Board of Directors

29 March 2019, 09:00 to 11:30
Boardroom

Agenda

1. Welcome and Introductions

01. Agenda.pdf (2 pages)

2. Apologies

3. Declarations of Interest

4. Minutes of the Meeting held 28th February 2019

04. February 2019 Part One BoD minutes.pdf (6 pages)

5. Action Sheet

05. Board actions February 2019.pdf (1 pages)

6. Matters Arising

7. Chairman's Report

8. CEO Report

08. CEO report March 2019.pdf (3 pages)

9. Quality Assurance Committee Chair Report

09. QA Committee Chair report March 2019.pdf (2 pages)

10. Finance and Investment Committee Chair Report

10. Finance Committee Chair Report - March 2019 V1.pdf (2 pages)

11. Workforce Assurance Committee Chair Report

11. WFAC Chair Report March 2019 (3).pdf (2 pages)

12. Mortality Committee

12. BoD mortality review March 2019.pdf (7 pages)

13. Staff Survey

13. Staff Survey.pdf (175 pages)

14. Performance Report

14. Trust Board Report M11 V1.pdf (38 pages)

15. Any other business

Bolton NHS Foundation Trust – Board Meeting 29 March 2019

Location: Boardroom **Time: 0900**

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
09.00		Patient Story	DoN		For the Board to hear a recent patient story to bring the patient into the room (Press and public may be excluded to preserve confidentiality)
09.30	1.	Welcome and Introductions	Chairman	verbal	
	2.	Apologies for Absence	Trust Sec.	Verbal	Apologies noted
	3.	Declarations of Interest	Chairman	Verbal	To note any declarations of interest in relation to items on the agenda
	4.	Minutes of meeting held 28 February 2019	Chairman	Minutes	To approve the previous minutes
	5.	Action sheet	Chairman	Action log	To note progress on agreed actions
	6.	Matters arising	Chairman	Verbal	To address any matters arising not covered on the agenda
	7.	Chairman's Report	Chairman	Verbal	To receive a report on current issues
	8.	CEO Report including reportable issues	CEO	Report	To receive a report on any reportable issues including but not limited to SIs, never events, coroner reports and serious complaints
Safety Quality and Effectiveness					
09.45	9.	Quality Assurance Committee Chair Report	QA Chair	Report	QA Chair to provide a summary of assurance from the QA Committee escalate any items of concern to the Board
	10.	Finance and Investment Committee – Chair Report	FC – Chair	Report	FC Chair to provide a summary of assurance from the F&I Committee and to escalate any items of concern to the Board
	11.	Workforce Assurance Committee – Chair Report	CEO	Report	CEO to provide a summary of assurance from Workforce Assurance Committee and escalate any items of concern to the Board
10:10	12.	Mortality update	Medical Director	Report	To receive an update on mortality including the mortality review process

Time		*Topic*	*Lead*	*Process*	*Expected Outcome*
10:30	13.	Staff Survey	Director of Workforce	Report	To receive the results of the 2018 Staff Survey
10:45	14.	Performance Report	All	Report	To discuss the metrics on the integrated performance report
11:15	15.	Any other business			
Questions from Members of the Public					
		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					
	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	28th February 2019
Venue	Boardroom RBH

Present:-

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

In attendance:-

Mrs E Steel	Trust Secretary	ES
Mrs C Sheard	Deputy Director of Workforce (for J Mawrey)	

Four observers in attendance

Apologies

Dr J Bene

Mr J Mawrey

Declarations of Interest

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

1. Patient Story

MD attended to share her brother P's story of the care and treatment provided for a fractured shoulder sustained in a fall in July 2018. P had significant communication difficulties as a result of a combination of Aspergers and being born without hearing. On G4, although his medical care was good, staff

struggled to communicate with him and to understand his needs. P was later discharged to Darley Court where the staff identified his individual communication needs.

Board members discussed the importance of listening to family members and carers and the used of communication tools to meet individual needs.

The Chairman thanked MD for her story and the valuable insight into communication challenges; he apologised on behalf of the Trust for the challenges MD and P had experienced.

4. Minutes of The Board Of Directors Meetings held 31st January 2019

The minutes of the meetings held on 31st January 2019 were approved as a true and accurate reflection of the meeting.

5. Action Sheet

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

6. Matters Arising

There were no matters arising.

7. Chairman's Report

Nationally the pressure in A&E departments has continued and while Bolton has not achieved the 90% target performance has been better than most in Greater Manchester. The capital investment in A&E is almost complete, the new resus area has been opened and the front end extension is due to open on Monday 4th March 2019.

Nationally the Kark review proposing changes to Fit and Proper person testing has been published with all recommendations accepted – the proposed changes will in time affect all Board members.

8. Chief Executive report

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

The Board Assurance Framework was not included in the written CEO report as this is currently being updated alongside the new operational plan.

Resolved: the board noted the CEO update.

9. Quality Assurance Committee Chair Report

The NED Chair of the Quality Assurance Committee presented his summary of the meeting held on 20th February 2019.

The Committee received an update on Patrick's story, this was a story previously shared with the Board to illustrate the value of integrated neighbourhood services. Following a period of intervention and support, Patrick has now been discharged and is living an integrated life within his community.

The Committee received a verbal briefing to advise of an increasing risk in relation to the capacity for endoscopic screening. Demand is forecast to continue to increase for the next six years and while the new department has the potential space to extend there is a national shortage of suitably qualified staff to provide an increased service. The Committee have requested a written report to provide further detail on the challenge and associated risks.

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

10. Finance and Investment Committee Chair Report

The NED Chair of the Finance and Investment presented his report from the meeting held on 21st February 2019. The Committee received updates on current financial performance - the current forecast including PSF remains £2.3m however there are additional risks with the potential to impact on this and further mitigations are being considered.

The Committee considered the initial submission for 2019/20 – to be shared with the Board during the part two Board meeting.

Board members discussed the control total for 2019/20 against the context of national allocations and changes to the tariff, the final submission which is due on 4th April 2019 will be presented for Board approval in March 2019.

The Committee received a number of reports looking at ICIP and efficiency opportunities – these provide assurance that the Trust is efficient however there are still further opportunities for savings and work will be targeted towards these areas.

Resolved: The Board noted the report from the Finance and Investment Committee

11. Workforce Assurance Committee Chair Report

The Deputy Chief Executive presented the chair's report from the Workforce Assurance Committee and highlighted the following areas:

Agency use remains amber; increases in expenditure in some areas have been offset by reductions in other areas. Forecast for agency spend for 2018/19 is £8.5m.

Sickness absence remains red, the effectiveness of previously agreed actions is being monitored and the Committee have requested updated on Occupational Health in March and the wider health and wellbeing actions in April. Board members discussed the impact of *"Attendance Matters"* while not yet fully evidenced, early data indicates that the daily contact with staff members during periods of sickness absence is having a positive impact.

A monthly review of all cases of long term sickness absence is undertaken to provide assurance that all cases are clinically justified. The Occupational Health update requested for March will provide assurance as to whether the service is delivering the required benefits.

The Committee approved the establishment of a shadow board programme as a development opportunity for senior managers aspiring to board level positions.

Resolved: the board noted the Workforce Assurance Committee Chair report

12 **Audit Committee Chair Report**

The Chair of the Audit Committee presented her chair report from the meeting held on 14th February 2019.

Committee members reviewed the internal audit progress report and agreed the importance of agreeing realistic actions and deadlines in response to reports.

Two final reports – agency and catering were discussed in detail, with the Director of Workforce in attendance to provide an update on the actions taken in response to the advisory report on agency usage.

Committee members received an update on the Trust's compliance with the NHS Code of Governance and noted that for the 2018/19 Annual Report the Trust would be explaining non-compliance with two elements of the code relating to the length of service of the Chairman and the Chairman's appointment as Chair of two Trusts.

The Technical Update from the Trust's external auditor KPMG including a summary of recent guidance on the approval process for NHS wholly owned subsidiaries – Committee members discussed this guidance in respect of iFM Bolton and agreed to undertake a self-assessment using the NHSI checklist alongside a desk top review of previous reports on the governance of iFM Bolton

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

13. **Audit Committee Annual Report**

The Chair of the Audit Committee presented the annual report of the Audit Committee for 2018. Board members reflected on the number of high risk reports received during the period covered by the report, the response to these reports and the need for robust oversight of realistic management actions in response to audit reports.

Board members noted that the report covered and calendar year and therefore some of the earlier reports had been covered in the Head of Internal Audit opinion for 2017/18.

Ms Ismail advised that as a member of the Audit Committee she was assured that actions had been taken in response to the high risk reports, in addition the practice of the Trust to direct audit activity to areas of known weakness was likely to generate medium/high risk reports.

Resolved: The Board noted the Audit Committee Annual Report.

14. **Integrated Performance Report**

Board members reviewed the Integrated Performance Report considering the metrics within the report and focusing on areas in response to questions and as directed by the executive team:

Mortality: SHMI has continued to increase – a review of pneumonia mortality has been undertaken and will be reported to the QA Committee, in addition a full mortality report is scheduled for presentation at the March Board.

There has been a slight increase in pressure ulcers – the team undertake a systematic review of each case and are continuing to develop actions to avoid lapses in care. The QA Committee received a detailed update and were assured that action is taken.

In response to a question about any correlation between antibiotic prescribing and infection rates, the Medical director advised that the main non-compliance with regard to antibiotic prescribing is not including a stop date on the prescription.

Board members will receive a detailed briefing on CPE; all patients known to have received recent treatment at a hospital with a known high risk for CPE are screened on admission.

There has been an improvement in time to theatre for patients with a fractured neck of femur, a report to the QA Committee previously provided assurance that despite delays to theatre clinical outcomes were good.

Diagnostic waiting times in January 3.2% of patients waited more than six weeks for diagnostic tests with delays for ECHO and endoscopy, the division are confident that this will be back to 1%.

Concern was expressed with regard to the number of cancelled operations, this was raised with the division at the recent performance monitoring meeting – a high number of orthopaedic operations were cancelled as a result of an increase in trauma. Additional capacity was opened during the previous week to cohort orthopaedic patients and the divisions are looking at other actions to improve performance. In response to a question about the possibility of creating a cold site the Finance Director advised that the cap ex implications mean that while this has not been ruled out it is unlikely to happen in the next financial year.

The increase in referrals for patients for breast screening under the two week rule has impacted on performance some months have seen a 50% increase in referrals and the majority of patients that are not seen in 2 weeks are seen within 15 – 16 days. The positive reputation of Bolton has resulted in an increase in patients from Bury and Salford.

Community metrics show a month on month improvement in home first deflections and a reduction in the number of medically optimised patients waiting at Darley Court – there has however been an increase in the number of emergency readmissions and it was agreed that an email briefing note would be provided to explain this increase.

Resolved: the Board noted the integrated performance report

15. **Maternity Update** (slides appended to minutes)

The maternity team attended to provide an update on recent performance within maternity services towards meeting the objective of becoming the safest and the best maternity unit in the country. The team explained the background to the metrics reported on the dashboard and the change to the threshold applied to the metrics for interventions in labour to ensure the best possible outcomes for mums and babies.

Board members discussed the information presented, the importance of baby friendly accreditation and the importance of providing support to birth partners as well as to mums and babies.

The Director of Nursing advised that as the Executive lead for maternity services she was assured that the team consistently go above and beyond to be the best they can be. Maternity services is the highest risk area in the Trust and one of the flag ship services for the Trust investment has been made in staffing and there are plans in place to invest in the environment.

Resolved: board members noted the update and thanked the team for their

continued commitment to the service.

16. **Gender Pay Gap report**

The Deputy Director of Workforce presented the Gender Pay Gap report. The report which showed a slight improvement on the report for 2017/18 had been reviewed at the Workforce Assurance Committee and Committee members were satisfied that the proposed actions were appropriate. The gender pay gap is a national and societal issue and while the Trust is not an outlier it is still important to ensure all staff have equal access to opportunities.

Board members discussed the data presented and the factors identified as impacting on equal pay and opportunities. It was agreed that an update would be provided within the Workforce and OD strategy update in September 2019.

Resolved: the Board approved the Gender Pay gap figures for publication in accordance with national guidance.

FT/19/12	include update on actions within Workforce and OD strategy to Board in September

17. **LGBT History month**

The Deputy Director of Workforce highlighted the activities taking place within the Trust to support LGBT history month. Board members were encouraged to submit pledges to make a commitment to supporting inclusivity.

Resolved: The Board noted the report.

18. **EDI Annual Report**

The Director of Nursing presented the Equality, Diversity and Inclusion annual compliance report and apologised to Board members for the delay in presenting the report setting out the equality and inclusion objectives for the Trust.

Board members discussed the plans for 2019/20 and the need to demonstrate systematic progress on the inclusion agenda which needs to be more than good ideas and should be the way we do business.

Resolved: the Board noted the EDI Annual Report.

19. **Any other business**

No other business.

Date and Time of Next Meeting

29th March 2019

February 2019 Board actions

Code	Date	Context	Action	Who	Due	Comments
FT/19/11	28/02/2019	Performance Report	Briefing note to be provided by email to explain the increase in emerency readmissions	AE	Mar-19	email
FT/19/14	28/02/2019	EPR delay	Update on EPR through IT report to QA Committee	AE	Mar-19	verbal update
FT/19/09	28/02/2019	Audit committee chair report	Agency report and response from Director of Workforce to be circulated to all NEDs	ES	Mar-19	complete
FT/19/13	28/02/2019	EDI	Dates and venue for EDI Committee to Bilkis	ES	Mar-19	complete
FT/19/02	31/01/2019	partnership working	agenda item March meeting to update on partnership working at local and sector level	JB	Mar-19	agenda item
FT/19/10	28/02/2019	Performance Report	Mortality report for March Board meeting	FA	Mar-19	agenda item
FT/19/16	28/02/2019	iFM	Report back on potential future options for iFM	SM	Mar-19	agenda item
FT/19/06	31/01/2019	Cancer performance	update on performance following changes to breach allocation	AE	Apr-19	
FT/19/03	31/01/2019	Storage	update on actions to address storage challenge	AE	Apr-19	
FT/19/05	31/01/2019	Emergent organisms	Board development session from microbiology team	TAC	Apr-19	
FT/18/105	29/11/2018	SI report knife to skin	Provide assurance through the QA Committee with regard to theatre safety and assurance with regard to locum competencies	FA	May-19	
FT/19/15	28/02/2019	Ward visits	update on practice educators and protected time through Workforce Assurance Committee	TAC	May-19	
FT/19/01	31/01/2019	Patient Story	February PEIP meeting to focus on provision of support for patients with hearing impairments - present back to Board in July 2019	TAC	Jul-19	
FT/19/12	28/02/2019	Gender pay gap	include update on actions within Workforce and OD strategy to Board in September	JM	Sep-19	

Key

complete	agenda item	due	overdue	not due

NHS Bolton NHS Foundation Trust

Agenda Item No: 8

Meeting	Board of Directors

Date	29 February 2019

Title	Chief Executive Update

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

Previously considered by	

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

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

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

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

All information provided in this written report was correct at the close of play 21/03/19 a verbal update will be provided during the meeting if required

1. Awards and recognition

Employee of the Month – Catherine Allibone, Resuscitation Simulation & Clinical Skills Team, Workforce & OD Directorate for her supportive inspirational style, care and compassion.

Team of the Month – Oncology Secretaries Team, Elective Care - When the lift was broken in Musgrave House the secretaries rallied forming a human chain to take the notes up the stairs. They did this on a number of occasions and without their efforts the situation would have become hugely problematic

2. Stakeholders

2.1 CQC

The report is currently in the factual accuracy check stage – we expect to be in receipt of the final report by the April board meeting.

2.2 North West Sector

We continue to discuss areas where we can collaborate for mutual benefit

2.3 Bolton

An update on partnership working will be provided in the part two meeting.

2.4 National

Changes to performance standards

Professor Stephen Powis, NHS National Medical Director, has published his interim report setting out proposals to update several of the existing performance standards set out in the NHS constitution. The proposals are due to be tested in pilot sites across the country over the next six months before being rolled out across the NHS.

Proposals for possible changes to legislation

The NHS long term plan sets out NHS England's and NHS Improvement's (NHSE/I) view that the current policy direction towards collaboration and integration within local systems can "generally" be achieved within the current statutory framework, but that "legislative change would support more rapid progress". The plan included an overview of barriers to collaborative working which NHSE/I would like to address via legislative change. They have now published an engagement document, Implementing the NHS long term plan: proposals for possible changes to legislation, setting out their top level proposals for change. These were described in terms of the plan depending "mainly on collective endeavour", with local and national NHS bodies needing to work together to redesign care around patients.

Reportable Issues Log

Issues occurring between 22/02/19 and 21/03/19

3.1 Serious Incidents and Never events

We reported on SI in month, this related to a stillbirth and will be investigated by HSIB in accordance with the new process.

3.2 Red Complaints

Two red complaints have been received, both relate to concerns with regard to clinical care.

3.3 Regulation 28 Reports

No regulation 28 reports

3.4 Whistleblowing

No concerns to escalate to board

3.5 Media Interest

There have been a number of media items relating to the Trust – the majority positive, these include:

Coverage of good staff survey results

The award of the 0 -19 tender

A and E refurbishment – double page special report

Maternity and reduction in still birth rate double page special report

New chair appointment

Offer of smear testing for staff –Nursing Times as well as Bolton News

Vandalised sculpture – front page of Bolton News plus supportive comment piece, lots of social media

4 Board Assurance Framework

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

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Report to:	Board of Directors
Date of Meeting:	20th March 2019	Date of next meeting:	17 April 2019
Chair:	Malcolm Brown	Parent Committee:	Board of Directors
Members present/attendees:	M Brown, J Njoroge, J Bene, A Ennis, S Martin, J Mawrey, F Andrews. Representation from the four clinical divisions	Quorate (Yes/No):	No
		Key Members not present:	A Thornton, T Armstrong-Child, R Sachs

Key Agenda Items:	RAG	Key Points	Action/decision
Patient Story – Elective Care Division		The Elective Care Division shared two patient stories illustrating the additional support provided by the Trust for patients with sight loss by the Eye Clinic Liaison Officer.	Story noted. The Elective Care Division recognised that this sort of support would be beneficial for other patients also.
Clinical Governance and Quality Committee Chair Report		Report noted, no significant risks escalated.	
Elective Care Division Quarterly Report Integrated Care Division Quarterly Report		Both reports well received with sufficient detail to prompt constructive challenge and debate	It was agreed that divisions should add a section on clinical correspondence to the quarterly reports.
AKI – Quality Account Priority Update		Continued work around nursing, education and training, documentation and the timely review of patients. .	Noted hydration has been chosen as one of the quality account priorities for 2019/20. Need to build on the work completed around AKI to improve patient hydration
Pneumonia Mortality Audit		The committee received the report noting the issues around recording and diagnosis. Assurance was provided that there were no issues around coding. Concern raised regarding the naming of care homes within the report.	Agreed to write to care homes named in the report to advise.

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

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

Committee/Group Chair's Report

Quality Account – agreement of priorities		Noted the three priorities for 2019/20 – Diabetes, Pneumonia and Improving hydration.	
Patient Experience, Inclusion and Partnership Committee		The committee noted that a new report providing a detailed description of the role of the Link Worker was received. An evaluation of the service and comparison with Language Line would be beneficial. Committee members were assured that improvements have been made around patient flow in the antenatal department following informal feedback received from the CQC.	
Mortality Committee		Crude mortality – increased to 2.2% from 2.03% in the previous year. SHMI risen to 111.16. SHMI paper to go to Board of Directors. CuSuM – upward trend in heart failure – K Lipscomb to review.	
Risk Management Committee		Security concerns at Bolton One and Lever Chambers to be discussed at Health and Safety Committee. Lever Chambers to be added to the Integrated Care risk register.	
IT and Information Committee		Concerns escalated regarding delays to EPR. Concerns to be raised at the next Exec Directors Meeting.	
Comments			
Risks Escalated			

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

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

Committee/Group Chair's Report

(Version 2.0 August 2018, Review: July 2020)

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Finance & Investment Committee	Report to:	Board of Directors
Date of Meeting:	26th March 2019	Date of next meeting:	23rd April 2019
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Jackie Bene, Martin North, Annette Walker, Andy Ennis, Rachel Hurst, Andy Chilton	Quorate (Yes/No):	Yes
		Key Members not present:	David Wakefield, Bilkis Ismail, Sharon Martin

Key Agenda Items:	RAG	Lead	Key Points	Action/ decision
Month 11 Finance Report		Deputy Director of Finance (AC)	The financial position to the end of February 2019 (Month 11), excluding the Provider Sustainability Fund (PSF), in an actual deficit of £3.9m against a plan deficit of £0.4m. When the PSF is taking into account the actual position is a surplus of £3.7m against a surplus plan of £9.5m. The Use of Resources rating is a current rating of 2. In terms of the forecast outturn for the Trust following negotiations with the CCG and GM, further income has been secured in respect of additional costs incurred by the Trust in 2018/19. This amounts to an additional £5m. As a consequence this means that the Trust will meet the Control Total agreed with NHSI of £1.6m surplus. This will enable the Trust to receive the PSF monies for achievement of the financial outturn. The year end Use of Resources rating is anticipated to be a 2. Overall this is a very positive outturn for the Trust particularly when the national position is taken into account.	
Financial Plan 2019/20		Director of Finance	The Committee considered the Financial Plan for 2019/20 following the contract negotiations with Commissioners. The Plan will be considered for approval by the Board in part 2 of the Board meeting.	
Capital Plan 2019/20		Director of Finance	The Committee considered the Capital Plan for 2019/20 which again will be considered for approval by the Board in part 2 of the Board meeting.	

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

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

Committee/Group Chair's Report

Other updates			The Committee also received updates in respect of: • CRIG • Strategic Estates Board • Digital Transformation Board • Tender Update • NHS Efficiency Map • Review of High Value Supplier Payments • Audit Report – A&E	
Comments				
Risks escalated There are a number of risks associated with the Financial Plan and Capital Plan for 2019/20 which will be considered by the Board in part 2 of the Board meeting.				

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

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

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Workforce Assurance Committee	Report to:	Trust Board
Date of Meeting:	15th March, 2019	Date of next meeting:	26th April, 2019
Chair:	J Bene	Parent Committee:	Trust Board
Members present/attendees:	T Armstrong Child, J Mawrey, F Andrews, C Sheard, L Gammack and all clinical divisions present	Quorate (Yes/No):	Yes
		Key Members not present:	S Martin, A Walker, A Ennis

Key Agenda Items:	RAG	Key Points	Action/decision
Occupational Health Update		• The Performance of the OH Department had considerable improved. Delivery against key KPI's had increased to 96% for February (noting as low as 19% in May, 18). It was noted the additional resources that had been put in place to support Staff Mental Wellbeing. Pleasingly the Trust has seen a corresponding reduction in this area.	**Actions agreed:-** • Report back in 6months time to ensure sustainability.
Sickness		• In Month (February 2019 was 4.97%); this is higher than target but lower than the same period last year (5.08% February 2019) and also lower than January 2019 at 5.45%. • The Committee received an update on the vast amount of actions that were being taken. It was noted that the number of staff off on Long term sickness has reduced considerable since this time last year (from 162 to 94) • The Adult Acute Division have seen a dramatic reduction in month of 1.96% from 7.27% in January to 5.32% in February. Other Divisions have also seen a decrease in month with the exception of ICS which has increased by 0.64% to 6.01%. Detailed work at Divisional level will take place to understand these positions at individual and team level.	**Actions agreed:-** • Next report to include deeper analysis as to the reason for Acute Division dramatic reduction • Full update at next meeting on actions being taken to reduce HCSW high absence rate. • Full update at May meeting on the wider Health & Wellbeing offering for our workforce.

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

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

Committee/Group Chair's Report

Agency		• Based on current spending, there is an expectation that actual agency spend at the end of the 2018/19 financial year will be above our internal forecast at £8.5/£8.6 million (£10.2m last year). • Committee received update on the new and ongoing actions being undertaken to drive down costs. Paper included those items referenced in the recent Audit Committee report.	**Actions agreed:-** • Fuller update to be provided at the next meeting on:- 1. Breakdown of Agency spend at Divisional and Staffing group level 2. Deeper analysis of the reasons for reductions in spend in 2018/19 to learn (and improve) for future years.
Workforce Inclusion Update		• The Committee received an update on the plan to accelerate improvements within workforce inclusion agenda. It was noted that whilst the Trust is compliant with all of the legal and statutory duties a sharper focus is required to truly listen and understand the challenges facing our workforce.	**Action agreed:-** • Direct feedback at the next meeting from BME Network Chair. Replicate approach used for 'patient story' at the Quality Assurance Committee • Update at the May meeting on the forward plan to support the Workforce Inclusion agenda.
Workforce PMO		• The Committee received an update on work programmes related to Workforce within the Trust's Cost Improvement Programme.	• Paper noted
NHS Staff Survey raw results		• Following the embargo the Committee officially received the full NHS Staff Survey Report.	• Details noted in advance of Trust Board discussion.
Guardian of Safe working (GOSW)		• The Committee received the GOSW report. Given the lack of information within the report the Committee felt that due consideration could not be given, therefore no assurance provided. As such it was requested that this report be urgently reviewed by the GOSW/Medical leadership team and Workforce Directorate.	• Report to be resubmitted at the next meeting.
Workforce Operational Committee		• The Director of Workforce presented his Chairs report to the Committee.	• Report noted
Risks escalated - None. Red risk being managed.			
Recommendations to Trust Board - Full support of the details set out in the NHS Staff Survey report			

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

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

Agenda Item No: 12

Meeting	Executive Directors

Date	Friday 29th March 2019

Title	Trust mortality data update

Executive Summary	This paper outlines the latest mortality figures for Bolton NHS FT, and seeks to explain reasons for the apparent rise in mortality figures.

Previously considered by *Name of Committee/working group and any recommendation relating to the report*	N/A

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

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

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

Prepared by	Dr Francis Andrews, MD	Presented by	Dr Francis Andrews, MD

Introduction

The principle measure of comparative mortality for Bolton NHS FT has been rising since last year and it is essential that the reasons for this rise are clearly understood. This paper explains the background definitions and then looks at trends in relevant current figures, followed by reasons for this.

Background

1. Crude mortality

A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in a specific time period and then compares that against the amount of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted. It tells you how a Trust's mortality rate changes over time, however it cannot be used to compare or contrast between hospitals. From July 2018 the crude mortality figures stated in this report exclude day cases which have caused the rate to rise because of the lower denominator.

2. SHIMI

Mortality can be measured by a number of means including the crude mortality but better and potentially more meaningful comparisons can be made with similar hospitals by using mortality adjusted for various cofounders. One such measure is the SHIMI (Standardised Hospital Mortality Index) and this is measure is use nationally to compare hospitals. This was developed to try to agree a single national measure of mortality that all stakeholders would support. The SHMI is a ratio of the observed number of deaths to the expected number of deaths for a trust. The observed number of deaths is the total number of finished provider spells for the trust which resulted in a death either in-hospital, or within 30 days (inclusive) of discharge from the trust. If the patient is treated by another trust within 30 days of discharge, their death is attributed to the last non-specialist acute trust to treat them. The expected number of deaths is calculated from a model that adjusts for the mix of patients in terms of case-mix, age, gender, admission method, year index, Charlson Comorbidity Index and diagnosis grouping.

The expected number of deaths is calculated using the performance of all the other acute hospital trusts in England. Thus, for an individual trust, the value of the SHMI can be adversely affected not only by the trust's performance but also by other factors for example whether its practice differs from trusts generally.

3. HSMR

HSMR (Hospital Standardised Mortality Ratio) is a generic term but is commonly used to refer to mortality ratio work undertaken by the Dr Foster organisation. It includes many more starting variables (such as deprivation, sub-diagnosis and palliative care) than the other models but doesn't include all hospital deaths.

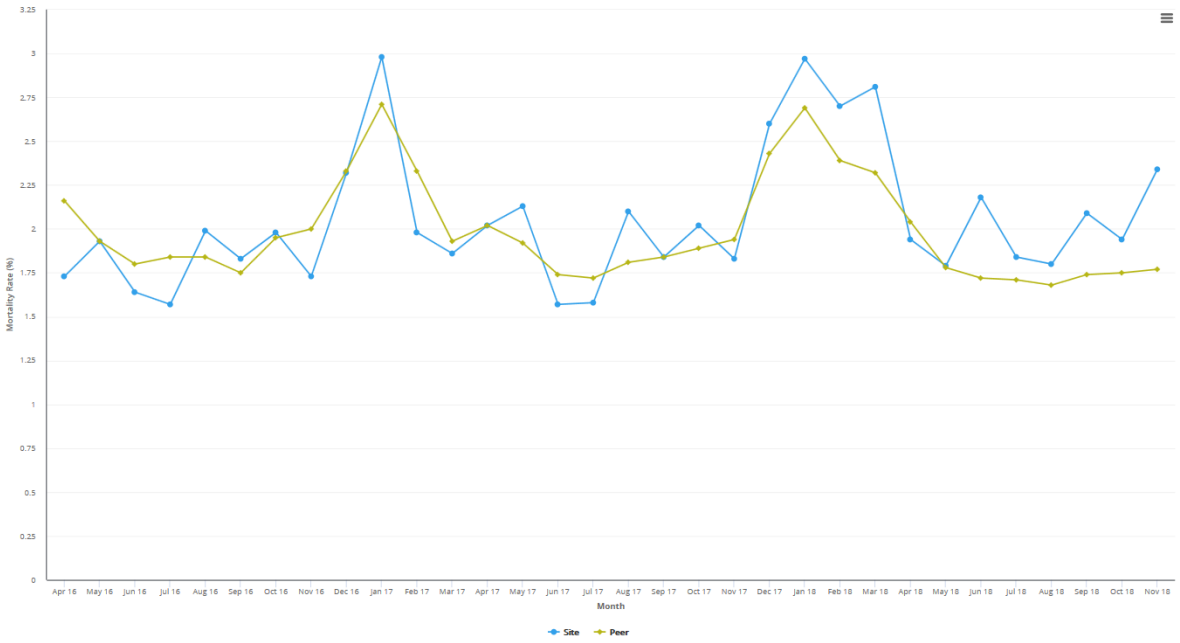
4. RAMI

RAMI (Risk Adjusted Mortality Index) is CHKS's approach to measuring hospital mortality. It is specifically designed to avoid sources of inconsistency in the calculation of expected deaths. It does this by disallowing exclusions, ignoring certain known inconsistently coded attributes, and focusing on relatively 'noiseless' attributes such as patient age, sex, admission type and length of stay. RAMI has a selective approach to comorbidity in that only the most significant secondary diagnoses are included; palliative care and other secondary diagnoses, which may indicate cause of death rather than condition on admission, are ignored. RAMI isn't used by the CQC or NHS England to compare mortality rates between providers though.

Bolton NHS FT results

1. Crude mortality

The graph below illustrates crude mortality from April 2016-November 2018. The crude rate has remained high Blue line-peer group is green line) over the winter months but has fallen below in April 2018 rising again in June 2018. After falling for two months there was a rise in September then a slight fall in the rate in October 2018 and a rise in November 2018. Over the two year time period shown the crude mortality rate has peaked in the months of January**.** Of particular note is that over winter 2017-2018 the Trust was badly affected by a severe influenza outbreak and mortality remained high for 4 months as opposed to 2 months the year before.



The table below gives the actual number of patient deaths per month. As well as the higher number of deaths in the winter months compared to the summer, the higher deaths in June 2018 caused the crude rate to rise rather than remain at a constant level over the summer months. The reason for this smaller transient rise in June is not known.

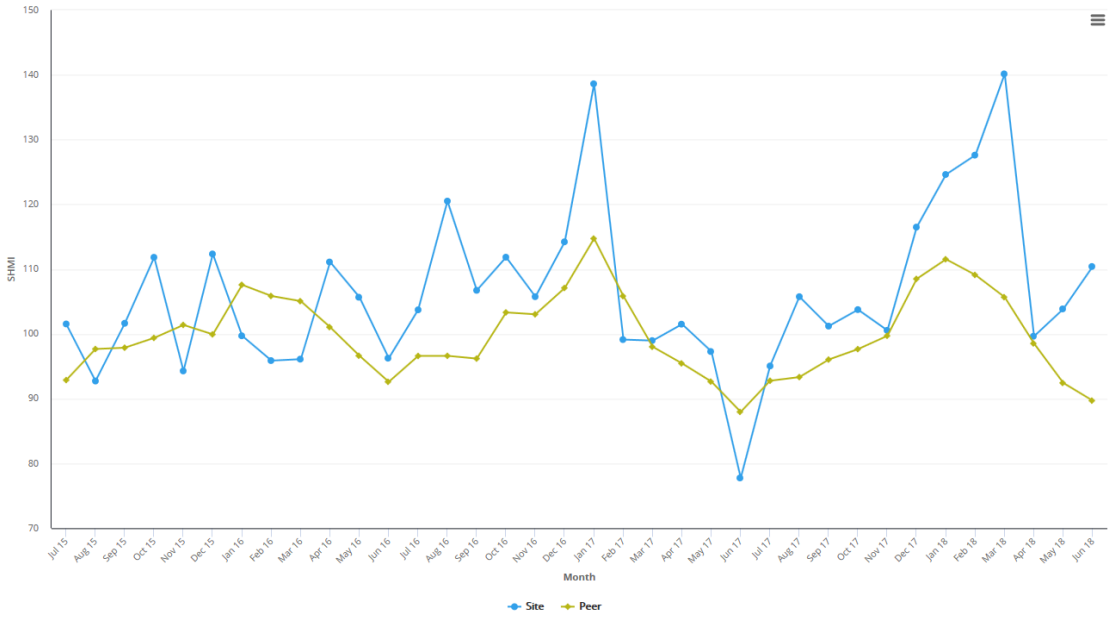
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	107	105	88	87	102	95	106	92	124	156	95	96
2017/18	91	106	76	77	96	90	104	96	130	143	117	140
2018/19	94	89	104	90	86	99	101	117	113			

2. SHIMI

The latest data for Bolton is illustrated in the table below. The SHIMI for July 2017 to June 2018 is 111 but is not a significant outlier figure whereas the figure for October 2017 to September 2018 is significant

SHMI period	Cases	Observed deaths	Expected deaths	SHMI	Excess deaths
Jul 17 to Jun 18	60677	1801	1623	111	178
Oct 17 to Sep 18	60663	1813	1593	114	220
Difference	*-14*	*12*	*-30*	*2.8*	*42*

The graph below shows the SHIMI for Bolton FT for pneumonia cases only.



How should a Trust investigate a high SHIMI?

The following sequence is recommended by NHS digital when investigating a higher than expected SHIMI.

1. **Data**: has the data been coded accurately, have all comorbidities been recorded and coded, have there been any changes in coding practice, is the data complete? The SHMI contextual indicators on primary diagnosis coding and depth of coding may be helpful here.

Firstly are coding department is externally accredited which gives assurance that data have been coded accurately to a consistent high standard. We have checked that the data we hold locally on our Minerva system is the same as the data held by NHS Digital, which they use to calculate mortality statistics. The table below illustrates that for 2017-2018 there is only a slight and non-significant difference between spells and non for patient deaths in hospital

	NHS Digital		Minerva (Bolton NHS Foundation Trust Data warehouse)	
Period	Spells	Deaths in hospital	Spells	Deaths in hospital
Oct 17 – Sep 18	60663	1292	60631	1292
Oct 16 – Sep 17	62335	1211	61895	1205

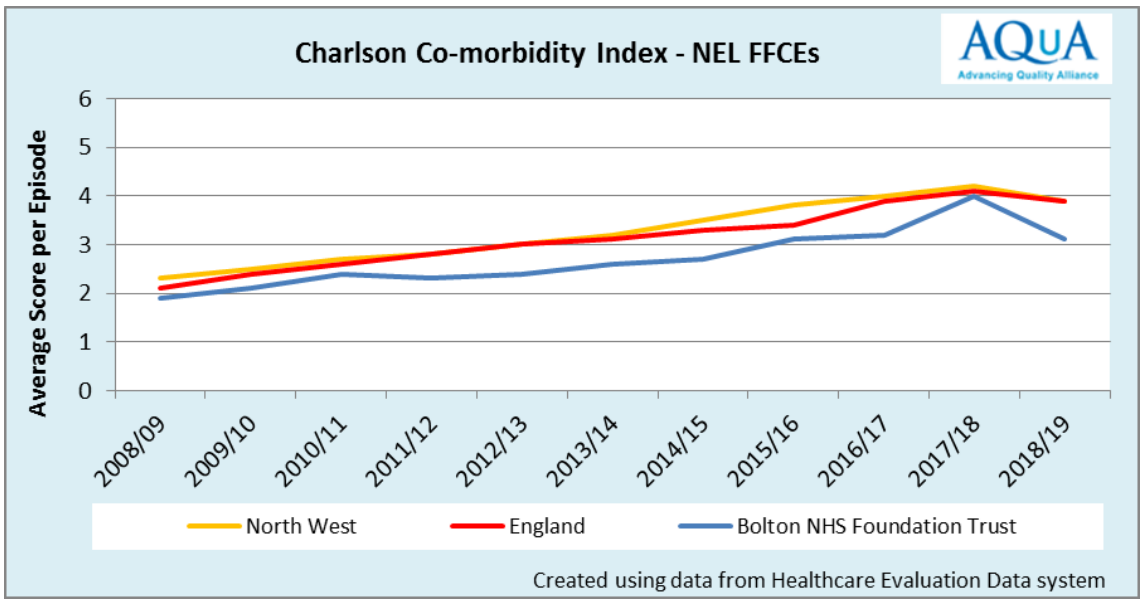
We can confirm following discussions with the coding department that there have been no changes to their coding practice. However, it should be noted that there was a change at Bolton FT from April 2017 in that since then, Ambulatory Care Unit (ACU) cases are no longer included in the SHIMI denominator for Bolton. As a result although these cases generally have a low expected death rate, the large number of them means that the denominator is reduced when they are taken out.

Our business intelligence unit have attempted to model the potential effect of this. Unfortunately we cannot directly model the effects of putting ACU outpatients back in to the SHMI calculation as the data is run through a model at NHS Digital. However, we were able to take out the actual spells that would now be classed as ACU outpatients from the SHMI for the period Apr 2016-March 2017 (12 months of ACU cases taken out) and Oct 2016 / Sep 2017 (6 months i.e. Oct 2016-March 2017 ACU cases taken out) to show what impact this would have. The table below shows the impact on 2016/2017 data.

	Published by NHS Digital			Calculated by BI		
	SHMI	CI		SHMI with ACU cases adjustment	Actual change	% change
Apr 16/Mar 17	108.1	(89-112)	As expected	114.3*	6.2	+5.75%
Oct 16/Sep 17	106	(89-112)	As expected	109.5*	3.5	+3.30%
Oct 17/Sep 18	114	(89-113)	Significantly higher	110.2**		

*ACU cases subtracted; for Apr 2016-Mar 2017 this is 12 months of ACU cases; for Oct 2016-Sep 2017 this is only for the first 6 months; ** ACU cases added; effect of 3.3% change as modelled from Oct 2016-Sep 2017.

The average Charlson co-morbidity index for NEL (Non Elective Activity) FFCE (For First Consultant Episode) is shown below on a comparator graph. Clearly the more the average score then the more likely patients may be expected to die and the expected number of patients will rise as the denominator in the SHIMI ratio therefore reducing the SHIMI. We will be including both Charlson Comorbidities – and the NHS Digital mandatory list of comorbidities in our EPR to improve this level of coding.



2. **Patient case-mix**: are there factors that particularly affect patients at the trust which are not taken into account by the national risk-adjustment e.g. patients admitted for end of life care?

We know from our CQC pneumonia report that out of 13 patients from residential/nursing care homes only 1 had any evidence of advance care planning. This may be an issue that there is a lack of effective community palliative care facilities for these patients.

3. **Structure or resource**: were there any changes to the structure and availability of resources e.g. availability of beds, equipment and staff?

There is no evidence that this is an issue.

4. **Process of care**: have new treatment guidelines been introduced, have the appropriate care pathways been consistently followed, have there been any changes to admission or discharge practices?

There is no evidence for this being an issue

5. **Individual**: have there been staff changes during the period under investigation, has a staff member gained additional skills which has led to improved outcomes, are the cases with adverse outcomes mostly associated with one clinician or team?

What conditions could be contributing to a rise in the SHIM?

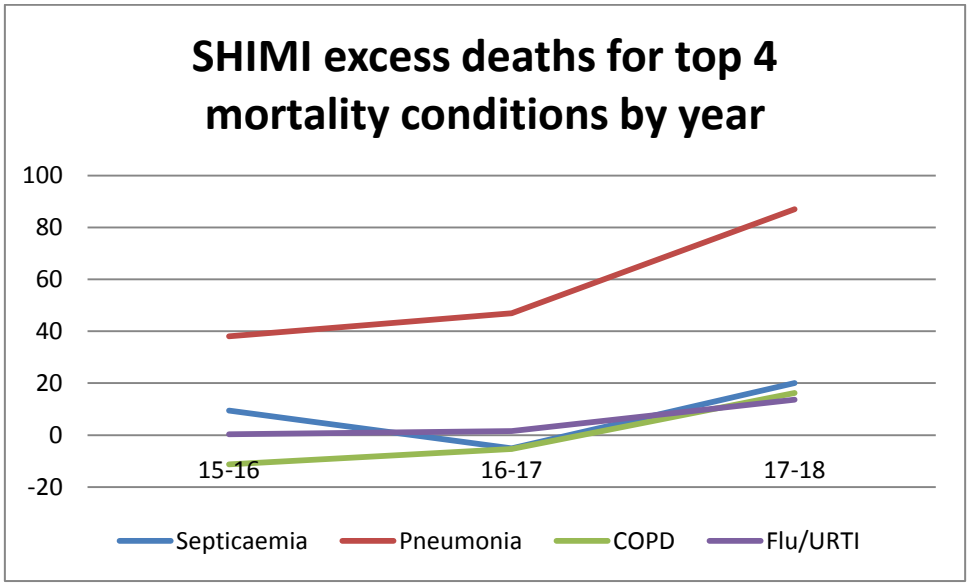
There has been a consistent upward trend in the SHMI since January 2018 with increasing observed deaths but decreasing expected deaths-the difference is the excess deaths.

The most recent data available indicates that the following SHMI groups reported the highest number of excess deaths:

1. Category 73 Pneumonia - this is the category with the highest number of excess deaths.
2. Category 2 Septicaemia and shock

3. Category 75 Chronic obstructive pulmonary disease and bronchiectasis
4. Category 82 Influenza, Tonsillitis, Other upper respiratory infections and disease

The graph below shows the trend in excess deaths plotted by the following periods: 2015-2016, 2016-2017 and 2017-2018. These are calculated by CHKS and are the latest available (period June-July: 12 months). The number of excess deaths and the greatest increase was seen in pneumonia.



Discussion

This paper has described the areas that need to be examined when considering a higher than expected SHIMI. Using a model whereby ACU cases are taken out of previous SHIMI data periods, it is clear that taking out these cases increases the SHIMI by a significant amount-these effect is well known and has been seen repeatedly in other Trusts when there is a change to taking out ACU cases from the denominator as has occurred at Bolton from April 2017. From this it can be extrapolated that the SHIM would decrease to levels that are not significantly different if ACU cases were included for October 2017-September 2018. Moreover, there has been a marked rise in SHIMI for pneumonia deaths between 2016-2017 and 2017-2108. A separate piece of work has already been undertaken to look at the quality of care of pneumonia cases over December 2017-2018 and has shown that the vast majority of patients who died were extremely frail with many co-morbidities. This audit showed no major issues with the overall quality of care of these patients but there were areas for improvement in terms diagnostic work up of these patients and of advance care planning for patients admitted from residential and nursing care homes. It should be noted that the rise in pneumonia deaths coincided with a particularly severe winter in which influenza was very prevalent which would be expected to increase the pneumonia mortality rate.

Conclusion

The rise in SHIMI at Bolton NHS FT to levels significantly higher than peers is explained by taking out ACU cases from SHIMI calculations as well as a high pneumonia mortality rate due to an unusually severe winter.

Report ends

NHS
Bolton
NHS Foundation Trust

Agenda Item No : 13

Meeting	Board of Directors

Date	29th March 2019

Title	2018 NHS National Staff Survey

Executive Summary	Each of the 304 NHS organisations, including Bolton FT, took part in the 2018 NHS National Staff Survey. This report provides an overview of the Trust's headline results and how we compare against our benchmarking group.
Previously considered by *Name of Committee/working group and any recommendation relating to the report*	The results have previously been considered by the Workforce Assurance Committee.
Next steps/future actions	• Plans are in place to maximise the national staff survey results to help attract, engage and retain staff. • The new Go Engage Programme will build on the Trust's positive national staff survey results and will help develop a self-sufficient and sustainable approach to driving staff engagement within the Trust.

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	Lisa Gammack, Head of Organisational Development	**Presented by**	James Mawrey, Executive Director Workforce

1. Executive Summary

1.1 This paper provides a summary report of the outcomes relating to the 2018 NHS Staff Survey.

1.2 The NHS National 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 late November 2018 and the overall response rate was 44.1%, which is a 1% increase on last year's response rate. Across the Divisions, response rates varied from 33% to 57.6%. The average response rate for acute and community trusts this year was 40.8%.

1.3 The Trust has achieved a very positive set of results across all the themes of the survey. Our overall engagement score is 7.34 compared to 7.13 in last year's survey. The scoring system used for the national survey has changed this year. In previous years scores were based on a scale of 1 to 5. This year the scale is 0 to 10. Under the old scoring system our overall staff engagement score has increased from 3.86 to 3.94. In two themes – Quality of Care and Morale – the Trust has achieved scores that has put us in the best performing group across the UK for combined NHS Trusts.

1.4 The report notes that the Go Engage Programme will be implemented in April 2019. Go Engage will provide an evidence-based, validated structure and survey tool which will help us analyse engagement levels in all its constituent parts, customise improvement plans and visibly see the cause and effect of our staff engagement work.

1.5 The staff engagement work is being led by the Workforce and Organisational Development Directorate, 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. Background / 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 is 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 survey results 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 Summary of Findings

3.1 Colleagues will note that the results are very encouraging this year. The Trust has achieved a positive set of results across all the themes of the survey. Our overall engagement score is 7.34 compared to 7.13 in last year's survey. The scoring system used for the national survey has changed this year. In previous years scores were based on a scale of 1 to 5. This year the scale is 0 to 10. Under the old scoring system our overall staff engagement score has increased from 3.86 to 3.94. In two themes – Quality of Care and Staff Morale – the Trust has achieved scores that has put us in the best performing group across the UK.

3.2 The table below provides a high level overview of the key findings related to the organisation. Included within this breakdown is our GM position:-

Trust	Type	Quality of Care	Staff Morale	Staff Engagement
Salford Royal	Acute	7.3	6.1	7.1
Bolton	Acute	7.9	6.5	7.3
Tameside	Acute	7.6	6.1	7.1
Stockport	Acute	7.2	6.0	6.9
Pennine Acute	Acute	7.4	6.0	6.8
Wrightington, Wigan & Leigh	Acute	7.8	6.2	7.0
Manchester University Hospitals	Acute	7.5	6.2	7.1
Bridgewater Community	Community	7.4	6.1	7.1
Greater Manchester Mental Health	Mental Health	7.1	6.0	6.9
Pennine Care	Mental Health	7.4	6.3	7.1
The Christie	Specialist	7.9	6.6	7.6
North West Boroughs	Mental Health	7.4	6.1	7.0

3.3 The table below shows the areas that have significantly improved compared to 2017. It is clear from the table that the Trust has made more rapid progress than the sector average in most areas.

Question	Trust Results 2017	Trust Results 2018	Variance	Comparator 2017	Comparator 2018	Variance
I am able to deliver the care I aspire to?	71%	79%	+ 8%	70%	70%	0%
Care of patients / service users is my organisation's top priority?	77%	83%	+ 6%	77%	79%	+ 2%
I would recommend my organisation as a place to work?	62%	70%	+ 8%	62%	65%	+ 3%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation?	66%	75%	+ 9%	71%	75%	+ 4%
In the last 12 months, have you had an appraisal?	92%	95%	+ 3%	86%	89%	+ 3%
Were the values of your organisation discussed as part of the appraisal process?	87%	91%	+ 4%	79%	80%	+ 1%
The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?	52%	53%	+ 1%	48%	46%	-2%

3.4 The survey themes ranked from 1 to 10 for the Trust and Divisions are shown in the table below.

Theme	Trust	Sector average	Acute Adult	Corporate	Elective	Family	ICS
Safe environment – violence	9.4	9.5	8.5	9.8	9.3	9.5	9.3
Equality, diversity & inclusion	9.2	9.2	9.0	9.5	9.2	9.2	9.0
Safe environment – bullying & harassment	8.2	8.1	7.6	8.8	8.1	8.4	7.9
Quality of care	7.9	7.4	8.0	8.0	7.9	7.6	8.2
Staff engagement	7.3	7.0	7.4	7.6	7.2	7.0	7.4
Immediate managers	7.1	6.8	7.1	7.5	6.8	7.3	7.0
Safety culture	7.0	6.7	6.9	7.2	6.9	6.8	7.2
Staff morale	6.5	6.2	6.5	6.9	6.3	6.5	6.6
Health and wellbeing	6.3	5.9	5.8	7.1	6.0	6.4	6.6
Quality of appraisals	5.7	5.4	5.5	6.2	5.4	5.7	6.0

3.5 Whilst the survey results are very positive there are areas that require focus, for example (and not exhaustive), further work is needed to prevent staff from experiencing physical violence at work from patients/service users, their relatives and other members of the public, particularly in the Acute Adult Division. The Division were aware of this and the Trust has implemented a MAPA training programme that equips staff with tools and skills to help people who are aggressive or violent to calm down. Feedback from Divisions indicates that the training is extremely valuable and there is a commitment from Divisions to help increase the pool of internal MAPA trainers so the training can be delivered to more staff. The survey results have also highlighted that our additional clinical services and medical and dental staff groups have both scored lower than the average for our benchmarking group. We therefore need to undertake further work to explore the reasons behind this with these staff groups and put improvements in place.

3.6 The Trust's detailed benchmark report is attached as appendix one. The Trust does have further reports broken down by Divisional / Directorate level and Staffing Group level which have been considered at the Workforce Assurance Committee – these reports (due to size) have not been included but can be accessed via the Trust's intranet site.

4 Steps Taken to Improve Staff Experience

4.1 Over the last 12 months the Divisions have implemented a range of improvements and interventions with the aim of improving staff experience. Below are some examples that have contributed to the Trust's strong performance in this year's national staff survey.

- Bespoke team building interventions at different levels across the organisation, for example, Acute Adult Division, Elective Care Division, Integrated Community Services and Procurement Team.
- Personal Resilience Programme for staff employed in Urgent Care, Acute Adult Care Division (run from Sept to Nov 2018).
- Team Appraisals to improve the quality of appraisals and help staff feel more valued.
- Promoted the leadership and management offer particularly to staff that are not directly involved in patient care.
- Implemented a refreshed approach to the Freedom to Speak Up Guardian role and the introduced locally based champions to support staff in raising concerns.

- Introduced the Attendance Matters Service and enhanced the staff health and wellbeing offer to help improve staff wellbeing and reduce sickness absence e.g. Neyber, Vivup etc.
- Promoted our apprenticeship offer and maximised the apprenticeship levy to upskills our existing workforce.
- Introduced and supported Trainee Nursing Associate roles across the Trust.
- Formally recognising the contributions of employees and teams through the employee and team of the month award scheme, ABC awards and the annual Trust and Divisional award ceremonies.
- Introduced innovative approaches to engagement e.g. the arrival of Sydney, Bolton's Pets as Therapy dog who has brought cheer to both patients and staff.

5 Next steps

5.1 Divisions are currently refreshing their staff engagement action plans to ensure that they address any areas of concerns that the 2018 national survey has highlighted.

5.2 An internal communications plan has been implemented with an emphasis on celebrating our positive staff survey results and engaging the workforce in helping make Bolton FT an even better place to work.

5.3 The Go Engage Programme will be implemented in April 2019. Go Engage will provide an evidence-based, validated structure and survey tool which will help us analyse engagement levels in all its constituent parts, customise improvement plans and visibly see the cause and effect of our staff engagement work. A full presentation of the programme will be delivered to the Trust Board in April.

6 Conclusion

6.1 Improving staff experience remains a top priority for the Trust and every manager and team leader has an important part to play in creating the conditions for every staff member to thrive and be the very best that they can be.

6.2 The Trust's plans to implement the Go Engage Programme will significantly improve our ability to examine staff engagement levels more deeply, identify what is contributing to our national staff survey results and ensure that moving forward we focus our staff engagement work where we can make the biggest impact.

7 Recommendations

7.1 It is recommended that the Board:

- Reflect and comment on the Trust's results from the 2018 NHS National Staff Survey.
- Note that the Workforce Assurance Committee will oversee the implementation and development of corporate and divisional action planning.
- Note that the Go Engage programme will be used throughout the year to provide a temperature check on the workforce staff engagement levels. The Trust Board will be updated on these results via the Integrated Performance Dashboard.

Survey Coordination Centre

NHS England

Bolton NHS Foundation Trust

2018 NHS Staff Survey

Benchmark Report

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Introduction

This benchmark report for Bolton NHS Foundation Trust contains results for themes and questions from the 2018 NHS Staff Survey, and historical results back to 2014 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations.

Please note: q1, q10a, q19f, q23d-q28a and q29-q31b are not weighted or benchmarked because these questions ask for demographic or factual information.

Full details of how the data is calculated and weighted are included in the Technical Document, available to download from our results website.

The structure of this report

Introduction

- Introduction
- Using the report
- Organisation details

Provides a brief introduction to the report, including the graphs used throughout.

The '**Organisation details**' page contains key information about the organisation's survey and its benchmarking group.

Theme results

- Overview
- Trends
- Detailed information

The ten themes provide a high level overview of the results for an organisation.

The '**Detailed information**' sub-section contains the question results that feed into each theme.

Question results

- Your job
- Your managers
- Your health, well-being and safety at work
- Your personal development
- Your organisation
- Background details

Results from all questions, structured by the questionnaire sections.

Appendices

- Response rate trends
- Significance testing of themes
- Tips on action planning and interpreting results

'**Significance testing of themes**' contains comparisons for the 2018 and 2017 theme scores.

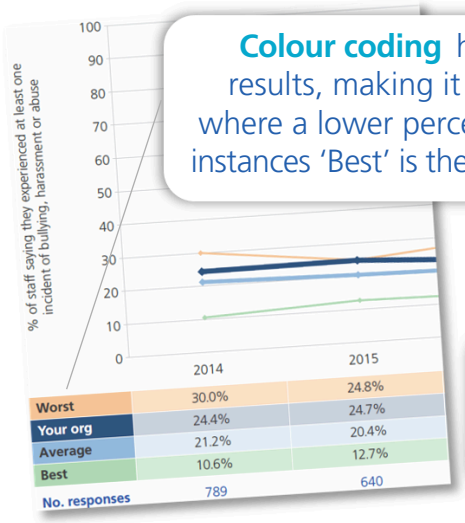
Using the report

Key features

Question number and text (or the theme) specified at the top of each slide

Slide headers are **hyperlinked** throughout the document. '2018 NHS Staff Survey Results' takes you back to the contents page (which is also hyperlinked to each section), while the rest of the text highlighted in bold can be used to navigate to sections and sub-sections

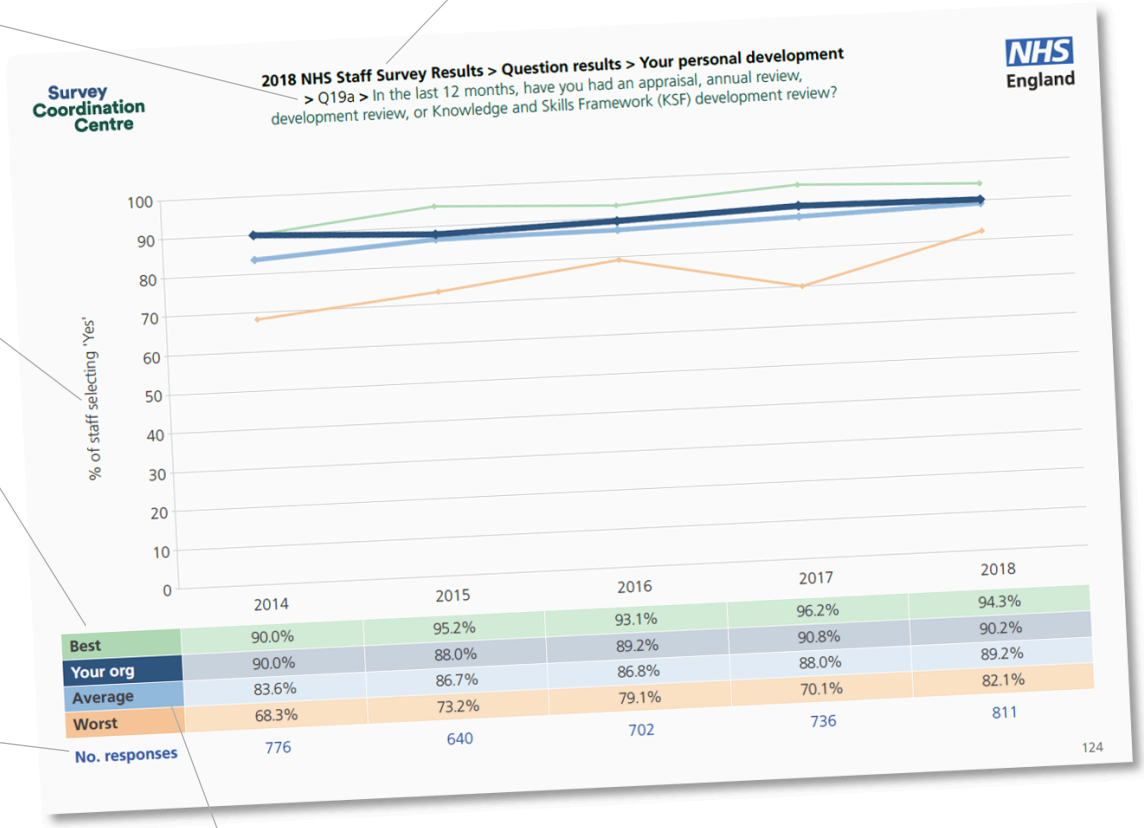
Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Themes are always on a 0-10pt scale where 10 is the best score attainable



Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!

Number of responses for the organisation for the given question



'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**

Tips on how to read, interpret and use the data are included in the Appendices

Organisation details

Bolton NHS Foundation Trust

2018 NHS Staff Survey

Organisation details

Completed questionnaires **551**

2018 response rate **44%**

See response rate trend for the last 5 years

Survey details

Survey mode **Mixed**

Sample type **Basic**

This organisation is benchmarked against:

Combined Acute and Community Trusts

2018 benchmarking group details

Organisations in group: **43**

Average response rate: **41%**

No. of completed questionnaires: **95,461**

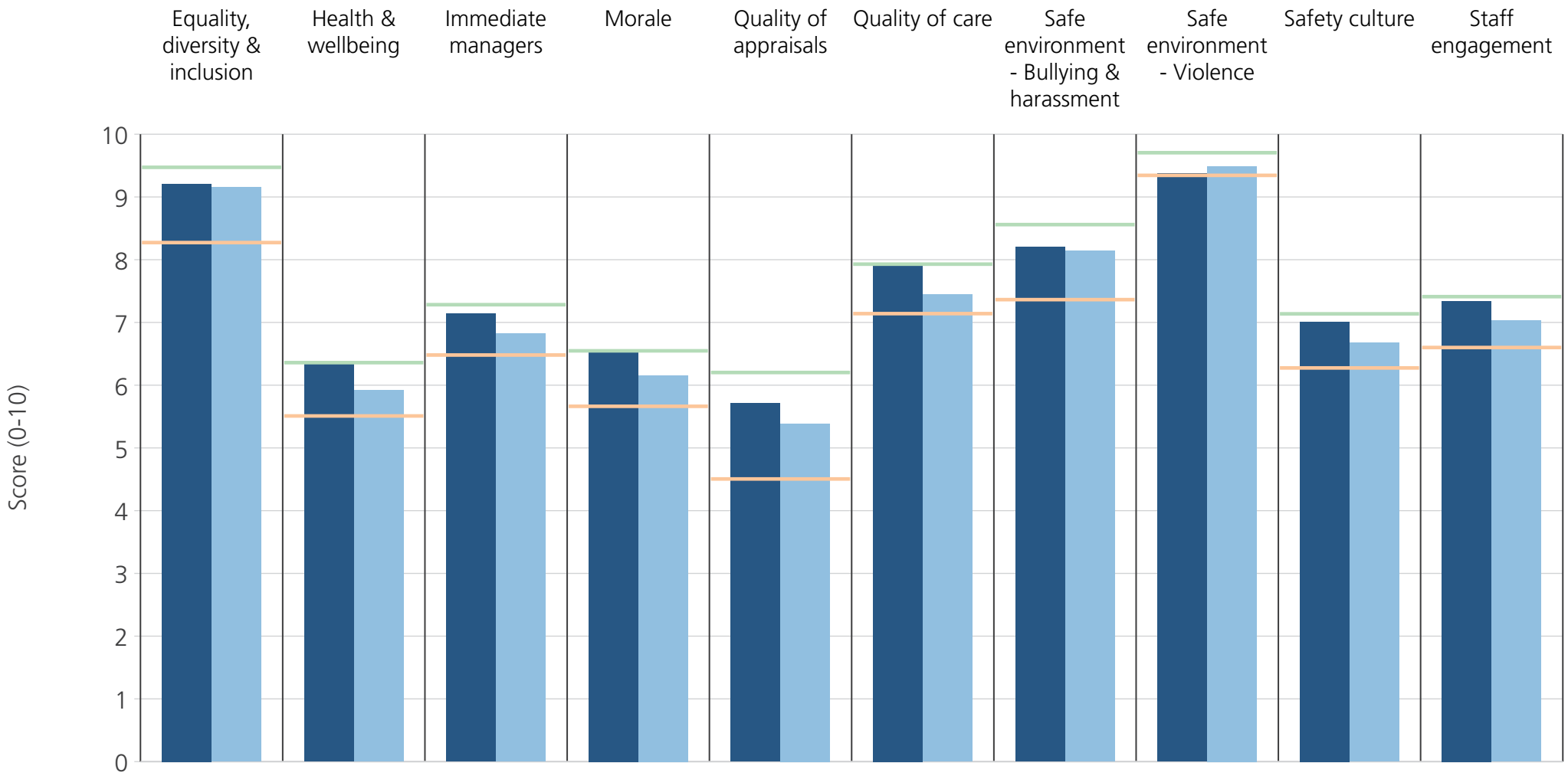
Survey Coordination Centre

NHS England

Theme results

Bolton NHS Foundation Trust

2018 NHS Staff Survey Results



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.5	6.4	7.3	6.5	6.2	7.9	8.6	9.7	7.1	7.4
Your org	9.2	6.3	7.1	6.5	5.7	7.9	8.2	9.4	7.0	7.3
Average	9.2	5.9	6.8	6.2	5.4	7.4	8.1	9.5	6.7	7.0
Worst	8.3	5.5	6.5	5.7	4.5	7.1	7.4	9.3	6.3	6.6
No. responses	544	546	549	545	501	484	538	541	546	550

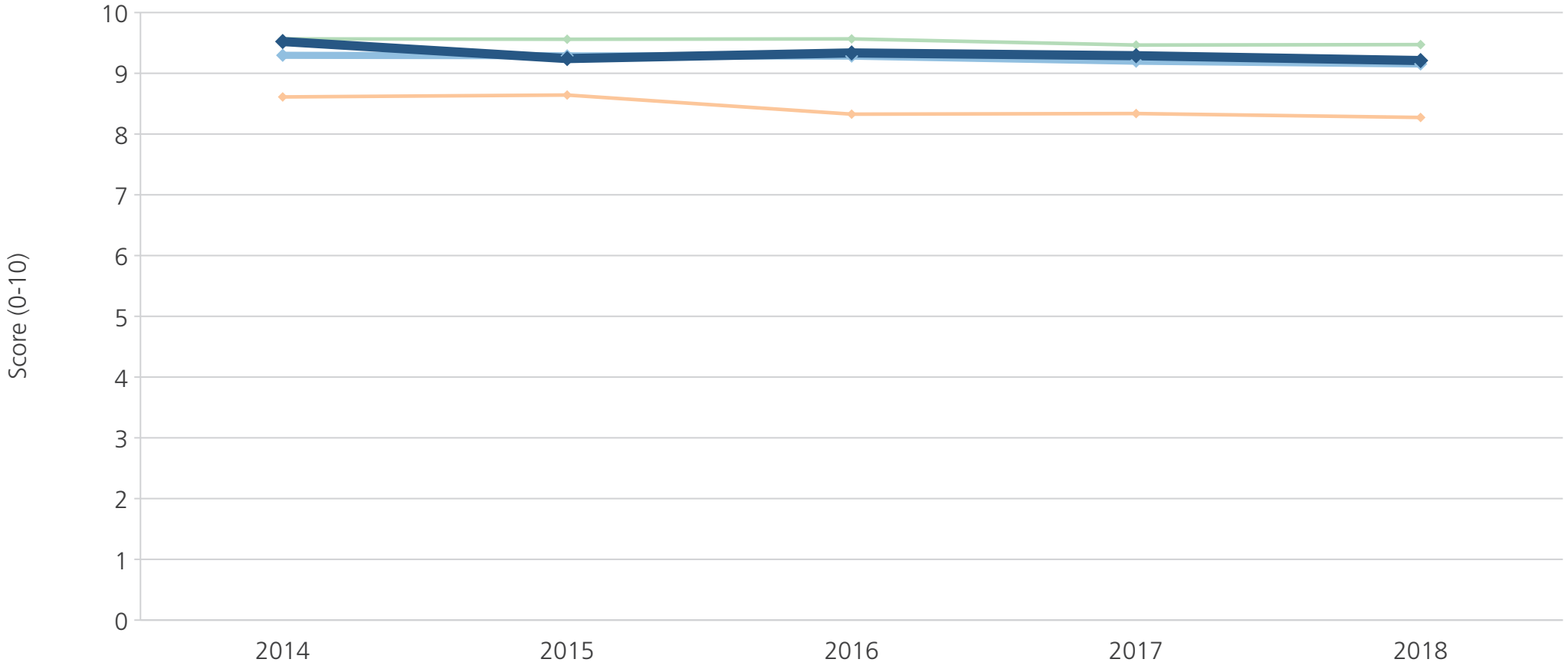
Survey Coordination Centre

NHS England

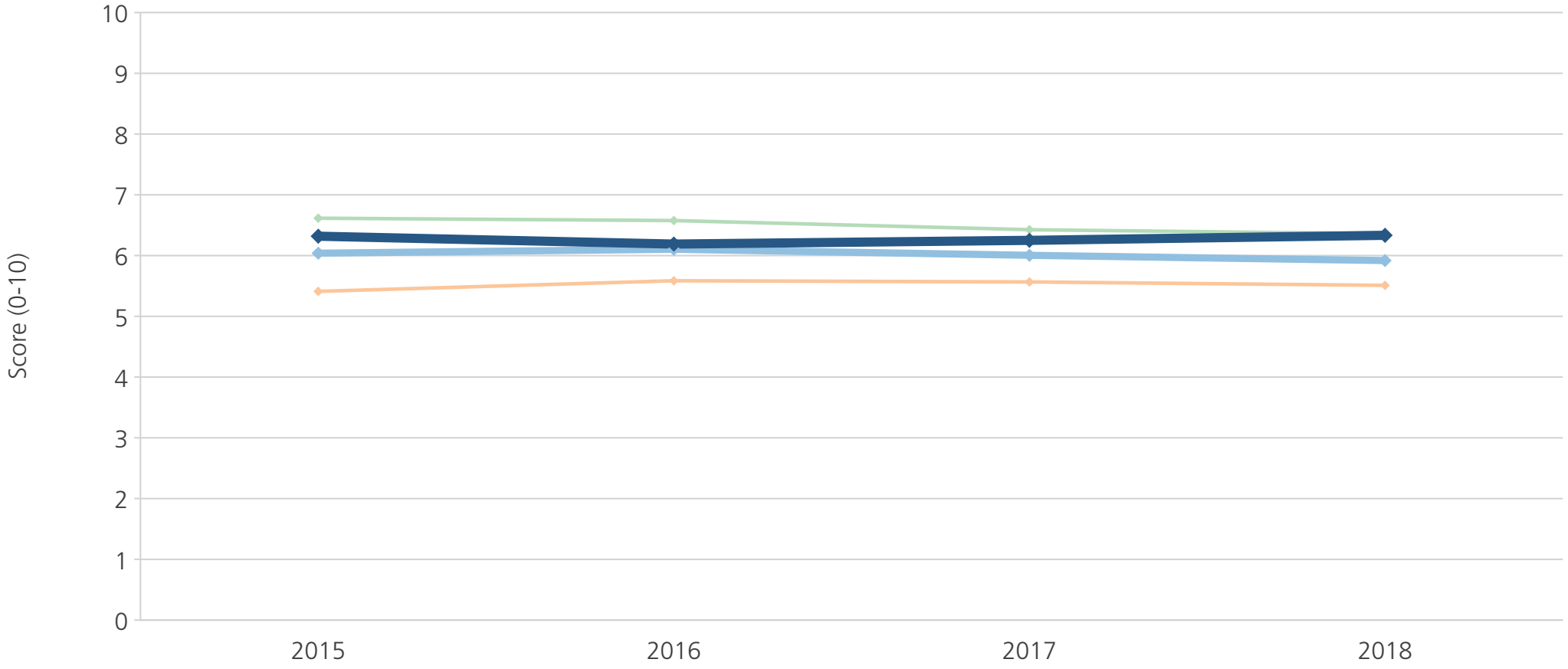
Theme results – Trends

Bolton NHS Foundation Trust

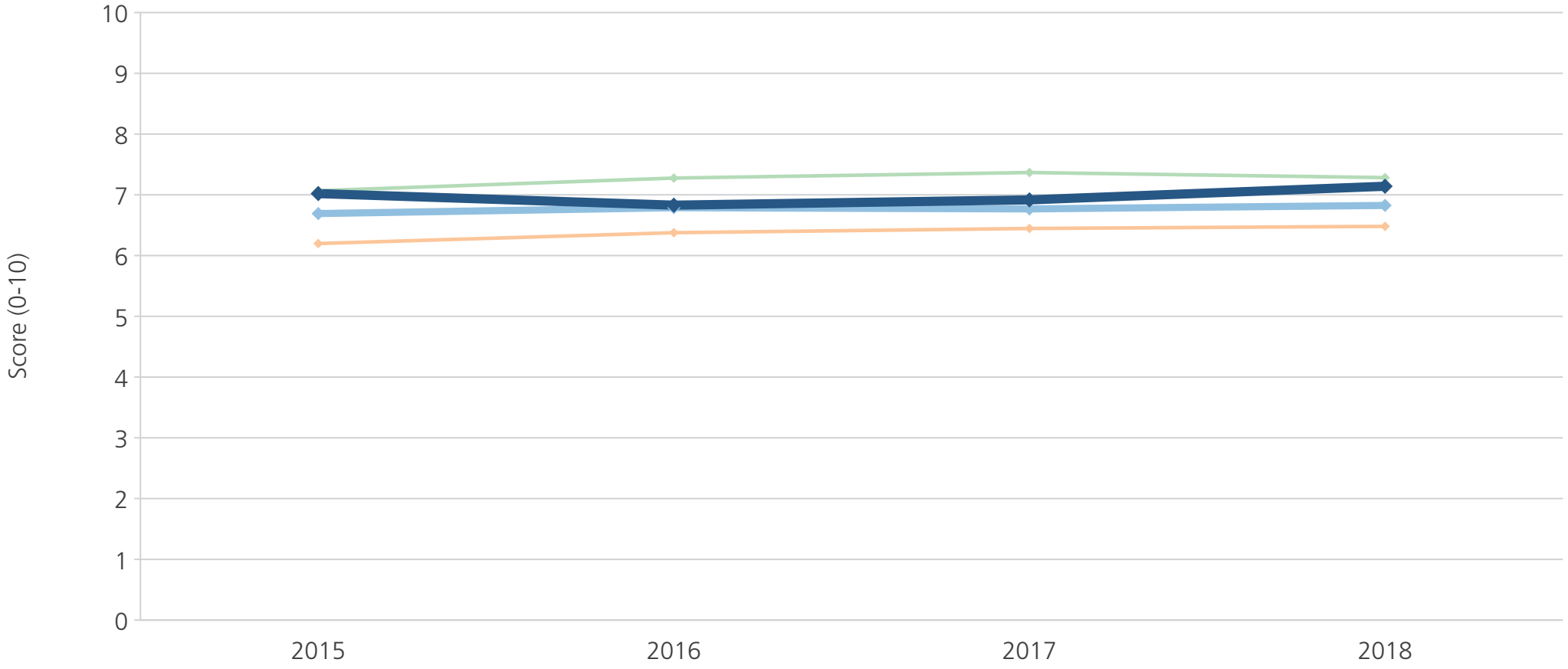
2018 NHS Staff Survey Results



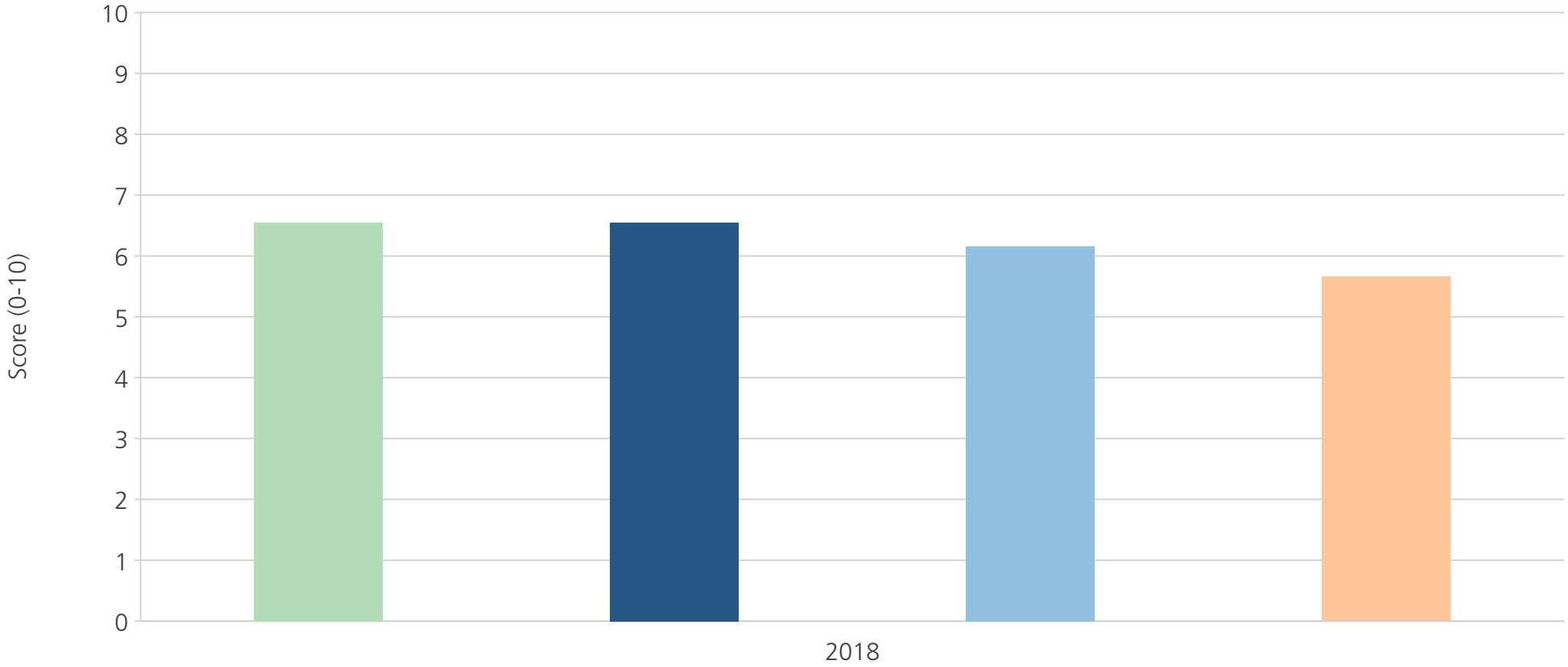
	2014	2015	2016	2017	2018
Best	9.6	9.6	9.6	9.5	9.5
Your org	9.5	9.2	9.3	9.3	9.2
Average	9.3	9.3	9.3	9.2	9.2
Worst	8.6	8.6	8.3	8.3	8.3
No. responses	378	372	431	520	544



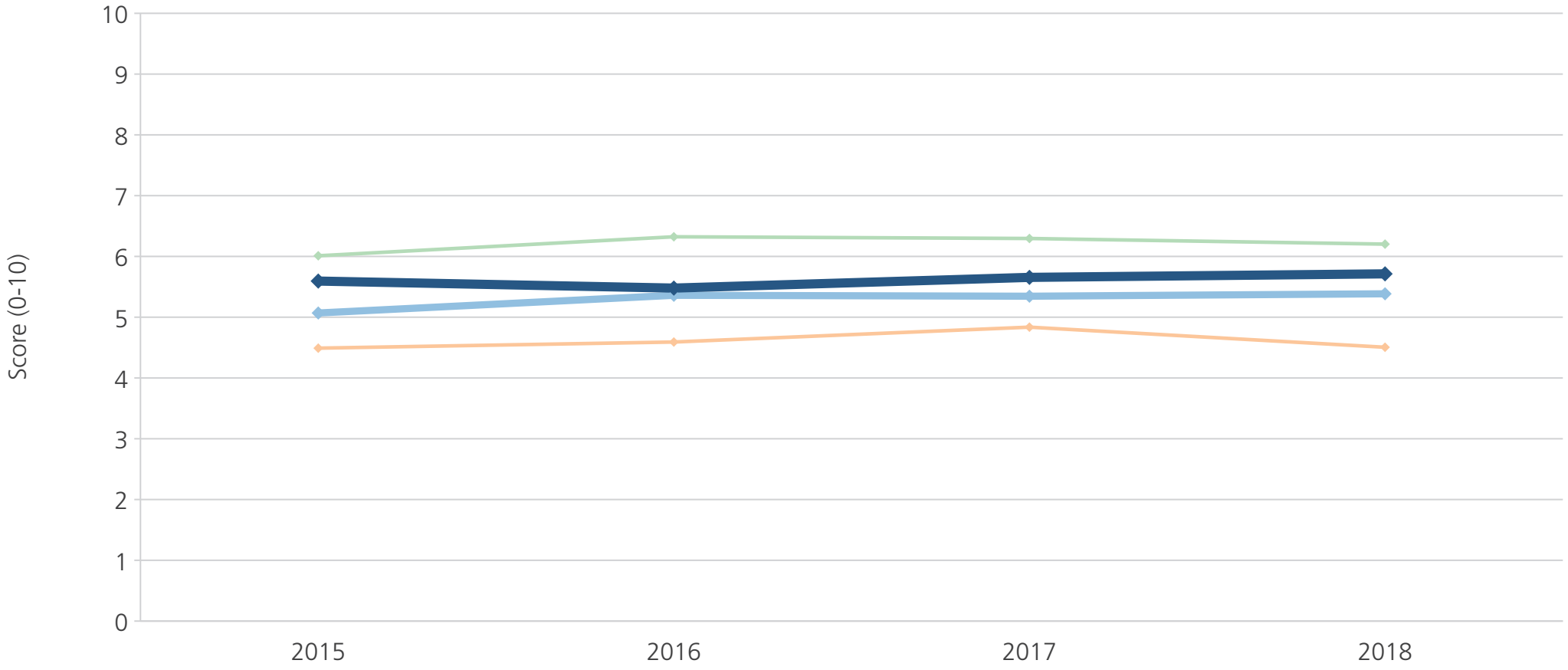
	2015	2016	2017	2018
Best	6.6	6.6	6.4	6.4
Your org	6.3	6.2	6.3	6.3
Average	6.0	6.1	6.0	5.9
Worst	5.4	5.6	5.6	5.5
No. responses	376	441	525	546



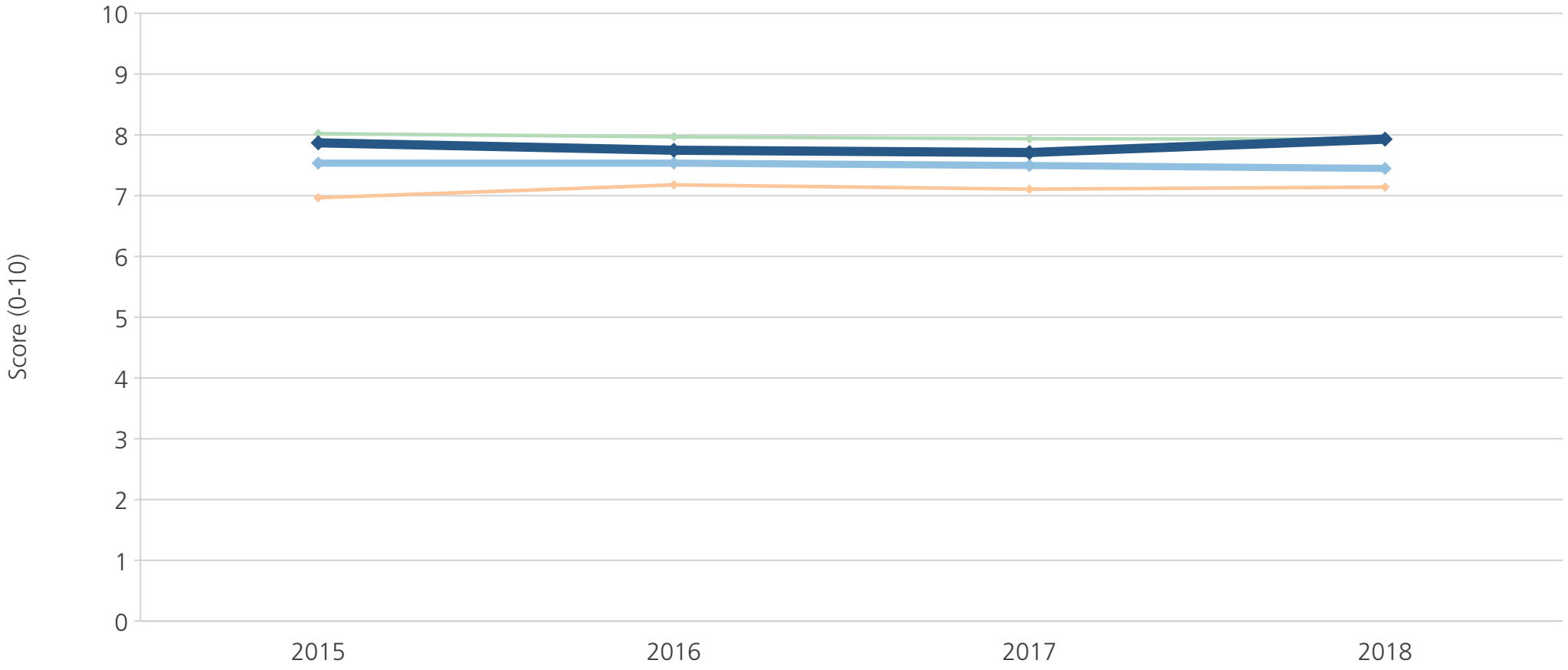
	2015	2016	2017	2018
Best	7.1	7.3	7.4	7.3
Your org	7.0	6.8	6.9	7.1
Average	6.7	6.8	6.8	6.8
Worst	6.2	6.4	6.4	6.5
No. responses	377	434	525	549



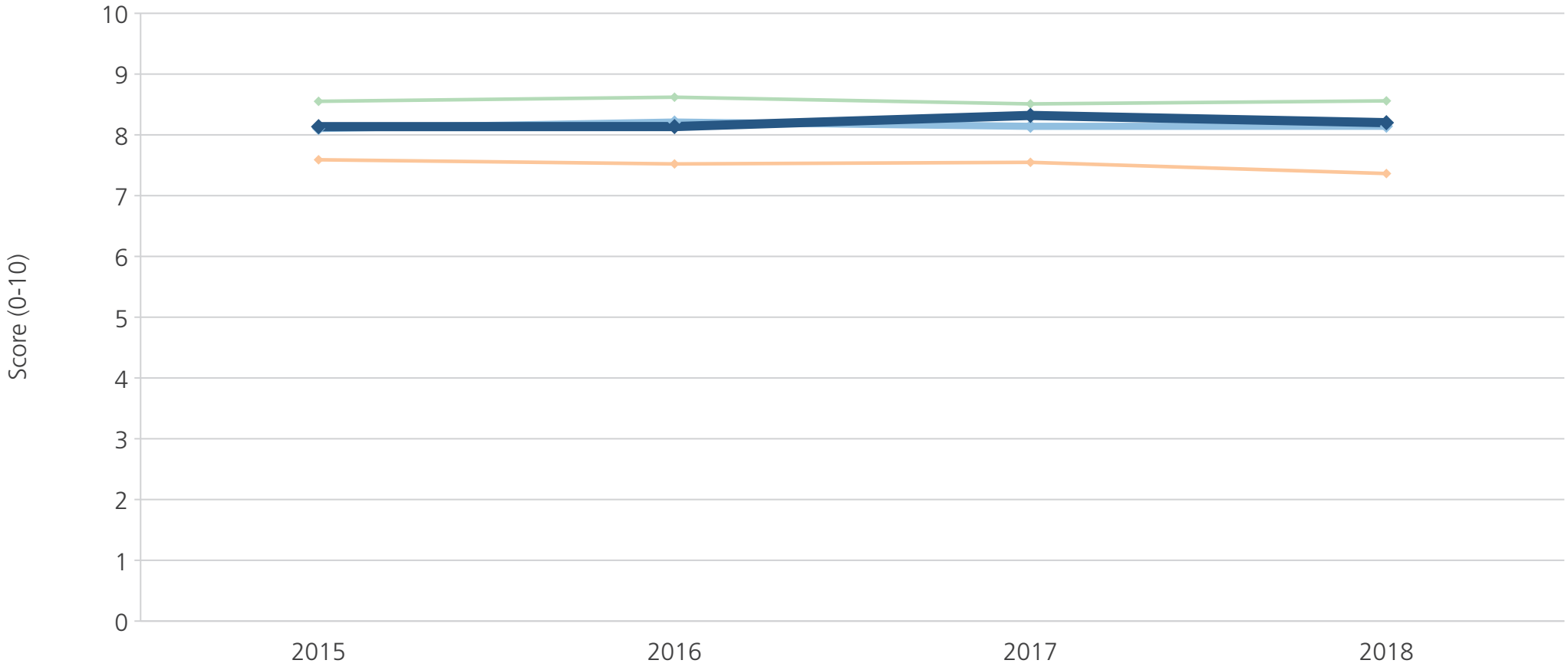
Best	6.5
Your org	6.5
Average	6.2
Worst	5.7
No. responses	545



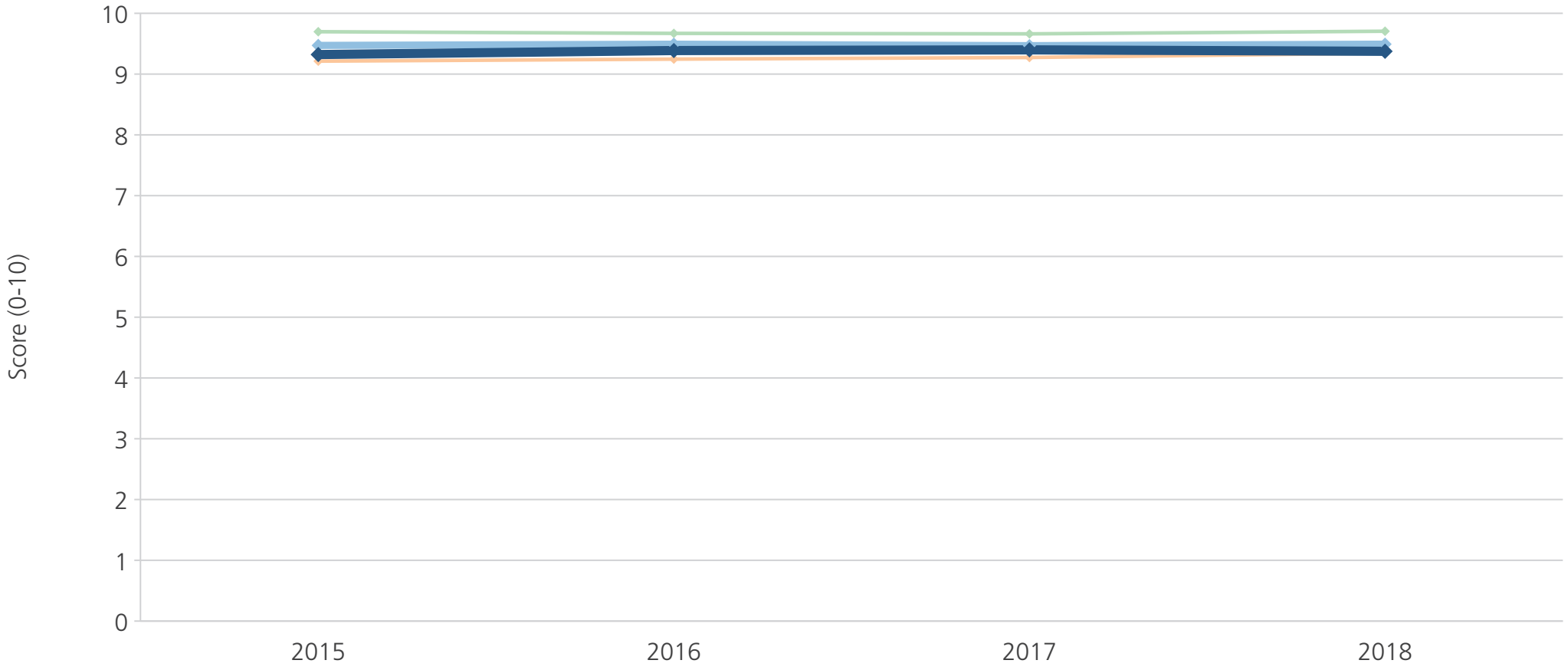
	2015	2016	2017	2018
Best	6.0	6.3	6.3	6.2
Your org	5.6	5.5	5.7	5.7
Average	5.1	5.4	5.3	5.4
Worst	4.5	4.6	4.8	4.5
No. responses	331	389	470	501



