BOARD OF DIRECTORS MEETING

Date: 29 September 2022
Time: 09.00-12.00
Venue: MS Teams

NHS Bolton NHS Foundation Trust

AGENDA - PART 1

TIME	SUBJECT	LEAD	PROCESS	EXPECTED OUTCOME
09.00	1. Welcome and apologies for Absence	Chair	Verbal	To note
09.05	2. Patient Story (0-19 service)	CN	Verbal	To note
09:10	3. Staff Story (0-19 service)	DoP	Verbal	To note
09.15	4. Declarations of Interest	Chair	Report	To note declarations of interest in relation to agenda items
	5. Minutes of meeting held on 28 July 2022	Chair	Minutes	To approve the previous minutes
	6. Matters arising and Action Log	Chair	Report	To address any matters arising not covered on the agenda and note progress on agreed actions
09.25	7. Chair's update	Chair	Verbal	To receive an update on current issues
09.30	8. Chief Executive's Report	CEO	Report	To receive the Chief Executive's Report
Strategy and Performance				
09:40	9. Strategy and Operations Committee Chair's Report	SOC Chair	Verbal	To receive assurance on work delegated to the Committee
09:50	10. Winter Plan	COO/DOS	Report	To receive and note
10:05	11. Operational Update (inc. Acute &Community/ICP)	COO	Presentation	To receive and note
10:20	12. Integrated Performance Report a. Operational Performance b. Quality and Safety c. Workforce d. Finance	Executive Directors	Presentation	To receive and note

Quality and Safety				
10:40	**BREAK**			
10:50	13. Quality Assurance Committee Chair Report	QAC Chair	Report	To provide assurance on work delegated to the Committee
Workforce				
11:00	14. People Committee Chair Report	People Chair	Report	To provide assurance on work delegated to the Committee
11:10	15. WRES/WDES	DoP	Report	To receive the report
Risk and Governance				
11:25	16. Finance and Investment Committee Chair Report	F&I Chair	Report	To provide assurance on work delegated to the Committee
11:35	17. Charitable Funds Committee Chair Report (including Charitable Funds Strategy)	CFC Chair	Report	To provide assurance on work delegated to the Committee
Concluding Business				
11:45	18. Message from the Board	Chair	Verbal	To agree messages from the Board to be shared with all staff
	19. Any Other Business	Chair	Verbal	To note
	20. To respond to any questions from members of the public that had been received in writing 24 hours in advance of the meeting			
Resolution to Exclude the Press and Public				
12:00	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			

Date of next meeting: 24 November 2022

Name:	Position:	Interest Declared	Type of Interest
Donna Hall	Chair	Honorary Professor University of Manchester	Non-Financial Professional Interest
		Donna Hall Consulting Ltd	Financial Interest
		Chair New Local (not remunerated position)	Non-Financial Professional Interest
		System Advisor NHS England	Financial Interest
		Board Member Carnall Farrarr (from 1 April 2020)	Financial Interest
		Chair PossAbilities learning disability social enterprise	Financial Interest
		CIPFA C Co Ltd (previously CIPFA NEWCO Limited	Financial Interest
		Family member employed by the Trust	Non-Financial Personal Interest
Fiona Noden	Chief Executive	Trustee Bolton Community and Voluntary Services	Non-Financial Professional Interest
		Trustee Bolton Octagon	Non-Financial Personal Interest
		The Foundation Trust Network (Trustee NHS Providers	Non-Financial Professional Interest
Zada Ali Shah	Non-Executive Director	CO of Equalities & Justice NW	Financial Interest
		HR director/Consultant Inclusive HR Solutions	Financial Interest
		Trustee Homestart Chorley	Non-Financial Professional Interest
		E&Di Grant Advisor Lord Shuttleworth Benevolent Fund	Financial Interest
		Associate Hospital Manager LSCF NHS Trust	Financial Interest

Name:	Position:	Interest Declared	Type of Interest
		EDI Football Advisor Lancashire Football Club	Non-Financial Professional Interest
		National Board Advisor for race discrimination for IOPC (Independent Office of Police Conduct)	Non-Financial Professional Interest
		Coaching Bank for Academic Health and Social Care Network hosted by Liverpool Heart and Chest Hospital	Non-Financial Professional Interest
Francis Andrews	Medical Director	Holt Doctors (locum agency) payments for appraisals	Financial Interest
		Chair of Prescot Endowed School Eccleston (Endowment charity)	Non-Financial Personal Interest
Malcolm Brown	Non-Executive Director	Family member employed by Trust	Non-Financial Personal Interest
Rebecca Ganz	Non-Executive Director	Growth Catalyzers Ltd Director/Owner	Financial Interest
		Leodis Multi Academy Trust Trustee and NED	Financial Interest
		BlueSkeye AI Ltd - NED	Financial Interest
Bilkis Ismail	Non-Executive Director	Director of Bornite Legal Limited, Bornite Holdings Limited, Bornite Holdings (1) Limited and Bornite Consulting Ltd	Financial Interest
		Director of Zeke Holdings (1) Limited	Financial Interest
		Director of Azurite Holdings Limited	Financial Interest
		Director of Rightdeal Insurance and Mortgage Services Limited	Financial Interest

Name:	Position:	Interest Declared	Type of Interest
		Governor Bolton Sixth Form College and The Valley Community Primary School	Non-Financial Personal Interest
Sharon Katema	Interim Director of Corporate Governance	Nothing to declare	
Sharon Martin	Director of Strategy	Trustee at Fort Alice Bolton	Non-Financial Professional Interest
		Trustee George House Trust	Non-Financial Professional Interest
		Judge on Inspire Awards	Non-Financial Professional Interest
		Board Member of Bolton College	Non-Financial Professional Interest
James Mawrey	Workforce Director	Trustee at Stammer	Non-Financial Personal Interest
Jackie Njoroge	Non-Executive Director	Director – Salford University	Financial Interest
		Deputy Chair HESPA (non-remunerated position)	Non-Financial Professional Interest
Martin North	Non-Executive Director	Wife is a Director of Aspire POD Ltd	Indirect Interest
		Company Secretary Aspire POD Ltd	Financial Interest
		Director MIRL Group Ltd	Financial Interest
Tyrone Roberts	Chief Nurse	Nothing to declare	

Name:	Position:	Interest Declared	Type of Interest
Alan Stuttard	Non-Executive Director	Chair – Atlas BFH Management Ltd (wholly owned subsidiary of Blackpool NHS FT)	Financial Interest
		NED Blackpool Operating Company Ltd (Blackpool Sandcastle Waterpark)	Financial Interest
		Non-Executive Director - Blackpool Waste Services Ltd (trading as Enveco)	Financial Interest
Annette Walker	Director of Finance	Chief Finance Officer of both Bolton Foundation Trusts and NHS Bolton	Non-Financial Professional Interest
		BOLTON FUNDCO 1 LIMITED	Non-Financial Professional Interest
		BOLTON HOLDCO LIMITED	Non-Financial Professional Interest
		BRAHM FundCo 2 Limited	Non-Financial Professional Interest
		BRAHM FUNDCO 1 LIMITED	Non-Financial Professional Interest
		BRAHM INTERMEDIATE HOLDCO 1 LIMITED	Non-Financial Professional Interest
		BRAHM Intermediate Holdco 2 limited	Non-Financial Professional Interest
		BRAHM LIFT LIMITED	Non-Financial Professional Interest
Rae Wheatcroft	Chief Operating Officer	Nothing to declare	

GUIDANCE NOTES ON DECLARING INTERESTS

The Board believes that interests should be declared if they are material and relevant to the business of the Board and should, in any case, include:

- Directorship, including non-executive directorships held in private companies or private limited companies
- Ownership or part-ownership of private companies, businesses or consultancies likely, or possibly seeking to do business with the NHS.
- Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
- A position of authority in a charity or voluntary body in the field of health and social care.
- Any connection with a voluntary or other body contracting for services with NHS services.

NB If there is any doubt as to the relevance of an interest, this should be discussed with the Trust Chair. Types of Interests:

a) Financial Interest
Where an individual may get direct financial benefit from the consequences of a decision they are involved in making;

b) Non-Financial professional interest
Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making;

c) Non-financial personal interest
Where an individual may benefit personally in ways that are not directly linked to their professional career and do not give rise to a direct financial benefit, because of the decisions they are involved in making; and

d) Indirect Interests
Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non- financial personal interest who would stand to benefit from a decision they are involved in making

Meeting:	**Board of Directors (Part 1)**
Date:	**Thursday 28 July 2022**
Time:	**09:00-12.30**
Venue:	**Microsoft Teams**

PRESENT:

Donna Hall	Chair	DH
Fiona Noden	Chief Executive	FN
Francis Andrews	Medical Director	FA
Zed Ali	Non-Executive Director	ZA
Malcolm Brown	Non-Executive Director	MB
Rebecca Ganz	Non-Executive Director	RG
Bilkis Ismail	Non-Executive Director	BI
Sharon Martin	Director of Digital, Strategy and Transformation	SM
Jackie Njoroge	Non-Executive Director	JN
Martin North	Non-Executive Director	MN
Tyrone Roberts	Chief Nurse	TR
Alan Stuttard	Non-Executive Director	AS
Annette Walker	Chief Finance Officer	AW
Rae Wheatcroft	Chief Operating Officer	RW

IN ATTENDANCE:

Joanne Camac	Community Midwife Team Leader (item 3 only)	JC
Rachel Carter	Associate Director of Communications and Engagement	RC
Victoria Crompton	Corporate Governance Manager	VC
Suzanne Gilman	Assistant Director-Public Health, Bolton City Council	SG
Tracey Joynson	Patient Experience Manager (item 2 only)	TJ
Sharon Katema	Interim Director of Corporate Governance	SK
Niruban Ratnarajah	Interim Locality Clinical Director, NHS Greater Manchester	NR
Lauren Searle	Community Midwife (for item 3)	LS
Carol Sheard	Deputy Director of People	CS

There were also three observers who attended this meeting.

1. Welcome and Apologies for Absence

Donna Hall welcomed everyone to the meeting, and noted apologies from James Mawrey and Rachel Tanner.

2. Patient Story

The Board received a patient story from Lucy and David following the delivery of their baby boy Patrick. Lucy had a straightforward pregnancy, but was monitored regularly with extra growth scans as a result of having Crohn's disease.

Towards the end of her pregnancy she contacted the ward as she was experiencing reduced foetal movements, she was brought in for observation and offered a scan, but prior to the scan taking place she started with contractions. During labour Lucy experienced some difficulties as her baby was not in the prime position, but she was able to give birth the way she wanted to and credited this to

the assistance of the staff who were supporting her. Lucy commended the midwives on their responsiveness and the good communication they received regarding options available to them. She advised that they would not hesitate to recommend Bolton as a place to give birth to anyone.

The Chair thanked the family for their story and congratulated them on the safe arrival of Patrick during the heatwave adding that it was good to note that despite being on an improvement journey, maternity patients were still attaining fantastic outcomes.

With regard to the concern regarding difficulties accessing the ward by telephone and the level of support provided to fathers, the Chief Nurse advised that plans to increase access and support in ward clerk capacity were progressing. He added that the department is continually seeking ways to improve and proactively uses reviews the responses and any emergent trends from Friends and Family Tests.

Resolved: The Board of Directors received and noted the patient story.

3. Staff Story

The Board received the staff story from Community Midwife, LS, who relayed her recent experience after being called to assist in the Maternity Unit due to staffing pressures. LS outlined that she had completed a long day shift working in the Booking Clinic and upon arriving at the maternity unit, she was asked to prepare a lady for a Caesarean section in theatres. LS expressed concern that she was not comfortable with this as she had worked in theatres for seven years. However, despite her conviction to prioritise patient safety, she overheard other staff members talking about her and implying she was being difficult.

LS proceeded to share her concerns with the Consultant Anaesthetist presiding over the procedure who then also escalated the issue, to ensure that the situation could be rectified without further delay to the patient. Another midwife with Theatre experience was asked to step in. Overall, the incident made LS feel that she was not listened to, nor was she supported by her colleagues.

The Chair commended LS for sharing her story with the Board and also for ensuring that patient safety remained paramount. It was noted that the story underpinned some of the cultural issues within the department which the Trust was working to address.

