score 2017	Sector score
3.88	3.85	3.82

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Advocacy

Question/Key Finding	Score 2016	Score 2017	Sector score
KF1: Staff recommendation of the organisation as a place to work or receive treatment *'ADVOCACY'*	**3.86**	**3.77**	**3.81**
Care of patients / service users is my organisation's top priority.	81%	78%	77%
I would recommend my organisation as a place to work.	66%	63%	62%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	73%	68%	71%

RMC: Bolton NHS Foundation Trust

2017 Staff Survey

Advocacy questions by Division

Quality Health

Acute Adult Care Division	Corporate Directorate	Elective Care Division	Family Division	Integrated Community Services Division	2017 Score
Care of patients / service users is my organisation's top priority.					
71%	83%	76%	72%	83%	**78%**
I would recommend my organisation as a place to work.					
61%	63%	60%	64%	67%	**63%**
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.					
64%	65%	70%	62%	72%	**68%**

RMC: Bolton NHS Foundation Trust

2017 Staff Survey

Motivation

Question/Key Finding	Score 2016	Score 2017	Sector score
KF4: Staff motivation at work. *'MOTIVATION'*	**3.99**	**3.96**	**3.91**
I look forward to going to work.	61%	59%	58%
I am enthusiastic about my job.	80%	74%	74%
Time passes quickly when I am working.	81%	80%	77%

RMC: Bolton NHS Foundation Trust

2017 Staff Survey

Motivation questions by Division

Acute Adult Care Division	Corporate Directorate	Elective Care Division	Family Division	Integrated Community Services Division	2017 Score
I look forward to going to work.					
59%	61%	50%	63%	63%	**59%**
I am enthusiastic about my job.					
80%	75%	65%	82%	74%	**74%**
Time passes quickly when I am working.					
83%	79%	73%	85%	86%	**80%**

RMC: Bolton NHS Foundation Trust

Involvement

Question/Key Finding	Score 2016	Score 2017	Sector score
KF7: Percentage of staff able to contribute towards improvements at work ***'INVOLVEMENT'***	**73%**	**75%**	**70%**
There are frequent opportunities for me to show initiative in my role.	76%	76%	73%
I am able to make suggestions to improve the work of my team / department.	76%	77%	75%
I am able to make improvements happen in my area of work.	58%	62%	56%

RMC: Bolton NHS Foundation Trust

Involvement by Division

Acute Adult Care Division	Corporate Directorate	Elective Care Division	Family Division	Integrated Community Services Division	2017 Score
There are frequent opportunities for me to show initiative in my role.					
82%	79%	72%	77%	70%	**76%**
I am able to make suggestions to improve the work of my team / department.					
78%	81%	74%	73%	79%	**77%**
I am able to make improvements happen in my area of work.					
55%	70%	55%	59%	72%	**62%**

RMC: Bolton NHS Foundation Trust

2017 Staff Survey

Top 5 question scores

1 14b Experienced physical violence at work from managers in the last 12 months. (lower score is better) **1%**

2 19 Have you had any mandatory training in the last 12 months? **99%**

3 14c Experienced physical violence at work from other colleagues in the last 12 months.
(lower score is better) **3%**

4 17a Experienced discrimination a work from patients / service users, their relatives or other members of the public in the last 12 months. (lower score is better) **4%**

5 11c The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it **95%**

Bottom 5 question scores

1   9g   Have you put yourself under pressure to come to work? (lower score is better)   **90%**

2   4g   There are enough staff at this organisation for me to do my job properly.   **31%**

3   8d   Senior managers act on staff feedback.   **35%**

4   8c   Senior managers here try to involve staff in important decisions.   **39%**

5   5g   (Satisfaction with) my level of pay.   **40%**

Bottom 5 question scores by Division

Acute Adult Care Division	Corporate Directorate	Elective Care Division	Family Division	Integrated Community Services Division	2017 Score
Have you put yourself under pressure to come to work? (lower scores are better)					
89%	90%	87%	96%	95%	**90%**
There are enough staff at this organisation for me to do my job properly.					
24%	44%	26%	23%	35%	**31%**
Senior managers act on staff feedback.					
29%	42%	28%	34%	45%	**35%**
Senior managers here try to involve staff in important decisions.					
32%	45%	33%	38%	42%	**39%**
Satisfaction with) my level of pay.					
36%	45%	37%	45%	30%	**40%**

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2017 Staff Survey

Headline findings – Benchmarking and Local Change

▸ **4** key finding scores are **significantly better** than the average for Combined Acute and Community Trusts surveyed by Quality Health

- ▪ **KF7** % of staff able to contribute towards improvements at work
- ▪ **KF11** % of staff appraised in last 12 months
- ▪ **KF15** % of staff satisfied with the opportunities for flexible working patterns
- ▪ **KF26** % of staff experiencing harassment, bullying or abuse from staff in last 12 months