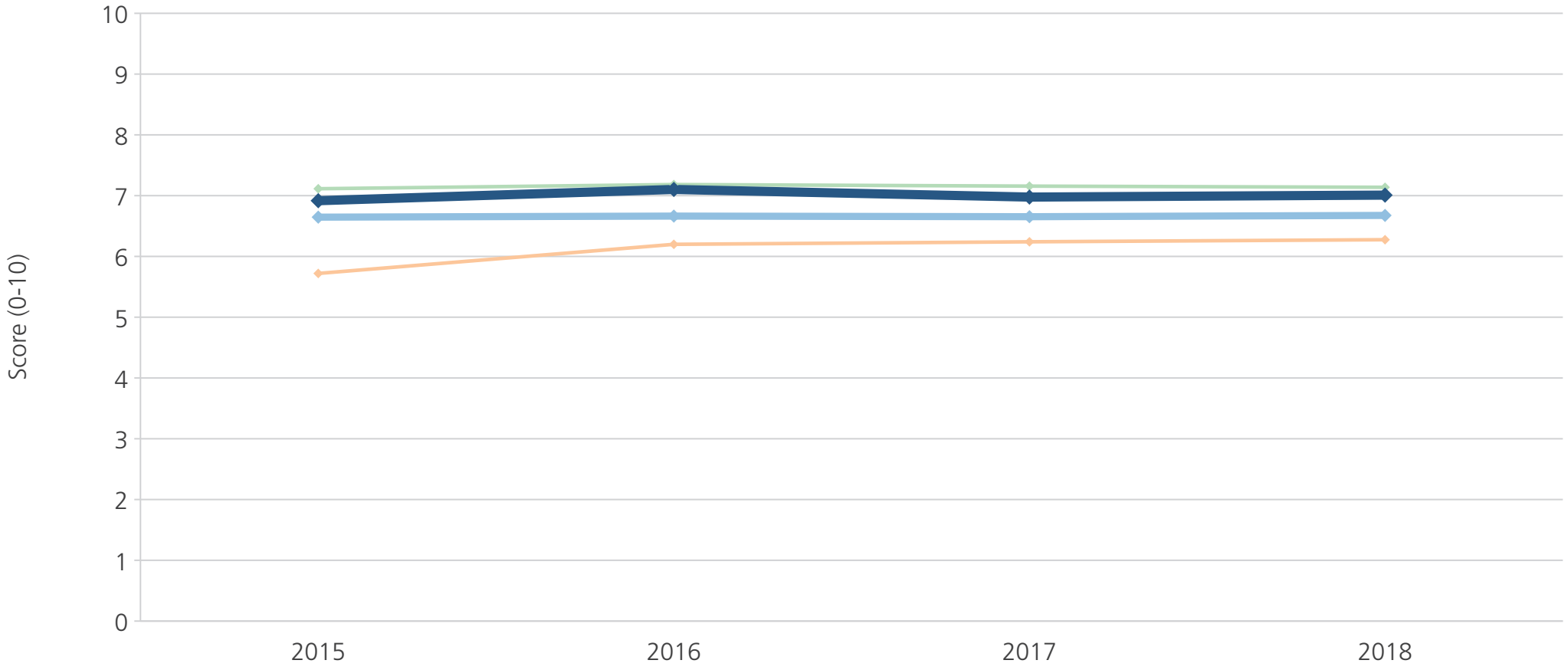
	2015	2016	2017	2018
Best	8.0	8.0	7.9	7.9
Your org	7.9	7.7	7.7	7.9
Average	7.5	7.5	7.5	7.4
Worst	7.0	7.2	7.1	7.1
No. responses	338	405	439	484



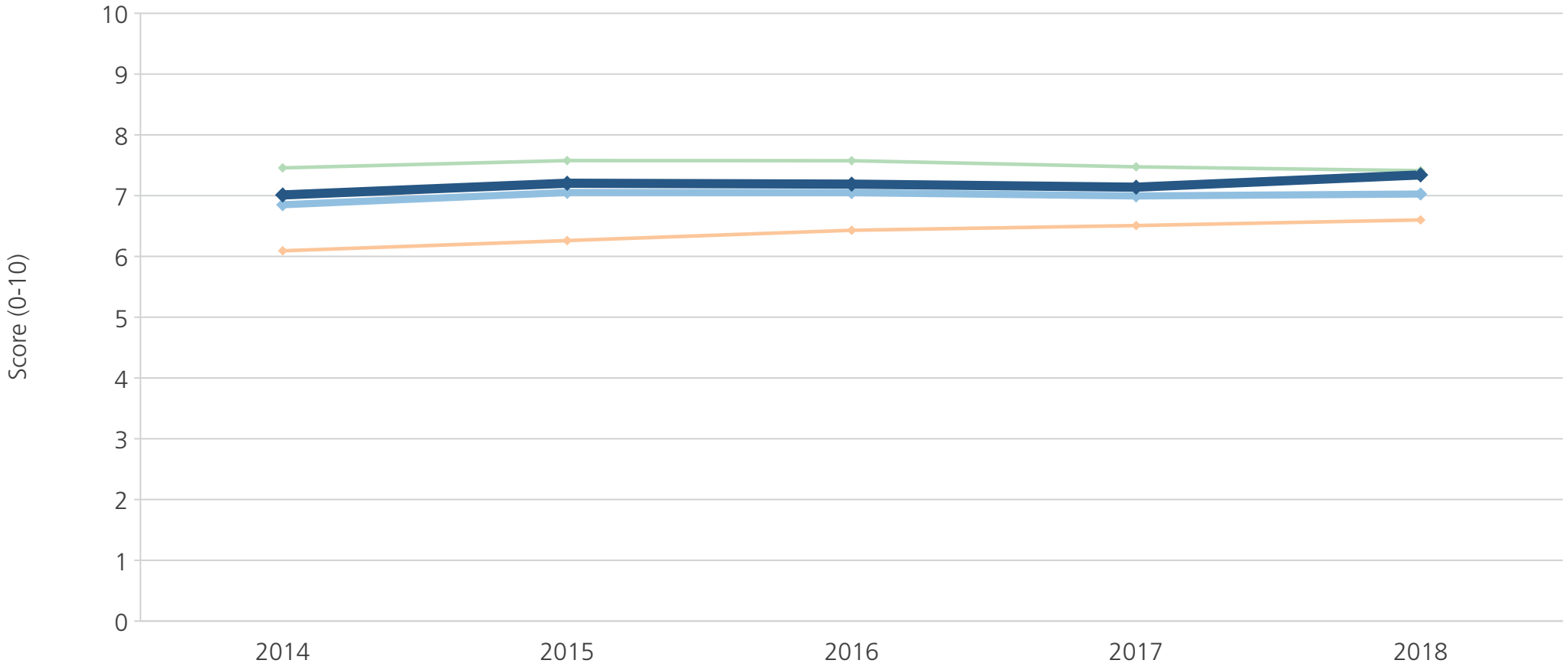
	2015	2016	2017	2018
Best	8.6	8.6	8.5	8.6
Your org	8.1	8.1	8.3	8.2
Average	8.1	8.2	8.1	8.1
Worst	7.6	7.5	7.5	7.4
No. responses	370	432	522	538



	2015	2016	2017	2018
Best	9.7	9.7	9.7	9.7
Your org	9.3	9.4	9.4	9.4
Average	9.5	9.5	9.5	9.5
Worst	9.2	9.2	9.3	9.3
No. responses	373	440	520	541



	2015	2016	2017	2018
Best	7.1	7.2	7.2	7.1
Your org	6.9	7.1	7.0	7.0
Average	6.6	6.7	6.7	6.7
Worst	5.7	6.2	6.2	6.3
No. responses	374	440	521	546



	2014	2015	2016	2017	2018
Best	7.5	7.6	7.6	7.5	7.4
Your org	7.0	7.2	7.2	7.1	7.3
Average	6.9	7.1	7.0	7.0	7.0
Worst	6.1	6.3	6.4	6.5	6.6
No. responses	385	378	442	527	550

Survey Coordination Centre

NHS England

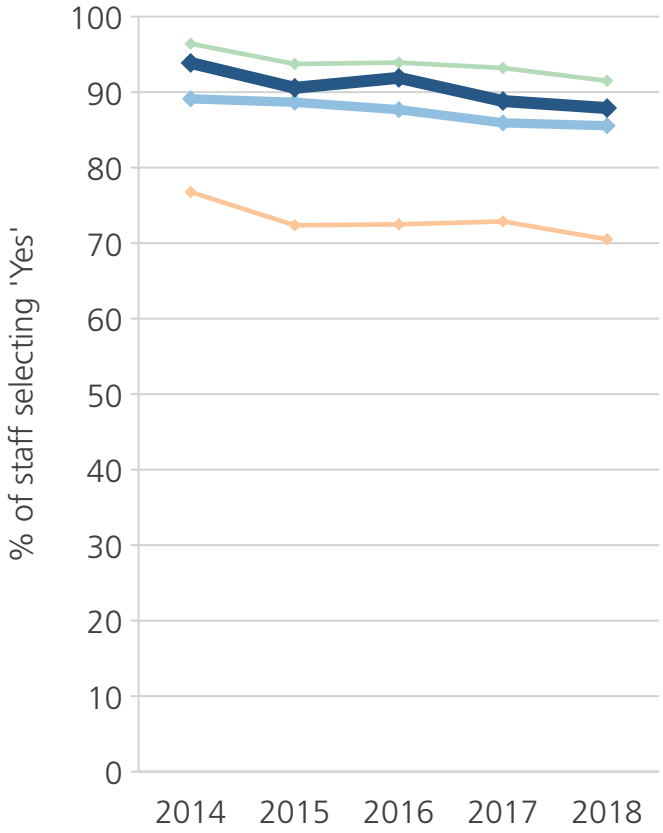
Theme results – Detailed information

Bolton NHS Foundation Trust

2018 NHS Staff Survey Results

Q14

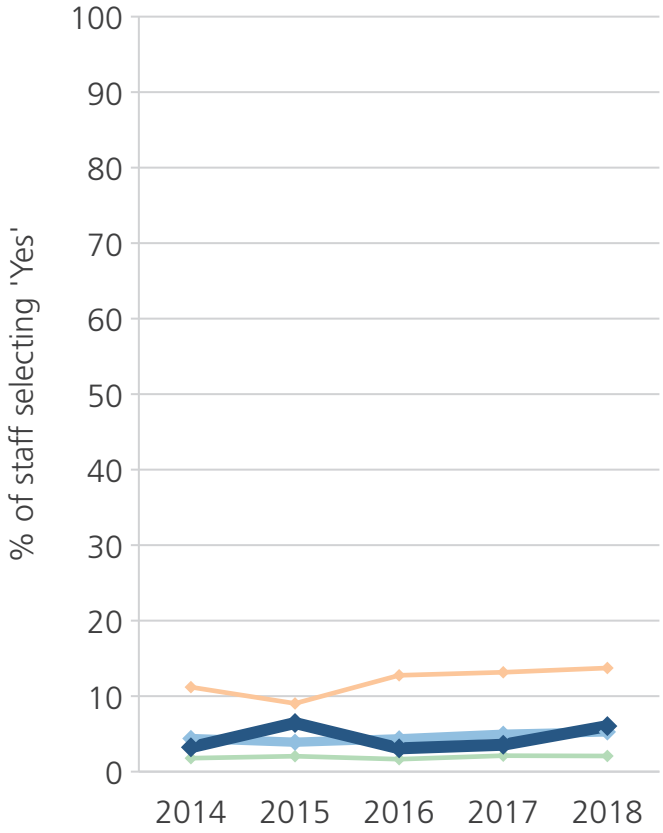
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



	2014	2015	2016	2017	2018
Best	96.4%	93.7%	93.9%	93.2%	91.5%
Your org	93.9%	90.6%	91.9%	88.8%	87.9%
Average	89.1%	88.7%	87.7%	85.9%	85.5%
Worst	76.8%	72.4%	72.5%	72.9%	70.5%

Q15a

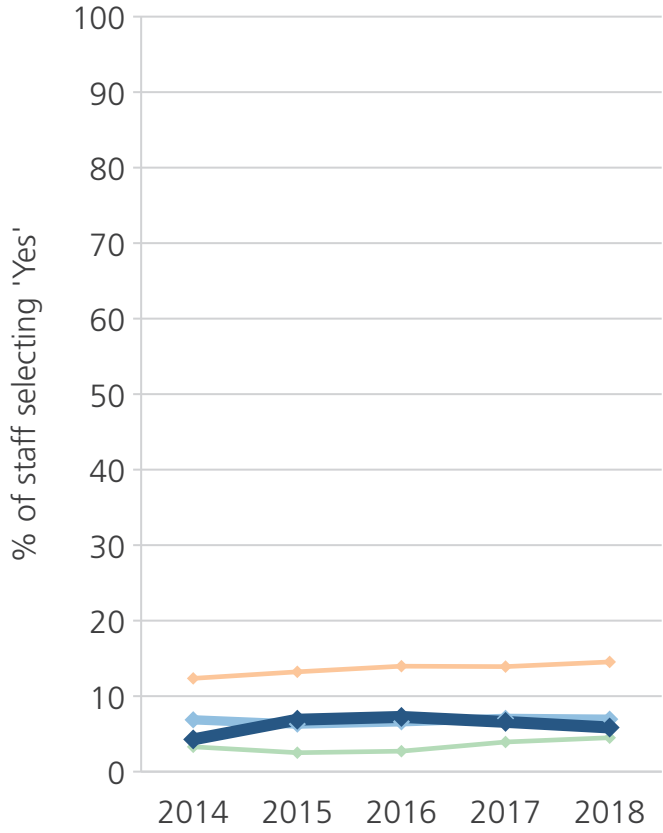
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



	2014	2015	2016	2017	2018
Worst	11.2%	9.0%	12.8%	13.2%	13.7%
Your org	3.2%	6.4%	3.1%	3.6%	6.0%
Average	4.4%	3.9%	4.3%	5.0%	5.3%
Best	1.8%	2.0%	1.6%	2.1%	2.1%

Q15b

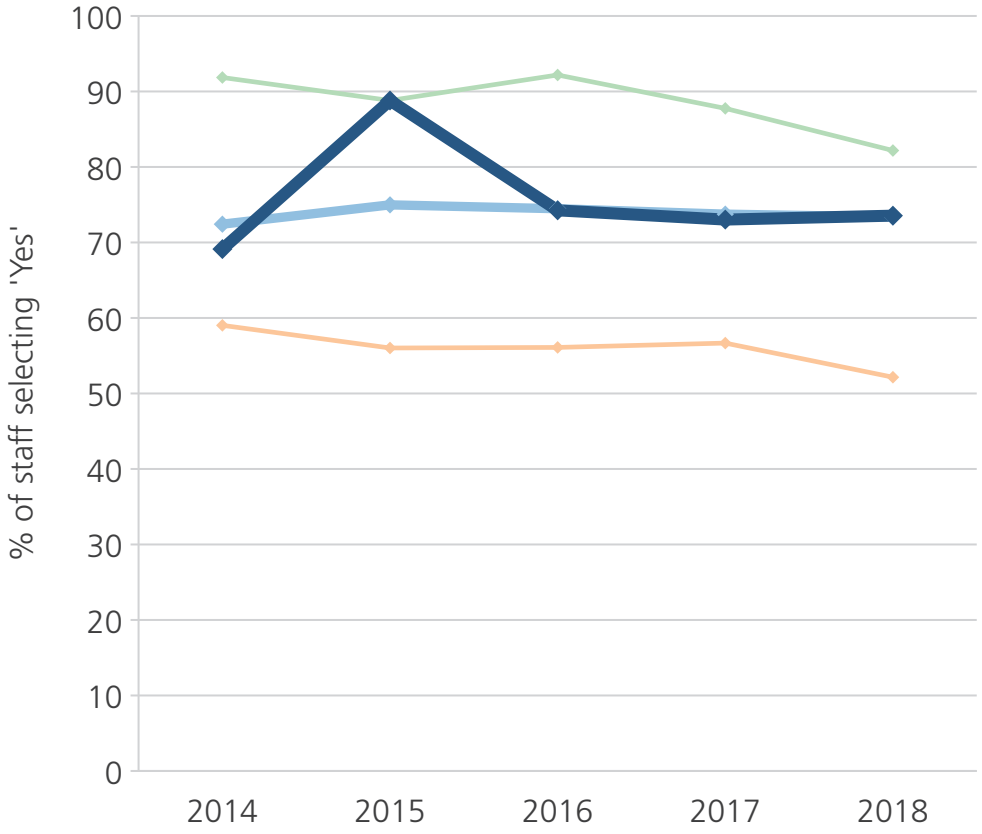
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



	2014	2015	2016	2017	2018
Worst	12.4%	13.2%	14.0%	13.9%	14.5%
Your org	4.3%	6.9%	7.2%	6.6%	5.8%
Average	6.9%	6.3%	6.6%	7.1%	6.9%
Best	3.3%	2.5%	2.7%	3.9%	4.5%

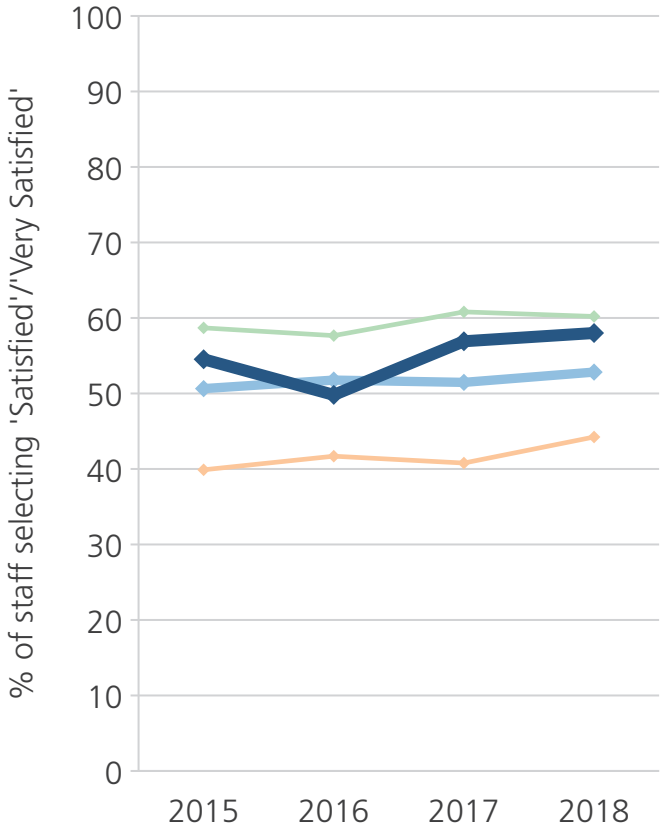
Q28b

Has your employer made adequate adjustment(s) to enable you to carry out your work?



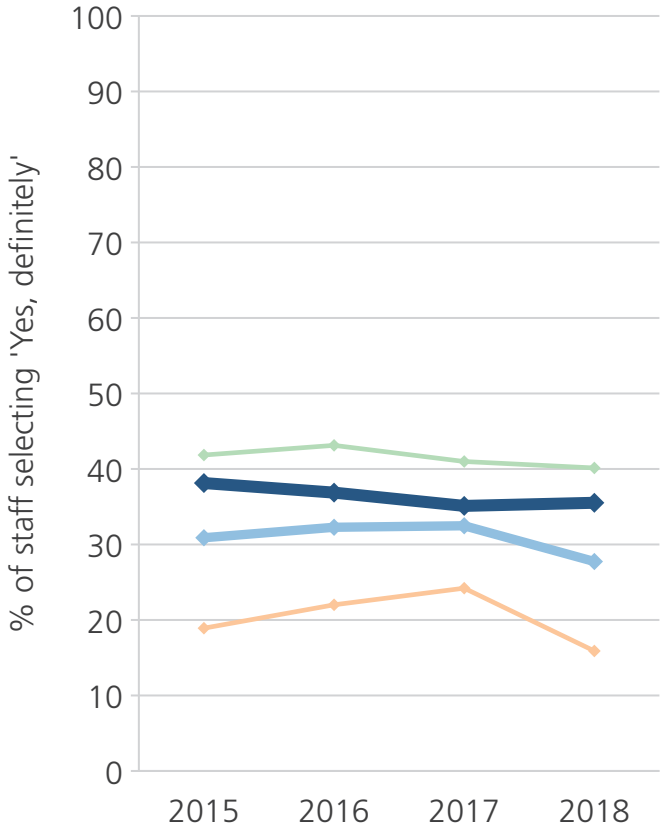
	2014	2015	2016	2017	2018
Best	91.9%	88.8%	92.2%	87.8%	82.2%
Your org	69.1%	88.8%	74.3%	73.0%	73.6%
Average	72.4%	75.0%	74.5%	73.8%	73.4%
Worst	59.0%	56.0%	56.1%	56.7%	52.2%

Q5h
The opportunities for flexible working patterns



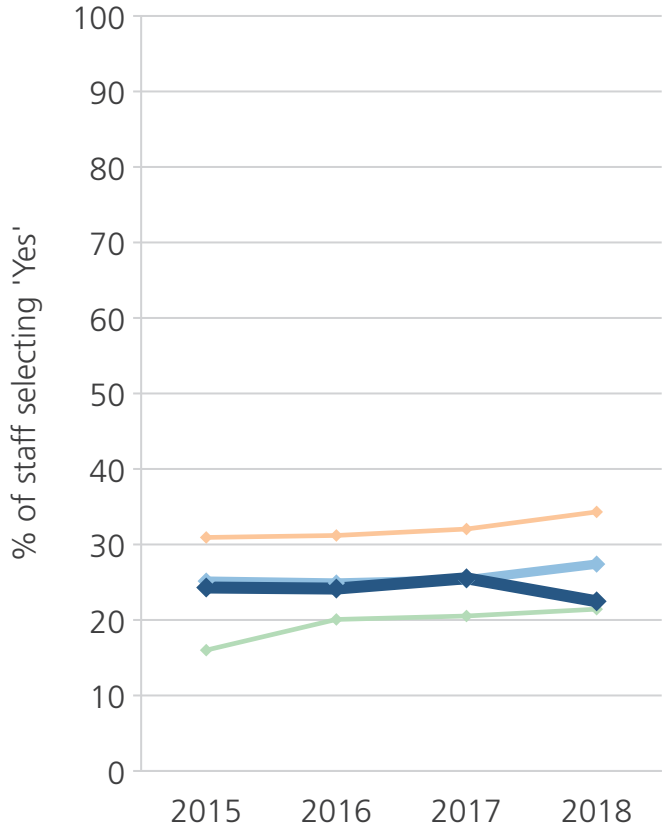
	2015	2016	2017	2018
Best	58.7%	57.7%	60.8%	60.2%
Your org	54.5%	49.8%	56.9%	58.0%
Average	50.6%	51.8%	51.5%	52.8%
Worst	39.9%	41.7%	40.8%	44.2%

Q11a
Does your organisation take positive action on health and well-being?



	2015	2016	2017	2018
Best	41.8%	43.1%	41.0%	40.1%
Your org	38.1%	36.9%	35.1%	35.5%
Average	30.9%	32.3%	32.5%	27.7%
Worst	18.9%	22.0%	24.2%	15.9%

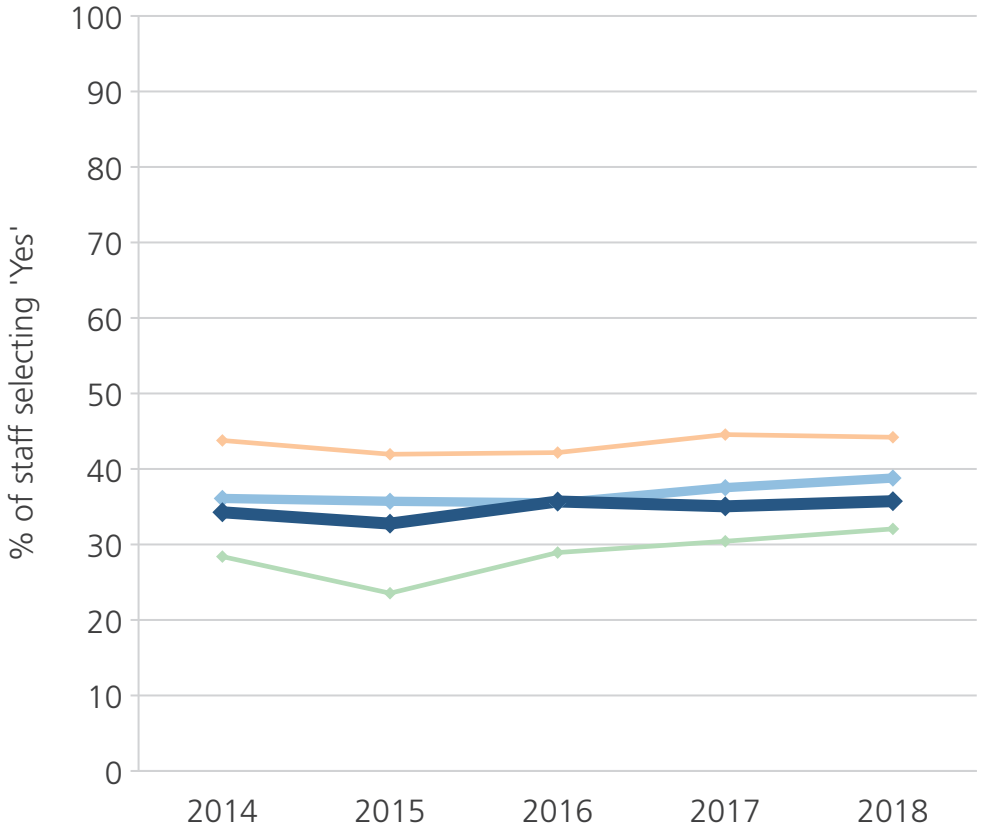
Q11b
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



	2015	2016	2017	2018
Worst	30.9%	31.2%	32.0%	34.3%
Your org	24.3%	24.2%	25.5%	22.5%
Average	25.1%	24.9%	25.3%	27.4%
Best	16.0%	20.1%	20.5%	21.4%

Q11c

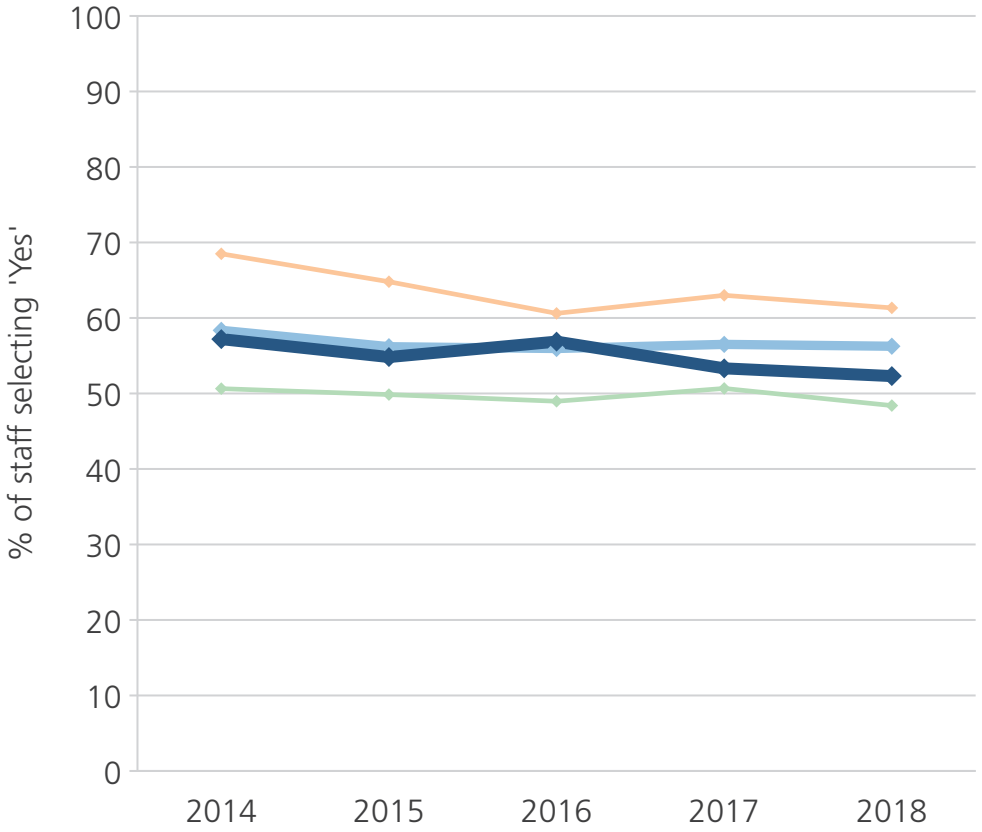
During the last 12 months have you felt unwell as a result of work related stress?



	2014	2015	2016	2017	2018
Worst	43.8%	41.9%	42.2%	44.6%	44.2%
Your org	34.3%	32.8%	35.7%	35.1%	35.7%
Average	36.1%	35.7%	35.5%	37.5%	38.8%
Best	28.4%	23.5%	28.9%	30.4%	32.1%

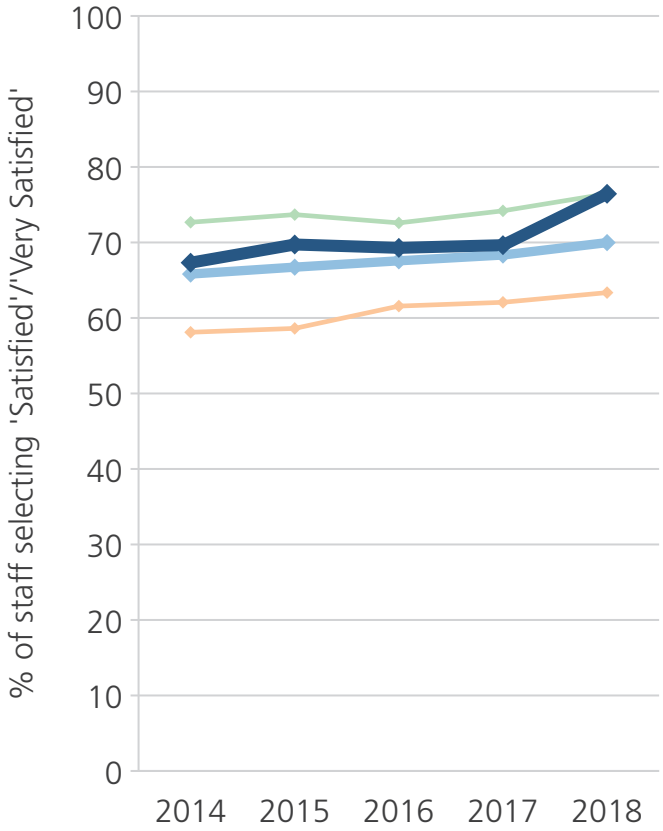
Q11d

In the last three months have you ever come to work despite not feeling well enough to perform your duties?



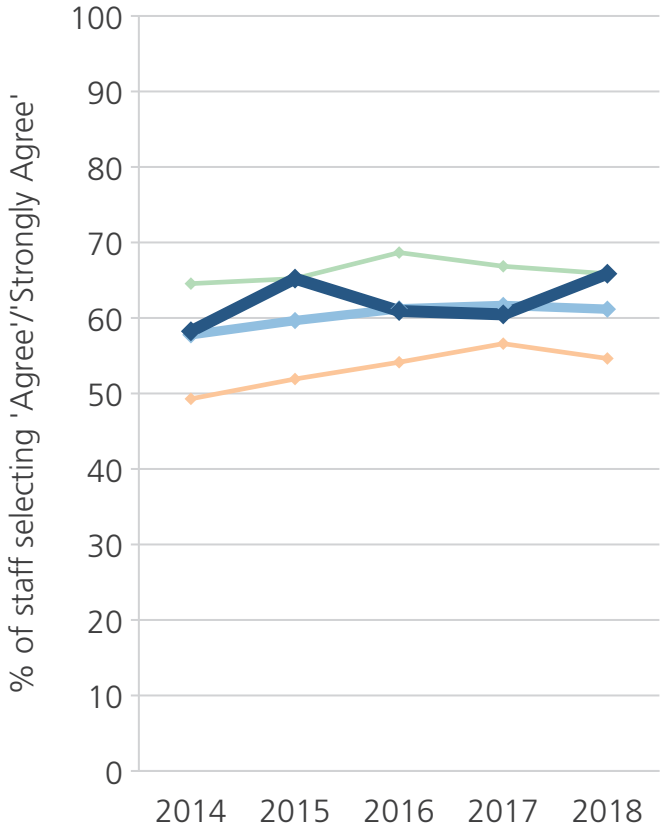
	2014	2015	2016	2017	2018
Worst	68.5%	64.8%	60.6%	63.0%	61.3%
Your org	57.2%	54.8%	56.9%	53.3%	52.3%
Average	58.4%	56.2%	56.0%	56.5%	56.3%
Best	50.6%	49.9%	49.0%	50.7%	48.4%

Q5b
The support I get from my immediate manager



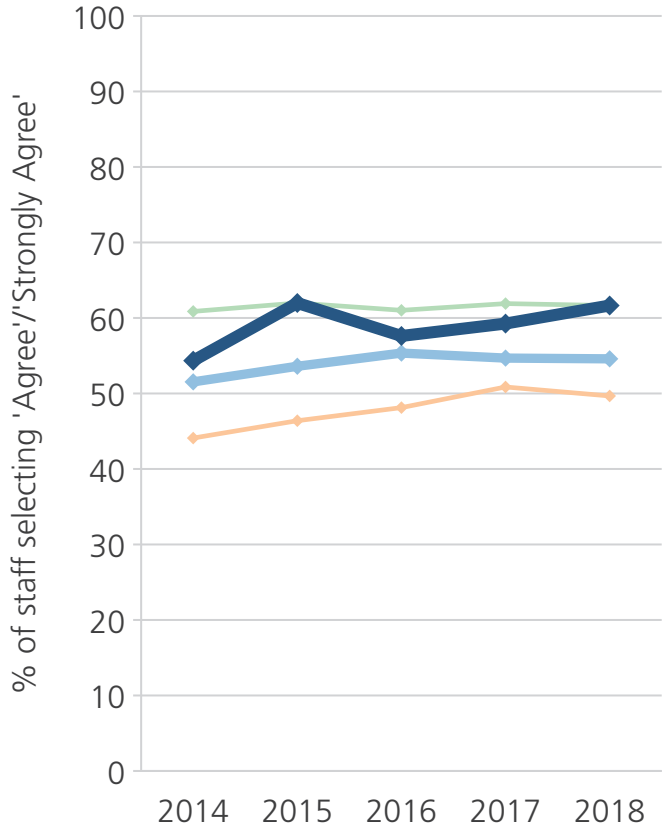
	2014	2015	2016	2017	2018
Best	72.7%	73.7%	72.6%	74.2%	76.4%
Your org	67.3%	69.7%	69.3%	69.6%	76.4%
Average	65.8%	66.7%	67.6%	68.3%	70.0%
Worst	58.1%	58.6%	61.6%	62.1%	63.4%

Q8c
My immediate manager gives me clear feedback on my work



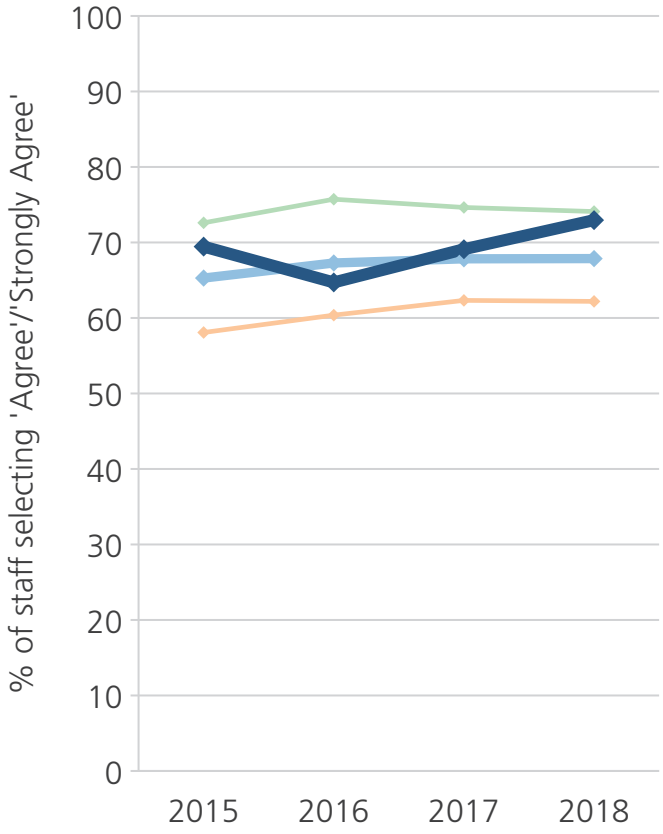
	2014	2015	2016	2017	2018
Best	64.5%	65.2%	68.7%	66.8%	65.9%
Your org	58.2%	65.2%	60.9%	60.5%	65.9%
Average	57.8%	59.7%	61.2%	61.7%	61.2%
Worst	49.3%	51.9%	54.1%	56.6%	54.6%

Q8d
My immediate manager asks for my opinion before making decisions that affect my work



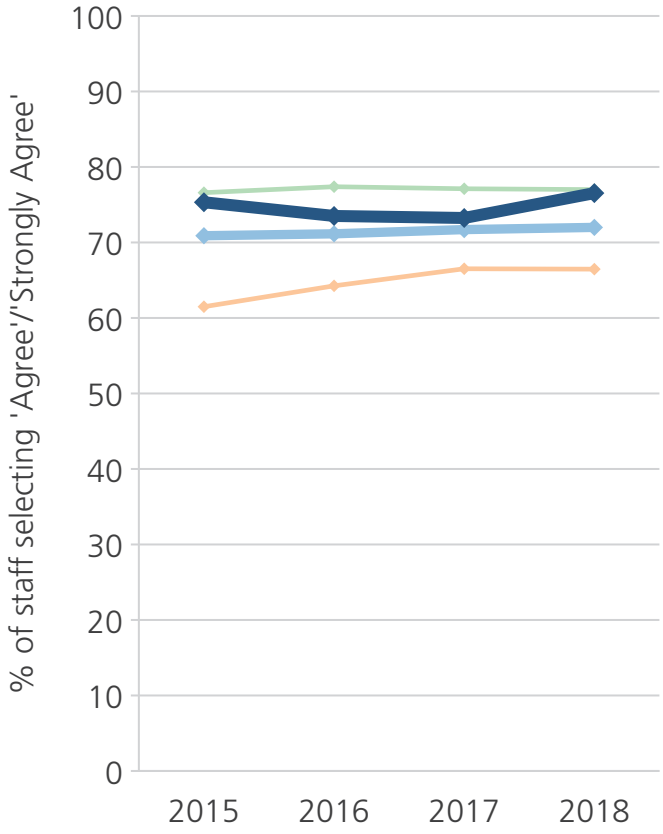
	2014	2015	2016	2017	2018
Best	60.9%	62.0%	61.0%	61.9%	61.6%
Your org	54.3%	62.0%	57.6%	59.3%	61.6%
Average	51.5%	53.6%	55.3%	54.7%	54.6%
Worst	44.1%	46.4%	48.1%	50.9%	49.7%

Q8f
My immediate manager takes a positive interest in my health and well-being



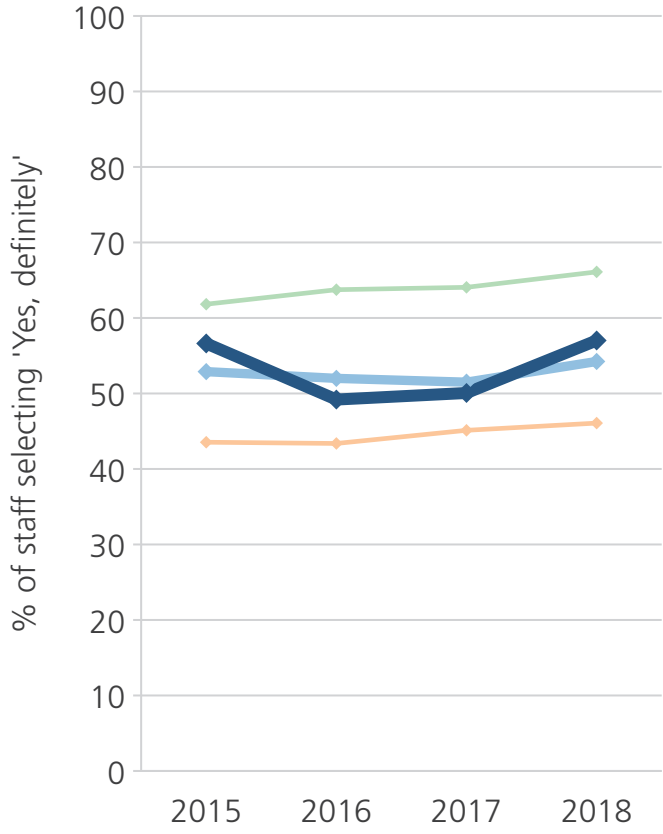
	2015	2016	2017	2018
Best	72.6%	75.7%	74.6%	74.1%
Your org	69.5%	64.7%	69.1%	73.0%
Average	65.3%	67.3%	67.8%	67.9%
Worst	58.1%	60.4%	62.3%	62.2%

Q8g
My immediate manager values my work



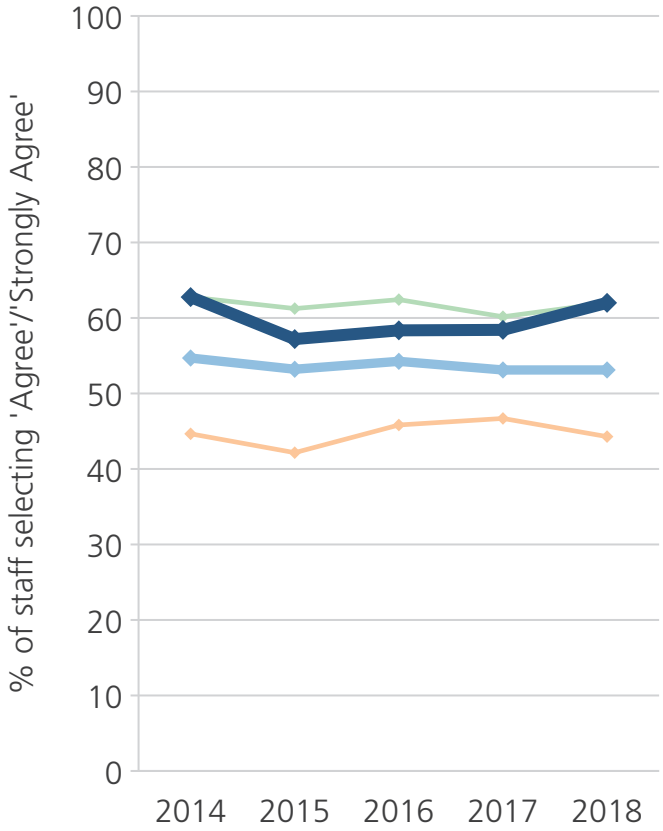
	2015	2016	2017	2018
Best	76.6%	77.4%	77.1%	77.0%
Your org	75.3%	73.5%	73.2%	76.5%
Average	70.9%	71.1%	71.7%	72.0%
Worst	61.5%	64.3%	66.5%	66.5%

Q19g
My manager supported me to receive this training, learning or development



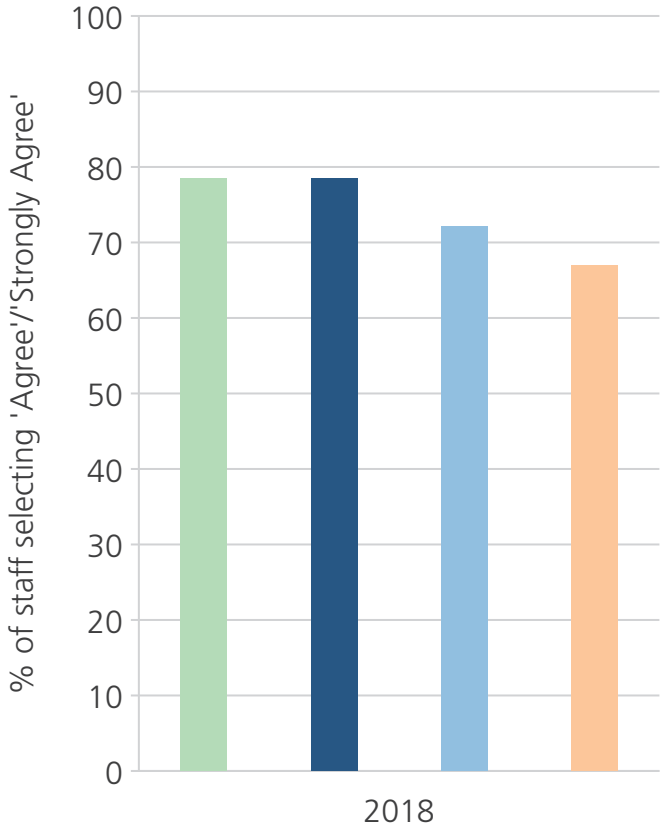
	2015	2016	2017	2018
Best	61.8%	63.7%	64.1%	66.1%
Your org	56.6%	49.2%	50.1%	57.0%
Average	52.9%	52.0%	51.5%	54.2%
Worst	43.5%	43.4%	45.1%	46.1%

Q4c
I am involved in deciding on changes introduced that affect my work area / team / department



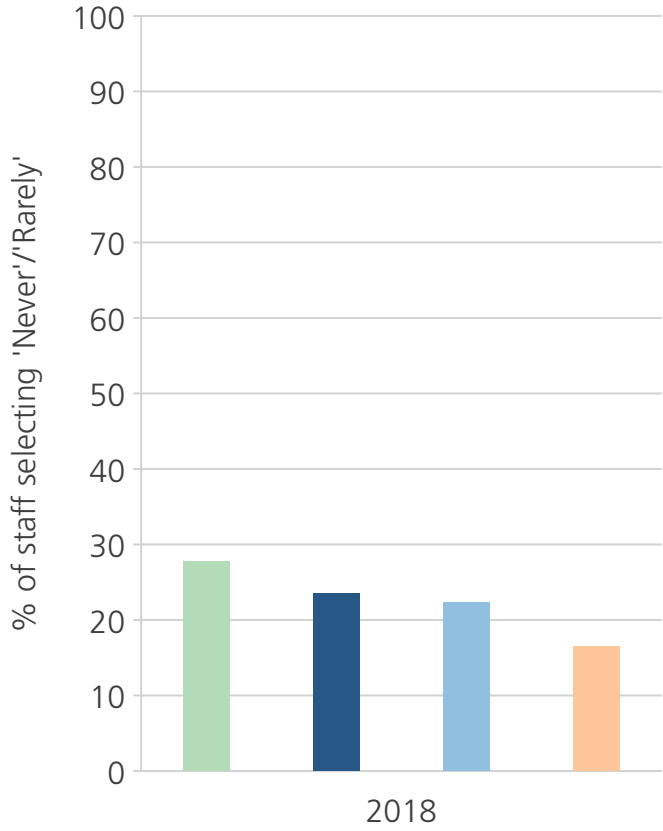
	2014	2015	2016	2017	2018
Best	62.8%	61.2%	62.4%	60.2%	62.0%
Your org	62.8%	57.2%	58.4%	58.4%	62.0%
Average	54.7%	53.2%	54.3%	53.1%	53.1%
Worst	44.7%	42.2%	45.8%	46.7%	44.3%

Q4j
I receive the respect I deserve from my colleagues at work



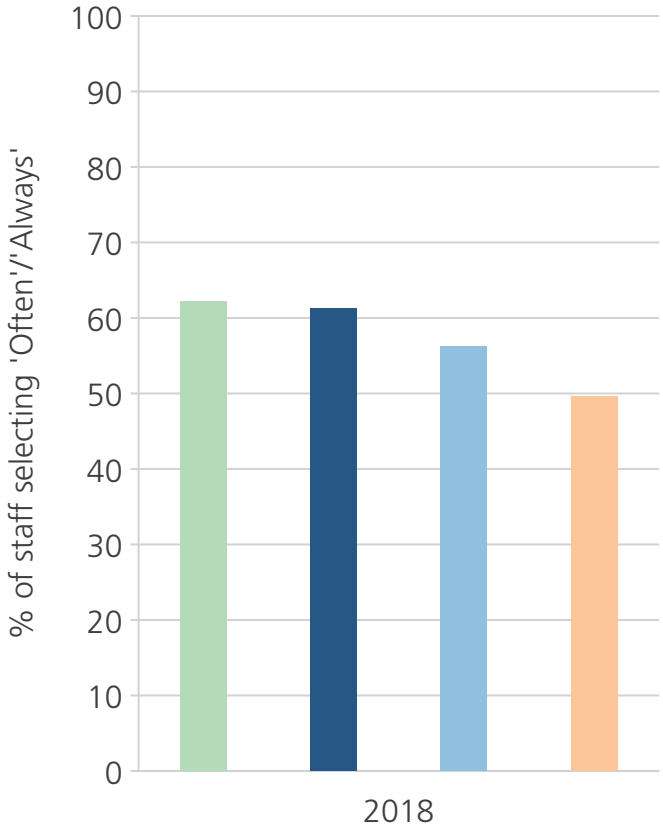
	2018
Best	78.5%
Your org	78.5%
Average	72.2%
Worst	67.0%

Q6a
I have unrealistic time pressures



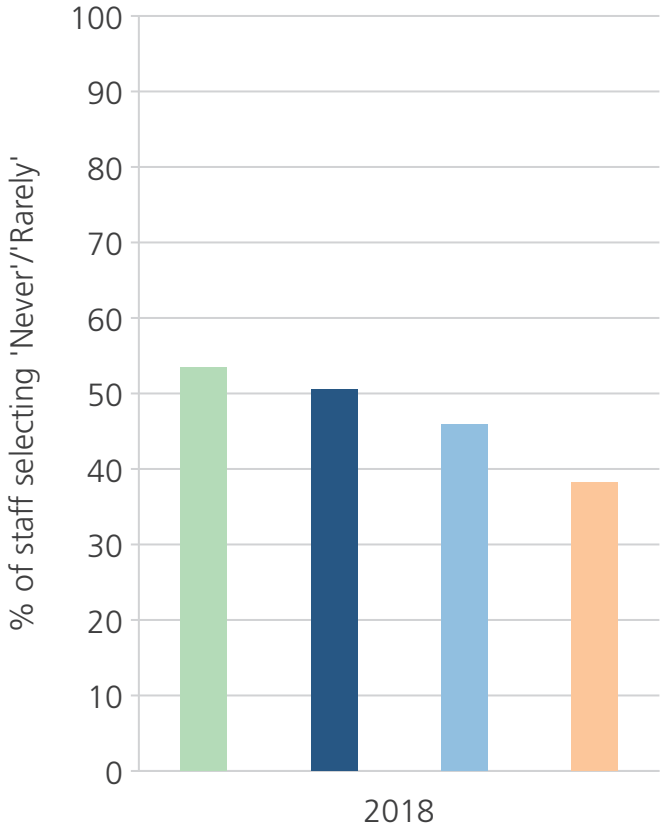
	2018
Best	27.7%
Your org	23.5%
Average	22.3%
Worst	16.5%

Q6b
I have a choice in deciding how to do my work



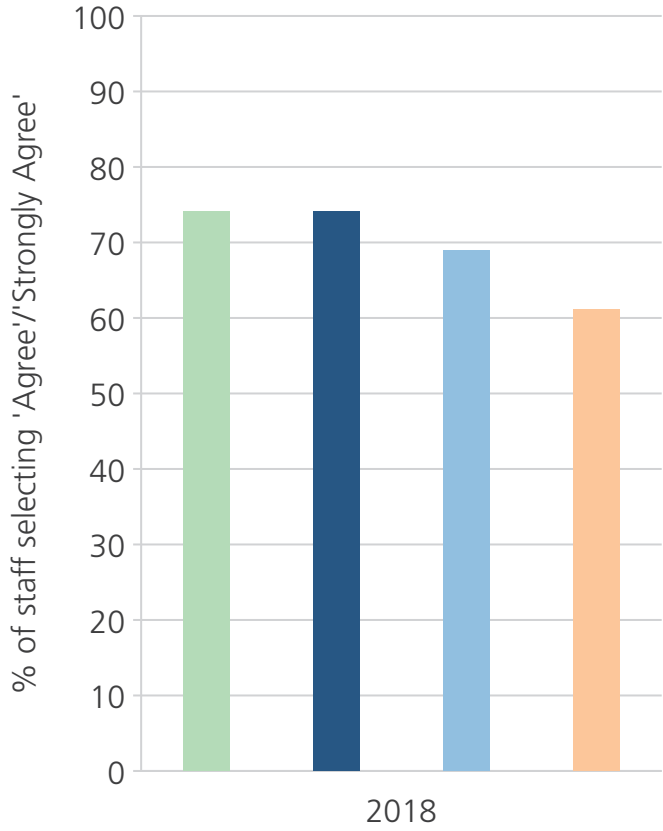
Best	62.2%
Your org	61.3%
Average	56.3%
Worst	49.6%

Q6c
Relationships at work are strained



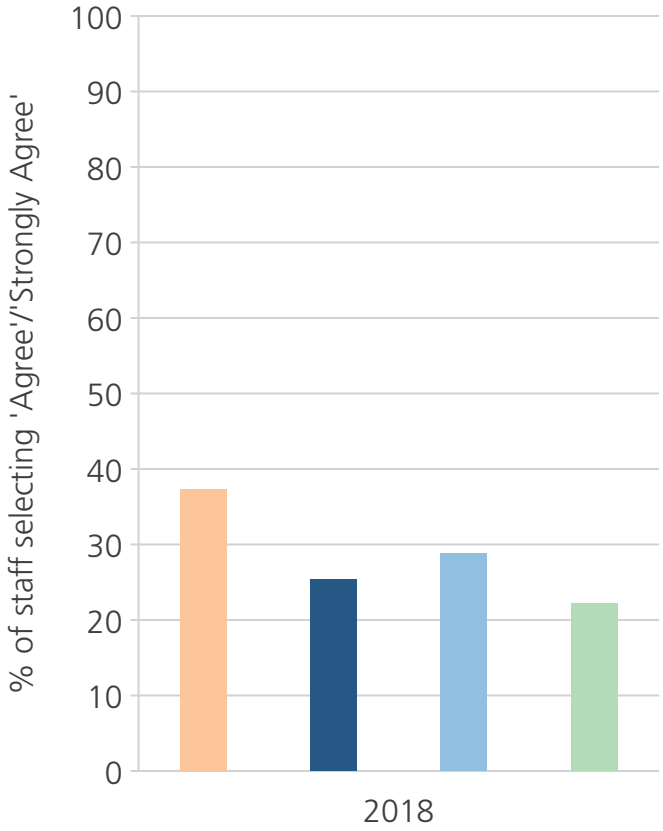
Best	53.4%
Your org	50.5%
Average	45.8%
Worst	38.2%

Q8a
My immediate manager encourages me at work



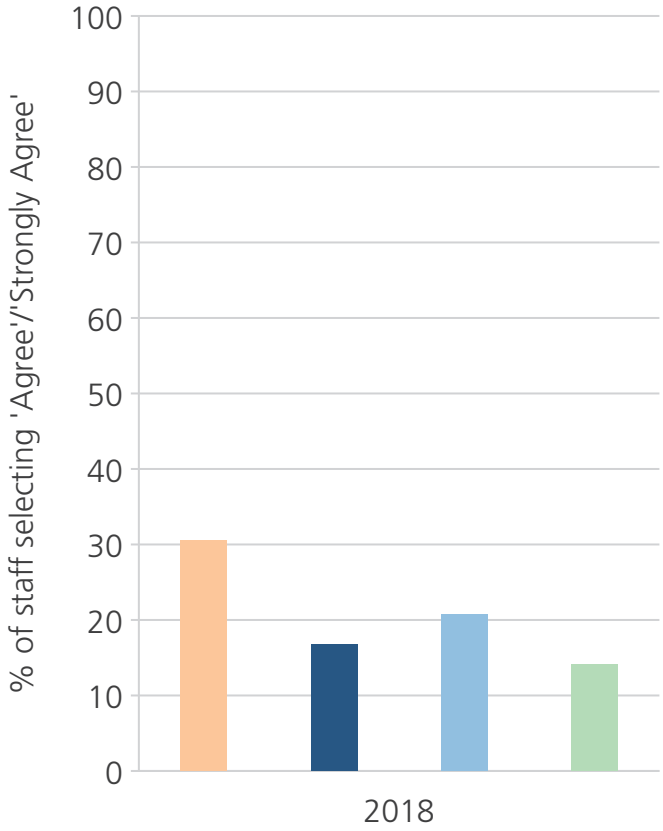
Best	74.0%
Your org	74.0%
Average	68.9%
Worst	61.1%

Q23a
I often think about leaving this organisation



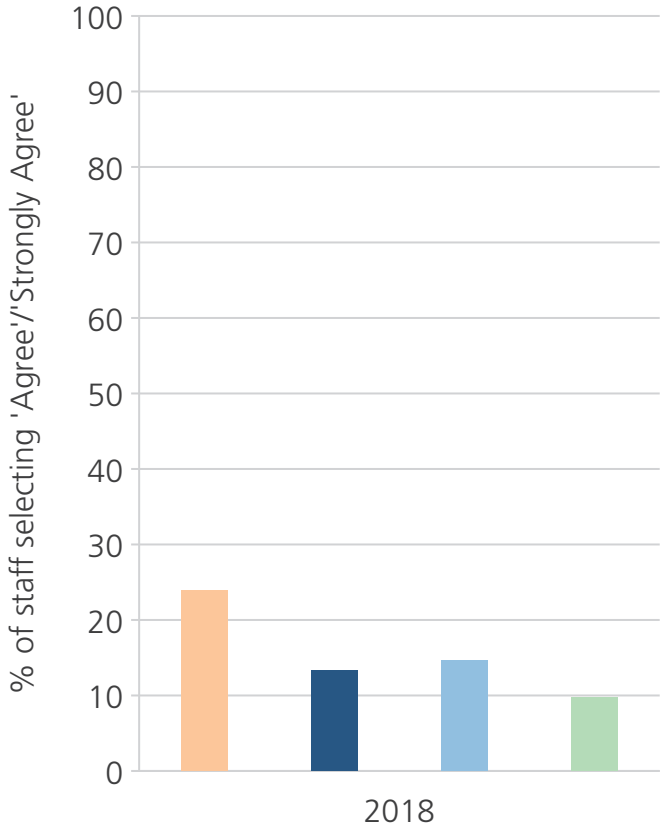
Worst	37.3%
Your org	25.3%
Average	28.8%
Best	22.2%

Q23b
I will probably look for a job at a new organisation in the next 12 months



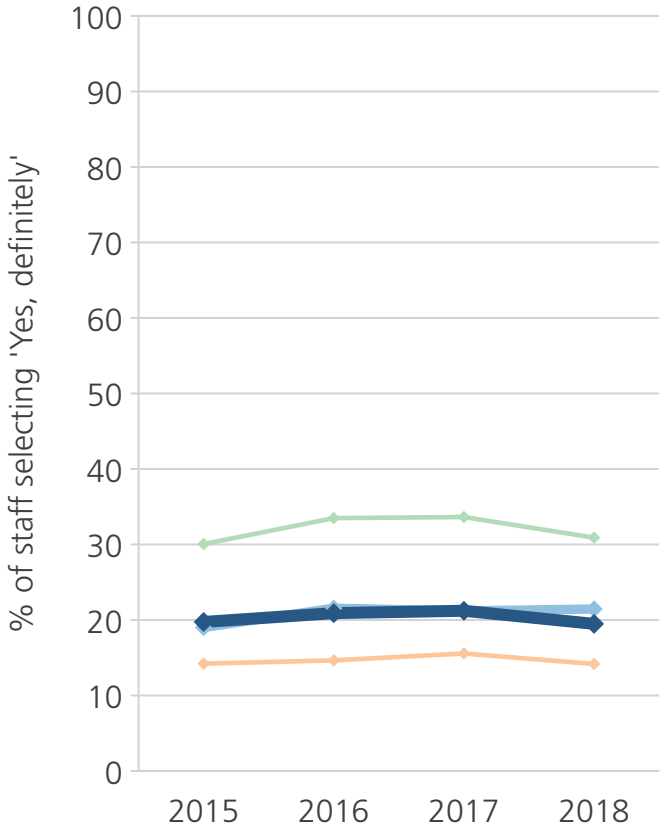
Worst	30.5%
Your org	16.7%
Average	20.7%
Best	14.1%

Q23c
As soon as I can find another job, I will leave this organisation



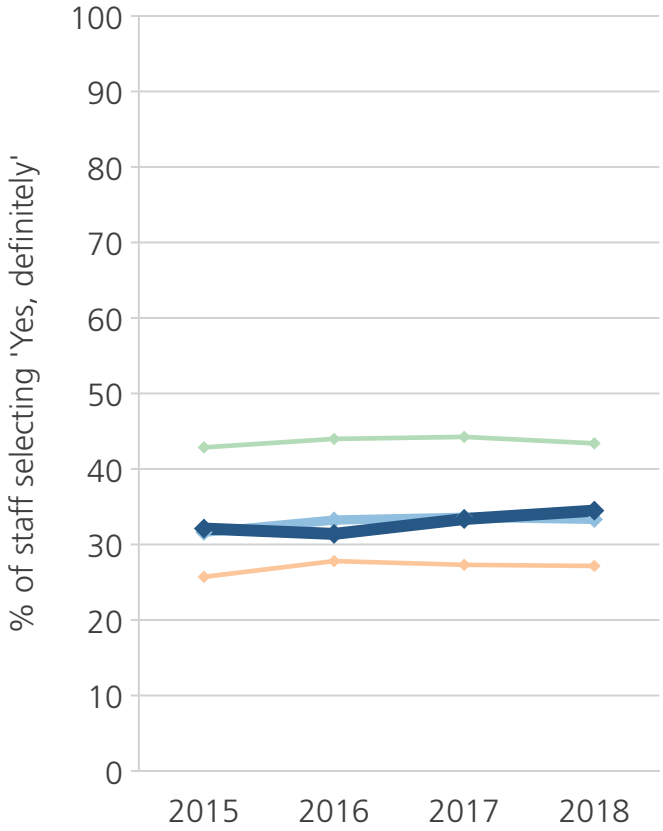
Worst	23.9%
Your org	13.3%
Average	14.7%
Best	9.8%

Q19b
It helped me to improve how I do my job



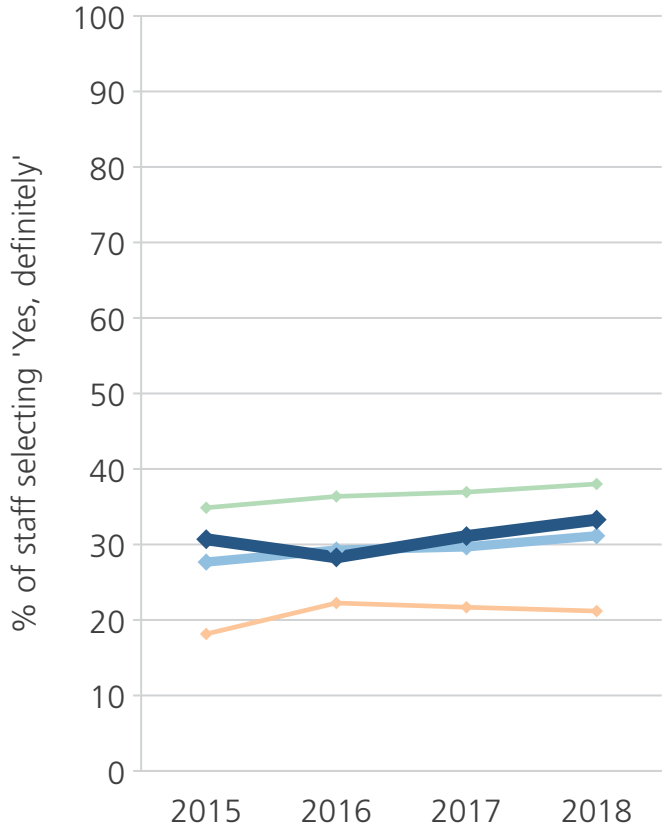
Best	30.1%	33.5%	33.6%	30.9%
Your org	19.7%	20.9%	21.2%	19.5%
Average	19.0%	21.6%	21.2%	21.5%
Worst	14.2%	14.6%	15.6%	14.2%

Q19c
It helped me agree clear objectives for my work



Best	42.9%	44.0%	44.2%	43.4%
Your org	32.1%	31.4%	33.4%	34.5%
Average	31.6%	33.2%	33.6%	33.3%
Worst	25.7%	27.8%	27.3%	27.2%

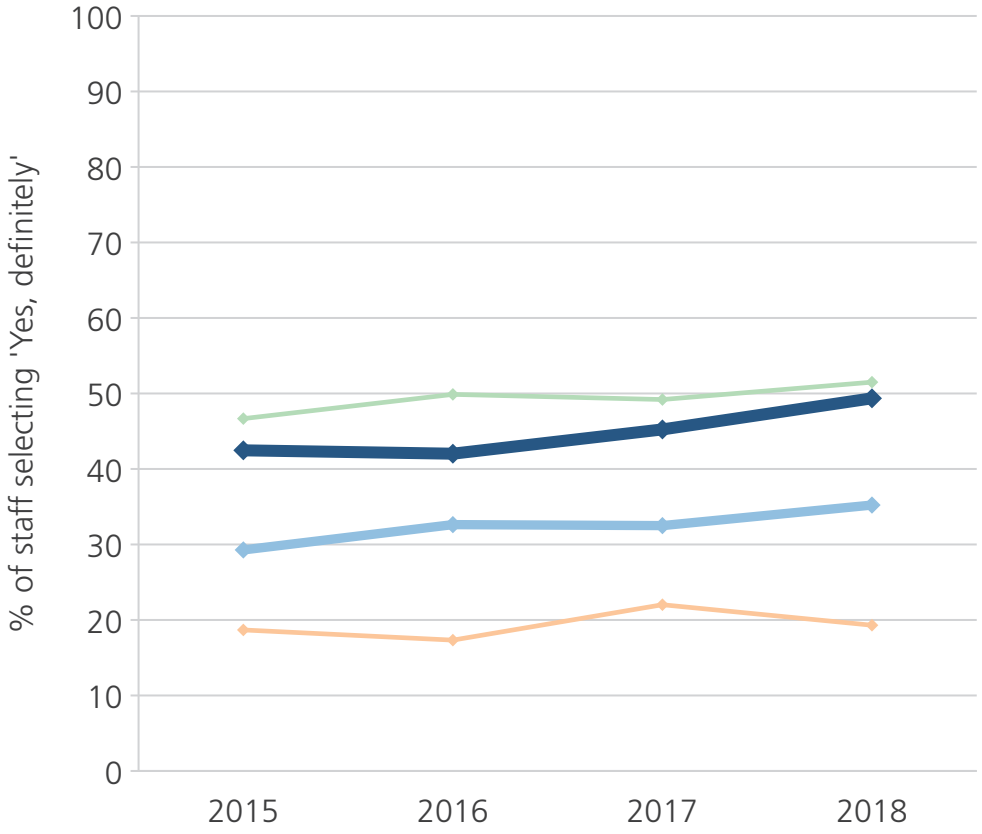
Q19d
It left me feeling that my work is valued by my organisation



Best	34.9%	36.4%	36.9%	38.0%
Your org	30.7%	28.3%	31.1%	33.3%
Average	27.7%	29.3%	29.7%	31.1%
Worst	18.1%	22.2%	21.7%	21.2%

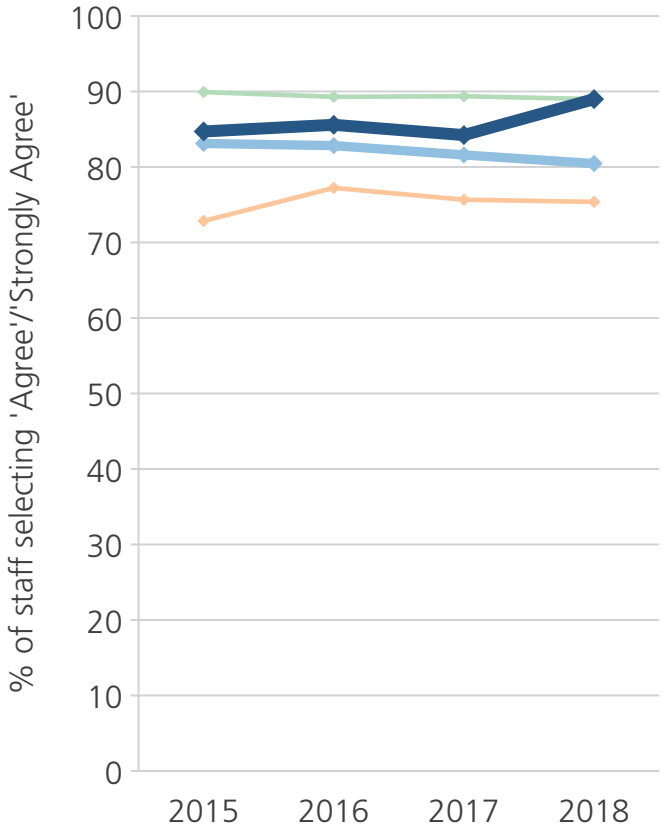
Q19e

The values of my organisation were discussed as part of the appraisal process



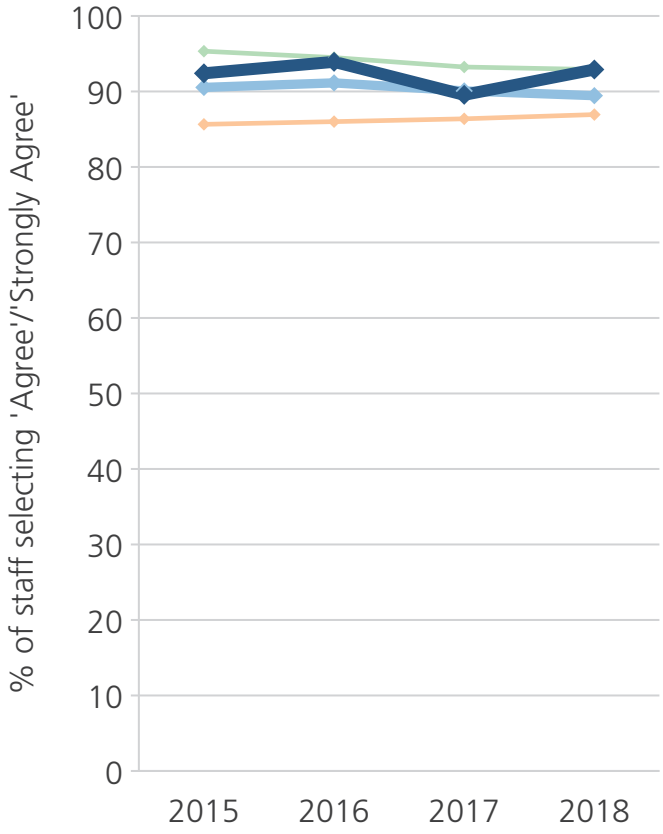
	2015	2016	2017	2018
Best	46.7%	49.9%	49.2%	51.5%
Your org	42.5%	42.0%	45.2%	49.4%
Average	29.3%	32.6%	32.5%	35.2%
Worst	18.7%	17.3%	22.0%	19.3%

Q7a
I am satisfied with the quality of care I give to patients / service users



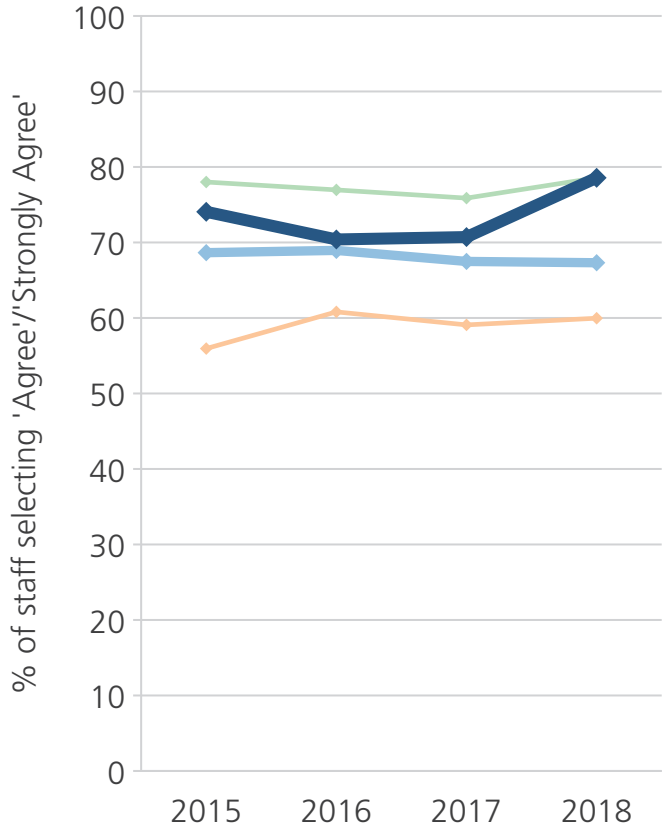
	2015	2016	2017	2018
Best	89.9%	89.3%	89.4%	89.0%
Your org	84.7%	85.6%	84.2%	89.0%
Average	83.1%	82.8%	81.6%	80.5%
Worst	72.8%	77.2%	75.7%	75.4%

Q7b
I feel that my role makes a difference to patients / service users



	2015	2016	2017	2018
Best	95.3%	94.5%	93.2%	92.9%
Your org	92.4%	93.9%	89.6%	92.9%
Average	90.5%	91.1%	90.1%	89.4%
Worst	85.6%	86.0%	86.4%	86.9%

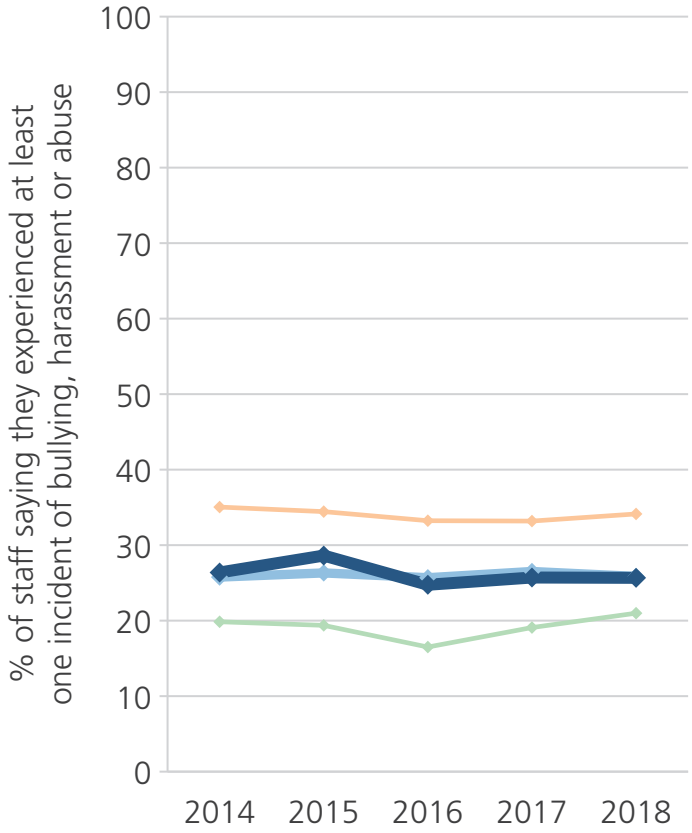
Q7c
I am able to deliver the care I aspire to



	2015	2016	2017	2018
Best	78.0%	77.0%	75.9%	78.6%
Your org	74.1%	70.4%	70.7%	78.6%
Average	68.6%	68.9%	67.5%	67.3%
Worst	55.9%	60.8%	59.1%	60.0%

Q13a

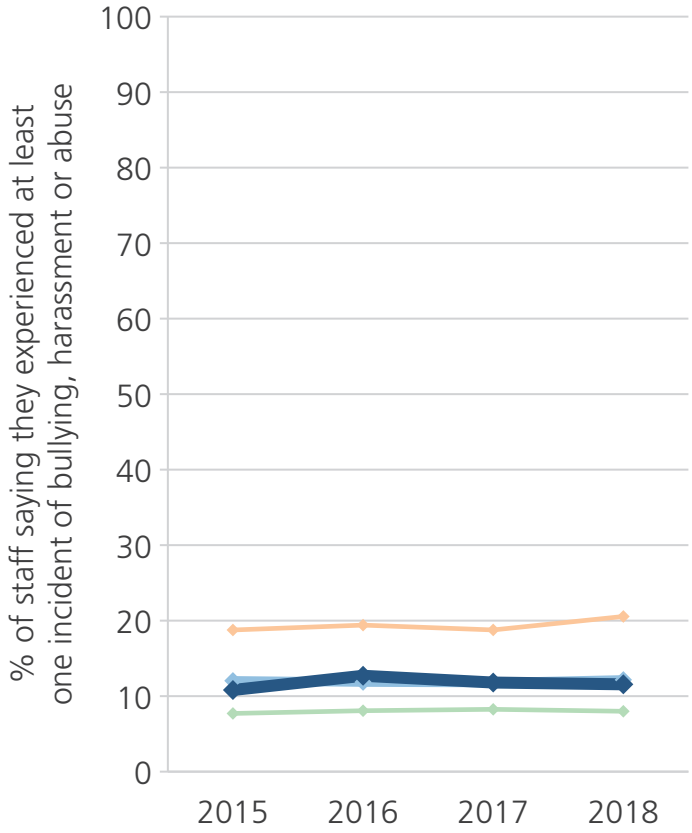
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



	2014	2015	2016	2017	2018
Worst	35.0%	34.4%	33.2%	33.2%	34.1%
Your org	26.4%	28.6%	24.8%	25.7%	25.7%
Average	25.8%	26.3%	25.7%	26.5%	25.9%
Best	19.9%	19.4%	16.5%	19.1%	21.0%

Q13b

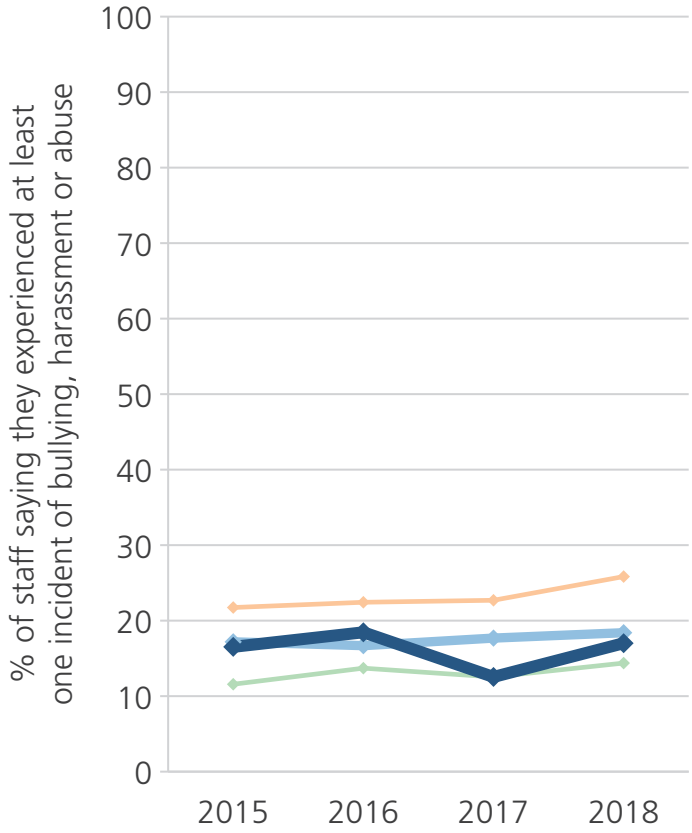
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



	2015	2016	2017	2018
Worst	18.8%	19.4%	18.8%	20.6%
Your org	10.8%	12.7%	11.8%	11.6%
Average	12.0%	11.9%	11.8%	12.2%
Best	7.7%	8.1%	8.3%	8.0%

Q13c

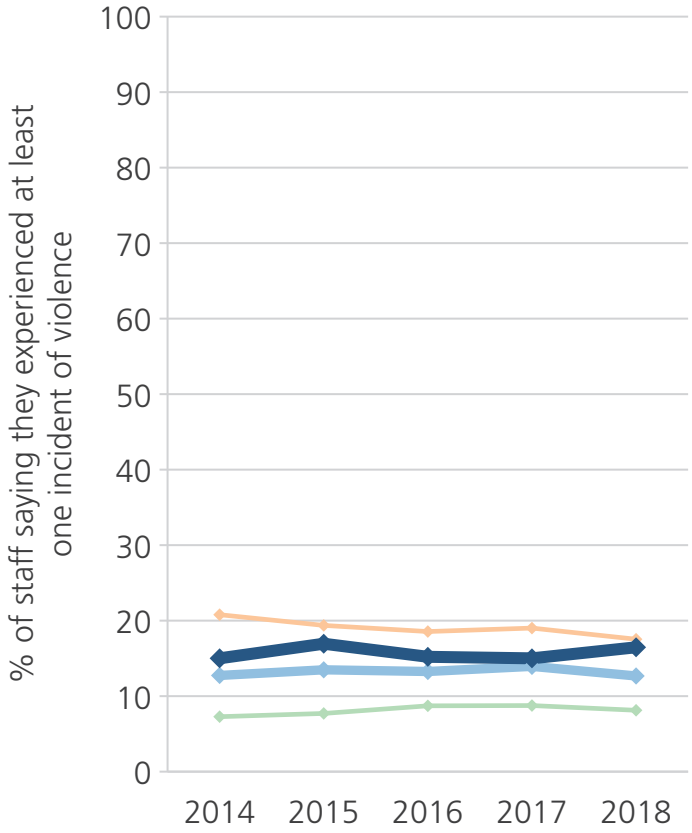
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



	2015	2016	2017	2018
Worst	21.7%	22.4%	22.7%	25.8%
Your org	16.5%	18.5%	12.5%	17.0%
Average	17.2%	16.7%	17.7%	18.4%
Best	11.6%	13.7%	12.5%	14.4%

Q12a

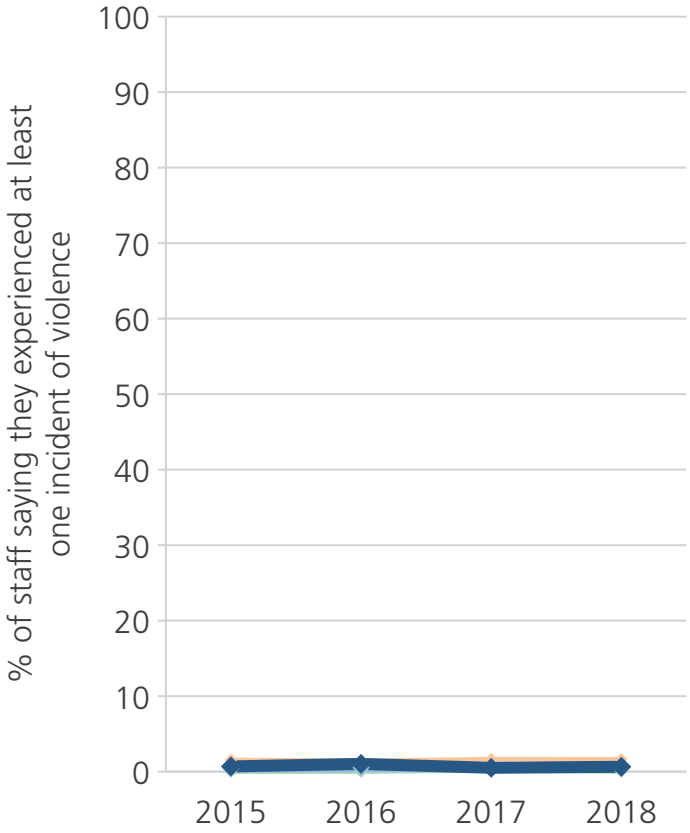
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



	2014	2015	2016	2017	2018
Worst	20.8%	19.4%	18.6%	19.0%	17.5%
Your org	15.0%	16.9%	15.2%	15.0%	16.5%
Average	12.7%	13.5%	13.3%	13.9%	12.7%
Best	7.3%	7.7%	8.7%	8.8%	8.1%

Q12b

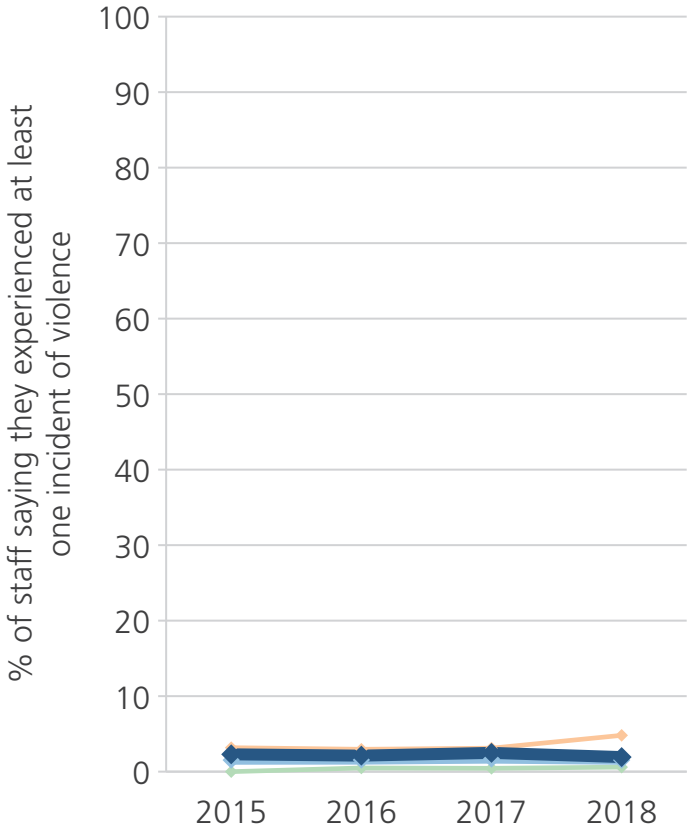
In the last 12 months how many times have you personally experienced physical violence at work from managers?