In response to a query regarding evident improvements within the department since this incident, LS commented that at other times when she has been called in to the department her experience has been positive. However, other community midwives highlighted that it was clear this culture was still present and others do not feel able to speak up about issues they face. The Chief Nurse commented that there was a big focus on leadership taking place and this work had commenced at the Nurses' Away Day which sought to highlight 'what good looks like' and staff shared personal stories. A separate event was scheduled for later in the year to cater for staff who were unable to attend due to pressures within the department. Processes have been put in place for any future issues to be escalated and the ongoing BoSCA programme will continue to raise and sustain standards in clinical areas.

In response to a query from the Chair, the Chief Nurse advised that in addition to a review of training needs analysis a full review of the on call rota was underway which would ensure that staff had adequate breaks and appropriate skills and support to enable them to undertake their roles.

The Medical Director queried whether an apology had been received following this to allow all of the staff involved to be able to move on from the incident. LS confirmed she had not yet received an apology.

Board members agreed the Consultant Anaesthetist should also be commended for appreciating the concerns which were being raised and then escalating them.

The Deputy Director of People asked whether there was a Freedom to Speak Up representative within the department, and it was confirmed there was and they are well known by staff in both hospital and community settings.

The Chair asked that LS be asked back to the Board meeting in six months' time to provide an update.

Action: Invite LS to a Board of Directors meeting in six months to provide an update	**SK FT/22/13**

Resolved: The Board of Directors received and noted the staff story.

4. Declarations of Interest

There were no declarations of interests relating to the agenda items.

5. Minutes of last meeting

The minutes of the meeting held on 26 May 2022 were approved as a correct record.

6. Matters arising

There were no matters arising to report.

7. Action log

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

8. Chair's Update

The Chair presented her report and thanked all staff for their hard work throughout the increased pressures and especially during the recent heatwave.

9. Chief Executive Report

The Chief Executive presented the Chief Executive Report and the following key points were highlighted:

- The Trust is managing a further Covid-19 wave in both community and hospital settings, it has not impacted on other services and teams continue to provide the best care possible for patients.
- A free standing prescription collection point has been installed on the hospital site, giving patients 24-hours access to collect their outpatient prescriptions.
- Approval has been granted to start work on Bolton College of Medical Sciences (BCMS). The joint project between the Trust, University of Bolton, Bolton Council, and Bolton College was innovative and would transform the training provision for both NHS and social care staff. Work was expected to start in August.
- From 1st July 2022 each of the 10 localities in Greater Manchester have established roles known as Place Lead for Health and Care Integration. The Place Based Lead for Bolton is Fiona Noden, the role is supplementary and complimentary to her substantive post of Chief Executive.

- A celebration event was held to welcome the new international nurses. The Trust has recruited 21 nurses and remains on track to recruit another 72 by the end of the year.
- The 0 -19 youth services have been working with Bolton together and partners across Bolton to engage with over 600 children, young people and their families to understand their experience of health services, and what we can do to share services around their needs.

The Chief Finance Officer confirmed the Trust is currently in discussions with the Local Authority regarding the 0 – 19 tender to establish whether a longer term contract could be agreed to provide stability for both staff and service users.

Board members discussed funding for social care reforms and the Chair suggested completing a deep dive into social care to ensure there is a detailed understanding of what funding is required to support services. The Chief Executive suggested this should be completed through the ICP so that all social care services are involved.

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

10. Board Assurance Framework

The Director of Corporate Governance presented the Board Assurance Framework advising that since the document was last presented to the Board of Directors there have been no changes to the risk scores. However, a review of the Board Assurance Framework is underway which will ensure it progressively develops in line with the planned Strategy refresh. This will be reflected in the next iteration that will be presented in October.

In response to a query around developing a Locality Framework, the iDCG commented the Board Assurance Framework is solely for the Foundation Trust Board and reflects the Board's Strategic ambition. The Chief Executive commented the Locality Board is still in its infancy, but will look to have its own Board Assurance Framework going forward.

Resolved: The Board received the Board Assurance Framework.

11. 2022/23 Strategic Programme

The Director of Digital Strategy and Transformation presented the 2022/23 Strategic Programme which provided a summary of work and key milestones for the year. The paper also proposed a revised governance structure to oversee the delivery of the Trust Strategy, Digital and Transformation and Operational programme and proposed the establishment of the Strategic Operations Committee. The Chief Executive suggested the report be presented at a future Council of Governors.

Action: Strategic Programme presentation to be presented at future Council of Governors.	**SK FT/22/14**

The Board considered the proposals and agreed with the recommendation to establish the Strategic Operations Committee. It was agreed that the Terms of Reference, which were presented in draft, would require further consideration and would be presented at the next Board meeting.

Resolved: Board members received the Strategic Programme Update and approved the establishment of the Strategic Operations Committee.

12. Operational Update

The Chief Operating Officer provided an operational update which provided an overview of urgent care, Covid-19, Elective Recovery and community care. The following key points were highlighted:

- 26 Covid-19 positive patients were being cared for in their own homes on the Oximetry at Home Pathway. The majority of the 125 in-patients who have tested positive for Covid-19 are not in hospital due to Covid but for other reasons. Despite dealing with the sixth wave and having four wards and a number of bays allocated for Covid-19 positive patients the Trust has continued to maintain the full elective programme.
- In June A&E attendances were down by 1.8% on the previous year, but year to date they have increased by 2.9%. Ambulance handovers continue to be the biggest challenge and work continues with NWAS to make improvements. 12-hour performance remains one of the best in Greater Manchester at 10.8%.
- There are around 130 patients in hospital with no criteria to reside equating to 931 delayed days.
- There are 35,000 patients on waiting lists and this number continues to increase. The Trust continues to create as much capacity as possible working with the independent sector and with partners across GM to reduce waiting lists.

The Chief Operating Officer advised that an external facilitator, who has worked with other trusts in the system, had been secured and would be working on improvement work in Urgent Care which will include ambulance handovers, from August.

The Medical Director advised that the increase in C.Diff cases was not due to patient to patient transmission but rather likely related to a number of factors including patients receiving antibiotics that are on a broad spectrum. It was noted that the new Antimicrobial Policy would seek to address more narrow spectrum antibiotic usage where possible.

Work is being completed with system partners and Aqua on no criteria to reside patients which will focus on both patients who are being discharged into their own homes and patients who are being discharged into intermediate care. It is felt these are the two areas which if improved can have the biggest impact.

Resolved: The Board of Directors received the Operational update.

13. Integrated Performance Report

The Executive Directors delivered a presentation which provided an outline of the key points around operational performance, quality, workforce and finance for June.

In response to a query from a Non-Executive Director around the implications of not achieving 100% compliance for patient safety alerts the Chief Nurse advised he will investigate.

Action: TR to investigate implications of not achieving 100% compliance for patient safety alerts.	**TR FT/22/15**

The Chief Nurse commented that Friends and Family Test (FFT) rates and responses were monitored and reviewed by the Patient Experience Team and response rates would continue to be monitored.

Board members discussed agency spend and the possibility of completing scenario trajectories. The Director of Finance indicated that whilst there were significant staffing issues across the trust agency spend will remain high.

With regards to concerns raised regarding the compliance with clinical correspondence targets, the Medical Director advised that there are a number of elements to this issue and digital solutions are being considered to support this. An update would be presented at the Quality Assurance Committee for escalation to the Board through the Chair's Report.

The Director of Finance indicated that the proposed staff pay rises were included in the Finance Report as a risk. Finance staff are currently working through the details, but this may affect the amount the Trust is off track by.

Assurance was provided by the Deputy Director of People that annual leave for staff is managed at a local level and there is no evidence of any issues relating to staff not being able to take their annual leave.

Resolved: Board members received and noted the Integrated Performance Report.

14. Finance and Investment Committee Chair Report

The Chair of the committee presented the report from the Finance and Investment Committee which was held on 22 June 2022 and a verbal update was provided from the meeting which was held on 27 July 2022 highlighting the key points.

Resolved: The Board noted the Finance and Investment Committee Chair Report.

15. Quality Assurance Committee Chair Reports

The Quality Assurance Committee Chair delivered the Chair Reports from the 15th June and 20th July 2022 meetings highlighting discussions which took place.

The committee commended the nosocomial work which has been undertaken by the Medical Director and his team and the Board passed on their thanks for the completion of this important piece of work.

It was complimented that the theatre staff were able to raise a patient safety issue with regard to the Serious Incident and then the number of theatres in use was reduced until they were safe again.

Resolved: The Board of Directors received and noted the Quality Assurance Committee Chair Reports.

16. Midwifery Continuity of Care

The Chief Nurse presented the report which sought to provide assurance on the current positon and future plans in relation to Midwifery Continuity of Care. It was noted that Midwifery Continuity of Care, a default model of care for all women, is a national requirement of NHSE/I by March 2024, and where this cannot be achieved individual Trusts needed to agree an implementation plan with the Local Maternity services (LMS). The Trust has currently suspended Midwifery Continuity of Care in line with Ockenden recommendation to ensure safe staffing provision and a five year roll out plan, commencing in March 2023 is planned.

A preliminary increase in Midwife establishment by 39.69 wte is anticipated, this remains subject to a refreshed birth rate plus review which is expected to be completed by September 2022.

Non-Executives Directors queried the recruitment plan target dates and whether the figures were achievable with the current issues. The Chief Nurse advised the

targets dates would be consistently reviewed and updates will be provided through the Quality Assurance Committee.

Resolved: The Board of Directors received and noted the report.

17. Learning from Deaths Report

The Medical Director presented the Learning from Deaths report which included the most recent data on deaths in adult patients and actions and learning that has arisen from these cases. The paper also describes the proposed change to using thematic analysis in the future as the output for these reviews.

Board members noted the report commenting the buddy system was a good initiative.

Resolved: Board members received and noted the Learning from Deaths Report.

18. Mortality Report

The Medical Director presented the Mortality Report which provides an update on recent mortality metrics and key actions and priorities for improving these metrics. The report highlighted that:

- SHMI was higher than expected at 117.61 for the period February 2021 to January 2022.
- HSMR ratio is 120.83 for the 12 months to February 2022, and Bolton is highest amongst its mortality peers.
- In hospital crude mortality fell to 2.1% in May 2022 from 2.2% in April 2022 which is in line with the seasonal cyclical pattern seen in previous year.

The Medical Director confirmed the Trust is now achieving 100% compliance for completion of coding, but challenges will now be around sustaining this going forward. Assurance was given that coding staff do interact with clinical colleagues regularly and this will be further improved once vacancies in the coding team have been recruited to.

Work is being completed to align the Trust EPR with Salford NHS Foundation Trust's EPR and the Associate Medical Director is working to ensure comorbidities remain on patient records.

Board members discussed the robustness of the clinical coding team and the Director of Digital, Strategy and Transformation confirmed the Trust currently pays above the national average and was also working with both Bolton College and Bolton University to develop a Health Informatics Academy.

Resolved: The Board received the Mortality Report

19. People Committee Chair Report

The People Committee Chair delivered the Chair Reports from the meetings held on 23 June and 21 2022 meetings highlighting discussions which took place.

Resolved: The Board received and noted the People Committee Chair Report.

20. Nursing, Midwifery and AHP Staffing Paper

The Chief Nurse presented the report which provided an overview of the organisations staffing and an analysis of the workforce position at the end of December 2021 and demonstrates work done in the Trust to support the ambition to deliver safe staffing levels. It was noted that the report had been deferred from May 2022 to enable a review from the Chief Nurse, who was new in post at the time. The report included divisional reviews covering the period July to December 2021 and demonstrated the use of professional judgement in

aligning safe staffing against national guidance relevant to individual speciality areas.

The Chief Nurse confirmed that on the whole, the Trust had appropriate staffing in place in each area and with the utilisation of bank and agency staff, had the correct staffing levels in place during the reporting period. The staffing papers presented to Board over the last year have provided assurance that staffing establishments were safe, but could be further optimised.

The Safer Nursing Care Tool (SNCT) has been implemented for the last 12 months and to date there have been two data capture census periods completed. In order to further validate findings, the Chief Nurse has requested a further data capture census which has been scheduled in autumn.

Non-Executives commented that contracted staffing data appears to remain consistent whereas establishment figures seem to fluctuate and they queried whether this data has been verified. It was confirmed this is being cross checked against financial data and a check and challenge meeting is being held with other Chief Nurses in Greater Manchester.

In response to a query from MB, the Chief Nurse advised that AHP data is being checked and ESR information updated as there appears to be a much lower sickness absence rate for AHPs compared to nursing staff. It was explained this may be due to a number of factors which differ between the two staffing groups.