▸ **2** key finding scores have shown **significant improvement** since 2016

- ▪ **KF15** % of staff satisfied with the opportunities for flexible working patterns
- ▪ **KF28** % of staff witnessing potentially harmful errors, near misses or incidents in last month

▸ **0** key finding scores are **significantly worse** than the average Combined Acute and Community Trusts surveyed by Quality Health

▸ **1** key finding score has shown **significant decline** since 2016

- ▪ **KF3** % of staff agreeing that their role makes a difference to patients/service users

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Appraisals and support for development

Question/Key Finding	Score 2016	Score 2017	Sector score
KF11: Percentage of staff appraised In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?	**93%**	**92%**	**86%**
KF12: Quality of appraisals	**3.10**	**3.12**	**3.14**
Did it help you to improve how you do your job?	70%	73%	72%
Did it help you agree clear objectives for your work?	85%	86%	85%
Did it leave you feeling that your work is valued by your organisation?	74%	76%	76%

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Appraisals and support for development (2)

Question/Key Finding	Score 2016	Score 2017	Sector score
Were any training learning or development needs identified? [as part of the appraisal process]	63%	61%	67%
KF13: Quality of non mandatory training	**4.08**	**4.17**	**4.09**
My training, learning or development has helped me to do my job more effectively.	83%	86%	85%
My training, learning or development has helped me to stay up-to-date with professional requirements.	87%	90%	88%
My training, learning or development has helped me to deliver a better patient / service user experience	86%	85%	83%

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Equality and diversity

Question/Key Finding	Score 2016	Score 2017	Sector score
KF20: Percentage of staff experiencing discrimination at work in the last 12 months *(Lower scores are better)*	**9%**	**9%**	**11%**
Experienced discrimination at work from patients / service users, their relatives or other members of the public in the last 12 months.	3%	4%	6%
Experienced discrimination at work from a manager / team leader or other colleagues in the last 12 months.	7%	7%	8%
KF21: Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	**92%**	**89%**	**86%**

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Career progression by Division

Acute Adult Care Division	Corporate Directorate	Elective Care Division	Family Division	Integrated Community Services Division	2017 Score
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?					
92%	86%	87%	92%	90%	**89%**

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Errors and incidents

Question/Key Finding	Score 2016	Score 2017	Sector score
KF28: Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month *(Lower scores are better)*	**34%**	**28%**	**28%**
Witnessed errors, near misses, or incidents that could have hurt staff in the last month.	20%	15%	15%
Witnessed errors, near misses, or incidents that could have hurt patients / service users in the last month.	29%	24%	24%
KF29: Percentage of staff reporting errors, near misses or incidents witnessed in the last month The last time you saw an error, near miss or incident that could have hurt staff or patients / service users, did you or a colleague report it?	**89%**	**94%**	**91%**

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Errors and incidents (2)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF30: Fairness and effectiveness of procedures for reporting errors, near misses and incidents	**3.95**	**3.89**	**3.77**
My organisation treats staff who are involved in an error, near miss or incident fairly.	60%	61%	55%
My organisation encourages us to report errors, near misses or incidents.	93%	90%	88%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	77%	75%	71%
We are given feedback about changes made in response to reported errors, near misses and incidents.	71%	73%	60%

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Errors and incidents (3)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF31: Staff confidence and security in reporting unsafe clinical practice	**3.82**	**3.73**	**3.67**
Would feel secure raising concerns about unsafe clinical practice.	74%	71%	69%
Are confident that the organisation would address their concern.	68%	63%	58%

Health and wellbeing

Question/Key Finding	Score 2016	Score 2017	Sector score
KF17: Percentage of staff feeling unwell due to work related stress in the last 12 months *(Lower scores are better)* During the last 12 months have you felt unwell as a result of work related stress?	**36%**	**35%**	**36%**

Acute Adult Care Division	Corporate Directorate	Elective Care Division	Family Division	Integrated Community Services Division	2017 Score
During the last 12 months have you felt unwell as a result of work related stress? *(Lower scores are better)*					
41%	31%	40%	32%	29%	**35%**

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2017 Staff Survey

Health and wellbeing (2)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF18: Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves *(Lower scores are better)*	**51%**	**49%**	**52%**
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	57%	54%	56%
Have you felt pressure from your manager to come to work?	25%	21%	25%
Have you felt pressure from colleagues to come to work?	20%	16%	20%
Have you put yourself under pressure to come to work?	93%	90%	91%

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Health and wellbeing (3)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF19: Organisation and management interest in and action on health and wellbeing	**3.72**	**3.71**	**3.67**
My immediate manager takes a positive interest in my health and well-being.	65%	69%	68%
Does your organisation take positive action on health and well-being?	93%	93%	92%