	2015	2016	2017	2018
Worst	1.5%	1.4%	1.6%	1.6%
Your org	0.7%	1.0%	0.5%	0.6%
Average	0.4%	0.5%	0.6%	0.5%
Best	0.0%	0.0%	0.2%	0.0%

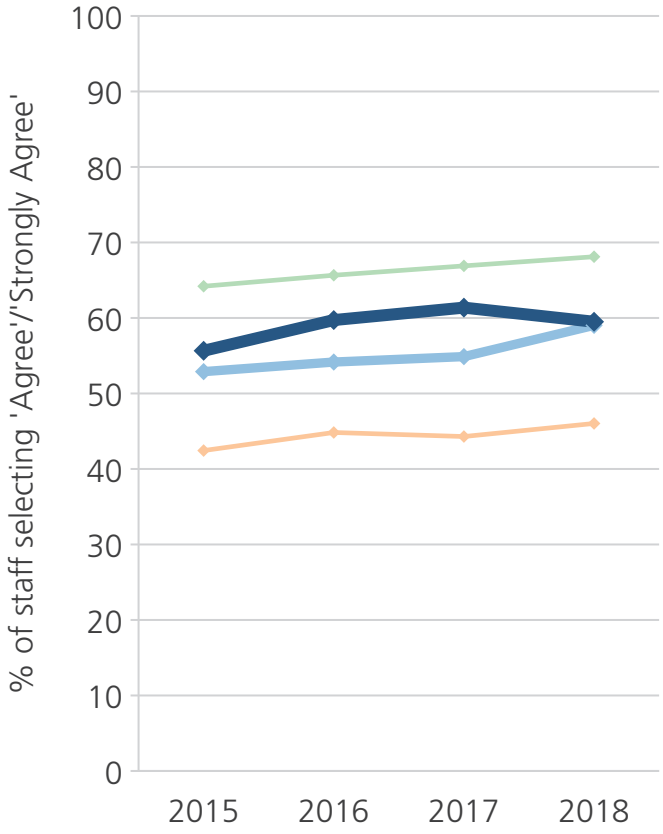
Q12c

In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



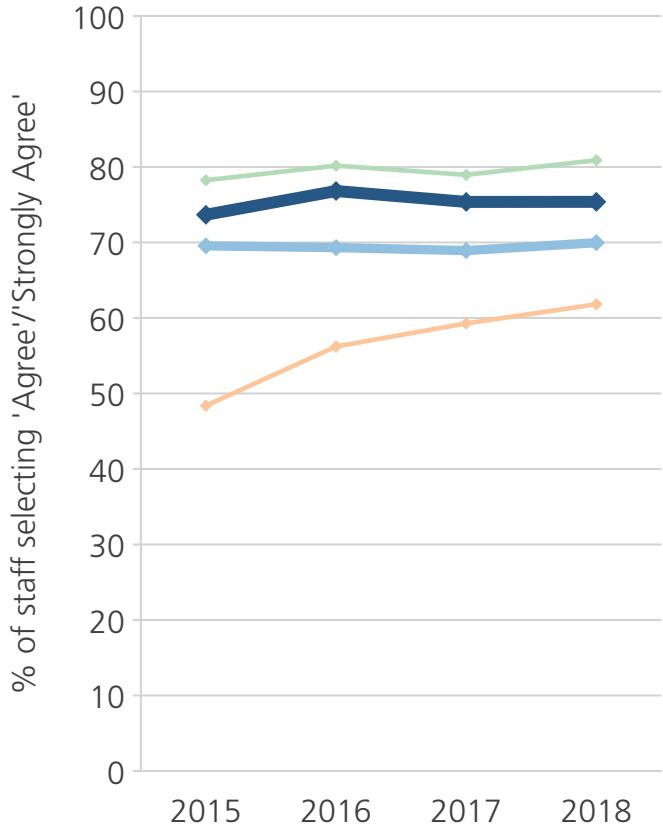
	2015	2016	2017	2018
Worst	3.2%	3.0%	3.1%	4.8%
Your org	2.3%	2.1%	2.5%	1.9%
Average	1.5%	1.5%	1.7%	1.5%
Best	0.0%	0.5%	0.4%	0.6%

Q17a
My organisation treats staff who are involved in an error, near miss or incident fairly



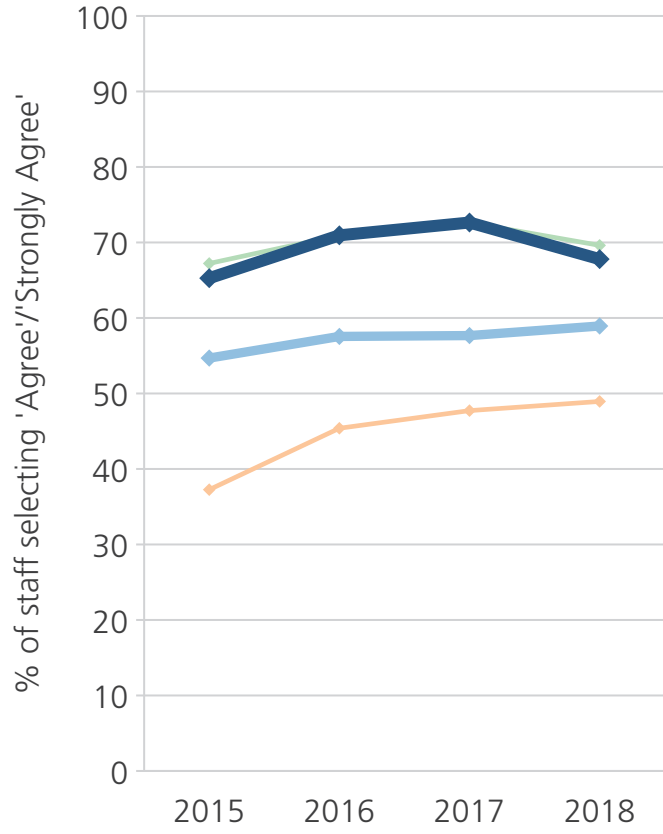
	2015	2016	2017	2018
Best	64.2%	65.7%	66.9%	68.1%
Your org	55.7%	59.7%	61.4%	59.5%
Average	52.9%	54.2%	54.9%	59.0%
Worst	42.4%	44.8%	44.3%	46.0%

Q17c
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



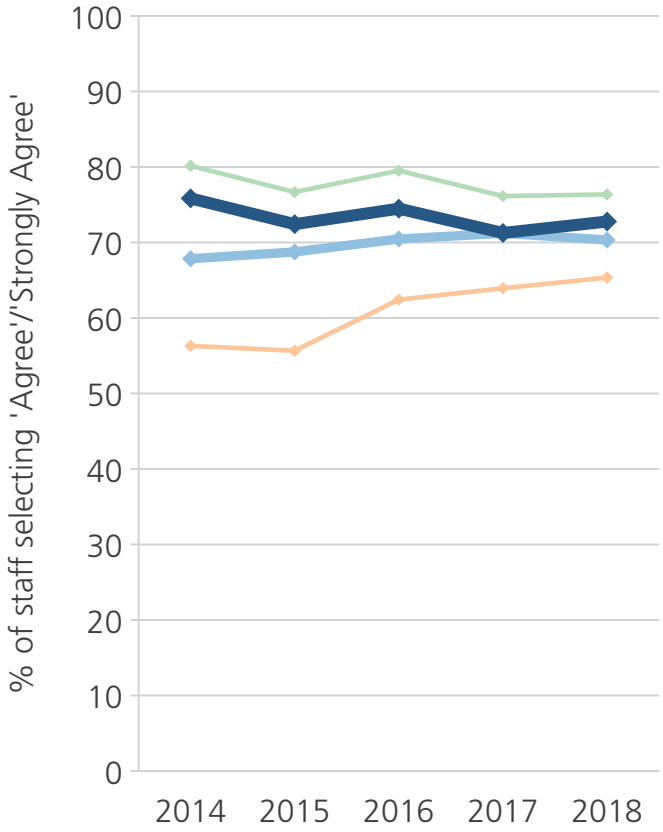
	2015	2016	2017	2018
Best	78.2%	80.2%	79.0%	80.9%
Your org	73.7%	76.8%	75.4%	75.4%
Average	69.6%	69.3%	68.9%	70.0%
Worst	48.4%	56.2%	59.3%	61.8%

Q17d
We are given feedback about changes made in response to reported errors, near misses and incidents



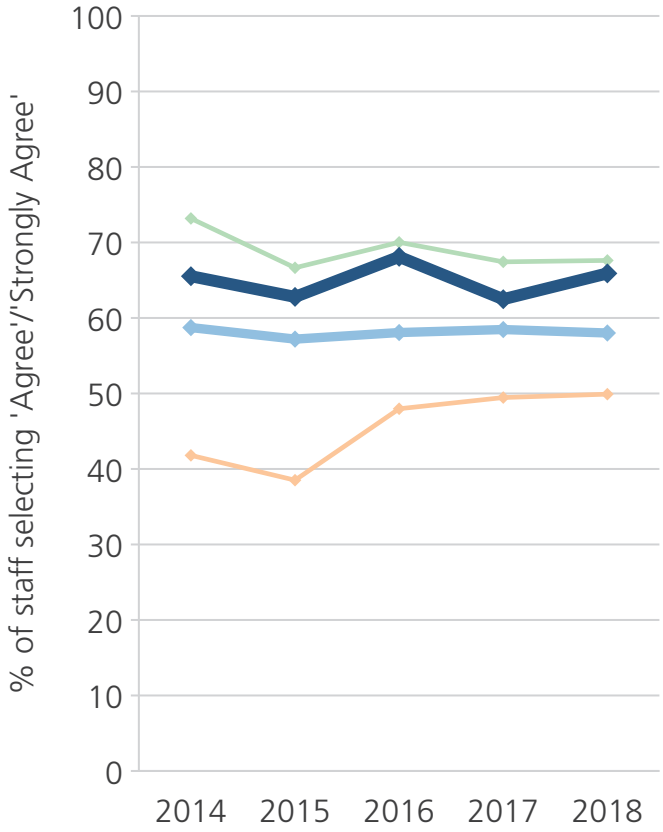
	2015	2016	2017	2018
Best	67.2%	70.9%	72.6%	69.6%
Your org	65.3%	70.9%	72.6%	67.8%
Average	54.7%	57.6%	57.7%	58.9%
Worst	37.3%	45.4%	47.7%	48.9%

Q18b
I would feel secure raising concerns about unsafe clinical practice



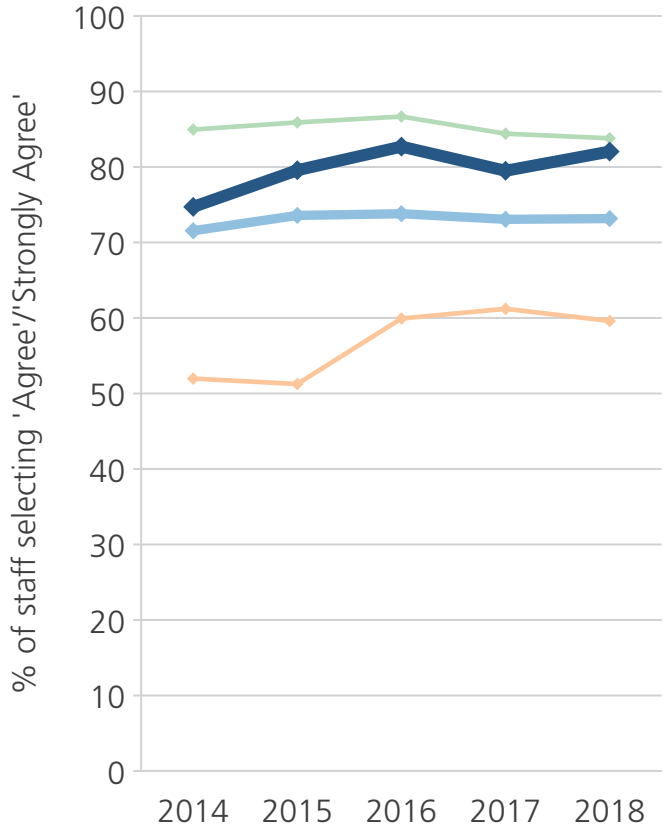
	2014	2015	2016	2017	2018
Best	80.2%	76.7%	79.5%	76.1%	76.4%
Your org	75.8%	72.4%	74.5%	71.3%	72.8%
Average	67.8%	68.7%	70.5%	71.2%	70.3%
Worst	56.3%	55.7%	62.4%	63.9%	65.4%

Q18c
I am confident that my organisation would address my concern



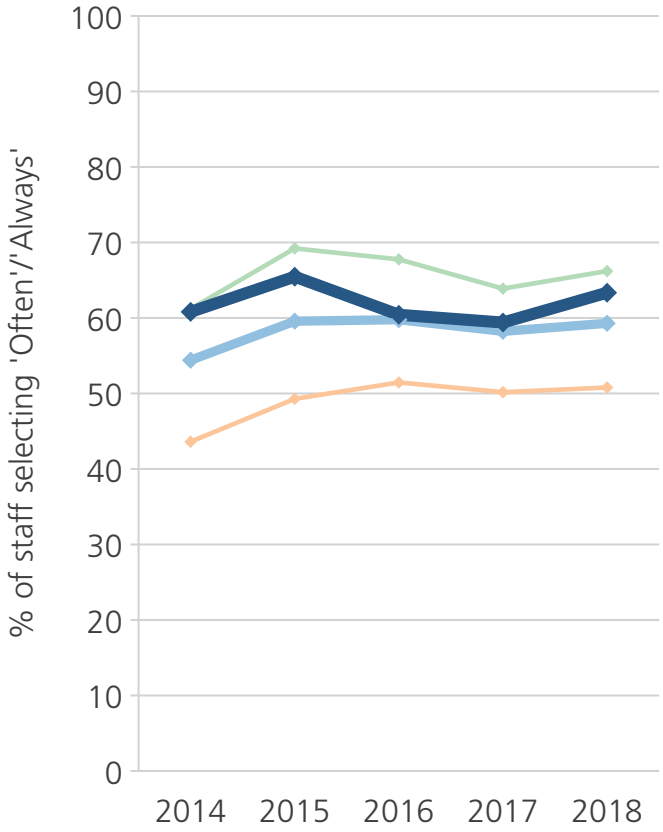
	2014	2015	2016	2017	2018
Best	73.2%	66.6%	70.0%	67.4%	67.6%
Your org	65.5%	62.8%	68.1%	62.5%	65.9%
Average	58.7%	57.2%	58.1%	58.5%	58.0%
Worst	41.8%	38.5%	48.0%	49.5%	49.9%

Q21b
My organisation acts on concerns raised by patients / service users



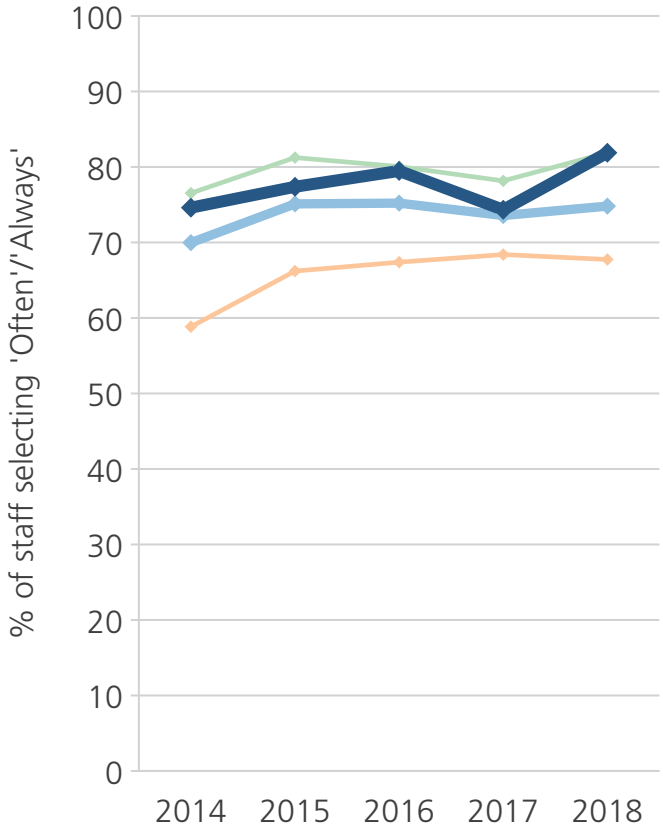
	2014	2015	2016	2017	2018
Best	85.0%	85.9%	86.7%	84.4%	83.8%
Your org	74.7%	79.6%	82.7%	79.5%	82.0%
Average	71.6%	73.6%	73.8%	73.1%	73.2%
Worst	52.0%	51.3%	59.9%	61.2%	59.6%

Q2a
I look forward to going to work



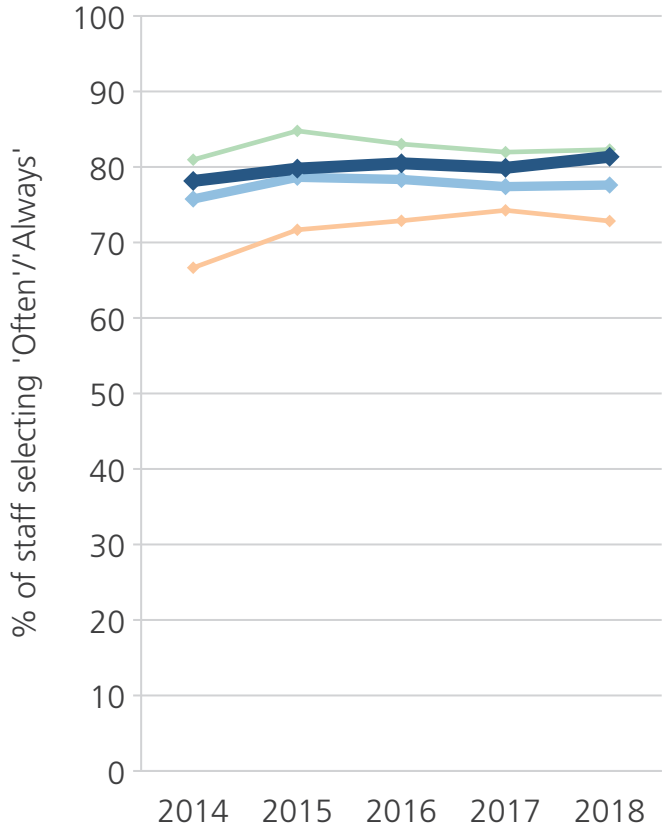
	2014	2015	2016	2017	2018
Best	61.2%	69.2%	67.8%	63.9%	66.2%
Your org	60.8%	65.5%	60.4%	59.4%	63.3%
Average	54.4%	59.6%	59.8%	58.2%	59.3%
Worst	43.6%	49.3%	51.5%	50.2%	50.8%

Q2b
I am enthusiastic about my job



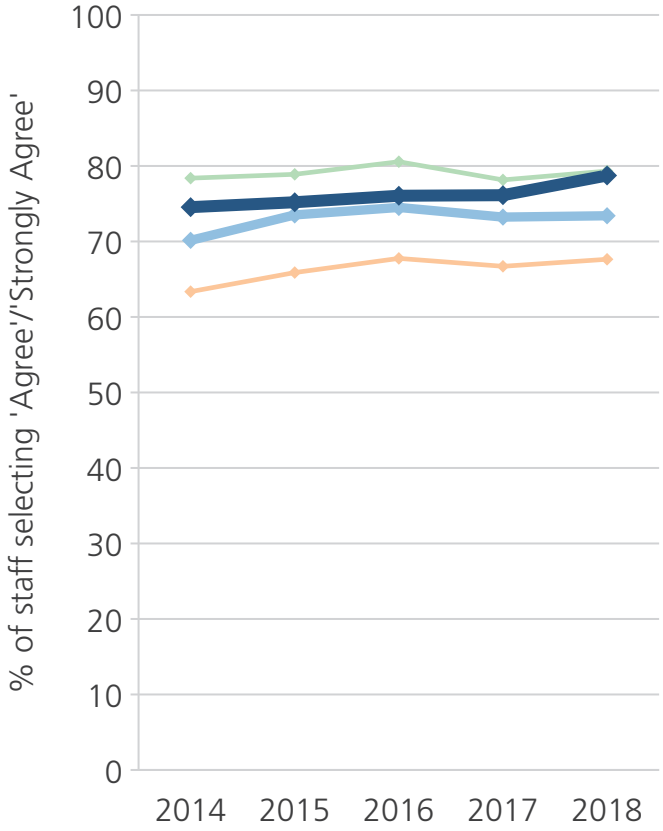
	2014	2015	2016	2017	2018
Best	76.5%	81.2%	80.1%	78.2%	81.9%
Your org	74.6%	77.4%	79.5%	74.3%	81.9%
Average	70.0%	75.1%	75.2%	73.6%	74.8%
Worst	58.8%	66.2%	67.4%	68.4%	67.7%

Q2c
Time passes quickly when I am working



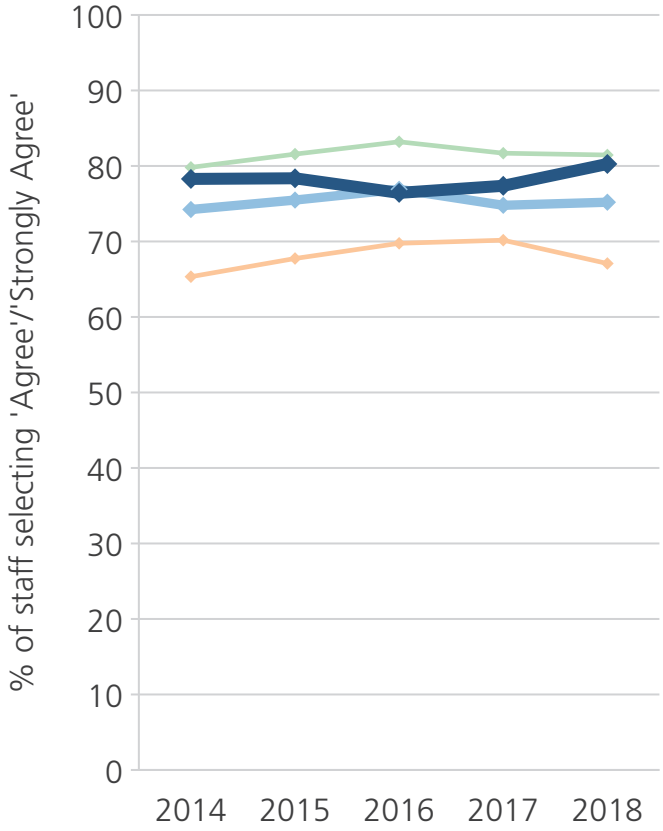
	2014	2015	2016	2017	2018
Best	81.0%	84.8%	83.0%	82.0%	82.3%
Your org	78.1%	79.8%	80.5%	79.9%	81.3%
Average	75.8%	78.6%	78.3%	77.4%	77.6%
Worst	66.7%	71.7%	72.9%	74.3%	72.8%

Q4a
There are frequent opportunities for me to show initiative in my role



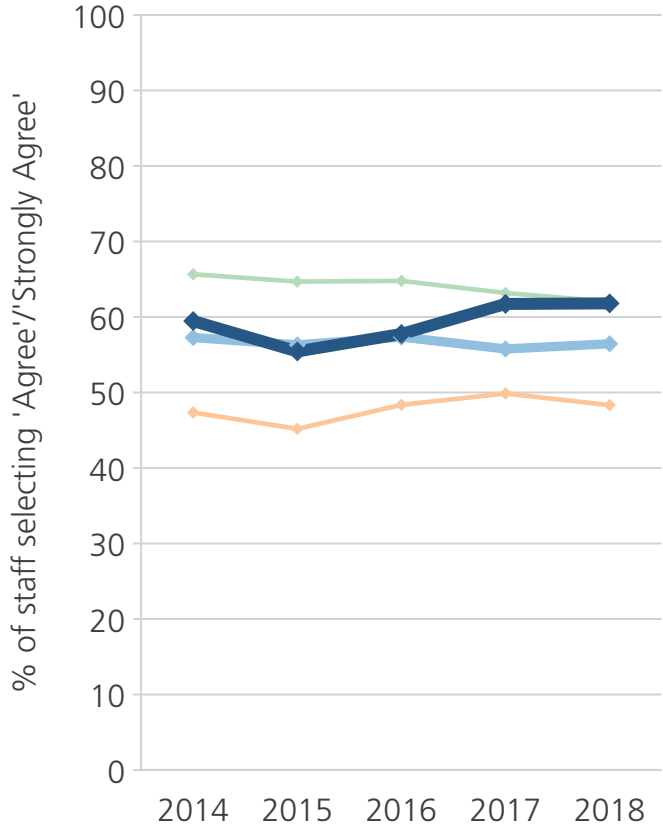
	2014	2015	2016	2017	2018
Best	78.4%	78.9%	80.6%	78.2%	79.3%
Your org	74.5%	75.2%	76.1%	76.1%	78.7%
Average	70.1%	73.5%	74.5%	73.2%	73.4%
Worst	63.4%	65.9%	67.8%	66.7%	67.6%

Q4b
I am able to make suggestions to improve the work of my team / department



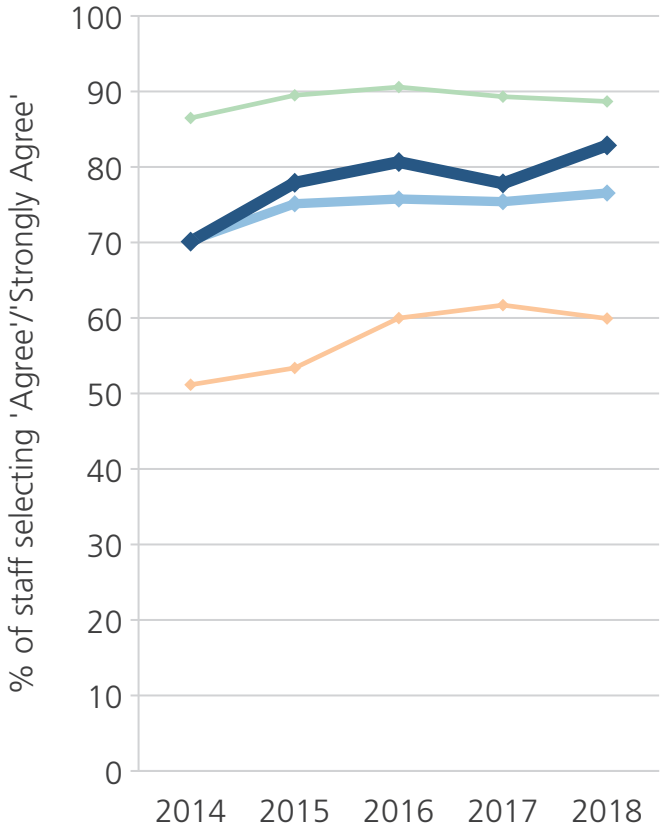
	2014	2015	2016	2017	2018
Best	79.8%	81.6%	83.2%	81.7%	81.5%
Your org	78.3%	78.4%	76.4%	77.4%	80.3%
Average	74.2%	75.5%	76.9%	74.8%	75.2%
Worst	65.3%	67.7%	69.8%	70.2%	67.1%

Q4d
I am able to make improvements happen in my area of work



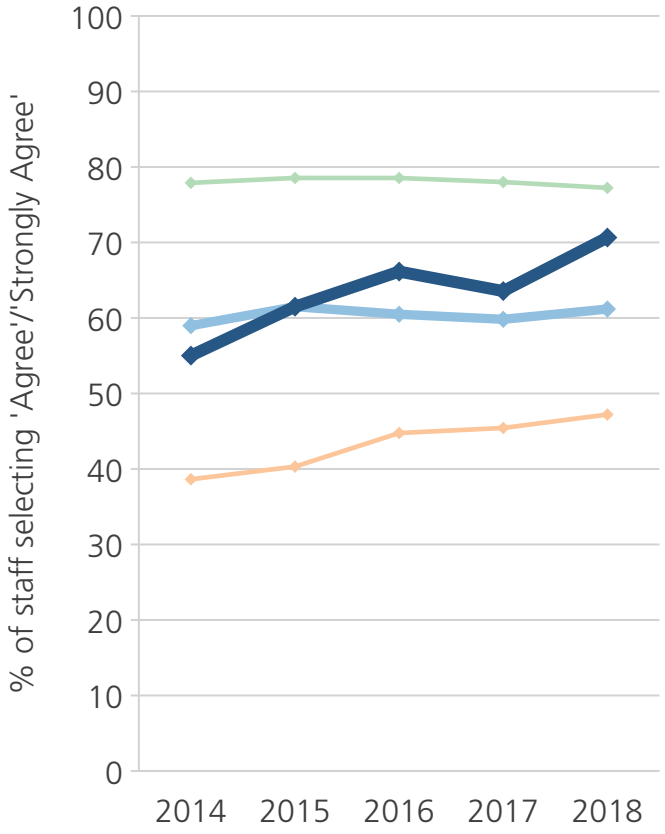
	2014	2015	2016	2017	2018
Best	65.7%	64.7%	64.8%	63.2%	62.0%
Your org	59.5%	55.4%	57.7%	61.7%	61.8%
Average	57.3%	56.3%	57.3%	55.8%	56.4%
Worst	47.3%	45.2%	48.4%	49.9%	48.3%

Q21a
Care of patients / service users is my organisation's top priority



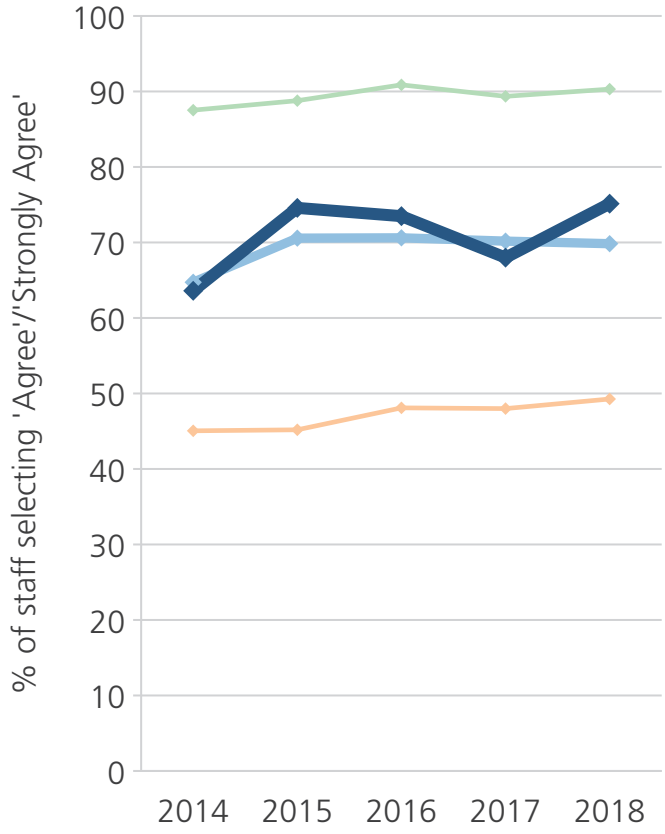
	2014	2015	2016	2017	2018
Best	86.5%	89.5%	90.6%	89.3%	88.7%
Your org	70.1%	77.9%	80.7%	77.8%	82.9%
Average	70.2%	75.1%	75.8%	75.4%	76.5%
Worst	51.2%	53.4%	60.0%	61.7%	59.9%

Q21c
I would recommend my organisation as a place to work



	2014	2015	2016	2017	2018
Best	77.9%	78.5%	78.5%	78.0%	77.2%
Your org	55.0%	61.5%	66.1%	63.6%	70.7%
Average	59.0%	61.5%	60.5%	59.8%	61.2%
Worst	38.6%	40.3%	44.8%	45.4%	47.2%

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



	2014	2015	2016	2017	2018
Best	87.5%	88.8%	90.9%	89.4%	90.3%
Your org	63.6%	74.6%	73.5%	68.0%	75.1%
Average	64.7%	70.6%	70.6%	70.2%	69.8%
Worst	45.1%	45.2%	48.1%	48.0%	49.3%

Survey Coordination Centre

NHS England

Question results

Bolton NHS Foundation Trust

2018 NHS Staff Survey Results

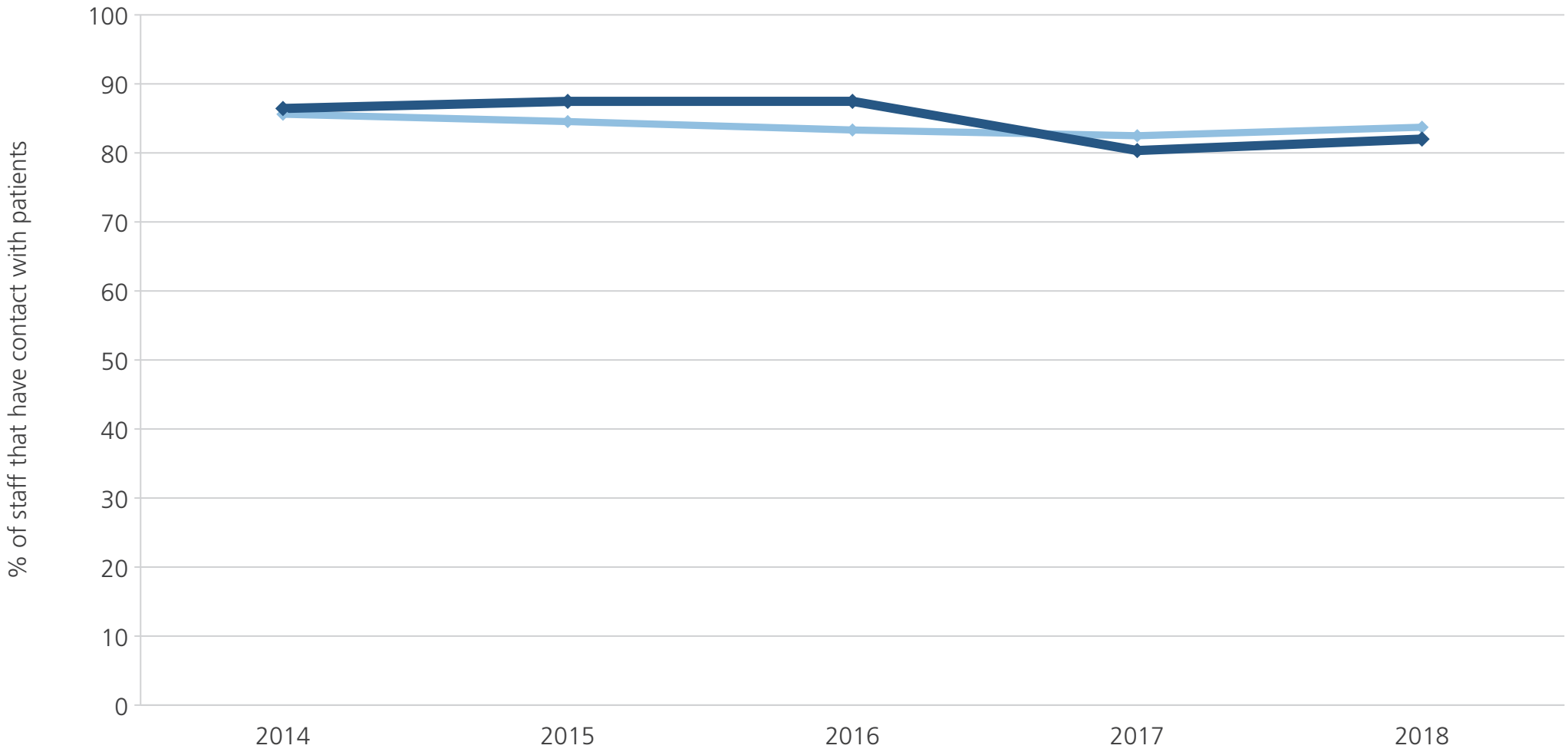
Survey Coordination Centre

NHS England

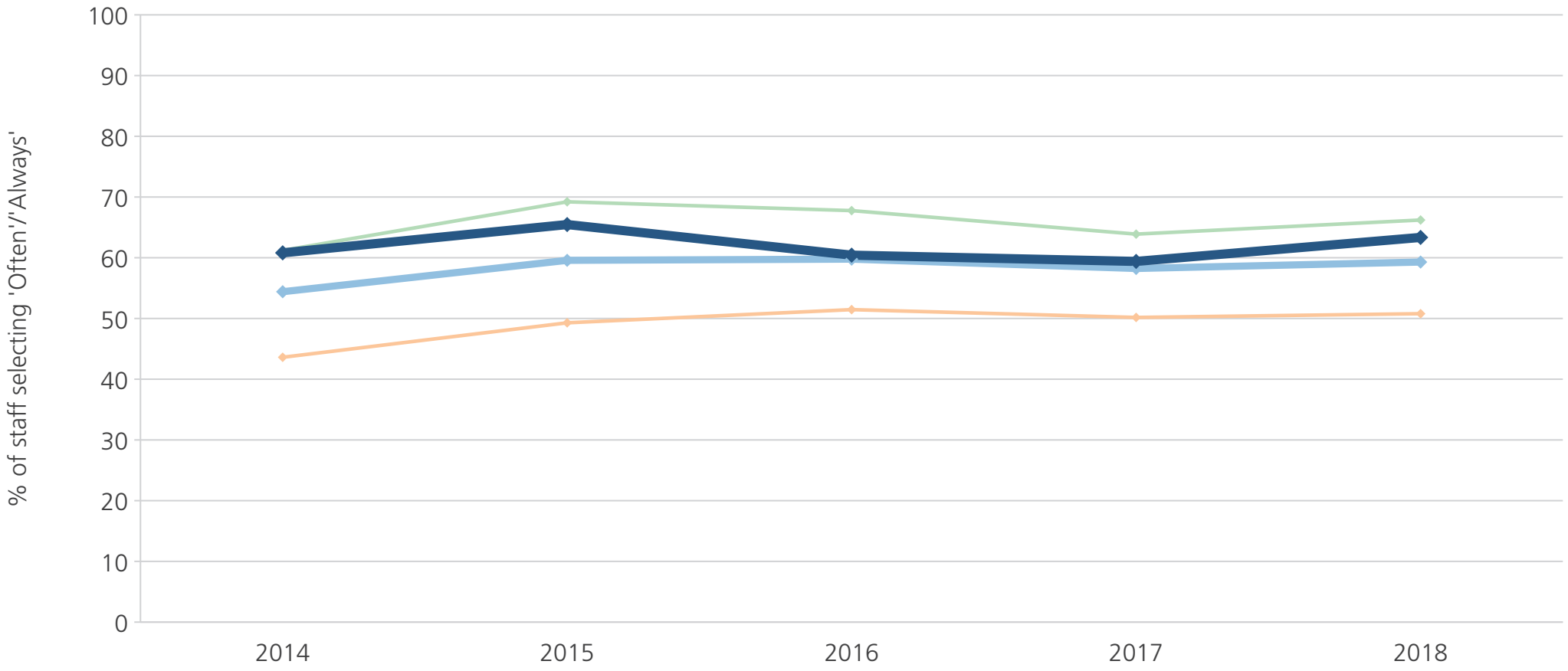
Question results – Your job

Bolton NHS Foundation Trust

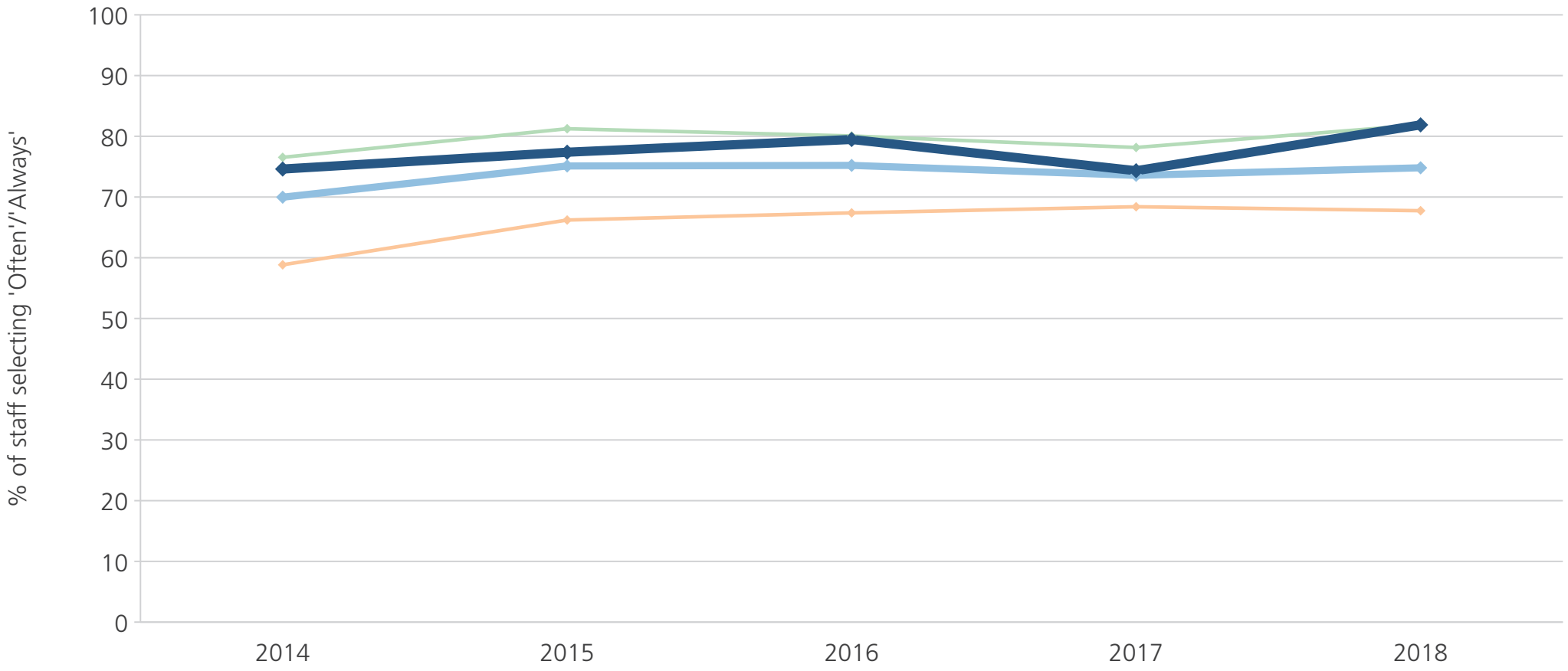
2018 NHS Staff Survey Results



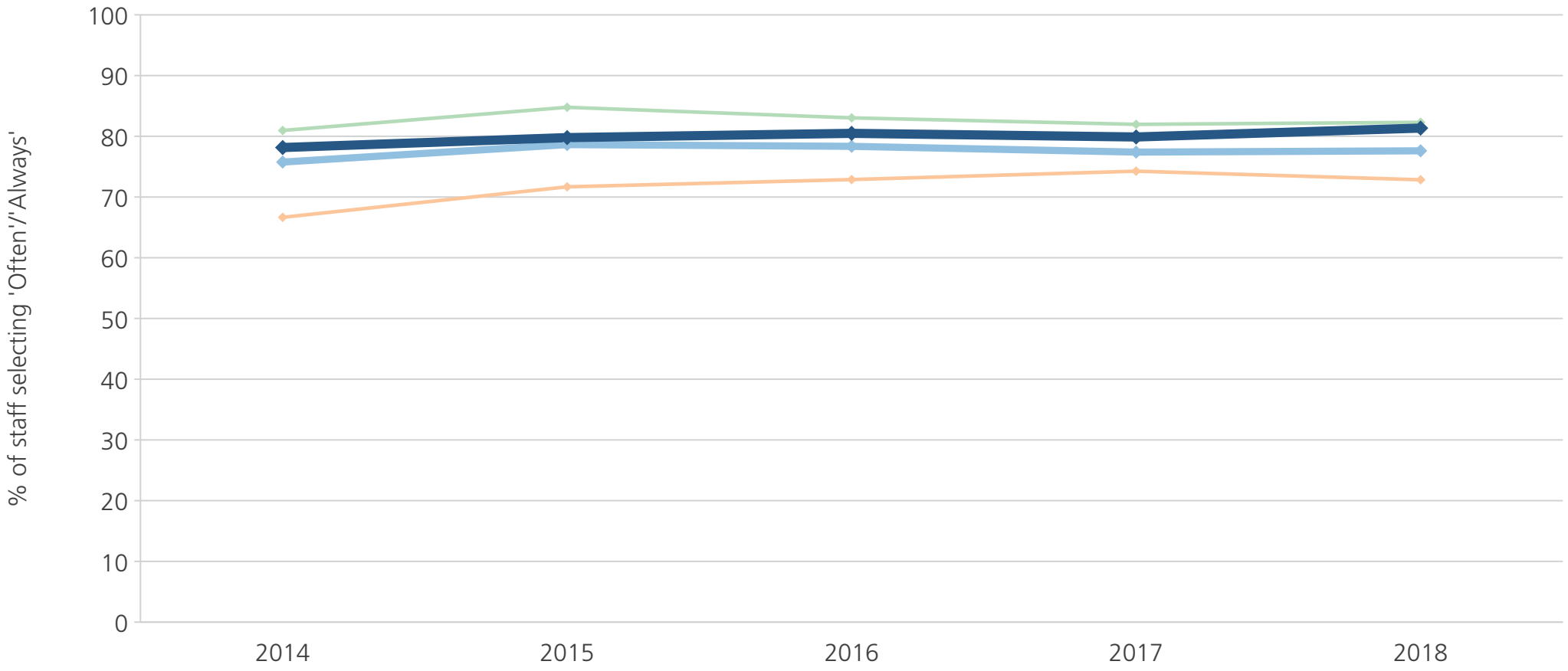
	2014	2015	2016	2017	2018
Your org	86.4%	87.5%	87.5%	80.3%	82.0%
Average	85.6%	84.5%	83.3%	82.5%	83.7%
No. responses	376	375	439	524	539



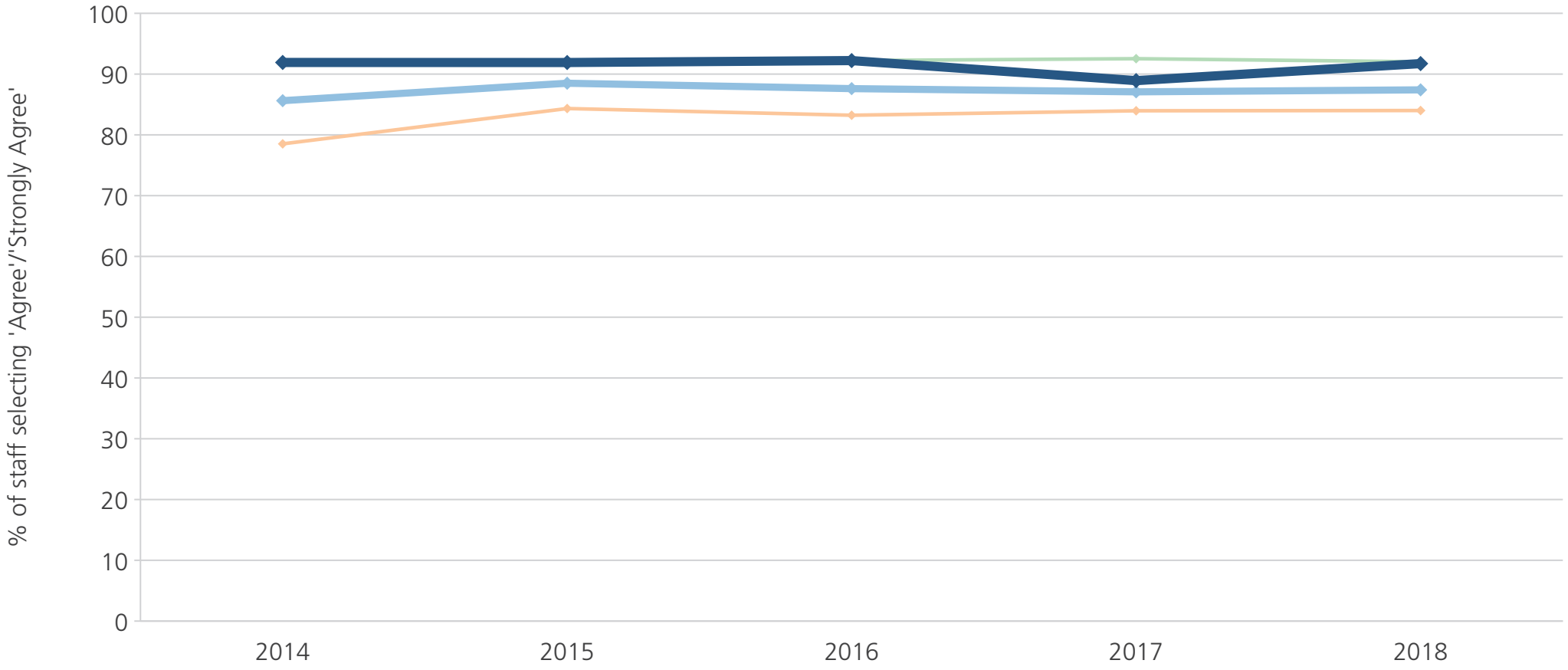
	2014	2015	2016	2017	2018
Best	61.2%	69.2%	67.8%	63.9%	66.2%
Your org	60.8%	65.5%	60.4%	59.4%	63.3%
Average	54.4%	59.6%	59.8%	58.2%	59.3%
Worst	43.6%	49.3%	51.5%	50.2%	50.8%
No. responses	384	376	437	524	546



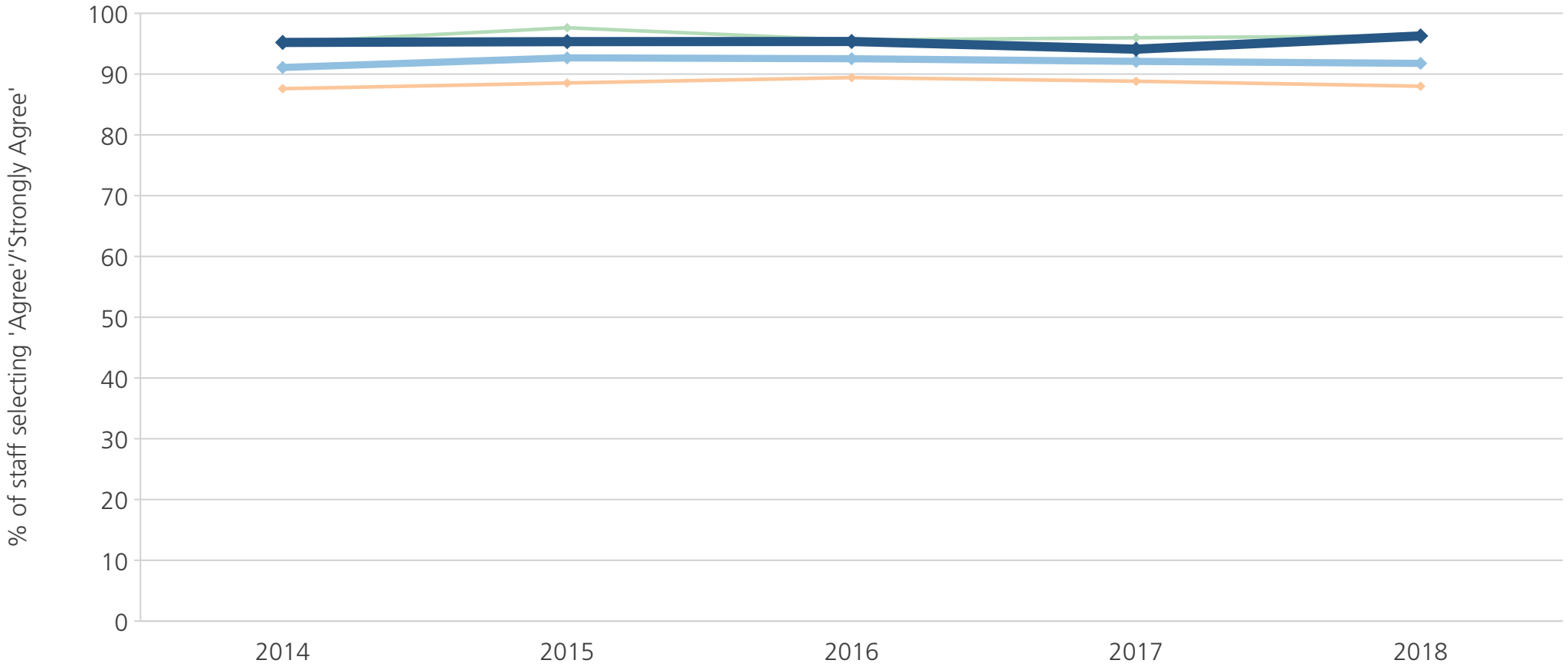
	2014	2015	2016	2017	2018
Best	76.5%	81.2%	80.1%	78.2%	81.9%
Your org	74.6%	77.4%	79.5%	74.3%	81.9%
Average	70.0%	75.1%	75.2%	73.6%	74.8%
Worst	58.8%	66.2%	67.4%	68.4%	67.7%
No. responses	383	372	433	519	543



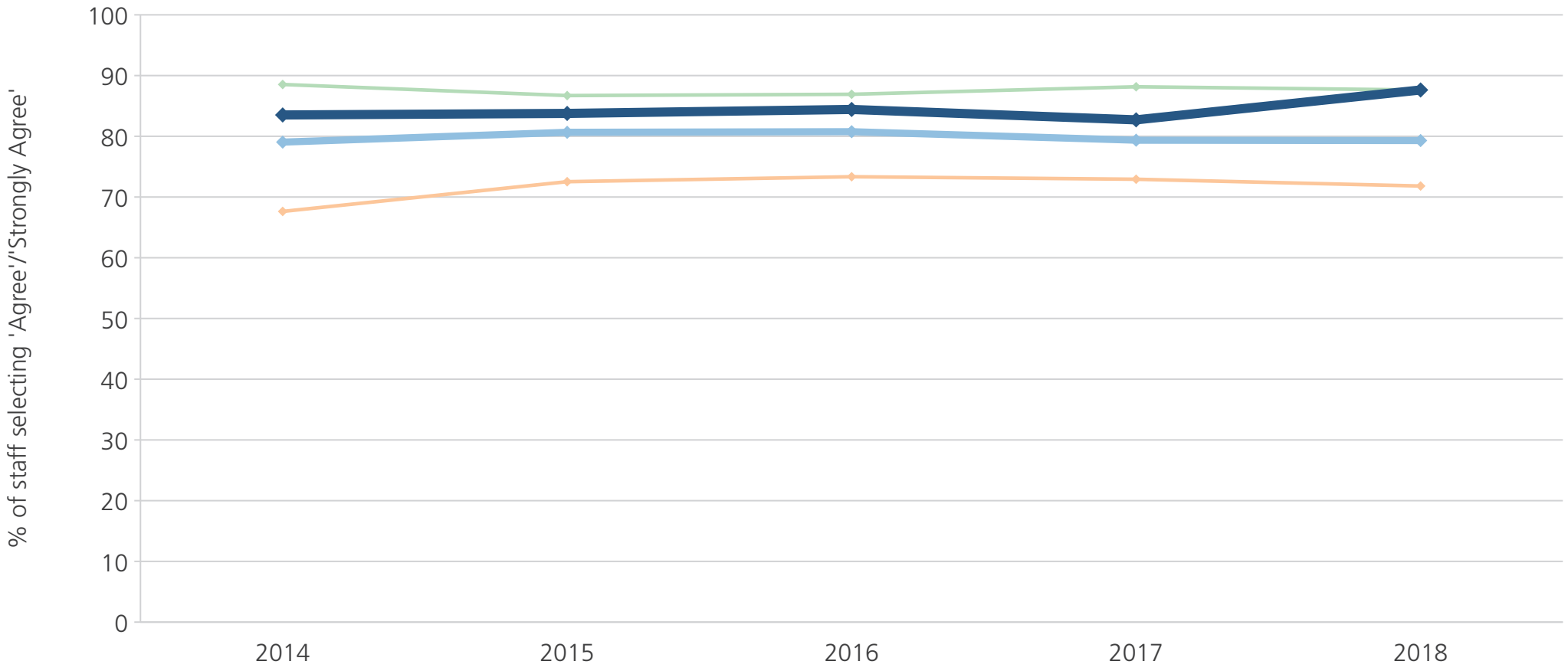
	2014	2015	2016	2017	2018
Best	81.0%	84.8%	83.0%	82.0%	82.3%
Your org	78.1%	79.8%	80.5%	79.9%	81.3%
Average	75.8%	78.6%	78.3%	77.4%	77.6%
Worst	66.7%	71.7%	72.9%	74.3%	72.8%
No. responses	382	373	437	521	542



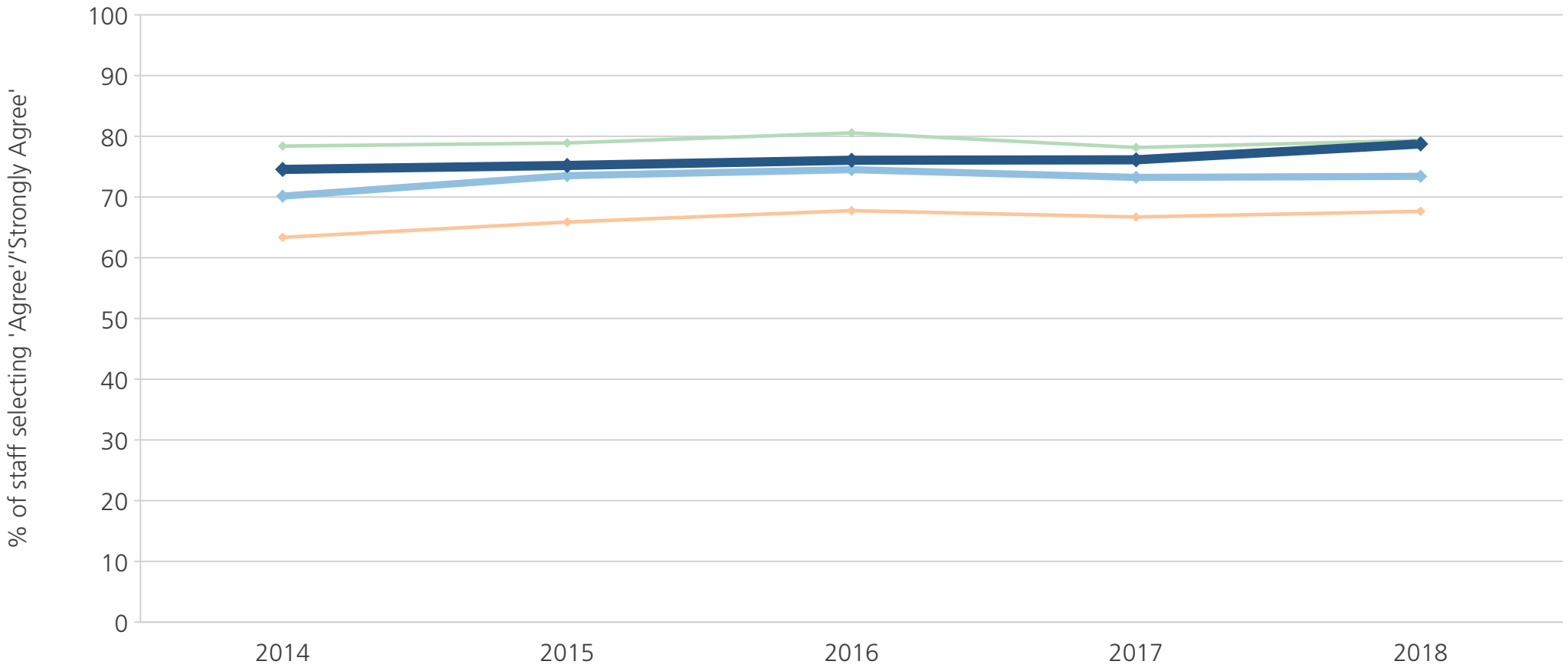
	2014	2015	2016	2017	2018
Best	91.9%	92.2%	92.2%	92.5%	92.0%
Your org	91.9%	91.9%	92.2%	88.9%	91.7%
Average	85.6%	88.5%	87.6%	87.1%	87.4%
Worst	78.5%	84.3%	83.2%	84.0%	84.0%
No. responses	384	379	439	520	549



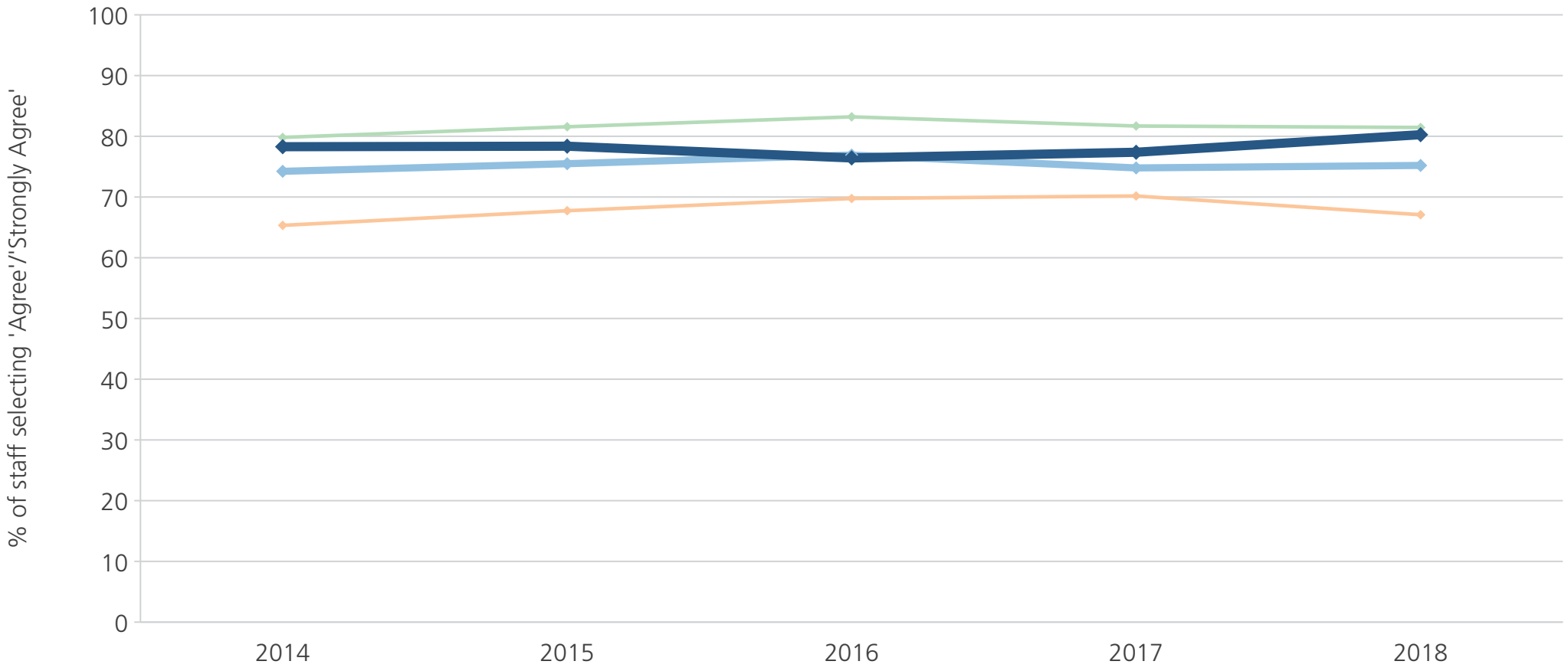
	2014	2015	2016	2017	2018
Best	95.2%	97.6%	95.6%	96.0%	96.3%
Your org	95.2%	95.3%	95.4%	94.1%	96.3%
Average	91.1%	92.7%	92.5%	92.1%	91.8%
Worst	87.6%	88.5%	89.4%	88.8%	88.0%
No. responses	384	374	436	519	547



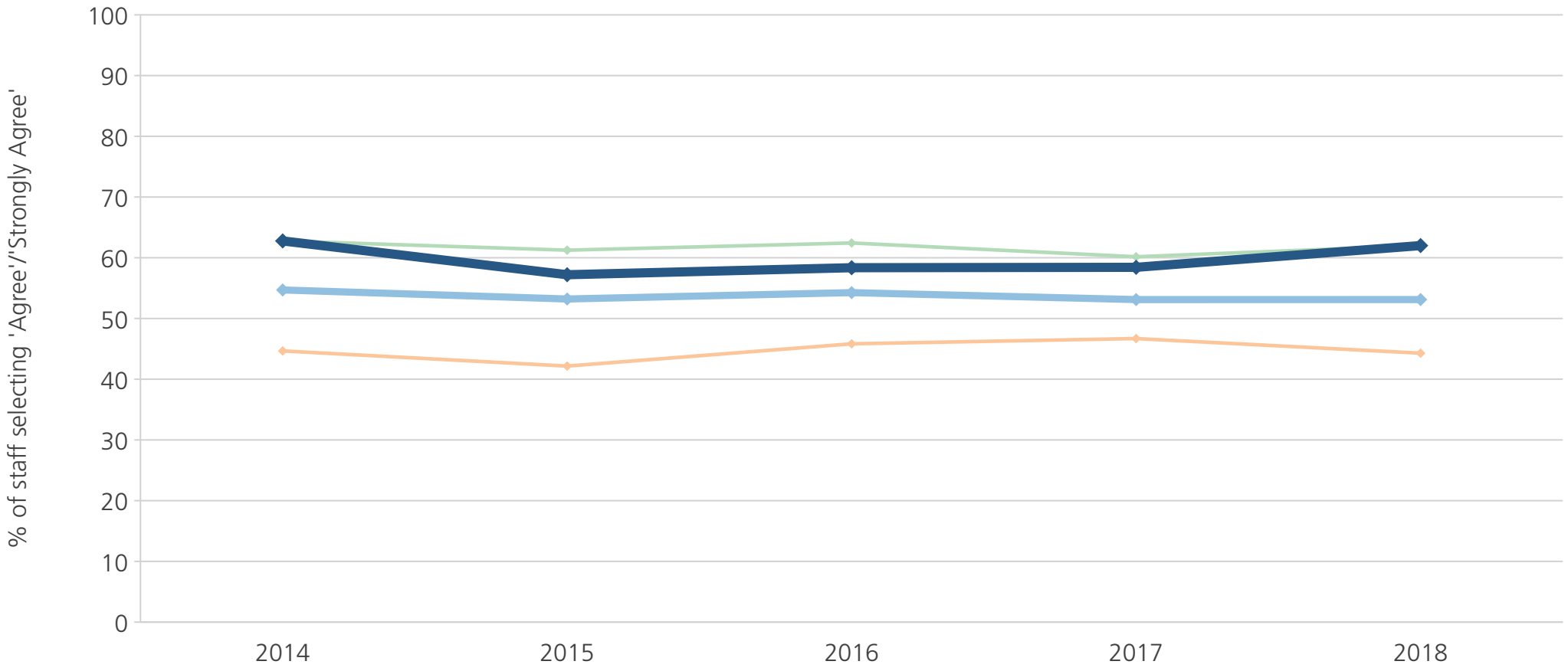
	2014	2015	2016	2017	2018
Best	88.5%	86.7%	86.9%	88.2%	87.6%
Your org	83.5%	83.8%	84.4%	82.7%	87.6%
Average	79.0%	80.7%	80.8%	79.4%	79.3%
Worst	67.6%	72.5%	73.3%	72.9%	71.8%
No. responses	379	373	430	516	545



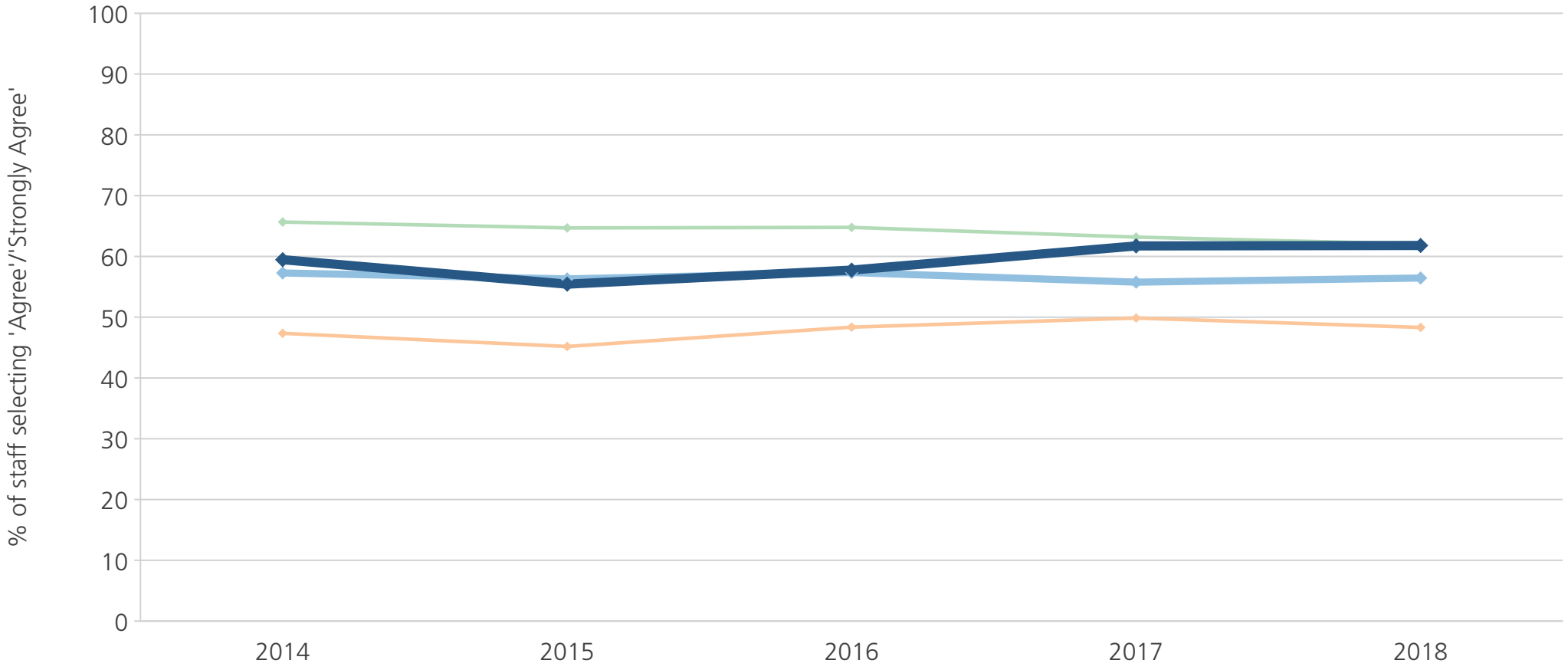
	2014	2015	2016	2017	2018
Best	78.4%	78.9%	80.6%	78.2%	79.3%
Your org	74.5%	75.2%	76.1%	76.1%	78.7%
Average	70.1%	73.5%	74.5%	73.2%	73.4%
Worst	63.4%	65.9%	67.8%	66.7%	67.6%
No. responses	382	373	438	526	549



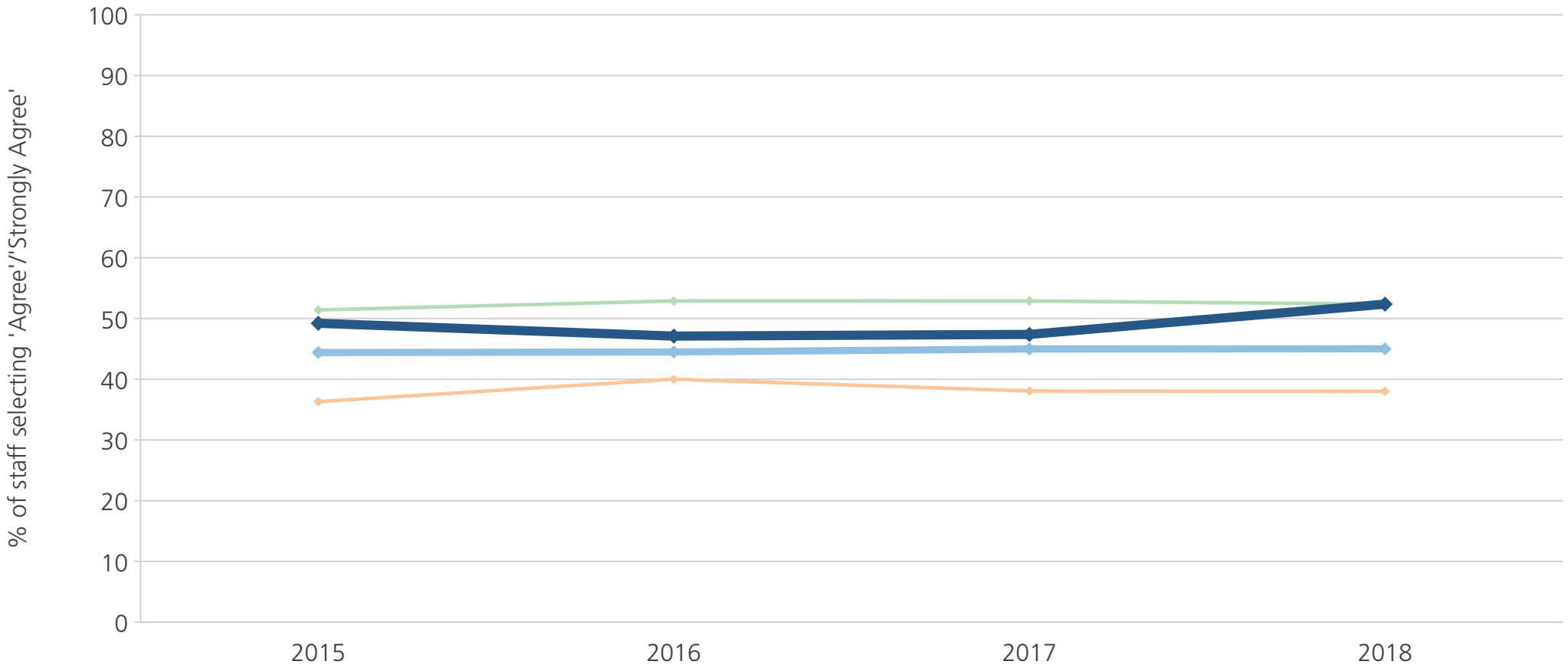
	2014	2015	2016	2017	2018
Best	79.8%	81.6%	83.2%	81.7%	81.5%
Your org	78.3%	78.4%	76.4%	77.4%	80.3%
Average	74.2%	75.5%	76.9%	74.8%	75.2%
Worst	65.3%	67.7%	69.8%	70.2%	67.1%
No. responses	383	377	438	524	549



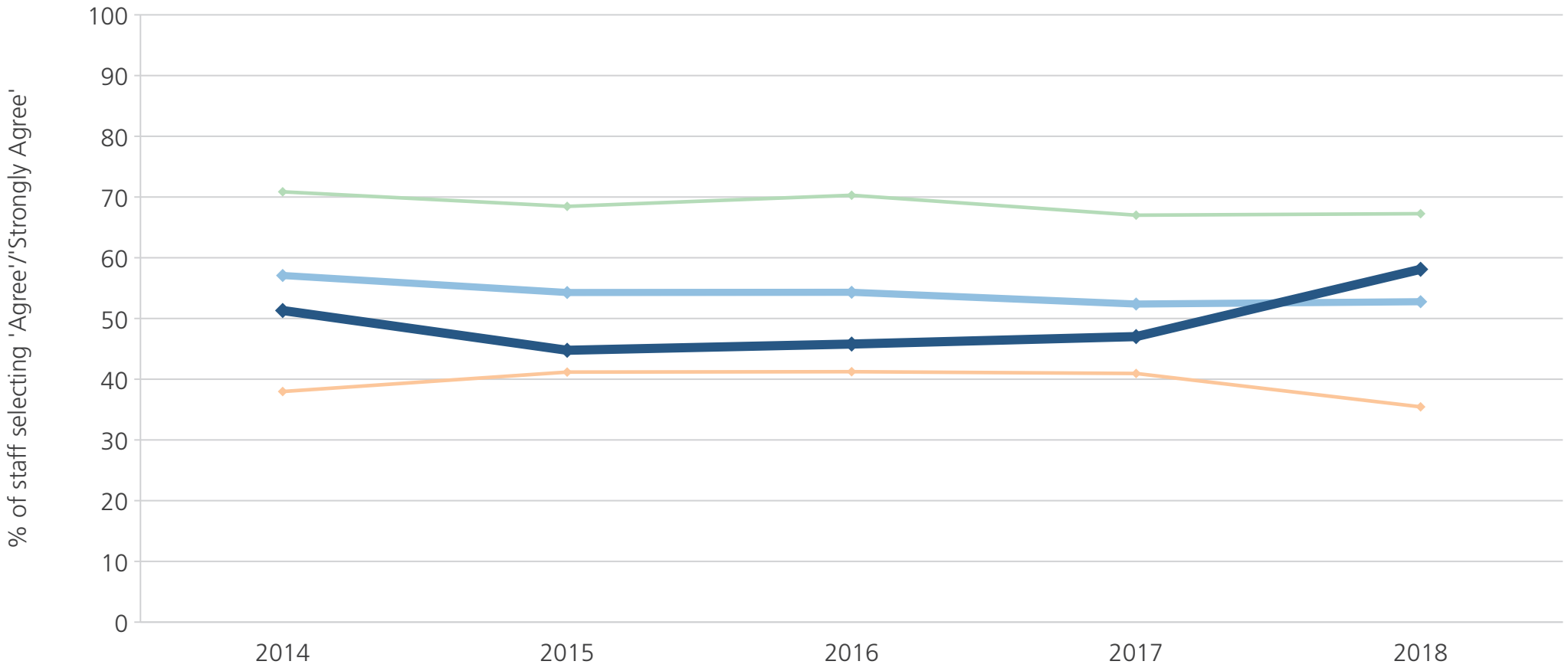
	2014	2015	2016	2017	2018
Best	62.8%	61.2%	62.4%	60.2%	62.0%
Your org	62.8%	57.2%	58.4%	58.4%	62.0%
Average	54.7%	53.2%	54.3%	53.1%	53.1%
Worst	44.7%	42.2%	45.8%	46.7%	44.3%
No. responses	383	376	438	525	548



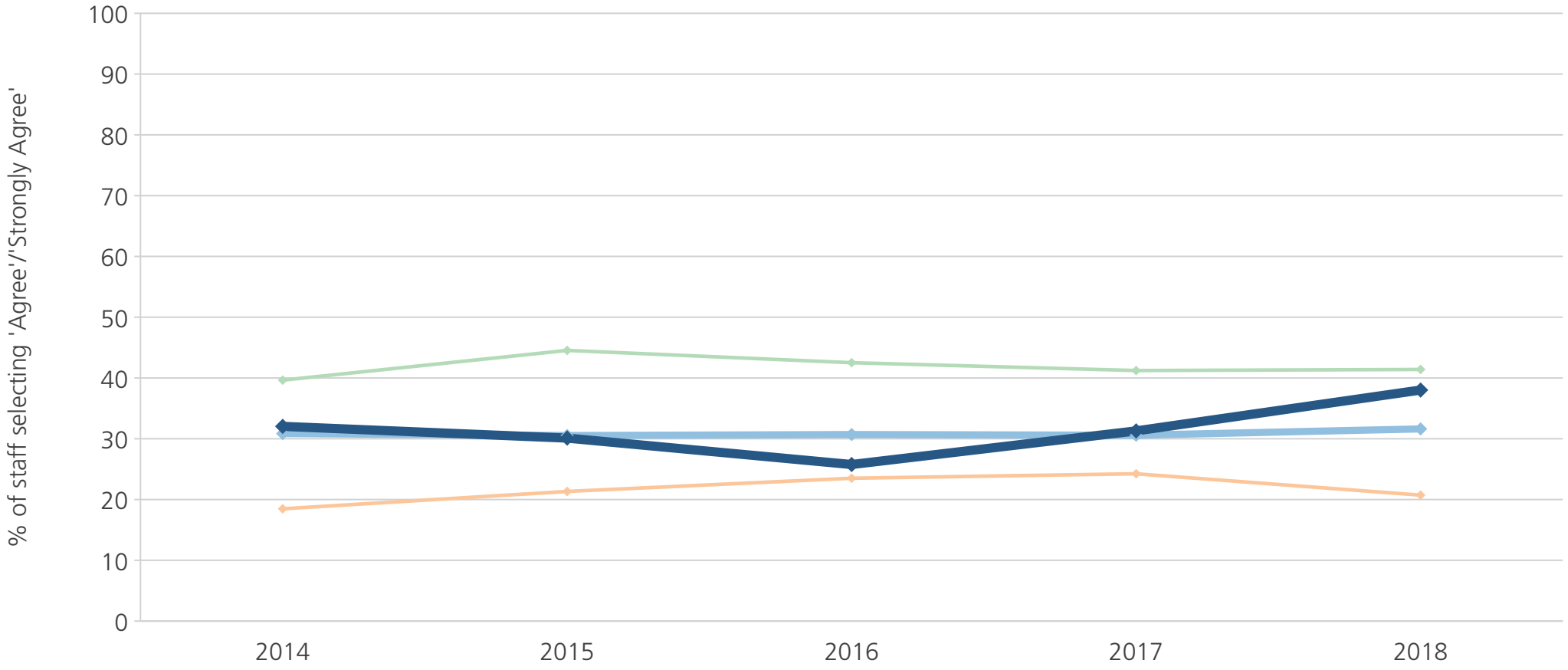
	2014	2015	2016	2017	2018
Best	65.7%	64.7%	64.8%	63.2%	62.0%
Your org	59.5%	55.4%	57.7%	61.7%	61.8%
Average	57.3%	56.3%	57.3%	55.8%	56.4%
Worst	47.3%	45.2%	48.4%	49.9%	48.3%
No. responses	383	374	435	524	548



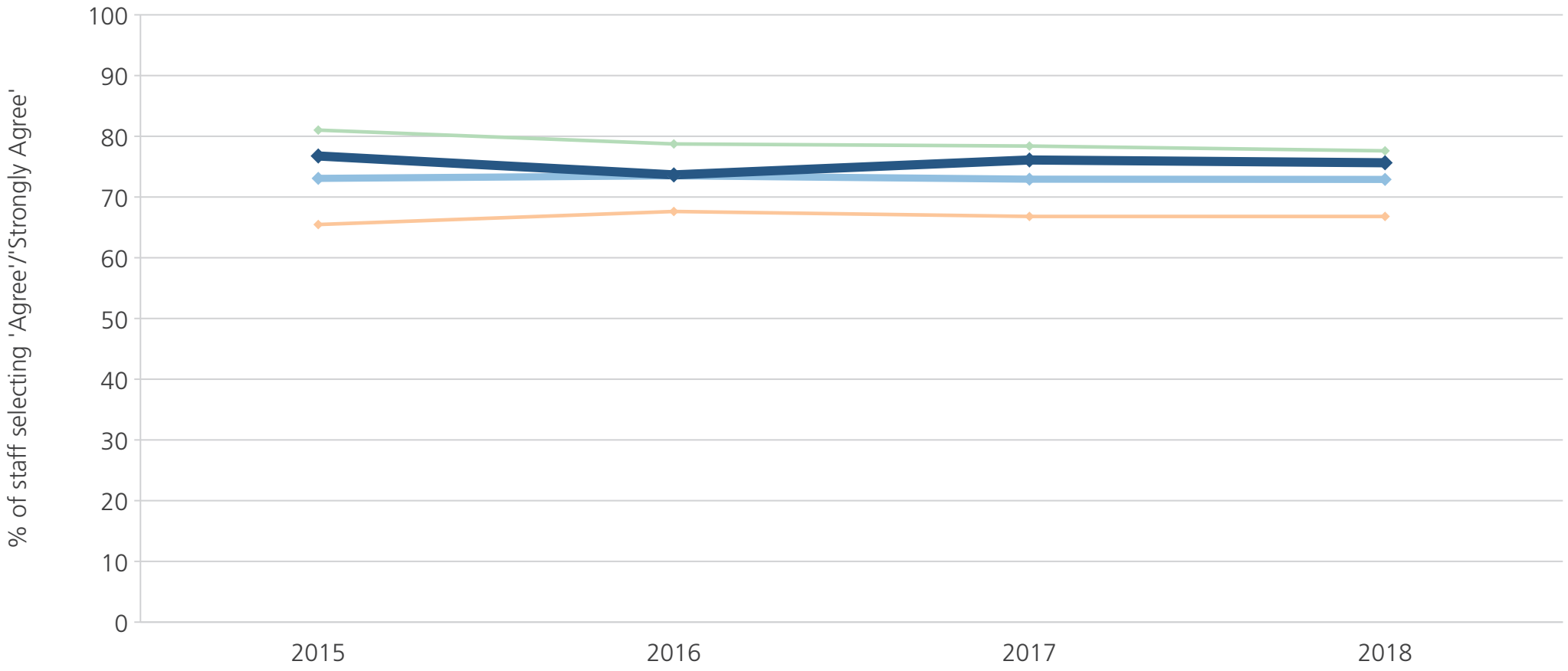
	2015	2016	2017	2018
Best	51.4%	52.9%	52.9%	52.4%
Your org	49.2%	47.1%	47.4%	52.4%
Average	44.4%	44.5%	45.0%	45.0%
Worst	36.3%	40.0%	38.1%	38.0%
No. responses	374	437	522	546



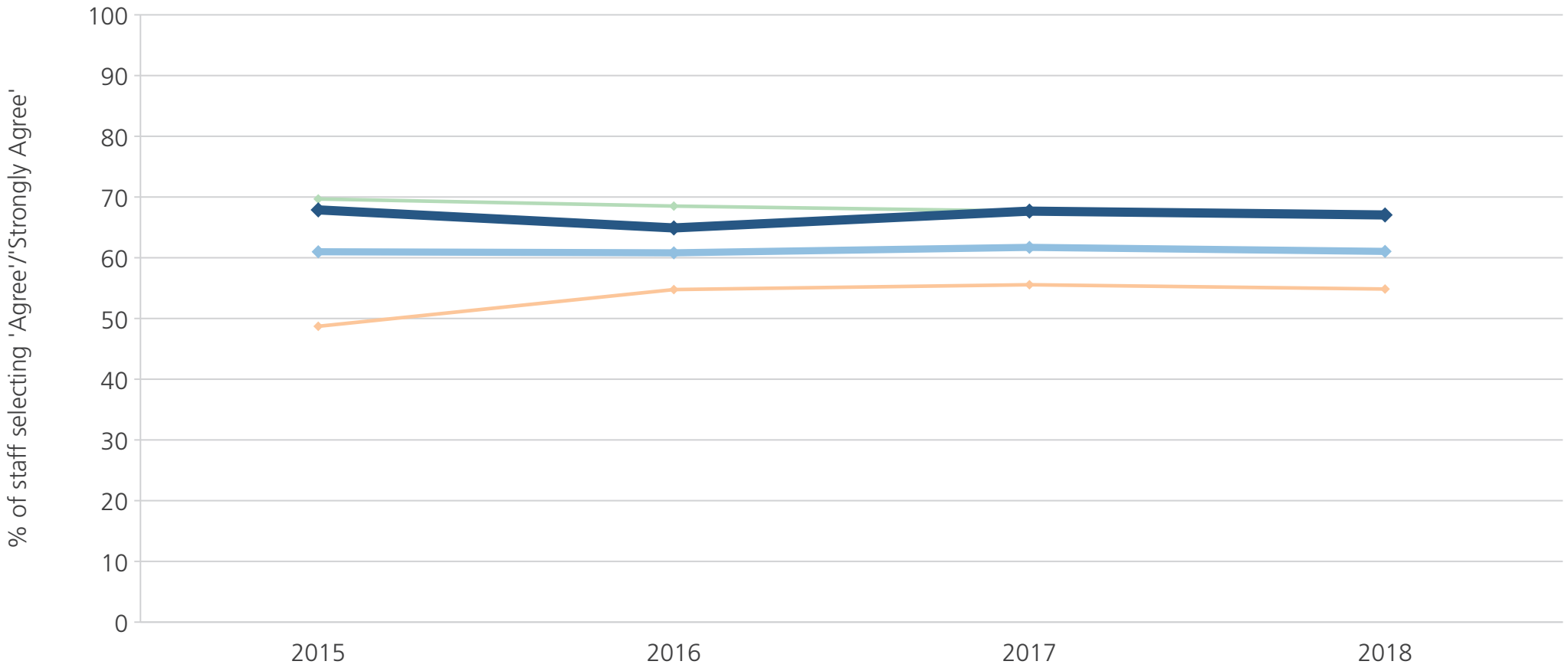
	2014	2015	2016	2017	2018
Best	70.9%	68.5%	70.3%	67.0%	67.3%
Your org	51.3%	44.8%	45.8%	47.0%	58.1%
Average	57.1%	54.3%	54.3%	52.4%	52.8%
Worst	38.0%	41.2%	41.2%	40.9%	35.4%
No. responses	382	379	437	524	549



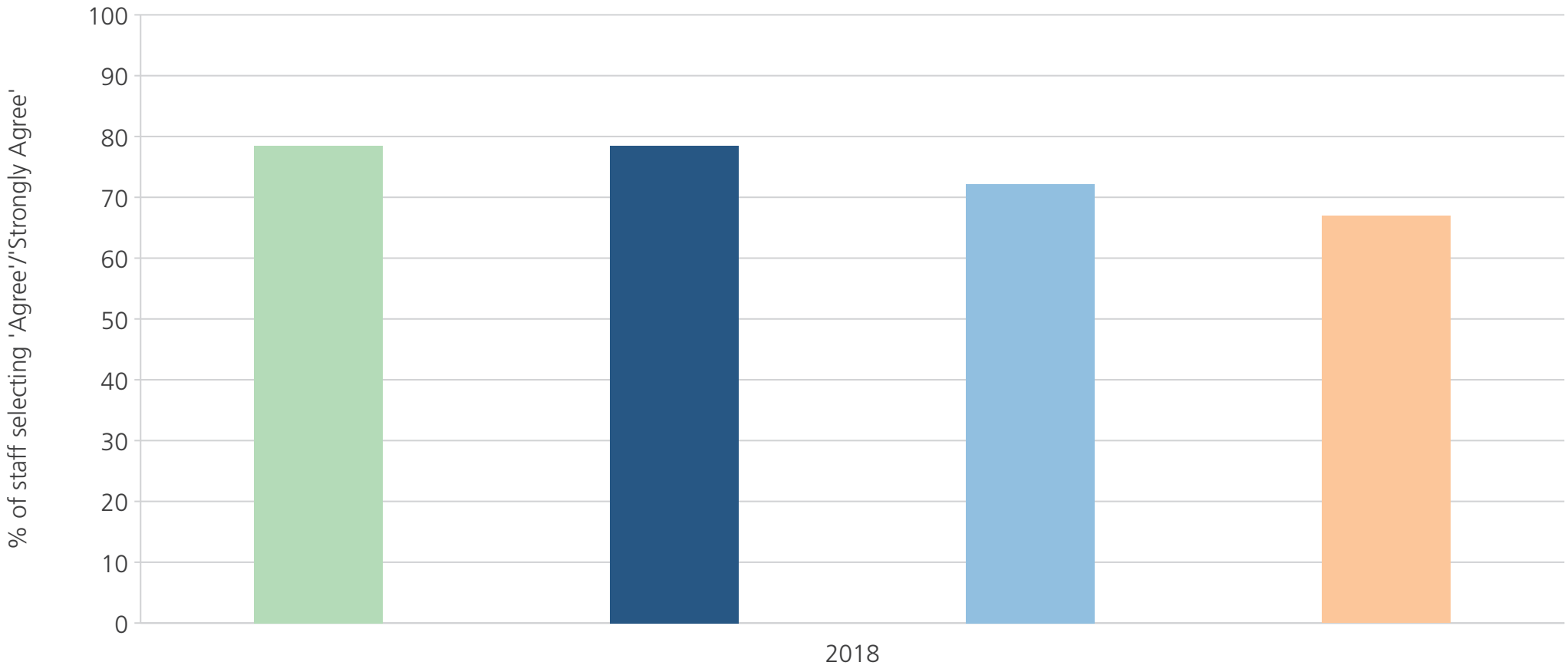
	2014	2015	2016	2017	2018
Best	39.6%	44.5%	42.5%	41.2%	41.4%
Your org	32.0%	30.1%	25.8%	31.3%	38.0%
Average	30.9%	30.5%	30.7%	30.6%	31.6%
Worst	18.5%	21.3%	23.5%	24.2%	20.7%
No. responses	383	371	435	526	548



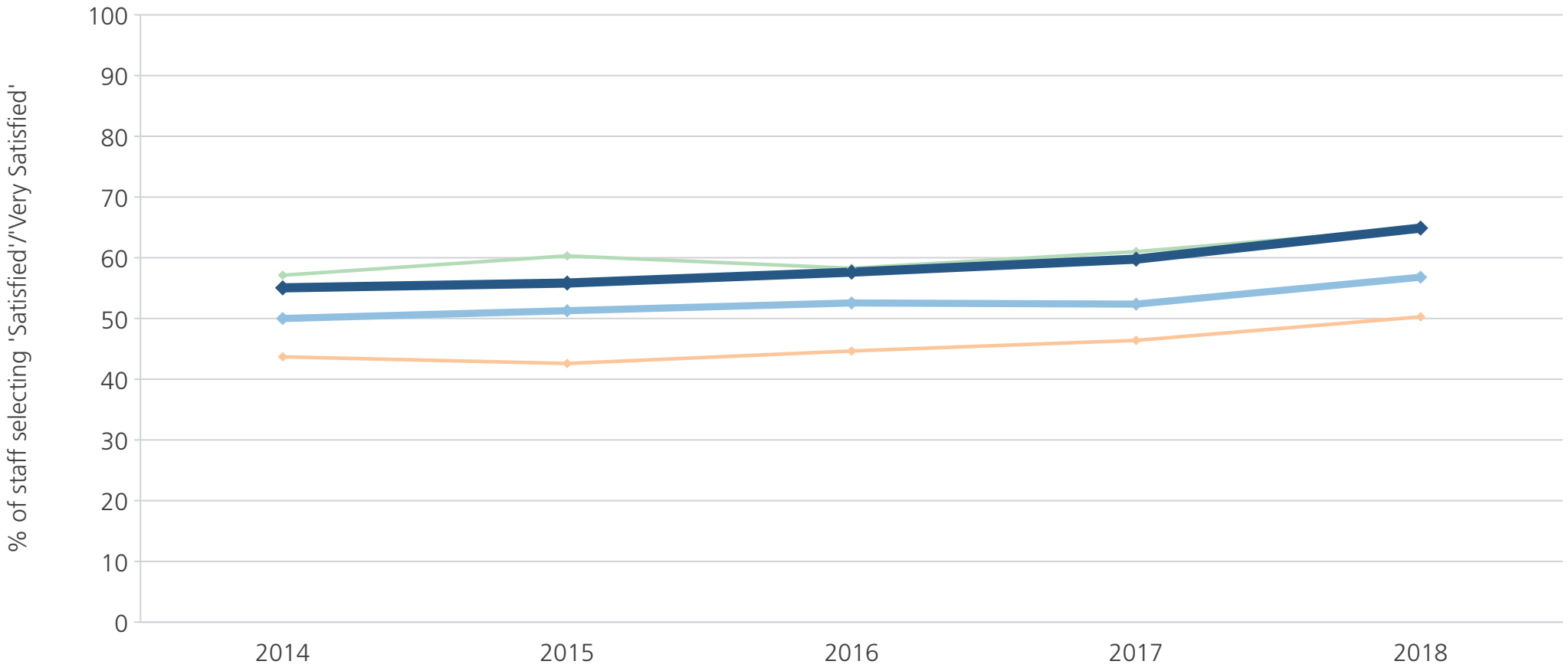
	2015	2016	2017	2018
Best	81.0%	78.7%	78.4%	77.6%
Your org	76.8%	73.6%	76.1%	75.6%
Average	73.1%	73.5%	72.9%	72.9%
Worst	65.5%	67.6%	66.8%	66.8%
No. responses	374	437	522	545