Concern was raised regarding the care hours per patient days as this seemed higher in December. The Chief Nurse indicated this is calculated by the number of staff on duty by the number of patients in a bed at midnight on certain dates. During December especially around Christmas time the number of patients may reduce and this could be enough to affect the data.

Resolved: The Board received the Nursing, Midwifery and AHP Staffing Report.

21. Guardian of Safe Working Annual Report

The Medical Director presented the Guardian of Safe Working (GOSW) Annual Report for the year ending 31t March 2022. The following key points were highlighted:

- Dr Ian Webster was appointed GOSW and assumed post in April 2022.
- The number of exception reports has remained consistent with 260 being submitted this year. The primary reason for exception reporting was due to junior doctors working above their contracted hours due to high workload and/or low staffing.
- No fines have been levied by the Guardian of Safe Working during the reporting period.
- The majority of exception reports submitted by junior doctors who have worked extra hours have been actioned for payment.

It was noted there have been very few exception reports in the Emergency Department and the Medical Director commented that consultants within this area have received good feedback for their support to junior doctors. It was also acknowledged that whilst the department receives a good level of support and is well staffed, the issues on wards are different and staffing is less.

With regards to the concerns regarding low attendance at the junior doctor forum, the Medical Director advised that the junior doctors also have a Whatsapp round which they can coordinate any issues through.

Resolved: The Board received and noted the Guardian of Safe Working Report.

22. Freedom to Speak Up Annual Report

The Freedom to Speak Up Guardian presented the annual report which provided an overview of activity within the Trust during the period 1 April 2021 to 31 March 2022. The FTSU approach, now firmly embedded across the Trust, seeks to support the organisation in developing an inclusive and transparent culture. It was noted that the positive work that has been undertaken was reflected in the Trust's 2021 NHS staff survey results.

RG queried whether the report includes iFM staff and it was confirmed that iFM have Freedom to Speak Up Champions who do receive and respond to concerns. Figures from iFM are included in this report, but the themes are not. A separate report for iFM is produced and reported to the iFM Board meeting.

Going forward a second Freedom to Speak Up Guardian has been appointed and therefore the divisions will be split between the two guardians, to ensure a positive focus within divisions.

Consideration is being given as to whether to add FTSU to the mandatory training programme.

Resolved: the Freedom to Speak Up Annual Report was received and noted.

23. Audit Committee Chair Report

The Audit Committee Chair presented the report from the meeting which was held on 15h June 2022 highlighting that the Annual Report and Accounts and Annual Governance Statement had now been approved. There were no items for escalation to the Board of Directors.

Resolved: The Board of Directors received and noted the Audit Committee Chair Report.

24. Charitable Funds Committee Chair Report

The Charitable Funds Committee Chair presented the report from the meeting which was held on 13 June 2022. Board members discussed the relocation of the faith facilities raising concern this has not yet commenced, it was noted there is a funding shortfall of approximately £190k and various funding options are currently being considered. It was suggested there may be some funds available from fundraising events held by the community during Ramadan.

Board members asked that an update be brought back through the next Charitable Funds Committee Chair Report.

Action: Next Charitable funds Committee Chair Report to include update on the relocation of faith facilities in the hospital.	**SM/MN FT/22/16**

Resolved: The Board of Directors received and noted the Charitable Funds Committee Chair Report.

25. Committee Update

The item was deferred.

26. Message from the Board

It was agreed the key messages from Board should be around:

- Patient and staff story

- Operational update
- Covid-19
- Recovery

The communications team will develop a communication to be shared with staff.

27. Any other business

The Chief Nurse informed Board members he had recently met with two families who had experienced incidents within the maternity department. He met with these families alongside staff members who had been involved in both of the individual cases and commented that due to the compassion and care of the staff members involved both families now have a clear understanding of what occurred during their experiences

In spite of issues the Trust is a learning organisation and the Chief Nurse reassured Board members that the work to investigate and respond to incidents is making a big difference to the families involved.

Board members asked that their thanks be passed on to the members of staff concerned.

BI raised two issues the first around patients not being able to get through to the Trust by telephone and sometimes having to wait on hold for over an hour and the second around community staff entering patient's homes and either not removing their shoes or wearing shoe covers. The Chief Operating Officer agreed to look into these issues and provide an update the at next meeting.

Action: RW to investigate issue around access via switchboard.	**RW FT/22/17**

Action: RW to investigate issue around staff entering patients homes and not removing their shoes.	**RW FT/22/18**

21. Next meeting

The next Board meeting will take place on the 29 September 2022.

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.

January 2022 actions

Code	Date	Context	Action	Who	Due	Comments
FT/22/14	28/07/2022	Strategic programme	Strategic Programme presentation to be presented at future Council of Governors	SK	Sep-22	Complete - on agenda for August 2022 Council of Governors Meeting
FT/22/16	28/07/2022	Charitable Funds Committee	Next Charitable funds Committee Chair Report to include update on the relocation of faith facilities in the hospital.	SM/MN	Sep-22	Complete
FT/22/17	28/07/2022	Any other business	RW to investigate issue around access via switchboard	RW	Sep-22	Complete - review of answer phones and call handling to go through patient experience group
FT/22/18	28/0722	Any other business	RW to investigate issue around staff entering patients homes and not removing their shoes.	RW	Sep-22	Complete - comms sent reminding staff about shoe coverings
FT/22/15	28/07/2022	Integrated Performance report	TR to investigate implications of not achieving 100% compliance for patient safety alerts	TR	Nov-22	
FT/22/13	28/07/2022	Staff Story	Invite LS to a Board of Directors meeting in six months to provide an update	SK	Jan-23	

Key

complete	agenda item	due	overdue	not due

Title:	Chief Executive's Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	29 September 2022		Discussion	
Exec Sponsor	Fiona Noden		Decision	

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

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

Proposed Resolution	To note the update.

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

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

Ambition 1
Provide safe, high quality care

It would be remiss of me not to start my report by marking the death of Her Majesty, The Queen. The Queen was an incredible woman who devoted so much of her life to public service and really appreciated the work we do in the NHS.

During the official Bank Holiday given to allow the nation the opportunity to pay their respects, teams throughout the Trust kept working around the clock to provide emergency services and urgent treatments. I am so grateful to our wonderful staff for putting our patients and communities before any personal commitments and cannot thank them enough.

As thousands of children have returned to the classroom this September, our Integrated Health and Wellbeing 0-19 Services have a number of tools in place to ensure both young people and parents can access advice and support to ensure no one has to struggle on their own. A drop-in health and wellbeing clinic held at The Parallel six days a week has been advertised to address any issues a young person may have, including their physical, sexual, social and emotional health needs.

In response to issues highlighted by these sessions, we have begun development of a number of awareness videos for social media around the dangers of illegal substances, in particular, nitrous oxide and the severe physical and mental impacts use of this drug can have.

Earlier this month we began our flu and COVID booster programme for our staff, offering colleagues both their seasonal flu vaccine and COVID booster in one quick appointment. In our efforts to keep our staff, their families and their patients safe, we will be running this programme for as long as is required to give staff ample opportunity to take up the offer.

In response to higher C-Diff infections discussed at the last Board, we are running a new campaign called SIGHT to ensure that all clinical staff are aware of and applying the infection control SIGHT principles.

On World Patient Safety Day this month we took the opportunity to respond to the World Health Organisation's theme of 'medication without harm', and placed a renewed emphasis on the importance of patient safety, and making small changes where possible to have a big impact.

Ambition 2
To be a great place to work

The NHS staff survey 2022 has launched today, and NHS staff have around six weeks to share their views on working for the organisation to enable us to identify where we need to improve, and take steps to do so. As part of the preparation for the survey, we have played back to our staff the actions taken to address their concerns last year, and where improvements have been made. Where this has not yet been possible, we have outlined timeframes for improvement. We will be doing everything we can to encourage our staff to complete the survey, as without their feedback, we cannot make the changes we need to continue to be a great place to work.

The FABB Annual Awards 2022 will take place on Friday 7 October, at the Last Drop Village in Bromley Cross, Bolton. Over 600 nominations were received for health and care staff across the Bolton system, nominated by each other, by partners in other Bolton organisations, and by patients. The judging panels were made up of a diverse range of voices including our Executives, Non-Executives, governors, system partners, staff network chairs and divisional representatives. We are really looking forward to the evening event in two weeks, which promises to be an entertaining and memorable night.

We know that many of our colleagues are under additional pressure at the moment due to the cost of living crisis, and that this is likely to increase as we go into the winter. We have been discussing a range of options for how best we can support the staff who need it the most, including the possibility of a food bank on site.

The Trust welcomed a new four-legged friend this month, to offer a different kind of support to staff. Tandal, a 5-year-old rescue dog originally from Romania has been adopted by the Trust's Deputy Head Hospital Chaplain, Reverend Catherine Binns, through Bleakholt Animal Sanctuary in Bury. Over the past few weeks, Tandal has also spent time getting used to the sights, smells and sounds of a busy hospital environment, as well as developing his skills and experience in a dementia care home. In the coming weeks Tandal will be assessed through the charity Pets As Therapy to also volunteer in other spaces across Bolton, such as care homes and schools.

Ambition 3
To use our resources wisely

As we approach the halfway point of the year, we are continuing to work with our clinical divisions and corporate teams to identify cost improvement programme schemes. We are looking to reduce waste, and seek efficiencies to ensure the best use of resource and transform our services for our patients. Engagement has been positive with our teams with lots of ideas generated from all teams involved. This work aligns with the recruitment of a group of Green Champions who will help develop the strategies we will need to improve our sustainability.

The Outpatient transformation programme continues to be successful in using our outpatient capacity wisely;

Several services at the hospital offer access to specialist clinical advice for GP colleagues, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making and referrals into outpatient services. This provides better utilisation of health resources, a better experience for the patient and prevents unnecessary admissions to hospital. There are currently nine specialities offering this service including haematology, orthopaedics and urology.

Our Patient Initiated Follow Up initiative allows a more personalised approach to outpatient follow-up appointments and enables patients to initiate an appointment when they need one, based on their symptoms and individual circumstances. 21 services are currently offering this including respiratory, gastro and diabetes services. Our Improvement and Transformation Team is proactively working with more specialities to increase this offer.

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

Work has begun on two new theatres on a former car park on the hospital site, which when complete next spring will provide extra theatre capacity to support us reduce our waiting lists. The theatres are part of a large scale investment into healthcare in Greater Manchester.

Demolition work has also begun on the hospital site to support the build of the Bolton College of Medical Sciences. Demolition of Minerva Day Hospital has begun, creating more parking spaces when complete mid-October. Work will then follow on the former children's outpatients building and Lodge House, at the Minerva Road entrance to the site. The work will run until around the start of January, and we will be working closely with our partners at iFM Bolton to ensure that the impact is minimal.

The refresh and development of the Trust's overarching strategy and clinical strategy is developing at pace. The clinical strategy development work is underway with Archus, and alongside this, we are looking at what competencies we need to develop to reach for teaching hospital status. We will be taking the opportunity to engage with staff on the process early next month, and hear their views on how we can best develop services to fit the changing needs of the population.

A business case has been signed off which will enable us to progress to charitable funds committee to approve the funding for brand new faith facilities on the hospital site. Significant donations from the Bolton community to Our Bolton NHS Charity will allow us to develop brand new purpose-built facilities, behind the hospital building, to better support our patients and staff with their religious needs on site.

Ambition 5
To integrate care

As a Bolton system, we presented twice at the Health Overview and Adult Social Care Scrutiny Committee this month, one of which was about our elective recovery progress and plans and the other about primary care access and demand. I wanted to make sure that both were presented before opening for questions because they were so interlinked. The more people who are waiting to be treated, the more they will need to access primary care and other services – we have to see the connections and think outside of 'our bit' if we're really going to address some of our big problems.

In the last month I met with partners across the Bolton system, including primary and secondary care, to discuss how we collectively work together to manage what is set to be a really difficult winter. It was really beneficial to have a range of different views all working towards the same goal, and understanding how we can put our energy into the things that will make the biggest difference.

Ambition 6
To develop partnerships

Our GM Accelerator Partnership bid has made it to second stage and we have been asked to submit a more refined bid by the end of October.

Should we be successful, the bid will allow us to focus on a number of key projects:

- Innovation and Incubation hub to accommodate research and development activity in the health and digital sectors. This will deliver flexible workspace to support the commercialisation of research activity.