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Working patterns

Question/Key Finding	Score 2016	Score 2017	Sector score
KF15: Percentage of staff satisfied with the opportunities for flexible working patterns (Satisfaction with) the opportunities for flexible working patterns.	**50%**	**57%**	**51%**
KF16: Percentage of staff working extra hours *(Lower scores are better)*	**68%**	**69%**	**71%**
On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?	31%	30%	33%
On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?	57%	57%	57%

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Job satisfaction

Question/Key Finding	Score 2016	Score 2017	Sector score
KF8: Staff satisfaction with level of responsibility and involvement	**4.02**	**4.00**	**3.91**
I always know what my work responsibilities are	92%	89%	88%
I am trusted to do my job.	95%	94%	92%
I am involved in deciding on changes introduced that affect my work area / team / department.	58%	58%	53%
(Satisfaction with) the amount of responsibility I am given.	76%	76%	74%
(Satisfaction with) the opportunities I have to use my skills.	76%	75%	72%

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2017 Staff Survey

Job satisfaction (2)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF9: Effective team working	**3.88**	**3.83**	**3.80**
The team I work in has a set of shared objectives.	74%	76%	73%
The team I work in often meets to discuss the team's effectiveness.	65%	67%	62%
Team members have to communicate closely with each other to achieve the team's objectives.	78%	79%	79%

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Job satisfaction (3)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF14: Staff satisfaction with resourcing and support	**3.28**	**3.34**	**3.35**
I am able to meet all the conflicting demands on my time at work.	47%	47%	46%
I have adequate materials, supplies and equipment to do my work.	46%	47%	55%
There are enough staff at this organisation for me to do my job properly.	26%	31%	33%
(Satisfaction with) the support I get from my work colleagues.	82%	84%	81%

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Managers

Question/Key Finding	Score 2016	Score 2017	Sector score
KF5: Recognition and value of staff by managers and the organisation	**3.57**	**3.58**	**3.48**
(Satisfaction with) the recognition I get for good work.	58%	60%	54%
(Satisfaction with) the extent to which my organisation values my work	51%	47%	44%
My immediate manager values my work.	73%	73%	72%
KF6: Percentage of staff reporting good communication between senior management and staff	**34%**	**38%**	**35%**
I know who the senior managers are here.	85%	85%	84%
Communication between senior management and staff is effective	40%	44%	42%
Senior managers here try to involve staff in important decisions.	33%	39%	35%
Senior managers act on staff feedback.	34%	35%	33%

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2017 Staff Survey

Managers (2)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF10: Support from immediate managers	**3.80**	**3.83**	**3.78**
(Satisfaction with) the support I get from my immediate manager.	69%	69%	69%
My immediate manager encourages those who work for her / him to work as a team.	77%	75%	75%
My immediate manager can be counted on to help me with a difficult task at work.	72%	71%	72%
My immediate manager gives me clear feedback on my work.	61%	60%	62%
My immediate manager asks for my opinion before making decisions that affect my work.	57%	59%	56%
My immediate manager is supportive in a personal crisis.	73%	78%	75%

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Patient care and experience

Question/Key Finding	Score 2016	Score 2017	Sector score
KF2: Staff satisfaction with the quality of work and care they are able to deliver	**3.97**	**4.12**	**3.96**
I am able to do my job to a standard I am personally pleased with.	84%	83%	81%
I am satisfied with the quality of care I give to patients / service users.	85%	84%	83%
I am able to deliver the care I aspire to.	70%	71%	70%

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Patient care and experience (2)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF3: Percentage of staff agreeing that their role makes a difference to patients / service users I feel that my role makes a difference to patients / service users.	94%	89%	91%

Acute Adult Care Division	Corporate Directorate	Elective Care Division	Family Division	Integrated Community Services Division	2017 Score
I feel that my role makes a difference to patients / service users.					
90%	78%	91%	94%	98%	89%

Patient care and experience (3)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF32: Effective use of patient / service user feedback.	**3.72**	**3.88**	**3.75**
My organisation acts on concerns raised by patients /service users.	83%	80%	74%
I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams).	63%	65%	62%
Feedback from patients / service users is used to make informed decisions within my directorate / department.	58%	61%	58%

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Violence, harassment and bullying

Question/Key Finding	Score 2016	Score 2017	Sector score
KF22: Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months *(Lower scores are better)*	**16%**	**15%**	**14%**
KF23: Percentage of staff experiencing physical violence from staff in last 12 months *(Lower scores are better)*	**3%**	**3%**	**2%**
Experienced physical violence at work from managers in the last 12 months.	1%	1%	1%
Experienced physical violence at work from other colleagues in the last 12 months.	2%	3%	2%