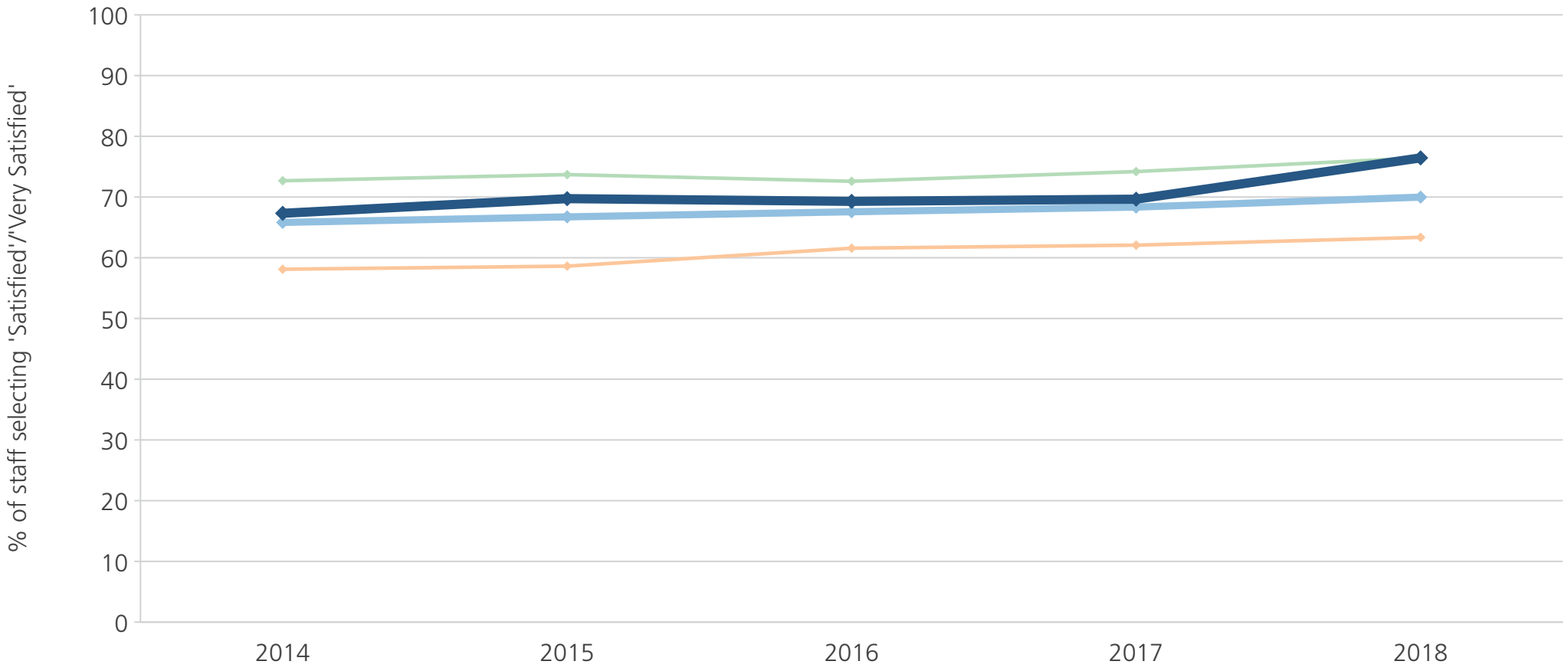
	2015	2016	2017	2018
Best	69.7%	68.5%	67.7%	67.0%
Your org	67.9%	64.9%	67.7%	67.0%
Average	61.0%	60.8%	61.7%	61.0%
Worst	48.7%	54.8%	55.6%	54.8%
No. responses	373	434	522	548



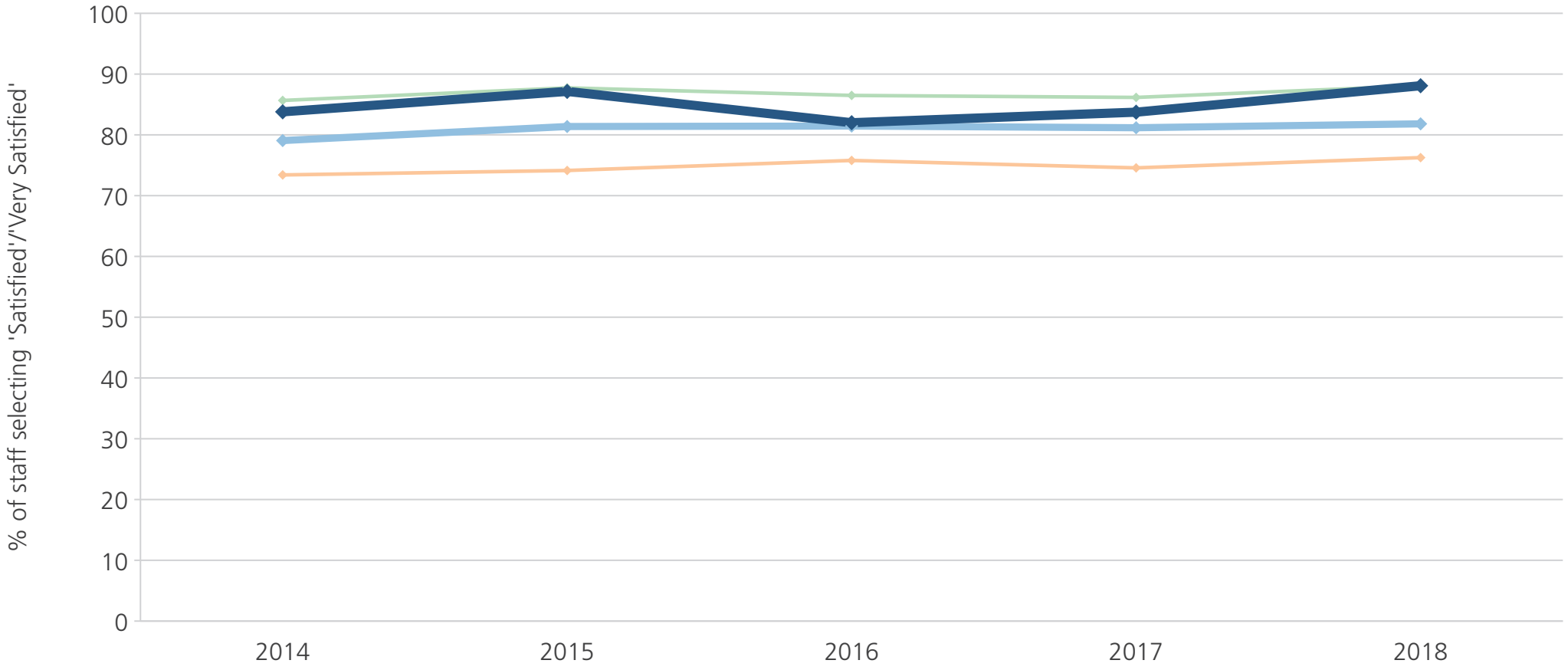
Best	78.5%
Your org	78.5%
Average	72.2%
Worst	67.0%
No. responses	549



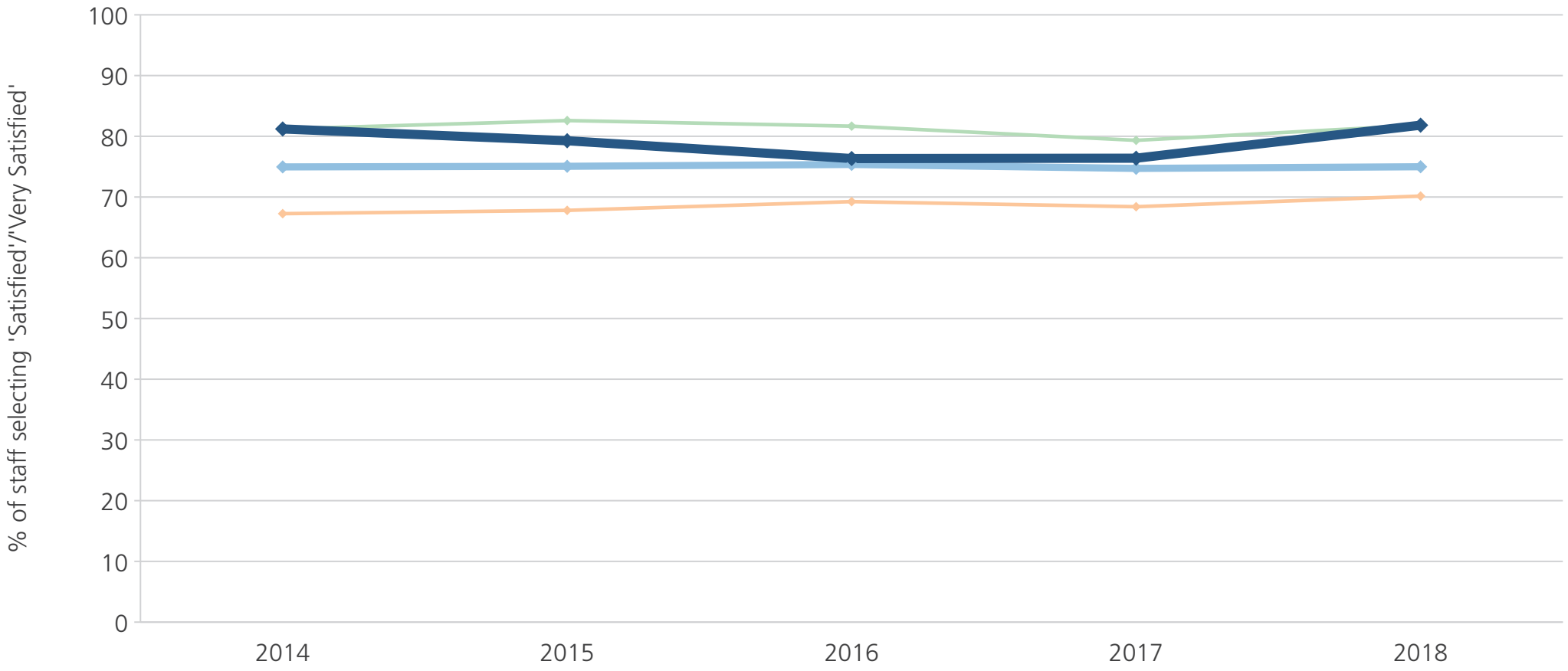
	2014	2015	2016	2017	2018
Best	57.1%	60.3%	58.3%	61.0%	64.9%
Your org	55.0%	55.8%	57.6%	59.8%	64.9%
Average	50.0%	51.3%	52.6%	52.4%	56.8%
Worst	43.7%	42.6%	44.6%	46.4%	50.3%
No. responses	380	375	438	522	546



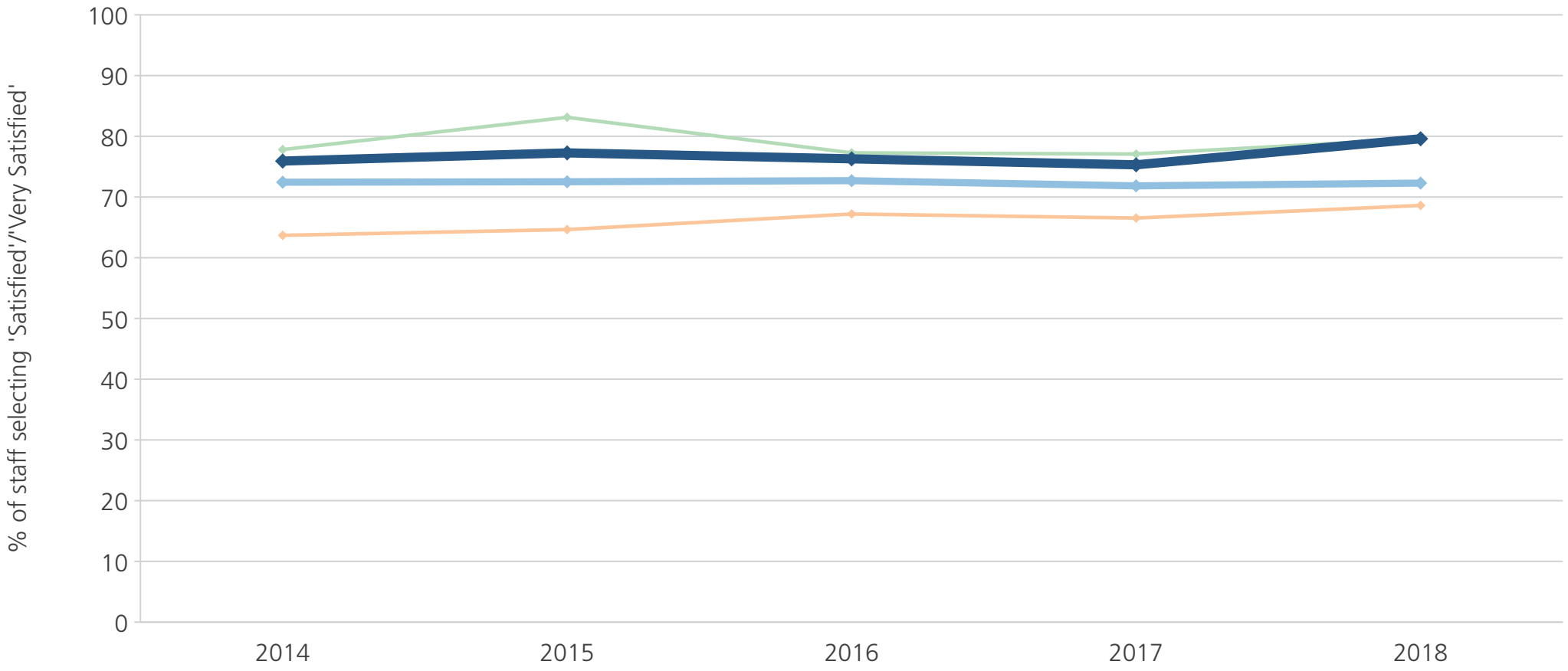
	2014	2015	2016	2017	2018
Best	72.7%	73.7%	72.6%	74.2%	76.4%
Your org	67.3%	69.7%	69.3%	69.6%	76.4%
Average	65.8%	66.7%	67.6%	68.3%	70.0%
Worst	58.1%	58.6%	61.6%	62.1%	63.4%
No. responses	382	373	436	524	546



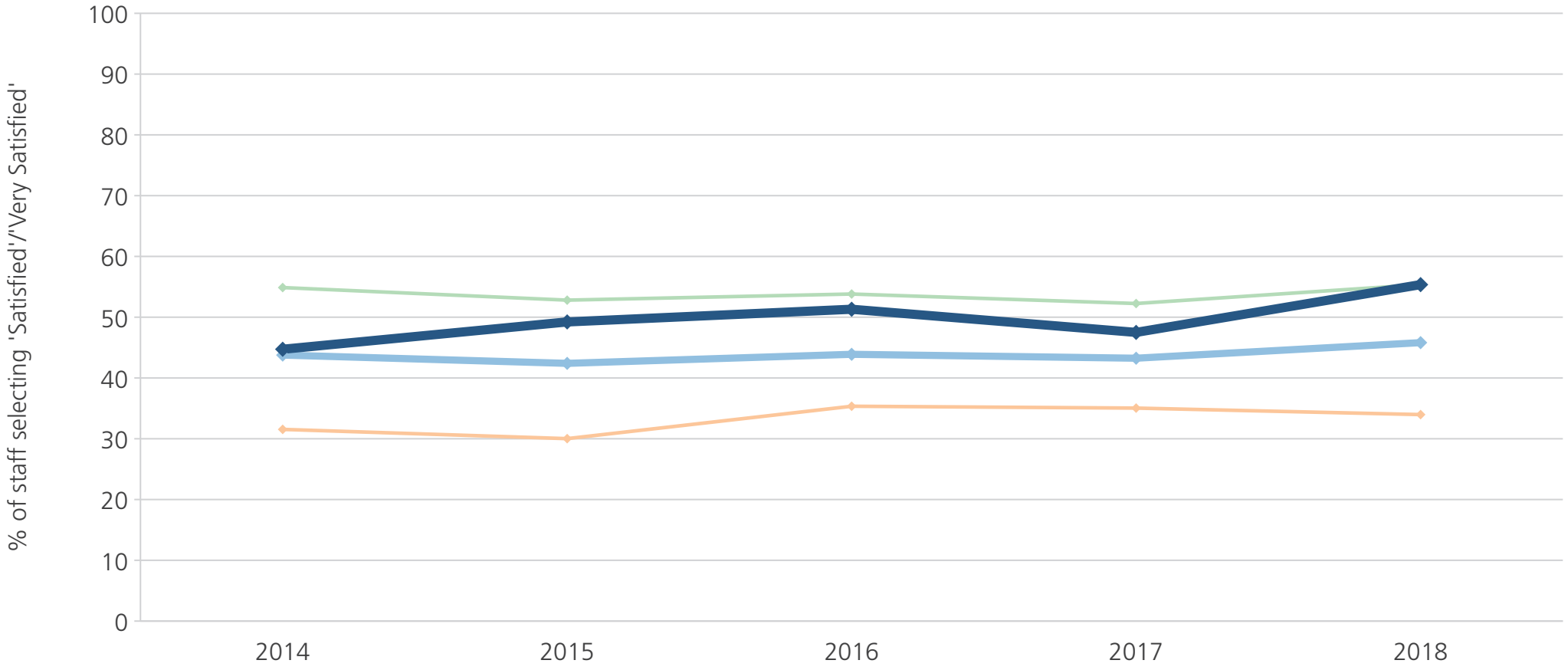
	2014	2015	2016	2017	2018
Best	85.7%	87.7%	86.5%	86.2%	88.1%
Your org	83.8%	87.1%	82.0%	83.7%	88.1%
Average	79.1%	81.4%	81.4%	81.2%	81.8%
Worst	73.4%	74.1%	75.8%	74.6%	76.3%
No. responses	384	376	436	523	546



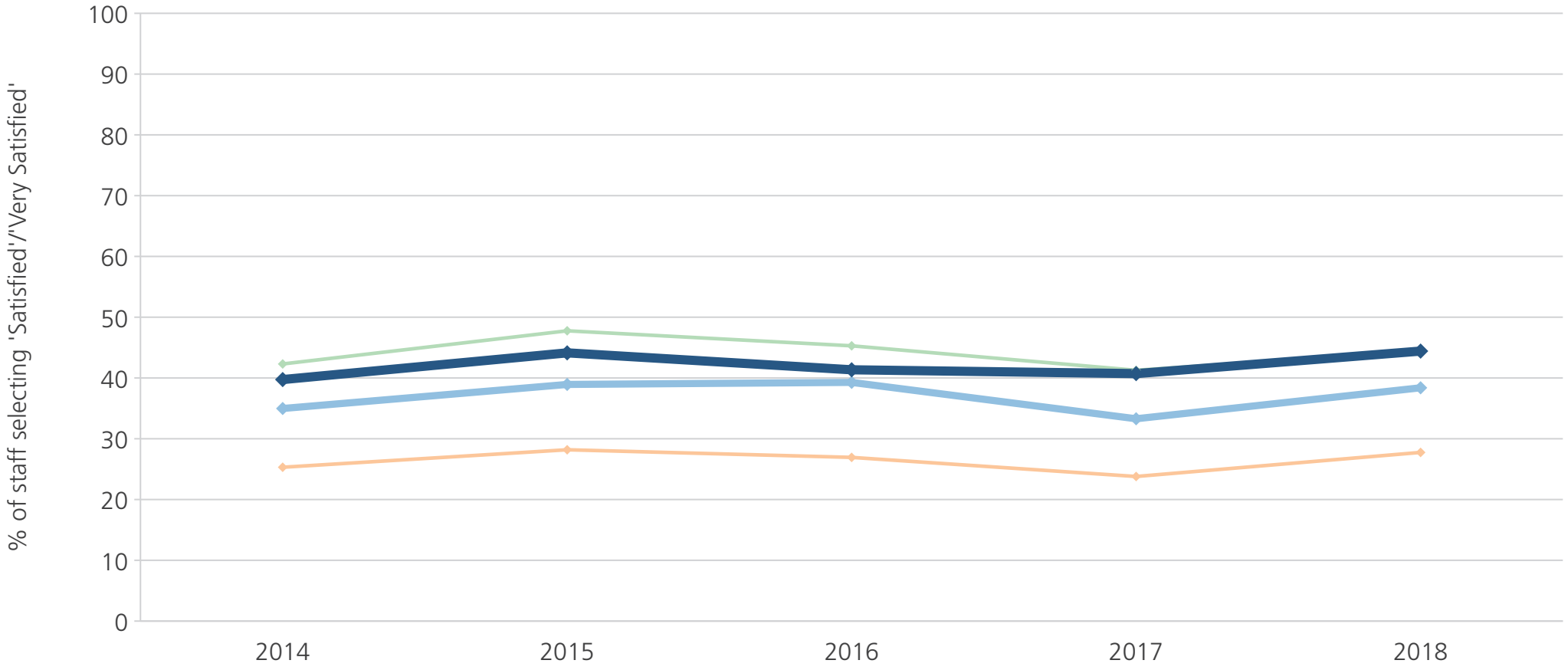
	2014	2015	2016	2017	2018
Best	81.2%	82.6%	81.7%	79.3%	81.8%
Your org	81.2%	79.3%	76.3%	76.4%	81.8%
Average	75.0%	75.1%	75.4%	74.7%	75.0%
Worst	67.3%	67.8%	69.2%	68.4%	70.2%
No. responses	380	373	440	524	547



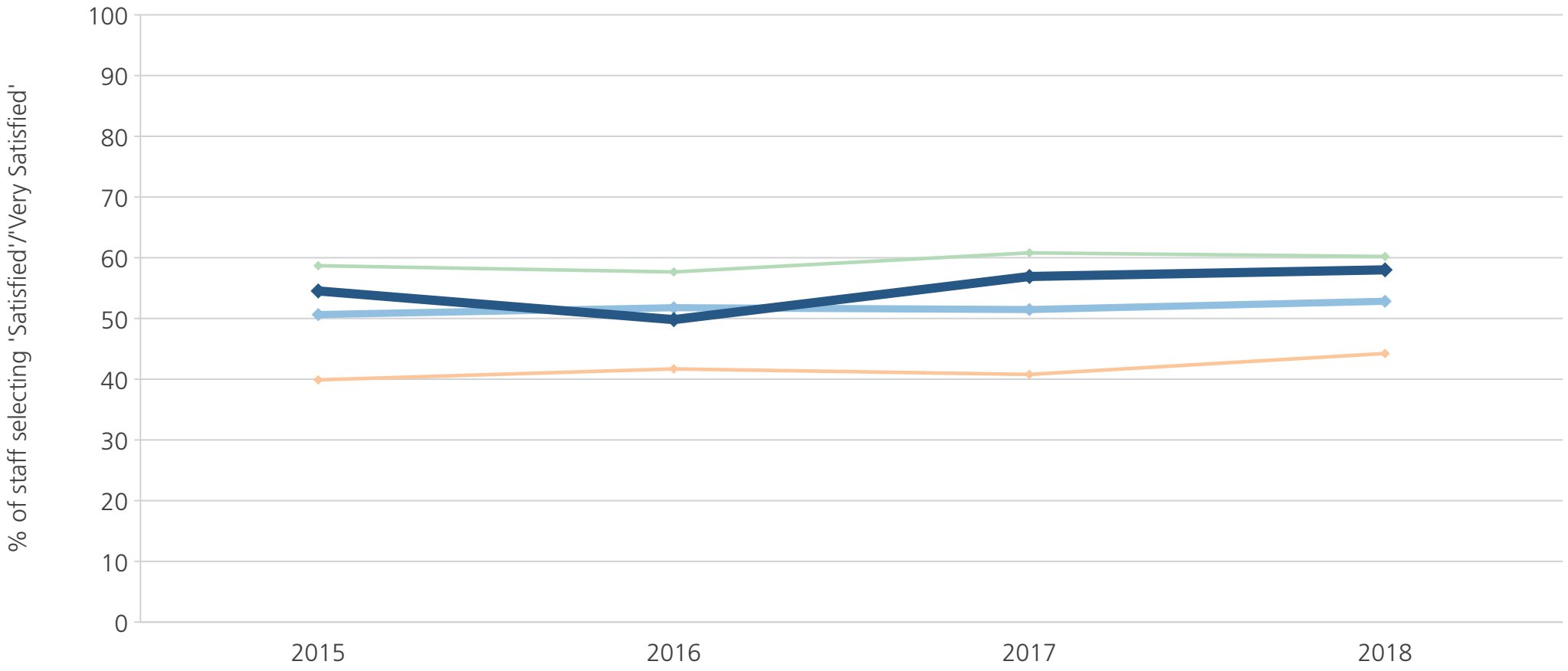
	2014	2015	2016	2017	2018
Best	77.8%	83.1%	77.3%	77.1%	79.6%
Your org	75.9%	77.3%	76.3%	75.3%	79.6%
Average	72.4%	72.5%	72.7%	71.8%	72.3%
Worst	63.7%	64.6%	67.2%	66.5%	68.6%
No. responses	380	372	439	523	546



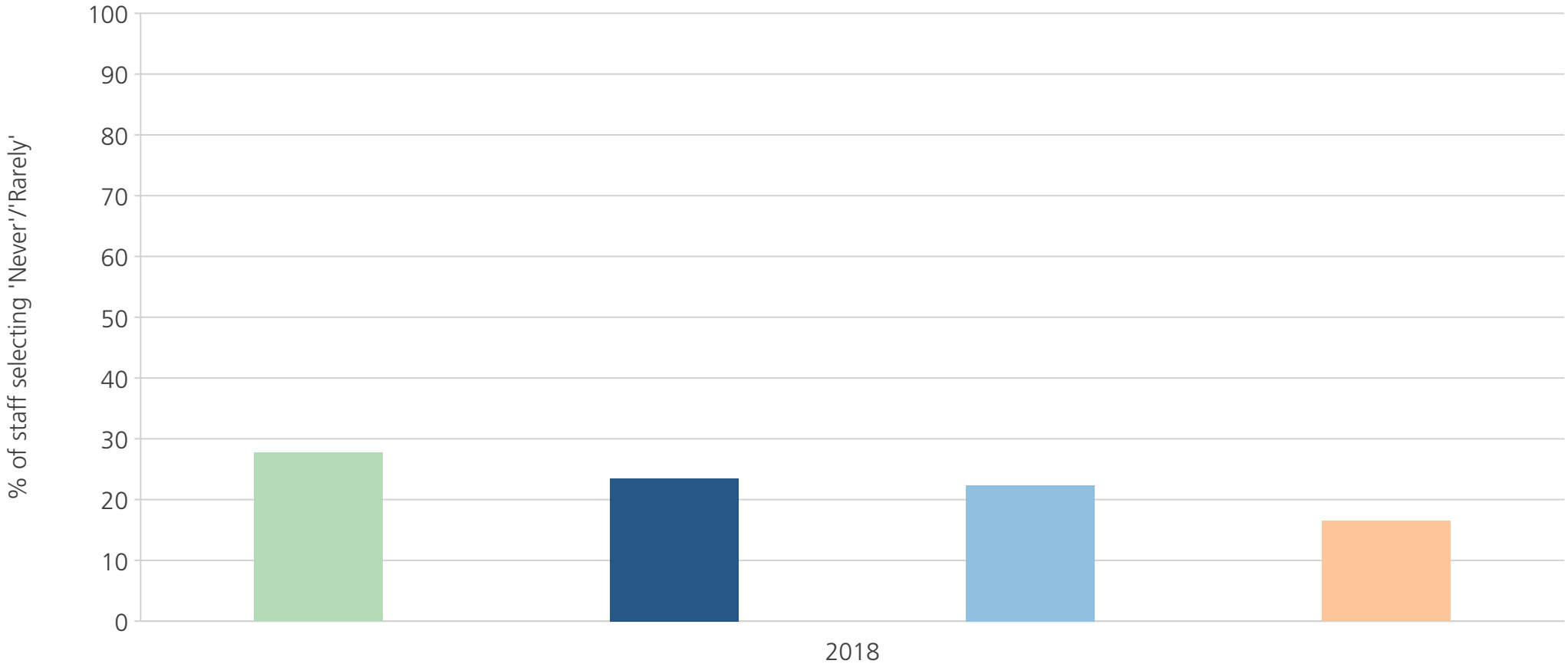
	2014	2015	2016	2017	2018
Best	54.9%	52.8%	53.8%	52.3%	55.4%
Your org	44.7%	49.2%	51.3%	47.5%	55.4%
Average	43.8%	42.4%	43.9%	43.3%	45.8%
Worst	31.5%	30.0%	35.3%	35.0%	34.0%
No. responses	378	374	438	523	547



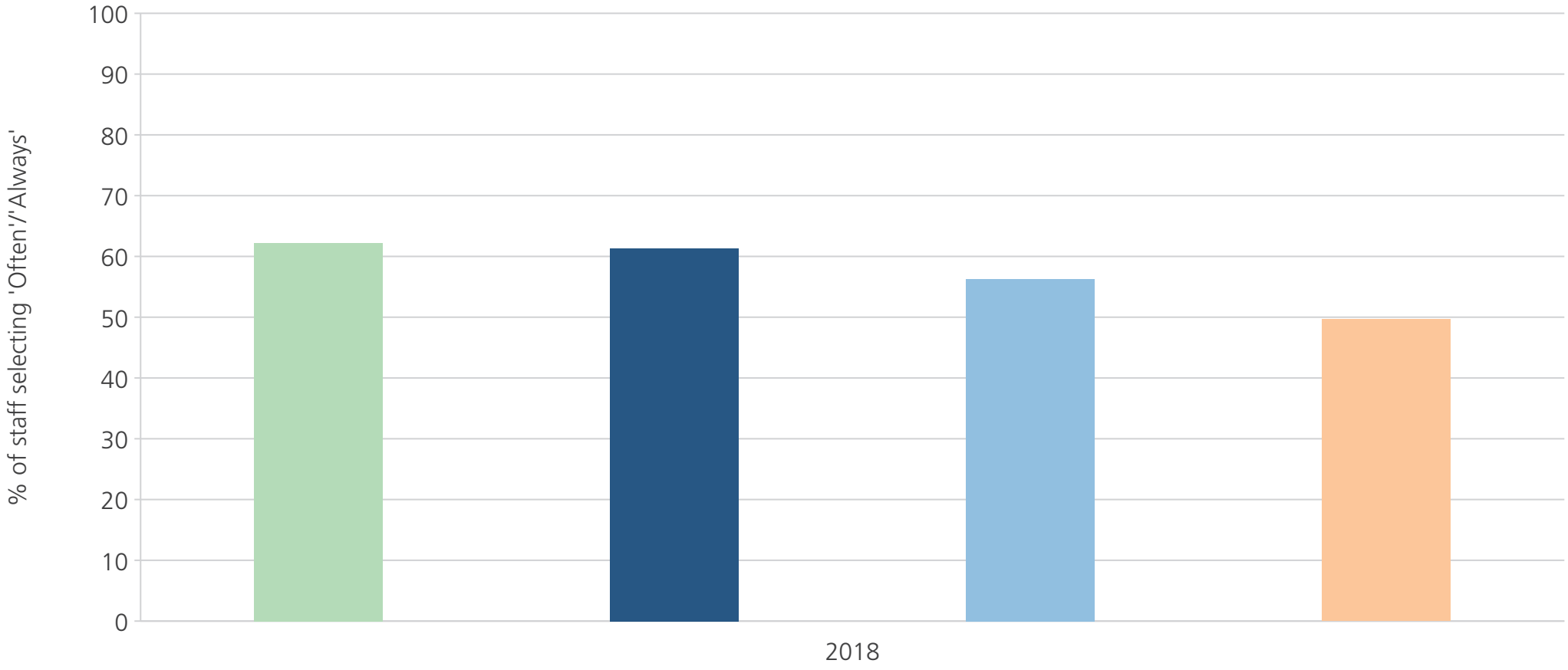
	2014	2015	2016	2017	2018
Best	42.3%	47.8%	45.3%	41.3%	44.4%
Your org	39.7%	44.1%	41.3%	40.7%	44.4%
Average	35.0%	38.9%	39.3%	33.3%	38.4%
Worst	25.3%	28.2%	26.9%	23.8%	27.8%
No. responses	381	376	435	524	542



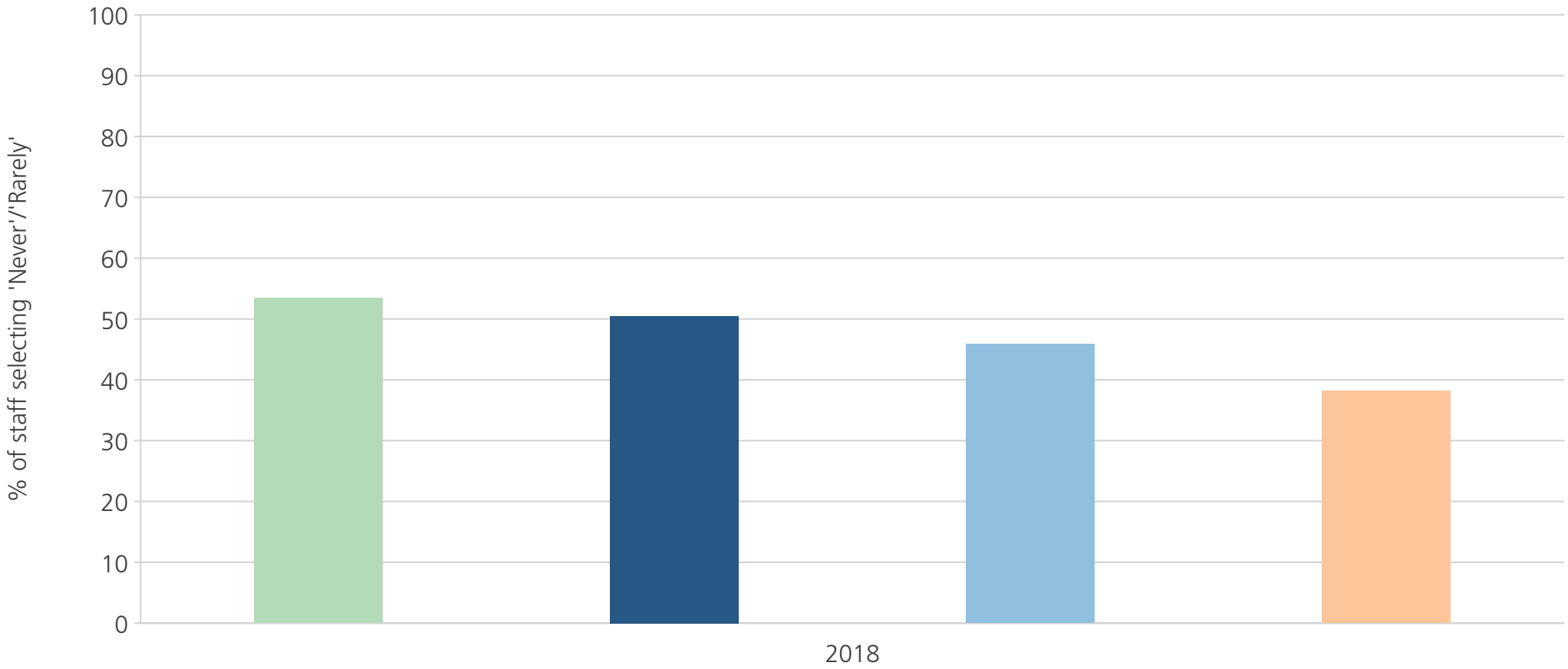
	2015	2016	2017	2018
Best	58.7%	57.7%	60.8%	60.2%
Your org	54.5%	49.8%	56.9%	58.0%
Average	50.6%	51.8%	51.5%	52.8%
Worst	39.9%	41.7%	40.8%	44.2%
No. responses	372	435	522	542



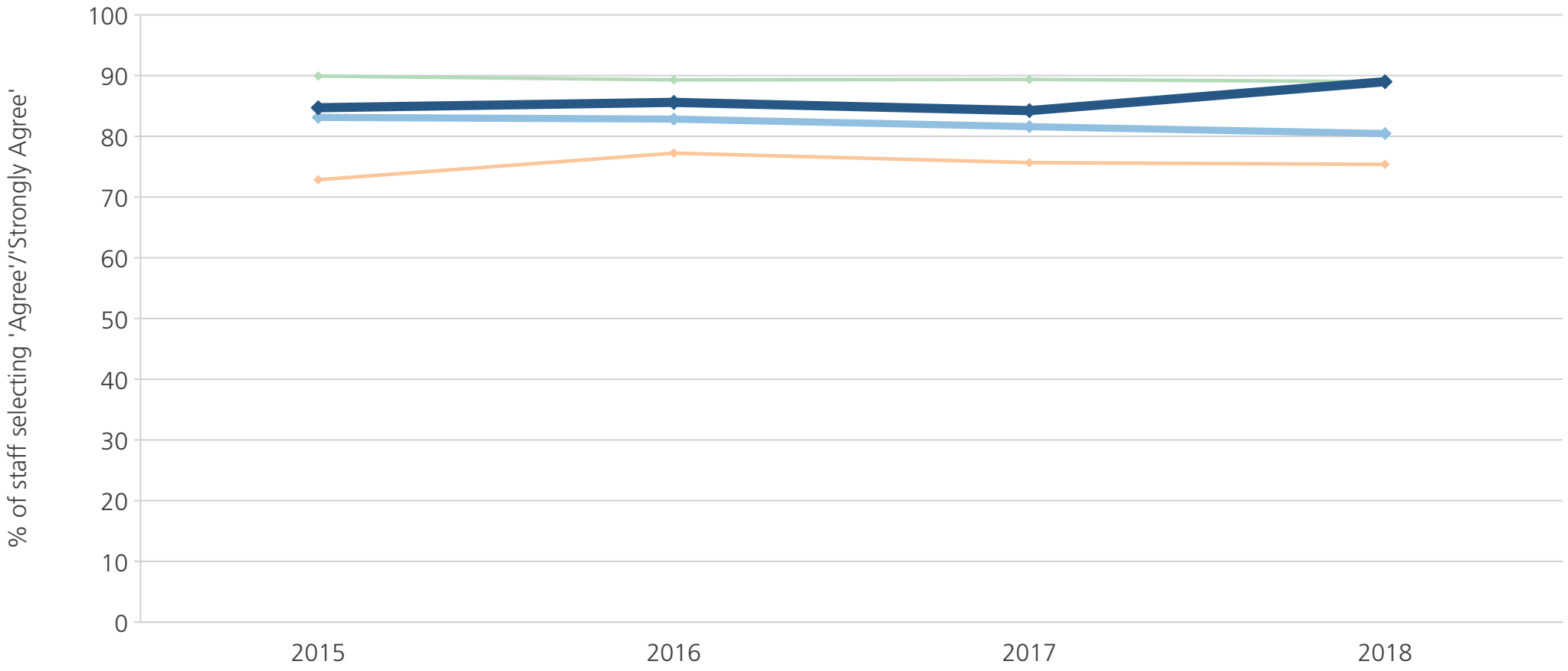
Best	27.7%
Your org	23.5%
Average	22.3%
Worst	16.5%
No. responses	545



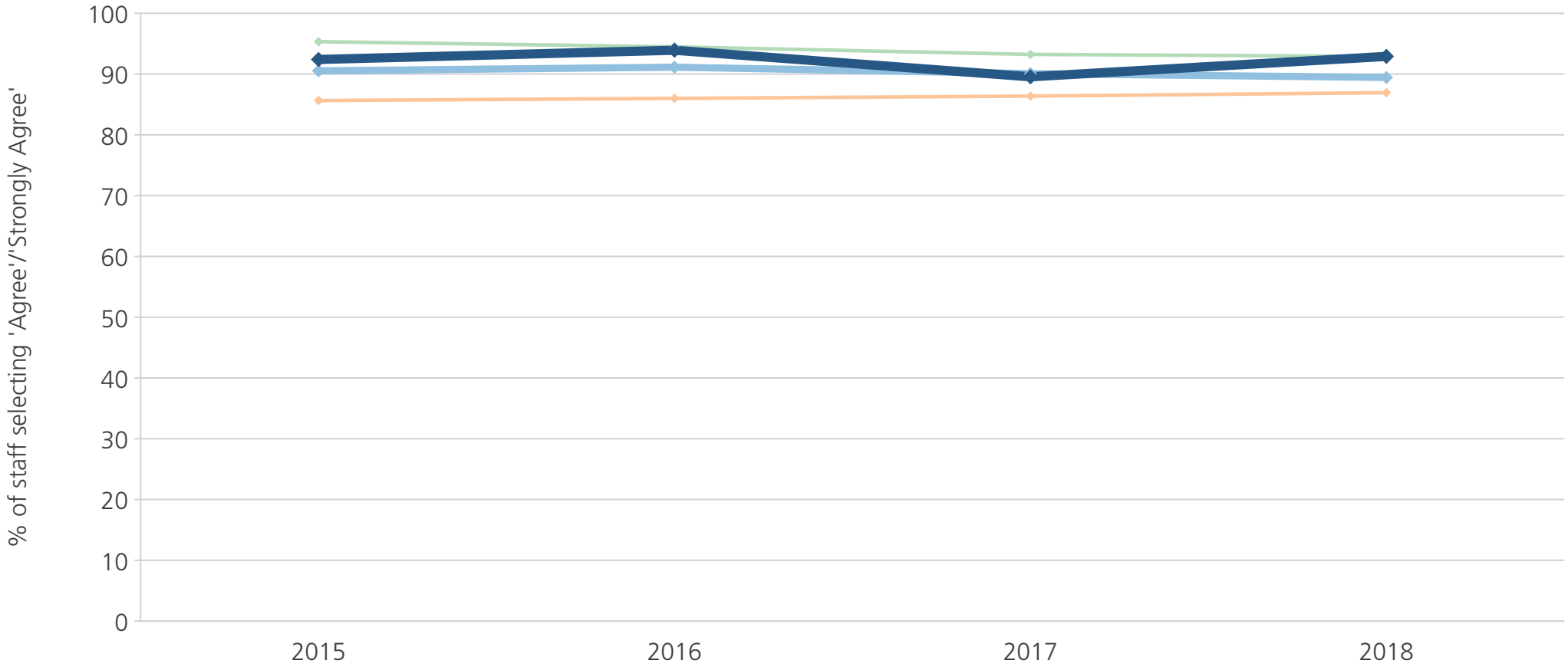
Best	62.2%
Your org	61.3%
Average	56.3%
Worst	49.6%
No. responses	545



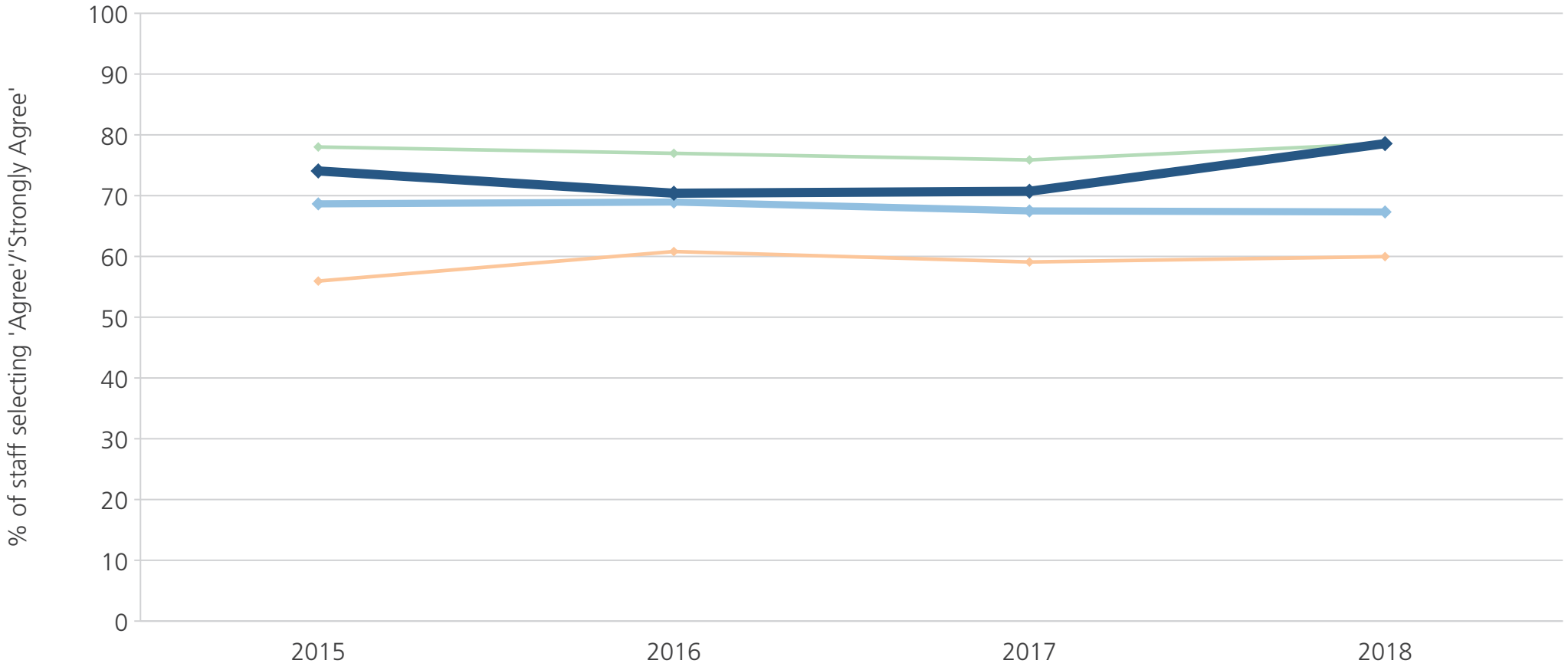
Best	53.4%
Your org	50.5%
Average	45.8%
Worst	38.2%
No. responses	547



	2015	2016	2017	2018
Best	89.9%	89.3%	89.4%	89.0%
Your org	84.7%	85.6%	84.2%	89.0%
Average	83.1%	82.8%	81.6%	80.5%
Worst	72.8%	77.2%	75.7%	75.4%
No. responses	338	399	437	475



	2015	2016	2017	2018
Best	95.3%	94.5%	93.2%	92.9%
Your org	92.4%	93.9%	89.6%	92.9%
Average	90.5%	91.1%	90.1%	89.4%
Worst	85.6%	86.0%	86.4%	86.9%
No. responses	352	417	486	525



	2015	2016	2017	2018
Best	78.0%	77.0%	75.9%	78.6%
Your org	74.1%	70.4%	70.7%	78.6%
Average	68.6%	68.9%	67.5%	67.3%
Worst	55.9%	60.8%	59.1%	60.0%
No. responses	326	396	428	476

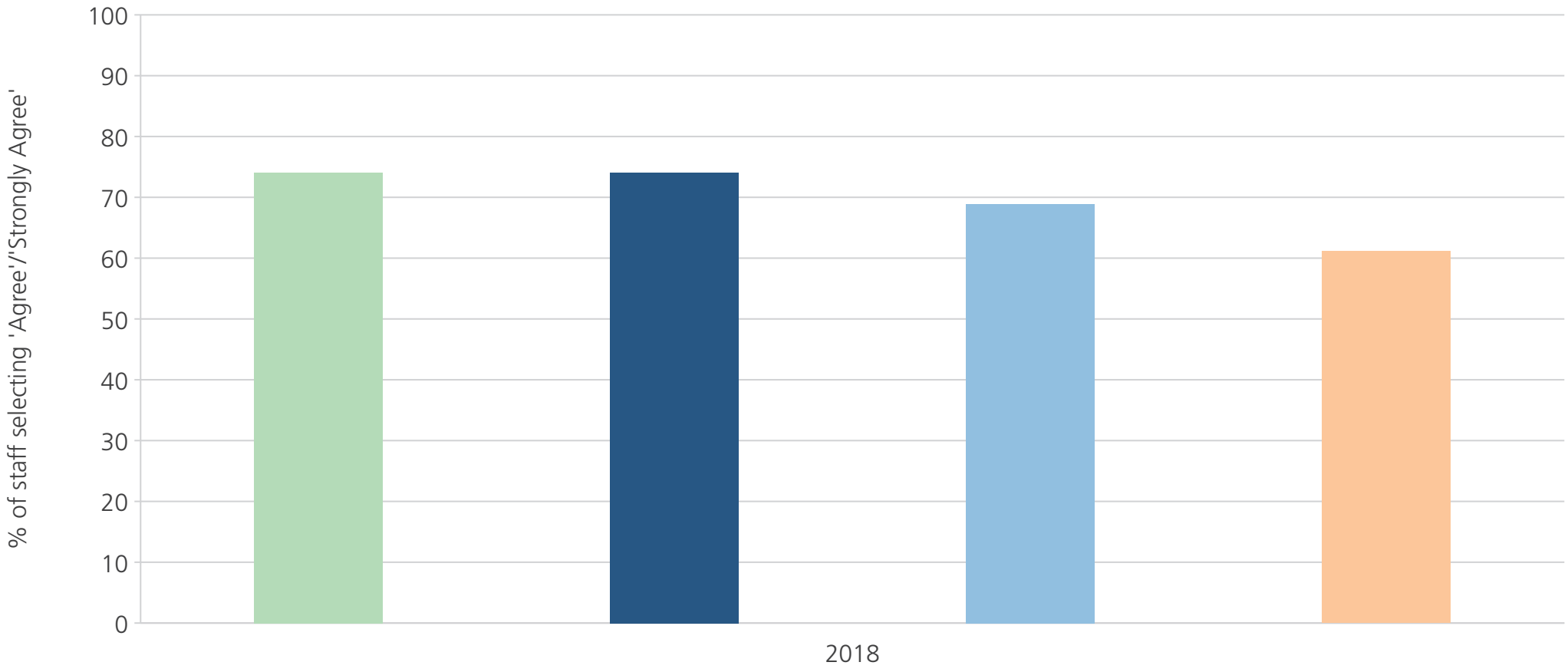
Survey Coordination Centre

NHS England

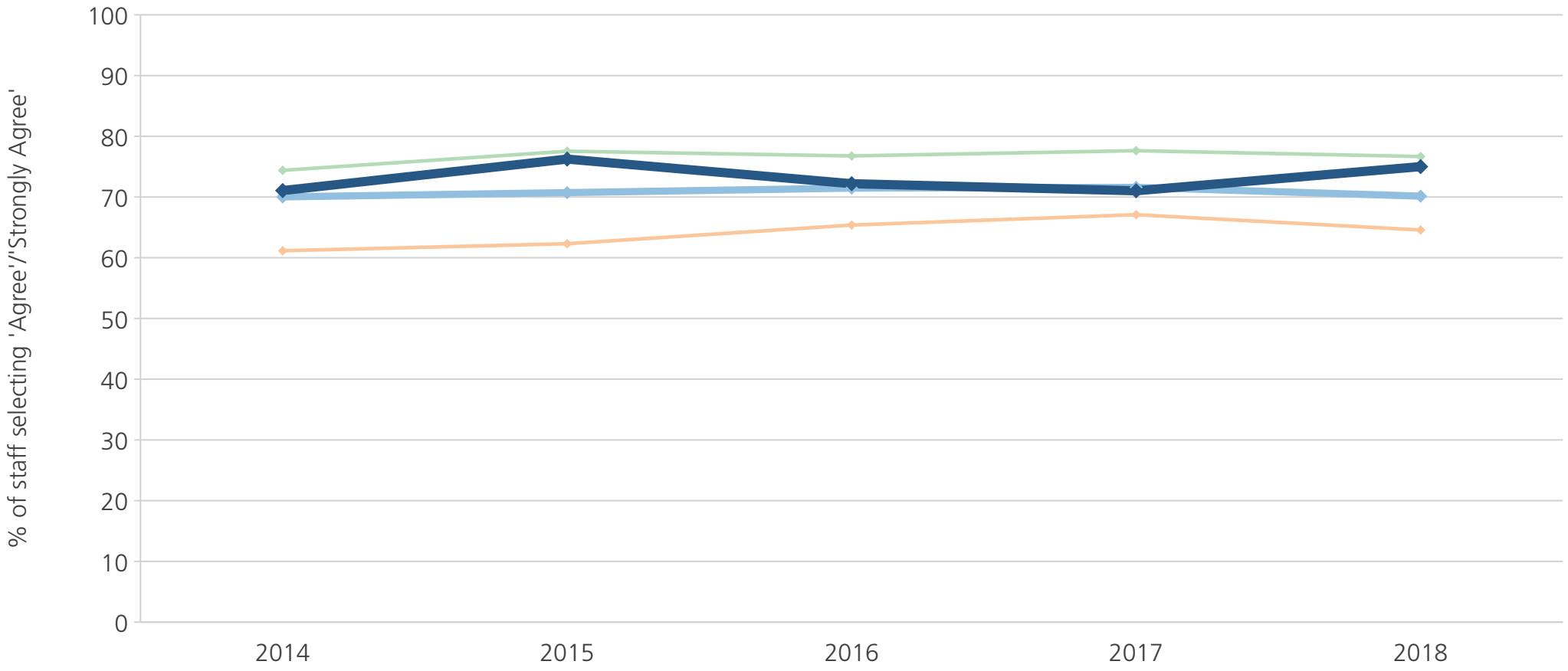
Question results – Your managers

Bolton NHS Foundation Trust

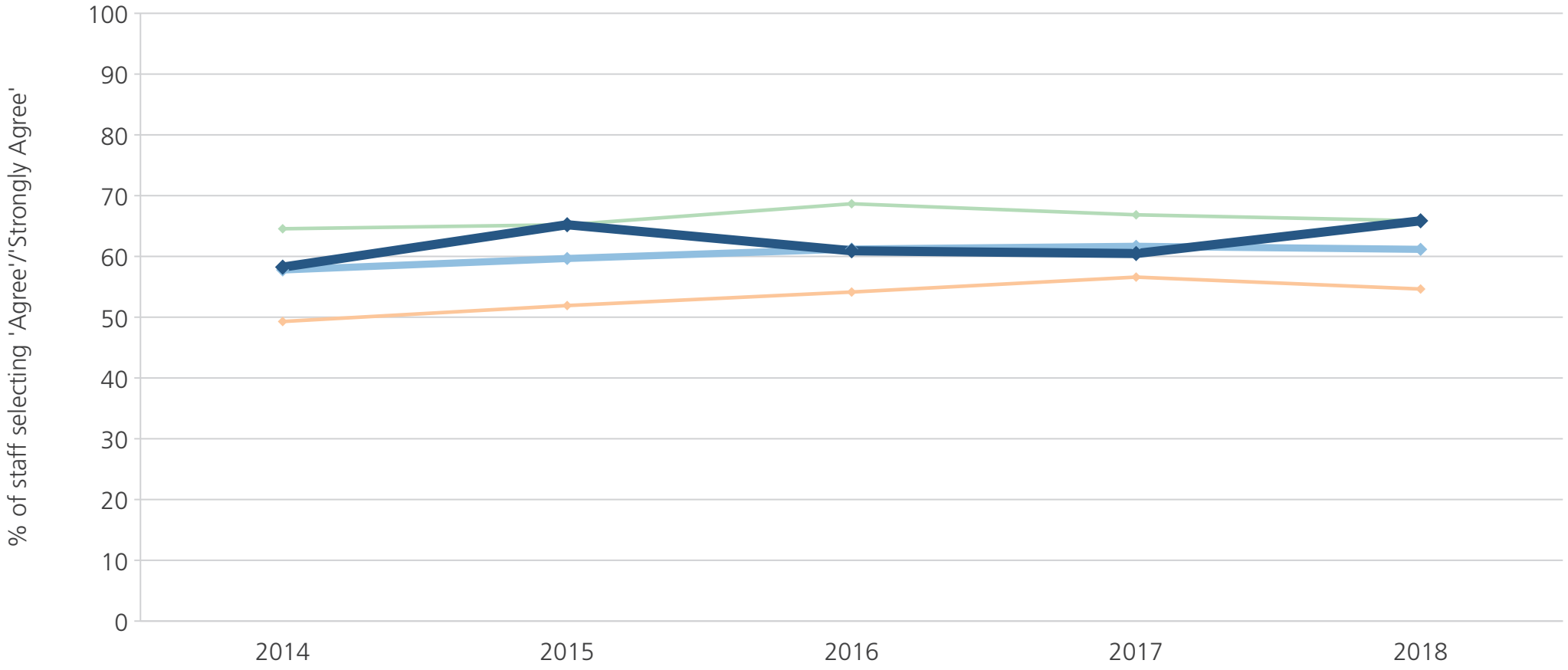
2018 NHS Staff Survey Results



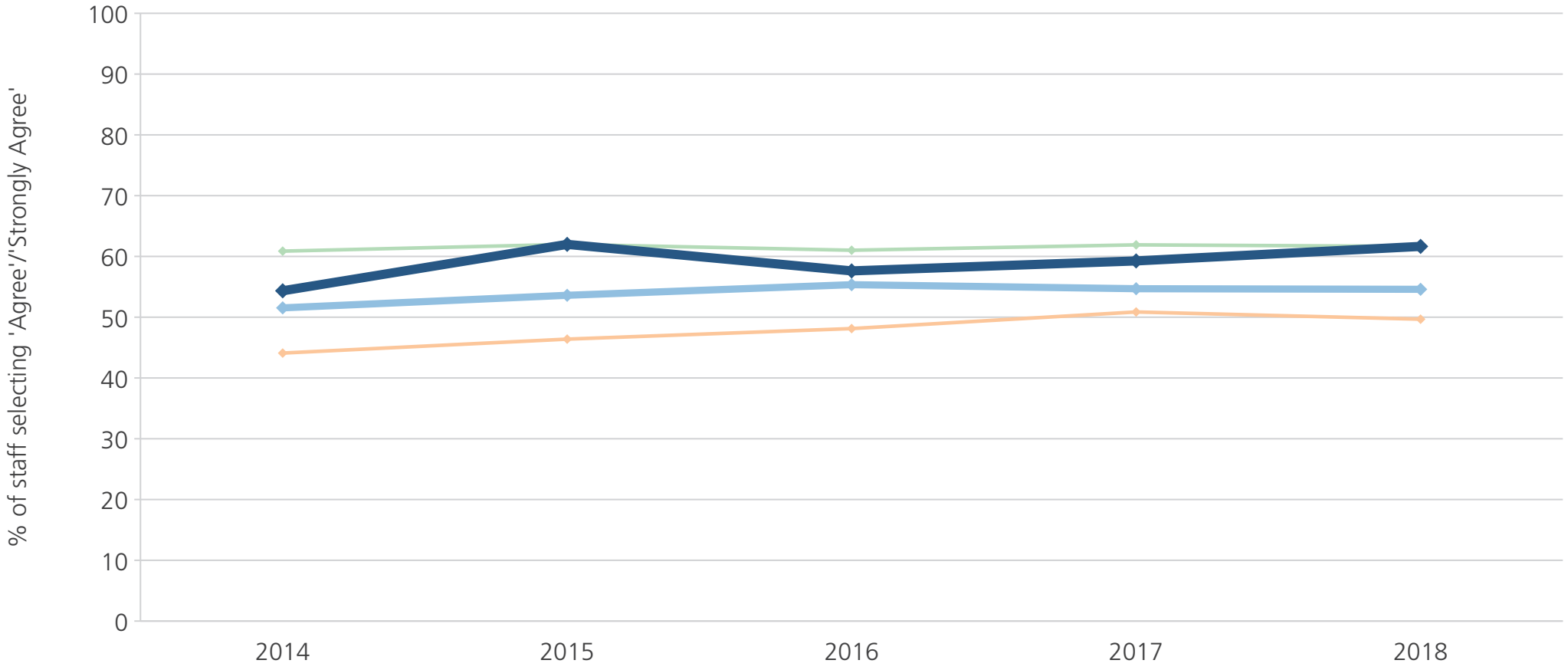
Best	74.0%
Your org	74.0%
Average	68.9%
Worst	61.1%
No. responses	547



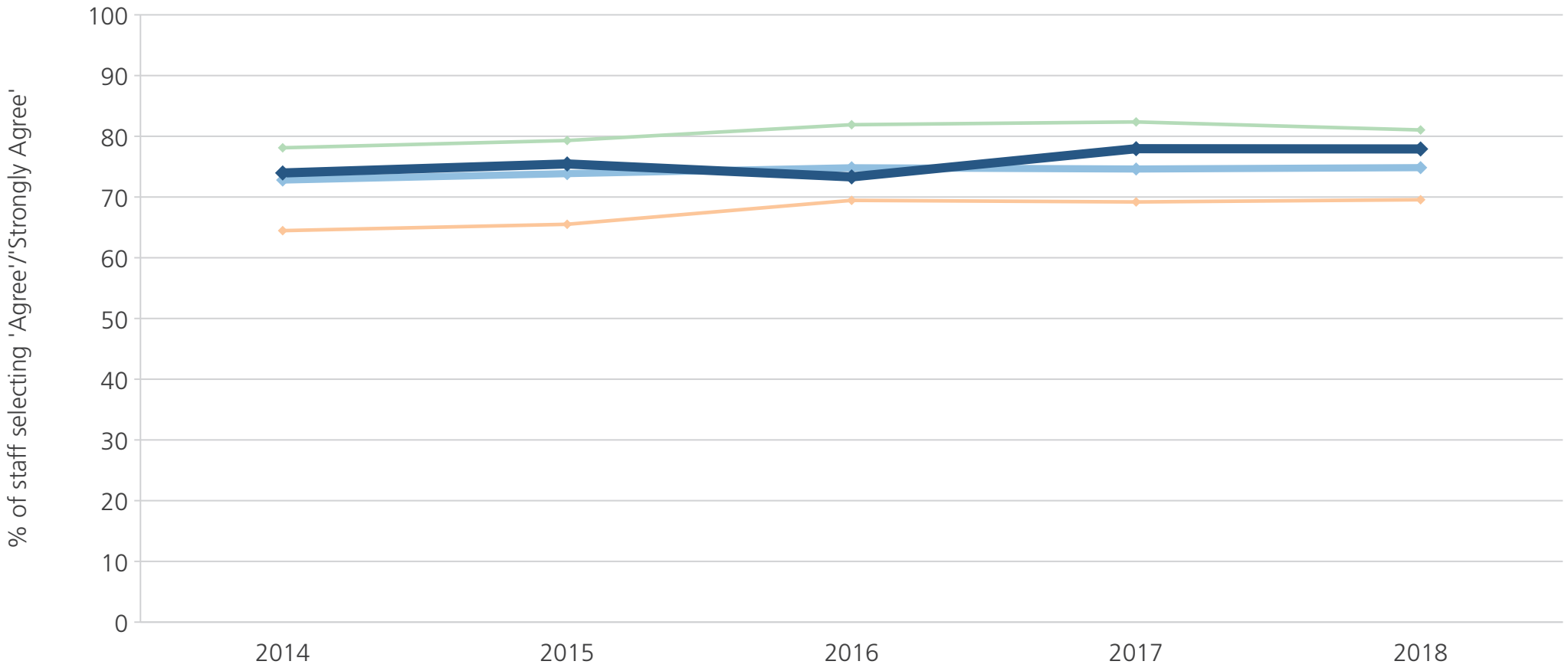
	2014	2015	2016	2017	2018
Best	74.4%	77.5%	76.8%	77.6%	76.7%
Your org	71.1%	76.2%	72.2%	71.0%	75.0%
Average	70.0%	70.7%	71.5%	71.6%	70.1%
Worst	61.1%	62.3%	65.4%	67.1%	64.6%
No. responses	385	372	430	522	549



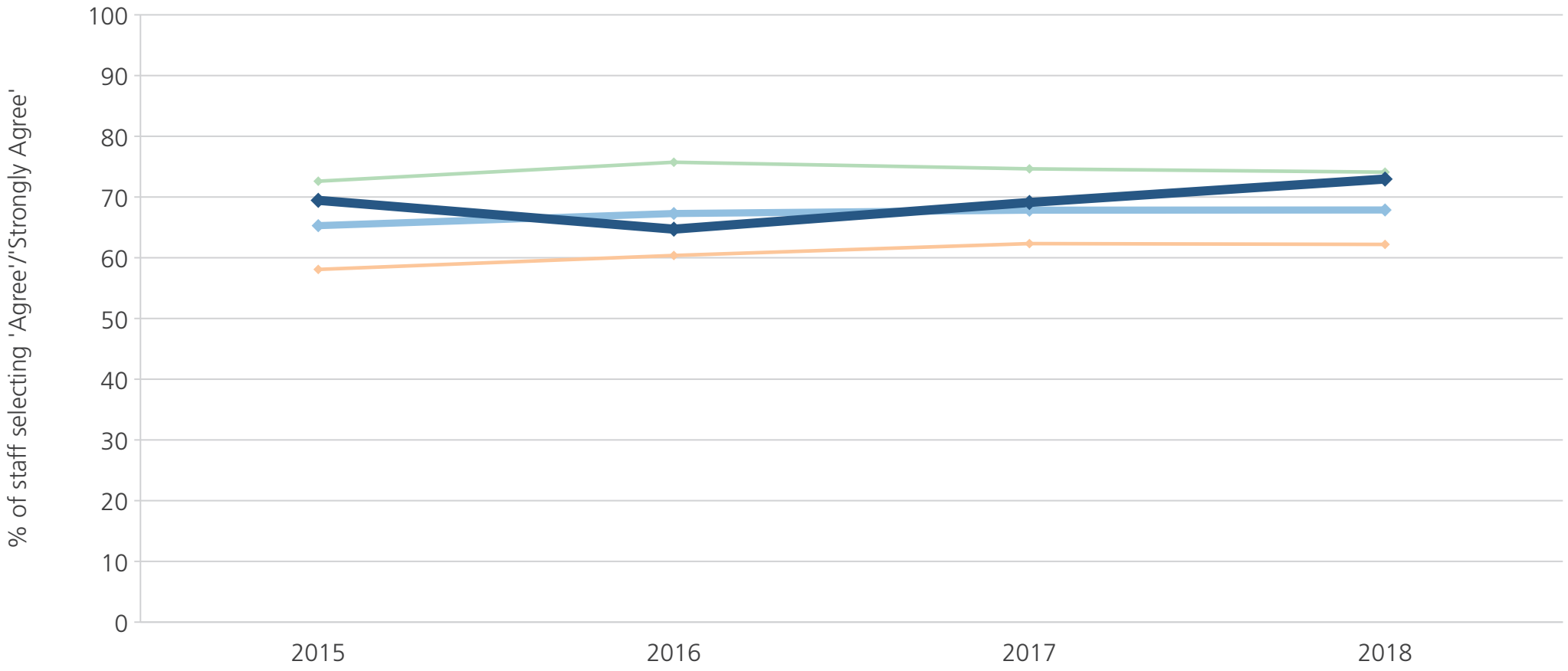
	2014	2015	2016	2017	2018
Best	64.5%	65.2%	68.7%	66.8%	65.9%
Your org	58.2%	65.2%	60.9%	60.5%	65.9%
Average	57.8%	59.7%	61.2%	61.7%	61.2%
Worst	49.3%	51.9%	54.1%	56.6%	54.6%
No. responses	382	376	432	524	549



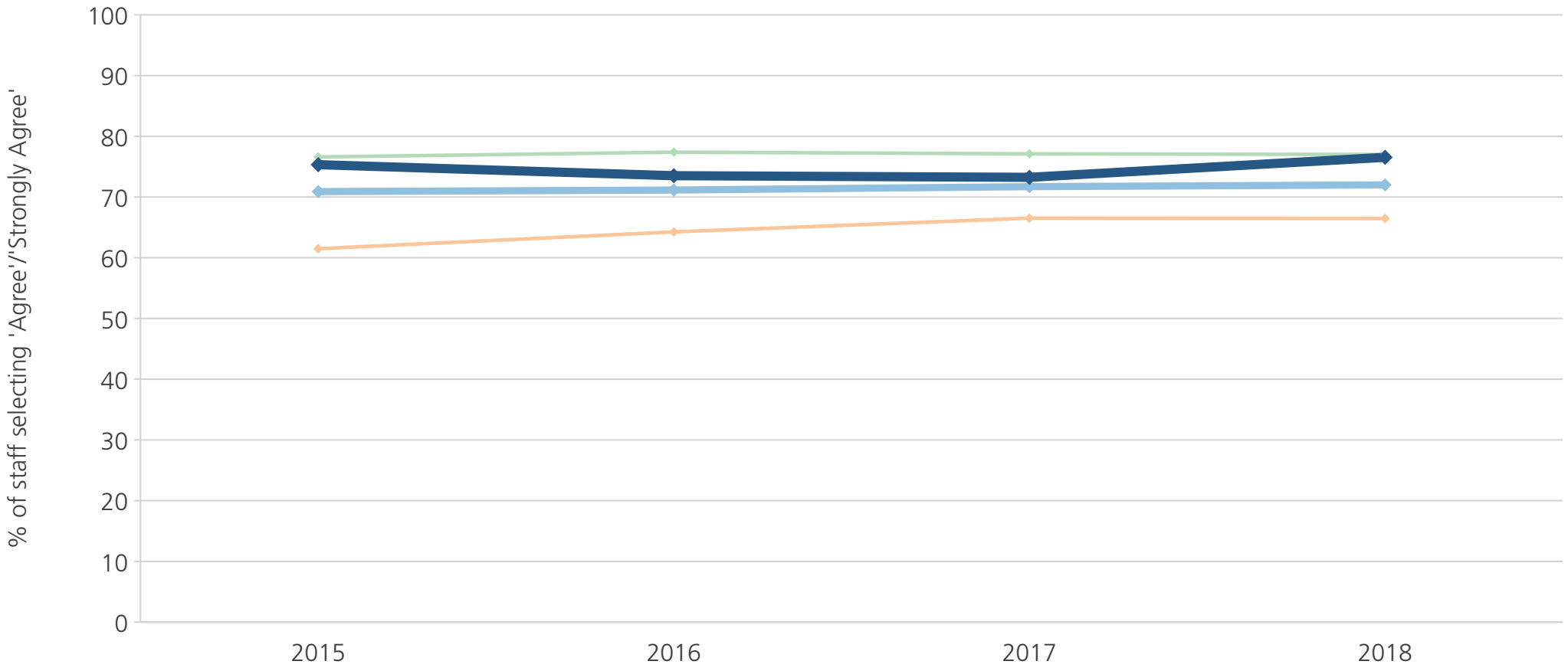
	2014	2015	2016	2017	2018
Best	60.9%	62.0%	61.0%	61.9%	61.6%
Your org	54.3%	62.0%	57.6%	59.3%	61.6%
Average	51.5%	53.6%	55.3%	54.7%	54.6%
Worst	44.1%	46.4%	48.1%	50.9%	49.7%
No. responses	382	375	433	525	548



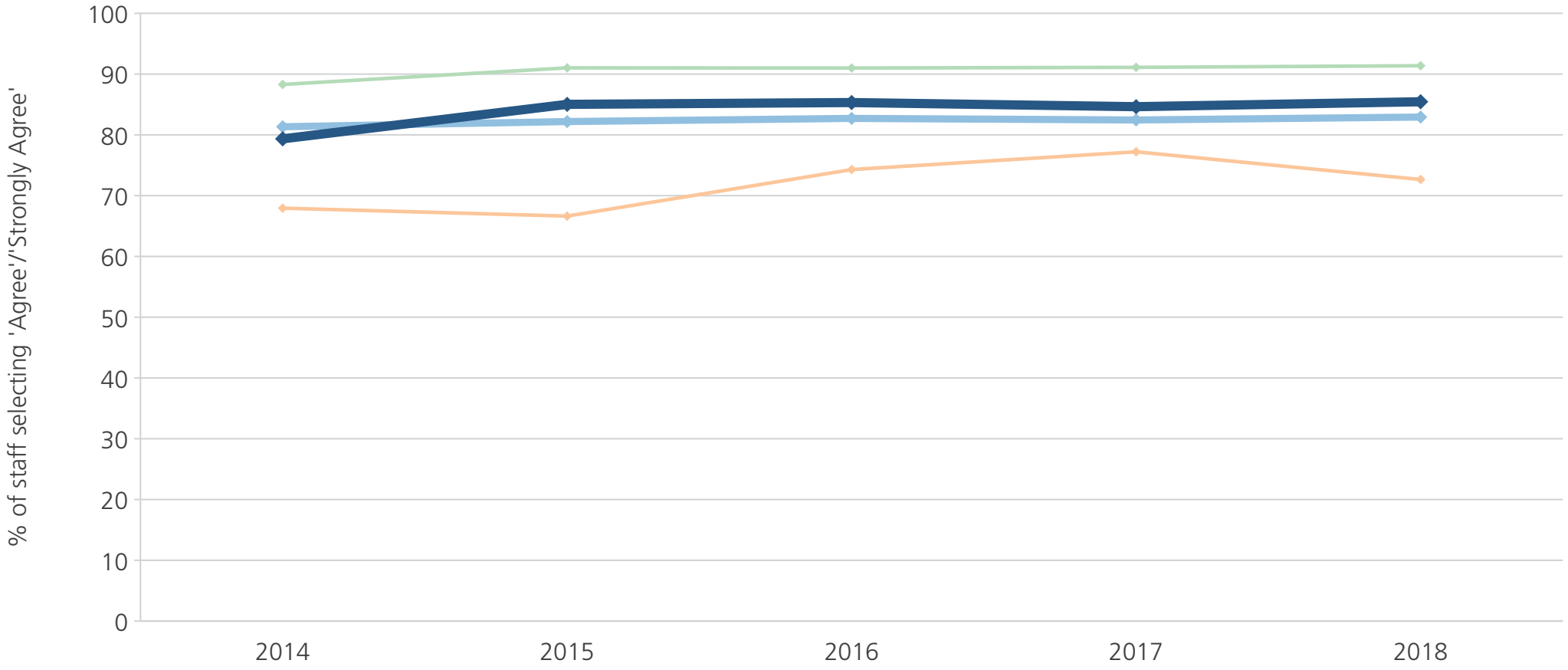
	2014	2015	2016	2017	2018
Best	78.1%	79.3%	81.9%	82.4%	81.0%
Your org	74.0%	75.4%	73.3%	78.0%	77.9%
Average	72.8%	73.9%	74.8%	74.6%	74.8%
Worst	64.5%	65.5%	69.4%	69.2%	69.6%
No. responses	381	373	431	524	549



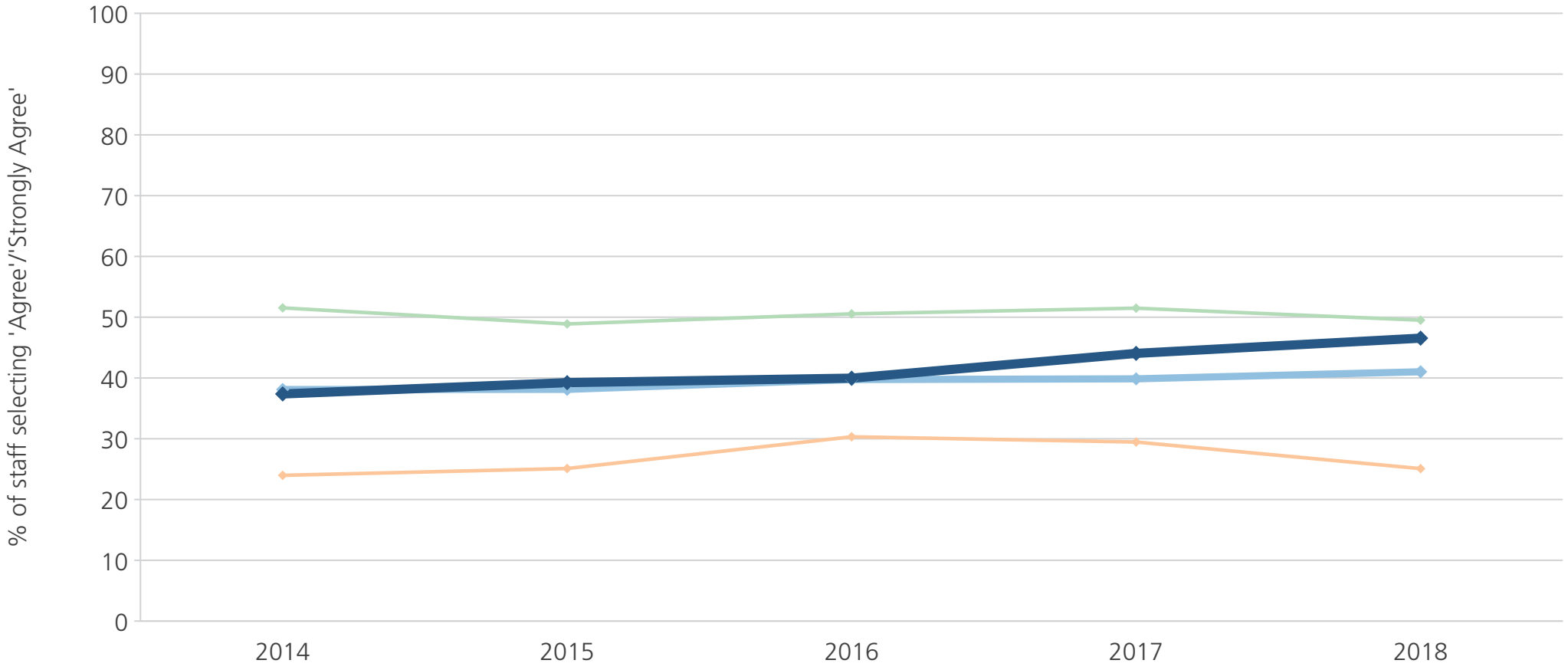
	2015	2016	2017	2018
Best	72.6%	75.7%	74.6%	74.1%
Your org	69.5%	64.7%	69.1%	73.0%
Average	65.3%	67.3%	67.8%	67.9%
Worst	58.1%	60.4%	62.3%	62.2%
No. responses	375	433	525	549



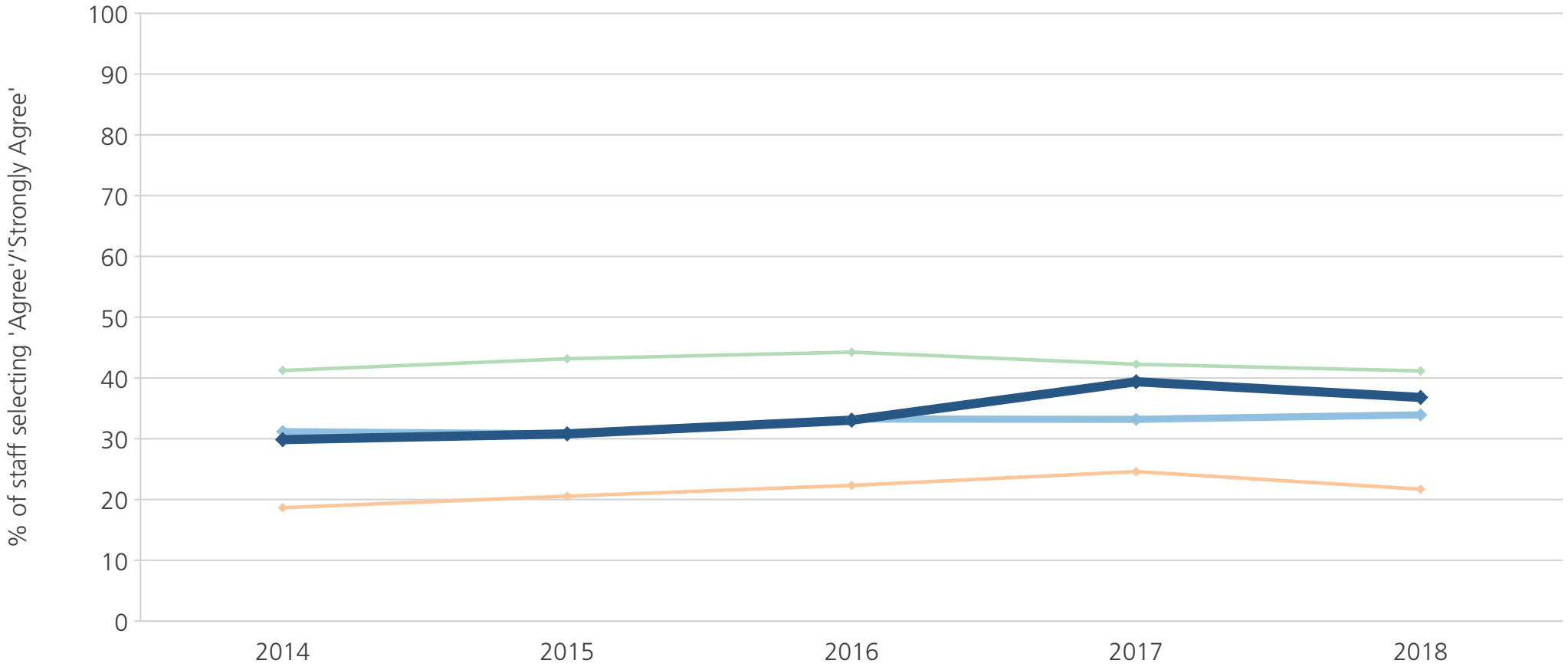
	2015	2016	2017	2018
Best	76.6%	77.4%	77.1%	77.0%
Your org	75.3%	73.5%	73.2%	76.5%
Average	70.9%	71.1%	71.7%	72.0%
Worst	61.5%	64.3%	66.5%	66.5%
No. responses	374	432	523	549



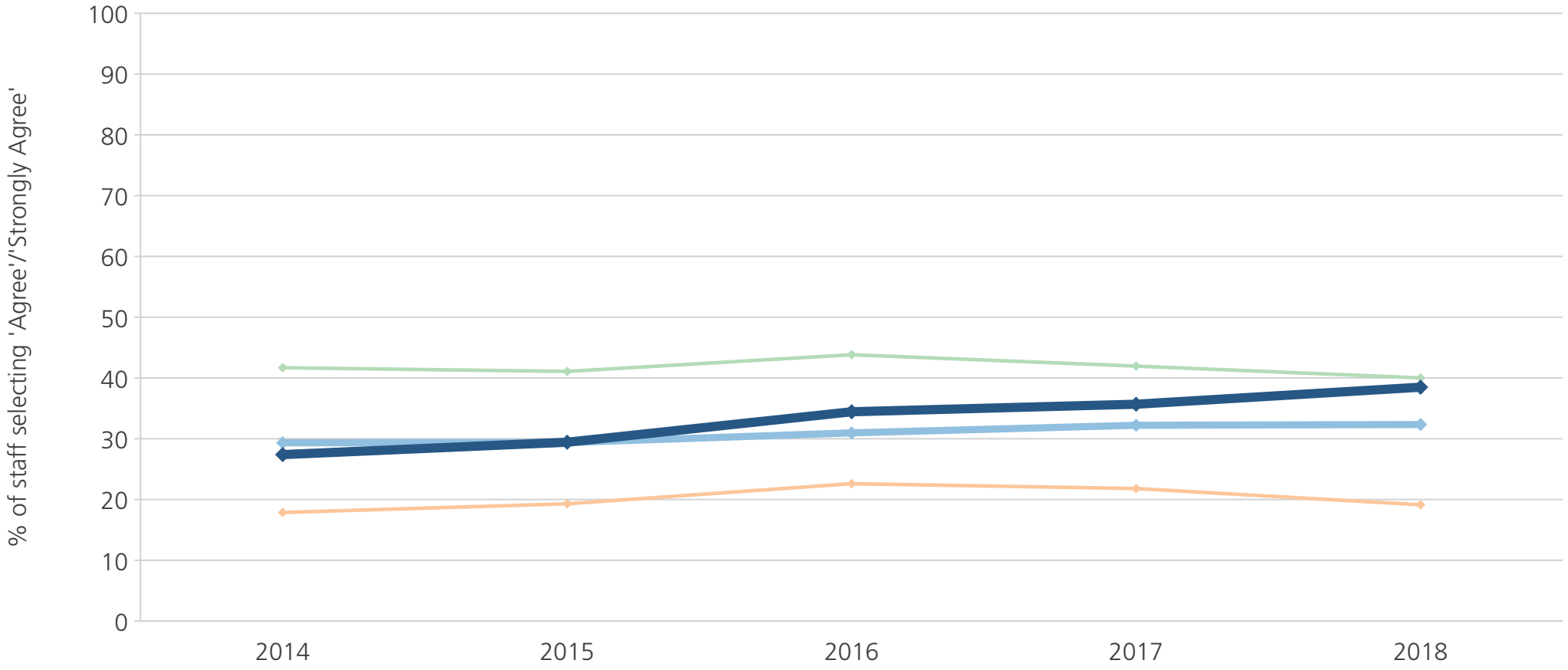
	2014	2015	2016	2017	2018
Best	88.3%	91.0%	91.0%	91.1%	91.4%
Your org	79.3%	85.0%	85.3%	84.6%	85.4%
Average	81.3%	82.2%	82.7%	82.4%	82.9%
Worst	67.9%	66.6%	74.3%	77.2%	72.7%
No. responses	385	376	431	526	549



	2014	2015	2016	2017	2018
Best	51.5%	48.9%	50.5%	51.5%	49.5%
Your org	37.4%	39.2%	40.0%	44.0%	46.6%
Average	38.1%	38.1%	39.7%	39.9%	41.0%
Worst	24.0%	25.1%	30.3%	29.5%	25.1%
No. responses	382	375	434	527	547



	2014	2015	2016	2017	2018
Best	41.2%	43.2%	44.3%	42.3%	41.2%
Your org	29.9%	30.8%	33.0%	39.4%	36.8%
Average	31.2%	30.8%	33.2%	33.2%	33.9%
Worst	18.7%	20.6%	22.3%	24.6%	21.7%
No. responses	384	376	434	527	548



	2014	2015	2016	2017	2018
Best	41.7%	41.1%	43.8%	42.0%	40.0%
Your org	27.4%	29.4%	34.4%	35.7%	38.5%
Average	29.3%	29.4%	31.0%	32.2%	32.3%
Worst	17.9%	19.3%	22.6%	21.8%	19.1%
No. responses	383	370	433	526	545

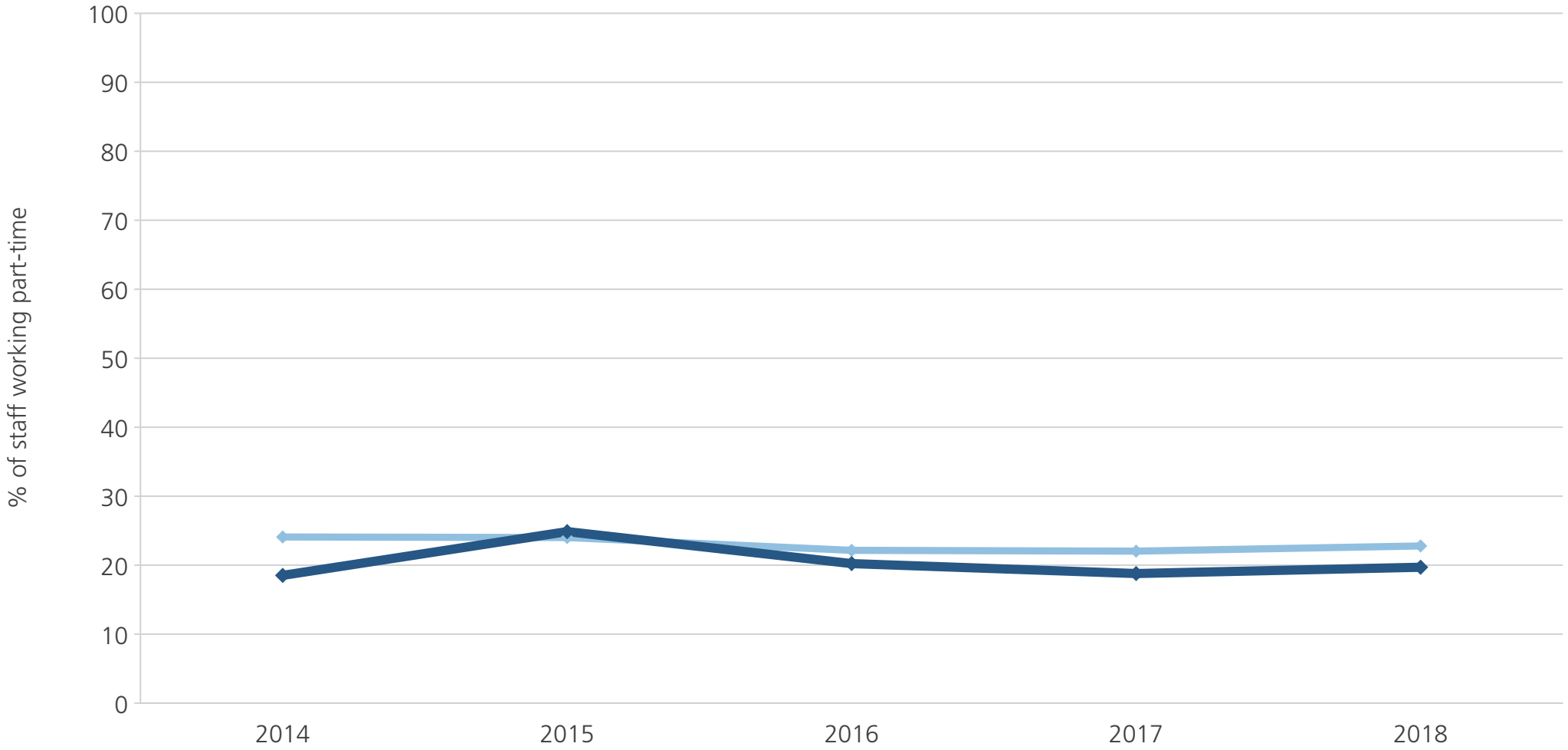
Survey Coordination Centre

NHS England

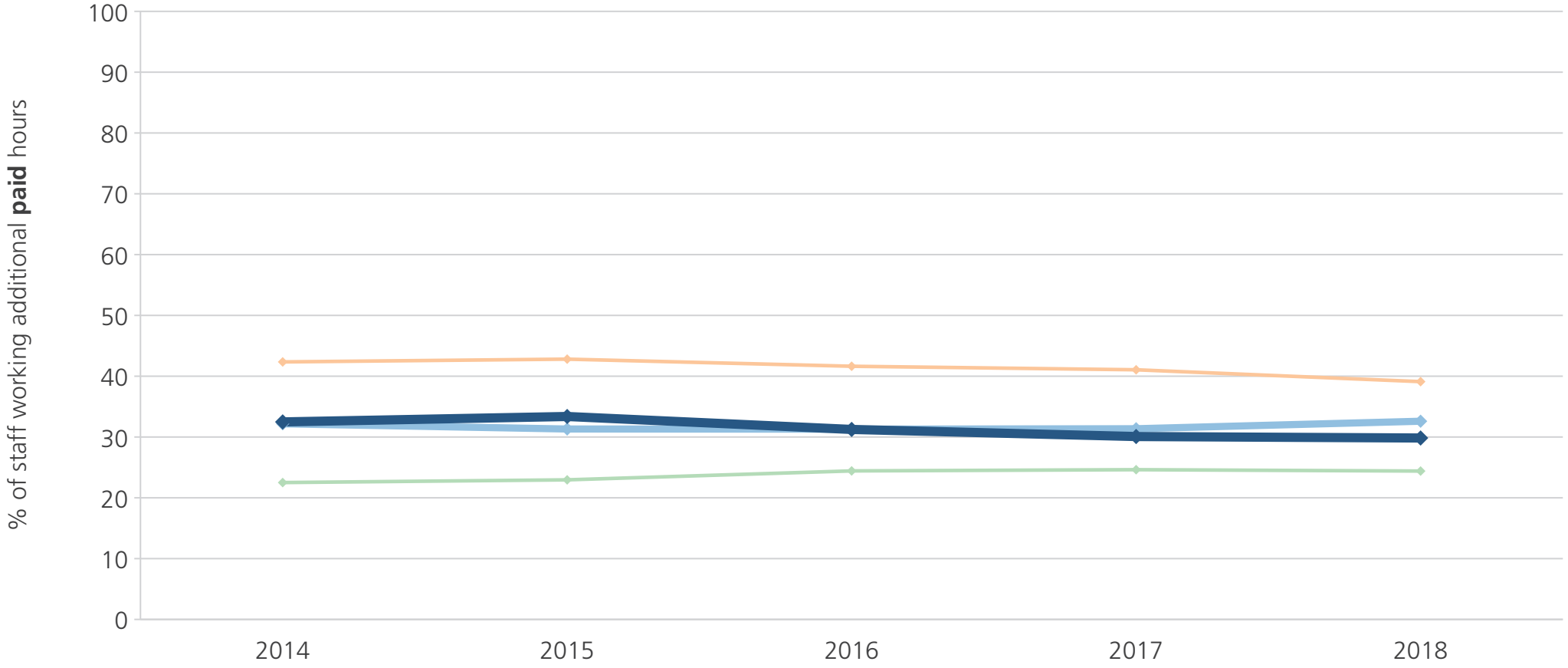
Question results – Your health, well-being and safety at work