- A new discharge facility to deliver outpatient and sub-acute care away from the acute clinical environment. This will help the NHS and partners deliver high-quality care and services using new models of care and technologies.

- Other commercial opportunities to expand and commercialise research and development across Greater Manchester.

Health Innovation Bolton continues to develop at pace, and sees partners working together to create a centre of excellence for skills development in Bolton. The project brings together health, higher education and land assets to create new research and innovation, healthcare pathways and skills development opportunities that will benefit health and economic outcomes for local people.

Agenda item: 10

Title:	2022/2023 Winter Plan Executive Summary

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	29 September 2022		Discussion	
Exec Sponsor	Rae Wheatcroft		Decision	

Summary:	This paper sets out a high level summary of the Trust Winter Plan for 2022/23. Detailed plans for each Clinical Division exist separately which focus on: • top 3 transformational priorities • full detailed operational winter plan Progress against the Trust winter plan will be monitored weekly via the Executive Urgent Care Escalation meeting.

Previously considered by:	12/09/2022 - Executive Team Meeting 26/09/2022 - Strategic Operations Committee - Given timescales verbal feedback will be provided to Board of Directors.

Proposed Resolution	1. Note the approach to winter review and planning adopted this year 2. Accept the transformational priorities and operational winter plans 3. Note the risks to delivery and worst-case scenario plans 4. Support the monitoring process for the winter plan 5. Note the financial implication

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

Prepared by:	Jo Street, Director of Operations & Samantha Ball, Associate Director of Improvement and Transformation	**Presented by:**	Rae Wheatcroft, Chief Operating Officer

Contents

1. Executive Summary

1.1 Introduction

This year's Winter Plan has been formulated within the context of what is predicted to be a challenging winter, as we recover elective services post pandemic, in addition to a continuing increase in demand for urgent care services and continuing difficulty in moving patients who no longer require hospital care to their discharge destination.

The plan has been informed by a series of organisational, locality and Greater Manchester winter review and planning workshops. It reflects collaborative working across teams and takes account of lessons learnt from last winter.

Each clinical division has been asked to identify;

- Top 3 transformational priorities that must be progressed in preparation for winter in order to create some resilience
- Full detailed operational winter plan which describes all actions and interventions across the division for winter

1.2 Winter Bed Modelling and Intelligence

This year's modelling indicates that if we do nothing, we will require all beds to be open, plus an additional 81 beds to be open in January in order to manage this winter. There are very few options available to us to make up this shortfall in beds through the actual opening of bed capacity. Therefore, our plans are focused on making up this shortfall through reductions in length of stay, reducing bed occupancy and avoiding admissions.

There are inherent risks within our plan, as there are every year, which may mean that we do not fully make up the shortfall of beds through our transformation priority plans. If required, we will adapt our plans accordingly and enact the following last resort options in order to release additional bed capacity;

- Move a lower risk ward service into N Block to free up additional capacity on the main hospital spine (if workforce availability allows)
- Cease the elective programme to release the elective in-patient beds for urgent care patient demand

1.3 Workforce - Supporting Resilience in Winter

Core to our successful delivery of the winter plan is our workforce. This is both in terms of:

- Having sufficient staffing resource to run our services safely and to create extra capacity in our services and,
- Having the leadership capacity, focus and resilience to lead through another difficult season

Our plans include a strong emphasis on recruitment and retention and on our staff wellbeing offers. Our vaccination offer for both flu and the COVID-19 booster will be strongly promoted, to help keep our patients, staff and their families' safe over winter. We are also preparing for the possibility of any industrial action by NHS staff groups.

Bolton NHS Foundation Trust

2022/23 Winter Plan

High Level Summary

1. Introduction

1.1 This year's Winter Plan has been formulated within the context of what is predicted to be a challenging winter, as we recover elective services post pandemic, in addition to a continuing increase in demand for urgent care services and continuing difficulty in moving patients, who no longer require hospital care, to their discharge destination.

1.2 Bolton NHS Foundation Trust winter plan sets out to;

- Ensure the best possible care, safety and experience for patients and service users
- Safely manage and protect patients from Flu and COVID-19 across all settings
- Deliver the Clinical Strategy for Urgent Care to make significant, sustainable improvement to urgent care services
- Deliver care in the right setting, close to home, to support our population through initiatives such as Home First and Admission Avoidance
- Continue to progress our elective recovery
- Protect and support our staff, looking after staff wellbeing and protecting staff from COVID-19 and flu

2. Summary of Winter Planning Process and Priority Actions

2.1 The plan has been informed by a series of organisational, locality and Greater Manchester winter review and planning workshops. It reflects collaborative working across teams and takes account of lessons learnt from last winter.

2.2 A full review of last winter's performance has been carried out to include;

- Divisional winter plans and progress made against those plans
- Effectiveness of the Corporate Winter Groups
- COVID-19 response

The outcome of the review is summarised below;

I. Modelling last year demonstrated that there was not sufficient bed capacity to meet the demand during winter; this resulted in high levels of bed occupancy. There is a direct correlation between high bed occupancy and waits in the emergency department.
II. Outliers increased, impacting on the risk of elective cancelled operations.
III. An increase in no criteria to reside delays impacted negatively on available bed capacity, leading to escalation beds being opened in the form of 3 wards, whilst one has closed, 2 still remain open.
IV. A high prevalence of COVID-19 and the need to isolate and/or cohort also reduced our overall available capacity.
V. Overcrowding in A&E resulted in an increase in non-admitted breaches and delays in making decisions to admit.

2.3 Each clinical division has been asked to identify;

- Top 3 transformational priorities that must be progressed in preparation for winter in order to create some resilience
- Full detailed operational winter plan which describes all actions and interventions across the division for winter

Some of the divisional operational winter plans have been put into action and this is due to the trust being in winter escalation status outside of the winter months and for a long period of time.

3. Winter Bed Modelling and Intelligence

Analysis has been undertaken which is supported by bed modelling. The aim of bed modelling is to ensure the number of beds available matches demand and seasonal variations, to maintain occupancy levels at an optimum, to support in hospital flow of patients.

This year's modelling indicates that if we do nothing, we will require all beds to be open, plus an additional 81 beds to be open in January in order to manage this winter. There are very few options available to us to make up this shortfall in beds through the actual opening of bed capacity. Therefore, our plans are focused on making up this shortfall through reductions in length of stay, reducing bed occupancy and avoiding admissions.

Based on analysis, our bed modelling demonstrated that with a length of stay reduction of 0.5 days, coupled with a forecast lower prevalence of COVID-19, and increased admission avoidance through SDEC, our available bed capacity will be closer to meeting demand.

The Divisions' transformational priorities ahead of winter are focused on admission avoidance and length of stay reduction. Divisional plans are being translated into the benefits of reducing occupied bed days in order to monitor impact, track activity and support scenario planning. The priority transformation actions are summarised in section 4.

4. Summary of Priority actions

This section of the plan sets out a number of actions/schemes which are supporting work to reduce attendances and avoid unnecessary admissions by managing care closer to home, improving flow through the hospital to reduce length of stay and facilitating smoother transfer or discharge of patients.

4.1 Urgent Planned Care

- Development of the Urgent Care Clinical Strategy and Immediate Improvement Programme
- Design and operationalisation of virtual wards

4.2 Elective Care

- Initiatives to support progress with elective recovery whilst reducing pressure on urgent care and winter patient flow such as;
- Admitted transformation programme (including theatre expansion, theatre workforce and use of the independent sector)
- Non admitted transformation programme (including expansion of PIFU, Virtual activity, Advice and Guidance and well while you wait initiatives)

4.3 Family Care

- Co-design a Mental Health and Social Admissions pathway with GMMH
- Plan for mobilisation of additional HDU capacity to support the Paediatric network
- Admission avoidance with primary care.

4.4 Integrated Community Services

- Expansion and embedding the home first discharge to assess model
- Initiative to reduce the number of people admitted who reside in care homes
- Initiatives to support homeless and vulnerable adult who are traditionally hard to reach to prevent avoidable admission
- Implementation of the home care bridging support services to support earlier discharges
- Work with system partners to ensure as many of our vulnerable citizens and our staff are supported to have the flu and COVID-19 vaccination

4.5 Diagnostic and Support Services

- Expansion of radiographer led discharge to improve flow & remove barriers to discharge from A&E
- Improvement initiatives in pharmacy to ensure medicine turnaround times are contributing to efficient and timely discharge. (Prescription locker and Pharmacy Robot)
- Management and oversight of the COVID-19 and flu vaccination services

4.6 Trust Escalation Process

The Trust Escalation Process is under review with the intention to make our processes better aligned to the National OPEL standards. This will ensure clarity around trust wide and system partner actions and give a clearer line of accountability across the locality.

5. Risks to delivery and worst-case scenario planning

There are inherent risks within our plan, as there are every year, which may mean that we do not fully make up the shortfall of beds through our transformation priority plans. We may also experience a 'worse' winter than is anticipated in terms of admission rates, COVID-19 and flu infection rates and staff absence.

Whilst we are doing everything possible to avoid the worst-case scenario, if required we will adapt our plans accordingly and enact the following last resort options in order to release additional bed capacity;

A. Move a lower risk ward service into N Block to free up additional capacity on the main hospital spine (subject to availability of workforce)
B. Cease the elective programme to release the elective in-patient beds for urgent care patient demand

Both of these actions create risks in themselves and are therefore reserved for last resort. These actions link to our Trust escalation process and decisions to enact these will be operationally and clinically led.

6. Bolton Locality System-wide Winter Plan

NHS Greater Manchester Bolton Locality colleagues will lead the development of the Bolton Locality System-wide winter plan. This plan will be overseen by the Urgent and Emergency Care Board (UECB), chaired by the Bolton Place-Based Lead. Bolton Foundation Trust's winter plan will be part of the system-wide plan. Bolton Foundation Trust colleagues are active members of the UECB, providing opportunity for collaboration to ensure the effectiveness of the system-wide plan.

Our collaboration with our locality partners is another key mitigation to our risks to delivery. During August, a locality urgent care response structure was stood up comprising operational, tactical and strategic levels. This builds on effective response structures put in place during the COVID-19 pandemic waves. This response structure will remain in place throughout winter.

7. Workforce - Supporting Resilience in Winter

Core to our successful delivery of the winter plan is our workforce. This is both in terms of having sufficient staffing resource to run our services safely and to create extra capacity in our services and having the leadership capacity, focus and resilience to lead through another difficult season.

In terms of workforce capacity, the Trust vaccination offer for both flu and the COVID-19 booster will be strongly promoted, to help keep our patients, staff and their families safe over winter. The removal of household isolation requirements, compared to those which were in place last Winter, will mean that staff will have tested positive (whether symptomatic or asymptomatic) to be away from work. The impact of COVID-19 and flu related absence will be monitored throughout the winter period to predict the impact on sickness absence and enable contingency plans to be put in place.

The Trust's well- being offer will be actively promoted and the uptake of support and resources available will be collated and fed back, to increase take up across staff groups and Divisions where needed.

Recruitment continues at pace and the increased recruitment to Health Care Assistant posts in particular, as well as Registered Nursing posts (particularly bolstered through the international recruitment campaign) places us is a stronger starting position than last year.

A review to determine wider workforce requirements such as ward clerks etc. is underway and led by the Divisional Nurse Directors. Pro-active recruitment is being supported by the sharper focus on retention and the importance of on-going staff engagement and development.

However, the provision of sufficient workforce has been identified as a significant area of risk to delivery. There are a number of hard to fill roles that impact on service delivery and staffing levels are monitored by services on a daily basis. Escalation processes are in place, to ensure the safety and quality of patient care.

A review of our wellbeing offer is currently underway and will conclude in September, ensuring we have the right support in place for the winter period and beyond. The review includes exploration around usage and effectiveness, to help us prepare for winter and the impact this may have on colleague's health and wellbeing.

The review has highlighted that less than 1% of colleagues are utilising the many resources available and therefore a communication campaign is being launched in October. The future state wellbeing offer is split into three phrases, with the first being operational by winter and focusing on the 'basic needs' for our colleagues. This includes enhancing break and rest facilities, ensuring access to water and ensuring we have enough coverage within our wellbeing offer, for example training more colleagues on TRiM. We are also introducing specific measures to mitigate the impact of the cost of living crisis for our colleagues, including referral to local food banks, food packs and financial wellbeing sessions.

To prepare for the possibility of any industrial action by NHS staff groups the Trust Workforce team are reviewing existing internal processes relating to the management of industrial action/strikes, to ensure these are robust and ready to implement if needed.