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Violence, harassment and bullying (2)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF25: Percentage of staff experiencing harassment, bullying or abuse (HBA) from from patients, relatives or the public in last 12 months *(Lower scores are better)*	**25%**	**26%**	**27%**
KF26: Percentage of staff experiencing HBA from staff in last 12 months *(Lower scores are better)*	**24%**	**20%**	**24%**
Experienced HBA at work from managers in the last 12 months.	13%	12%	12%
Experienced HBA at work from other colleagues in the last 12 months.	19%	13%	18%

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Violence and HBA from patients/public by Division

Acute Adult Care Division	Corporate Directorate	Elective Care Division	Family Division	Integrated Community Services Division	2017 Score
Staff experiencing physical violence from patients, relatives or the public in last 12 months *(Lower scores are better)*					
49%	4%	15%	12%	21%	**15%**
Staff experiencing harassment, bullying or abuse (HBA) from patients, relatives or the public in last 12 months *(Lower scores are better)*					
42%	10%	29%	36%	30%	**26%**

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Violence, harassment and bullying (3)

Question/Key Finding	Score 2016	Score 2017	Sector score
KF24: Percentage of staff/colleagues reporting most recent experience of violence The last time you experienced physical violence at work, did you or a colleague report it?	74%	67%	68%
KF27: Percentage of staff/colleagues reporting most recent experience of HBA The last time you experienced HBA at work, did you or a colleague report it?	54%	50%	48%

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Recommendations

- Examine why scores have remained static

- Pick two to three issues of strategic importance and focus on those

- Continue to assess the way in which appraisals and reviews are conducted in order to increase their usefulness for staff, especially around ensuring staff leave the process feeling valued

- Reinforce the positive view of commitment from staff and being aware that this should not come at a cost to their own health and wellbeing

- Look at what can be done to improve the lack of materials and supplies which many staff report

- Ensure that staff are aware that the organisation seeks feedback from staff on a regular and ongoing basis; and that action is taken as a result of this

- Look at reasons why some staff are unhappy with the difference their role makes to patients/service users and what could have impacted on this score's significant decline since last year

- Identify the location of spikes in violent incidents from patients and the public by drilling down into your data where possible. Ensure action is targeted where appropriate in an effort to reduce incidents

- Continue to encourage the need to report incidents of both physical violence and harassment, bullying and abuse and ensure that staff are aware of the process around this.

Agenda Item No : 14

Meeting	Board of Directors

Date	29th March 2018

Title	Gender Pay Gap Report
Executive Summary	1. The purpose of this report is to update the Trust Board on the findings of the Gender Pay Gap analysis which all organisations (with over 250 employees) are required to undertake and publish by the end of March, 2018. 2. The gender pay gap reporting is a crucial first step to better understanding our own position and the broader factors which contribute to pay disparity. 3. Board members may be aware that the mean gender pay gap for the whole of the Public Sector economy (according to the October 2017 Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE) figures) is 17.7%. At 15.3%, the Trust's mean gender pay gap is therefore, slightly lower than that for our sector. Despite this benchmark, given the Trust's values, the disparity needs addressing.
Previously considered by	Not Applicable

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

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

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

Prepared by:	Jane Seddon and James Mawrey	Presented by:	James Mawrey

Introduction

1. The purpose of this report is to update the Board on the findings of the Gender Pay Gap analysis which all organisations (with over 250 employees) are required to undertake and publish by the 30 March 2018.

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

3. Board members may be aware that the mean gender pay gap for the whole of the Public Sector economy (according to the October 2017 Office for National Statistics (ONS) Annual Survey of Hours and Earnings (ASHE) figures) is 17.7%. At 15.3%, the Trust's mean gender pay gap is therefore, slightly lower than that for our sector. Despite this benchmark, given the Trust's values, the disparity needs addressing.

4. The median and mean pay gaps are calculated using the calculations set out in the gender pay gap reporting regulations:-
   a. The mean gender pay gap shows the difference in average hourly pay between men and women.
   b. The median gender pay gap is the difference between the median hourly rate for male employees and the median hourly rate for female employees.