Bolton NHS Foundation Trust

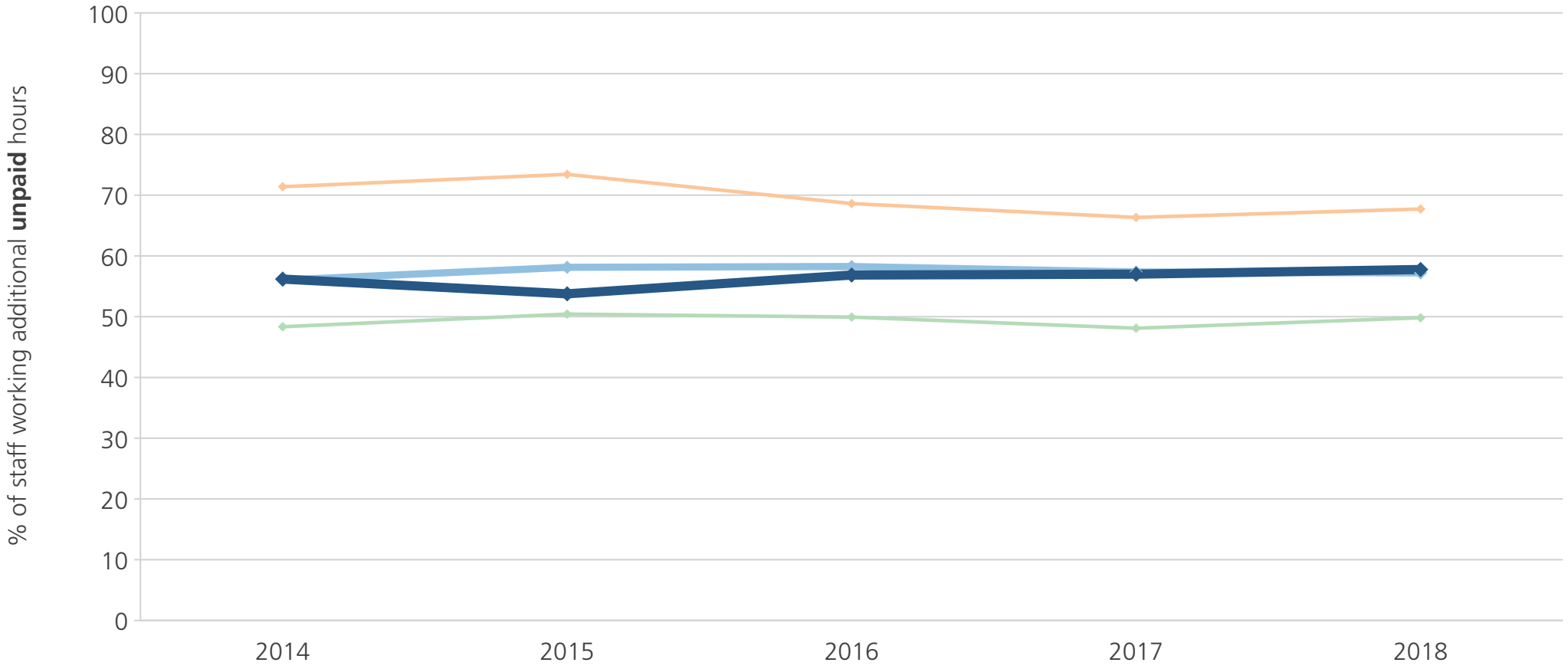
2018 NHS Staff Survey Results



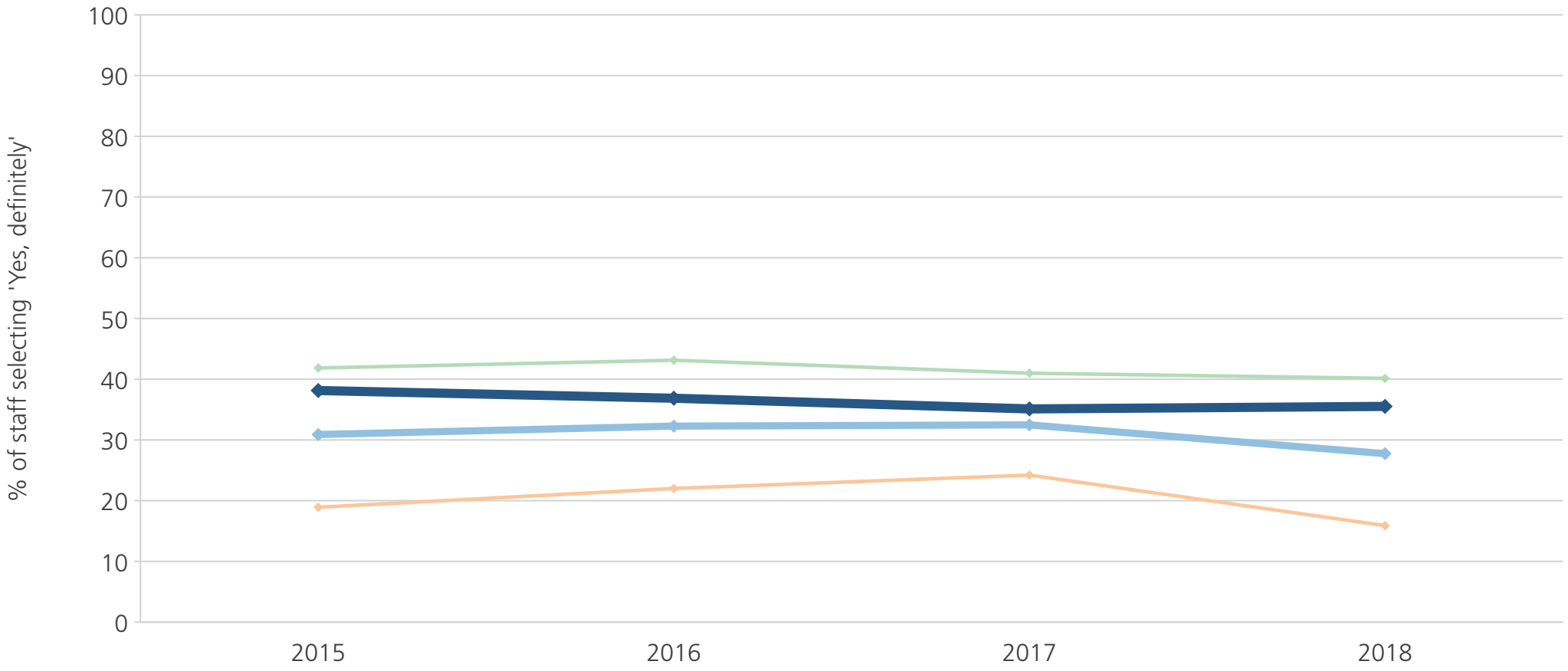
	2014	2015	2016	2017	2018
Your org	18.5%	24.9%	20.2%	18.8%	19.7%
Average	24.1%	24.0%	22.2%	22.0%	22.8%
No. responses	378	370	440	511	533



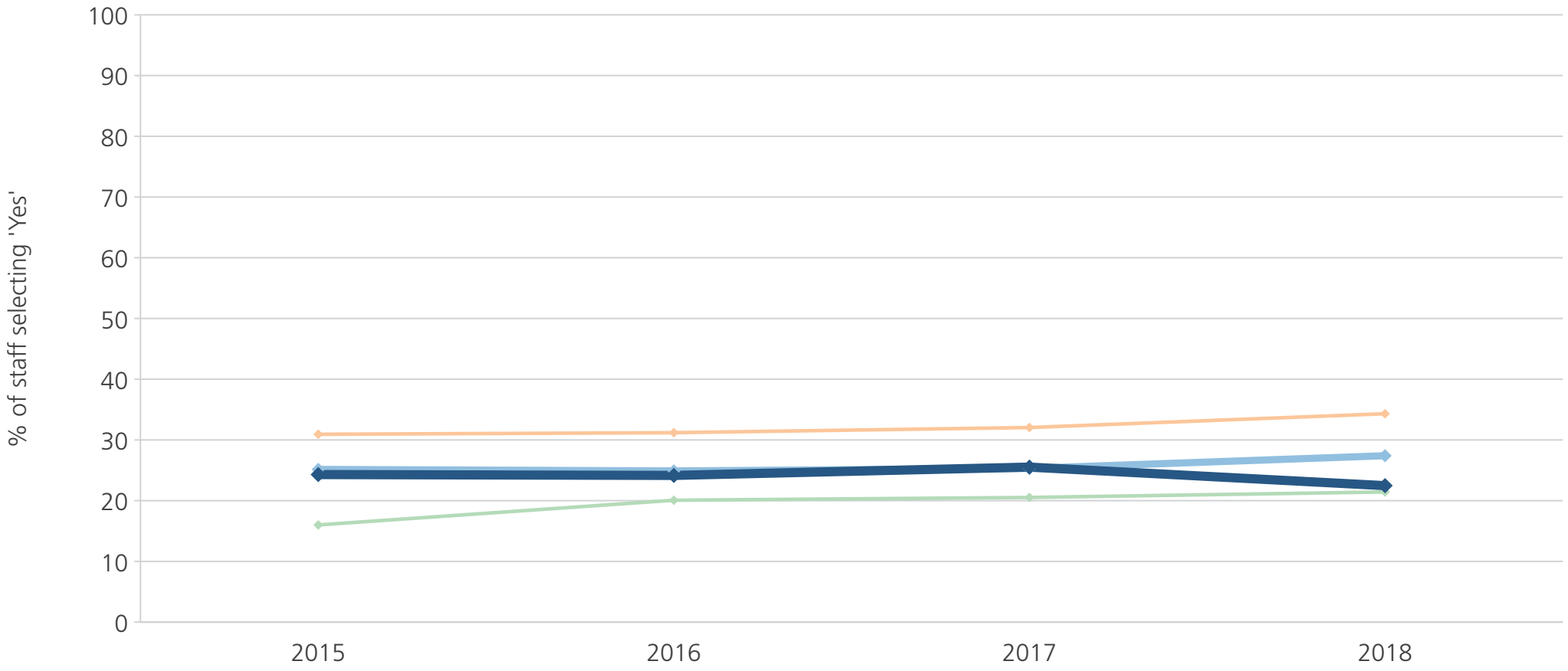
	2014	2015	2016	2017	2018
Worst	42.3%	42.8%	41.6%	41.1%	39.1%
Your org	32.5%	33.4%	31.2%	30.1%	29.8%
Average	32.2%	31.3%	31.3%	31.4%	32.6%
Best	22.5%	23.0%	24.4%	24.6%	24.4%
No. responses	368	350	410	498	523



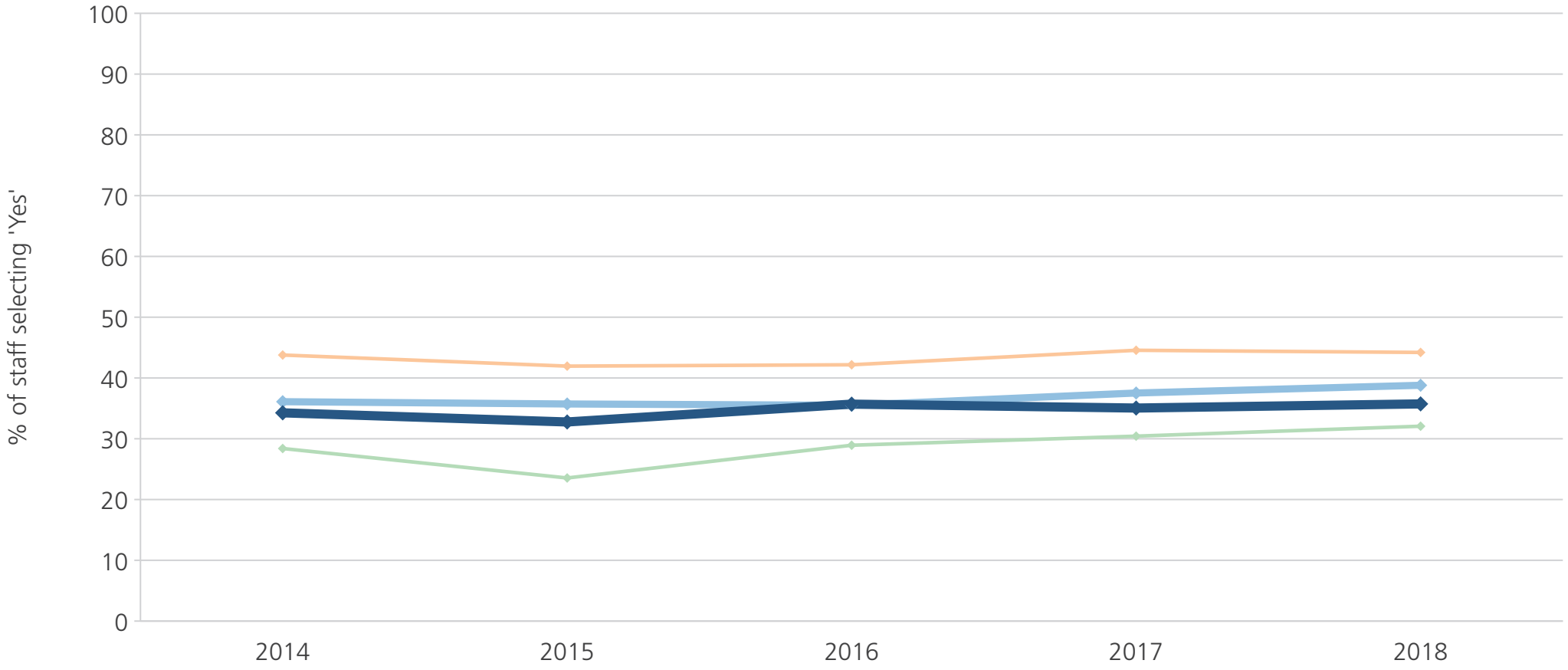
	2014	2015	2016	2017	2018
Worst	71.4%	73.4%	68.6%	66.3%	67.7%
Your org	56.2%	53.8%	56.9%	57.0%	57.8%
Average	56.0%	58.1%	58.3%	57.4%	57.2%
Best	48.3%	50.4%	49.9%	48.1%	49.8%
No. responses	362	347	413	502	528



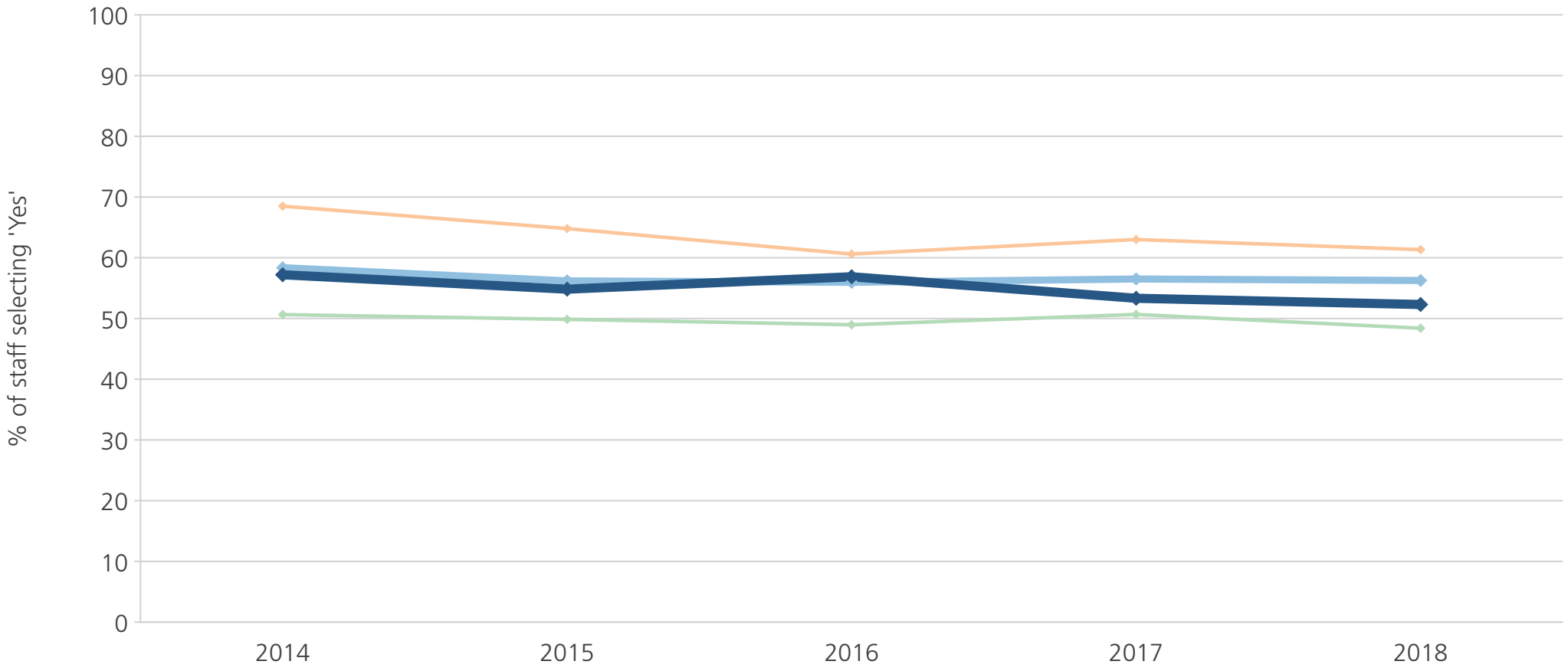
	2015	2016	2017	2018
Best	41.8%	43.1%	41.0%	40.1%
Your org	38.1%	36.9%	35.1%	35.5%
Average	30.9%	32.3%	32.5%	27.7%
Worst	18.9%	22.0%	24.2%	15.9%
No. responses	373	427	522	543



	2015	2016	2017	2018
Worst	30.9%	31.2%	32.0%	34.3%
Your org	24.3%	24.2%	25.5%	22.5%
Average	25.1%	24.9%	25.3%	27.4%
Best	16.0%	20.1%	20.5%	21.4%
No. responses	376	434	524	543

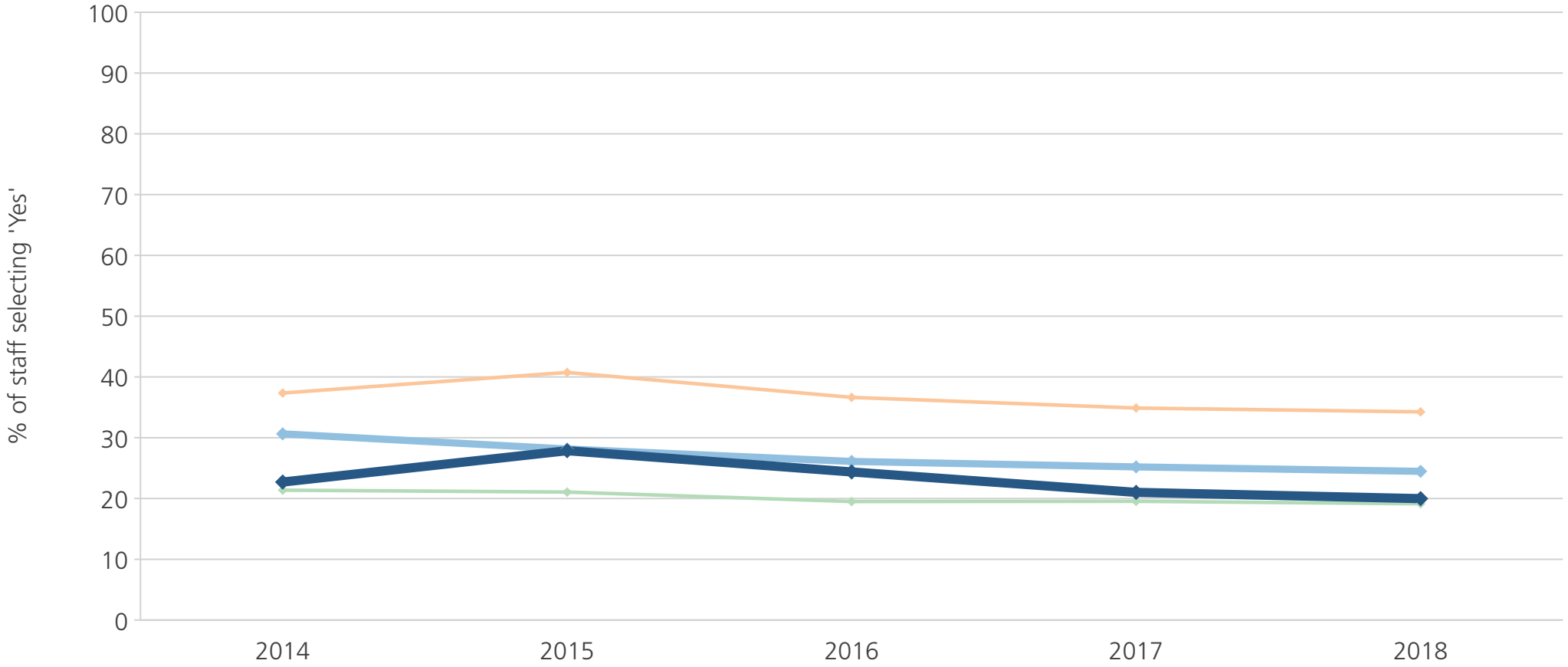


	2014	2015	2016	2017	2018
Worst	43.8%	41.9%	42.2%	44.6%	44.2%
Your org	34.3%	32.8%	35.7%	35.1%	35.7%
Average	36.1%	35.7%	35.5%	37.5%	38.8%
Best	28.4%	23.5%	28.9%	30.4%	32.1%
No. responses	378	370	437	523	546



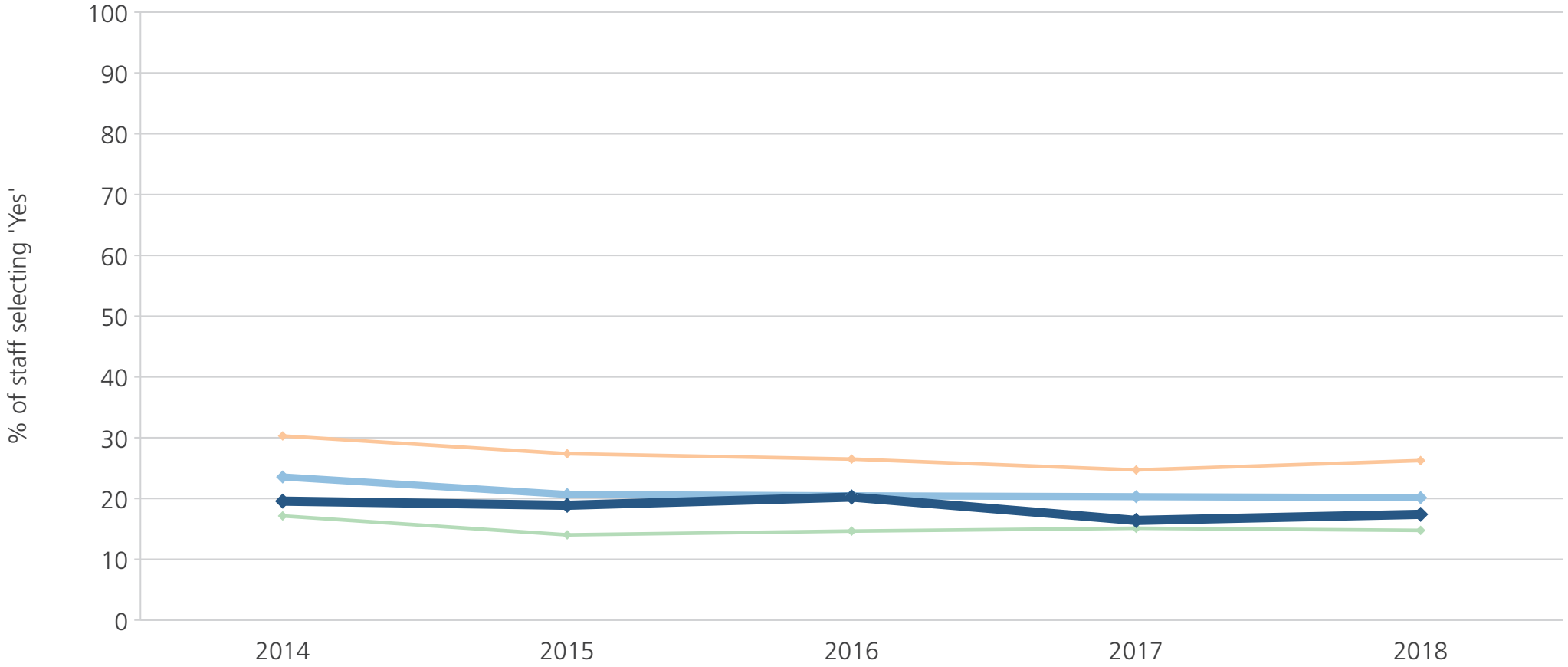
	2014	2015	2016	2017	2018
Worst	68.5%	64.8%	60.6%	63.0%	61.3%
Your org	57.2%	54.8%	56.9%	53.3%	52.3%
Average	58.4%	56.2%	56.0%	56.5%	56.3%
Best	50.6%	49.9%	49.0%	50.7%	48.4%
No. responses	363	373	431	525	543

Note: This question was only answered by staff who selected 'Yes' on q11d.



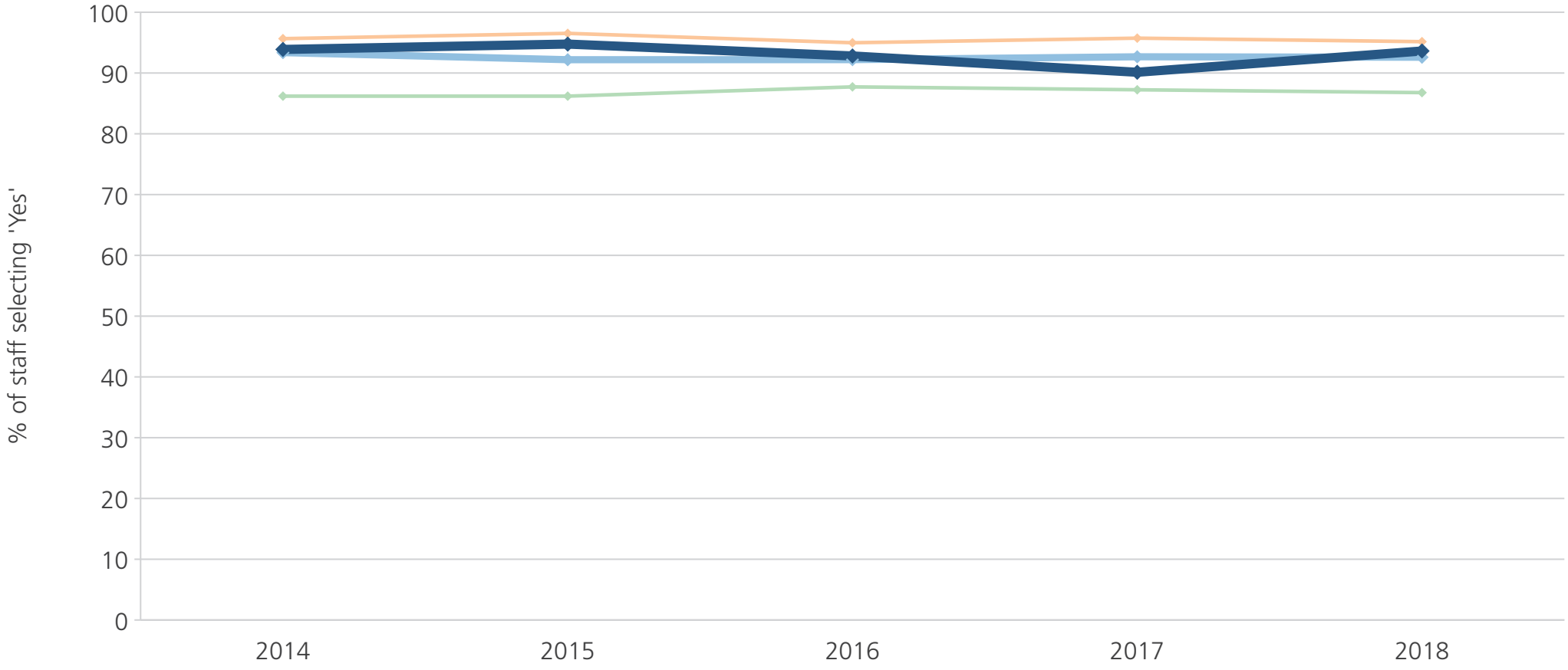
	2014	2015	2016	2017	2018
Worst	37.4%	40.7%	36.6%	34.9%	34.3%
Your org	22.7%	27.9%	24.4%	21.0%	20.0%
Average	30.6%	28.1%	26.1%	25.2%	24.5%
Best	21.4%	21.1%	19.5%	19.5%	19.1%
No. responses	195	200	233	282	273

Note: This question was only answered by staff who selected 'Yes' on q11d.

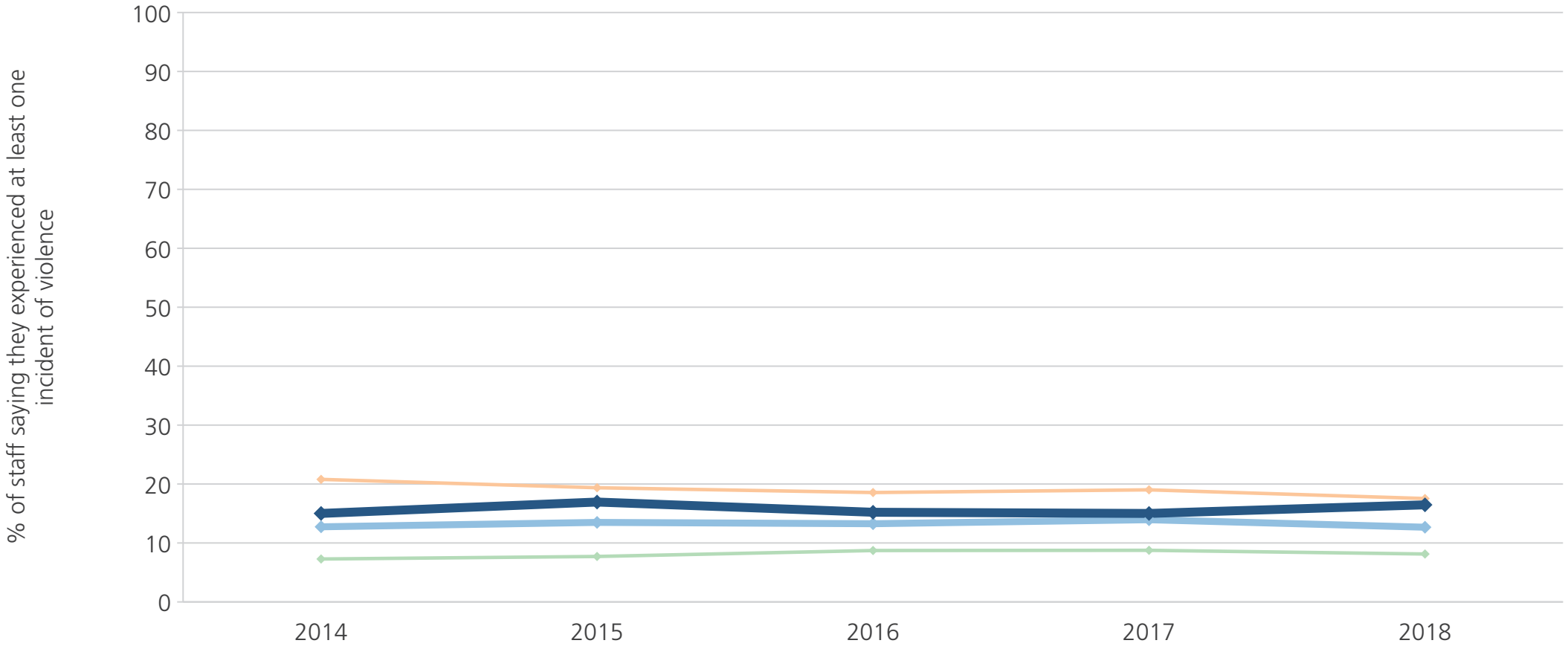


	2014	2015	2016	2017	2018
Worst	30.3%	27.4%	26.5%	24.7%	26.2%
Your org	19.6%	18.9%	20.2%	16.4%	17.4%
Average	23.5%	20.7%	20.4%	20.3%	20.1%
Best	17.1%	14.0%	14.6%	15.1%	14.8%
No. responses	197	199	231	281	273

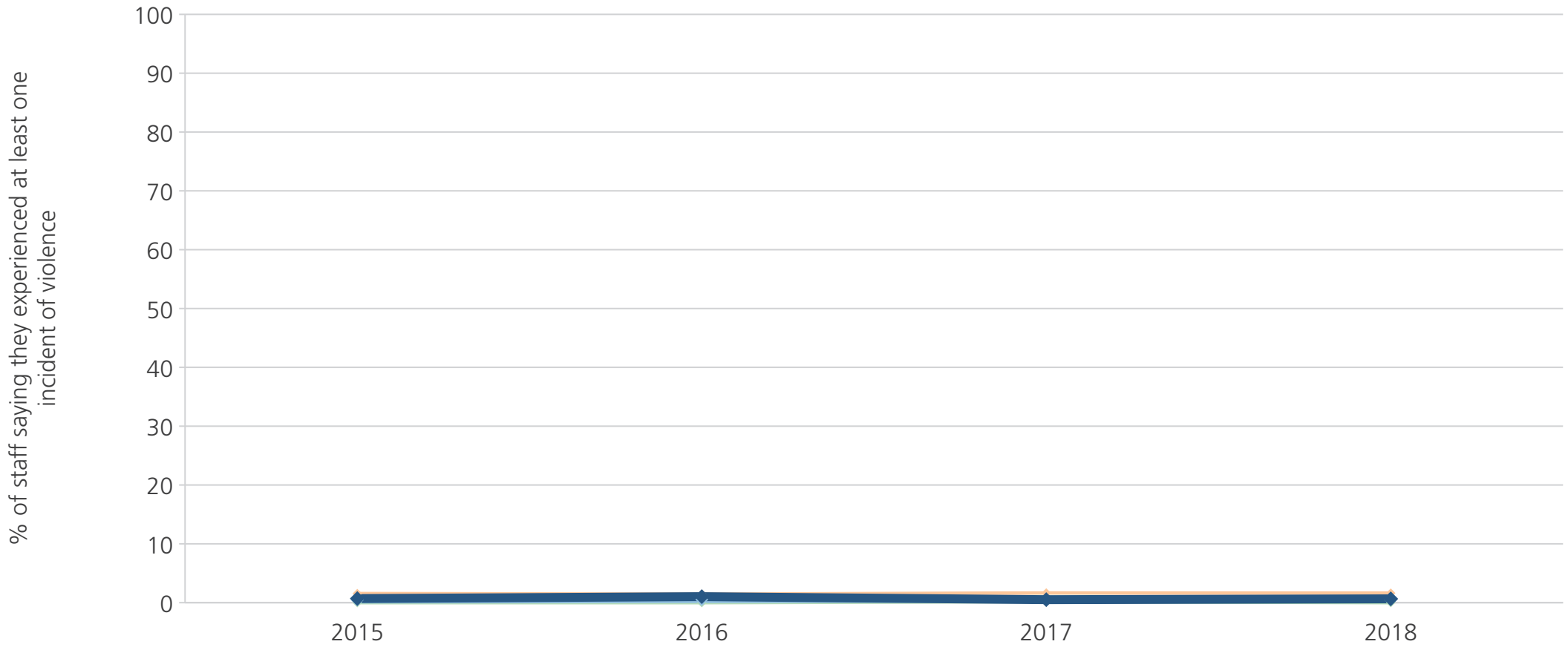
Note: This question was only answered by staff who selected 'Yes' on q11d.



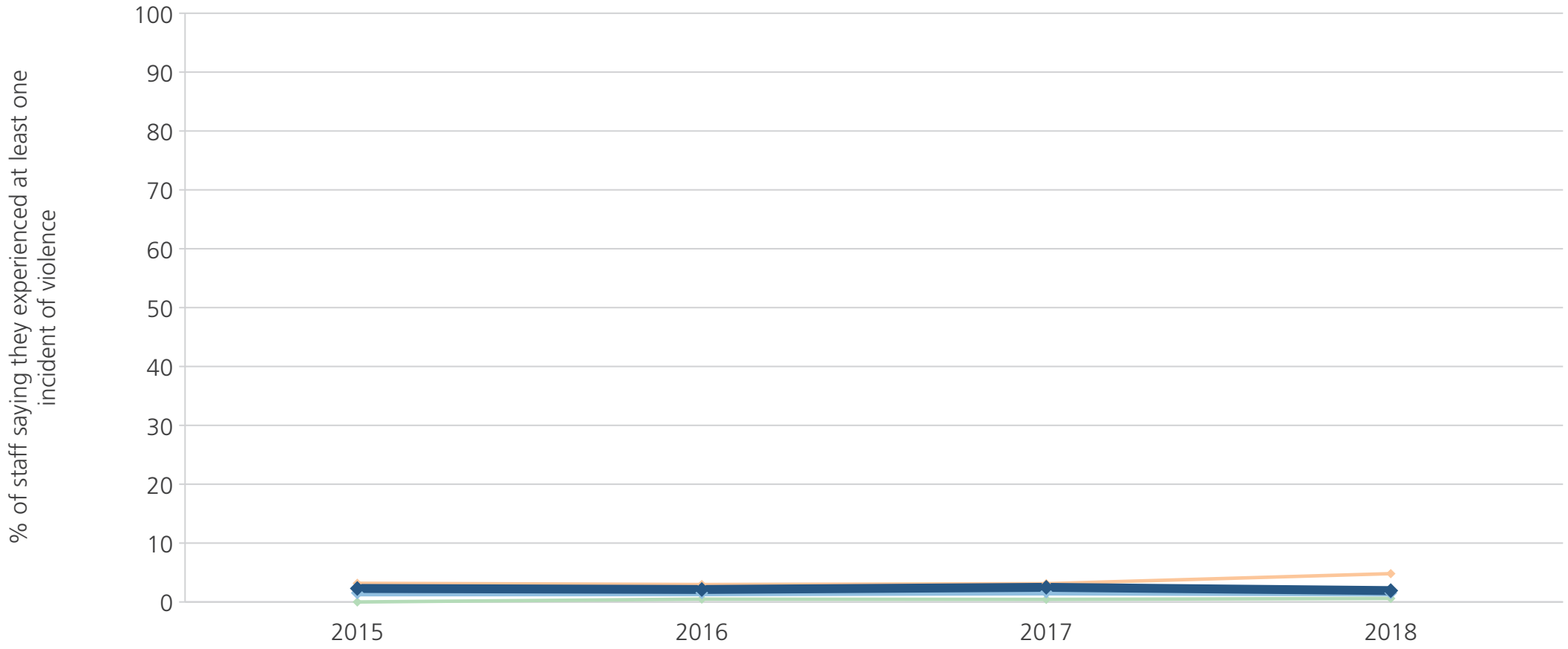
	2014	2015	2016	2017	2018
Worst	95.7%	96.5%	95.0%	95.7%	95.2%
Your org	93.9%	94.8%	92.8%	90.1%	93.6%
Average	93.4%	92.2%	92.2%	92.7%	92.6%
Best	86.2%	86.2%	87.7%	87.2%	86.8%
No. responses	205	206	238	285	275



	2014	2015	2016	2017	2018
Worst	20.8%	19.4%	18.6%	19.0%	17.5%
Your org	15.0%	16.9%	15.2%	15.0%	16.5%
Average	12.7%	13.5%	13.3%	13.9%	12.7%
Best	7.3%	7.7%	8.7%	8.8%	8.1%
No. responses	380	374	435	519	546

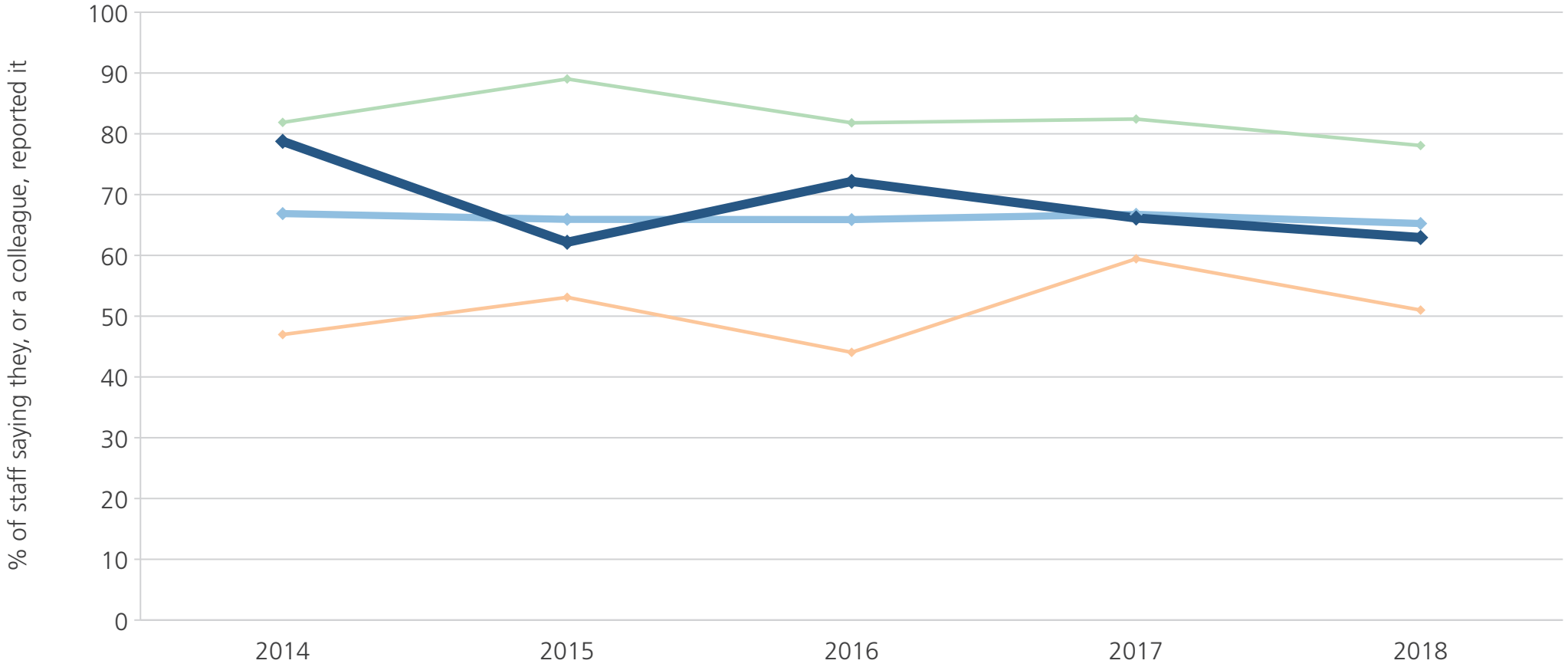


	2015	2016	2017	2018
Worst	1.5%	1.4%	1.6%	1.6%
Your org	0.7%	1.0%	0.5%	0.6%
Average	0.4%	0.5%	0.6%	0.5%
Best	0.0%	0.0%	0.2%	0.0%
No. responses	371	438	518	540

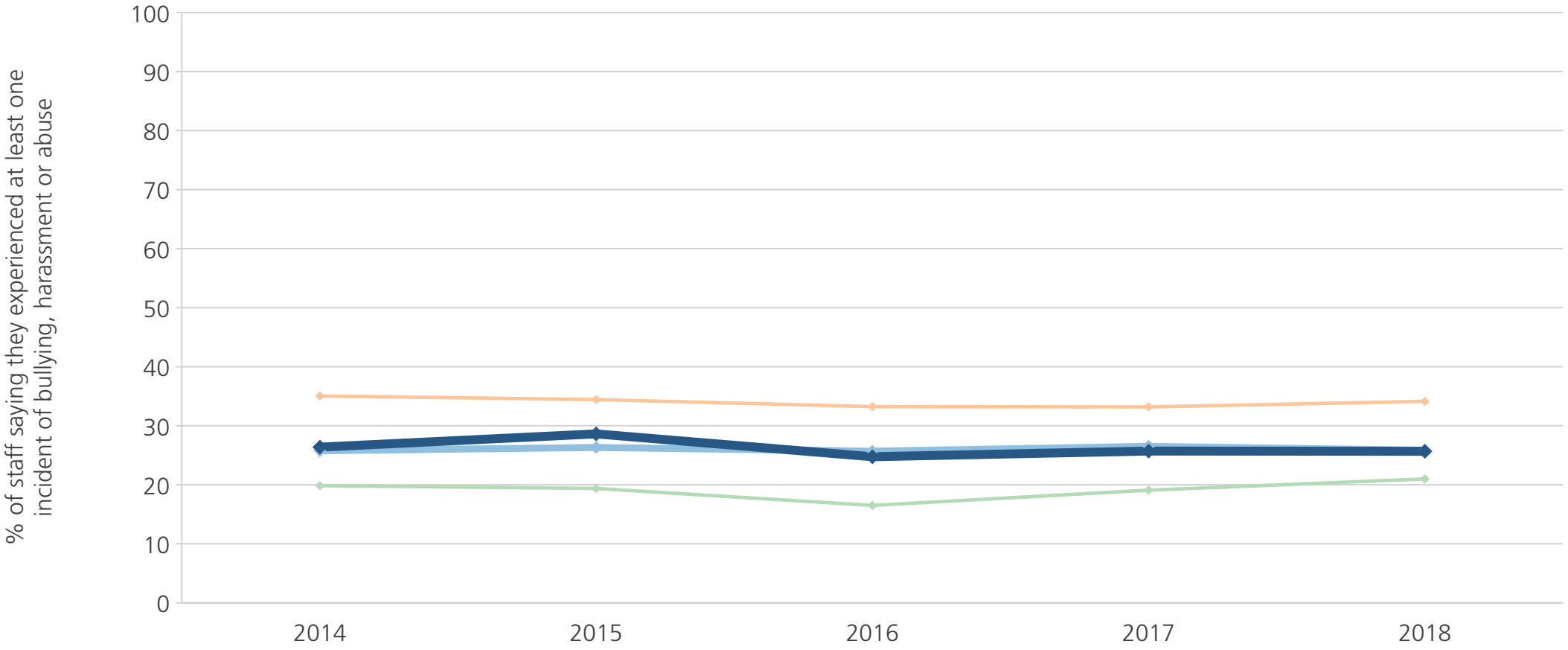


	2015	2016	2017	2018
Worst	3.2%	3.0%	3.1%	4.8%
Your org	2.3%	2.1%	2.5%	1.9%
Average	1.5%	1.5%	1.7%	1.5%
Best	0.0%	0.5%	0.4%	0.6%
No. responses	362	436	517	537

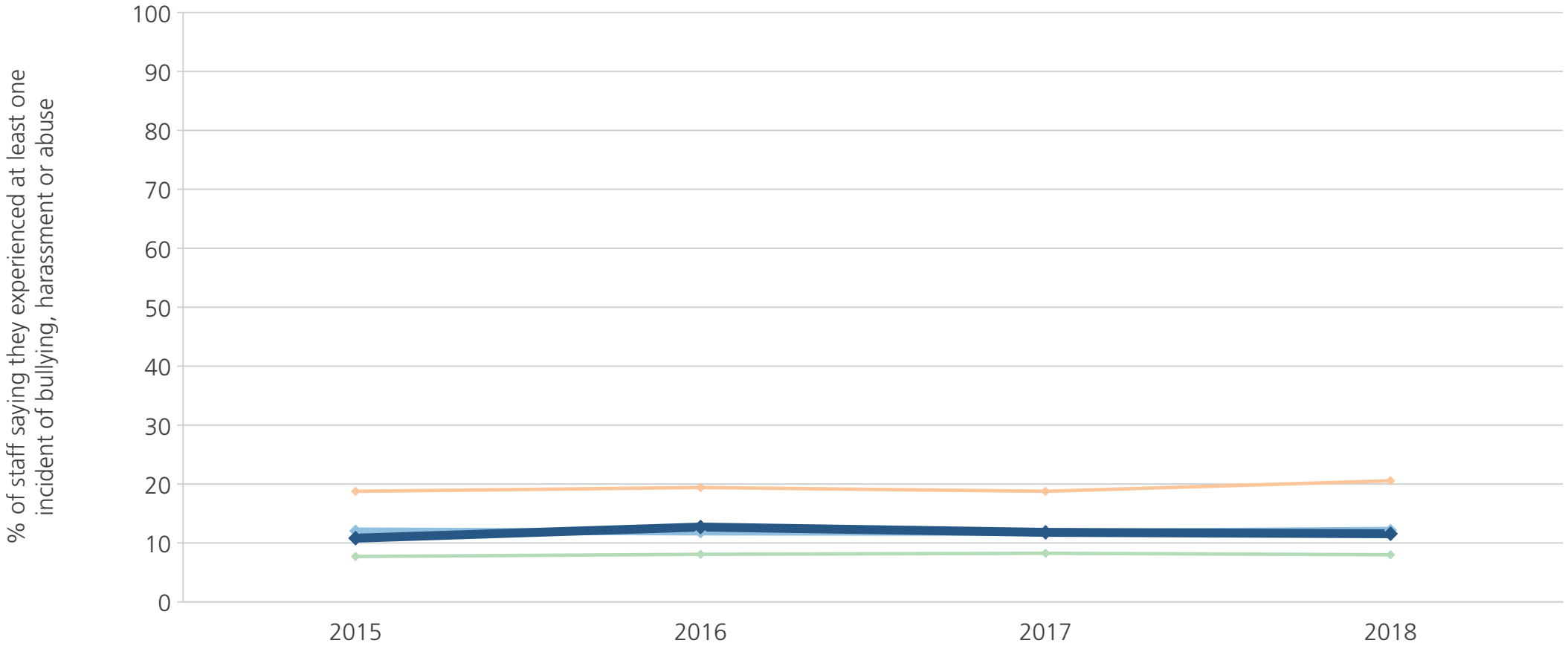
Note: This question was only answered by staff who reported experiencing at least one incident of violence in the last 12 months.



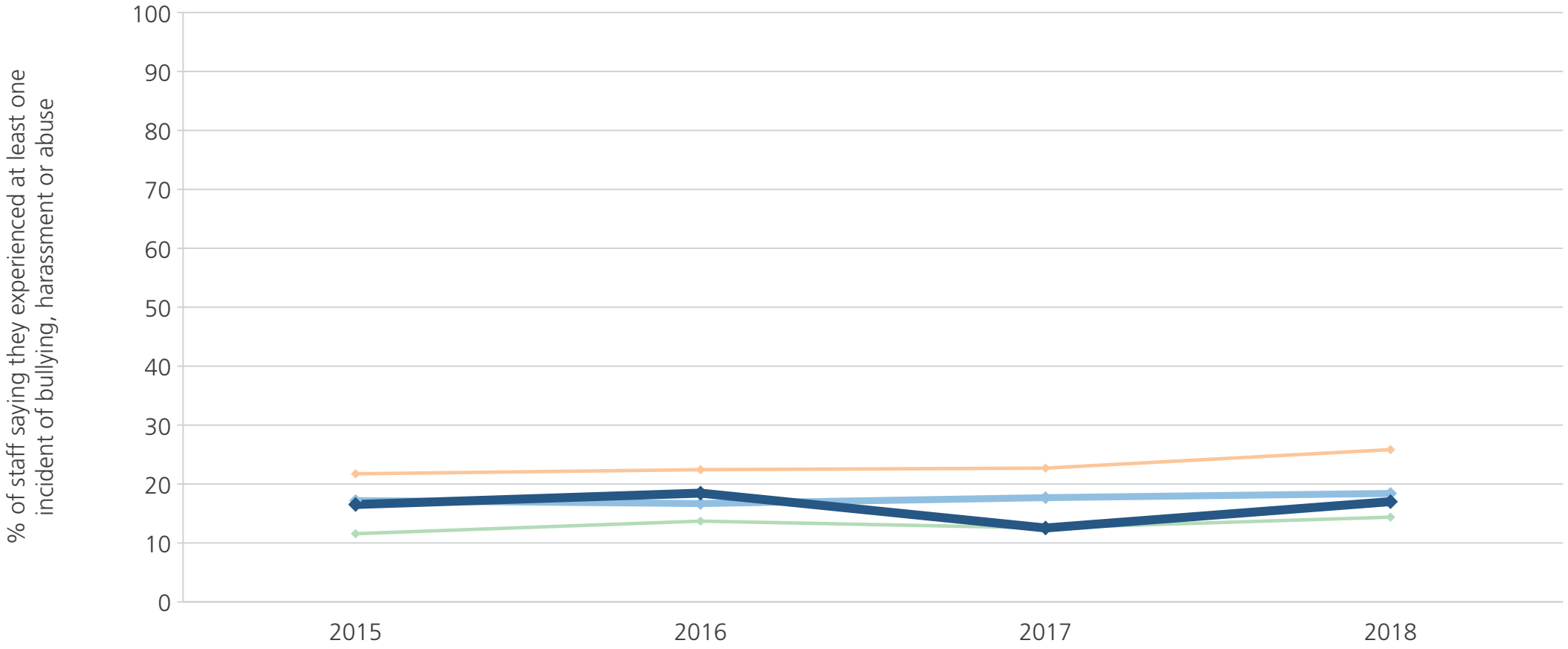
	2014	2015	2016	2017	2018
Best	81.9%	89.0%	81.8%	82.4%	78.1%
Your org	78.8%	62.2%	72.2%	66.1%	62.9%
Average	66.9%	65.9%	65.9%	66.8%	65.2%
Worst	47.0%	53.1%	44.0%	59.4%	51.0%
No. responses	52	64	71	71	82



	2014	2015	2016	2017	2018
Worst	35.0%	34.4%	33.2%	33.2%	34.1%
Your org	26.4%	28.6%	24.8%	25.7%	25.7%
Average	25.8%	26.3%	25.7%	26.5%	25.9%
Best	19.9%	19.4%	16.5%	19.1%	21.0%
No. responses	375	368	429	523	543

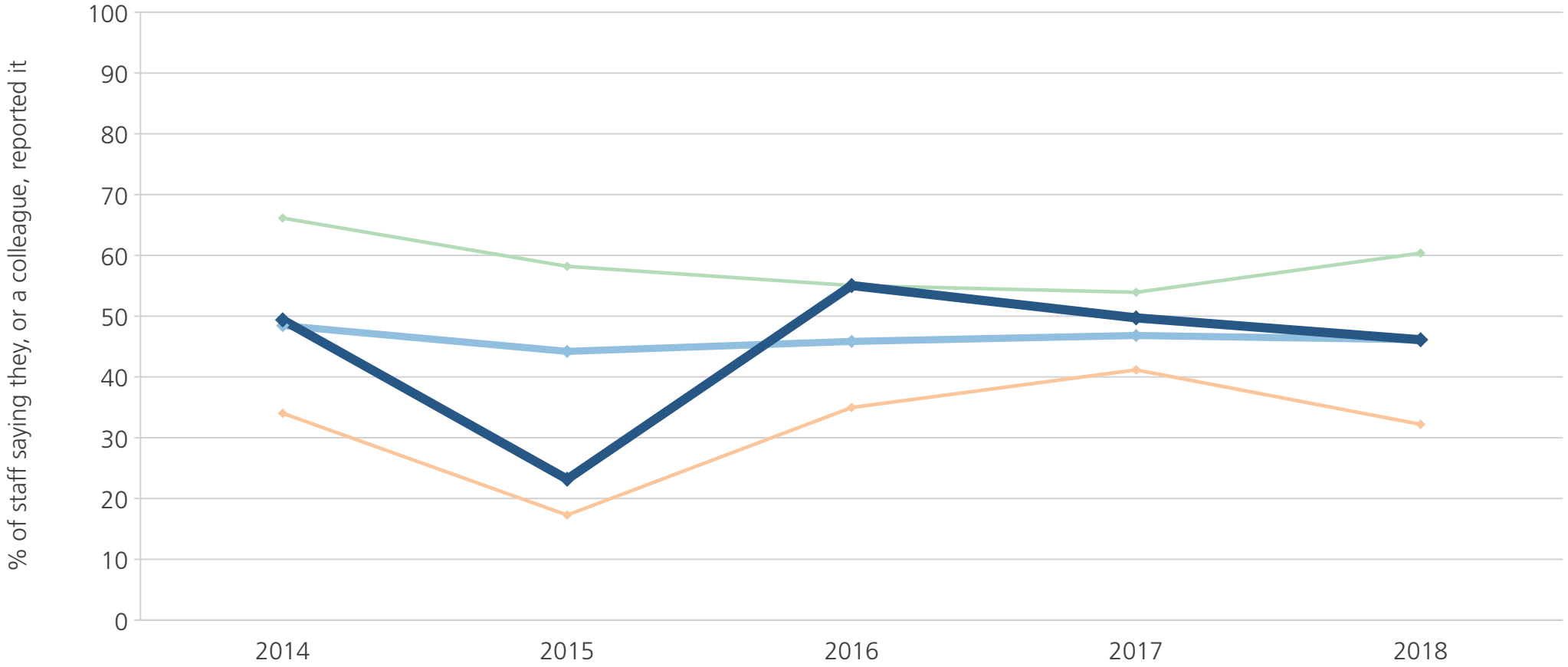


	2015	2016	2017	2018
Worst	18.8%	19.4%	18.8%	20.6%
Your org	10.8%	12.7%	11.8%	11.6%
Average	12.0%	11.9%	11.8%	12.2%
Best	7.7%	8.1%	8.3%	8.0%
No. responses	367	427	519	537

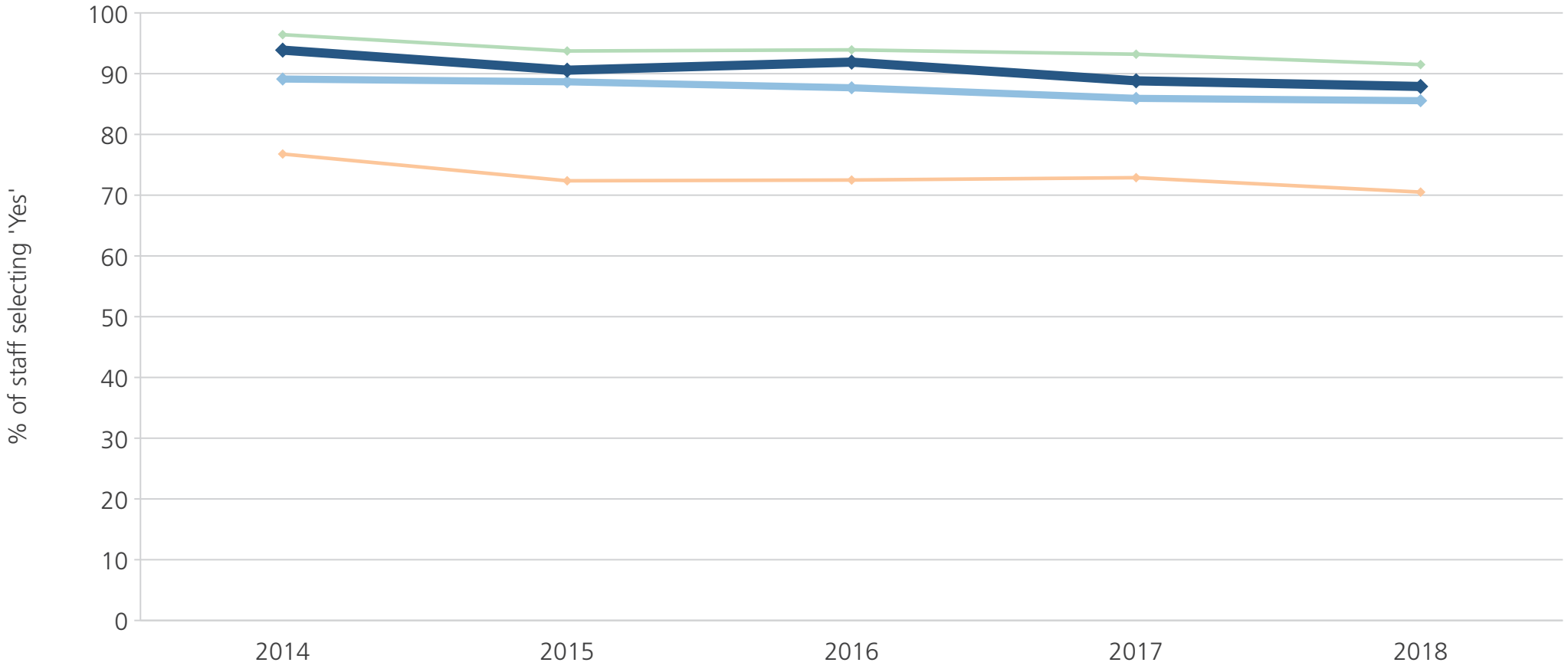


	2015	2016	2017	2018
Worst	21.7%	22.4%	22.7%	25.8%
Your org	16.5%	18.5%	12.5%	17.0%
Average	17.2%	16.7%	17.7%	18.4%
Best	11.6%	13.7%	12.5%	14.4%
No. responses	363	429	514	531

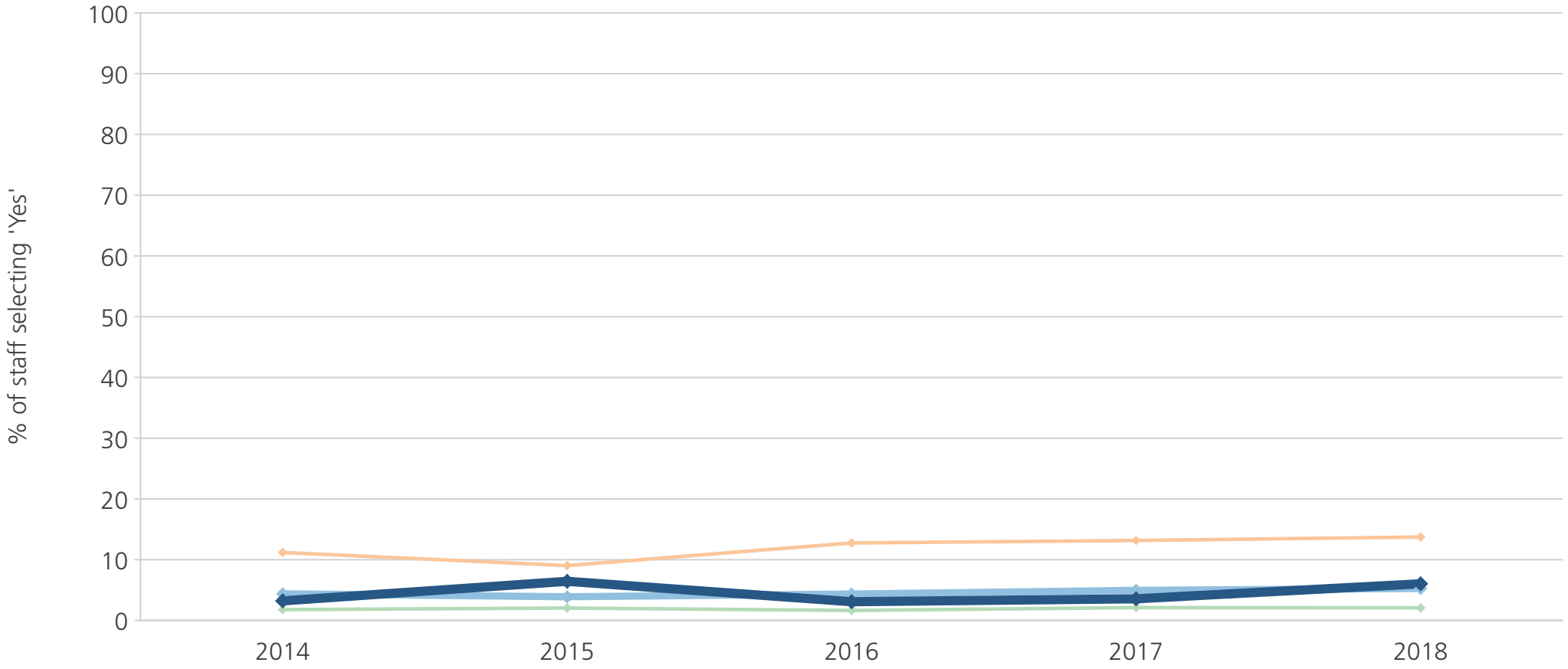
Note: This question was only answered by staff who reported experiencing at least one incident of harassment, bullying or abuse in the last 12 months.



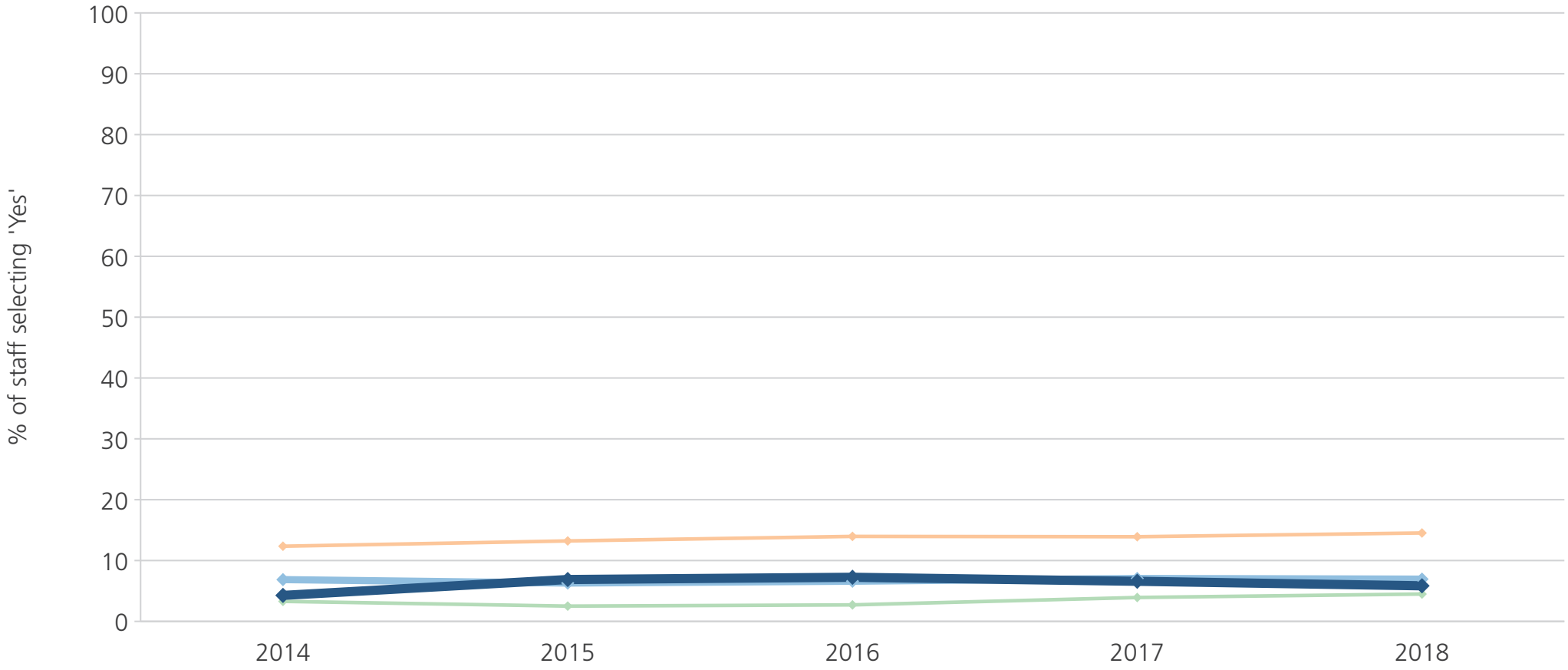
	2014	2015	2016	2017	2018
Best	66.1%	58.2%	55.0%	53.9%	60.4%
Your org	49.4%	23.2%	55.0%	49.7%	46.1%
Average	48.5%	44.2%	45.8%	46.8%	46.1%
Worst	34.0%	17.3%	35.0%	41.2%	32.2%
No. responses	86	100	153	174	158



	2014	2015	2016	2017	2018
Best	96.4%	93.7%	93.9%	93.2%	91.5%
Your org	93.9%	90.6%	91.9%	88.8%	87.9%
Average	89.1%	88.7%	87.7%	85.9%	85.5%
Worst	76.8%	72.4%	72.5%	72.9%	70.5%
No. responses	269	280	325	373	400

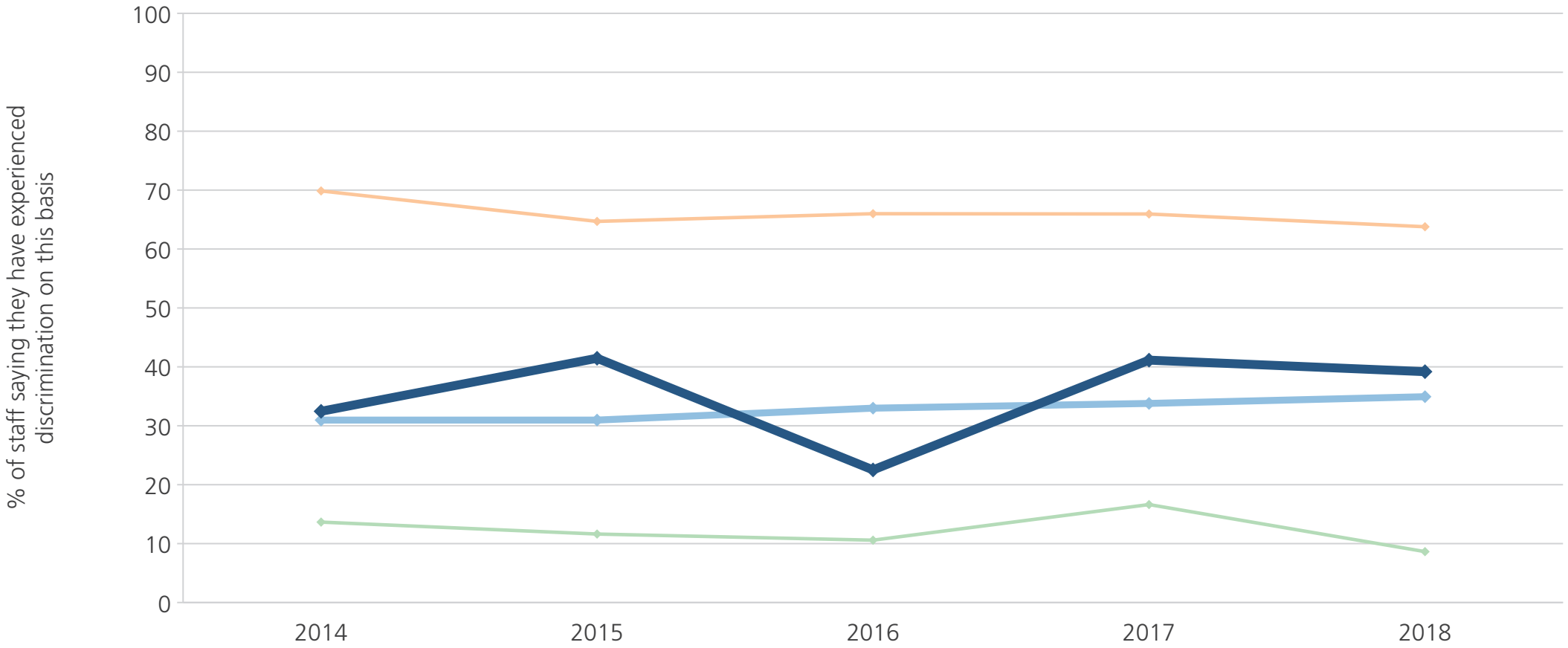


	2014	2015	2016	2017	2018
Worst	11.2%	9.0%	12.8%	13.2%	13.7%
Your org	3.2%	6.4%	3.1%	3.6%	6.0%
Average	4.4%	3.9%	4.3%	5.0%	5.3%
Best	1.8%	2.0%	1.6%	2.1%	2.1%
No. responses	378	374	427	518	543



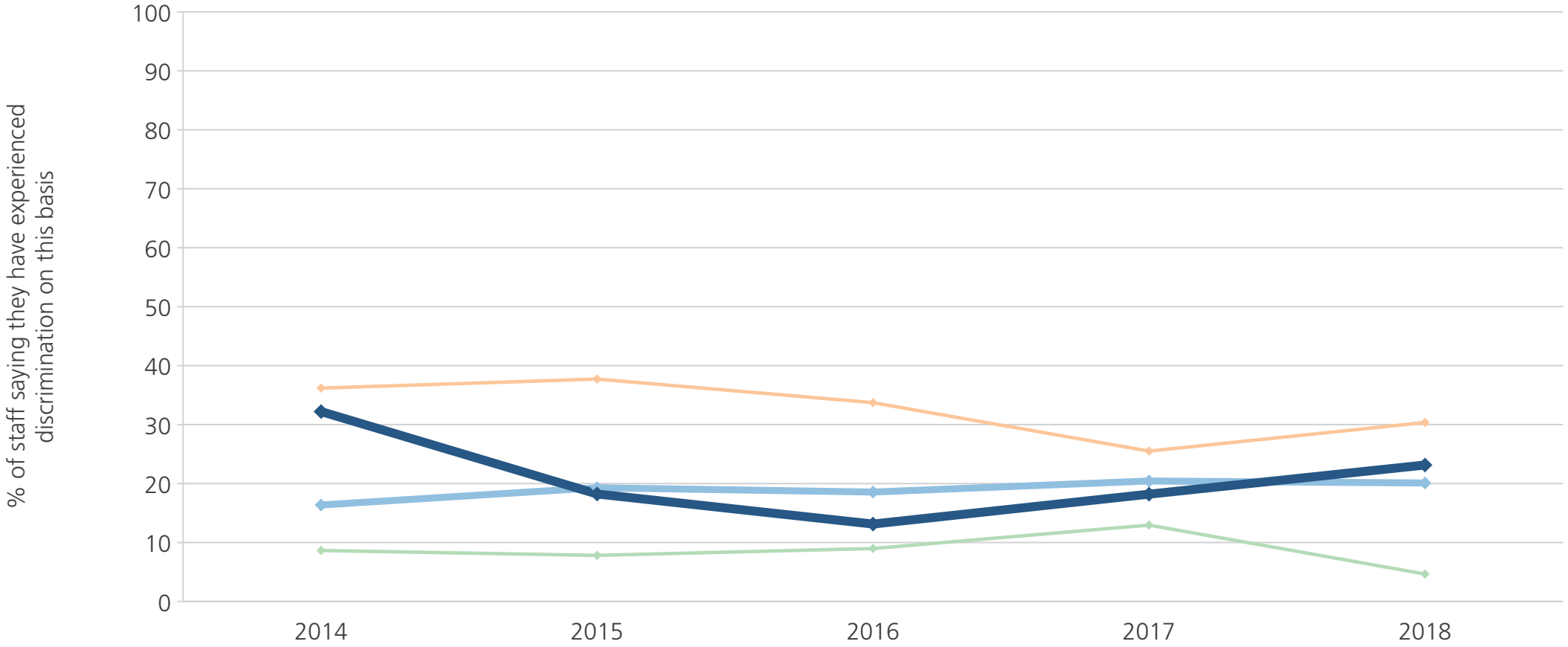
	2014	2015	2016	2017	2018
Worst	12.4%	13.2%	14.0%	13.9%	14.5%
Your org	4.3%	6.9%	7.2%	6.6%	5.8%
Average	6.9%	6.3%	6.6%	7.1%	6.9%
Best	3.3%	2.5%	2.7%	3.9%	4.5%
No. responses	376	363	424	522	539

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



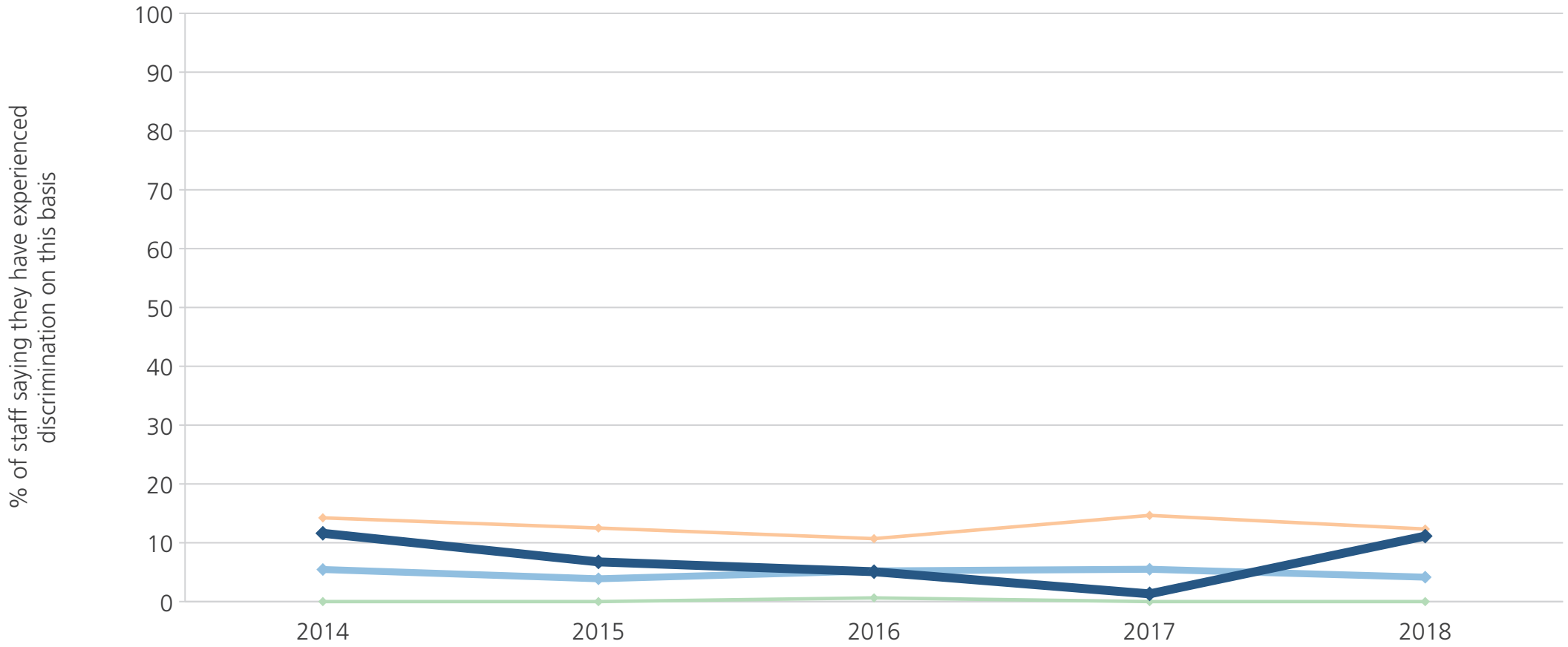
	2014	2015	2016	2017	2018
Worst	69.9%	64.7%	66.0%	65.9%	63.8%
Your org	32.5%	41.5%	22.5%	41.1%	39.2%
Average	31.0%	31.0%	33.0%	33.8%	34.9%
Best	13.7%	11.6%	10.6%	16.6%	8.6%
No. responses	25	38	37	44	53

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



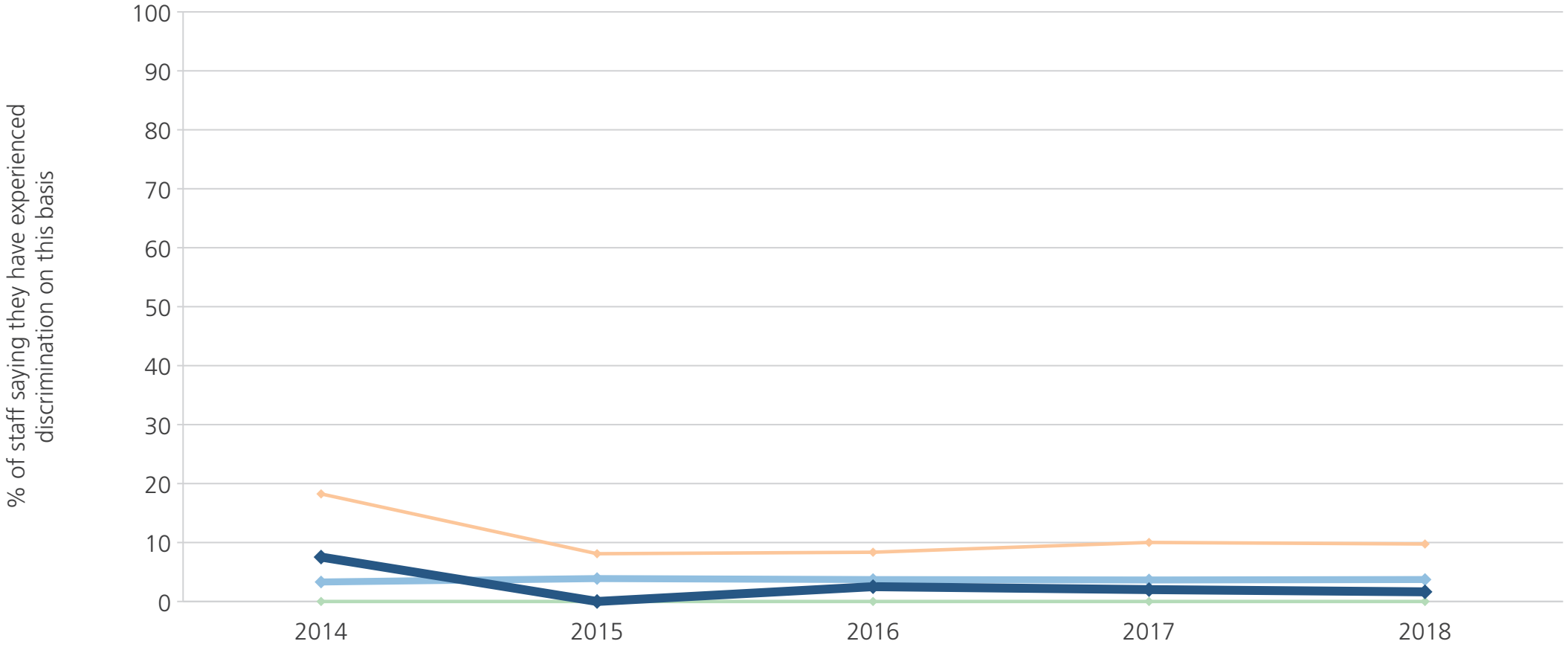
	2014	2015	2016	2017	2018
Worst	36.2%	37.7%	33.7%	25.5%	30.4%
Your org	32.2%	18.2%	13.1%	18.2%	23.1%
Average	16.4%	19.3%	18.6%	20.4%	20.1%
Best	8.6%	7.8%	9.0%	13.0%	4.7%
No. responses	25	38	37	44	53

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



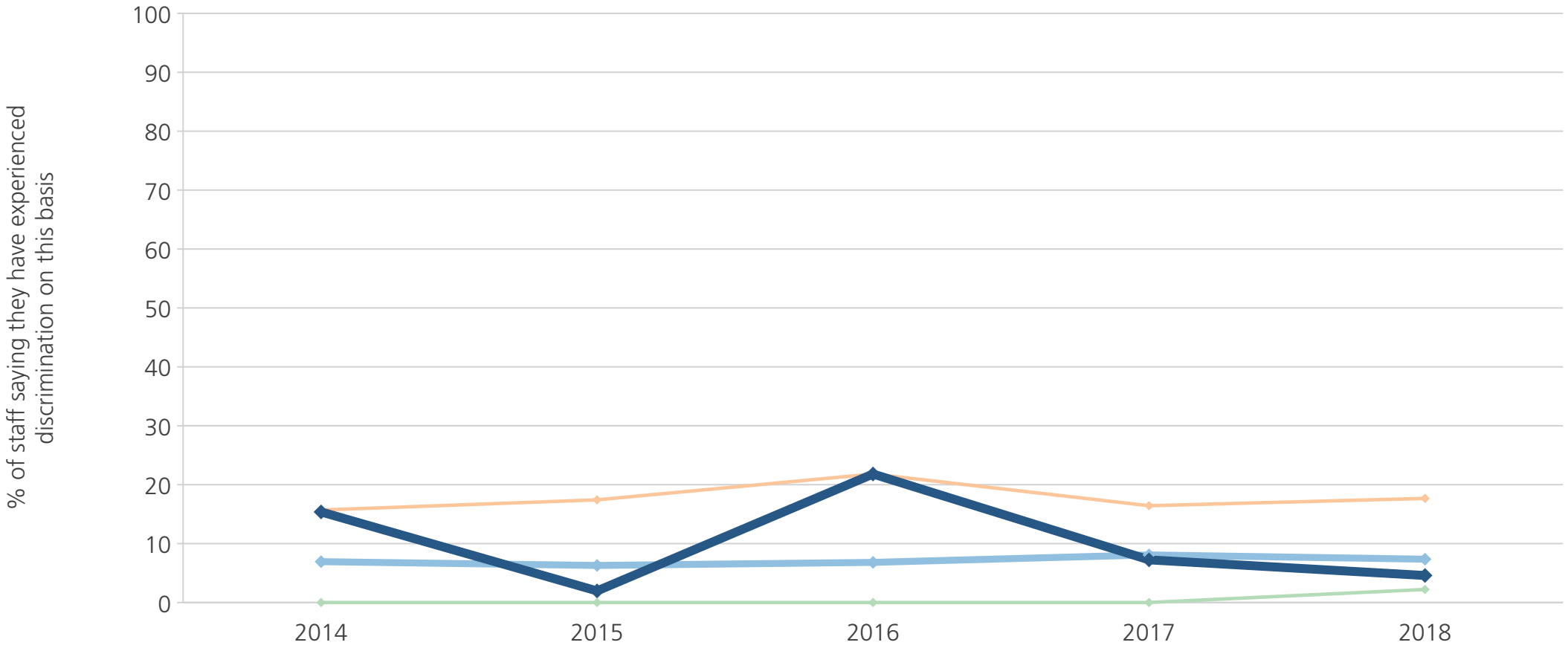
	2014	2015	2016	2017	2018
Worst	14.2%	12.5%	10.7%	14.7%	12.3%
Your org	11.6%	6.7%	5.1%	1.3%	11.1%
Average	5.5%	3.9%	5.2%	5.5%	4.1%
Best	0.0%	0.0%	0.6%	0.0%	0.0%
No. responses	25	38	37	44	53

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



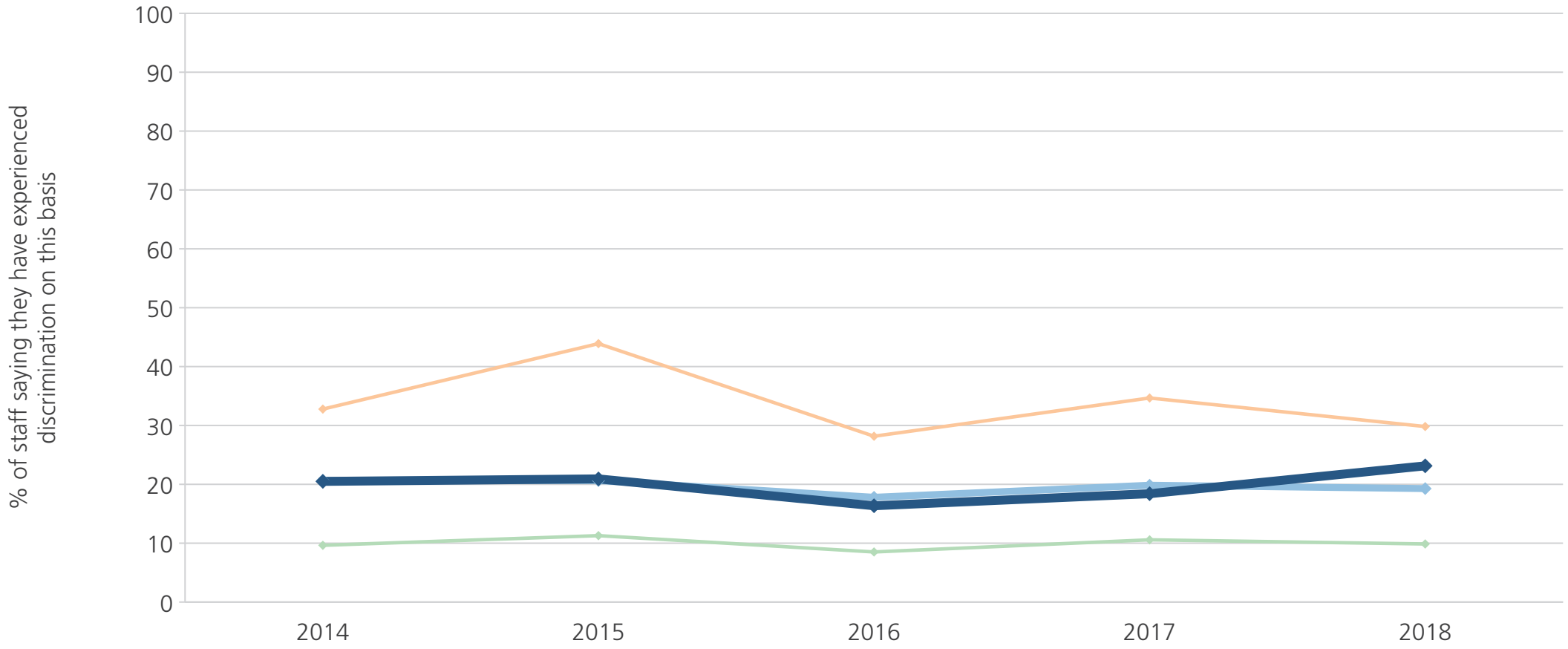
	2014	2015	2016	2017	2018
Worst	18.2%	8.1%	8.4%	10.0%	9.8%
Your org	7.5%	0.0%	2.5%	2.0%	1.6%
Average	3.3%	3.9%	3.7%	3.6%	3.7%
Best	0.0%	0.0%	0.0%	0.0%	0.0%
No. responses	25	38	37	44	53

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



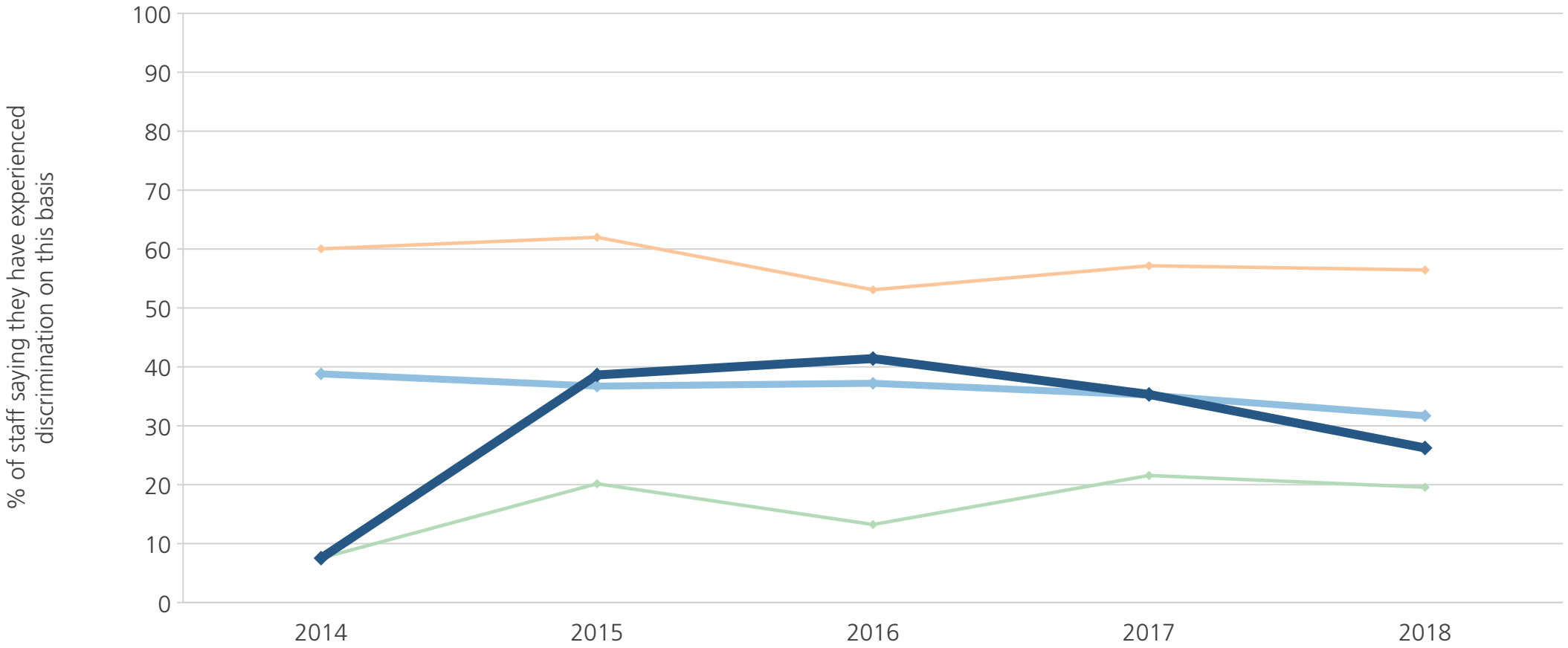
	2014	2015	2016	2017	2018
Worst	15.7%	17.4%	21.8%	16.4%	17.7%
Your org	15.4%	2.0%	21.8%	7.2%	4.6%
Average	6.9%	6.3%	6.8%	8.1%	7.4%
Best	0.0%	0.0%	0.0%	0.0%	2.2%
No. responses	25	38	37	44	53

Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.