8. Monitoring Progress

Progress against the Trust winter plan will be monitored weekly via the Executive Urgent Care Escalation meeting. This will be supported by the Improvement and Transformation Team who have established an exception reporting process for Divisions to report against. The Urgent Care Dashboard will be used as the primary source of intelligence for operational monitoring of the impact of the winter plan.

The Urgent Care Transformation Group will oversee the tracking of length of stay reduction benefits within the bed model and updating forecasting to report progress through to the Performance and Transformation Group.

An Urgent Care Programme Manager has been appointed into the Improvement and Transformation Team to support transformation activities and monitoring progress.

9. Financial Implications

Finance Business Partners have worked with the Divisions to identify the costs of delivering the transformational priority actions and also the operational winter plan schemes.

This was in the first instance to ascertain what is in our baseline plan/run rate already, with an assumption that the vast majority is already within run rate. This has enabled identification of cost pressures above current run rate and has supported submission of returns for accessing additional winter capacity funding to the Greater Manchester Integrated Care Board as this has been released. As a locality, Bolton has been successful in receiving support for funding four schemes which were in our winter plan but which were above our financial baseline. These four schemes span primary care, community services and hospital based care.

10. Recommendations

The Strategic Operations Committee (and subsequently Board of Directors) are asked to;

1. Note the approach to winter review and planning adopted this year
2. Accept the transformational priorities and operational winter plans
3. Note the risks to delivery and worst-case scenario plans
4. Support the monitoring process for the winter plan
5. Note the financial implication

Title:	Integrated Performance Report

Meeting:	Board of Directors	**Purpose**	Assurance	X
Date:	29/09/2022		Discussion	X
Exec Sponsor	James Mawrey		Decision	

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

Previously considered by:	Divisional IPMs

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

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

Prepared by:	Emma Cunliffe (BI)	**Presented by:**	James Mawrey

Bolton NHS Foundation Trust

Integrated Performance Report

August 2022

Guide to Statistical Process Control

NHS Bolton NHS Foundation Trust

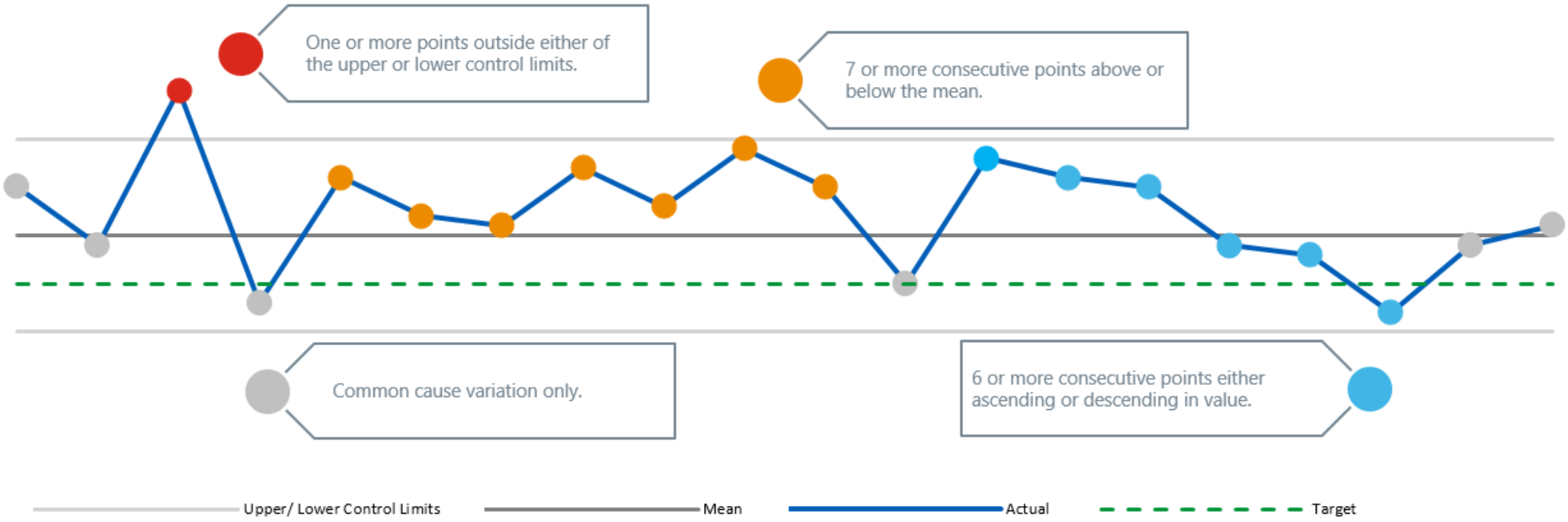
Statistical process control (SPC) is an analytical technique – underpinned by science and statistics – that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action. Understanding how to react to data is the most important thing, not the detail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

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

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

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

Prior to September 2022 the report highlighted runs of 6 or more points above or below the mean. This was changed to 7 points to match the methodology used in Model Hospital



Executive Summary

NHS Bolton NHS Foundation Trust

Trust Objective	Variation					Assurance		
		H	L	H	L	P	F	?
Quality and Safety								
Harm Free Care	15	1	1	0	0	1	2	14
Infection Prevention and Control	8	0	0	2	0	0	0	7
Mortality	3	1	0	0	0	0	0	3
Patient Experience	11	0	0	0	5	2	0	14
Maternity	7	0	1	0	1	1	0	8
Operational Performance								
Access	3	0	0	5	3	0	7	4
Productivity	7	1	1	4	1	2	3	8
Cancer	6	0	0	0	1	0	1	6
Community	0	0	0	1	1	0	0	2
Workforce								
Sickness, Vacancy and Turnover	2	0	0	2	0	0	2	1
Organisational Development	1	0	0	0	3	1	2	1
Agency	0	0	0	3	0	3	0	0
Finance								
Finance	3	0	0	0	0	0	0	3
Appendices								
Heat Maps								

Variation

	Common cause variation.
H	Indicates that special cause variation has occurred that is a cause for concern due to higher values in relation to the target.
L	Indicates that special cause variation has occurred that is a cause for concern due to lower values in relation to the target.
H	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to higher values.
L	Indicates that special cause variation has occurred that constitutes an improvement in relation to the target due to lower values.

Assurance

P	Indicates that we are consistently meeting the target for the indicator in question.
F	Indicates that we are consistently falling short of the target for the indicator in question.
?	Indicates that we will not consistently meet the target for this indicator as the target is within the range of common cause variation.

NHS
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NHS Foundation Trust

Quality and Safety

Harm Free Care

Pressure Ulcers
Hospital:
Common cause variation is noted throughout August with 15 reported in total. 9 x category 2, 1 x category 3 and 5 x un stageable.

Community:
Common cause variation is noted throughout August with 15 reported in total. 11 x category 2, 4 x un stageable.

Key actions: New risk assessment tool currently being trialled, education and training programme being delivered by TVN to improve recognition of patients at risk. Quality Improvement pressure ulcer Collaborative commences October 2022 and Locality wide Trust Harm Free Care conference in November. These events are to increase awareness, provide education and embed learning.

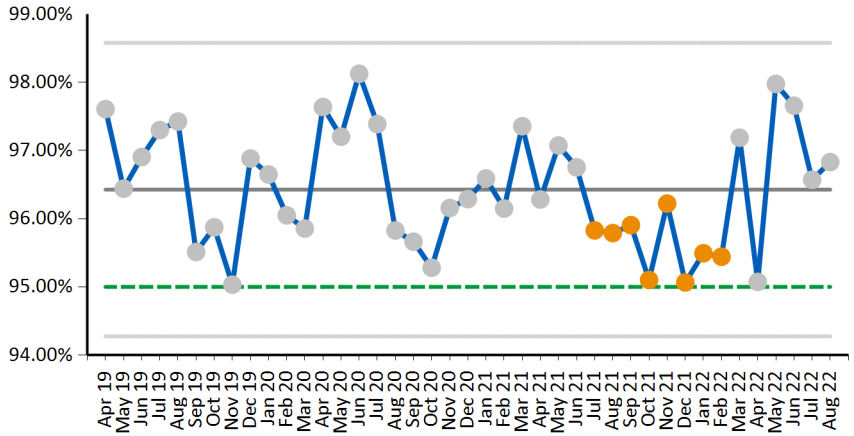
Falls
YTD performance of falls per 1000 bed days remains below local target.(good)
Common cause variation noted in falls with harm in August with 1 graded moderate or above reported.

Key actions: Documentation in EPR has been reviewed and simplified for ease of access. Quality Improvement interventions commenced in September and continue in October and will be monitored via Patient Quality Group, reporting to Professional Forum.

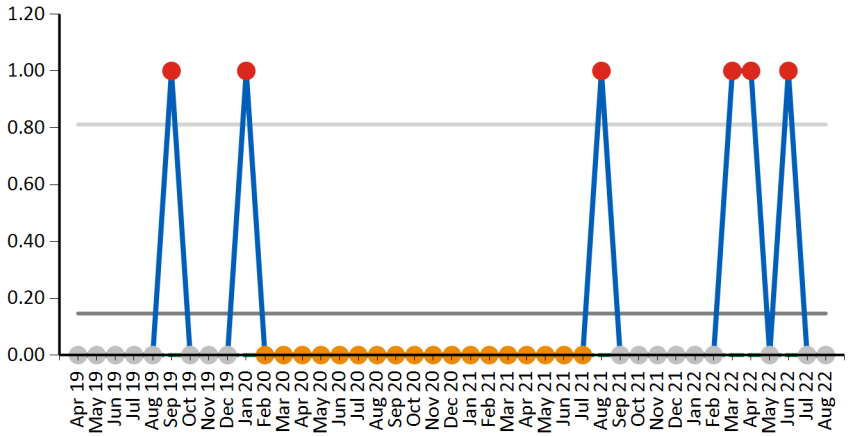
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
6 - Compliance with preventative measure for VTE	>= 95%	96.8%	Aug-22		>= 95%	96.6%	Jul-22	>= 95%	96.8%	
9 - Never Events	= 0	0	Aug-22		= 0	0	Jul-22	= 0	2	
13 - All Inpatient Falls (Safeguard Per 1000 bed days)	<= 5.30	5.20	Aug-22		<= 5.30	5.98	Jul-22	<= 5.30	4.87	
14 - Inpatient falls resulting in Harm (Moderate +)	<= 1.6	1	Aug-22		<= 1.6	1	Jul-22	<= 8.0	9	
15 - Acute Inpatients acquiring pressure damage (category 2)	<= 6.0	9.0	Aug-22		<= 6.0	4.0	Jul-22	<= 30.0	45.0	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
16 - Acute Inpatients acquiring pressure damage (category 3)	<= 0.5	1.0	Aug-22		<= 0.5	1.0	Jul-22	<= 2.5	3.0	
17 - Acute Inpatients acquiring pressure damage (category 4)	= 0.0	0.0	Aug-22		= 0.0	0.0	Jul-22	= 0.0	0.0	
515 - Acute Inpatients acquiring pressure damage (unstagable)		5	Aug-22			8	Jul-22		23	
18 - Community patients acquiring pressure damage (category 2)	<= 7.0	11.0	Aug-22		<= 7.0	14.0	Jul-22	<= 35.0	62.0	
19 - Community patients acquiring pressure damage (category 3)	<= 4.0	0.0	Aug-22		<= 4.0	1.0	Jul-22	<= 20.0	2.0	
20 - Community patients acquiring pressure damage (category 4)	<= 1.0	0.0	Aug-22		<= 1.0	0.0	Jul-22	<= 5.0	1.0	
516 - Community patients acquiring pressure damage (unstagable)		4	Aug-22			3	Jul-22		22	
28 - Emergency patients - screened for Sepsis (quarterly)	>= 90%	89.5%	Q1 2022/23		>= 90%	86.9%	Q4 2021/22	>= 90%	89.5%	
29 - Emergency patients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	100.0%	Q1 2022/23		>= 90%	50.0%	Q4 2021/22	>= 90%	100.0%	
513 - Inpatients - screened for Sepsis (quarterly)	>= 90%	38.0%	Q1 2022/23		>= 90%	22.0%	Q4 2021/22	>= 90%	38.0%	
514 - Inpatients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)	>= 90%	100.0%	Q1 2022/23		>= 90%		Q4 2021/22	>= 90%	100.0%	
30 - Clinical Correspondence - Inpatients %<1 working day	>= 95%	74.9%	Aug-22		>= 95%	77.3%	Jul-22	>= 95%	77.7%	
31 - Clinical Correspondence - Outpatients %<5 working days	>= 95.0%	67.2%	Aug-22		>= 95.0%	61.5%	Jul-22	>= 95.0%	65.3%	
86 - Patient Safety Alerts	= 100%	80.0%	Aug-22		= 100%	54.5%	Jul-22	= 100%	68.4%	
88 - Nursing KPI Audits	>= 85%	93.9%	Aug-22		>= 85%	93.7%	Jul-22	>= 85%	92.8%	
91 - Report to patient/family within 60 working days of incident declaration	= 100%	0.0%	Aug-22		= 100%	16.7%	Jul-22	= 100%	26.3%	