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

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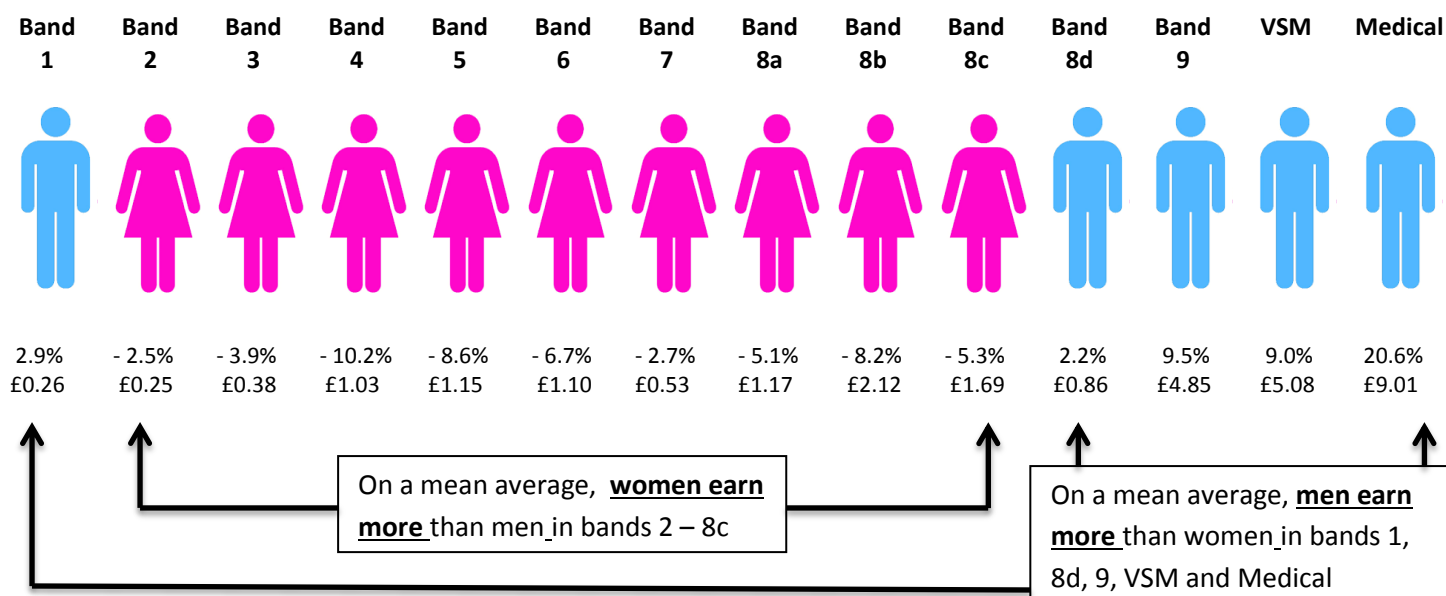
Key findings

1. The Trust collected our data as at 31 March 2017, when our workforce consisted of 4706 (84%) female and 868 (16%) male. It is common within the NHS as a whole that the workforce is predominately female.

2. A benchmarking review of the Gender Pay Gap has recently been undertaken of the NHS Trust's who have already published their data. The findings are detailed in the table below:-

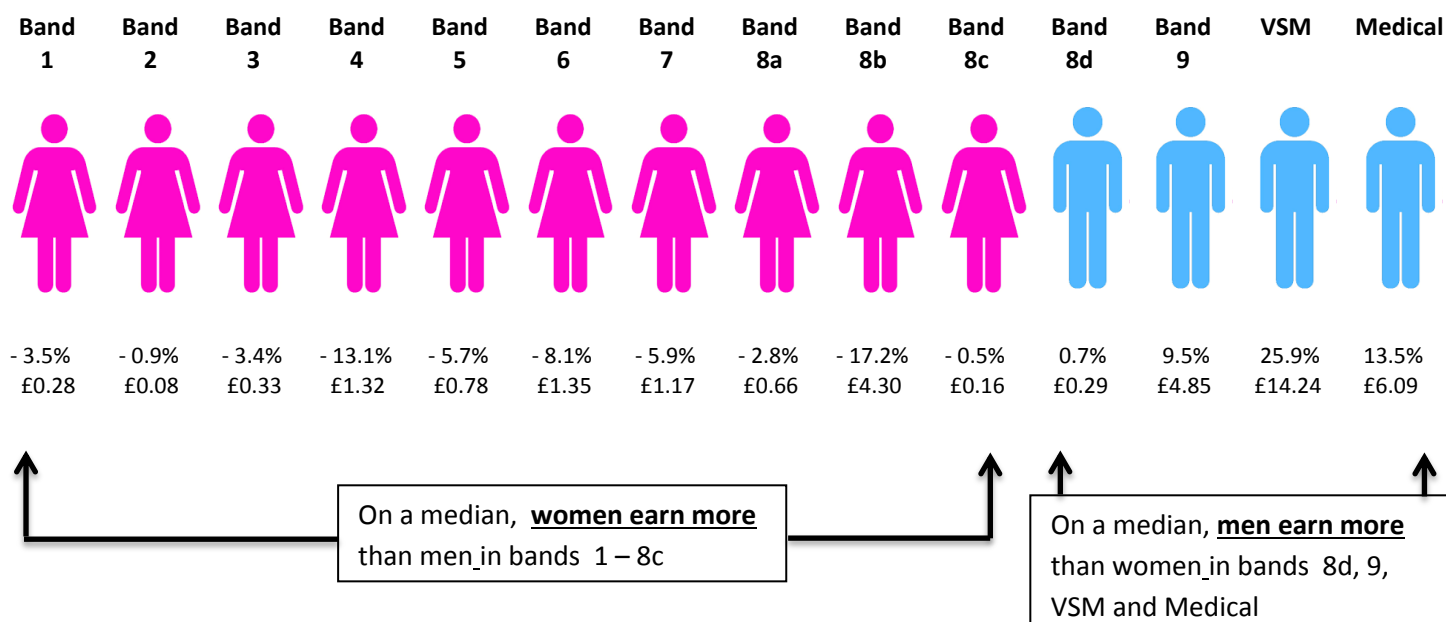| Gender Pay Gap	Mean	Median
Bolton NHS FT	15.3%	7.6%
East Cheshire NHS Trust	35.5%	15.7%
Gloucestershire Hospitals NHS FT	28.2%	16.9%
Lincolnshire Partnership NHS FT	19%	15%
Northampton General Hospitals NHS Trust	30%	9.5%
NHS Digital	16.1%	14.1&
NHS Resolution (NHS Litigation Authority)	8.3%	8.1%
North East London NHS FT	41%	15.4%
Gloucestershire Care Services NHS Trust	10.9%	2.2%
Blackpool Teaching Hospitals FT	25.9%	4.9%
Stockport NHS FT	23.5%	1.2%
Mersey Care NHS Foundation Trust	10.1%	4.1%