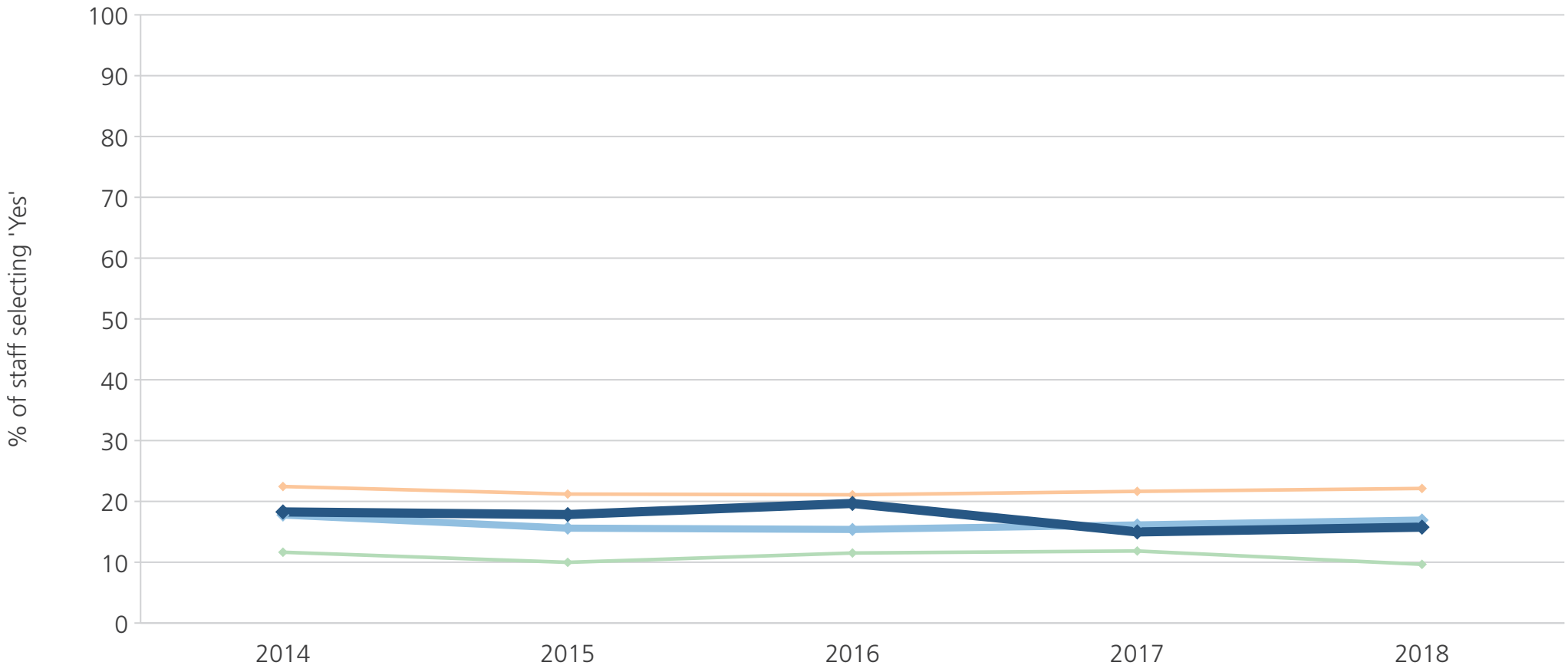


	2014	2015	2016	2017	2018
Worst	32.8%	43.9%	28.2%	34.7%	29.8%
Your org	20.5%	20.9%	16.4%	18.4%	23.1%
Average	20.7%	20.6%	17.8%	19.8%	19.3%
Best	9.6%	11.3%	8.5%	10.6%	9.9%
No. responses	25	38	37	44	53

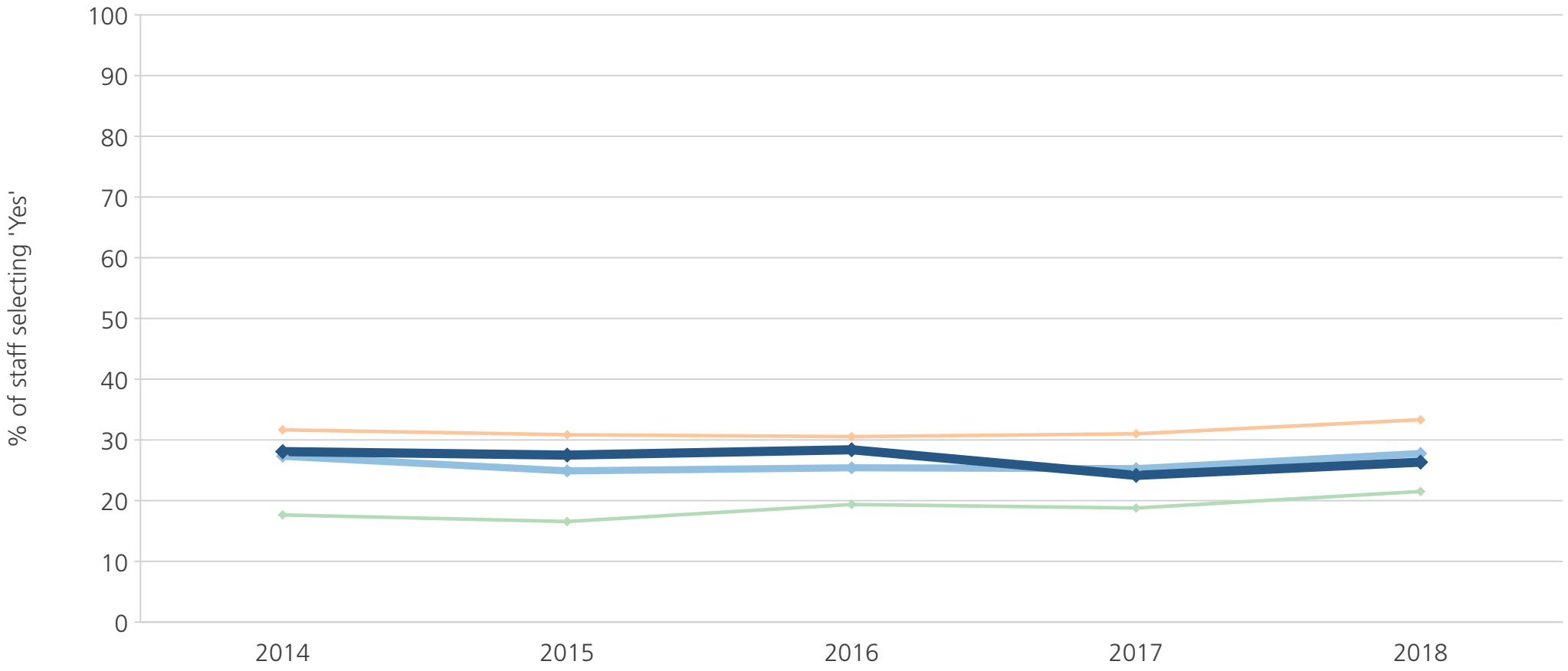
Note: This question was only answered by staff who reported experiencing at least one incident of discrimination in the last 12 months.



	2014	2015	2016	2017	2018
Worst	60.0%	62.0%	53.1%	57.2%	56.4%
Your org	7.5%	38.6%	41.4%	35.3%	26.2%
Average	38.8%	36.7%	37.2%	35.2%	31.7%
Best	7.5%	20.2%	13.2%	21.6%	19.6%
No. responses	25	38	37	44	53

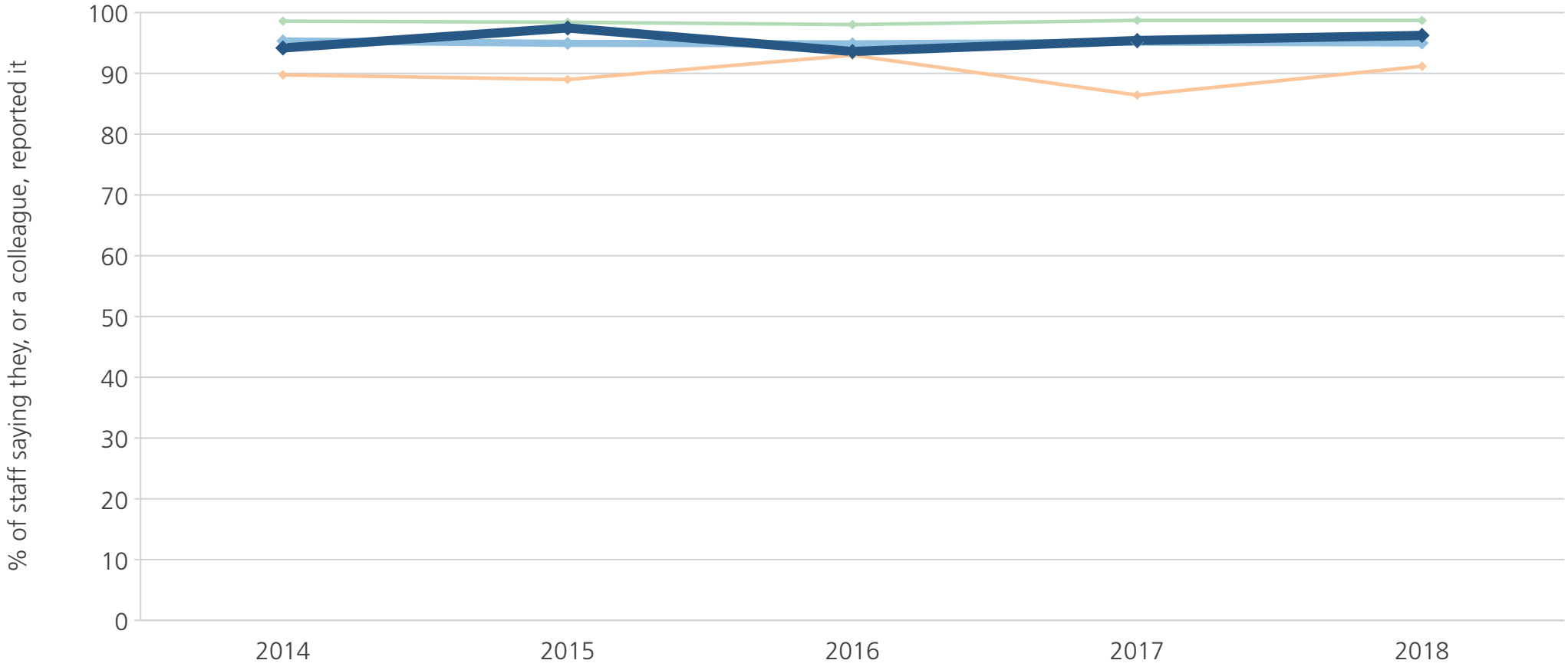


	2014	2015	2016	2017	2018
Worst	22.4%	21.2%	21.1%	21.6%	22.1%
Your org	18.3%	17.8%	19.7%	15.0%	15.8%
Average	17.8%	15.6%	15.4%	16.1%	16.9%
Best	11.6%	10.0%	11.5%	11.8%	9.7%
No. responses	378	367	432	514	529

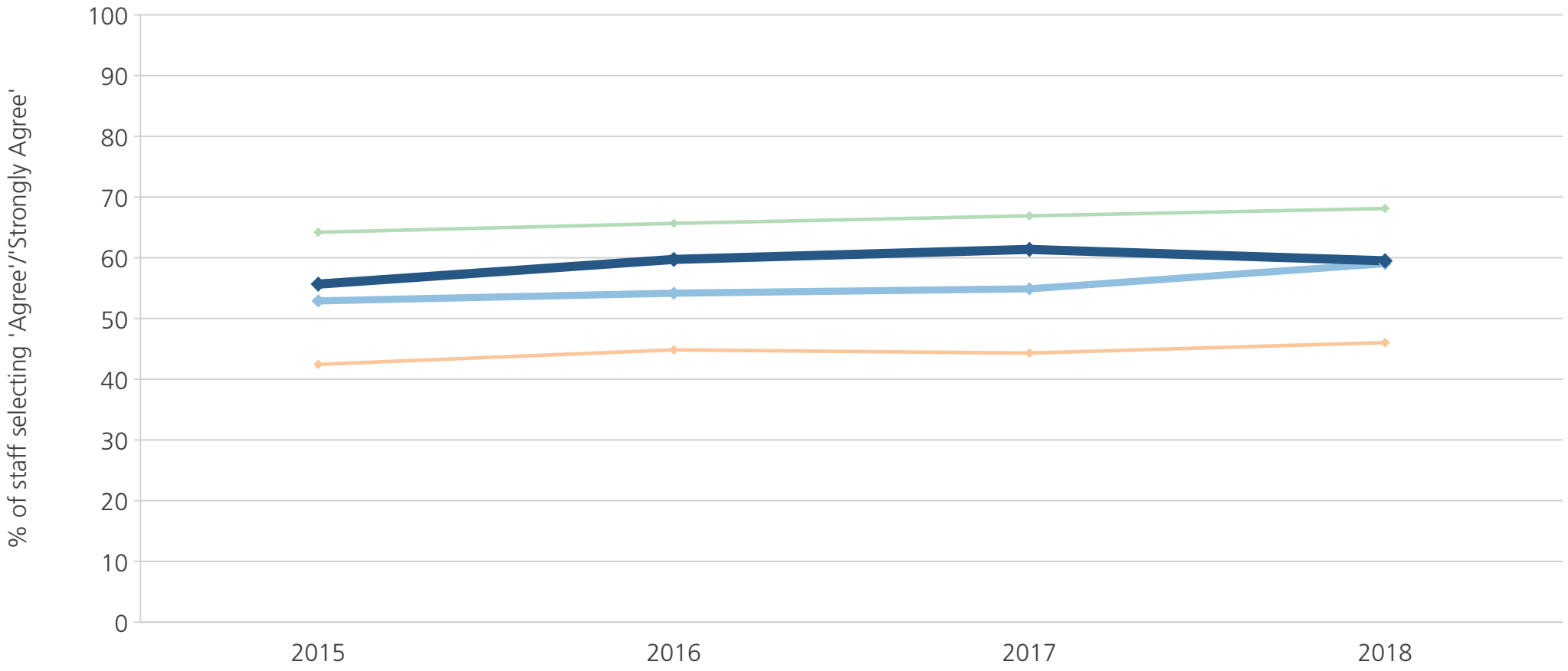


	2014	2015	2016	2017	2018
Worst	31.7%	30.9%	30.5%	31.0%	33.3%
Your org	28.1%	27.5%	28.4%	24.2%	26.3%
Average	27.3%	24.9%	25.4%	25.3%	27.8%
Best	17.7%	16.6%	19.4%	18.8%	21.5%
No. responses	374	355	424	512	526

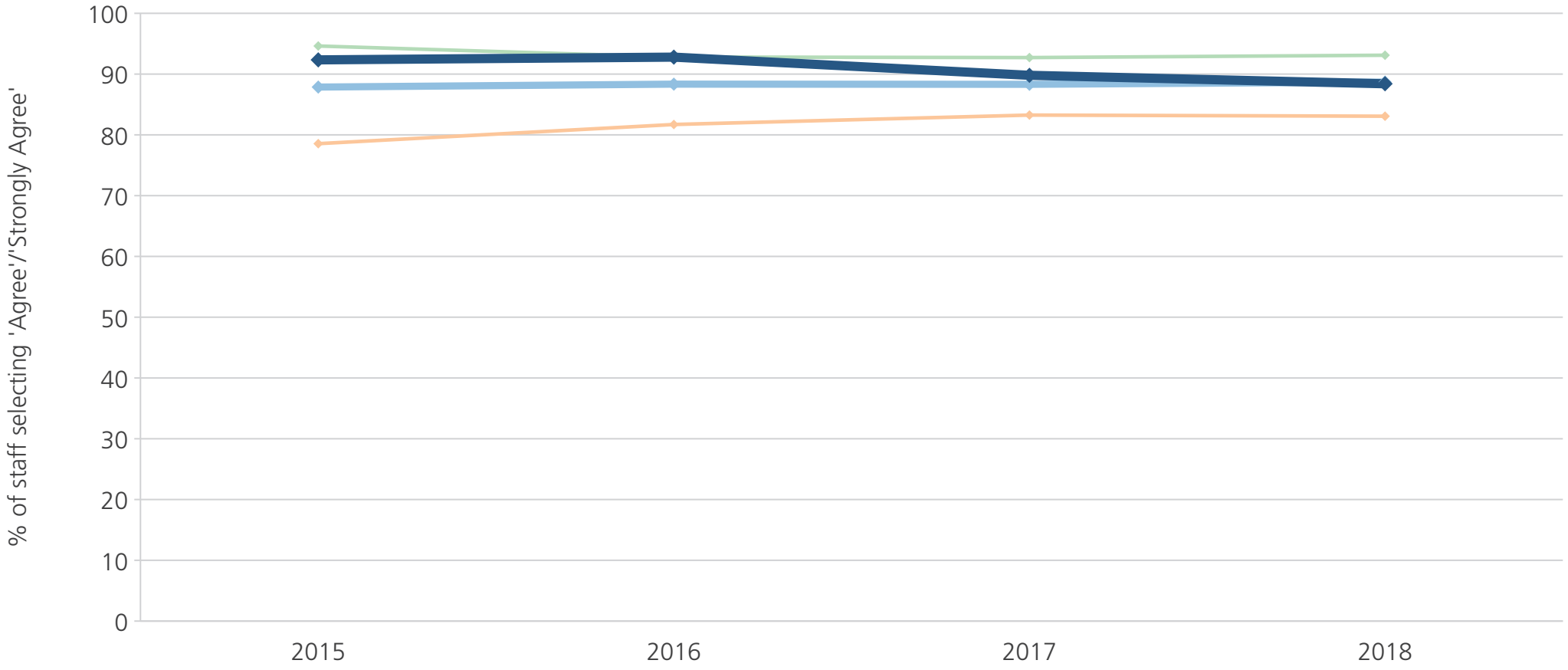
Note: This question was only answered by staff who reported observing at least one error, near miss or incident in the last month.



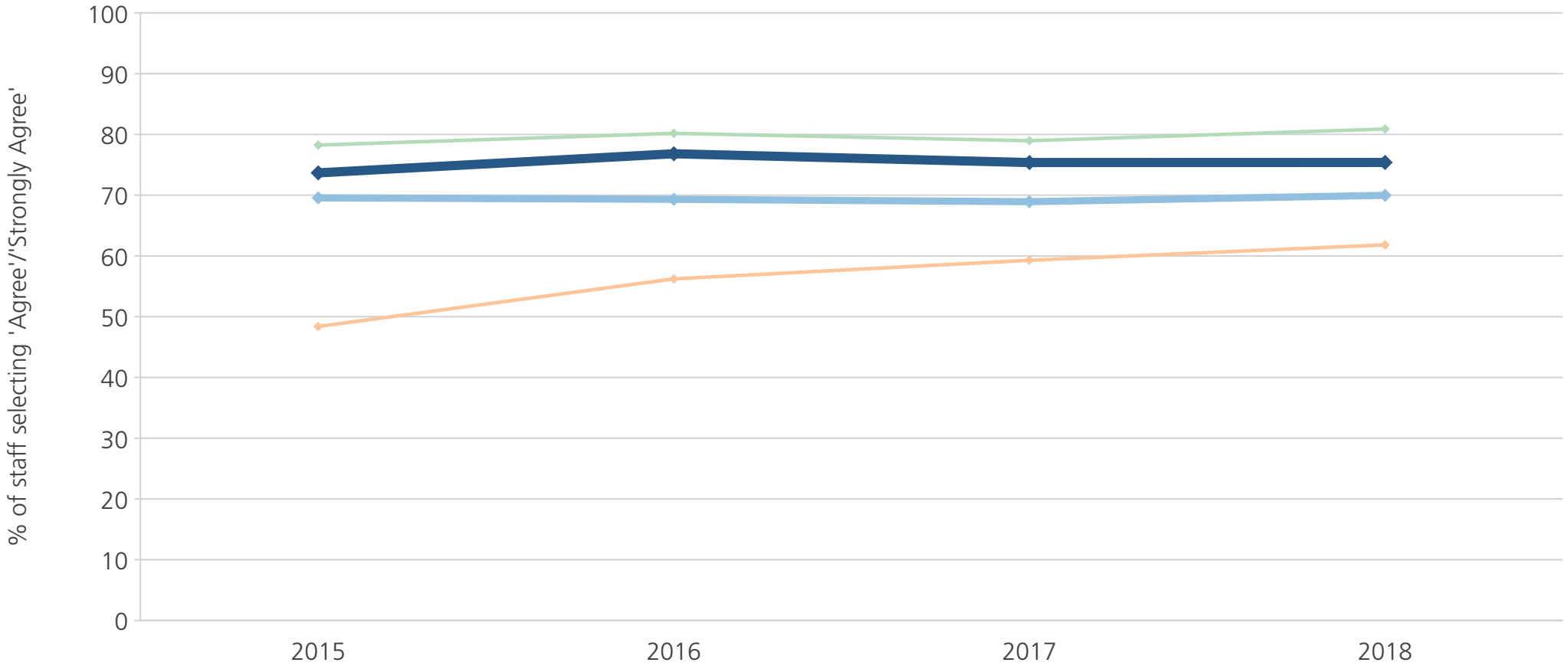
	2014	2015	2016	2017	2018
Best	98.6%	98.4%	98.0%	98.7%	98.7%
Your org	94.2%	97.5%	93.6%	95.4%	96.2%
Average	95.3%	94.9%	94.9%	95.1%	95.0%
Worst	89.8%	89.0%	93.0%	86.4%	91.2%
No. responses	115	113	134	132	148



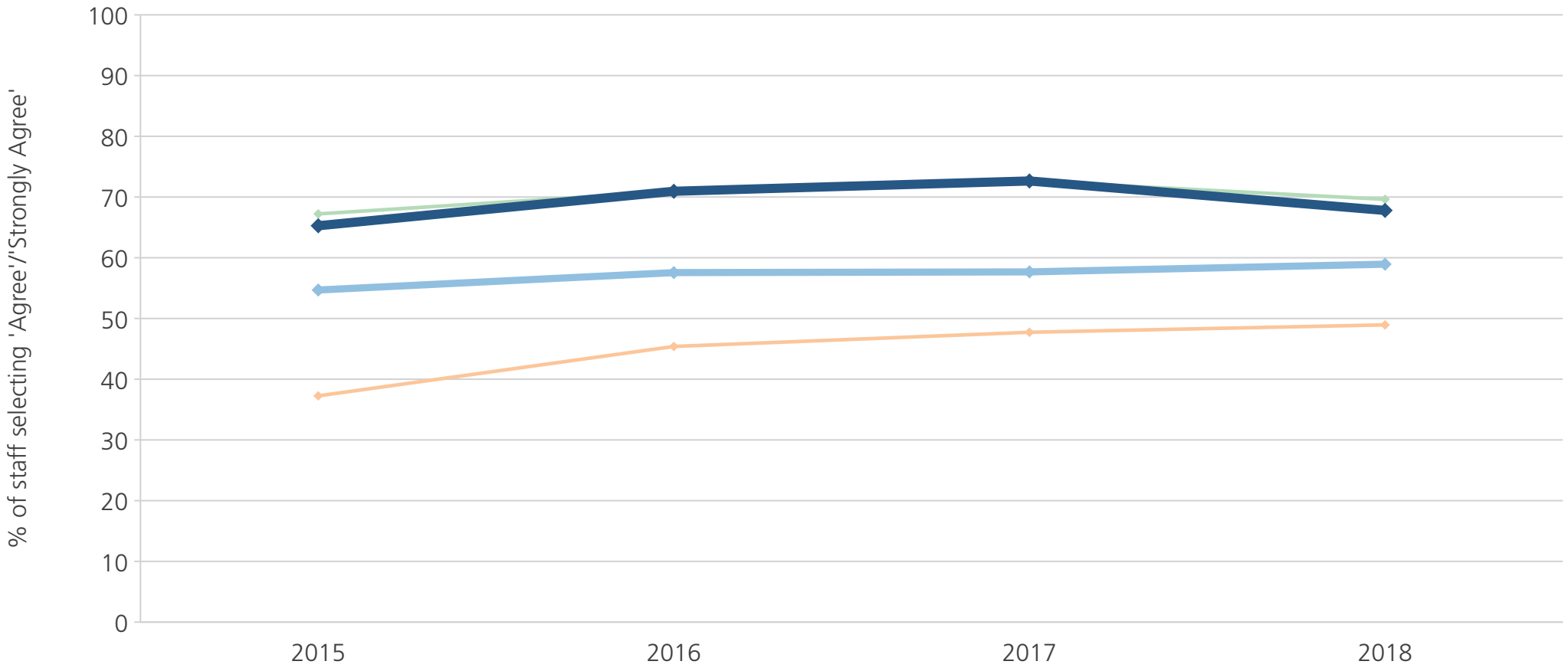
	2015	2016	2017	2018
Best	64.2%	65.7%	66.9%	68.1%
Your org	55.7%	59.7%	61.4%	59.5%
Average	52.9%	54.2%	54.9%	59.0%
Worst	42.4%	44.8%	44.3%	46.0%
No. responses	317	382	430	424



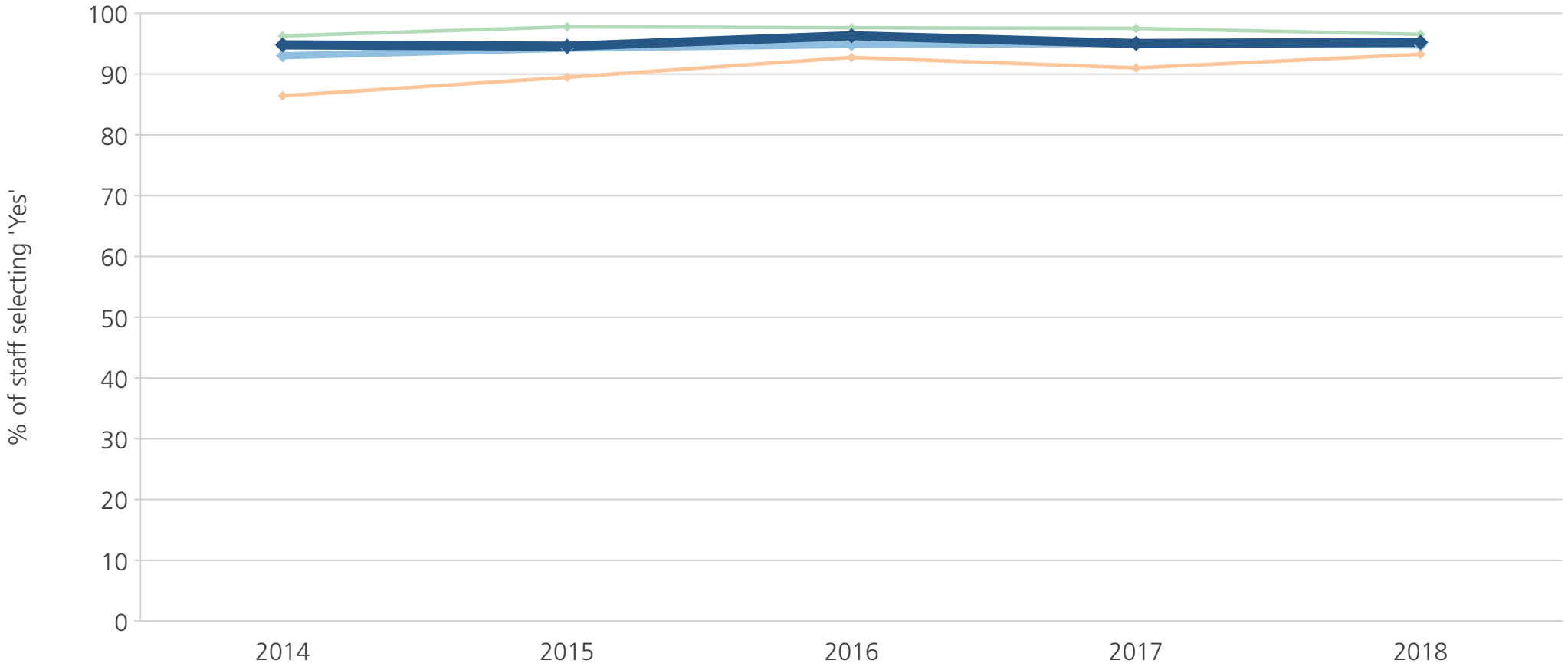
	2015	2016	2017	2018
Best	94.6%	92.8%	92.7%	93.1%
Your org	92.3%	92.8%	89.8%	88.4%
Average	87.9%	88.3%	88.3%	88.7%
Worst	78.6%	81.7%	83.3%	83.1%
No. responses	364	431	509	531



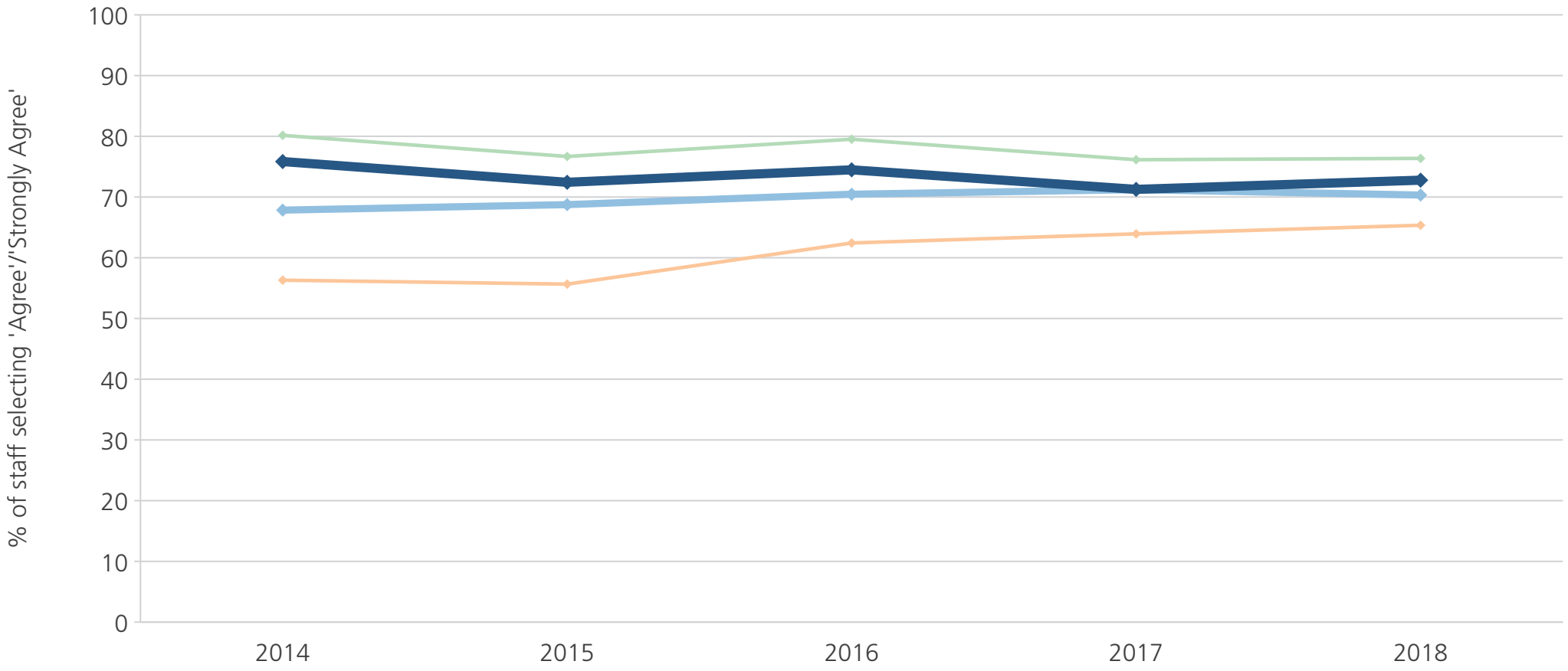
	2015	2016	2017	2018
Best	78.2%	80.2%	79.0%	80.9%
Your org	73.7%	76.8%	75.4%	75.4%
Average	69.6%	69.3%	68.9%	70.0%
Worst	48.4%	56.2%	59.3%	61.8%
No. responses	347	412	482	494



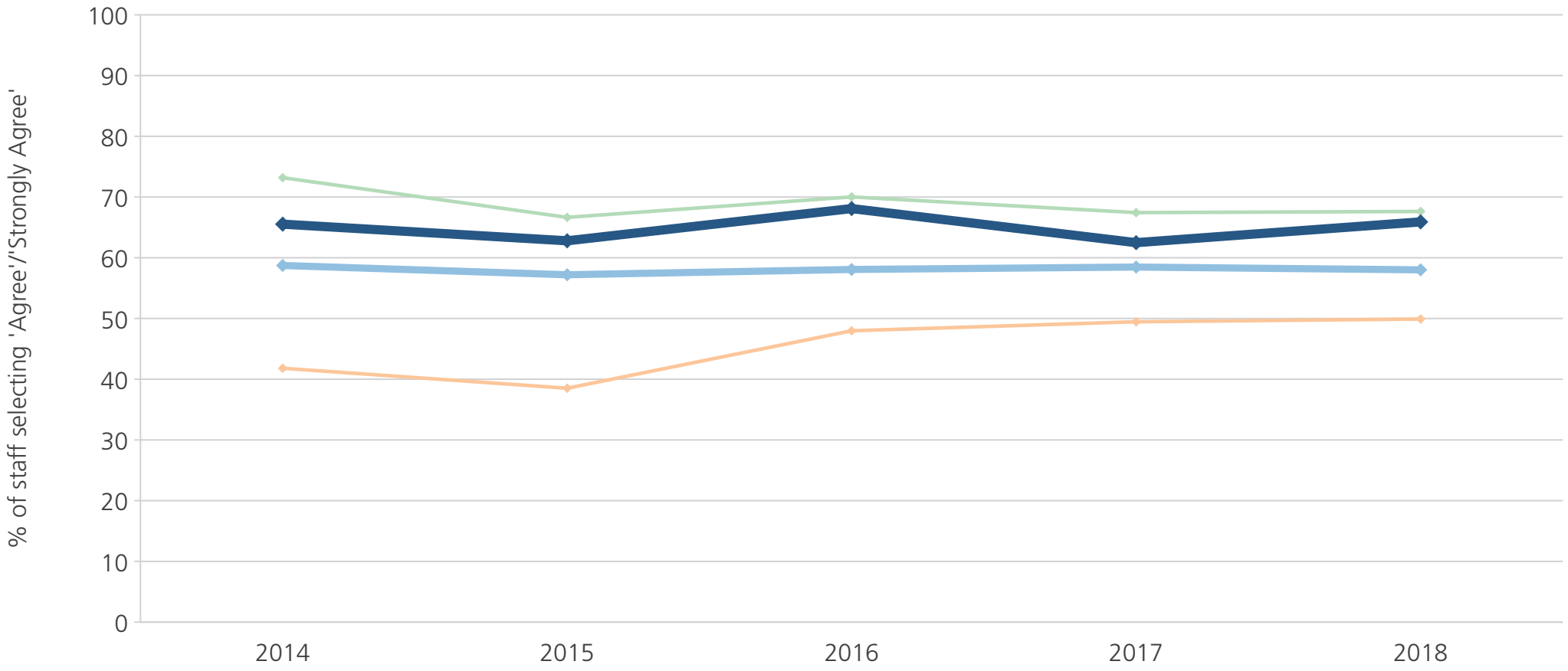
	2015	2016	2017	2018
Best	67.2%	70.9%	72.6%	69.6%
Your org	65.3%	70.9%	72.6%	67.8%
Average	54.7%	57.6%	57.7%	58.9%
Worst	37.3%	45.4%	47.7%	48.9%
No. responses	344	421	478	500



	2014	2015	2016	2017	2018
Best	96.3%	97.8%	97.6%	97.5%	96.5%
Your org	94.8%	94.6%	96.3%	95.0%	95.2%
Average	93.0%	94.2%	94.9%	95.0%	94.8%
Worst	86.4%	89.5%	92.7%	91.0%	93.3%
No. responses	343	342	402	475	493



	2014	2015	2016	2017	2018
Best	80.2%	76.7%	79.5%	76.1%	76.4%
Your org	75.8%	72.4%	74.5%	71.3%	72.8%
Average	67.8%	68.7%	70.5%	71.2%	70.3%
Worst	56.3%	55.7%	62.4%	63.9%	65.4%
No. responses	375	372	433	520	539



	2014	2015	2016	2017	2018
Best	73.2%	66.6%	70.0%	67.4%	67.6%
Your org	65.5%	62.8%	68.1%	62.5%	65.9%
Average	58.7%	57.2%	58.1%	58.5%	58.0%
Worst	41.8%	38.5%	48.0%	49.5%	49.9%
No. responses	369	372	429	521	538

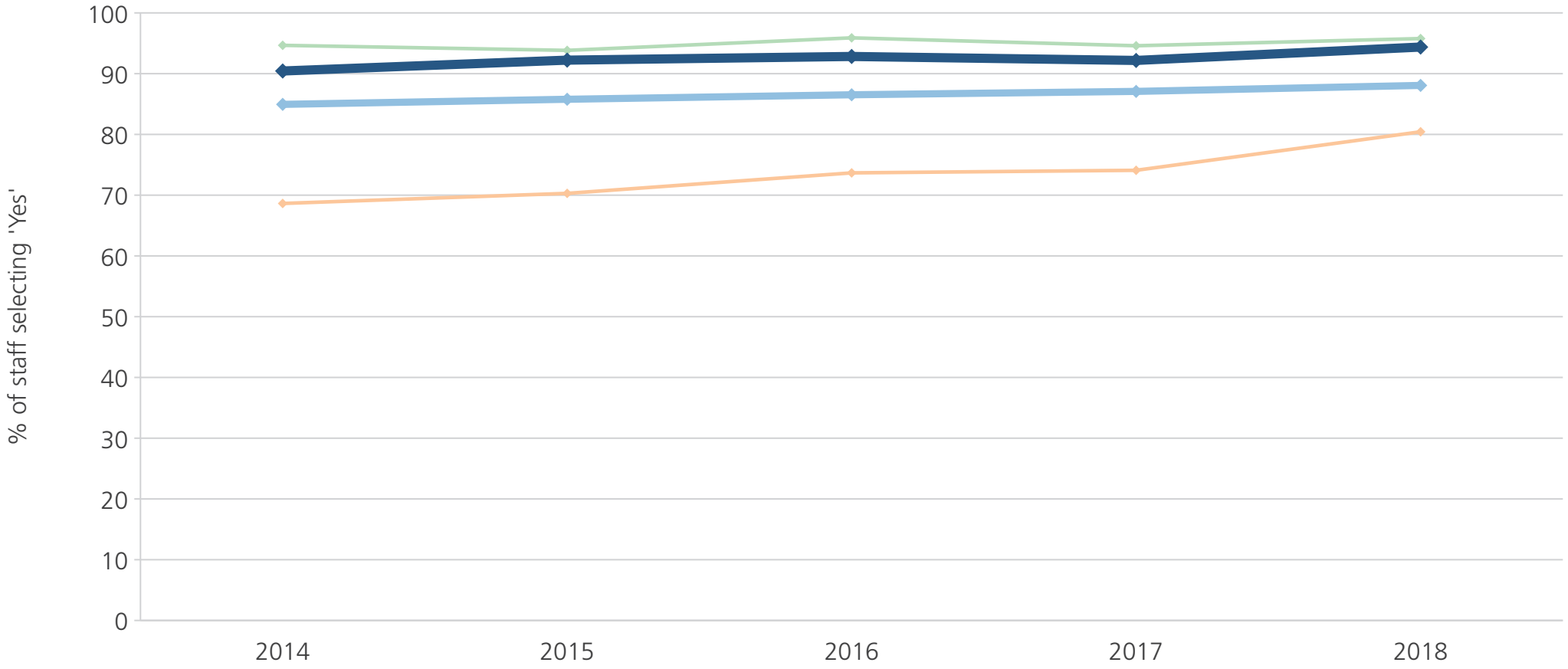
Survey Coordination Centre

NHS England

Question results – Your personal development

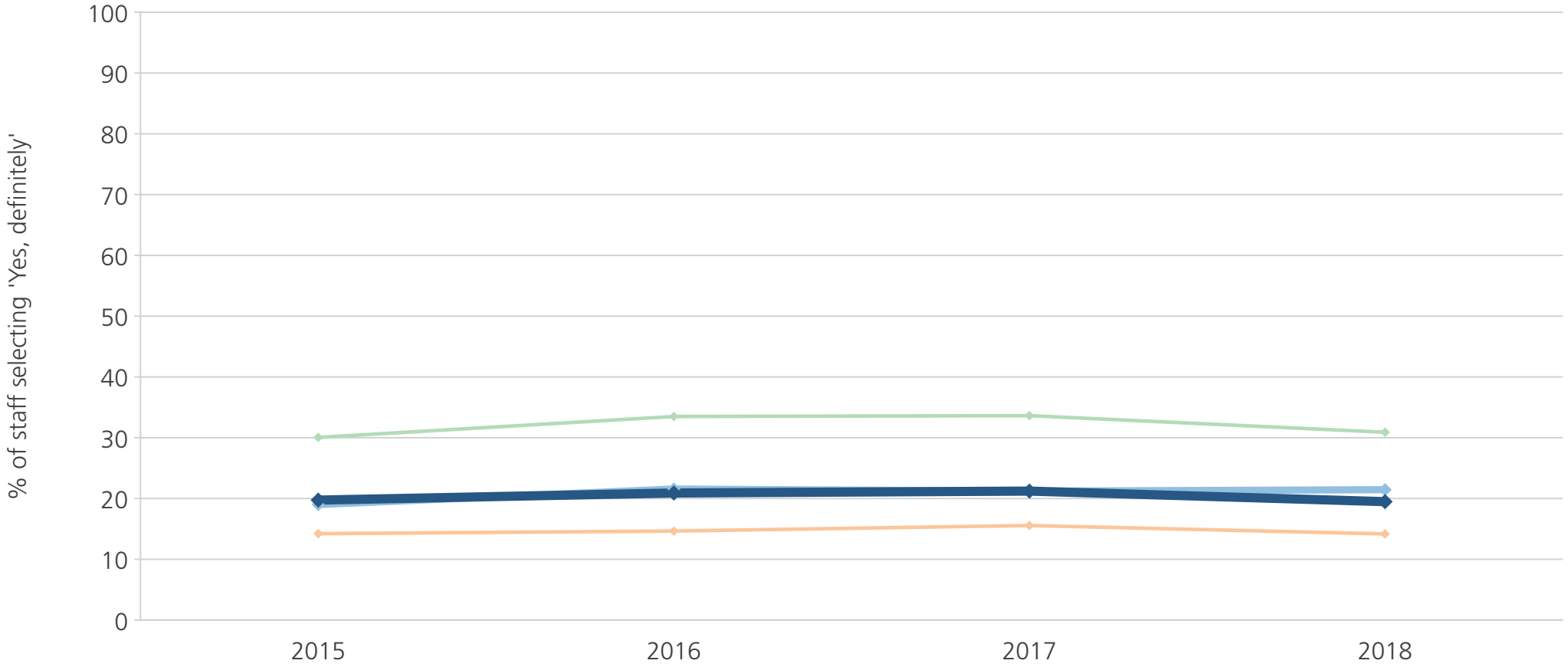
Bolton NHS Foundation Trust

2018 NHS Staff Survey Results



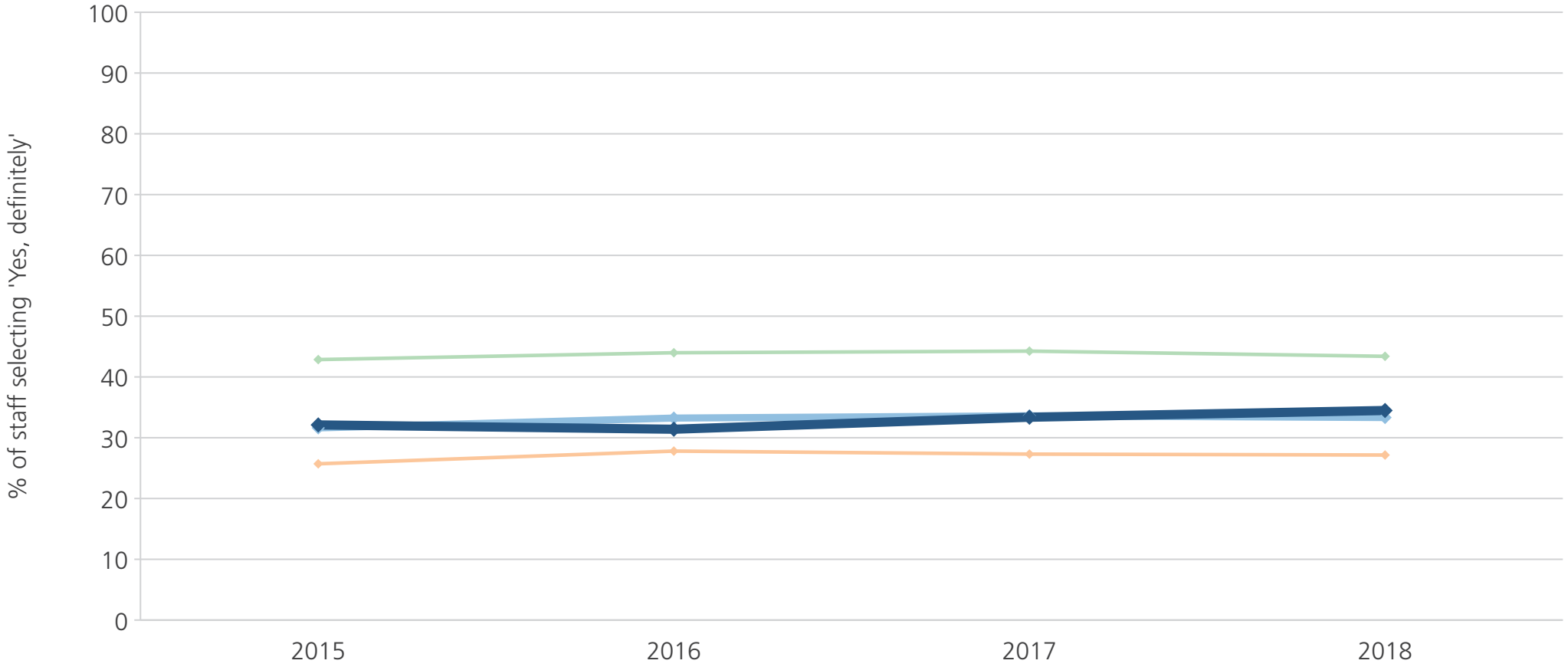
	2014	2015	2016	2017	2018
Best	94.7%	93.8%	95.9%	94.6%	95.8%
Your org	90.4%	92.2%	92.8%	92.2%	94.4%
Average	84.9%	85.8%	86.5%	87.1%	88.1%
Worst	68.6%	70.3%	73.7%	74.1%	80.4%
No. responses	365	363	428	515	533

Note: This question was only answered by staff who selected 'Yes' on q19a.



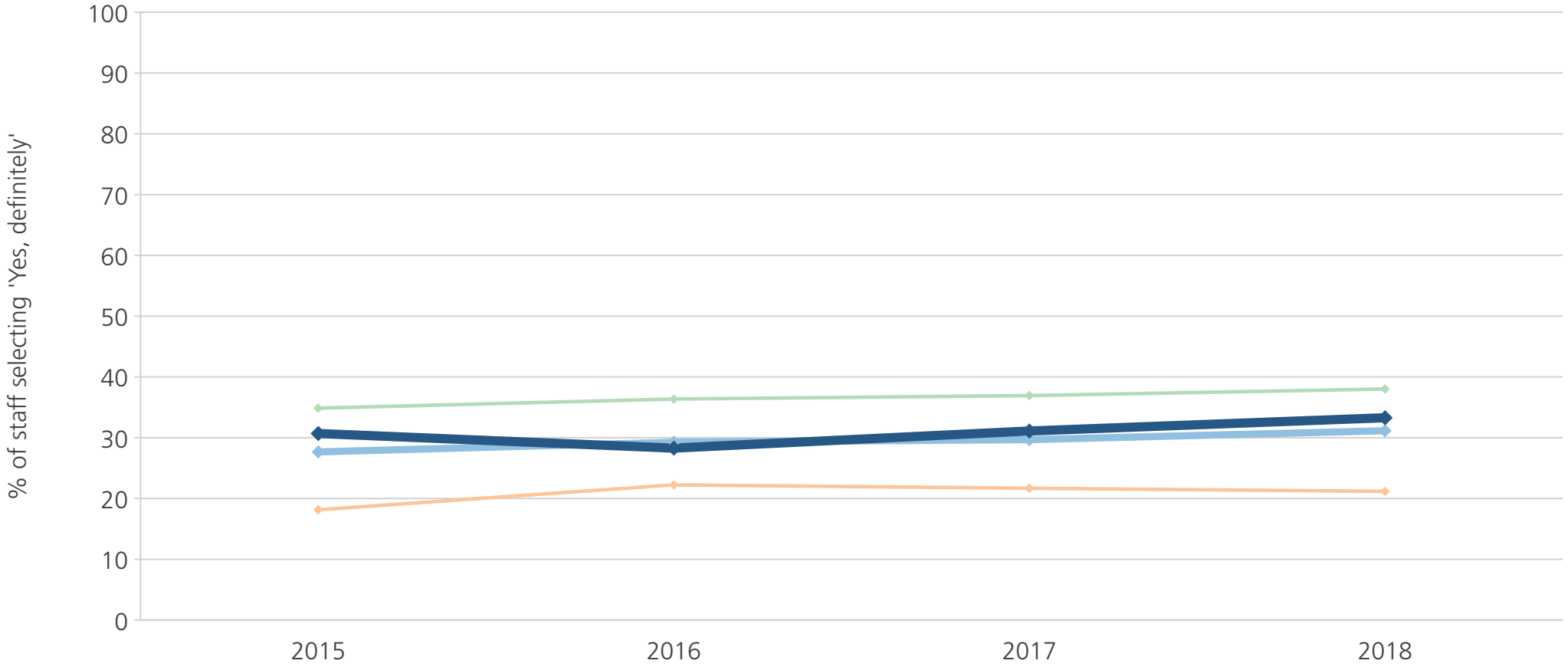
	2015	2016	2017	2018
Best	30.1%	33.5%	33.6%	30.9%
Your org	19.7%	20.9%	21.2%	19.5%
Average	19.0%	21.6%	21.2%	21.5%
Worst	14.2%	14.6%	15.6%	14.2%
No. responses	329	386	470	501

Note: This question was only answered by staff who selected 'Yes' on q19a.



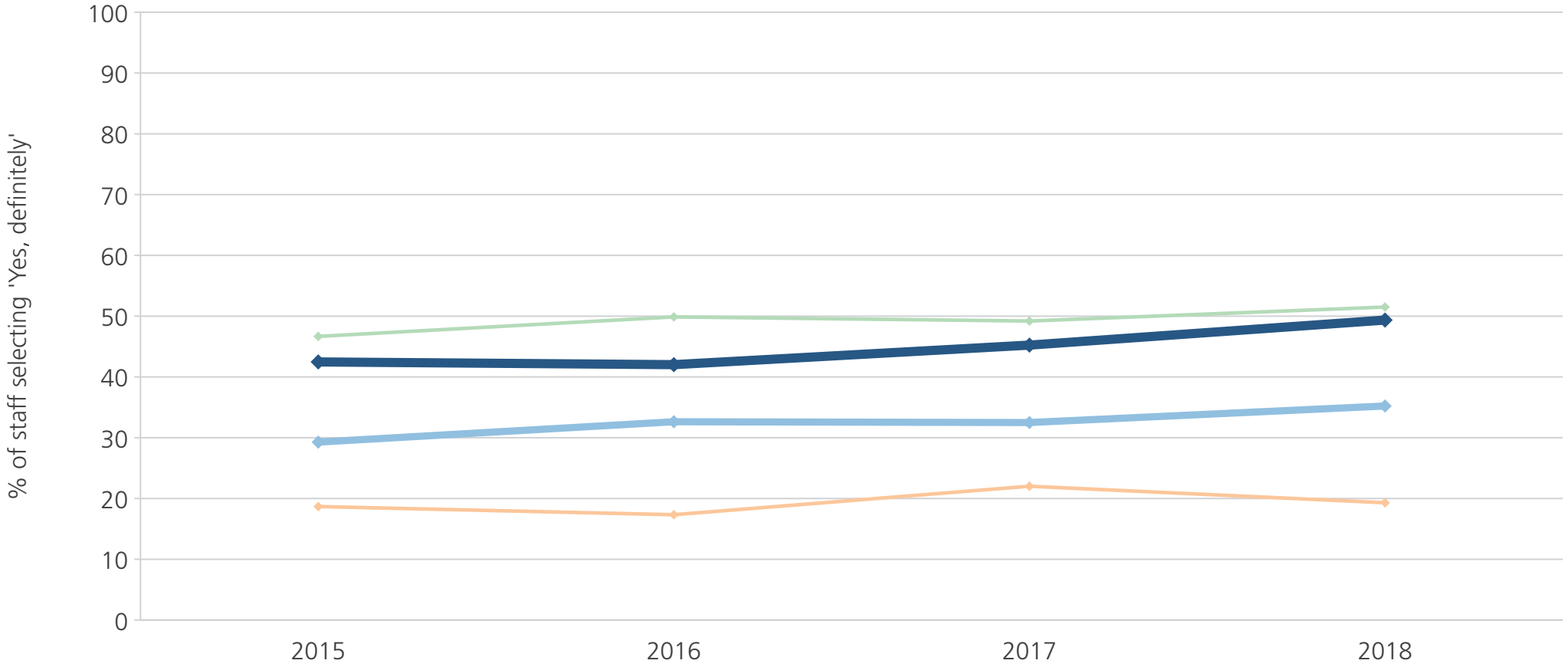
	2015	2016	2017	2018
Best	42.9%	44.0%	44.2%	43.4%
Your org	32.1%	31.4%	33.4%	34.5%
Average	31.6%	33.2%	33.6%	33.3%
Worst	25.7%	27.8%	27.3%	27.2%
No. responses	327	388	468	501

Note: This question was only answered by staff who selected 'Yes' on q19a.



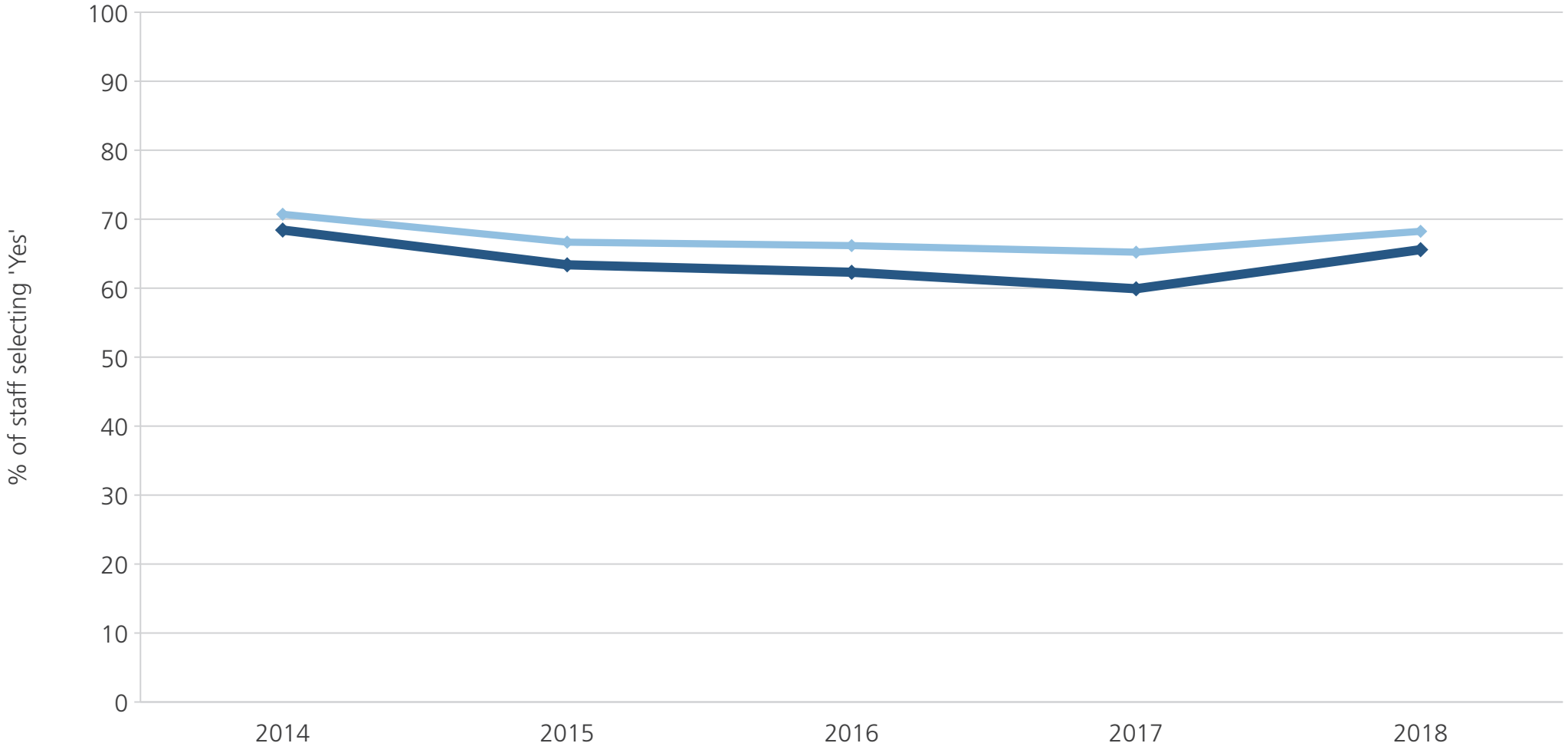
	2015	2016	2017	2018
Best	34.9%	36.4%	36.9%	38.0%
Your org	30.7%	28.3%	31.1%	33.3%
Average	27.7%	29.3%	29.7%	31.1%
Worst	18.1%	22.2%	21.7%	21.2%
No. responses	325	384	468	499

Note: This question was only answered by staff who selected 'Yes' on q19a.



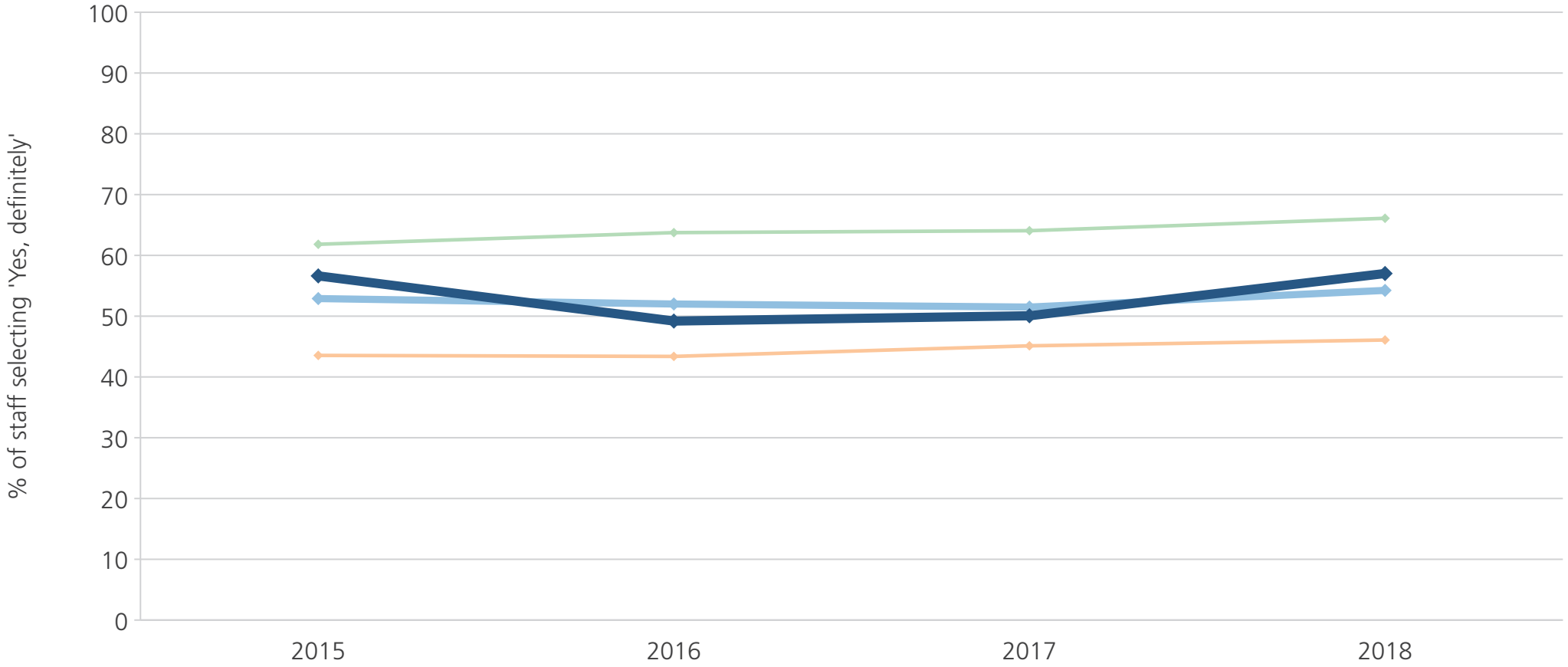
	2015	2016	2017	2018
Best	46.7%	49.9%	49.2%	51.5%
Your org	42.5%	42.0%	45.2%	49.4%
Average	29.3%	32.6%	32.5%	35.2%
Worst	18.7%	17.3%	22.0%	19.3%
No. responses	322	381	465	495

Note: This question was only answered by staff who selected 'Yes' on q19a.

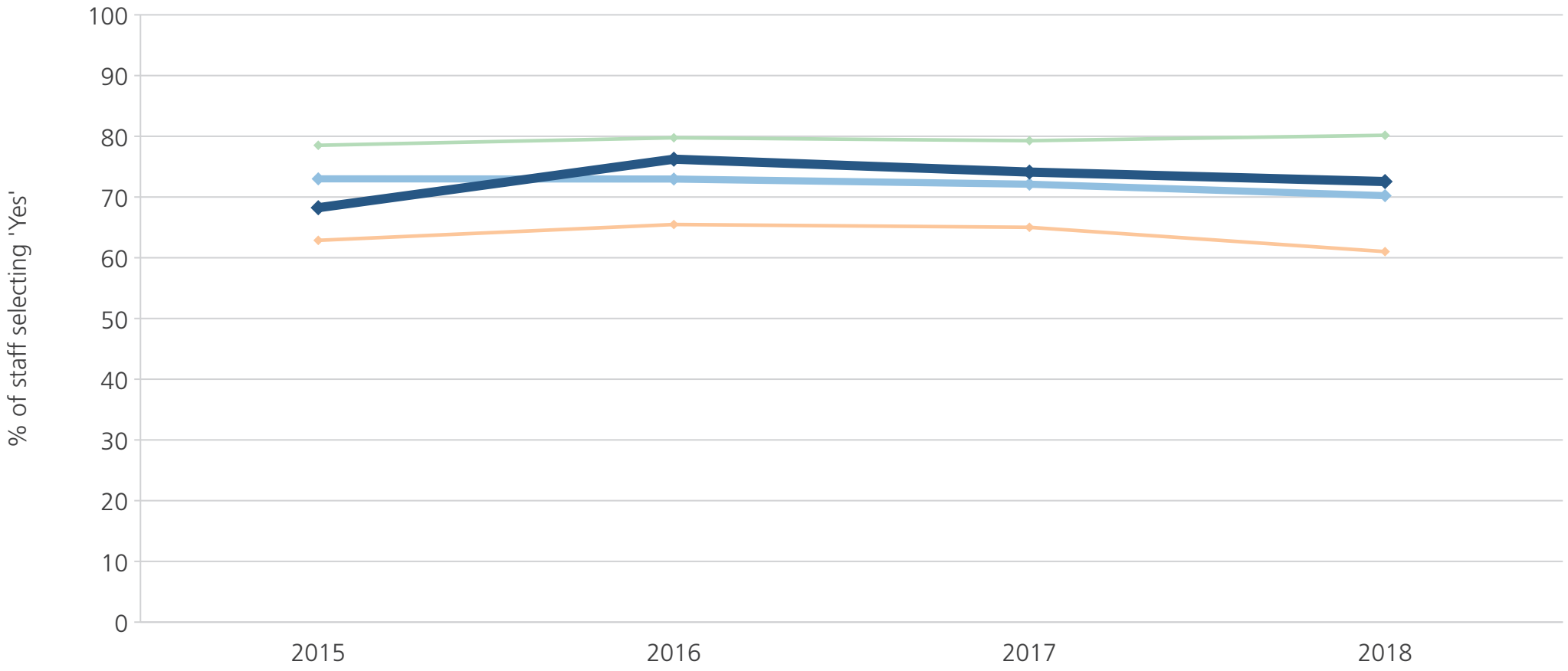


	2014	2015	2016	2017	2018
Your org	68.4%	63.4%	62.3%	59.9%	65.6%
Average	70.7%	66.7%	66.2%	65.2%	68.2%
No. responses	323	325	382	459	491

Note: This question was only answered by staff who selected 'Yes' on q19f.



	2015	2016	2017	2018
Best	61.8%	63.7%	64.1%	66.1%
Your org	56.6%	49.2%	50.1%	57.0%
Average	52.9%	52.0%	51.5%	54.2%
Worst	43.5%	43.4%	45.1%	46.1%
No. responses	201	231	269	317



	2015	2016	2017	2018
Best	78.5%	79.8%	79.3%	80.2%
Your org	68.2%	76.2%	74.1%	72.5%
Average	73.0%	73.0%	72.1%	70.2%
Worst	62.9%	65.5%	65.0%	61.0%
No. responses	363	425	513	534

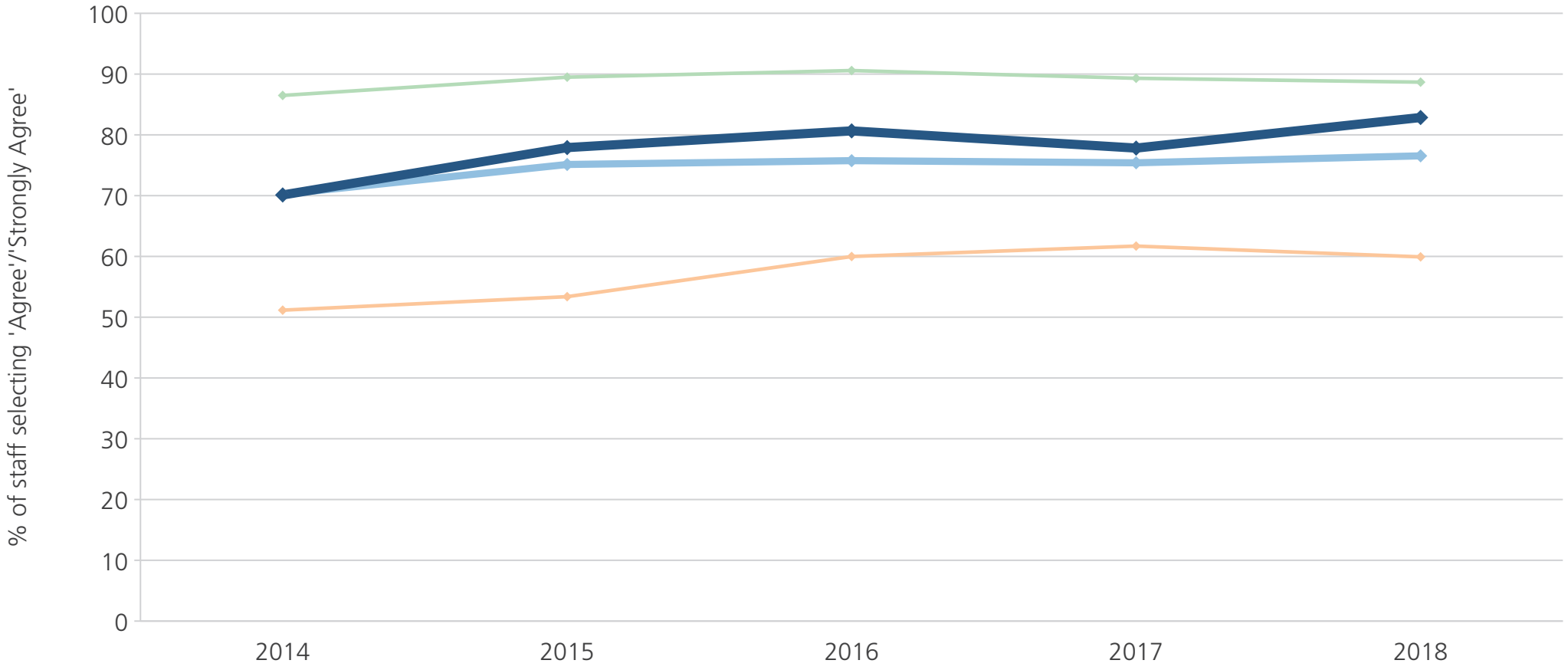
Survey Coordination Centre

NHS England

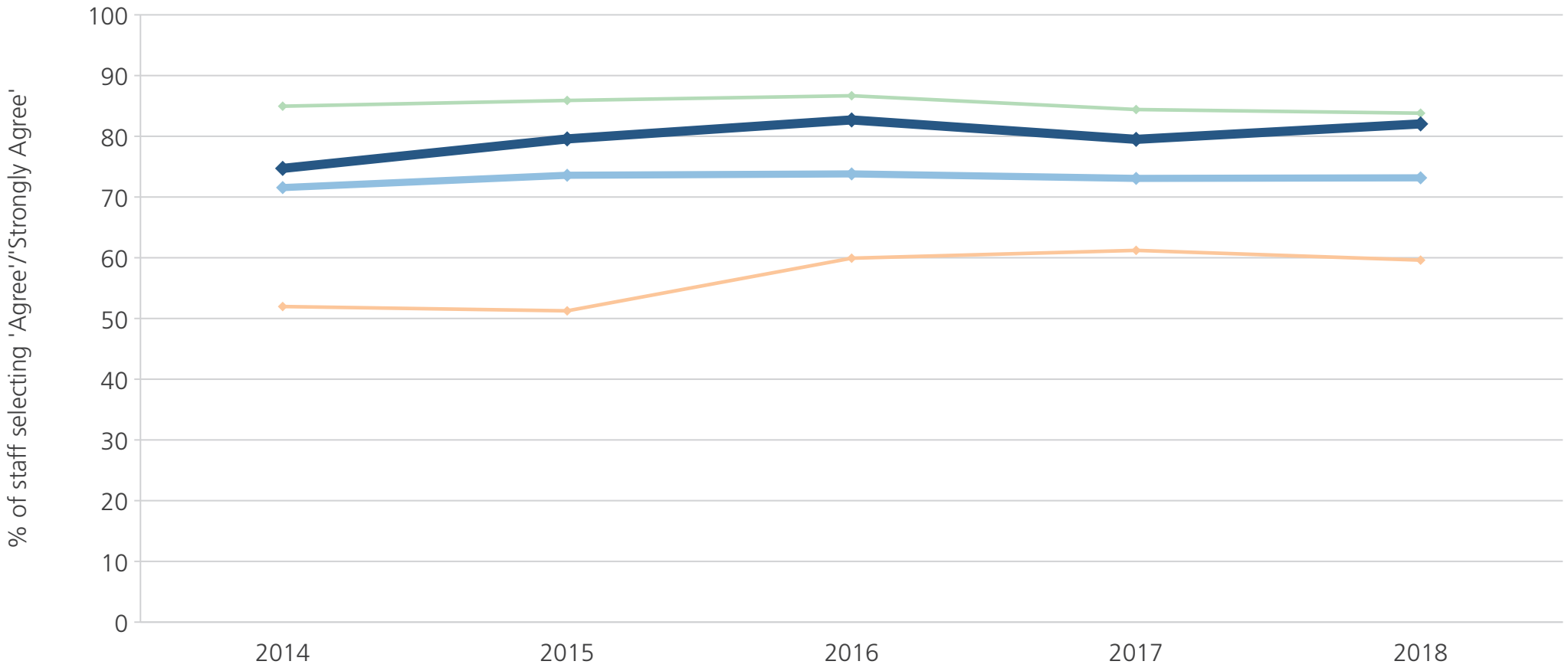
Question results – Your organisation

Bolton NHS Foundation Trust

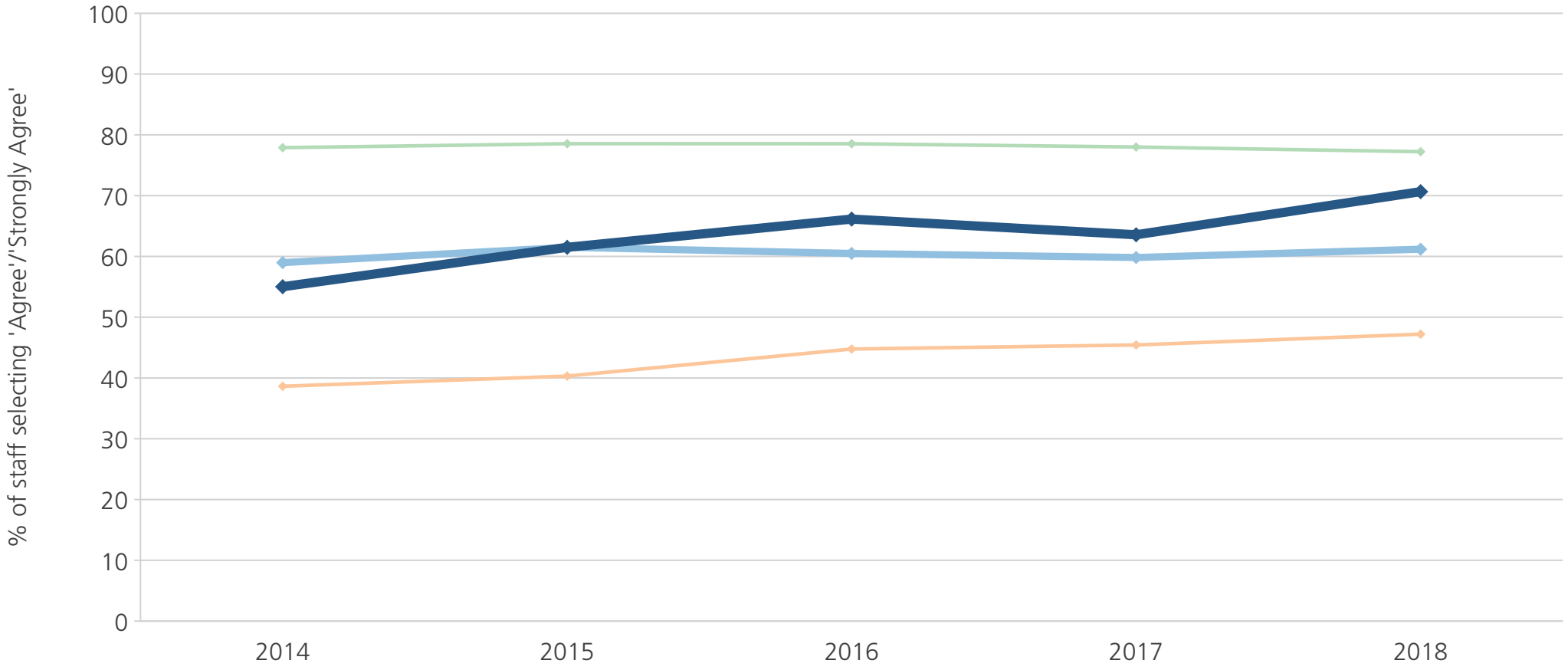
2018 NHS Staff Survey Results



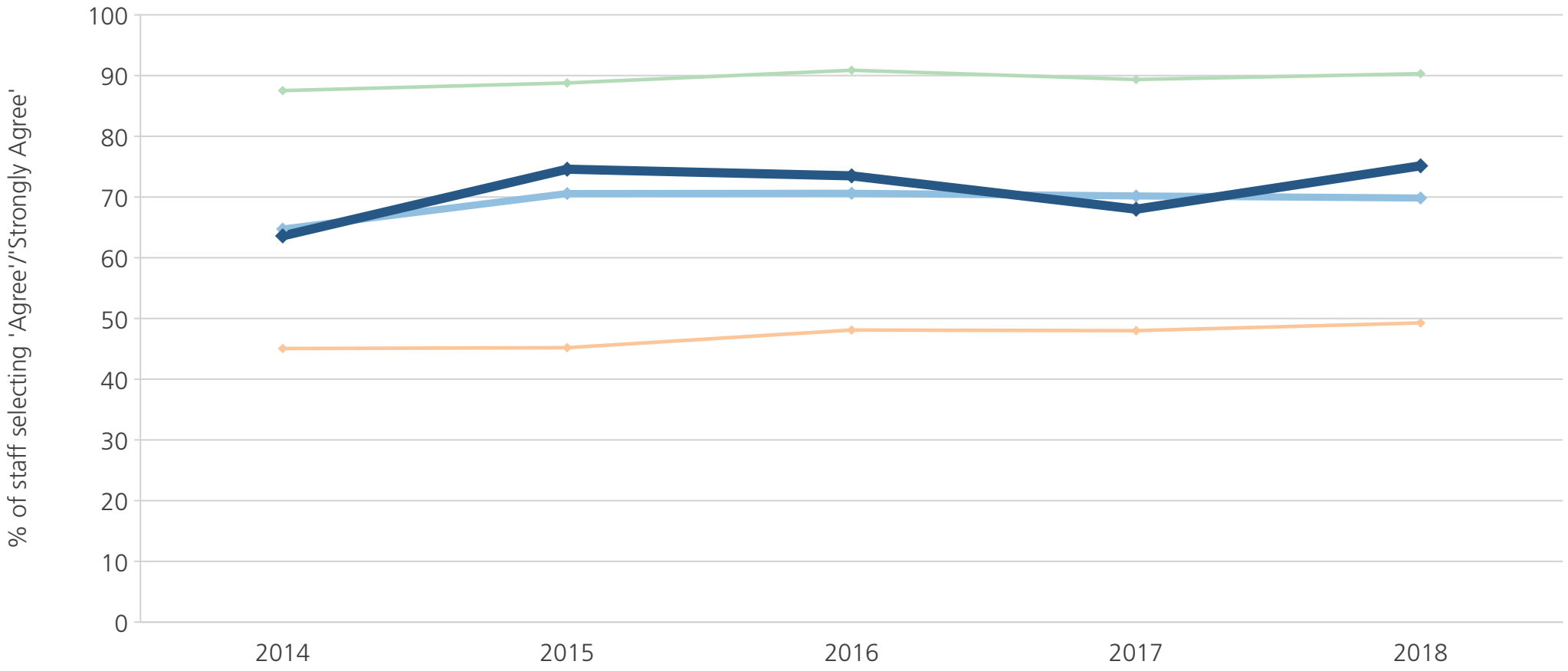
	2014	2015	2016	2017	2018
Best	86.5%	89.5%	90.6%	89.3%	88.7%
Your org	70.1%	77.9%	80.7%	77.8%	82.9%
Average	70.2%	75.1%	75.8%	75.4%	76.5%
Worst	51.2%	53.4%	60.0%	61.7%	59.9%
No. responses	383	366	435	522	547



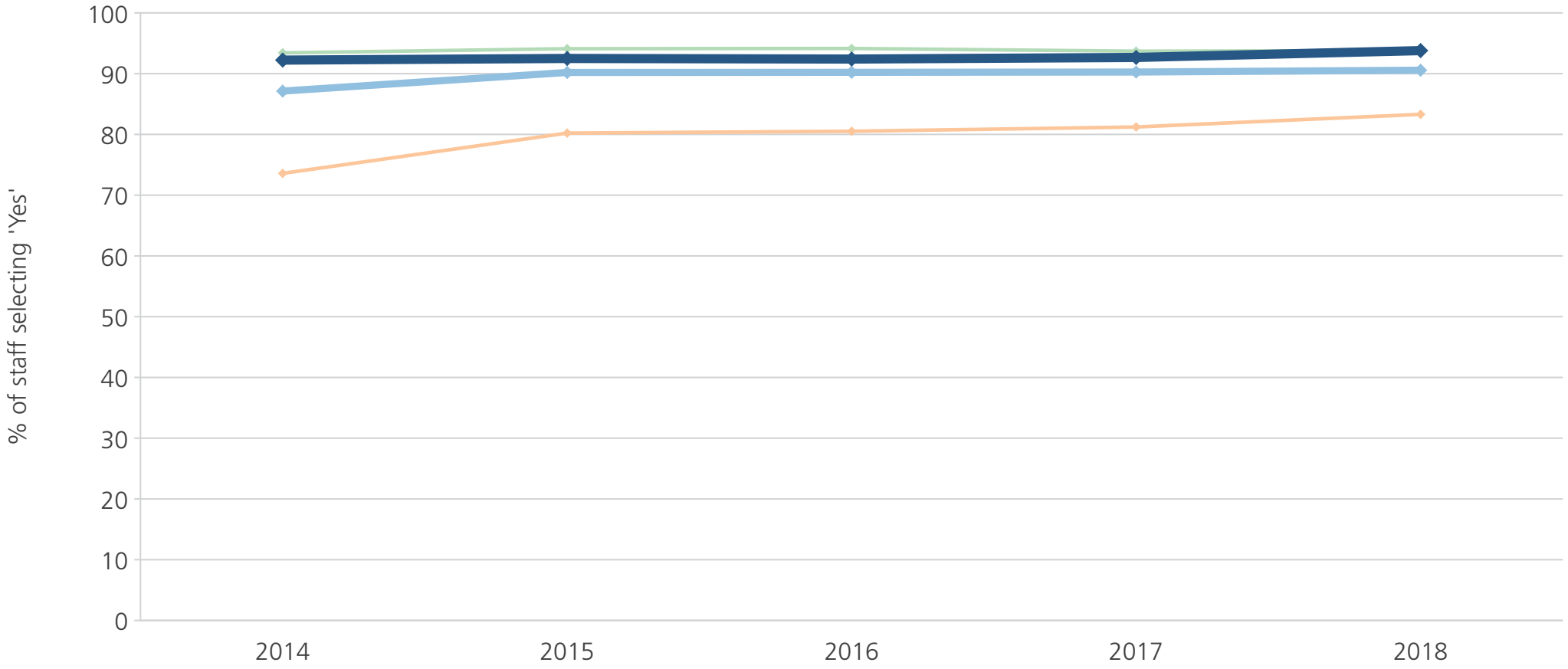
	2014	2015	2016	2017	2018
Best	85.0%	85.9%	86.7%	84.4%	83.8%
Your org	74.7%	79.6%	82.7%	79.5%	82.0%
Average	71.6%	73.6%	73.8%	73.1%	73.2%
Worst	52.0%	51.3%	59.9%	61.2%	59.6%
No. responses	382	368	436	522	546



	2014	2015	2016	2017	2018
Best	77.9%	78.5%	78.5%	78.0%	77.2%
Your org	55.0%	61.5%	66.1%	63.6%	70.7%
Average	59.0%	61.5%	60.5%	59.8%	61.2%
Worst	38.6%	40.3%	44.8%	45.4%	47.2%
No. responses	381	370	437	523	546

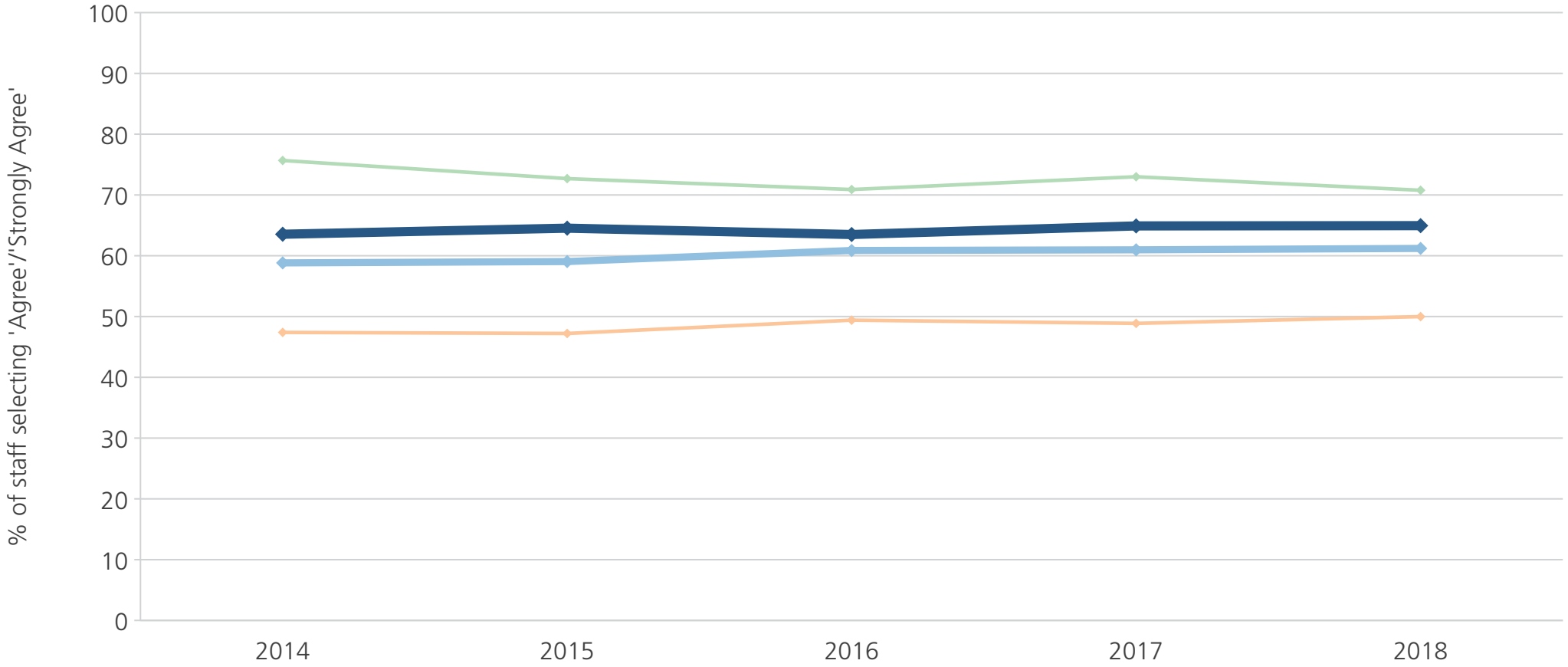


	2014	2015	2016	2017	2018
Best	87.5%	88.8%	90.9%	89.4%	90.3%
Your org	63.6%	74.6%	73.5%	68.0%	75.1%
Average	64.7%	70.6%	70.6%	70.2%	69.8%
Worst	45.1%	45.2%	48.1%	48.0%	49.3%
No. responses	381	367	432	522	544



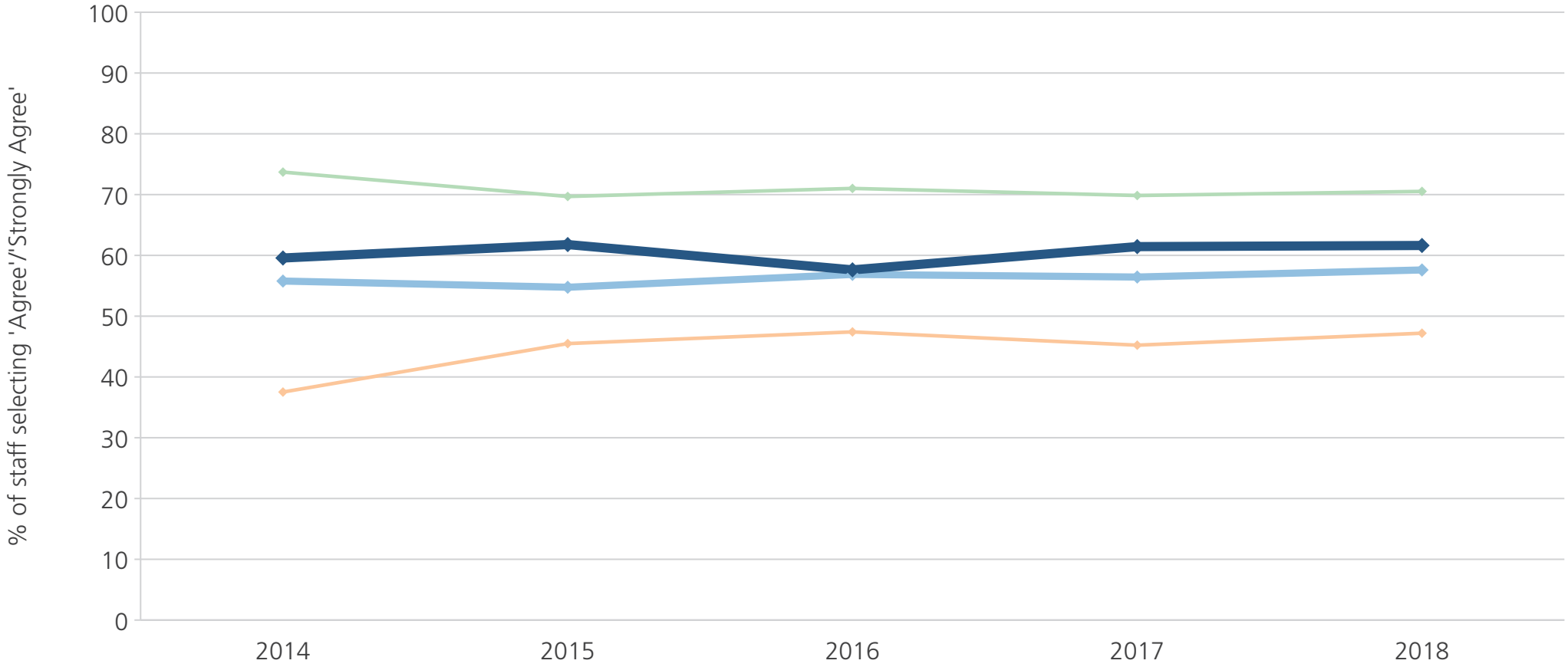
	2014	2015	2016	2017	2018
Best	93.4%	94.1%	94.1%	93.7%	93.8%
Your org	92.2%	92.5%	92.4%	92.7%	93.8%
Average	87.1%	90.2%	90.2%	90.3%	90.6%
Worst	73.6%	80.2%	80.5%	81.2%	83.3%
No. responses	282	269	336	387	420

Note: This question was only answered by staff who selected 'Yes' on q22a.