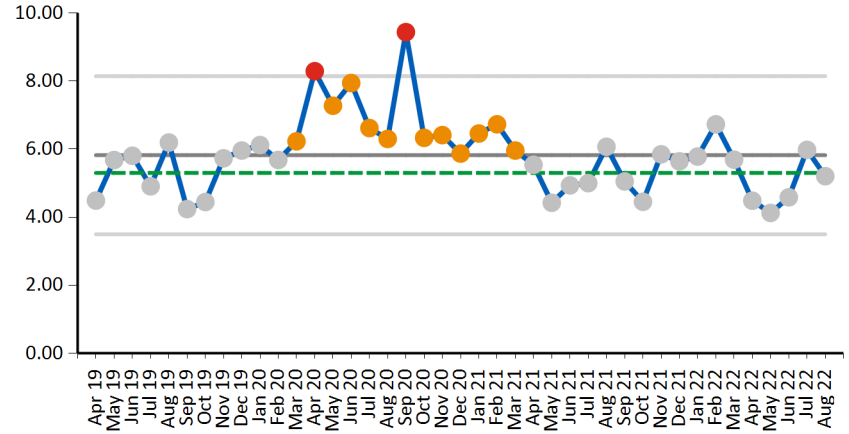
6 - Compliance with preventative measure for VTE



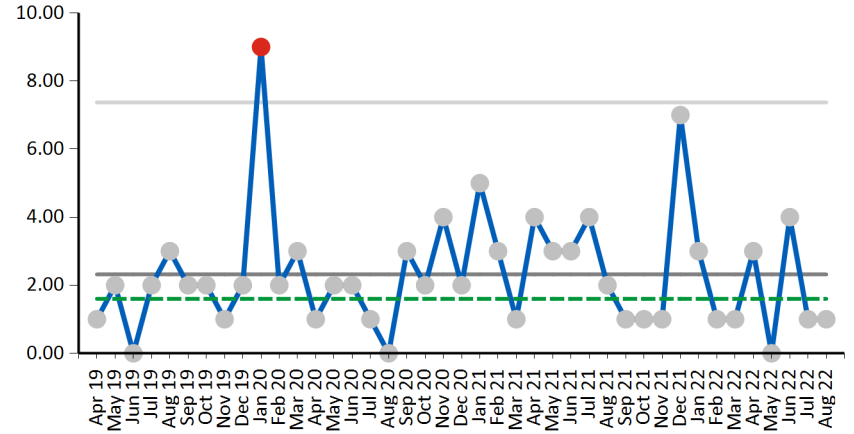
9 - Never Events



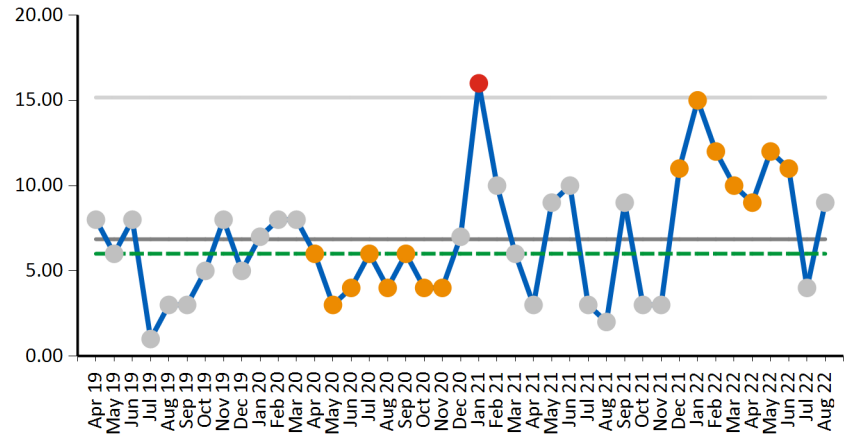
13 - All Inpatient Falls (Safeguard Per 1000 bed days)



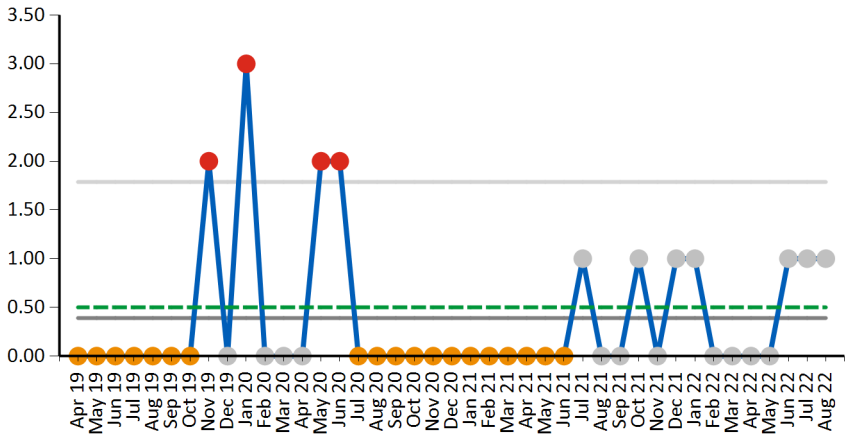
14 - Inpatient falls resulting in Harm (Moderate +)



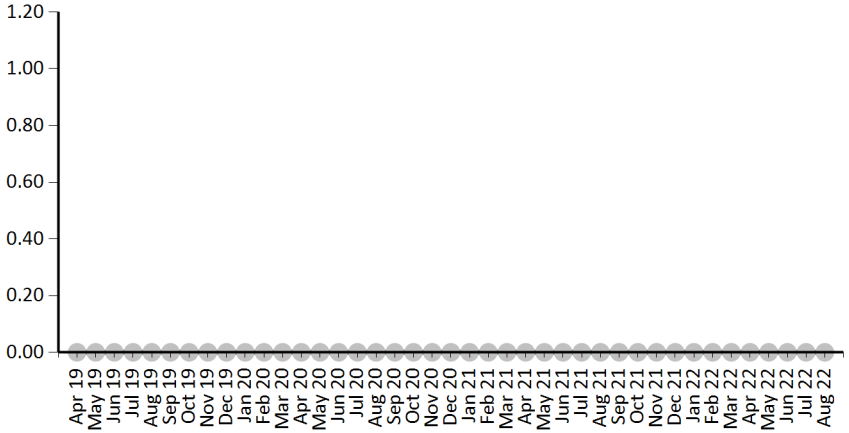
15 - Acute Inpatients acquiring pressure damage (category 2)



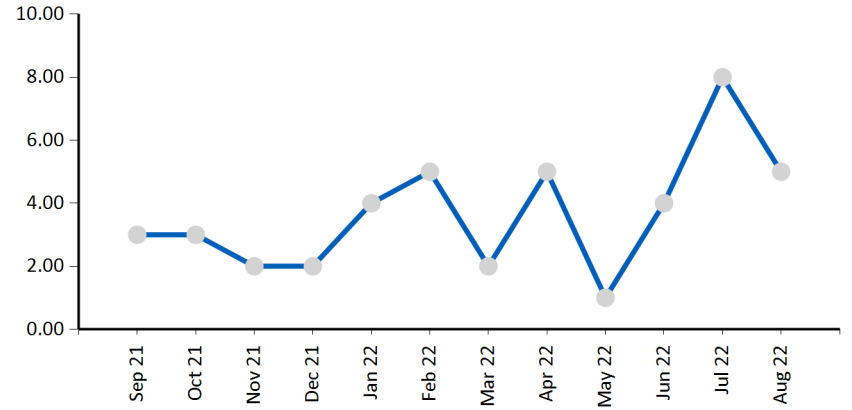
16 - Acute Inpatients acquiring pressure damage (category 3)



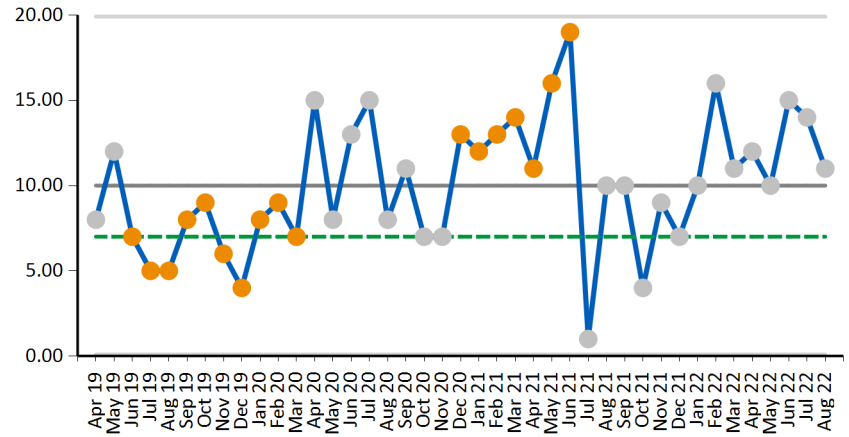
17 - Acute Inpatients acquiring pressure damage (category 4)



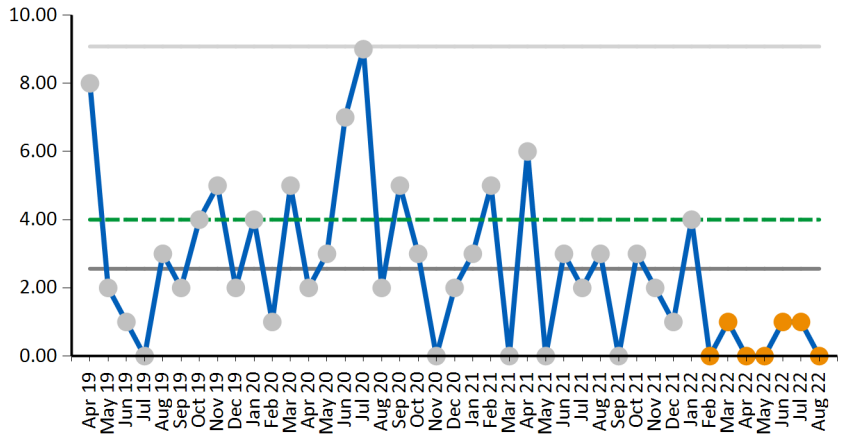
515 - Acute Inpatients acquiring pressure damage (unstagable) - SPC data available after 20 data points



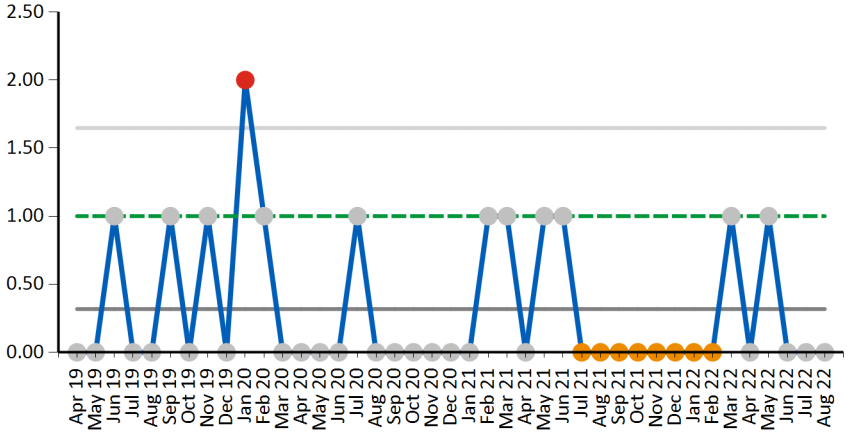
18 - Community patients acquiring pressure damage (category 2)