- Please note that the benchmarking data is taken from those NHS organisations who have already published their data. A Greater Manchester analysis wll be undertaken post 31st March, 2018.

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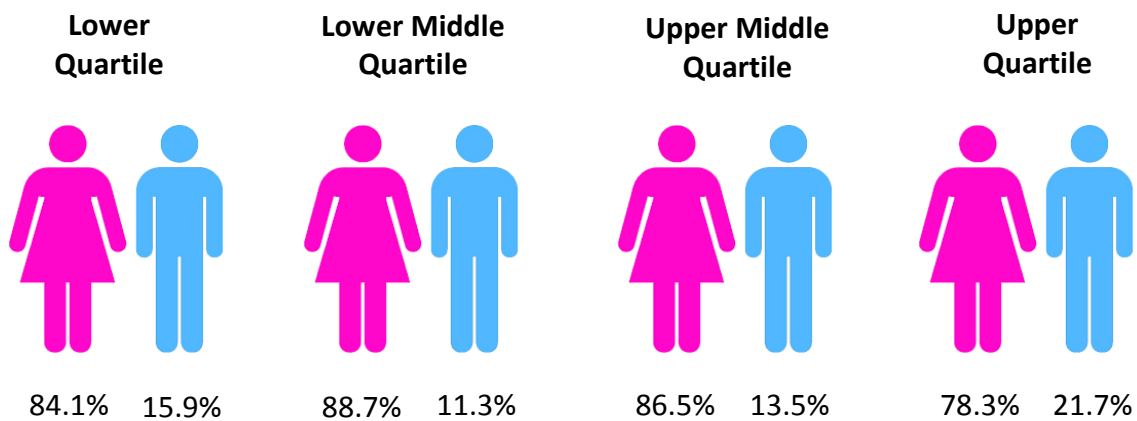
Mean

Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	VSM	Medical
2.9%	- 2.5%	- 3.9%	- 10.2%	- 8.6%	- 6.7%	- 2.7%	- 5.1%	- 8.2%	- 5.3%	2.2%	9.5%	9.0%	20.6%
£0.26	£0.25	£0.38	£1.03	£1.15	£1.10	£0.53	£1.17	£2.12	£1.69	£0.86	£4.85	£5.08	£9.01

On a mean average, **women earn more** than men in bands 2 – 8c

On a mean average, **men earn more** than women in bands 1, 8d, 9, VSM and Medical

Median

Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	VSM	Medical
- 3.5%	- 0.9%	- 3.4%	- 13.1%	- 5.7%	- 8.1%	- 5.9%	- 2.8%	- 17.2%	- 0.5%	0.7%	9.5%	25.9%	13.5%
£0.28	£0.08	£0.33	£1.32	£0.78	£1.35	£1.17	£0.66	£4.30	£0.16	£0.29	£4.85	£14.24	£6.09

On a median, **women earn more** than men in bands 1 – 8c

On a median, **men earn more** than women in bands 8d, 9, VSM and Medical

4. As previously noted the Trust is required to report on the proportion of males and females in each pay quartile. The visual aid below demonstrates that the number of females within each pay quartile is fairly proportionate, although more males are seen in the Upper Quartile;