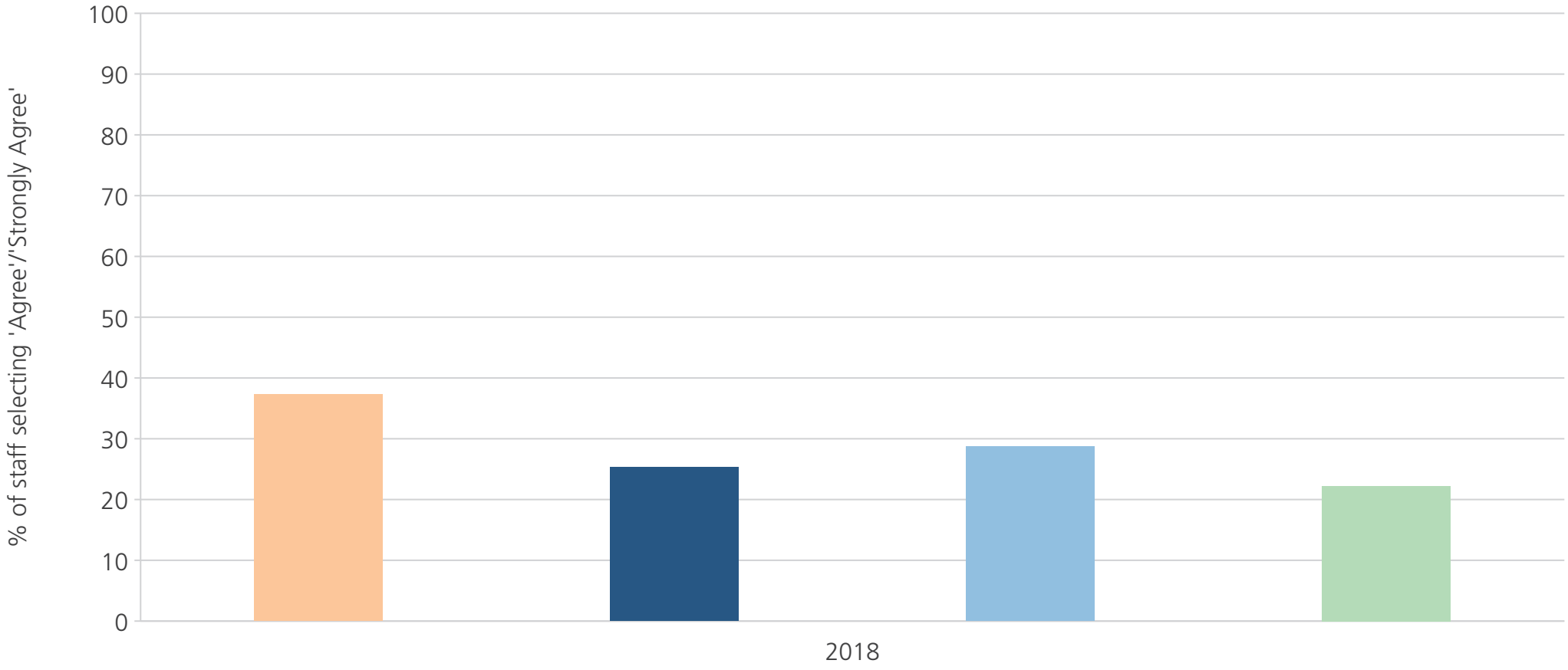


	2014	2015	2016	2017	2018
Best	75.7%	72.7%	70.9%	73.0%	70.8%
Your org	63.5%	64.5%	63.5%	64.9%	65.0%
Average	58.8%	59.0%	60.9%	61.0%	61.2%
Worst	47.4%	47.2%	49.4%	48.9%	50.0%
No. responses	253	239	300	349	377

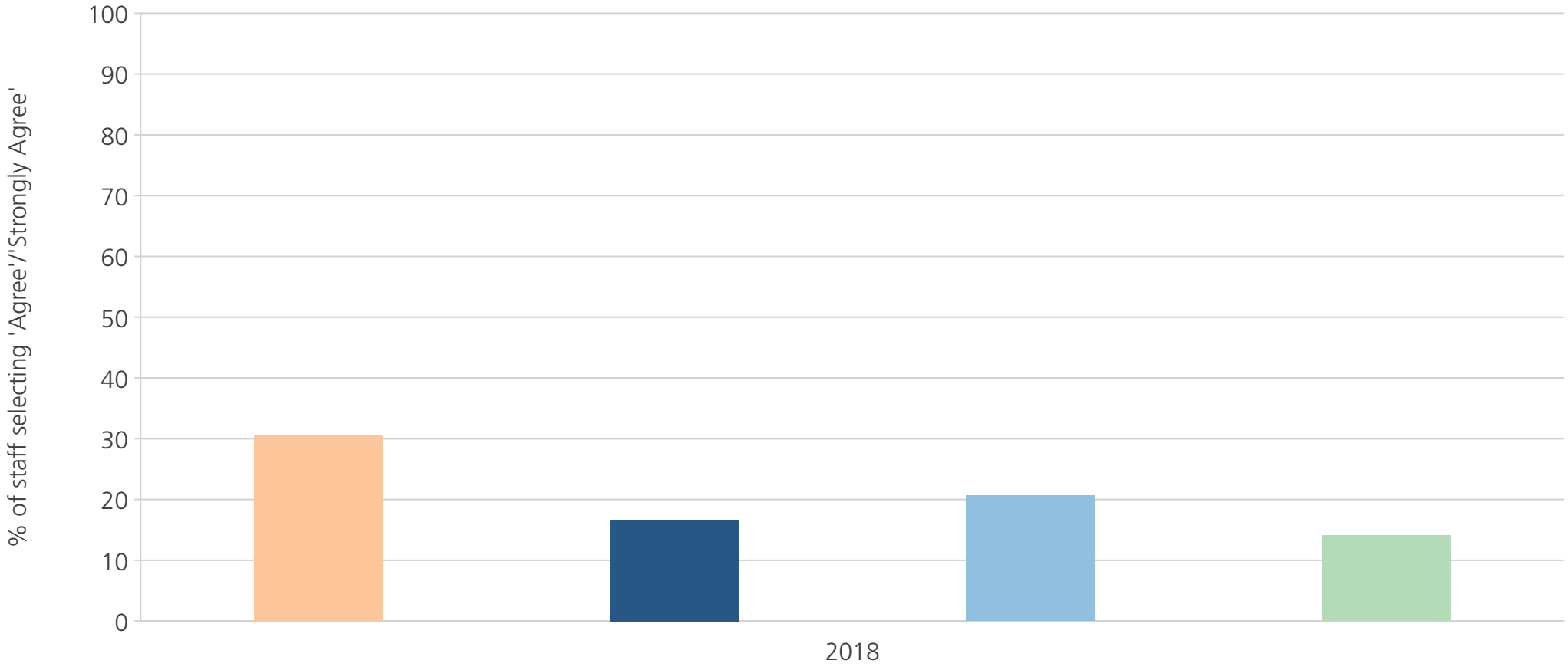
Note: This question was only answered by staff who selected 'Yes' on q22a.



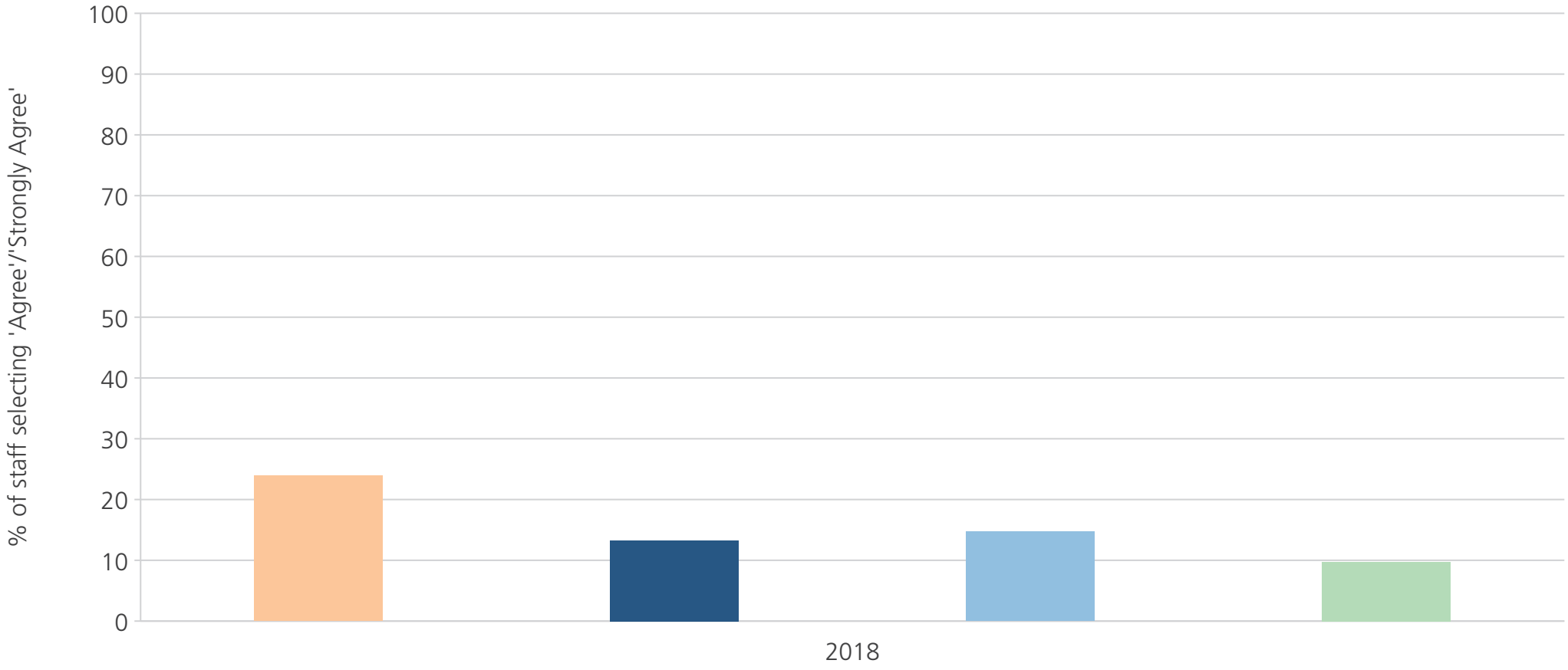
	2014	2015	2016	2017	2018
Best	73.7%	69.7%	71.0%	69.9%	70.5%
Your org	59.6%	61.8%	57.6%	61.4%	61.6%
Average	55.8%	54.8%	56.9%	56.4%	57.6%
Worst	37.5%	45.5%	47.4%	45.2%	47.2%
No. responses	243	229	278	327	352



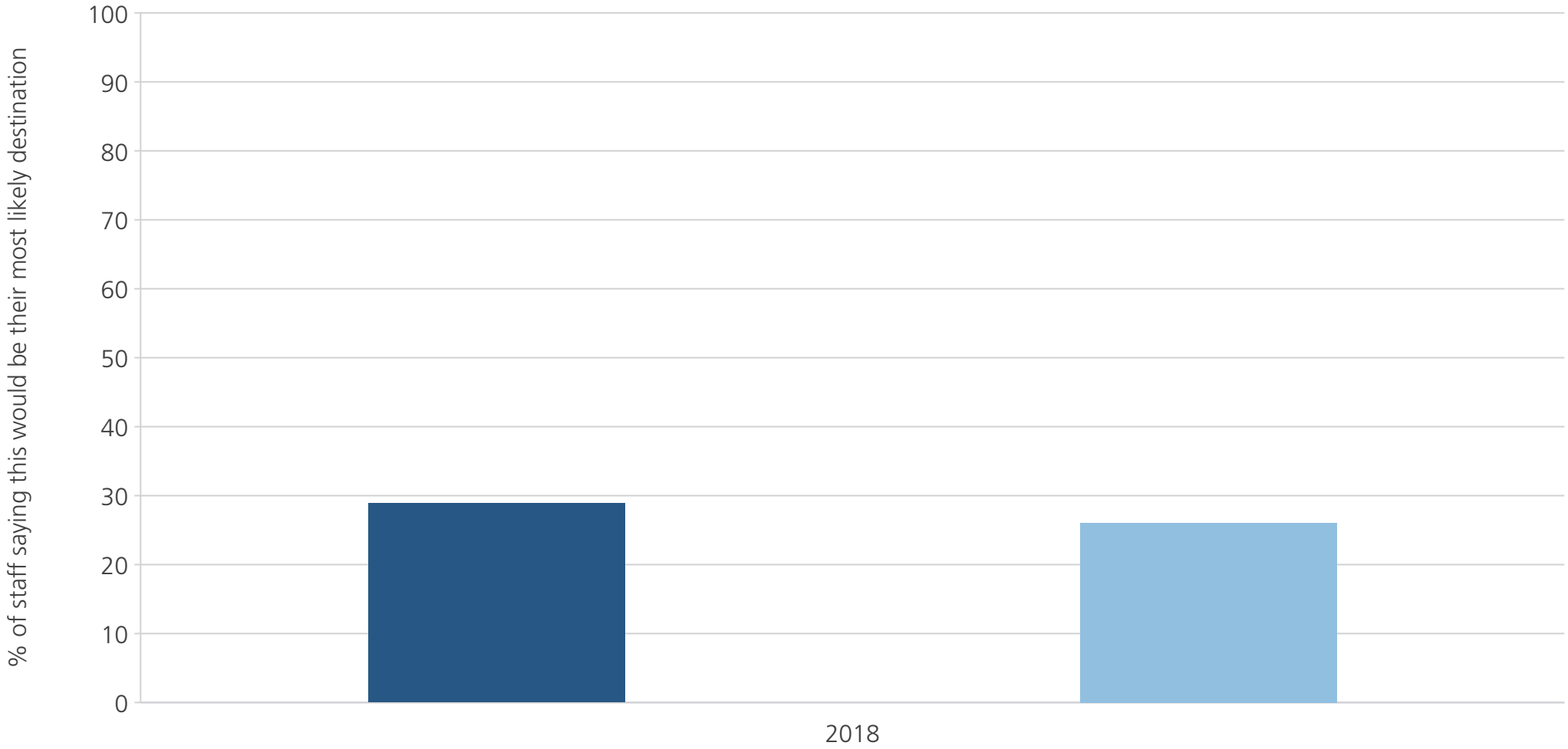
Worst	37.3%
Your org	25.3%
Average	28.8%
Best	22.2%
No. responses	544



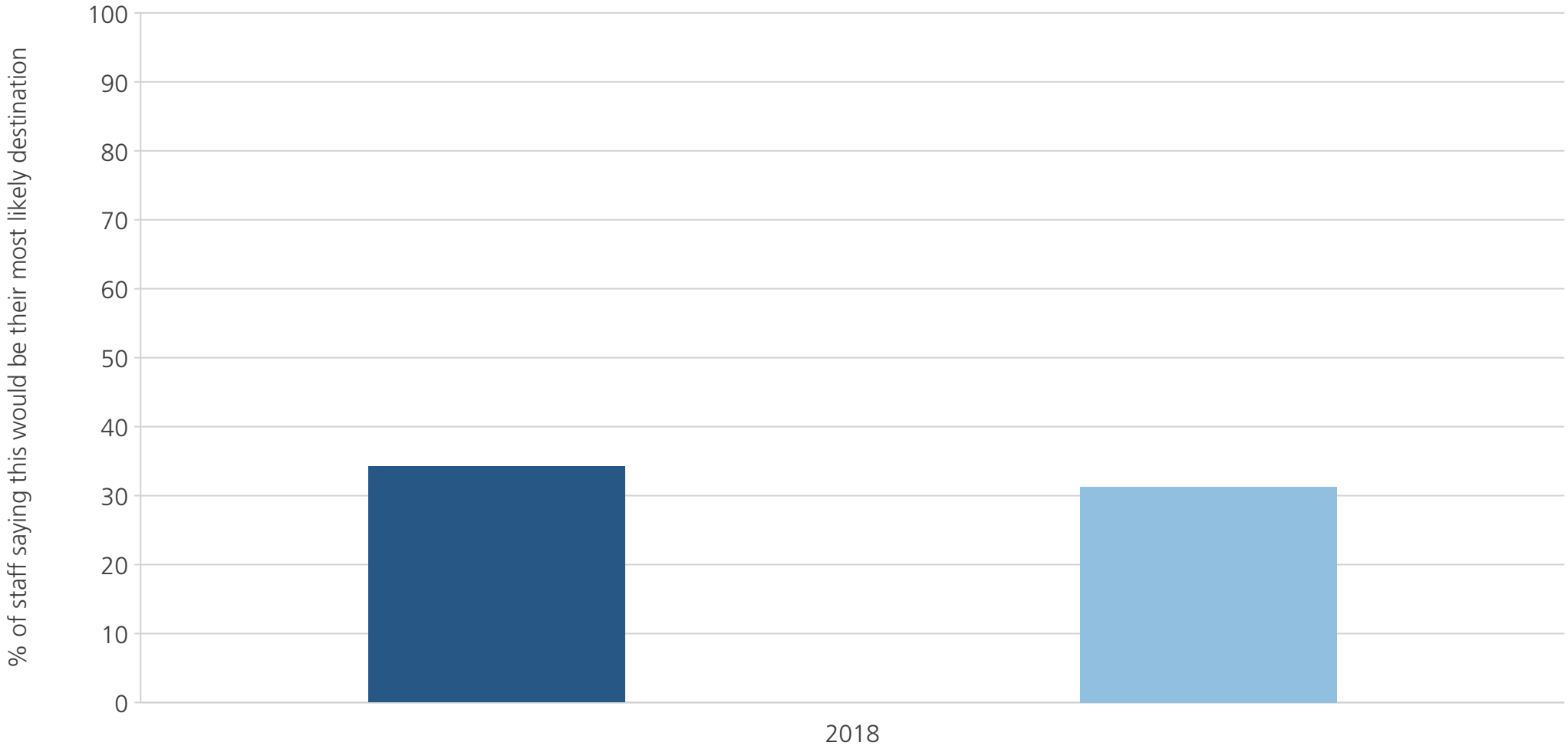
Worst	30.5%
Your org	16.7%
Average	20.7%
Best	14.1%
No. responses	546



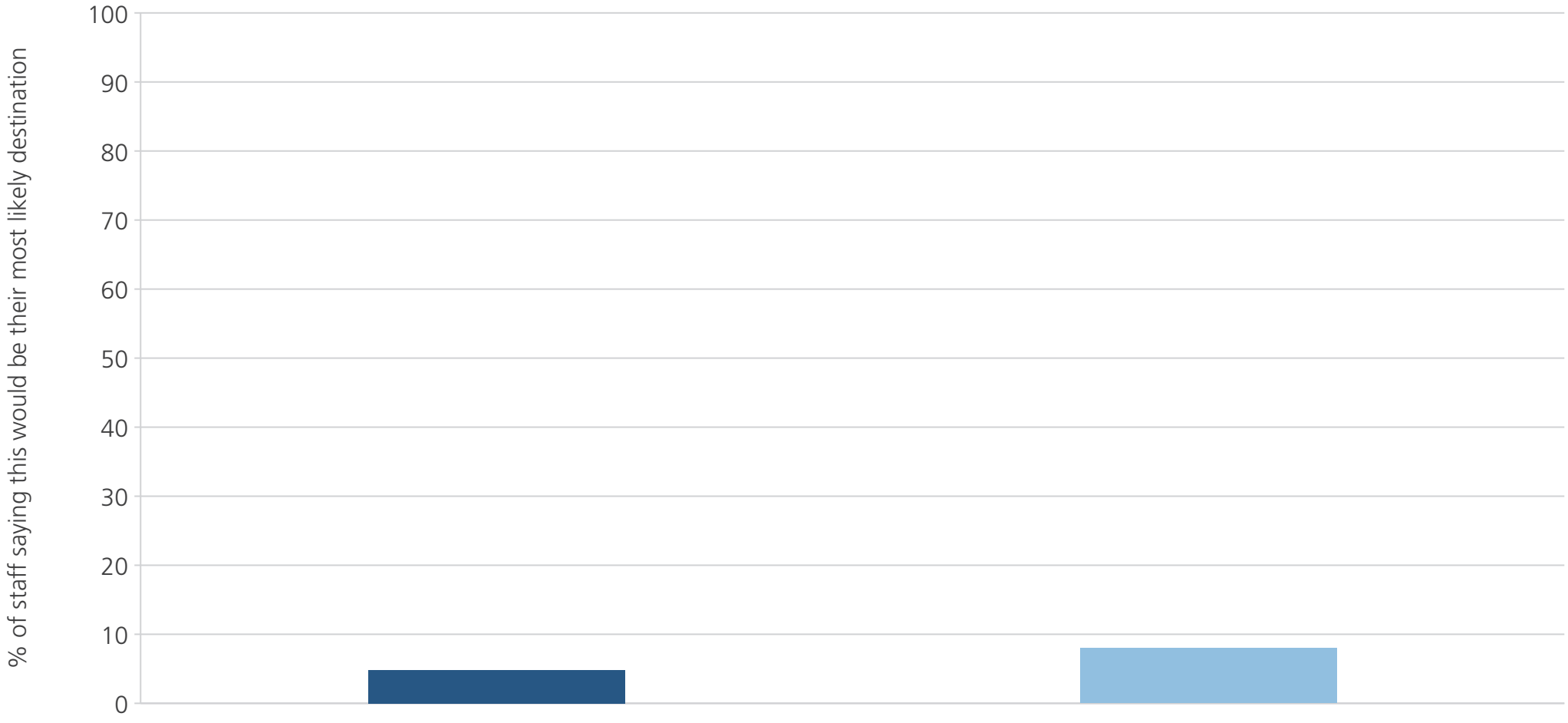
Worst	23.9%
Your org	13.3%
Average	14.7%
Best	9.8%
No. responses	543



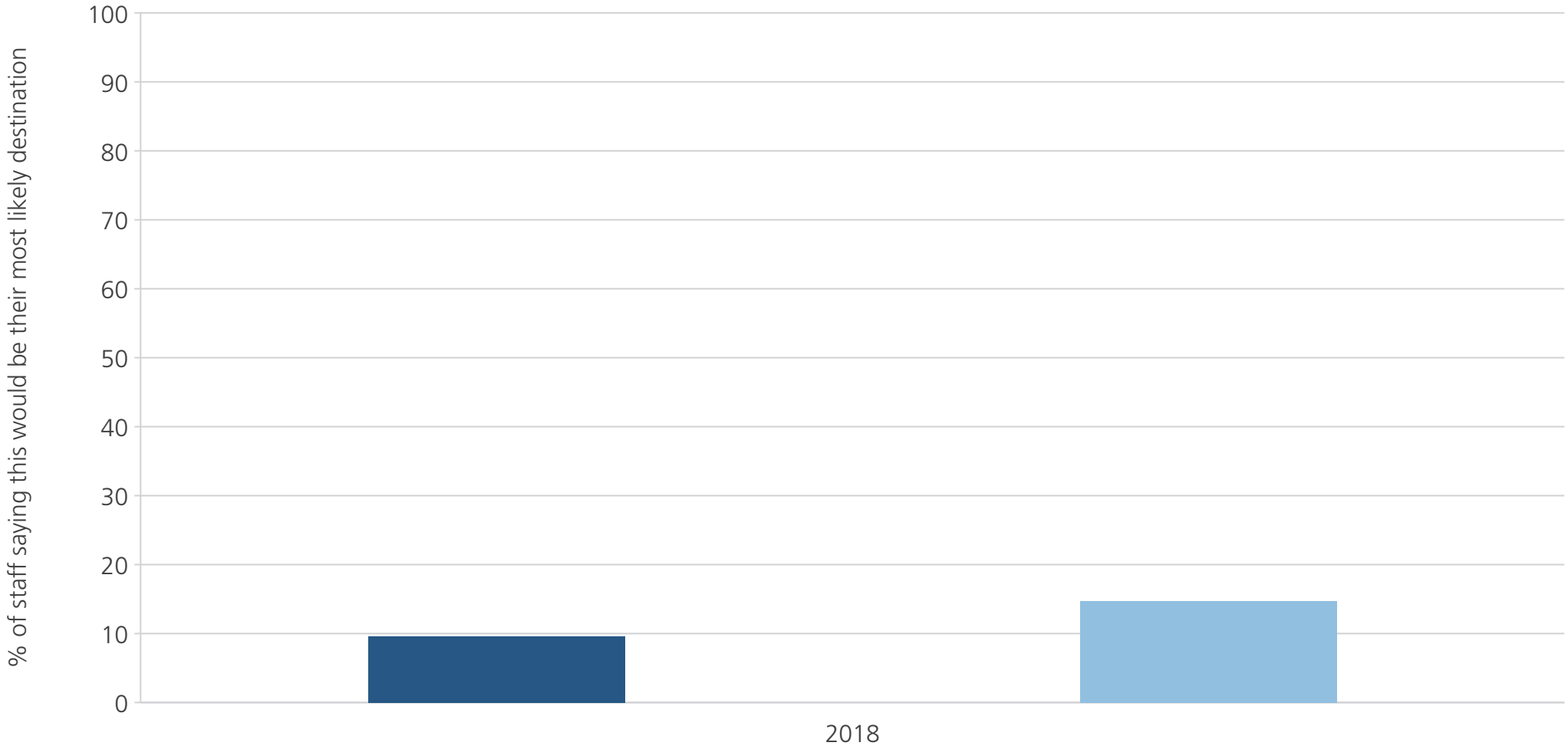
	2018
Your org	28.9%
Average	26.0%
No. responses	187



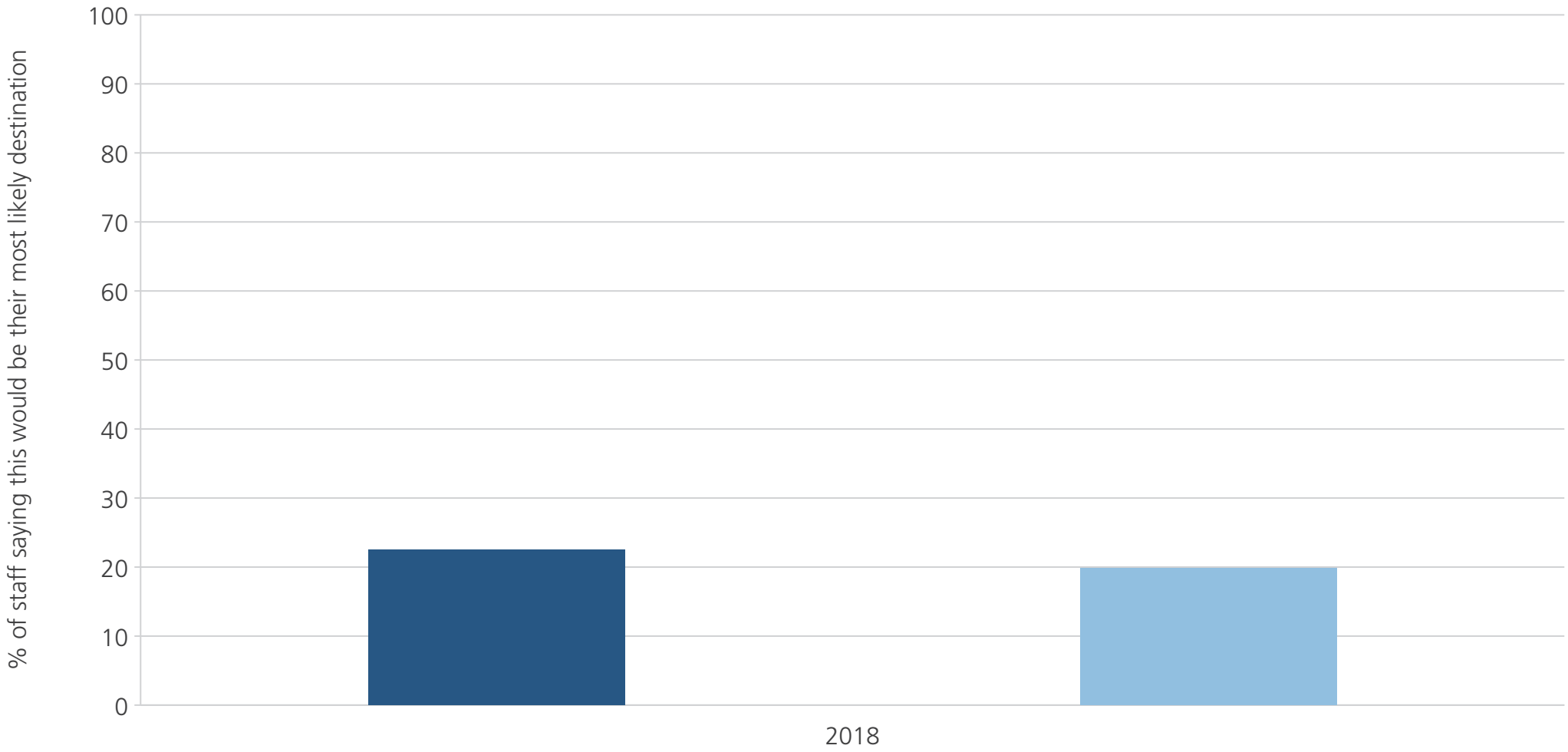
	2018
Your org	34.2%
Average	31.3%
No. responses	187



	2018
Your org	4.8%
Average	8.0%
No. responses	187



	2018
Your org	9.6%
Average	14.7%
No. responses	187



	2018
Your org	22.5%
Average	19.9%
No. responses	187

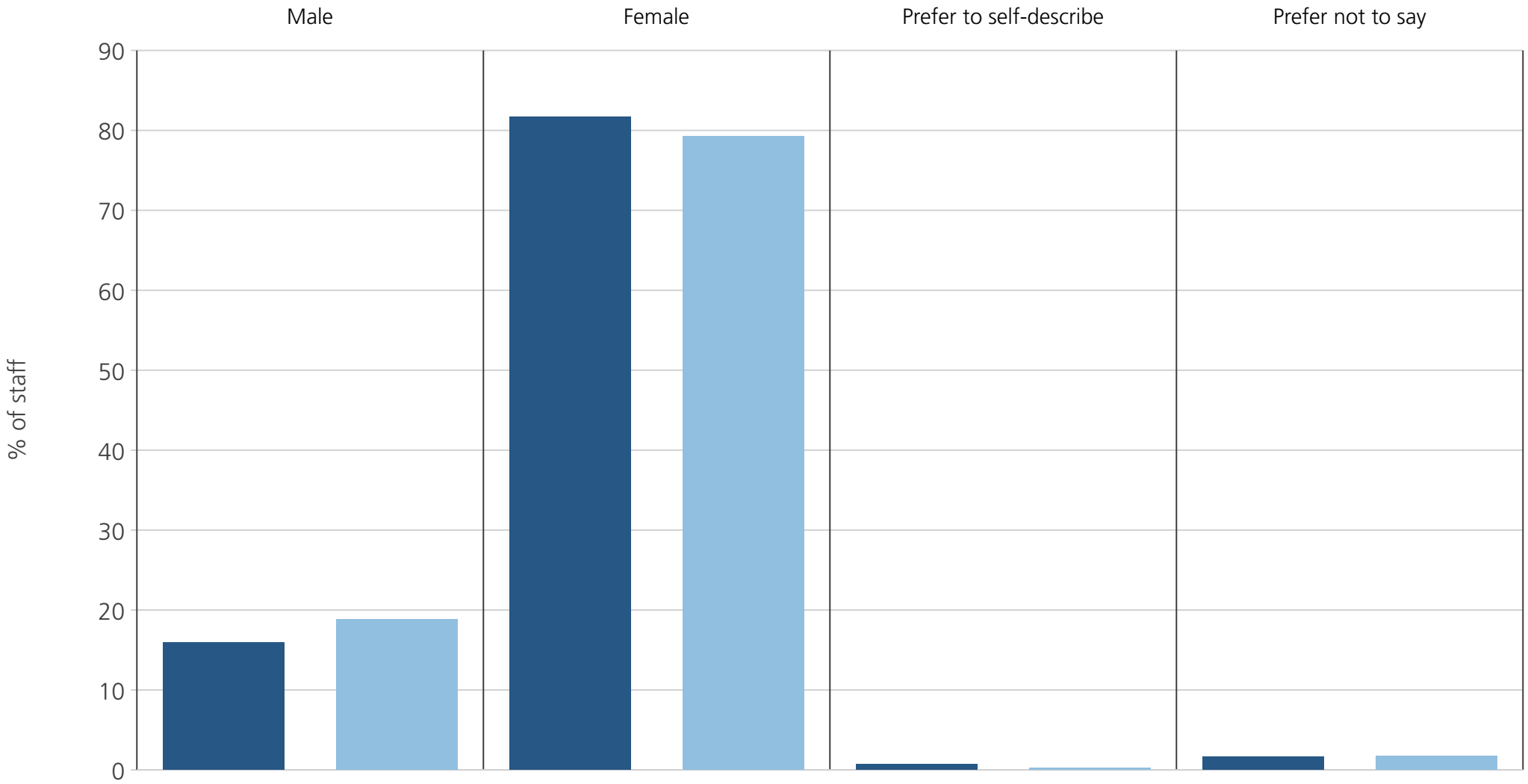
Survey Coordination Centre

NHS England

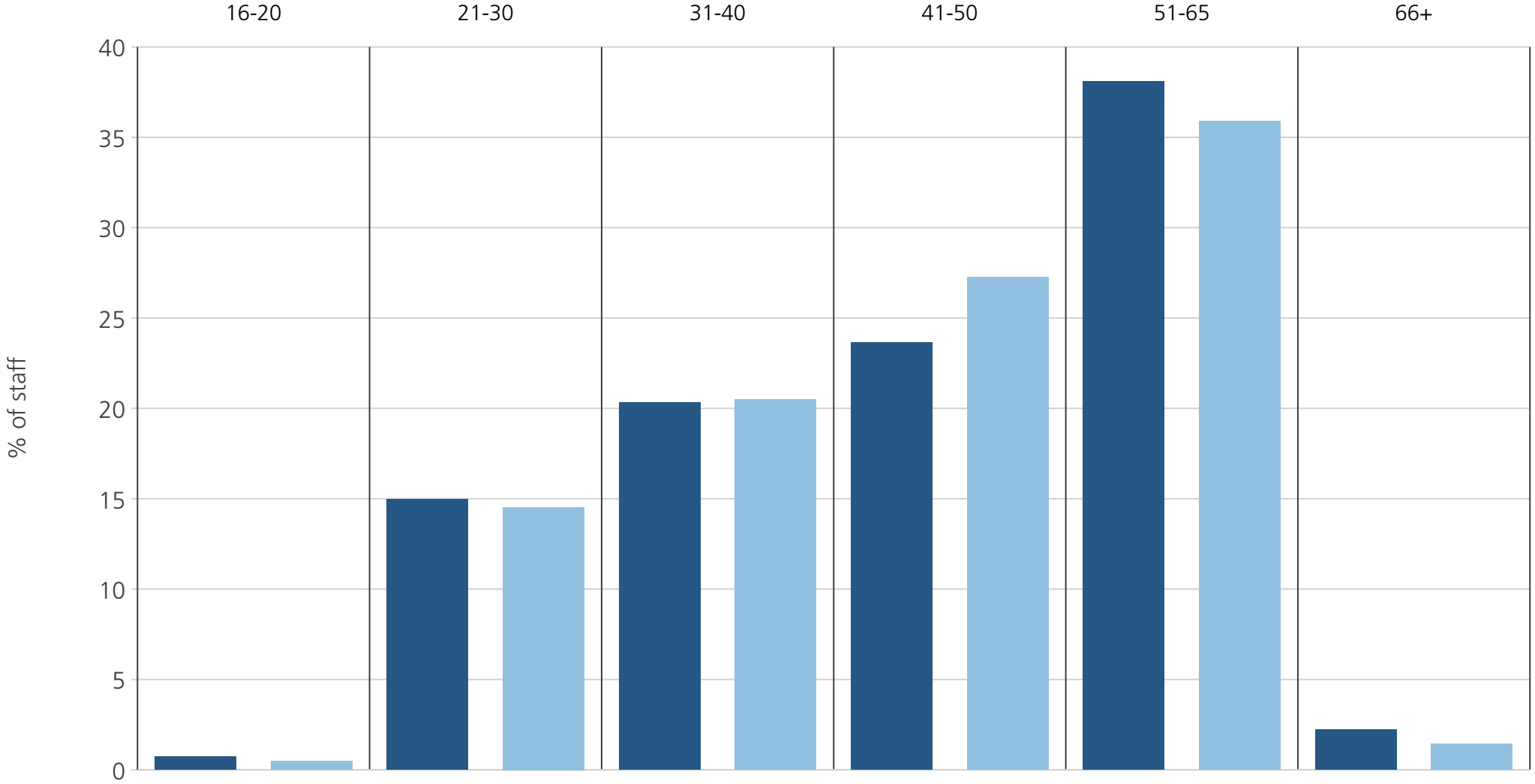
Question results – Background details

Bolton NHS Foundation Trust

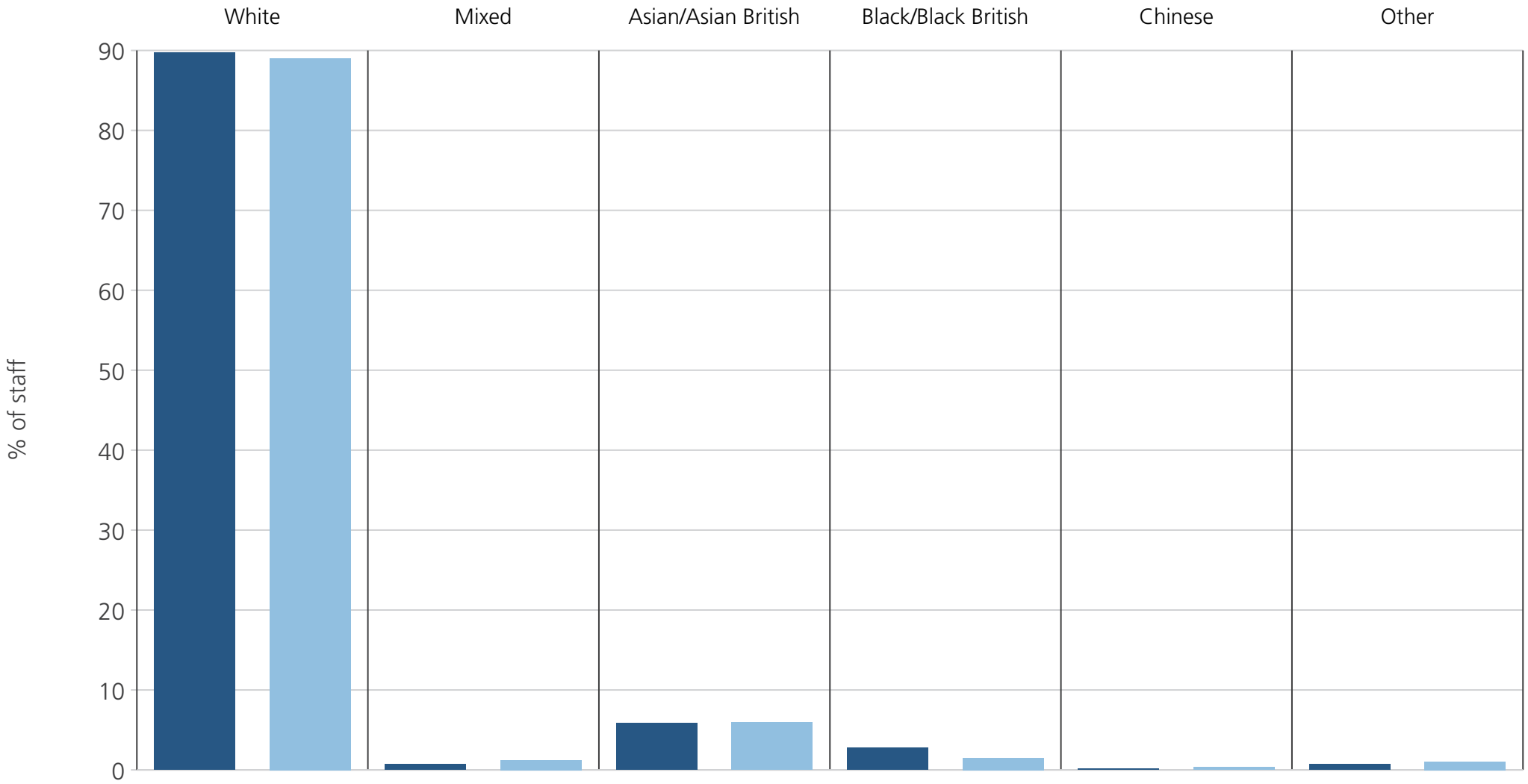
2018 NHS Staff Survey Results



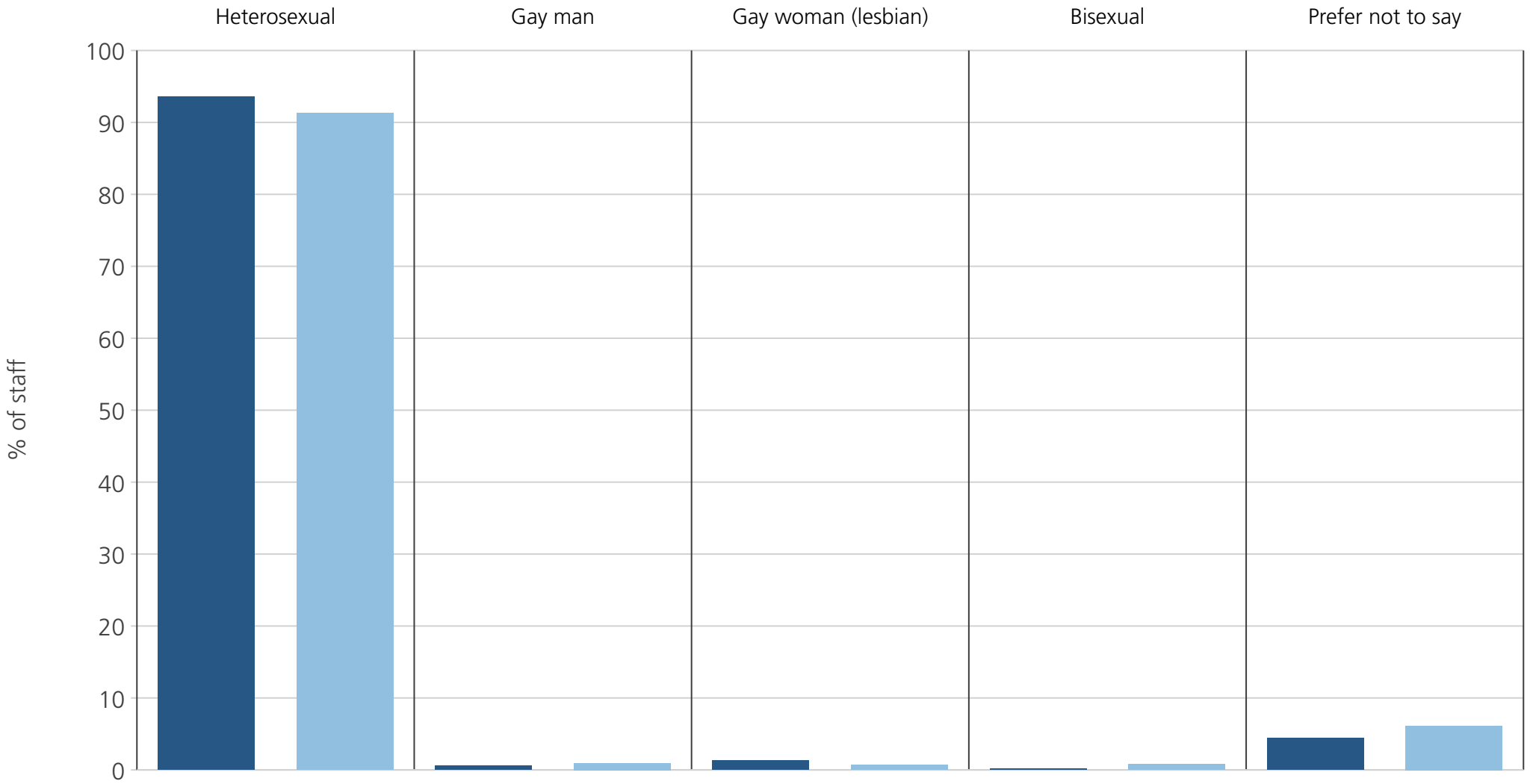
	Male	Female	Prefer to self-describe	Prefer not to say
Your org	15.9%	81.7%	0.7%	1.6%
Average	18.8%	79.2%	0.2%	1.7%
No. responses	546	546	546	546



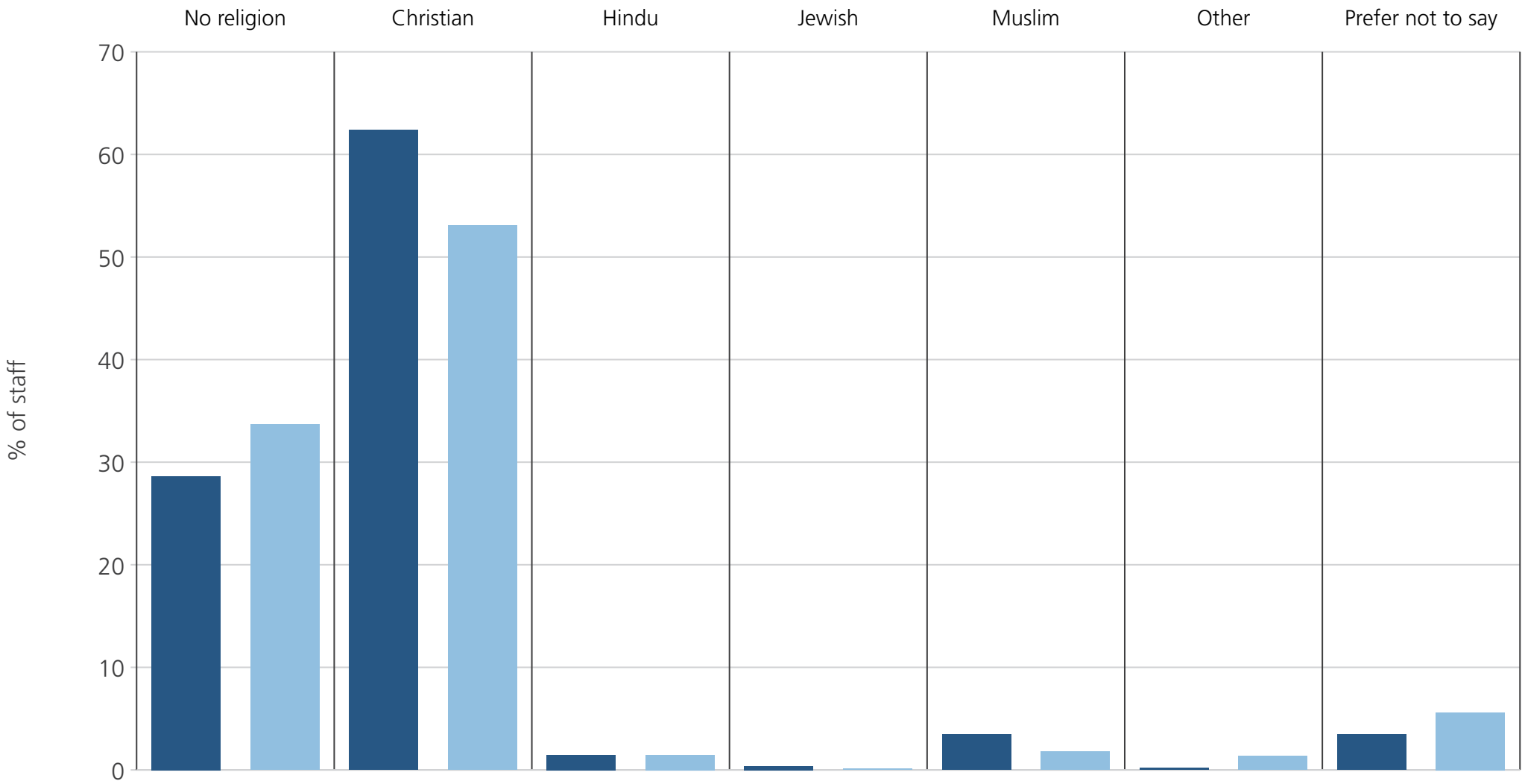
	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.7%	15.0%	20.3%	23.7%	38.1%	2.2%
Average	0.5%	14.5%	20.5%	27.3%	35.9%	1.5%
No. responses	541	541	541	541	541	541



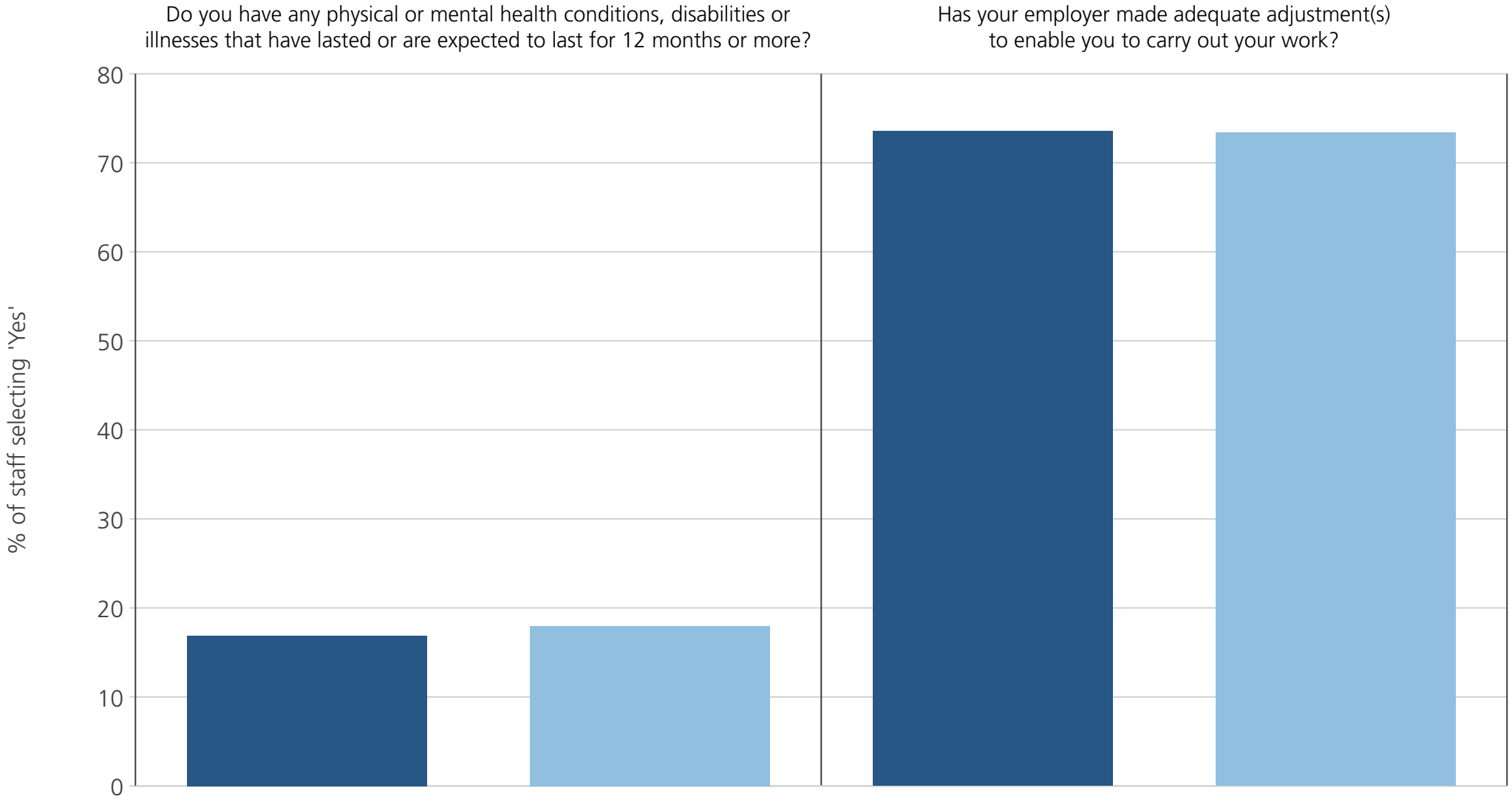
	White	Mixed	Asian/Asian British	Black/Black British	Chinese	Other
Your org	89.7%	0.7%	5.9%	2.8%	0.2%	0.7%
Average	89.0%	1.2%	5.9%	1.5%	0.3%	1.0%
No. responses	545	545	545	545	545	545



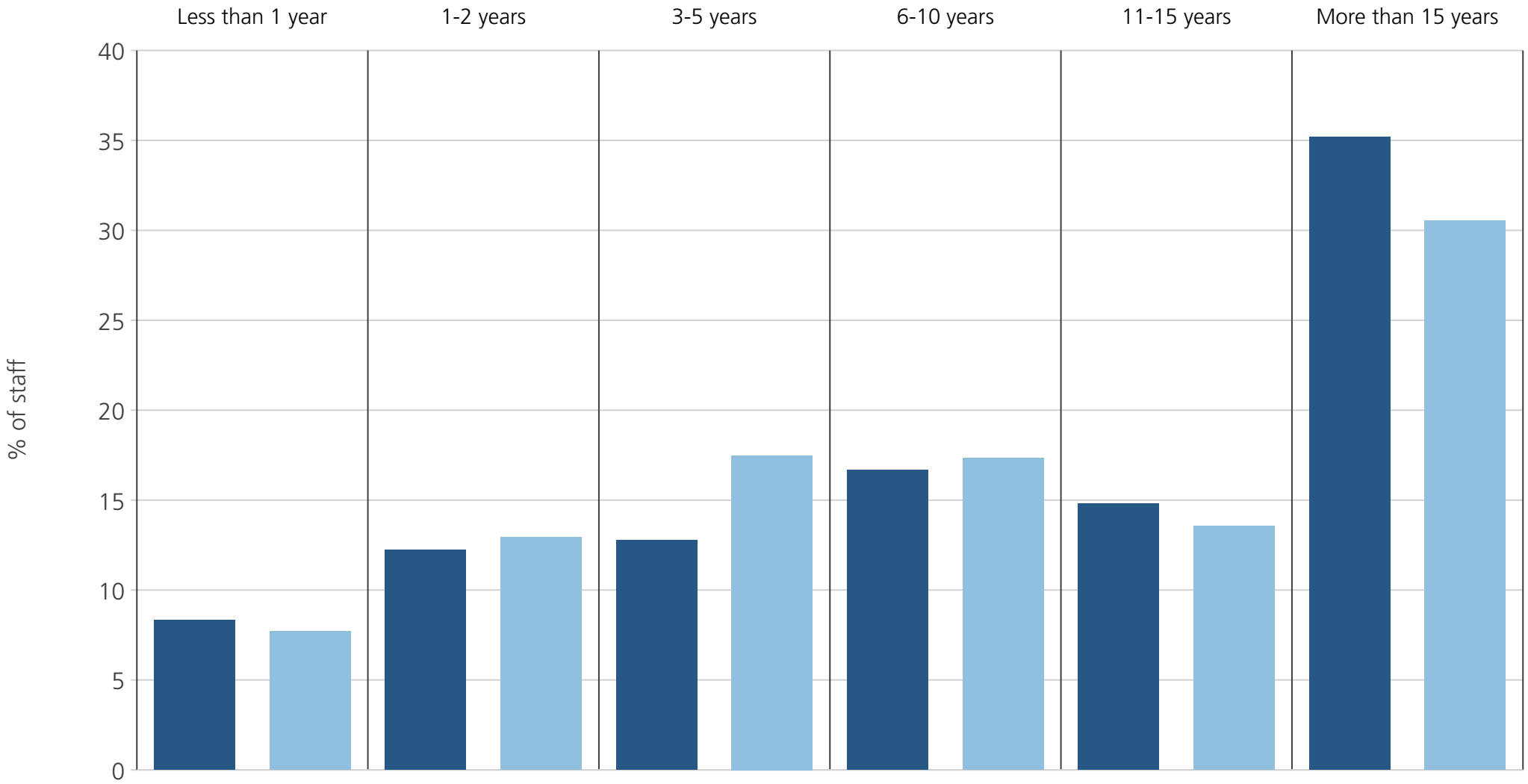
	Heterosexual	Gay man	Gay woman (lesbian)	Bisexual	Prefer not to say
Your org	93.5%	0.6%	1.3%	0.2%	4.4%
Average	91.3%	0.9%	0.7%	0.8%	6.1%
No. responses	542	542	542	542	542



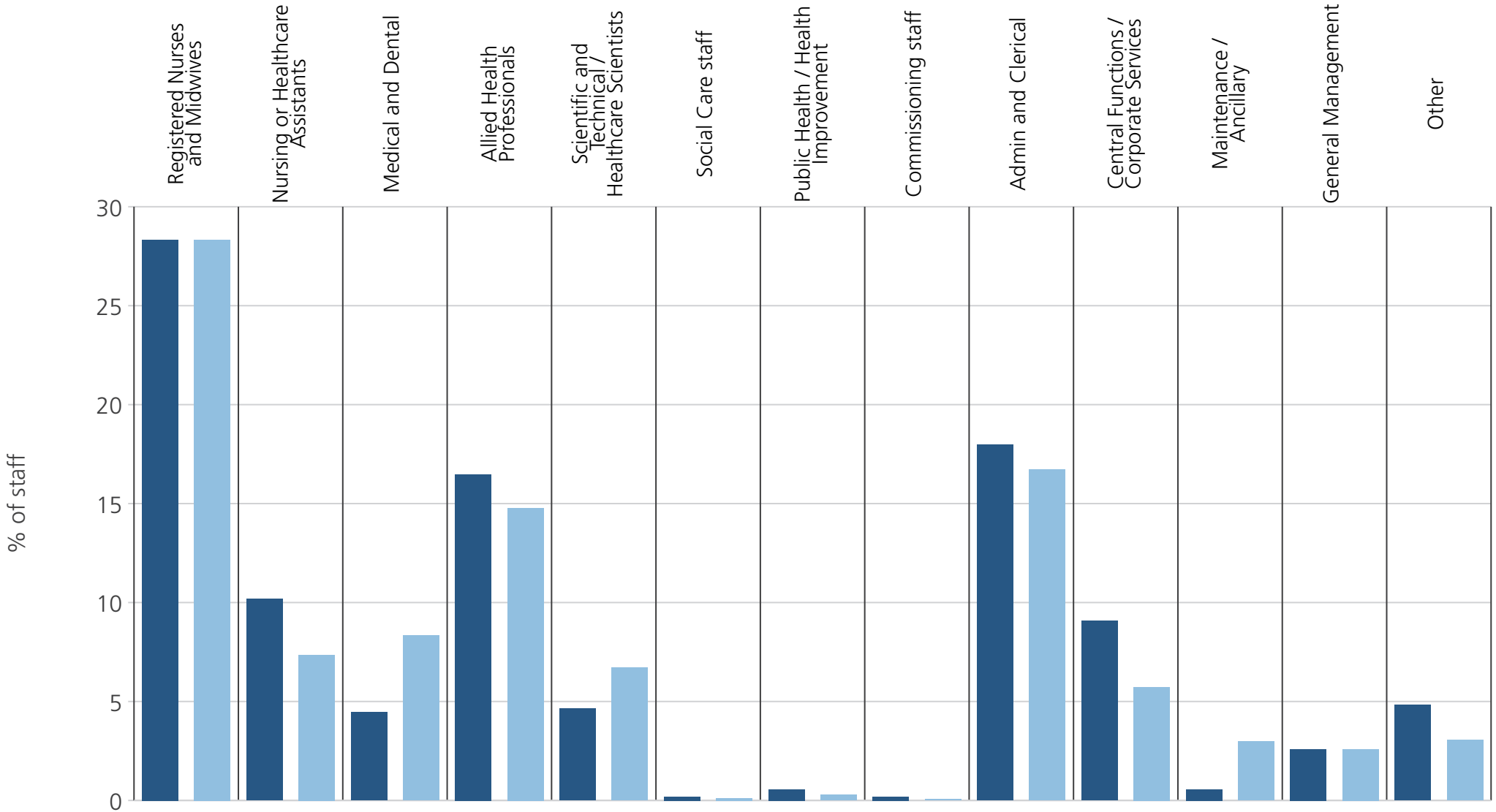
	No religion	Christian	Hindu	Jewish	Muslim	Other	Prefer not to say
Your org	28.6%	62.4%	1.5%	0.4%	3.5%	0.2%	3.5%
Average	33.7%	53.1%	1.5%	0.1%	1.8%	1.4%	5.6%
No. responses	545	545	545	545	545	545	545



	Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?	Has your employer made adequate adjustment(s) to enable you to carry out your work?
Your org	16.9%	73.6%
Average	18.0%	73.4%
No. responses	545	46

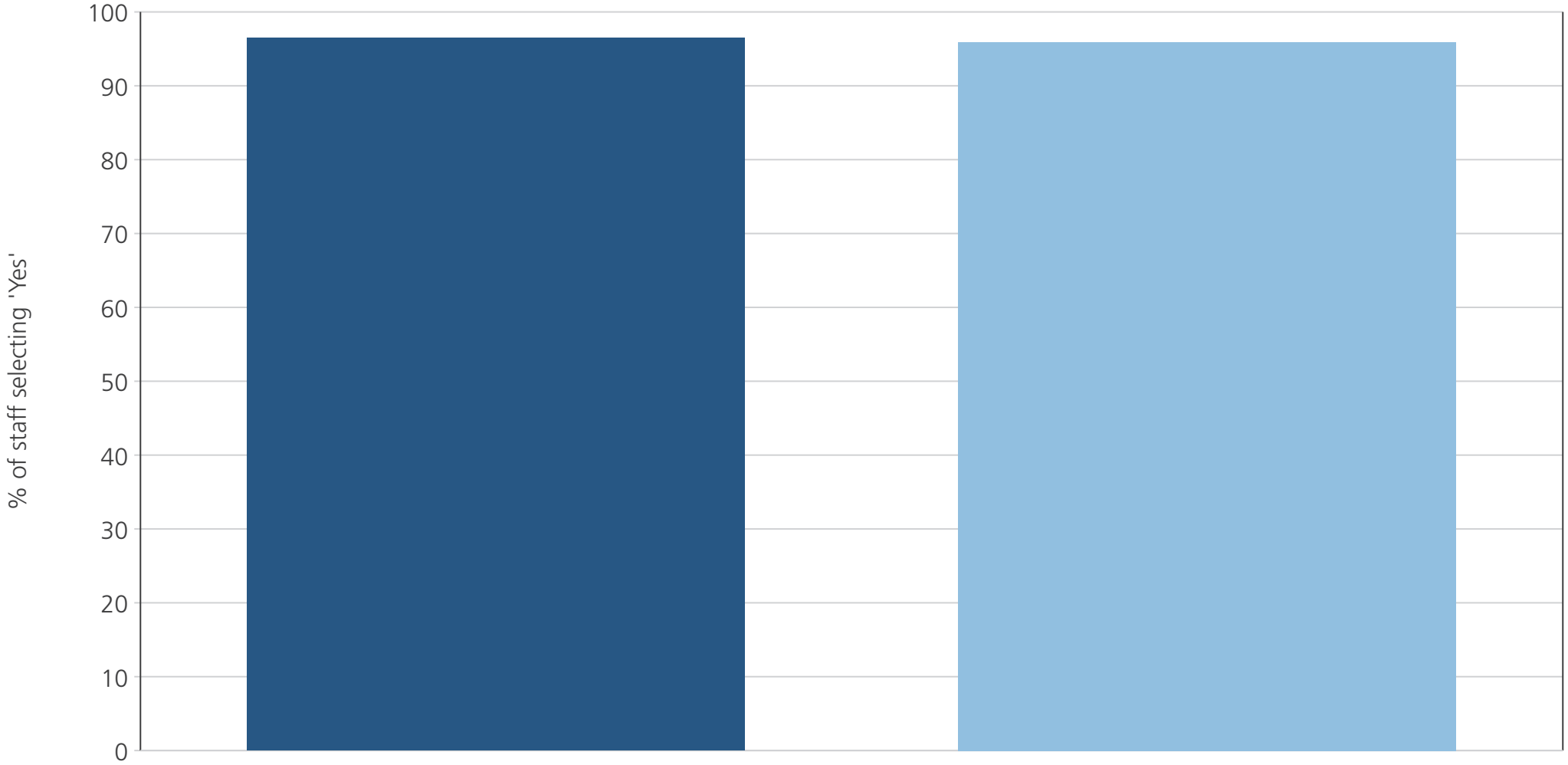


	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	8.3%	12.2%	12.8%	16.7%	14.8%	35.2%
Average	7.7%	12.9%	17.5%	17.3%	13.6%	30.5%
No. responses	540	540	540	540	540	540

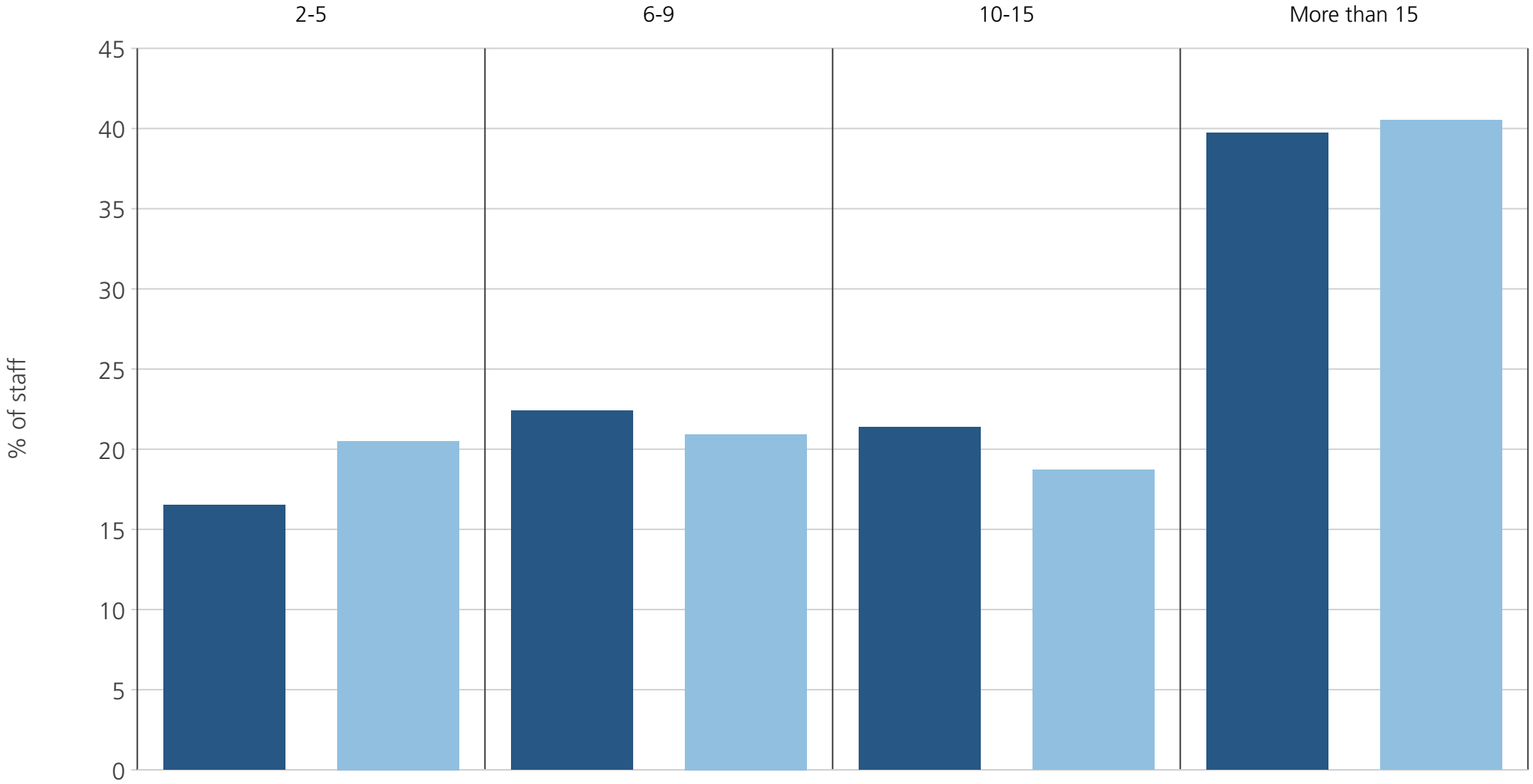


	Registered Nurses and Midwives	Nursing or Healthcare Assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical / Healthcare Scientists	Social Care staff	Public Health / Health Improvement	Commissioning staff	Admin and Clerical	Central Functions / Corporate Services	Maintenance / Ancillary	General Management	Other
Your org	28.3%	10.2%	4.4%	16.5%	4.6%	0.2%	0.6%	0.2%	18.0%	9.1%	0.6%	2.6%	4.8%
Average	28.3%	7.4%	8.3%	14.8%	6.7%	0.1%	0.3%	0.1%	16.7%	5.7%	3.0%	2.6%	3.1%
No. responses	540	540	540	540	540	540	540	540	540	540	540	540	540

Do you work in a team?



Your org	96.5%
Average	95.9%
No. responses	509



	2-5	6-9	10-15	More than 15
Your org	16.5%	22.4%	21.4%	39.7%
Average	20.5%	20.9%	18.7%	40.5%
No. responses	491	491	491	491

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NHS England

Appendices

Bolton NHS Foundation Trust

2018 NHS Staff Survey Results

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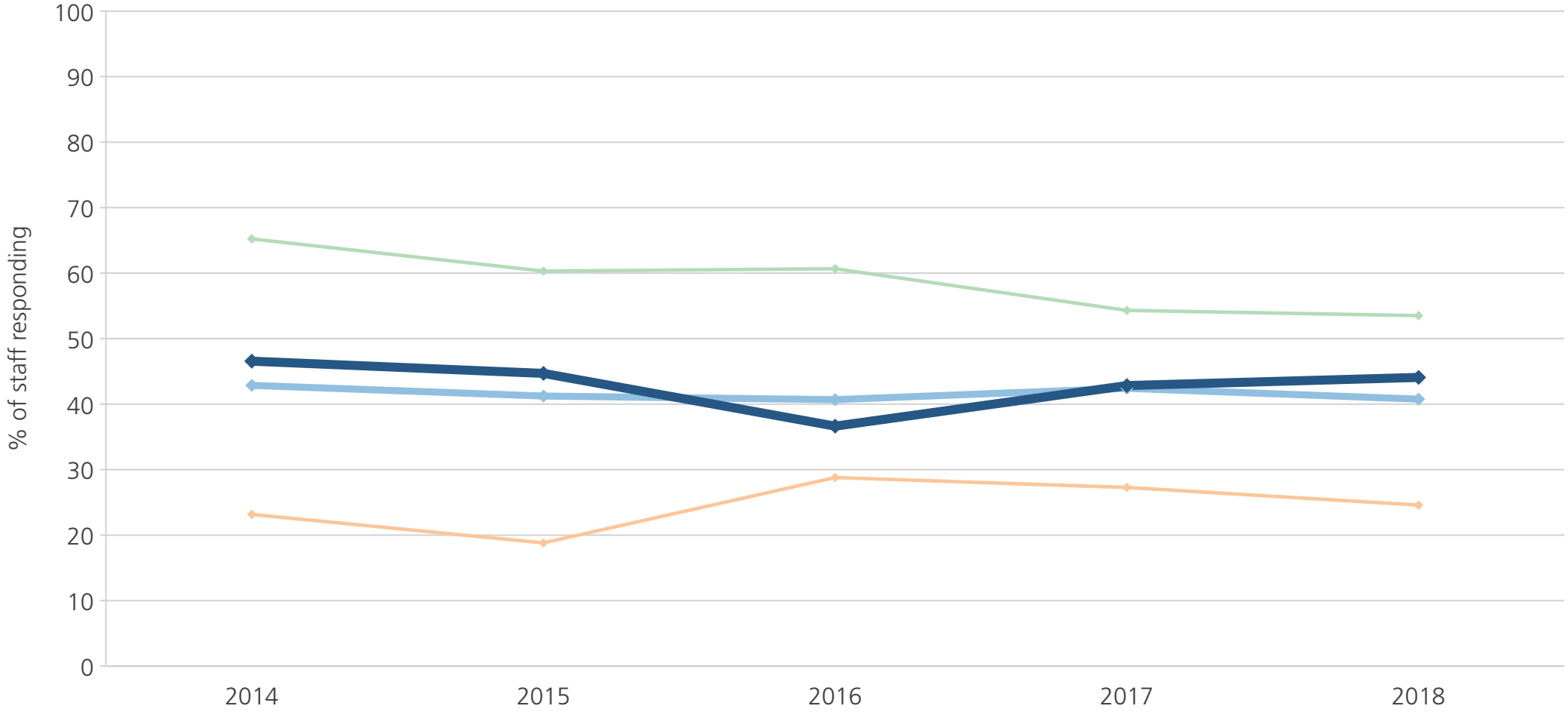
Appendix A: Response rate

Bolton NHS Foundation Trust

2018 NHS Staff Survey Results



	2014	2015	2016	2017	2018
Best	65.2%	60.3%	60.7%	54.3%	53.5%
Your org	46.6%	44.7%	36.6%	42.8%	44.1%
Average	42.9%	41.2%	40.7%	42.4%	40.8%
Worst	23.2%	18.8%	28.8%	27.3%	24.6%

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Appendix B: Significance testing - 2017 v 2018 theme results

Bolton NHS Foundation Trust

2018 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2018 score is significantly higher than last year's, whereas ↓ indicates that the 2018 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.3**	520	**9.2**	544	Not significant
Health & wellbeing	**6.3**	525	**6.3**	546	Not significant
Immediate managers	**6.9**	525	**7.1**	549	Not significant
Morale		0	**6.5**	545	N/A
Quality of appraisals	**5.7**	470	**5.7**	501	Not significant
Quality of care	**7.7**	439	**7.9**	484	Not significant
Safe environment - Bullying & harassment	**8.3**	522	**8.2**	538	Not significant
Safe environment - Violence	**9.4**	520	**9.4**	541	Not significant
Safety culture	**7.0**	521	**7.0**	546	Not significant
Staff engagement	**7.1**	527	**7.3**	550	↑

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

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NHS England

Appendix C: Tips on using your benchmark report

Bolton NHS Foundation Trust

2018 NHS Staff Survey Results

Data in the new benchmark reports

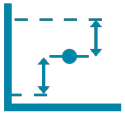
The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users transitioning from the previous version of the benchmark report and those who are new to the Staff Survey.

Key changes to note

There are a number of differences in this benchmark report compared to the old style of benchmark reports, that was used prior to the 2018 survey, which are worth noting

- Key Findings have been replaced by themes. The themes cover ten areas of staff experience and present results in these areas in a clear and consistent way. All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together. **Please note that you cannot directly compare Key Finding results to theme results.**

- A key feature of the new reports is that they **provide organisations with up to 5 years of trend data** across theme **and** question results. Trend data provides a much **more reliable indication of whether the most recent results represent a change from the norm** for an organisation than comparing the most recent results to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons were drawn solely between the current and previous year.



- **Question results are now benchmarked** so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. This benchmarking has been extended to the trend data that is available so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single graph.

1. Reviewing theme results

When analysing theme results, it is easiest to start with the **theme overview** page to quickly identify areas which are doing better or worse in comparison to other organisations in the given benchmarking group.

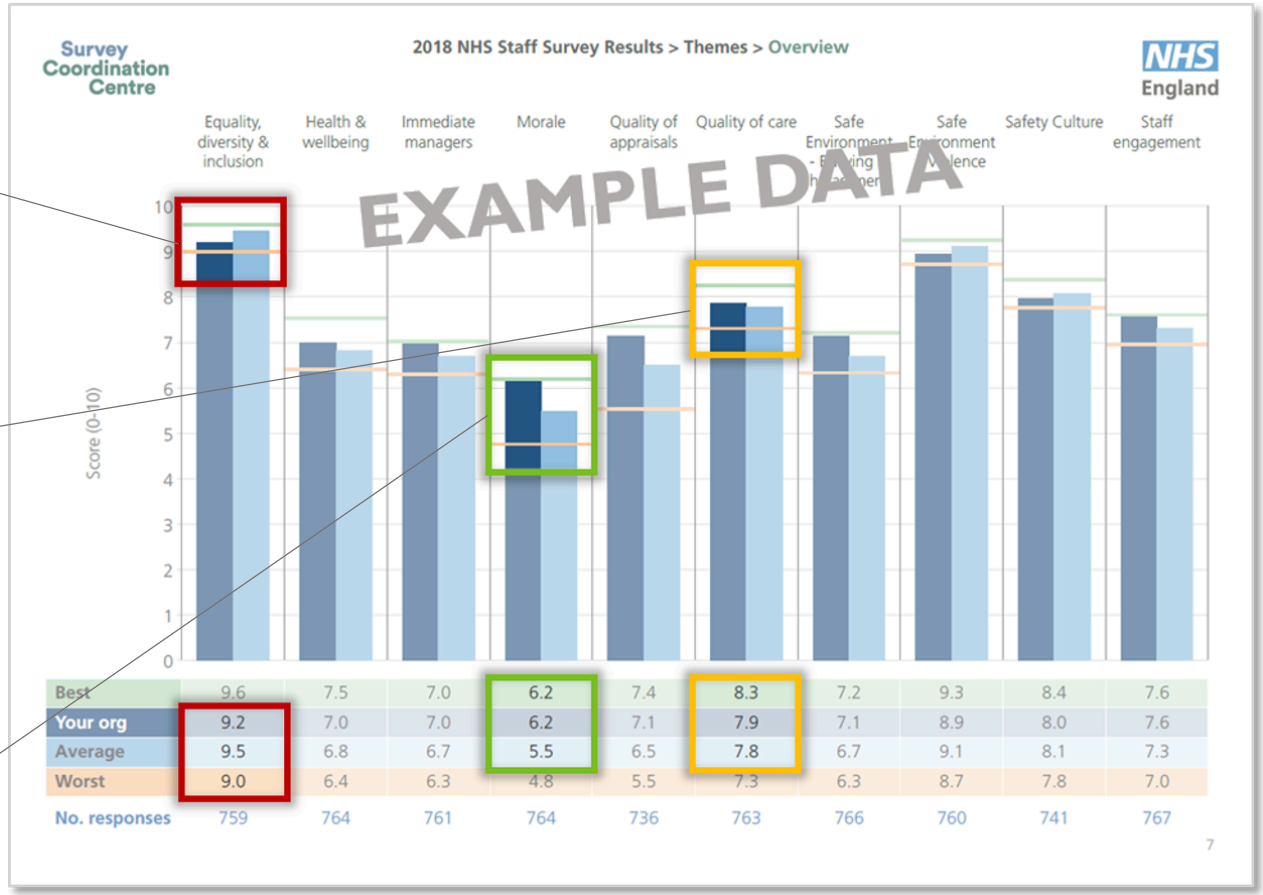
It is important to **consider each theme result within the range of its benchmarking group 'Best' and 'Worst' scores**, rather than comparing theme scores to one another. Comparing organisation scores to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst' score. The closer your organisation's result is to the worst score, the more concerning the result.
- Results where your organisation's score is only marginally better than the 'Average', but still lags behind the best result by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify themes which show a positive outcome for your organisation, where 'Your org' scores are distinctly higher than the benchmarking group 'Average' score.



Only one example is highlighted for each point

- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best' score.

2. Reviewing theme results in more detail

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.

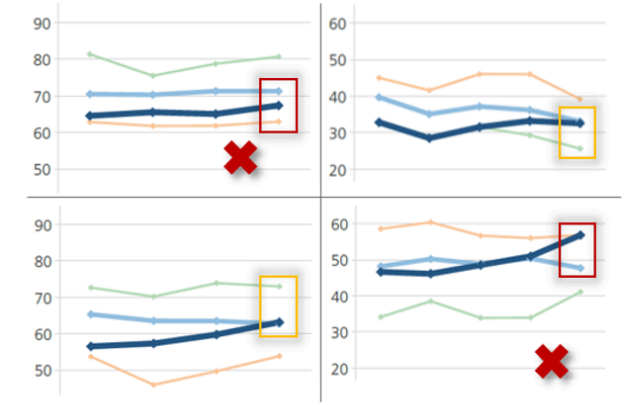
	2014	2015	2016	2017	2018
Best	6.3	6.5	6.3	6.3	6.2
Your org	5.7	5.8	5.8	6.0	6.2
Average	5.8	5.7	5.8	5.6	5.5
Worst	4.7	4.8	4.4	4.8	4.8
No. responses	344	803	668	738	764

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review questions feeding into the themes

In order to understand exactly which factors are driving your organisation's theme score, you should review the questions feeding into the theme. The **'Detailed information'** section contains the questions contributing to each theme, grouped together, thus they can be reviewed easily without the need to search through the 'Question results' section. By comparing 'Your org' scores to the benchmarking group 'Average', 'Best' and 'Worst' scores for each question, the **questions which are driving your organisation's theme results can be identified**.

For themes where results need improvement, action plans can be formulated to **focus on the areas where the organisation's results fall between the benchmarking group average and worst results**. Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



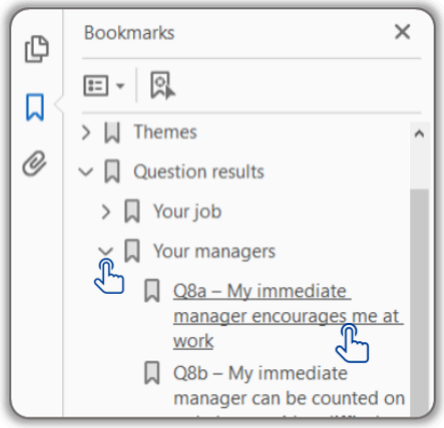
✖ = Negative driver, org result falls between average & worst benchmarking group result for question

3. Reviewing question results

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 110 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

Identifying questions of interest

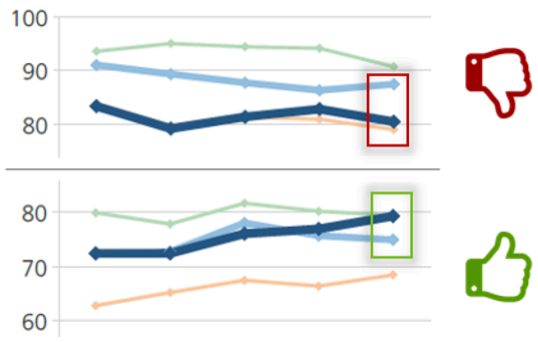
Use the bookmarks bar to navigate directly to questions of interest



- **Pre-defined questions of interest – key questions for your organisation**
  - Most organisations will have questions which have traditionally been a focus for them. Questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can now be assessed on the backdrop of benchmark and historical trend data.
  - **Note:** The bookmarks bar allows for easy navigation through the report, allowing subsections of the report to be folded, for quick access to questions through hyperlinks.

- **Identifying questions of interest based on the results in this report**

  The methods recommended to review your theme results can also be applied to pick out question level results of interest. However, **unlike themes where a higher score always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- [To identify areas of concern]: look for questions where the organisation value falls between the benchmarking group average and the worst score, particularly questions where your organisation result is very close to the worst score. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the trust has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.
- [When looking for positive outcomes]: search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Survey Coordination Centre

NHS England

Appendix D: Additional reporting outputs

Bolton NHS Foundation Trust

2018 NHS Staff Survey Results

Additional reporting outputs

Below are links to other key reporting outputs which complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, theme/KF calculations, historical comparability of organisations and questions in the survey.

Other local results

Key Finding results spreadsheet: Response rate & KF results for every organisation (2017 & 2018). The results are compared and the difference between years is tested for statistical significance.

Local Breakdowns: Dashboards containing results for each organisation broken down by demographic characteristics. Data is available for up to five years where possible.

Directorate Reports: Reports containing theme results split by directorate (locality) for Bolton NHS Foundation Trust.

National results

National Trend Data and National Breakdowns: Dashboards containing national results – data available for five years where possible.

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

Executive Summary

Trust Objective	RAG Distribution	Total
Quality and Safety		
Harm Free Care		19
Infection Prevention and Control		9
Mortality		4
Patient Experience		16
Maternity		11
Operational Performance		
Access		11
Productivity		12
Cancer		7
Community		6
Workforce		
Sickness, Vacancy and Turnover		3
Organisational Development		6
Agency		4
Finance		
Finance		5
Use of Resources		
Clinical Services		4
People		6
Clinical Support Services		2
Corporate Services, Procurement, Estates & Facilities		5
Finance		5
Appendices		
Heat Maps		

Understanding the Report

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

RAG Status

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

Trend

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

Bolton NHS Foundation Trust

Quality and Safety

Harm Free Care

Falls
Year to date performance is within target and shows an improving position on the previous two months and a reduction to date in falls with harm. Targeted action has been instigated in high falls areas and is planned to continue in the next quarter. Further ongoing work is required around reducing recurrent falls. Further progress will be reported in the quarter four report to the Quality Assurance Committee in April.

Pressure Ulcers
Hospital acquired pressure ulcers metrics for February are showing green, with no lapses in care. In the community, the two lapses in care relate to the lack of recognition of a pressure ulcer and lack of intervention to manage a specific risk factor which led to a pressure ulcer.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
6 - Compliance with preventative measure for VTE	>= 95%	95.5%	Feb-19		↓	>= 95%	97.6%	Jan-19		>= 95%	96.5%		95.4 - 97.8%	
9 - Never Events	= 0	0	Feb-19		→	= 0	0	Jan-19		= 0	2		0 - 1	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	5.42	Feb-19		↓	<= 5.30	5.88	Jan-19		<= 5.30	4.80		3.60 - 5.88	
14 - Inpatient falls resulting in Harm (Moderate +)	= 0	5	Feb-19		↑	= 0	1	Jan-19		= 0	21		0 - 5	
15 - Acute Inpatients acquiring pressure damage (grd 2)	<= 6.0	2.0	Feb-19		↓	<= 6.0	6.0	Jan-19		<= 66.0	68.0		2.0 - 13.0	
16 - Acute Inpatients acquiring pressure damage (grd 3)	<= 0.5	0.0	Feb-19		↓	<= 0.5	1.0	Jan-19		<= 5.5	6.0		0.0 - 2.0	
17 - Acute Inpatients acquiring pressure damage (grd 4)	= 0.0	0.0	Feb-19		→	= 0.0	0.0	Jan-19		= 0.0	0.0		0.0 - 0.0	
18 - Community patients acquiring pressure damage (grd 2)	<= 7.0	9.0	Feb-19		↑	<= 7.0	2.0	Jan-19		<= 77.0	82.0		2.0 - 12.0	
19 - Community patients acquiring pressure damage (grd 3)	<= 4.0	7.0	Feb-19		→	<= 4.0	7.0	Jan-19		<= 44.0	54.0		1.0 - 10.0	
20 - Community patients acquiring pressure damage (grd 4)	<= 1.0	1.0	Feb-19		→	<= 1.0	1.0	Jan-19		<= 11.0	12.0		0.0 - 3.0	

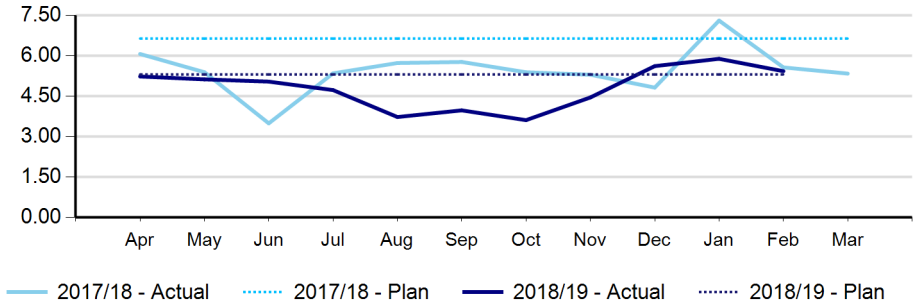
Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

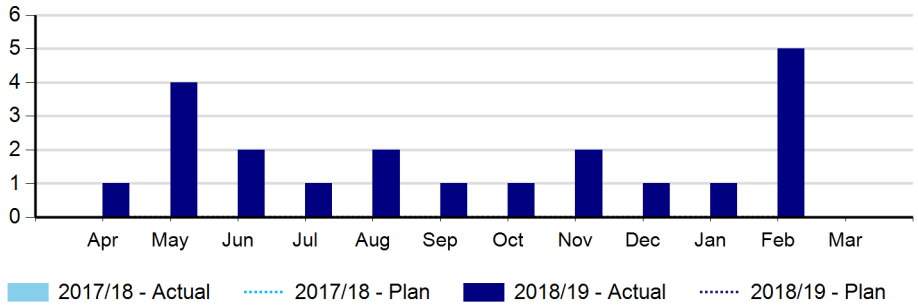
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
21 - Total Pressure Damage due to lapses in care	<= 6	2	Feb-19			<= 6	6	Jan-19		<= 62	59		2 - 9	
28 - Emergency patients screened for Sepsis (quarterly)	>= 90%	92.5%	Q3 2018/19			>= 90%	90.1%	Q2 2018/19		>= 90%	91.5%		90.1 - 92.5%	
29 - Emergency patients who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	91.7%	Q3 2018/19			>= 90%	90.0%	Q2 2018/19		>= 90%	90.6%		90.0 - 91.7%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 80%	81.0%	Feb-19			>= 80%	79.6%	Jan-19		>= 80%	79.2%		76.7 - 81.0%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 72.5%	65.5%	Feb-19			>= 72.5%	72.9%	Jan-19		>= 72.5%	76.3%		65.5 - 87.3%	
86 - NHS Improvement Patient Safety Alerts (CAS) Compliance	= 100%	100.0%	Feb-19			= 100%	100.0%	Jan-19		= 100%	87.3%		33.3 - 100.0%	
88 - KPI Audits linked to Bolton System of Accreditation (BOSCA)	>= 85%	92.6%	Feb-19			>= 85%	92.7%	Jan-19		>= 85%	92.4%		91.6 - 94.0%	
91 - All Serious Incidents investigated and signed off by the Board of Directors within 60 days	= 100%	100.0%	Feb-19			= 100%	N/A	Jan-19		= 100%	33.3%		0.0 - 100.0%	
312 - All Serious Incidents investigated and signed off by the Board of Directors within 60 days but within an agreed extension period	= 100%	100.0%	Feb-19			= 100%	N/A	Jan-19		= 100%	96.6%		50.0 - 100.0%	

Exceptions

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



14 - Inpatient falls resulting in Harm (Moderate +)

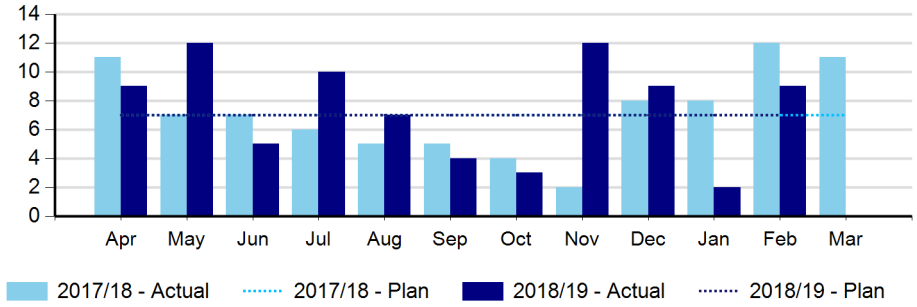


Bolton NHS Foundation Trust

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	6.06	5.38	3.48	5.34	5.72	5.76	5.38	5.29	4.81	7.30	5.56	5.33
18/19	5.22	5.11	5.03	4.72	3.72	3.97	3.60	4.45	5.61	5.88	5.42	

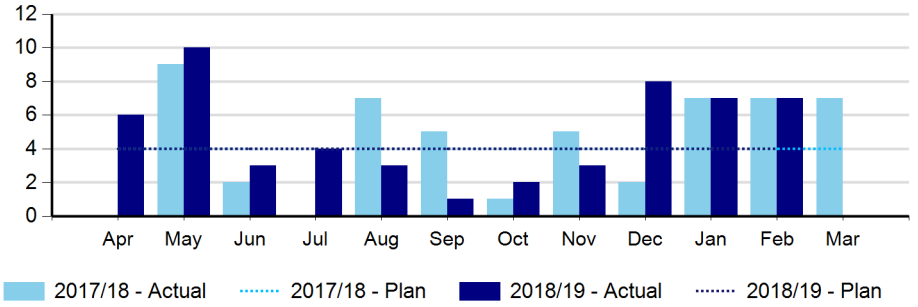
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												0
18/19	1	4	2	1	2	1	1	2	1	1	5	

18 - Community patients acquiring pressure damage (grd 2)



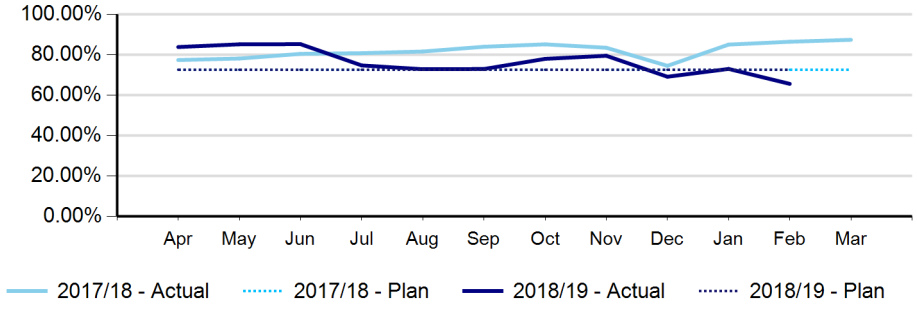
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	11.0	7.0	7.0	6.0	5.0	5.0	4.0	2.0	8.0	8.0	12.0	11.0
18/19	9.0	12.0	5.0	10.0	7.0	4.0	3.0	12.0	9.0	2.0	9.0	

19 - Community patients acquiring pressure damage (grd 3)



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

31 - Clinical Correspondence - Outpatients %<5 working days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	77.3%	78.0%	80.3%	80.7%	81.5%	83.9%	85.0%	83.4%	74.4%	84.9%	86.3%	87.3%
18/19	83.7%	85.1%	85.1%	74.6%	72.7%	72.8%	77.9%	79.4%	69.0%	72.9%	65.5%	

Bolton NHS Foundation Trust

Infection Prevention and Control

The improvements seen in blood culture contaminant rates appear to have been sustained although the rate remains above the target 3%. A task and finish group has been convened to address some of the continued gaps in provision.