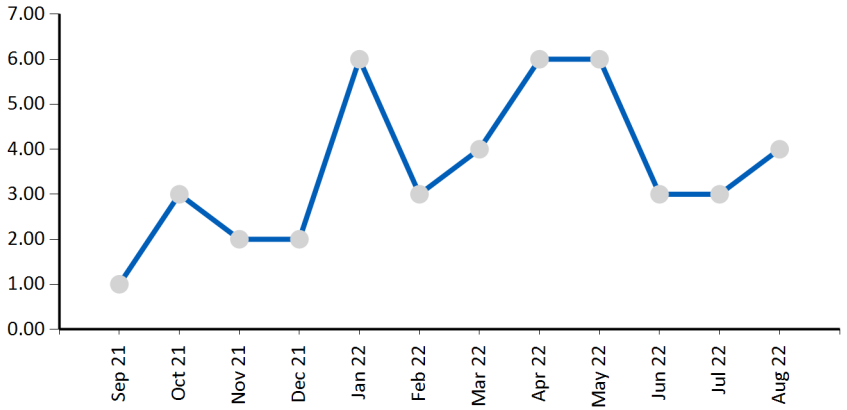
19 - Community patients acquiring pressure damage (category 3)



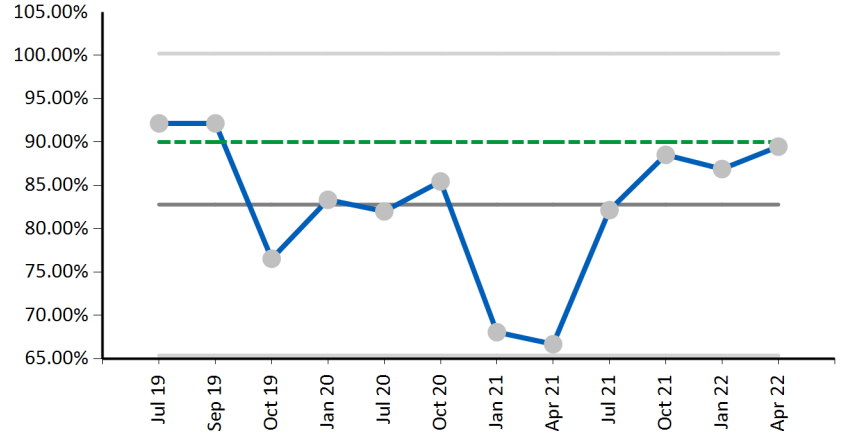
20 - Community patients acquiring pressure damage (category 4)



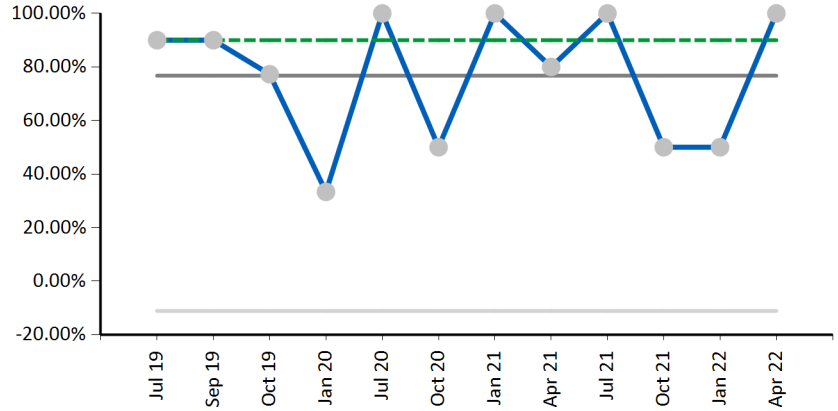
516 - Community patients acquiring pressure damage (unstagable) - SPC data available after 20 data points



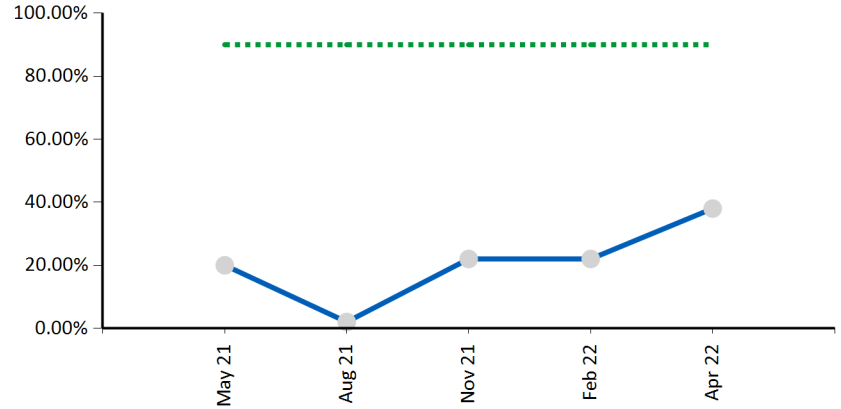
28 - Emergency patients - screened for Sepsis (quarterly)



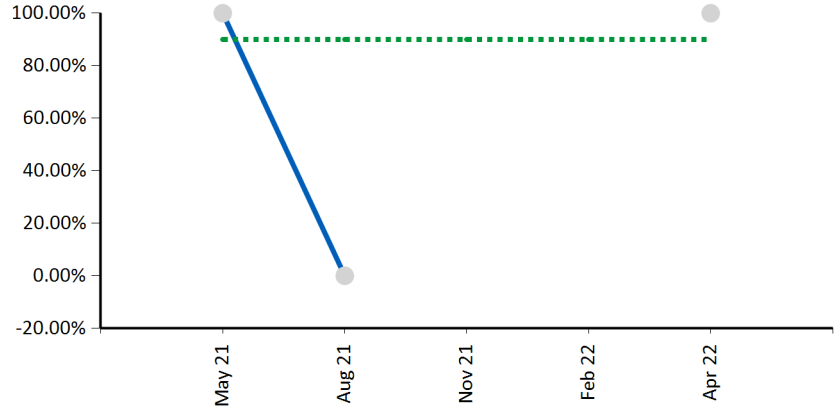
29 - Emergency patients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly)



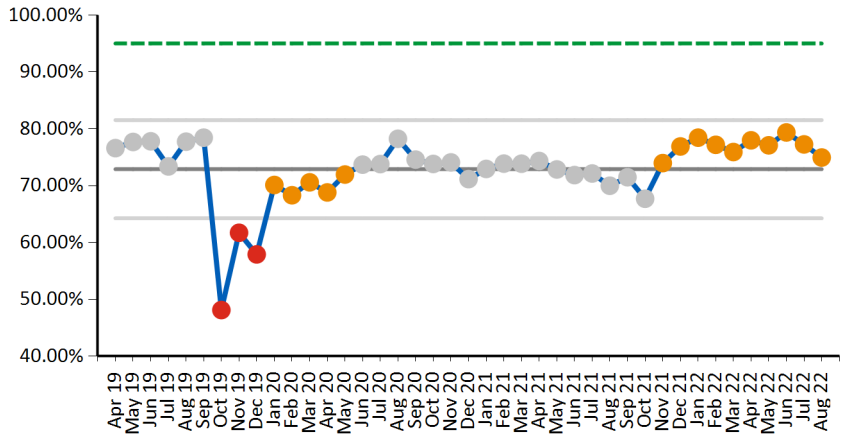
513 - Inpatients - screened for Sepsis (quarterly) - SPC data available after 20 data points



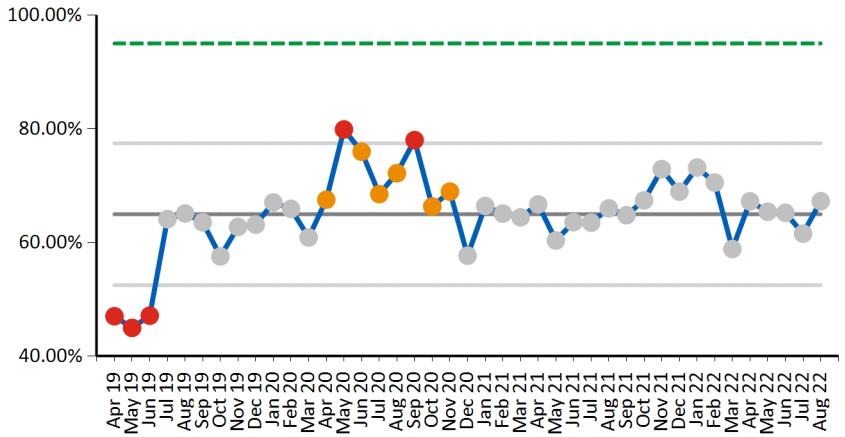
514 - Inpatients - who receive antibiotics <60 minutes of Sepsis diagnosis (quarterly) - SPC data available after 20 data points



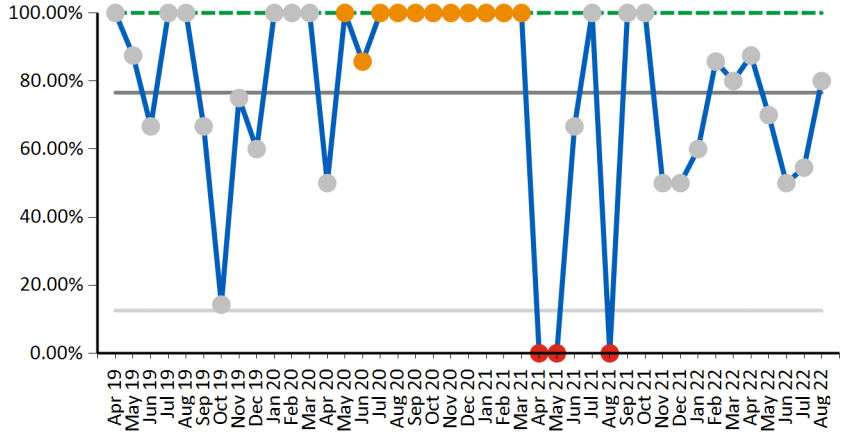
30 - Clinical Correspondence - Inpatients %<1 working day



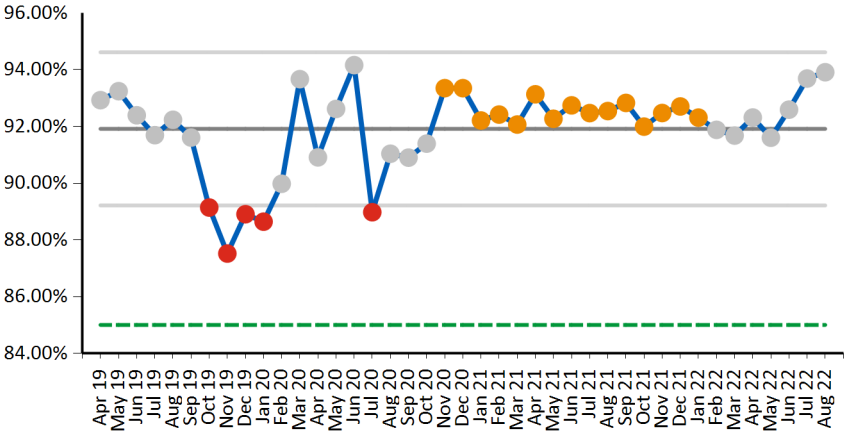
31 - Clinical Correspondence - Outpatients %<5 working days



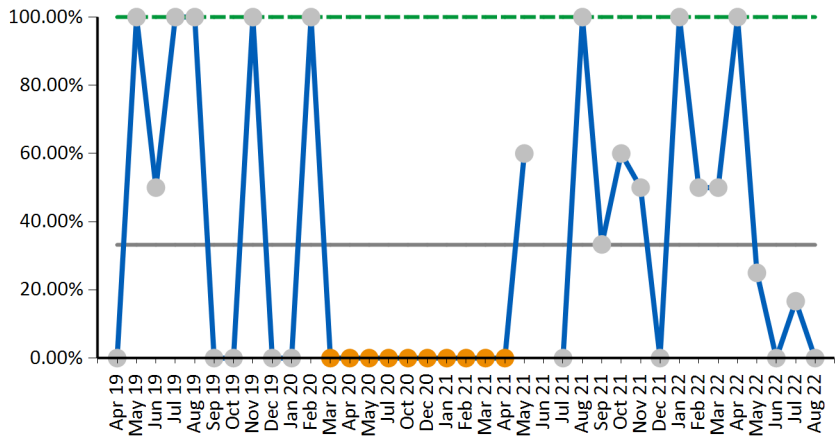
86 - Patient Safety Alerts



88 - Nursing KPI Audits



91 - Report to patient/family within 60 working days of incident declaration



Infection Prevention and Control

There has been no statistically relevant change in the number of healthcare associated Clostridium difficile cases but this is to be anticipated. The risks for exposure to the bacteria and risks such as antibiotic use may persist for 3-months and longer so the impact of the interventions now underway will take a period of time to be visible. The clinical divisions have implemented a number of initiatives: education related to Clostridium difficile and it's management, awareness raising regarding antibiotic use and improvements have been made in the methods of cleaning related to the environment when patients have had these infections. Isolation of patients when they first have loose stool remains a challenge and the IPC team are working with the site management team to review the visibility of single room use.