Lower Quartile	Lower Middle Quartile	Upper Middle Quartile	Upper Quartile
84.1% 15.9%	88.7% 11.3%	86.5% 13.5%	78.3% 21.7%

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

5. The Trust is required to report on the gender pay gap for bonus awards. Colleagues will be aware that bonus' are not paid to staff on the Agenda for Change contract and no staff on the Very Senior Managers contract have been awarded a bonus in the recent years. Currently the Medical Staff contract does afford for the payment of Clinical Excellence Awards (Consultants) and Distinction Awards (Staff Grade), and recently NHS Employers has issued guidance that the payment of these Awards should be reported as a Bonus under the Gender Pay Gap reporting requirements. Colleagues will note that this has led to increased public media on this matter as it is clear throughout the NHS that more male colleagues are in receipt of these Awards. Within our Trust the 0.54% of females received an Award (bonus) compared to 6.6% of males.

Key matters to note and potential underlying causes

1. The gender pay gap is calculated as the average pay of all the men in an organisation compared to the average pay of all the women. With approximately 80% of the NHS workforce being women and because there is a more equal gender split of higher-paid staff such as doctors, the average earnings for women overall is significantly lower, despite the fact that a man and a woman doing the same job are on the same pay grade.

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

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

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

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

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

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

   a. **Medical (350 staff members).** There is evidence that there are more males that work in the Medical profession (55.43%). We have split this group further into quartiles to help us to understand if there are any issues that the trust need to consider. There is a larger proportion of female within quartile 1 (55.68%) however in quartiles 2-4 men have a larger representation (55%, 55% and 70%). In quartiles 1-3 average length of service for all staff is broadly similar however there is a higher average length of service for medical staff within the top quaterile. The figures suggest that there is a gender difference within the medical workforce, the NHS incremental process may account for some of the gap because men have on average a higher length of service (for those in upper quartile).

   b. **Senior posts - Band 8d / Band 9 / Senior Managers paid at VSM rate / Executive level pay** –An analysis of this data shows that:-:-
      - The Gender Pay difference (mean & median - men paid more per hour) for those on Agenda for Change Framework may be a result of where they sit on the Agenda for Change Payscale. For example those on the top of Band 8d and Band 9 are both male.

- The Gender Pay bias (mean & median - men paid more per hour) for those on Very Senior Manager Framework (operating below executive level) may be a result of where they sit on the Very Senior Manager Payscale. For example there are more males on the top of this payscale.
- The Gender Pay bias (mean & median - women paid more per hour) for those Executive Staff members on a 'spot rate' salary, the evidence is that there are more women paid at the higher end, which is role specific.

c. **Clinical Excellence Awards –** The stark Gender Pay Gap in this area is seen throughout the NHS and is deemed historic, a greater proportion of consultants historically are male and therefore will have a greater number of CEA awards. Within this Trust analysis does show that in recent years there has been a more even spread in females receiving CEA's, specifically in 2014/2015 out of 26 male applicants then 13 received a CEA – 50% and out of 15 females then 5 received a CEA – 33%. In 2015/2016 out of 21 male applicants then 11 received a CEA – 53% and out of 19 females then 10 received a CEA – 52%.

Actions being taken / to be taken.

1. Whilst Trust Board colleagues can be assured that the Gender Pay Gap is replicated throughout the NHS, indeed this Trust reports more favourably than the sector average (and many other NHS organisations), it is important that longer terms solutions are explored to reduce the gender gap.

2. Solutions to the pay gap lie in culture changes both in society and organisations; embracing more flexible work in senior roles; and reducing bias and discrimination in recruitment, promotions and talent management. The following is a list of actions (non exhaustive) that will be taken by the Trust:

   ➢ Talent Pipeline: Succession planning more generally is an area that requires greater focus within the organisation. This critical matter will be considered in the development of a fresh Workforce & Organisational Development Strategy. During this review the Trust will ensure that we continue to support women to progress to higher paid jobs. This may include improving access to Female Leaders programme to encourage women to progress more rapidly into leadership roles. At the same time the Trust will explore how we can attract more men into the organisation at the lower bands, to create a more even gender balance and eliminate job segregation by marketing traditionally females roles to the male labour market.

   ➢ Flexible working: Given there is a linkage between more women taking up flexible working arrangements and gender pay differences then the Trust will continue to actively encourage flexible working across the trust in every role, at every level, to ensure that our people have the opportunity to work in a way that works best for their career aspirations and home life.

   ➢ Clinical Excellence Awards: The Trust will take positive action to improve the take-up of women applying for CEA Awards. Board member may be aware though that the CEA system may be reviewed as part of negotiations over new consultant contracts.

   ➢ Best practice from other employers: The Trust will work with organisations to more fully understand some positive examples of what employers are doing to address the gender pay gap.