Clostridium difficile infections remain on trajectory for 18 or fewer hospital onset cases for 2018/19. There have been 17 cases to the end of February.

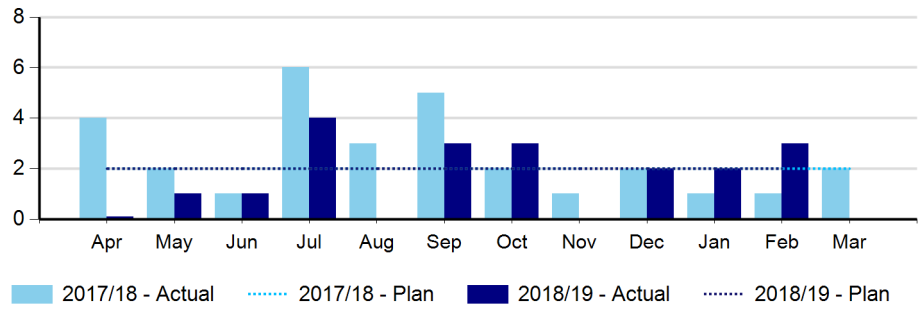
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
215 - Total Trust apportioned C. diff infections	<= 2	3	Feb-19			<= 2	2	Jan-19		<= 22	19		0 - 4	
216 - Total performance C. diff infections	<= 2	0	Feb-19			<= 2	1	Jan-19		<= 22	13		0 - 4	
217 - Total Hospital-Onset MRSA BSIs	= 0	0	Feb-19			= 0	0	Jan-19		= 0	1		0 - 1	
218 - Total Trust apportioned E. coli BSI	<= 3	2	Feb-19			<= 3	5	Jan-19		<= 35	34		0 - 7	
219 - Blood Culture Contaminants (rate)	<= 3%	5.4%	Feb-19			<= 3%	4.7%	Jan-19		<= 3%	5.0%		2.5 - 7.0%	
199 - Compliance with antibiotic prescribing standards	>= 95%	85.2%	Q3 2018/19			>= 95%	86.0%	Q1 2018/19		>= 95%	85.6%		85.2 - 86.0%	
304 - Total Trust apportioned MSSA BSIs	<= 1.3	2.0	Feb-19			<= 1.3	4.0	Jan-19		<= 14.3	22.0		0.0 - 4.0	
305 - Total Trust apportioned Klebsiella spp. BSIs	= 0	0	Feb-19			<= 2	2	Jan-19		<= 7	12		0 - 3	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs	= 0	0	Feb-19			<= 1	0	Jan-19		<= 2	2		0 - 1	

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

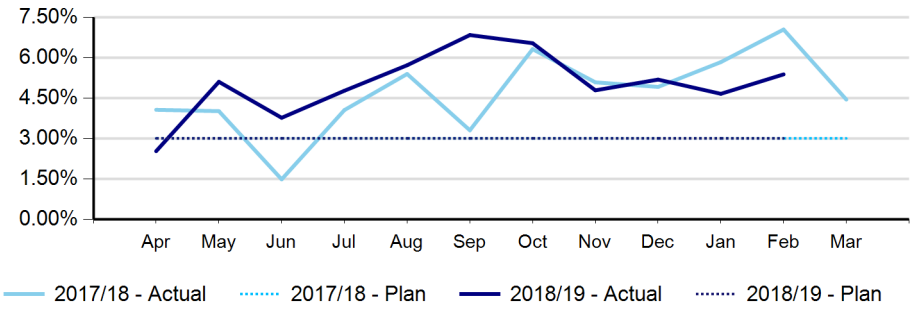
Exceptions

215 - Total Trust apportioned C. diff infections



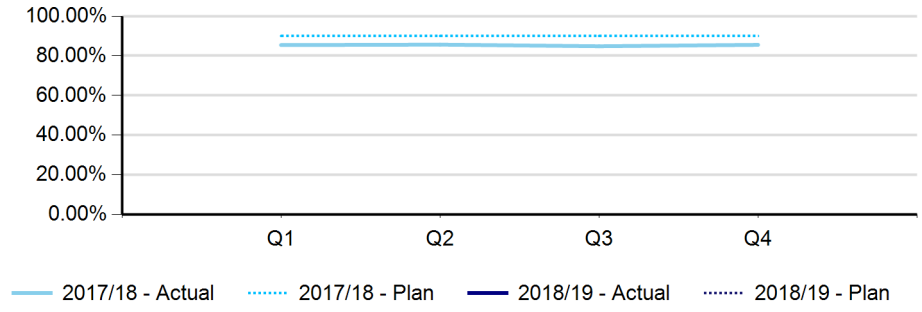
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4	2	1	6	3	5	2	1	2	1	1	2
18/19	0	1	1	4	0	3	3	0	2	2	3	

219 - Blood Culture Contaminants (rate)



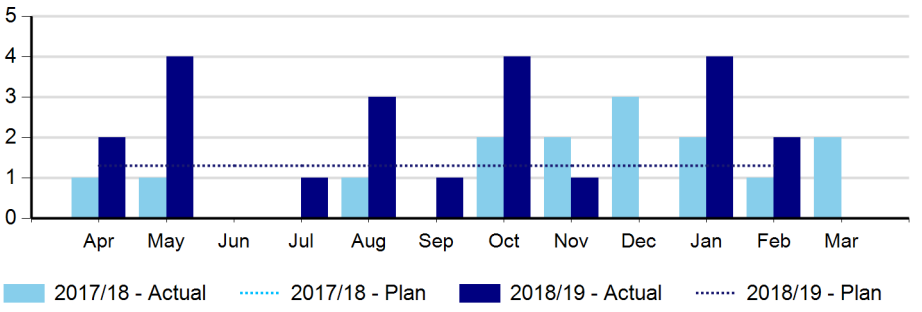
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.1%	4.0%	1.5%	4.1%	5.4%	3.3%	6.3%	5.1%	4.9%	5.8%	7.0%	4.4%
18/19	2.5%	5.1%	3.8%	4.8%	5.7%	6.8%	6.5%	4.8%	5.2%	4.7%	5.4%	

199 - Compliance with antibiotic prescribing standards



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

304 - Total Trust apportioned MSSA BSIs



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

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

Mortality

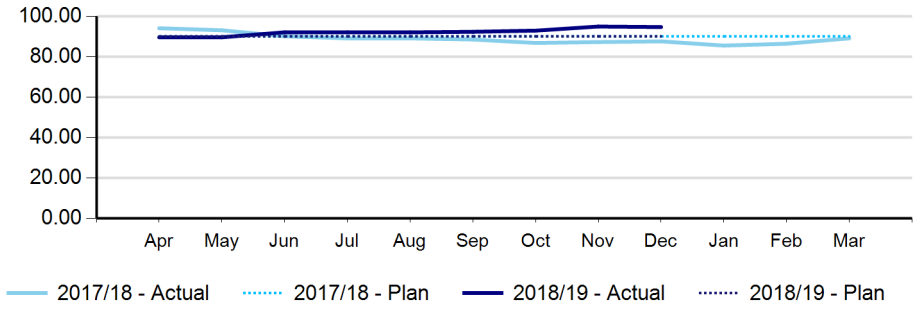
Standardised Hospital Mortality Index (SHMI) has increased from quarter one. The Medical Director is undertaking a review of SHMI.

The mortality reduction group monitor all death rates and causes and are reviewing the learning from deaths group.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
3 - National Early Warning Scores to Gold standard	>= 85%	100.0%	Feb-19		→	>= 85%	100.0%	Jan-19		>= 85%	93.7%		85.1 - 100.0%	
10 - Risk adjusted Mortality (ratio) (1 mth in arrears)	<= 90	94.6	Dec-18		↓	<= 90	94.9	Nov-18		<= 90	94.6		86.3 - 94.9	
11 - Standardised Hospital Mortality (ratio) (quarterly in arrears)	<= 100.00	113.85	Q2 2018/19		↑	<= 100.00	111.16	Q1 2018/19		<= 100.00	113.85		111.16 - 113.85	
12 - Crude Mortality %	<= 2.9%	2.7%	Feb-19		↑	<= 2.9%	2.6%	Jan-19		<= 2.9%	2.2%		1.9 - 2.9%	

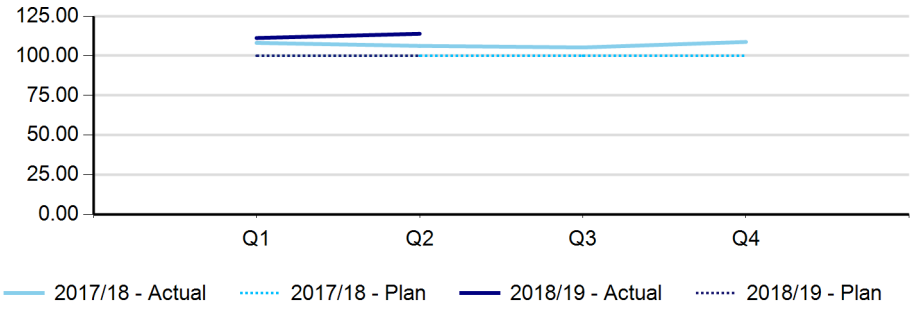
Exceptions

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	94.0	93.0	90.0	89.0	89.0	88.4	86.7	87.2	87.5	85.4	86.3	89.0
18/19	89.5	89.5	92.0	92.0	92.0	92.2	92.8	94.9	94.6			

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



	Q1	Q2	Q3	Q4
17/18	108.10	106.20	105.22	108.70
18/19	111.16	113.85		

Bolton NHS Foundation Trust

Patient Experience

A&E Friends and Family
The overall response rate for February fell slightly. There had been an increased focus within the department and a number of innovative methods to encourage and collect FFT were put in place. However, the response rates for paediatrics fell in February despite an improvement being seen in January. The team are currently looking at ways in which consistent response rates can be achieved.

Complaints responded to within period
Unfortunately, there were two complaints that did not meet the agreed timescales during February. The Division is aware of the reasons for this and are working with the Patient Experience Team to put measures in place to avoid further breaches in future. Despite this, the Trust is on target to meet the planned overall response rate in year.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
200 - A&E Friends and Family Response Rate	>= 20%	16.7%	Feb-19			>= 20%	19.6%	Jan-19		>= 20%	17.6%		13.3 - 20.6%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	90.7%	Feb-19			>= 90%	88.9%	Jan-19		>= 90%	89.4%		84.2 - 91.1%	
80 - Inpatient Friends and Family Response Rate	>= 30%	29.3%	Feb-19			>= 30%	29.8%	Jan-19		>= 30%	31.8%		25.7 - 37.5%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	96.4%	Feb-19			>= 90%	96.4%	Jan-19		>= 90%	96.5%		95.7 - 97.4%	
81 - Maternity Friends and Family Response Rate	>= 15%	34.5%	Feb-19			>= 15%	30.5%	Jan-19		>= 15%	30.6%		19.0 - 43.6%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	94.2%	Feb-19			>= 90%	97.3%	Jan-19		>= 90%	95.7%		92.4 - 97.9%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	43.4%	Feb-19			>= 15%	16.7%	Jan-19		>= 15%	17.9%		1.7 - 43.4%	
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	96.6%	Feb-19			>= 90%	98.9%	Jan-19		>= 90%	97.3%		88.9 - 100.0%	
83 - Birth - Friends and Family Response Rate	>= 15%	31.3%	Feb-19			>= 15%	38.0%	Jan-19		>= 15%	33.9%		24.9 - 50.2%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	92.6%	Feb-19			>= 90%	96.7%	Jan-19		>= 90%	94.1%		88.5 - 97.8%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	20.8%	Feb-19			>= 15%	20.7%	Jan-19		>= 15%	26.7%		17.7 - 44.5%	

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

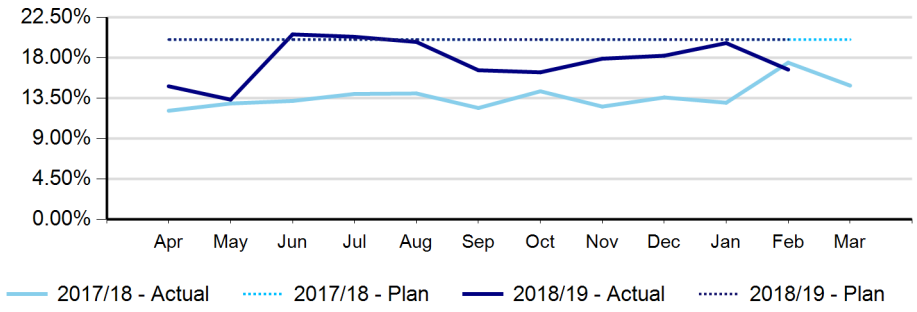
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	93.2%	Feb-19			>= 90%	93.5%	Jan-19		>= 90%	93.7%		88.1 - 98.1%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	40.7%	Feb-19			>= 15%	48.8%	Jan-19		>= 15%	46.3%		26.2 - 75.1%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	93.2%	Feb-19			>= 90%	98.6%	Jan-19		>= 90%	97.4%		93.2 - 99.5%	
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Feb-19			= 100%	100.0%	Jan-19		= 100%	99.6%		96.6 - 100.0%	
90 - Complaints responded to within the period	>= 95%	90.0%	Feb-19			>= 95%	100.0%	Jan-19		>= 95%	95.4%		88.5 - 100.0%	

Integrated Summary Dashboard - February 2019

Bolton
NHS Foundation Trust

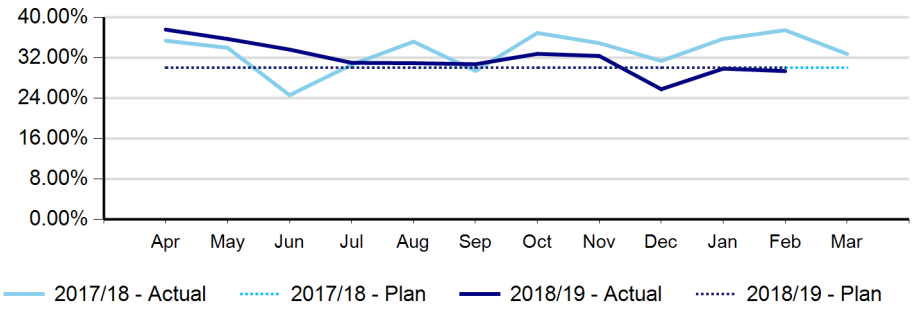
Exceptions

200 - A&E Friends and Family Response Rate



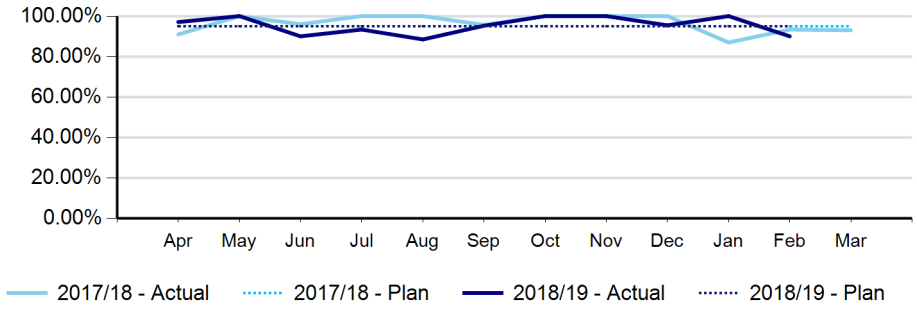
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12.1%	12.9%	13.2%	13.9%	14.0%	12.4%	14.2%	12.5%	13.6%	13.0%	17.4%	14.9%
18/19	14.8%	13.3%	20.6%	20.3%	19.7%	16.6%	16.4%	17.9%	18.2%	19.6%	16.7%	

80 - Inpatient Friends and Family Response Rate



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

90 - Complaints responded to within the period



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

Bolton
NHS Foundation Trust

Maternity

The booked 12+6 position has improved this month but is still below the target of 90%.

Bolton Hospital are demonstrating good improvement on stillbirth reduction, currently having the fewest number of stillbirths in Greater Manchester. The Trust has achieved the 20% reduction in stillbirth national safety ambition ahead of the target date of 2020. The average is 3.5 stillbirths per 1000 births. There were zero stillbirths in January and February 2019.

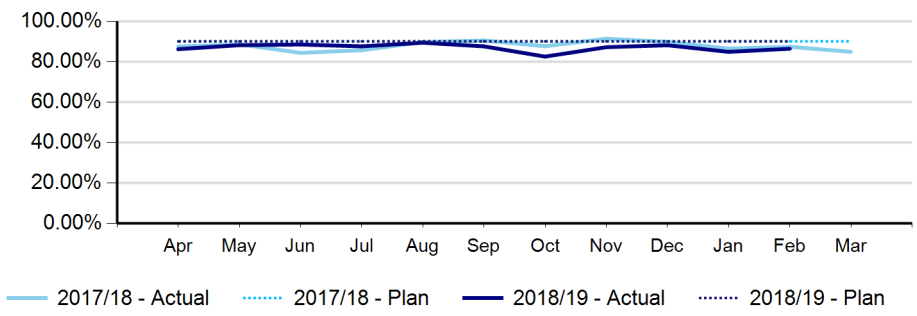
The Continuity of Carer team at Ingleside have been working together since the beginning of January 2019. This has contributed to an increase in the number of births at Ingleside to 15 at the end of February 2019.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
322 - Maternity - Stillbirths per 1000 births	<= 3.50	0.00	Feb-19			<= 3.50	0.00	Jan-19		<= 3.50	2.07		0.00 - 5.96	
23 - Maternity -3rd/4th degree tears	<= 3.5%	1.6%	Feb-19			<= 3.5%	3.2%	Jan-19		<= 3.5%	2.3%		1.6 - 4.2%	
202 - 1:1 Midwifery care in labour	>= 97.0%	98.4%	Feb-19			>= 97.0%	98.7%	Jan-19		>= 97.0%	98.7%		97.9 - 99.8%	
203 - Booked 12+6	>= 90.0%	86.3%	Feb-19			>= 90.0%	84.8%	Jan-19		>= 90.0%	80.1%		82.4 - 89.3%	
204 - Inductions of labour	<= 40%	39.2%	Feb-19			<= 40%	39.4%	Jan-19		<= 40%	40.1%		36.3 - 45.3%	
205 - Normal deliveries	>= 50.0%	59.2%	Feb-19			>= 50.0%	54.1%	Jan-19		>= 50.0%	58.1%		54.1 - 61.9%	
208 - Total C section	<= 33.0%	28.5%	Feb-19			<= 33.0%	30.7%	Jan-19		<= 33.0%	28.8%		25.7 - 31.4%	
210 - Initiation breast feeding	>= 65%	64.96%	Feb-19			>= 65%	63.99%	Jan-19		>= 65%	68.05%		63.30 - 72.60%	
213 - Maternity complaints	<= 5	2	Feb-19			<= 5	2	Jan-19		<= 55	34		0 - 8	
319 - Maternal deaths (direct)	= 0	0	Feb-19			= 0	0	Jan-19		= 0	1		0 - 1	
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 8%	8.0%	Feb-19			<= 8%	8.5%	Jan-19		<= 8%	9.4%		7.8 - 11.2%	

Bolton
NHS Foundation Trust

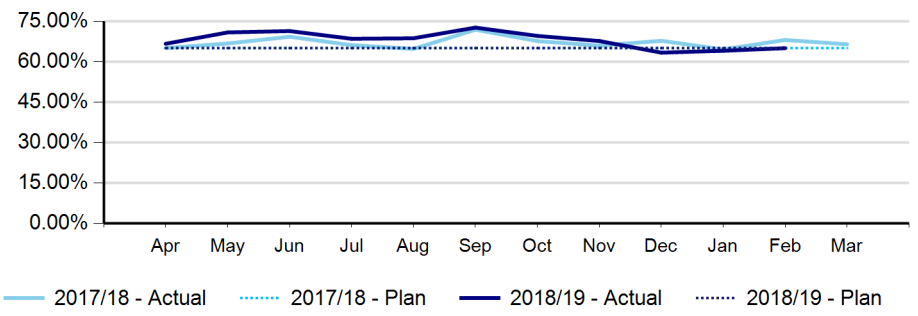
Exceptions

203 - Booked 12+6



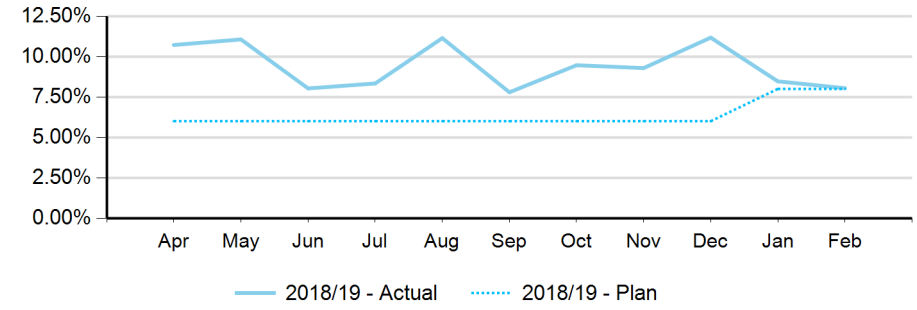
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	87.4%	88.5%	84.3%	85.6%	89.6%	90.4%	87.6%	91.3%	89.7%	86.4%	87.3%	84.8%
18/19	86.1%	88.1%	88.4%	87.5%	89.3%	87.5%	82.4%	87.1%	88.1%	84.8%	86.3%	

210 - Initiation breast feeding



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	65.00%	66.70%	69.20%	66.10%	64.70%	71.80%	67.60%	65.90%	67.70%	64.50%	68.00%	66.40%
18/19	66.59%	70.80%	71.31%	68.45%	68.64%	72.60%	69.50%	67.61%	63.30%	63.99%	64.96%	

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
18/19	10.7%	11.1%	8.0%	8.3%	11.1%	7.8%	9.5%	9.3%	11.2%	8.5%	8.0%

Bolton NHS Foundation Trust

Operational Performance

Access

Transfers between 11pm and 6am – there has been a significant reduction in the number of patients moved between these times. There is ongoing work within the Divisions focusing on accurate and timely reporting.

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

DMO1 - diagnostics waits times have been achieved this month despite ongoing pressures in echocardiography and endoscopy.

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

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	= 0	29	Feb-19			= 0	42	Jan-19		= 0	294		15 - 42	
8 - Same sex accommodation breaches	= 0	13	Feb-19			= 0	9	Jan-19		= 0	117		2 - 18	
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	78.1%	Feb-19			>= 75%	90.6%	Jan-19		>= 75%	67.5%		55.6 - 90.6%	
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	87.7%	Feb-19			>= 92%	88.4%	Jan-19		>= 92%	89.1%		87.7 - 90.3%	
42 - RTT 52 week waits (incomplete pathways)	= 0	5	Feb-19			= 0	7	Jan-19		= 0	68		0 - 10	
314 - RTT 18 week waiting list	<= 22,812	22,949	Feb-19			<= 22,812	23,004	Jan-19		<= 22,812	22,949		22,344 - 23,052	
53 - A&E 4 hour target	>= 95%	78.9%	Feb-19			>= 95%	82.5%	Jan-19		>= 95%	84.5%		78.9 - 91.3%	
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0%	6%	Feb-19			= 0%	4%	Jan-19		= 0%	7%		4 - 14%	
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	3.50%	Feb-19			= 0.00%	1.44%	Jan-19		= 0.00%	1.88%		0.35 - 6.98%	

Integrated Summary Dashboard - February 2019

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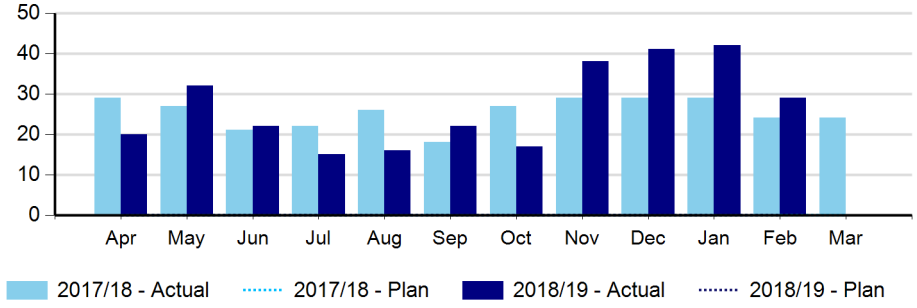
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
72 - Diagnostic Waits >6 weeks %	<= 1%	0.4%	Feb-19			<= 1%	3.2%	Jan-19		<= 1%	1.1%		0.3 - 4.8%	
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	13.3%	Feb-19			= 100%	25.0%	Jan-19		= 100%	16.9%		0.0 - 83.3%	

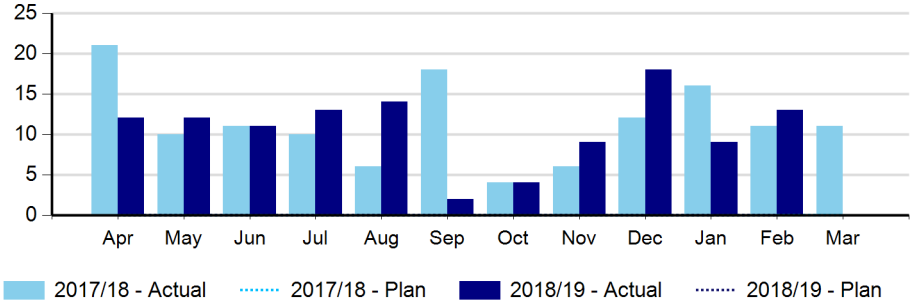
Exceptions

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



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

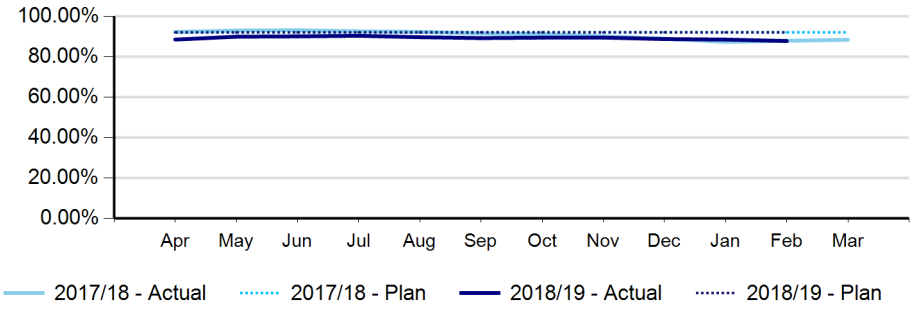
8 - Same sex accommodation breaches



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

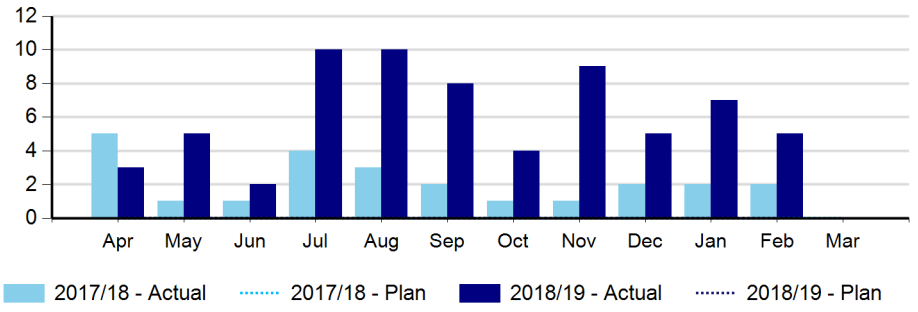
Bolton NHS Foundation Trust

41 - RTT Incomplete pathways within 18 weeks %



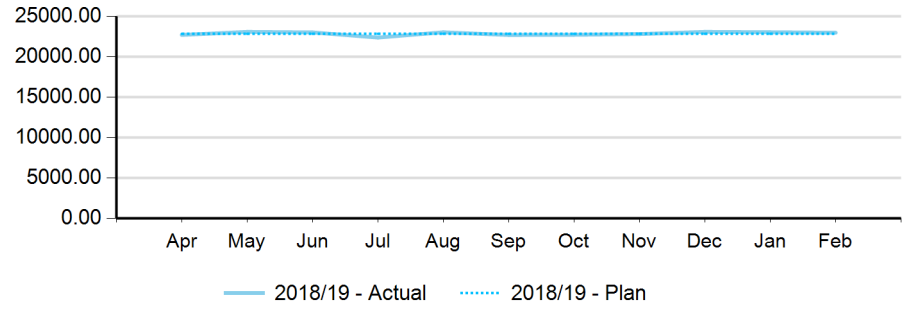
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	92.1%	92.9%	93.0%	92.5%	92.2%	91.4%	91.1%	90.0%	88.8%	87.2%	87.8%	88.3%
18/19	88.4%	89.8%	90.0%	90.3%	89.6%	89.1%	89.4%	89.4%	88.7%	88.4%	87.7%	

42 - RTT 52 week waits (incomplete pathways)



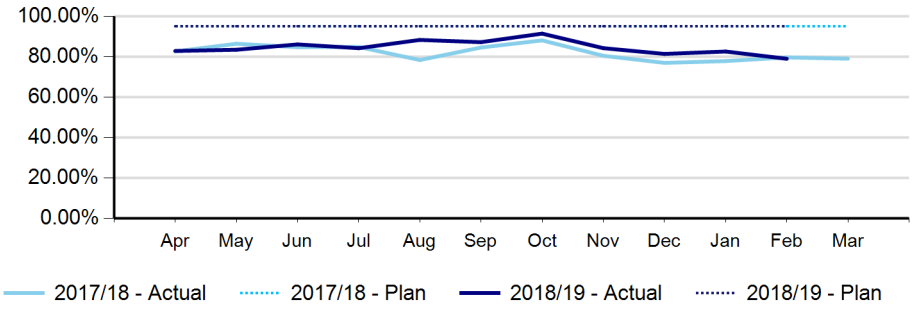
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	5	1	1	4	3	2	1	1	2	2	2	0
18/19	3	5	2	10	10	8	4	9	5	7	5	

314 - RTT 18 week waiting list



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
18/19	22,675	23,052	22,985	22,344	23,003	22,663	22,691	22,783	23,050	23,004	22,949

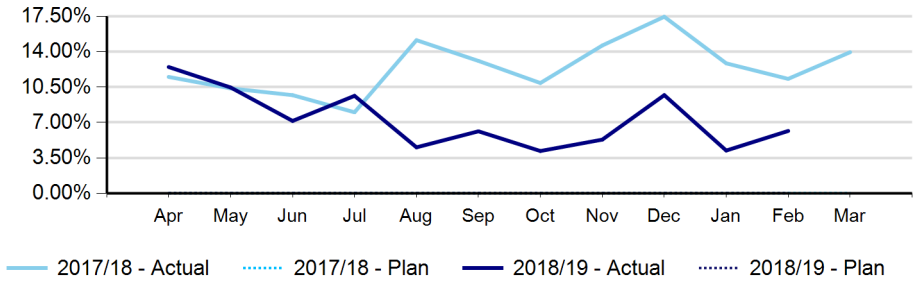
53 - A&E 4 hour target



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

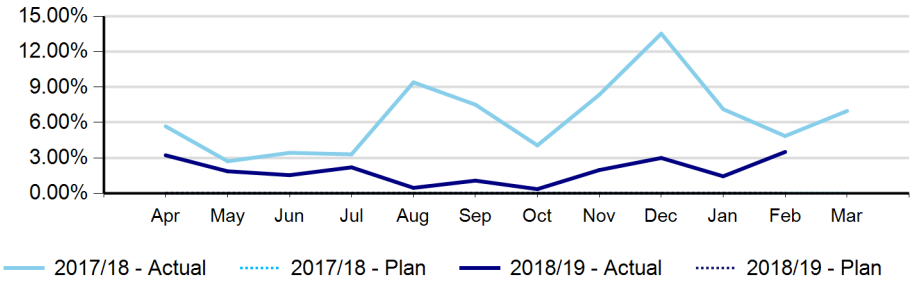
Bolton
NHS Foundation Trust

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



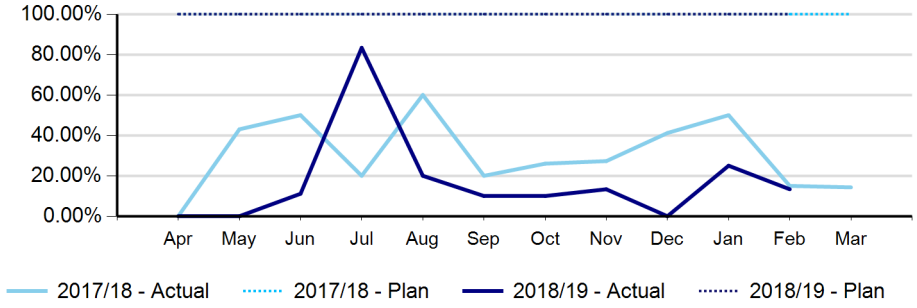
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12%	10%	10%	8%	15%	13%	11%	15%	17%	13%	11%	14%
18/19	12%	10%	7%	10%	5%	6%	4%	5%	10%	4%	6%	

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



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

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



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

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

Productivity

Discharges by Midday and 4pm - the Trust has not delivered against this target for some time, but improvements are beginning to be seen as a focused piece of work is underway within the Adult Acute Division.

Operations cancelled - these are mainly due to trauma, with high volumes requiring both theatre and bed capacity. The Division is working to increase trauma lists and reduce LOS, it is not expected to impact until April, specifically for the theatre capacity.

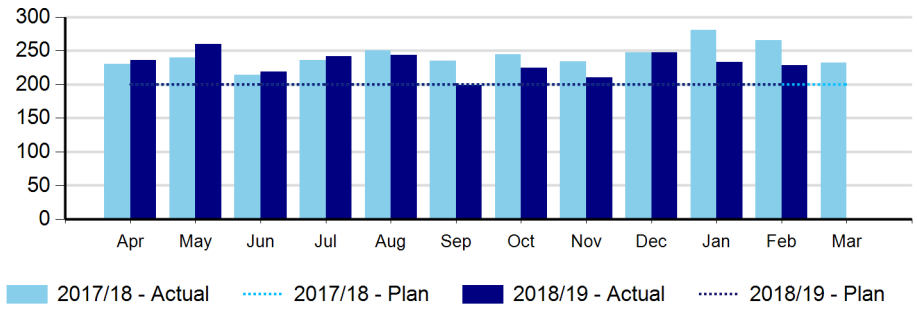
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
56 - Stranded patients	<= 200	228	Feb-19			<= 200	233	Jan-19		<= 200	228		199 - 265	
307 - Stranded Patients - LOS 21 days and over	<= 69	74	Feb-19			<= 69	80	Jan-19		<= 69	74		66 - 93	
57 - Discharges by Midday	>= 30%	29.7%	Feb-19			>= 30%	26.7%	Jan-19		>= 30%	28.3%		26.2 - 33.1%	
58 - Discharges by 4pm	>= 70%	68.2%	Feb-19			>= 70%	65.1%	Jan-19		>= 70%	66.9%		63.4 - 70.0%	
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	11.4%	Jan-19			<= 13.5%	11.7%	Dec-18		<= 13.5%	11.9%		10.8 - 13.1%	
60 - Daycase Rates	>= 80%	88.4%	Feb-19			>= 80%	90.6%	Jan-19		>= 80%	88.8%		82.4 - 90.6%	
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	1.9%	Feb-19			<= 1%	2.4%	Jan-19		<= 1%	1.7%		0.9 - 2.4%	
62 - Cancelled operations re-booked within 28 days	= 100%	83.3%	Feb-19			= 100%	86.9%	Jan-19		= 100%	85.6%		63.6 - 100.0%	
318 - Delayed Transfers Of Care (Trust Total) - GM Methodology (% occupied bed days delayed - phased reduction)	<= 3.3%	2.1%	Feb-19			<= 3.3%	1.6%	Jan-19		<= 3.3%	2.2%		1.1 - 3.0%	
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.06	Feb-19			<= 2.00	2.17	Jan-19		<= 2.00	2.37		2.06 - 2.75	
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.29	Feb-19			<= 3.70	4.40	Jan-19		<= 3.70	4.43		4.00 - 4.67	
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	91.3%	Jan-19			>= 80%	82.6%	Dec-18		>= 80%	82.2%		64.3 - 94.7%	

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

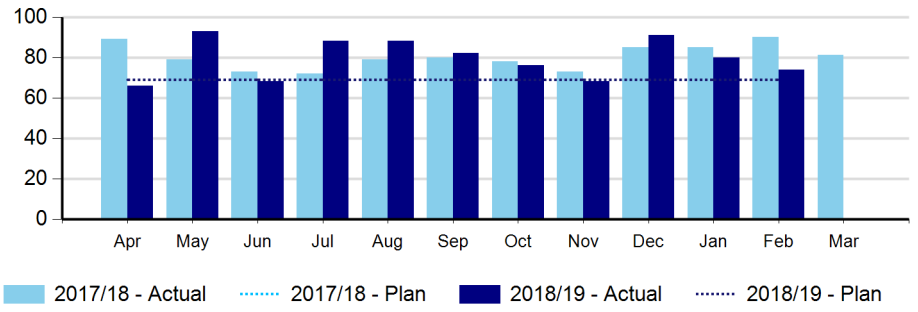
Exceptions

56 - Stranded patients



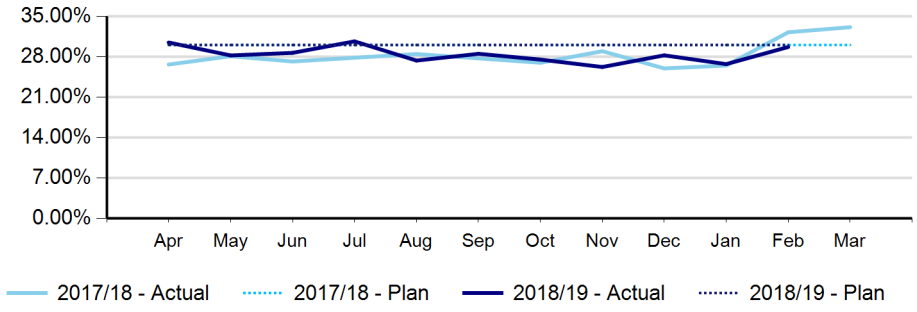
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	230	240	214	236	250	235	244	234	247	281	265	232
18/19	236	260	219	242	243	199	224	210	247	233	228	

307 - Stranded Patients - LOS 21 days and over



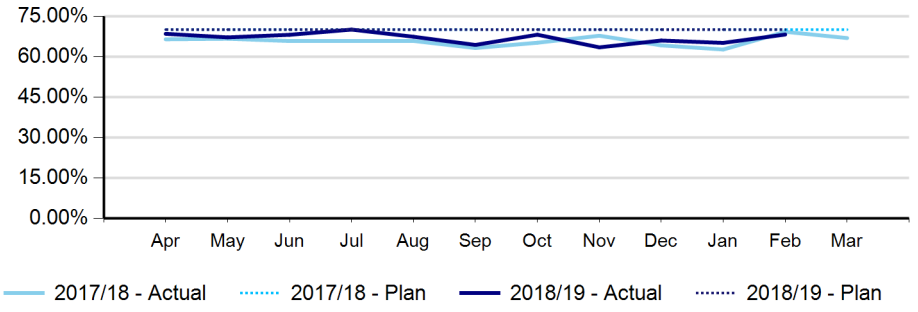
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89	79	73	72	79	80	78	73	85	85	90	81
18/19	66	93	68	88	88	82	76	68	91	80	74	

57 - Discharges by Midday



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

58 - Discharges by 4pm



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

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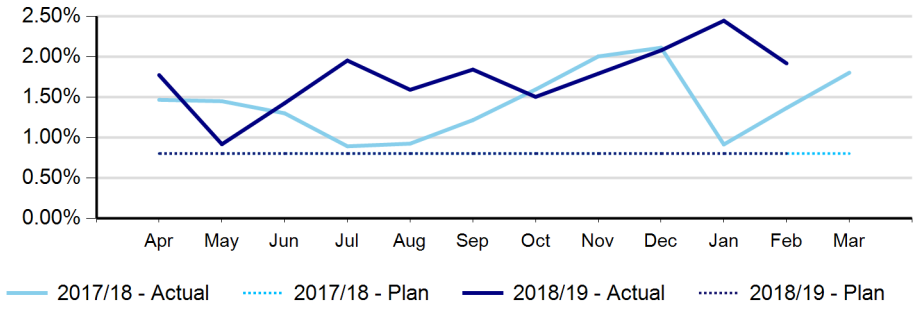
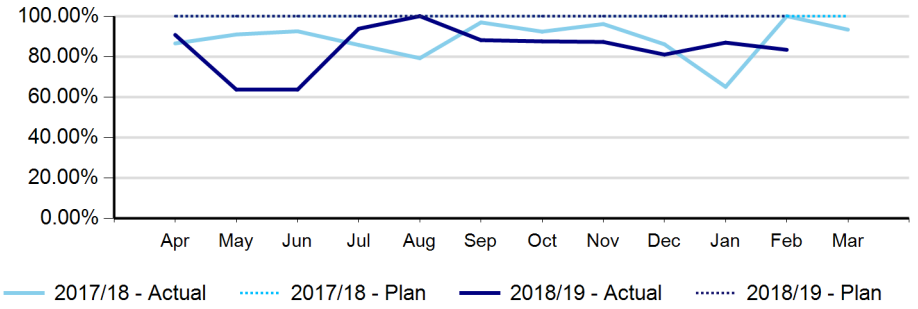
NHS Foundation Trust

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



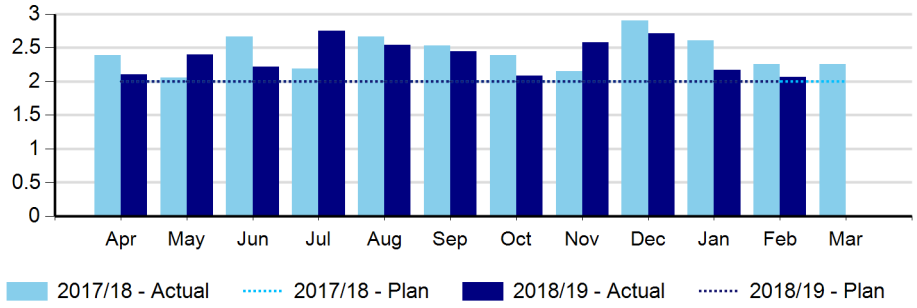
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	1.5%	1.4%	1.3%	0.9%	0.9%	1.2%	1.6%	2.0%	2.1%	0.9%	1.4%	1.8%
18/19	1.8%	0.9%	1.4%	2.0%	1.6%	1.8%	1.5%	1.8%	2.1%	2.4%	1.9%	

62 - Cancelled operations re-booked within 28 days



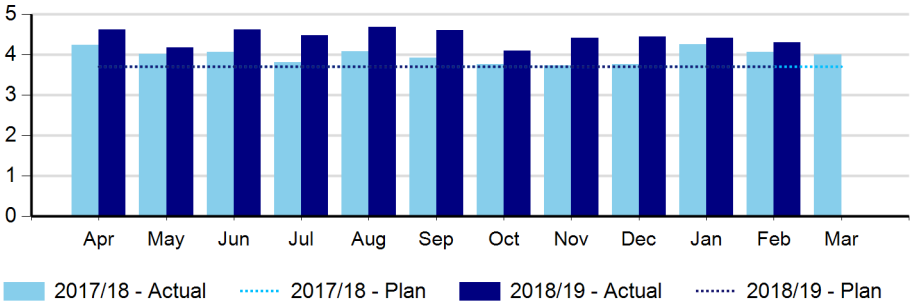
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	86.5%	90.9%	92.5%	85.7%	79.2%	96.9%	92.3%	96.1%	86.0%	65.0%	100.0%	93.3%
18/19	90.7%	63.6%	63.6%	93.8%	100.0%	88.1%	87.5%	87.2%	81.0%	86.9%	83.3%	

65 - Elective Length of Stay (Discharges in month)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	2.39	2.05	2.66	2.18	2.66	2.53	2.39	2.15	2.90	2.60	2.25	2.26
18/19	2.10	2.40	2.22	2.75	2.54	2.44	2.08	2.58	2.71	2.17	2.06	

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	4.23	4.02	4.05	3.80	4.07	3.91	3.76	3.72	3.75	4.25	4.06	4.00
18/19	4.62	4.17	4.62	4.47	4.67	4.60	4.09	4.41	4.44	4.40	4.29	

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Cancer

All targets were achieved for January with the exception of patients two week wait (breast symptomatic). This has seen an improvement in performance from December 2018 although still below target.

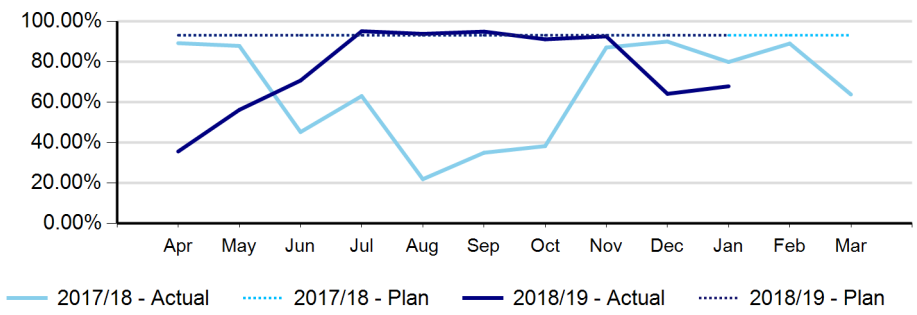
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
46 - 62 day standard % (1 mth in arrears)	>= 85%	90.6%	Jan-19			>= 85%	88.7%	Dec-18		>= 85%	90.1%		85.8 - 95.4%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	91.5%	Jan-19			>= 90%	100.0%	Dec-18		>= 90%	84.8%		55.6 - 100.0%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	100.0%	Jan-19			>= 96%	100.0%	Dec-18		>= 96%	99.7%		98.4 - 100.0%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Jan-19			>= 94%	87.5%	Dec-18		>= 94%	98.4%		87.5 - 100.0%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Jan-19			>= 98%	100.0%	Dec-18		>= 98%	100.0%		100.0 - 100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	93.8%	Jan-19			>= 93%	95.3%	Dec-18		>= 93%	96.2%		93.6 - 97.9%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	67.7%	Jan-19			>= 93%	64.0%	Dec-18		>= 93%	76.4%		35.5 - 95.0%	

Integrated Summary Dashboard - February 2019

Bolton
NHS Foundation Trust

Exceptions

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



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	89.1%	87.7%	45.1%	62.9%	21.8%	34.9%	38.1%	86.9%	89.9%	79.8%	88.9%	63.7%
18/19	35.5%	56.1%	70.6%	95.0%	93.7%	94.8%	91.0%	92.4%	64.0%	67.7%		

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

Community

Deflection from admission for patients in A+E seen by the Home First Team remain below the stretch target for the team. All options are being explored to increase the deflection rate including the expansion of the Home First model into a wider MDT frailty model.

The number of medically optimised patients and by association the days spent in hospital by patients who are medically optimised remain above the Trust target and has risen in February compared to January. Improvements continue to be made to internal discharge processes which this month includes the commencement of the 'get me home' meeting on Saturdays and Sundays.

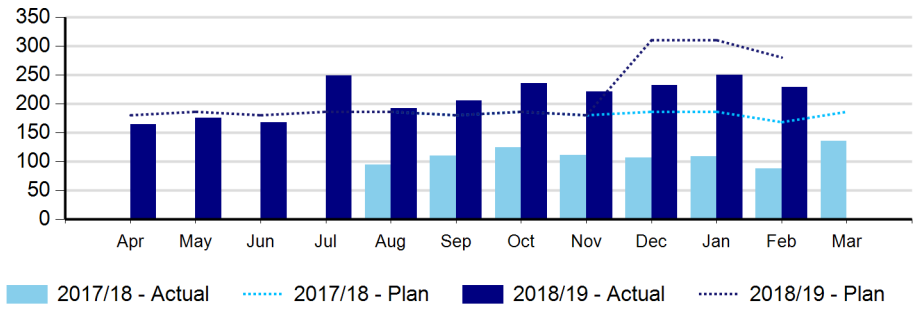
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
225 - Admission Avoidance	>= 166	227	Feb-19			>= 166	222	Jan-19		>= 1,826	1,889		0 - 262	
226 - Home First Deflections	>= 280	229	Feb-19			>= 310	250	Jan-19		>= 2,364	2,318		87 - 250	
227 - Length of Stay - Darley Court	<= 28.0	28.3	Feb-19			<= 28.0	28.1	Jan-19		<= 308.0	302.1		22.5 - 35.2	
228 - DTOC Numbers	<= 15	15	Feb-19			<= 15	14	Jan-19		<= 15	15		11 - 28	
230 - Medically Optimised Numbers	<= 50	82	Feb-19			<= 50	64	Jan-19		<= 550	755		52 - 86	
231 - Medically Optimised Days	<= 209	425	Feb-19			<= 209	403	Jan-19		<= 2,299	5,137		344 - 790	

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

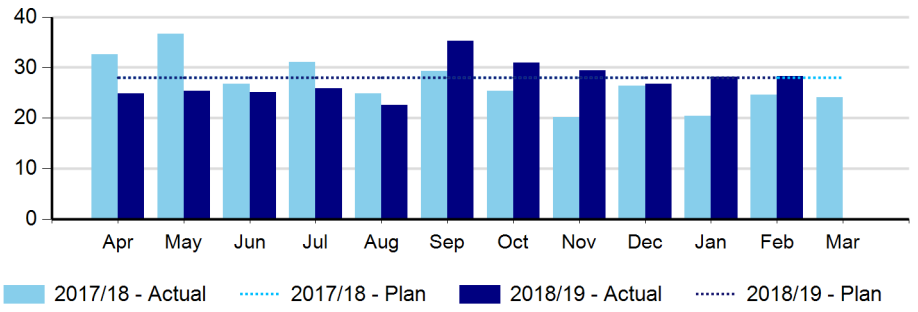
Exceptions

226 - Home First Deflections



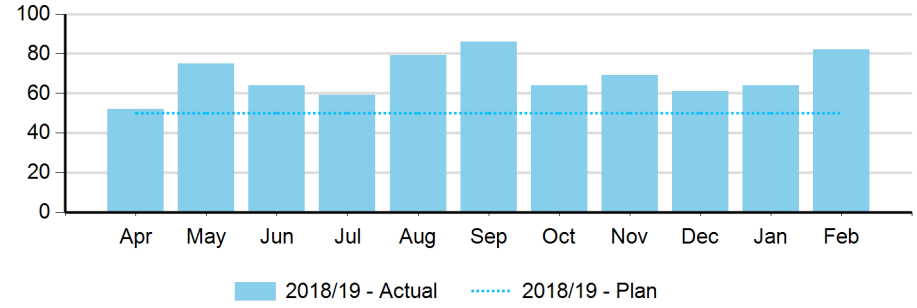
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18					94	110	124	111	106	108	87	135
18/19	164	175	167	248	192	205	235	221	232	250	229	

227 - Length of Stay - Darley Court



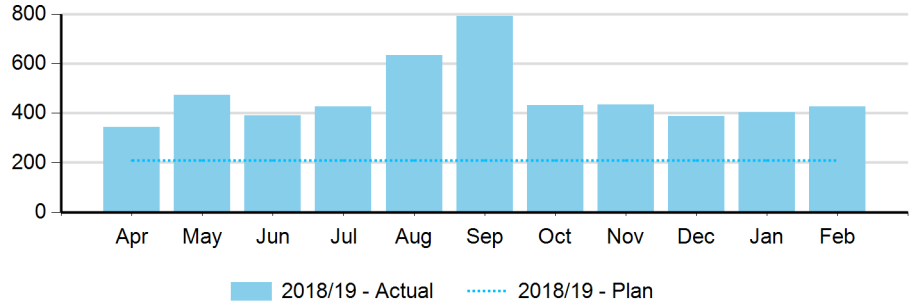
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	32.6	36.6	26.7	31.0	24.9	29.3	25.4	20.2	26.4	20.4	24.6	24.1
18/19	24.8	25.3	25.1	25.8	22.5	35.2	30.9	29.4	26.7	28.1	28.3	

230 - Medically Optimised Numbers



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
18/19	52	75	64	59	79	86	64	69	61	64	82

231 - Medically Optimised Days



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
18/19	344	472	391	426	634	790	430	434	388	403	425

Bolton NHS Foundation Trust

Workforce

Sickness, Vacancy and Turnover

The sickness rate in February 2019 was 4.97%; this is higher than target and is lower than the same period last year (5.08% February 2018) and also lower than January 2019 at 5.45%. The Adult Acute Division have seen a dramatic reduction in month of 1.96% from 7.27% in January to 5.32% in February. Other Divisions have also seen a decrease in month with the exception of ICS which has seen a marked increased by 0.64% to 6.01%. Detailed work at Divisional level is taking place to understand these positions at individual and team level.

The Workforce Assurance Committee received an update on the number of new and ongoing actions being taken to support reductions in sickness.

Performance on the recruitment and retention metrics remains strong.

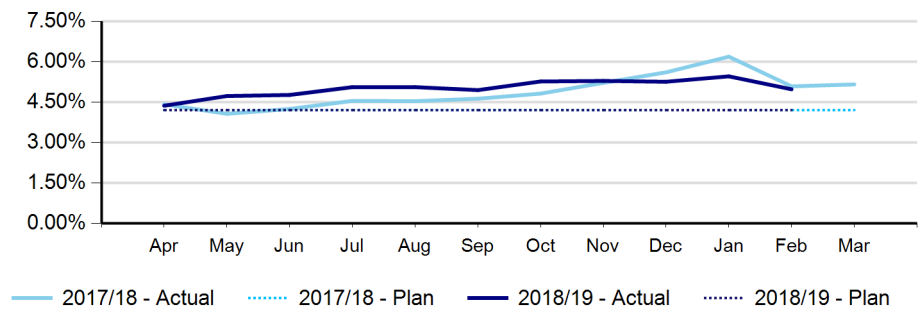
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
117 - Sickness absence level - Trust	<= 4.20%	4.97%	Feb-19			<= 4.20%	5.45%	Jan-19		<= 4.20%	5.01%		4.36 - 5.45%	
120 - Vacancy level - Trust	<= 6%	3.58%	Feb-19			<= 6%	3.53%	Jan-19		<= 6%	4.24%		-0.23 - 5.25%	
121 - Turnover	8 - 10%	10.7%	Feb-19			8 - 10%	9.8%	Jan-19		8 - 10%	9.7%		9.2 - 10.7%	

Integrated Summary Dashboard - February 2019

Bolton
NHS Foundation Trust

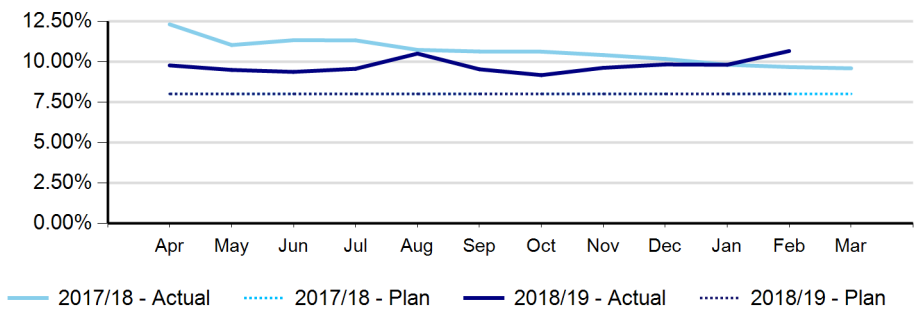
Exceptions

117 - Sickness absence level - Trust



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

121 - Turnover



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18	12.3%	11.0%	11.3%	11.3%	10.7%	10.6%	10.6%	10.4%	10.2%	9.8%	9.7%	9.6%
18/19	9.8%	9.5%	9.4%	9.6%	10.5%	9.5%	9.2%	9.6%	9.8%	9.8%	10.7%	

Bolton NHS Foundation Trust

Organisational Development

A full update on the findings of the NHS Staff Survey is contained within the papers and being presented to the Trust Board.

Following the launch of the Trust's Leadership and Management Development Framework in 2018, a plethora of Leadership activities remain ongoing. Of note, the Executive Team have recently approved the development of Leadership Masterclasses – these will commence in May and take the form of a series of high profile leadership masterclasses delivered by inspiring, innovative and motivational speakers.

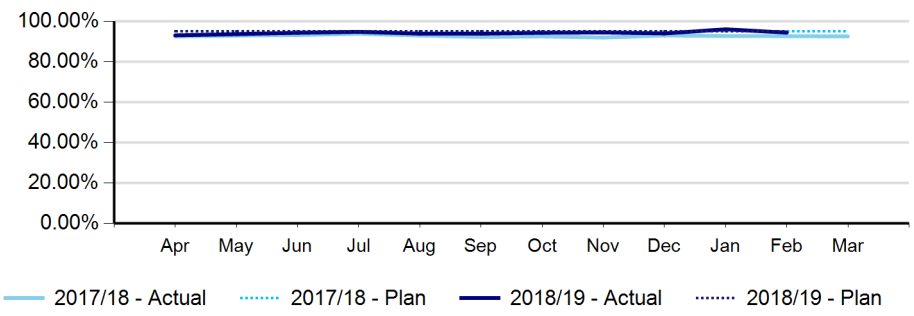
Colleagues will note a slight drop in some of the OD KPI's and these are being addressed at individual and team level.

	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
37 - Staff completing Statutory Training	>= 95%	94.3%	Feb-19			>= 95%	96.0%	Jan-19		>= 95%	94.2%		92.5 - 96.0%	
38 - Staff completing Mandatory Training	>= 85%	85.9%	Feb-19			>= 85%	93.1%	Jan-19		>= 85%	91.1%		85.9 - 93.1%	
39 - Staff completing Safeguarding Training	>= 95%	95.79%	Feb-19			>= 95%	95.31%	Jan-19		>= 95%	95.11%		93.94 - 95.79%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	84.9%	Feb-19			>= 85%	85.9%	Jan-19		>= 85%	85.8%		82.0 - 89.4%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	70.0%	Q2 2018/19			>= 66%	71.0%	Q1 2018/19		>= 66%			70.0 - 71.0%	
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	83.0%	Q2 2018/19			>= 80%	82.0%	Q1 2018/19		>= 80%			82.0 - 83.0%	

Bolton
NHS Foundation Trust

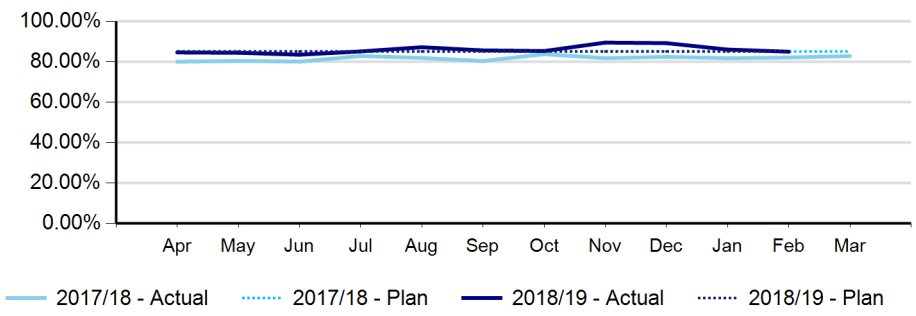
Exceptions

37 - Staff completing Statutory Training



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

101 - Increased numbers of staff undertaking an appraisal



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

Bolton NHS Foundation Trust

Agency

Actual agency spending (£649,620) decreased by £37,946 in month when compared to M10. In the same month in 2018 (February 2018) the Trust spent £895,000 on agency workers. There were increases in spending for Nursing (£10,141), Scientists/Allied Health Professions (£3,194) and Middle Grade Doctors (£23,838). These increases were offset by reductions in spending on Admin and Clerical (£8804), Consultants (£32,004), and Junior Grade Doctors (£31,156). Based on current spending, there is an expectation that actual agency spend at the end of the 2018/19 financial year will be above our internal forecast at £8.5 million.

The Workforce Assurance Committee received an update on the number of new and ongoing actions being taken to support reductions in agency dependence.

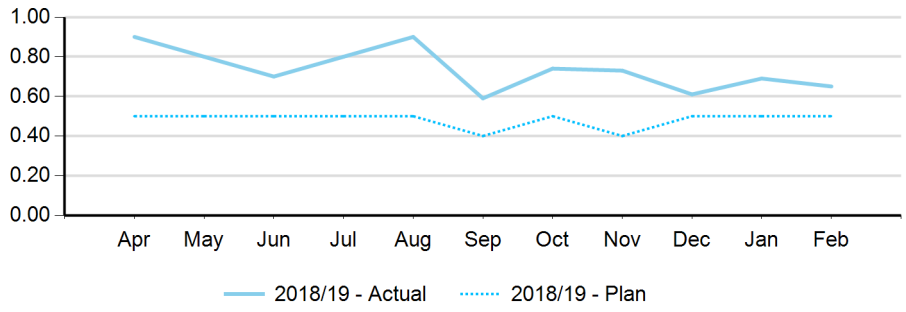
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
198 - Trust Annual ceiling for agency spend (£m)	<= 0.50	0.65	Feb-19			<= 0.50	0.69	Jan-19		<= 5.30	8.11		0.59 - 0.90	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.10	0.30	Feb-19			<= 0.10	0.29	Jan-19		<= 1.10	3.31		0.26 - 0.40	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.20	0.19	Feb-19			<= 0.20	0.26	Jan-19		<= 2.20	3.58		0.19 - 0.50	
311 - Revised agency forecast plan (£m)	<= 0.63	0.65	Feb-19			<= 0.64	0.69	Jan-19		<= 7.36	8.12		0.59 - 0.90	

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

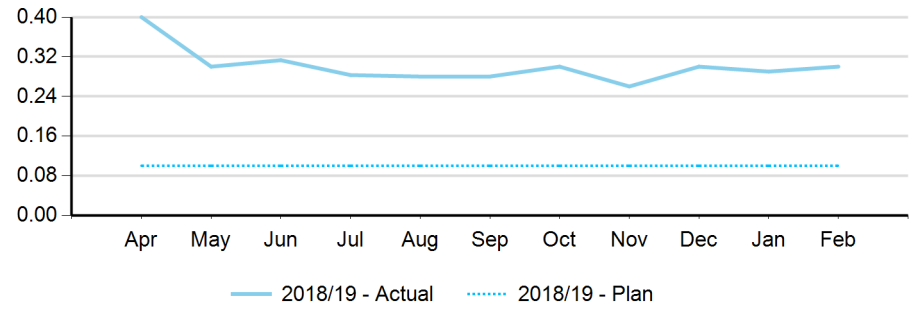
Exceptions

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



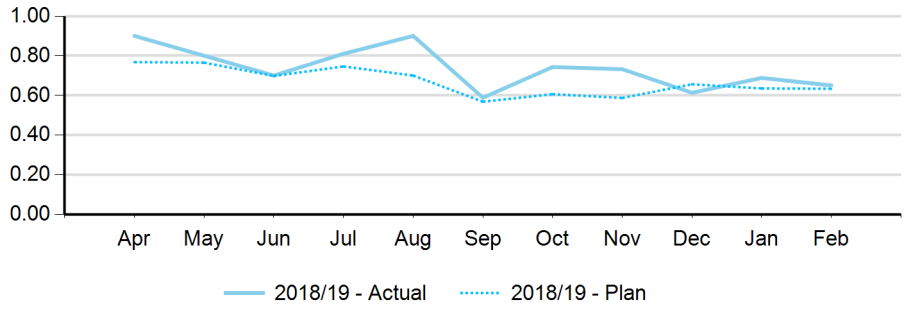
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
18/19	0.90	0.80	0.70	0.80	0.90	0.59	0.74	0.73	0.61	0.69	0.65

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



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

311 - Revised agency forecast plan (£m)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
18/19	0.90	0.80	0.70	0.81	0.90	0.59	0.74	0.73	0.61	0.69	0.65

NHS Bolton NHS Foundation Trust

Finance

Finance

The Trust has a year to date deficit of £3.9m and a surplus of £3.6m when PSF is included. This is £5.7m off plan, made up of £3.5m worse against the control total and £2.2m of PSF.

The current forecast is a deficit of £2.7m compared to the surplus control total of £1.6m prior to any year end contract adjustments which are currently being discussed with CCGs.

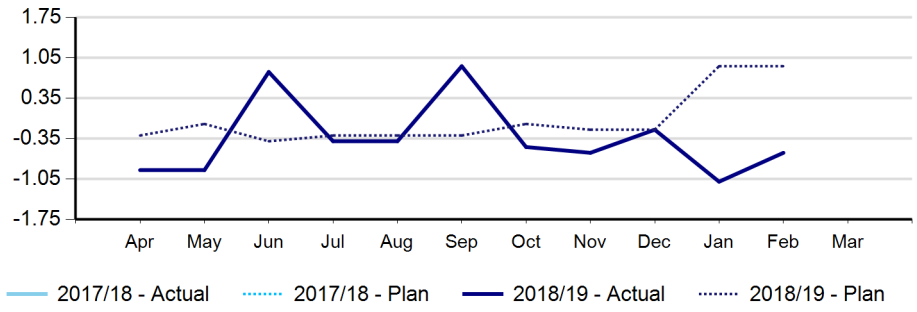
	Latest					Previous				Year to Date			Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Plan	Actual	RAG	Range	Trend
220 - Control Total (£ millions)	>= 0.9	-0.6	Feb-19			>= 0.9	-1.1	Jan-19		>= -0.4	-3.9		-1.1 - 2.3	
221 - Provider Sustainability Fund (£ millions)	>= 1.3	1.3	Feb-19			>= 1.3	1.3	Jan-19		>= 9.8	7.6		0.1 - 1.3	
222 - Capital (£ millions)	>= 2.8	1.2	Feb-19			>= 2.8	1.5	Jan-19		>= 18.0	18.5		0.5 - 4.2	
223 - Cash (£ millions)	>= 8.7	7.5	Feb-19			>= 8.2	7.0	Jan-19		>= 8.7	7.5		6.0 - 16.0	
224 - Use of Resources	>= 1	2	Feb-19			>= 1	2	Jan-19		>= 1	2		2 - 4	

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

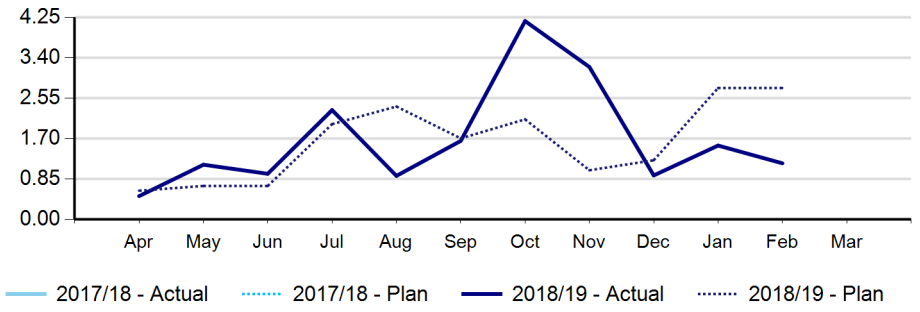
Exceptions

220 - Control Total (£ millions)



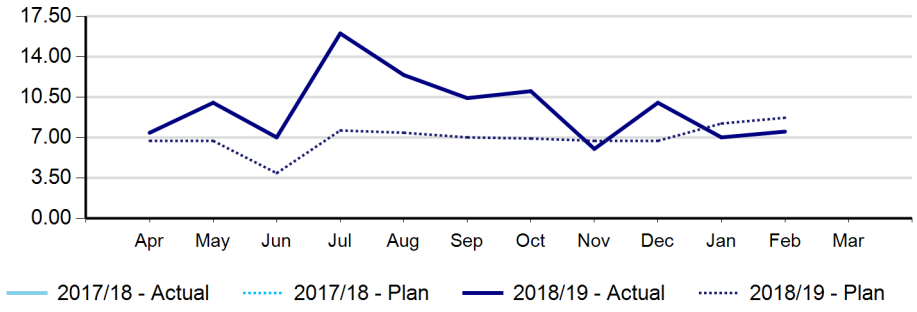
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												2.3
18/19	-0.9	-0.9	0.8	-0.4	-0.4	0.9	-0.5	-0.6	-0.2	-1.1	-0.6	

222 - Capital (£ millions)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												2.9
18/19	0.5	1.1	1.0	2.3	0.9	1.6	4.2	3.2	0.9	1.5	1.2	

223 - Cash (£ millions)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
17/18												8.0
18/19	7.4	10.0	7.0	16.0	12.4	10.4	11.0	6.0	10.0	7.0	7.5	

Bolton NHS Foundation Trust

Use of Resources

Clinical Services

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

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
175 - Pre-procedure non-elective bed days	<= 0.78	1.40	Q3 2018/19			<= 0.78	1.34	Q2 2018/19		1.34 - 1.40	
176 - Pre-procedure elective bed days	<= 0.133	0.140	Q3 2018/19			<= 0.133	0.120	Q2 2018/19		0.110 - 0.140	
177 - Emergency readmissions (30 days)	<= 7%	8.2%	Q3 2018/19			<= 7%	10.0%	Q2 2018/19		8.2 - 10.0%	
178 - Did not attend (DNA) rate	<= 7%	9.2%	Q3 2018/19			<= 7%	9.0%	Q2 2018/19		8.7 - 9.2%	

Integrated Summary Dashboard - February 2019

Bolton NHS Foundation Trust

People

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	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
179 - Staff retention rate		87.2%	Nov-18		↓	>= 85.80%	87.6%	Oct-18		87.2 - 90.4%	
180 - Sickness absence rate		5.53%	Oct-18		↑	<= 4.00%	5.40%	Sep-18		4.96 - 5.56%	
181 - Pay cost per weighted activity unit (WAU) - £	<= 2,180	2,434	Mar-18		↑	<= 2,157	2,348	Mar-17		2,434 - 2,434	
182 - Doctors cost per WAU - £	<= 533	411	Mar-18		↓	<= 526	424	Mar-17		411 - 411	
183 - Nurses cost per WAU - £	<= 710	967	Mar-18		↑	<= 718	961	Mar-17		967 - 967	
184 - Allied health professionals cost per WAU (community adjusted) - £	<= 114	129	Mar-18		↑	<= 89	106	Mar-17		129 - 129	

Bolton
NHS Foundation Trust

Clinical Support Services

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

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

Bolton NHS Foundation Trust

Corporate Services, Procurement, Estates & Facilities

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	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
187 - Non-pay cost per WAU	<= £1,307	£1,058	Mar-18			<= £1,301	£1,139	Mar-17		£1,058 - £1,058	
188 - Finance cost per £100 million turnover	<= £676,480	£741,214	Mar-18			<= £670,512	£578,035	Mar-17		£741,214 - £741,214	
189 - Human resources cost per £100 million turnover	<= £898,020	£827,230	Mar-18			<= £874,010	£790,403	Mar-17		£827,230 - £827,230	
190 - Procurement Process Efficiency and Price Performance		49.00	Q4 2017/18			<= 56.55	72.90	Q4 2016/17		49.00 - 49.00	
191 - Estates cost per square metre	<= £342	£292	Mar-18			<= £327	£273	Mar-17		£292 - £292	

Bolton
NHS Foundation Trust

Finance

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

	Latest					Previous				Last 12 Months	
Outcome Measure	Plan	Actual	Period	RAG		Plan	Actual	Period	RAG	Range	Trend
192 - Capital service capacity		2.15	Dec-18		↑		1.73	Nov-18		1.19 - 2.26	
193 - Liquidity (days)		-3.76	Dec-18		↑		-8.82	Nov-18		-10.08 - -2.50	
194 - Income and expenditure margin		1.10%	Dec-18		↑		0.60%	Nov-18		-0.30 - 1.16%	
195 - Distance from financial plan		-0.90%	Dec-18		↑		-1.20%	Nov-18		-1.30 - -0.50%	
196 - Distance from agency spend		49.35%	Dec-18		↓		50.13%	Nov-18		30.84 - 65.46%	

Board Assurance Heat Map - Hospital - February 2019

	INDICATOR	Target	Darley Court	AED-Adults	AED-Paeds	B1 (Frailty Unit)	A4	B2	B3	B4	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	H3 (Stroke Unit)	HDU	ICU	E3	E4	F3	F4	G3/TSU	G4/TSU	G5	DCU (daycare)	EU (daycare)	H2 (daycare)	UU (daycare)	E5 (Paed HDU and Obs)	F5	M1 and Assessment	EPU	M2	CDS	M3 (Birth Suite)	Ingleside	M4/M5	NICU	Total
			Acute Division																			Elective Division														Families Division											
Beds	Total Beds (January 2019)		30			23	22	10	0	11	25	26	26	26	10	14	24	22	27	27	24	10	8	25	25	25	24	24	24	16	25	9	11	4	38	7	17	6	26	15	5	4	44	38	777
Infection Prevention Control	Hand Washing Compliance % (Self Assessed)	G>=100%, A>80% <99.9%, R = <80%	100.0%	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%		80.0%	95.0%	100.0%	95.0%	100.0%	95.0%	Non Return	95.0%	95.0%	100.0%	Non Return	100.0%	100.0%	90.0%	100.0%	Non Return	100.0%	100.0%	100.0%	95.0%	85.0%	95.0%	100.0%	100.0%	100.0%		65.0%		100.0%	100.0%	100.0%		100.0%	90.0%	96.6%
	Environment Audit Compliance %	>80% <94.9%=R, >=95	92.0%	74.0%		95.0%	96.0%		92.0%		88.0%	88.0%	79.0%	83.0%	100.0%	96.0%	83.0%			74.0%	96.0%	100.0%	100.0%	100.0%	92.0%	83.0%	96.0%	92.0%	83.0%	100.0%	100.0%	100.0%	88.0%	96.0%		95.0%		91.0%		95.0%	87.0%	91.0%		100.0%	100.0%	92.5%
	Mattress Audit Compliance %	Yes=G, No Return=White	100.0%				100%	100%			100%	100%	100%	100%	100%	100%		97%	100%			100%	100%	100%	100%	100%		100%	100%	100%						100%		100%		100%	100%			100%	100%	99.9%
	C - Diff	0	0	0	0	0	1	0	0		0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	3
	New MSSA BSIs	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		2
	MRSA acquisitions	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0
Harm Free Care	Safety Express Programme Harm Free Care (%)	95%	97.1%			95.7%	100.0%	96.2%	95.0%		96.0%	100.0%	100.0%	96.3%	100.0%	100.0%	100.0%	100.0%	96.3%	100.0%	95.2%	100.0%	100.0%	88.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					100.0%		100.0%		100.0%	100.0%	100.0%		100.0%	100.0%	97.6%
	All Inpatient Falls (Safeguard)	0	10	4	0	6	5	1	7		2	3	8	6	1	2	4	3	2	1	3	0	1	7	1	0	2	4	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	86
	Harms related to falls (moderate and above)		0	0	0	0	0	0	1		1	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
	VTE Assessment Compliance	95%				0.0%	Non Return	80.0%	50.0%		100.0%	90.0%	89.6%	22.2%	100.0%	100.0%	96.7%	97.6%	95.7%	88.2%	96.3%	100.0%	100.0%	96.3%	96.7%	91.9%	97.6%	90.8%	95.45%	90.8%	96.9%	98.4%	98.7%	95.5%			86.7%	91.0%	99.5%	100.0%	81.7%	84.6%	98.3%		95.5%
	Monthly New pressure Ulcers (Grade 2)	0	1	0	0	1	0	0	0		0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	3
	Monthly New pressure Ulcers (Grade 3)	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	0
	Monthly New pressure Ulcers (Grade 4)	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	0
	PU due to lapses in care	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		0	0	0		0	0	0
Audit	Monthly KPI Audit %	R=<80%,A>80%<94.9%,G>=95%	98.5%	86.8%	94.9%	88.2%	93.7%	84.4%	93.1%		89.0%	94.4%	84.1%	87.2%	98.4%	84.3%	86.0%	96.6%	91.8%	91.3%	87.0%	99.7%	100.0%	93.9%	99.4%	94.8%	94.3%	93.4%	99.4%	99.0%	95.1%	100.0%	99.5%	90.6%	98.8%		88.8%		98.6%	97.5%	97.6%		100.0%	97.8%	93.9%
	Bolton System of Care Accreditation (BoSCA)	R=<70%,A>=70%<75%,S=>75%<89.9%,G>=90%	93.4%			80.5%	90.1%		91.2%		77.0%	79.4%	75.6%	74.2%	87.4%	81.2%	80.3%	73.7%	93.6%	86.8%	90.7%	90.7%	93.9%	75.1%	90.4%	90.9%	82.8%	90.8%	91.0%	93.7%				90.4%	90.7%		79.6%		90.5%	90.5%	81.5%		83.6%	76.1%	85.5%
Patient Experience	Friends and Family Response Rate	**30%**	94.7%	18.0%	10.2%	33.3%	75.0%	28.9%	90.5%		28.8%	29.7%	31.0%	19.3%	63.2%	26.2%	26.1%	28.1%	36.4%	66.7%	29.6%	87.5%	80.0%	30.0%	31.3%	49.7%	23.6%	48.3%	53.2%	45.7%	31.1%	29.6%	33.9%	33.3%	19.3%	1.6%	22.3%		96.6%	18.9%	36.0%		20.8%	64.3%	29.3%
	Friends and Family Recommended Rate	**97%**	100.0%	89.4%	93.6%	95.0%	94.9%	93.5%	78.9%		100.0%	94.7%	100.0%	90.9%	100.0%	94.9%	92.9%	97.1%	100.0%	96.0%	100.0%	100.0%	100.0%	96.7%	100.0%	100.0%	97.8%	100.0%	96.0%	100.0%	94.9%	95.1%	96.1%	100.0%	100.0%	100.0%	93.0%		100.0%	90.2%	100.0%		93.2%	100.0%	96.4%
	Number of complaints received	**0**	0	3	0	1	0	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0		0	1	0	0	0		1	0	9
Governance	SIs in Month	**0**	0		0	0	0	0	0		0	0	0	0	0	0	0		0	0	0	0		0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0	0	0
	Total Incidents	**0**	0	50	6	27	12	27	37		9	30	28	23	7	17	40	63	21	11	12	13	23	25	16	26	20	30	17	6	24	8	1	10	22	7	21	5	19	49	7	11	23	40	843
	Harms related to Incidents (Moderate and above)		1	1	0	0	0	0	1		1	0	0	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0	3	0	0	0	0	0	0	12
Staff Development	Appraisals	85%	88.5%	78.1%		83.9%	62.9%		72.7%		91.2%	89.7%	82.1%	79.4%	93.3%	79.0%	76.0%	68.8%	95.0%	86.5%	68.4%	95.5%	98.5%	71.0%	70.6%	94.7%	86.7%	74.5%	100.0%	100.0%	80.0%	83.8%	75.5%	82.4%	95.3%		73.1%	78.9%					82.1%	83.0%
	Statutory Training	95%	95.37%	94.95%		88.00%	88.65%		93.9%		89.91%	90.75%	90.94%	88.55%	94.03%	91.34%	87.98%	90.39%	92.69%	91.34%	93.68%	99.34%	97.32%	91.75%	97.66%	97.65%	90.34%	91.60%	92.94%	97.69%	90.22%	95.32%	94.93%	100.00%	98.0%		95.51%	86.8%					95.97%	93.2%
	Mandatory Training	85%	94.0%	78.29%		74.4%	78.8%		81.5%		76.4%	79.1%	77.8%	78.6%	79.2%	78.2%	76.4%	80.4%	81.3%	77.5%	81.2%	82.3%	81.6%	80.5%	79.5%	93.4%	76.5%	81.1%	83.7%	81.3%	76.9%	95.8%	81.2%	98.5%	97.5%		79.3%	69.0%					93.9%	82.0%
Staffing & Workforce	% Qualified Staff (Day)					85.0%	101.3%		78.1%		89.0%	94.9%	78.0%	88.4%	96.6%	101.0%	90.3%	95.7%	96.9%	111.1%	91.2%	93.2%	94.9%	91.5%	95.6%	84.2%	97.9%	80.7%	91.1%	77.1%					83.8%		88.1%		91.3%	79.0%	59.1%		85.5%	97.7%	89.6%
	% Qualified Staff (Night)					98.4%	108.6%		104.0%		97.9%	98.2%	99.8%	100.0%	100.0%	101.8%	98.7%	94.1%	100.1%	99.1%	100.0%	96.5%	95.0%	99.1%	100.0%	95.5%	105.4%	100.4%	91.4%	100.4%					80.9%		101.9%		91.1%	82.9%	39.2%		81.4%	99.4%	95.4%
	% un-Qualified Staff (Day)					77.5%	103.6%		92.8%		91.1%	99.9%	102.9%	101.6%	122.5%	94.2%	104.5%	98.4%	99.8%	104.8%	99.3%	70.8%	99.6%	98.3%	83.8%	94.5%	88.3%	84.1%	51.8%	109.5%					87.3%		86.7%		67.9%	78.0%	80.9%		95.6%		92.1%
	% un-Qualified Staff (Night)					77.5%	105.3%		103.6%		94.1%	128.2%	111.4%	91.7%	98.3%	103.2%	109.0%	99.6%	75.9%	98.8%	103.6%	42.0%	39.3%	105.8%	89.5%	103.3%	132.1%	65.4%	100.0%	108.8%					103.6%		139.6%		91.0%	85.6%	76.7%		95.2%		95.8%
	Budgeted Nurse: Bed Ratio (WTE)		5.10	-1.08	-	1.62	2.49	7.50	5.42		1.95	1.66	3.67	8.50	0.18	-1.59	6.24	3.14	6.27	2.80	4.13	1.01	-2.66	6.96	-0.65	3.70	0.93	-2.50	8.88	4.19	-1.58	5.14	1.02	1.10	-4.05		-	-	-	-	-		-	-	256.4%
	Current Budgeted WTE (From Ledger)		43.38	139.12	-	38.03	32.83	40.69	43.34		33.71	41.23	42.69	40.69	26.93	19.97	50.82	40.30	40.01	39.97	36.15	39.58	55.02	35.52	30.21	37.79	30.21	44.49	44.49	18.07	27.45	52.39	46.30	15.88	67.65		25.72						106.59	1,427.22
	Actual WTE In-Post (From Ledger)		38.28	137.20	-	34.41	30.34	32.19	37.92		31.16	38.57	38.02	32.19	25.75	19.56	44.58	36.16	33.74	36.17	32.02	37.57	56.68	28.56	30.86	34.09	29.28	46.99	35.61	13.88	29.03	46.45	44.28	14.78	70.70		22.81						100.51	1320.34
	Actual Worked (From Ledger)		44.81	144.03	-	39.43	36.48	43.06	45.24		38.35	43.82	45.77	43.06	25.39	21.94	51.32	44.33	41.02	44.96	37.16	35.85	54.93	35.48	35.62	40.28	35.91	53.92	44.89	15.51	29.43	49.91	43.59	14.97	70.67		26.25						99.60	1476.98
	Sickness (%) (January)	R = >4.75, A = 4.2 - 4.75, G = <4.2	6.42%	3.42%		13.14%	7.52%		12.06%		16.89%	7.15%	6.65%	7.35%	4.83%	1.35%	6.66%	4.99%	7.95%	4.79%	1.29%	0.78%	3.74%	6.84%	8.96%	3.87%	16.45%	7.81%	6.78%	3.38%	7.09%	5.40%	7.57%	7.39%	5.76%		11.86%						4.72%	6.90%
	Current Budgeted Vacancies (WTE) - (Budgeted wte -actual wte in post -Pending appt)		5.10	-1.08	-	1.62	2.49	7.50	5.42		1.95	1.66	3.67	8.50	0.18	-1.59	6.24	3.14	6.27	2.80	4.13	1.01	-2.66	6.96	-0.65	3.70	0.93	-2.50	8.88	4.19	-1.58	5.14	1.02	1.10	-4.05		2.91						3.08	85.48
	Pending Appointment			3		2		1			0.6	1	1		1	2		1		1		1.0	1.0										0.8	1		1								3	21.40
	Substantive Staff Turnover Headcount (rolling average 12 months)	10%	16.4%	8.7%		19.9%	11.0%		9.1%		10.4%	13.3%	17.6%	19.7%	0.0%	32.0%	1.9%	18.4%	17.1%	4.8%	17.2%	2.3%	10.8%	2.9%	14.3%	12.4%	3.1%	5.9%	16.3%	9.8%	8.6%	11.1%	7.7%	0.0%	5.9%		14.2%	8.2%					9.7%	10.9%

Bolton NHS Foundation Trust

Board Assurance Heat Map - District Nursing Domiciliary - February 2019

INDICATORS	Avondale and Chorley old Road	Breightmet & Little Lever	Crompton merged with Egerton & Dunscar	Farnworth	Great Lever and Central	Horwich	Pikes Lane (Deane)	Pikes Lane (St Helen's Road)	Waters Meeting	Westhoughton	Evening Service	Total
Safety Express Programme Harm Free Care (%)	100.00%	100.00%	96.97%	90.28%	97.22%	98.18%	92.86%	95.65%	96.00%	97.83%		96.50%
Total Monthly New pressure Ulcers (Grade 2+)(Lapse in Care + No Lapse in Care)	2	0	2	3	0	2	2	1	2	1		15
Total Monthly New pressure Ulcers (Grade 2+) *(No Lapse in Care only)*	2	0	2	2	0	2	2	1	2	0		13
High Dependency Patients (40 Minutes >)												0
Medium Dependency Patients (21 Mins >)												0
Low Dependency Patients (< 20 mins)												0
Number of Home Visits (from Lorenzo) **	31	35	123	142	200	186	99	142	134	114	2207	3413
Monthly KPI Audit % (Revised Buddy Assessed Audit)	98.01%	98.77%	97.00%	98.71%	99.54%	98.33%	94.67%	97.79%	96.68%	95.24%	82.61%	96.12%
BoSCA - Bolton Safe Care Accreditation	95.74%	97.90%	94.17%	70.04%	98.14%	91.40%	81.87%	81.87%	91.69%	91.61%	84.43%	88.99%
Current Budgeted WTE	11.64	12.92	24.13	18.24	7.11	13.15	17.13		9.13	11.09	19.96	144.50
Actual WTE In-Post	12.84	15.00	13.63	15.00	8.11	13.00	17.53		14.01	9.00	17.92	136.04
Actual WTE Worked	12.90	15.18	13.47	14.78	8.21	13.10	17.57		15.30	9.13	18.40	138.04
Pending Appointment			1	1.0			1		1			4.00
Current Budgeted Vacancies (WTE)			1.00						0.60	1.49		3.09
Sickness (%) January 2019	3.16%	1.48%	4.98%	1.09%	0.00%	1.49%	3.22%		0.16%	0.30%	4.84%	2.47%
Substantive Staff Turnover Headcount (rolling average 12 months)	8.11%	11.06%	5.94%	10.39%	0.00%	0.00%	9.02%		14.20%	22.22%	12.53%	9.36%
12 month Appraisal	92.9%	89.5%	84.2%	94.4%	100.0%	87.5%	93.8%		86.7%	91.7%	83.87%	89.3%
12 month Statutory Training	100.00%	100.00%	96.49%	100.00%	100.00%	93.75%	88.35%		95.56%	90.91%	91.15%	92.87%
Number of complaints received	0	0	0	0	0	0	0	0	0	0	0	0
Total Incidents reported on Safeguard (see end total column)	9	0	0	36	6	12	6	4	0	4	8	85