➢ Influence locally, regionally and nationally: The Trust will work within our networks to ensure this mater continues to be given the national debate that is required.

➢ Workforce & Organisational Development Strategy: The Gender Pay Gap will be included within the refreshed Workforce & Organisational Development Strategy. As previously noted it is apparent that the People Strategy requires a fundamental review and a fresh Workforce & Organisational Development Strategy produced with clear actions, monitoring & governance arrangements in place.

3. Whilst colleagues are advised that the above actions are consistent with the NHS direction of travel on this matter (and society more widely), it is important to note that given the complexities of this agenda then it may take many decades for this Gender Pay Gap to reduce.

Recommendations

1. The Board is asked to:

   a. Note the details of the Gender Pay Report and the requirements for the details to be published by the end of March, 2018. These will be published on the government website prior to 30 March 2018 and this report will be published on our website for 3 years.

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

Agenda Item No: 15

Meeting	Board of Directors

Date	29 March 2018

Title	Appointment of iFM Directors

Executive Summary	Bolton NHS Foundation Trust, as controlling shareholder of iFM Bolton has the authority to make and terminate the appointments of Directors to the iFM Board.
	Following previous debate with regard to the composition of the iFM Board a proposal has been made that two new Directors are appointed to the iFM Board with effect from 1st April 2018.
	Appended to this cover sheet are the following documents:
	1. An excerpt of iFM Bolton Articles of Association regarding the appointment of Directors
	2. A specimen consent to act letter
	3. The job description outlining the responsibilities of FT Board Directors for their representation on the iFM Board

Next steps/future actions	For the Board to formally approve a resolution to appoint James Mawrey and Bilkis Ismail to the Board of iFM Bolton			
	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	Esther Steel Trust Secretary	Presented by	Esther Steel Trust Secretary

5. **Controlling Shareholder powers**

5.1   For so long as the controlling shareholder is the holder of not less than 51 per cent of the Ordinary Shares, the following provisions shall apply and (to the extent of any inconsistency) shall have overriding effect as against all other provisions of these articles:

    a.   the controlling shareholder may at any time and from time to time, by notice in writing to the company, appoint any person to be a Director to fill a vacancy or to be an additional Director.

    b.   the controlling shareholder may at any time and from time to time, by notice in writing to the company terminate any Directors appointment.

    c.   any or all powers of the Directors shall be restricted in such respects, to such extent and for such directions as the Controlling Shareholder may by notice to the company prescribe.

Any such appointment, removal, consent or notice shall be effected by an instrument in writing, signed on behalf of the Controlling shareholder and shall take effect upon receipt at the registered office of the company.

APPOINTMENT OF DIRECTORS

21.   **Methods of appointing directors**

21.1   Any person who is willing to act as a director, and is permitted by law to do so, may be appointed to be a director:

    (a)   by ordinary resolution, or

    (b)   by a notice given in accordance with 5.1.

    (c)   the appointment and termination of Directors is the exclusive right of the Controlling shareholder.

NON-EXECUTIVE DIRECTOR (FT BOARD REPRESENTATIVE)

JOB DESCRIPTION

Main Responsibilities

- Strategy: Non-executive directors should constructively challenge and contribute to the development of strategy;

- Performance: Non-executive directors should scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance;

- Risk: Non-executive directors should satisfy themselves that financial information is accurate and that financial controls and systems of risk management are robust and defensible;

- Represent the Group Board to ensure that decisions taken are in the best interests of the Group.

Strategy

- Analyse and contribute positively to the strategic development of iFM Bolton

- Contribute to constructive debate regarding the issues facing iFM Bolton

- To ensure the best use of financial and other resources in order to maximise effective delivery of service;

- Ensure the organisation sets challenging objectives for improving performance;

Accountability

- Hold the management team to account for the effective management and delivery of the organisation's strategic aims and objectives;

- Participate fully in the work of the Board, ensuring the corporate responsibility of the Board of Directors;

- Ensure that strategies and actions approved by the Board are implemented effectively by the senior management team.

Governance

- Provide analysis and constructive challenge to information on organisational and operational performance;

- Ensure that there is a comprehensive framework of governance and that risks are effectively managed

Eligibility

- A voting member of Bolton NHS FT board of Directors

- Meet the independence criteria for Non-Executive Directors

The Directors
Integrated Facilities Management Bolton Limited (No: 10278178)
(the "**Company**")
Trust Headquarters
Royal Bolton Hospital
Minerva Road
Bolton Foundation NHS Trust
BL4 0JR

March 2018

Dear Sirs,

Consent to act

I,   of Trust Headquarters, Royal Bolton Hospital, Minerva Road, Bolton Foundation NHS Trust, BL4 0JR hereby consent to act as a director of the Company as listed above with effect from 1 April 2018.

Yours faithfully

………………………………