The Gram-negative bacteraemias (E. coli, Klebsiella spp. and Pseudomonas aeruginosa) remain in statistical control although over a flat line trajectory. There is a correlation between dehydration and these infections (locally, 46% of E. coli bacteraemias are related to urinary tract infections without urinary catheters) and as a consequence, there are generally fewer cases after the summer months).

There were no hospital-onset MRSA bacteraemias in August and the Trust had gone 788 days without an MRSA bacteraemia but there have been two cases in September. One case is from NICU and there is an ongoing incident management process to understand the cause and source of this infection. The other is from B2 ward and a review of the case has been completed; the source is likely to be a blood culture contaminant in a high-risk patient (organ donation recipient and on anti-rejection medication, historical atrial valve replacement, prolonged hospital stay) or – less likely – an infection of his prosthetic heart valve. Lessons have been identified from the review of this case and will feature in training and changes to practice in the acute adult division. Both patients have responded positively to treatment of their conditions.

There is currently a national 'pause' in asymptomatic COVID-19 screens and the Trust has applied this. There will still be screening for symptomatic patients and patients who are immunocompromised on admission. There is also vulnerable asymptomatic screening for patients pre-admission if they are having an inpatient admission and a general anaesthetic. As a consequence there have been fewer nosocomial COVID-19 cases in August.

The staff COVID-19 and flu vaccine booster programme has commenced 20/09/22.

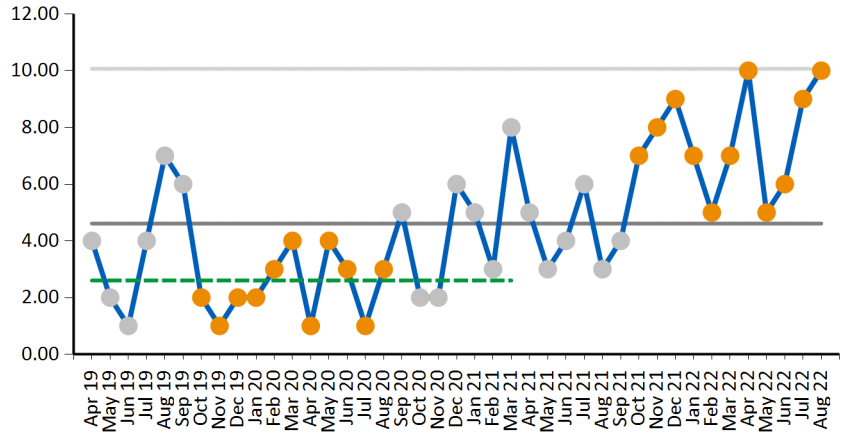
To note:
The measures for 215 and 346 are combined for measure 347 for which there is a plan based on the last published objectives from NHS England for 2019/20.

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

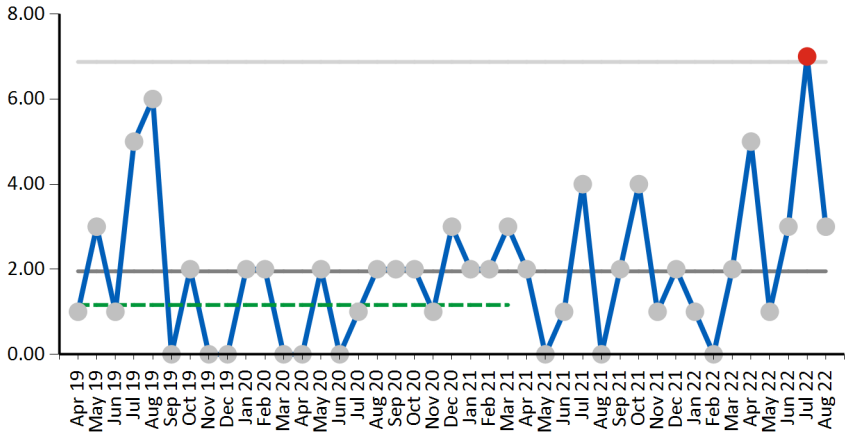
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
215 - Total Hospital Onset C.diff infections		10	Aug-22			9	Jul-22		40	
346 - Total Community Onset Hospital Associated C.diff infections		3	Aug-22			7	Jul-22		19	
347 - Total C.diff infections contributing to objective	<= 3	13	Aug-22		<= 3	16	Jul-22	<= 13	59	
217 - Total Hospital-Onset MRSA BSIs	= 0	11	Aug-22		= 0	0	Jul-22	= 0	11	
218 - Total Trust apportioned E. coli BSI (HOHA + COHA)	<= 2	4	Aug-22		<= 2	8	Jul-22	<= 9	27	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
219 - Blood Culture Contaminants (rate)	<= 3%	3.8%	Aug-22		<= 3%	3.0%	Jul-22	<= 3%	3.1%	
199 - Compliance with antibiotic prescribing standards	>= 95%	73.4%	Q1 2022/23		>= 95%	74.8%	Q2 2021/22	>= 95%	73.4%	
304 - Total Trust apportioned MSSA BSIs	<= 1.0	4.0	Aug-22		<= 1.0	0.0	Jul-22	<= 5.0	15.0	
305 - Total Trust apportioned Klebsiella spp. BSIs (HOHA + COHA)	<= 1	0	Aug-22		<= 1	2	Jul-22	<= 3	8	
306 - Total Trust apportioned Pseudomonas aeruginosa BSIs (HOHA + COHA)	= 0	0	Aug-22		= 0	0	Jul-22	= 0	1	
491 - Nosocomial COVID-19 cases		35	Aug-22			93	Jul-22		229	

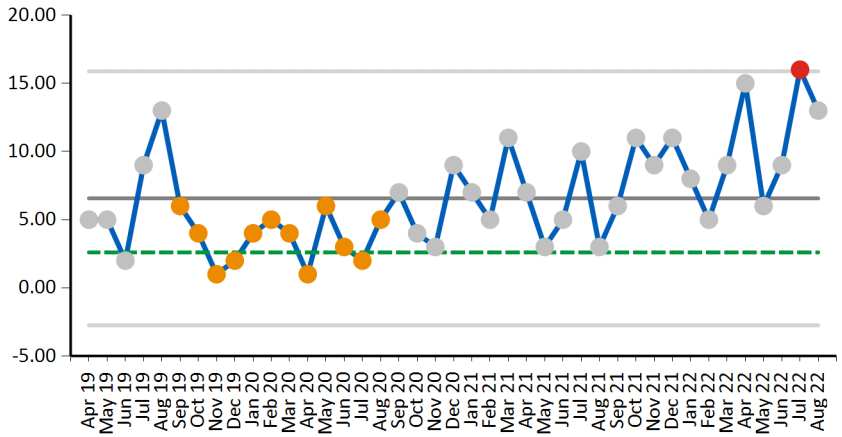
215 - Total Hospital Onset C.diff infections



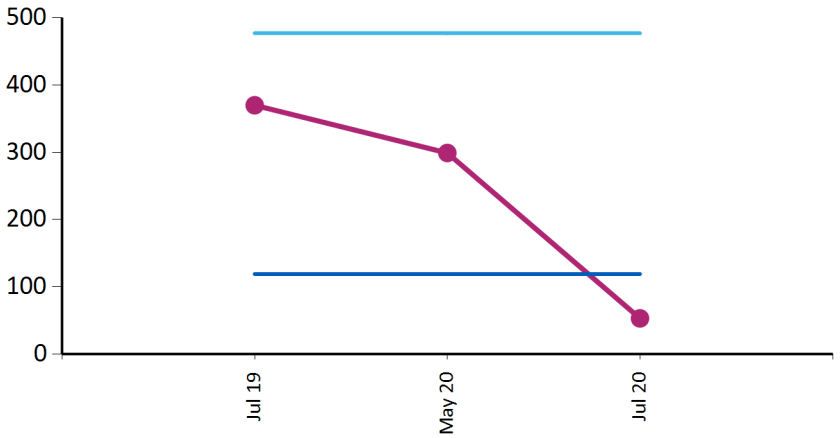
346 - Total Community Onset Hospital Associated C.diff infections



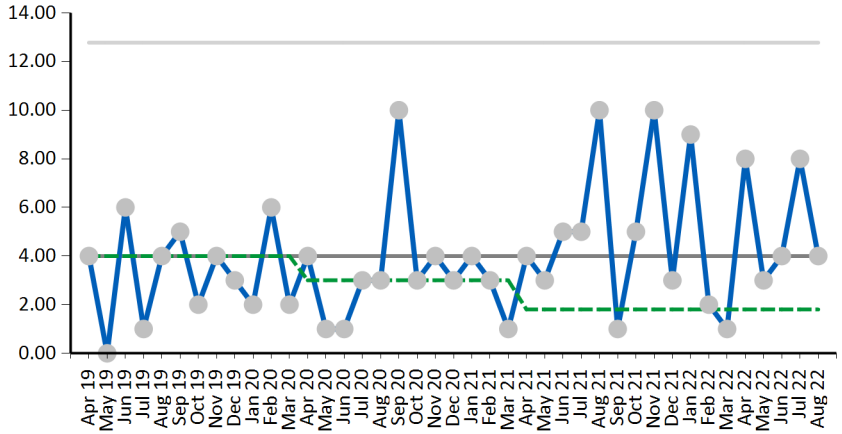
347 - Total C.diff infections contributing to objective



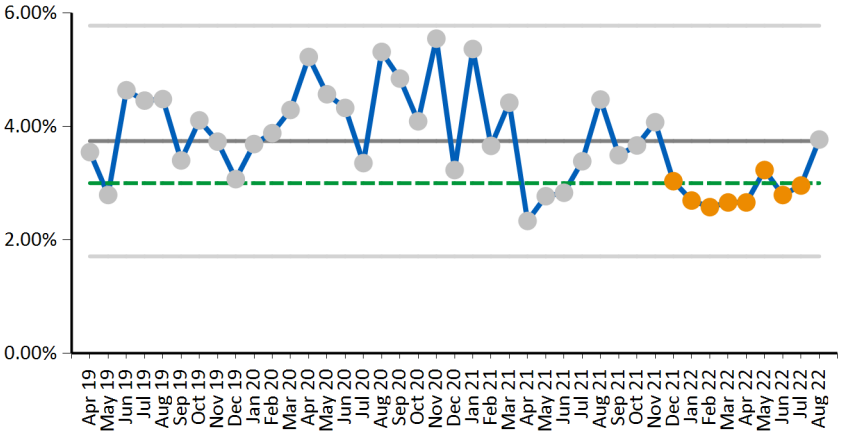
217 - Total Hospital-Onset MRSA BSIs - G Chart (Days Between Cases)



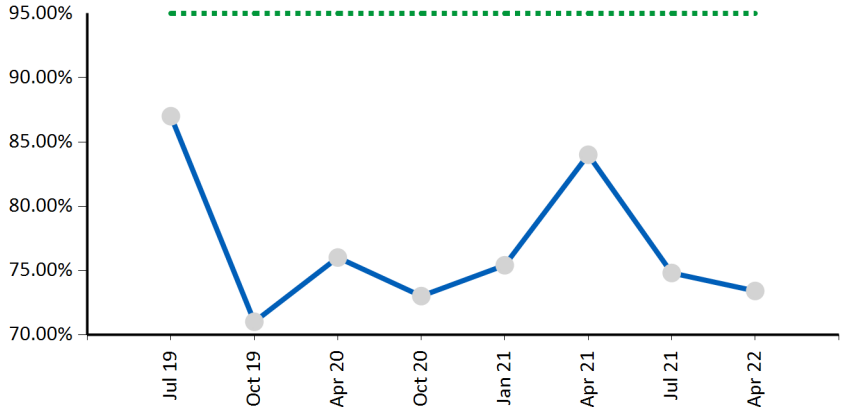
218 - Total Trust apportioned E. coli BSI (HOHA + COHA)



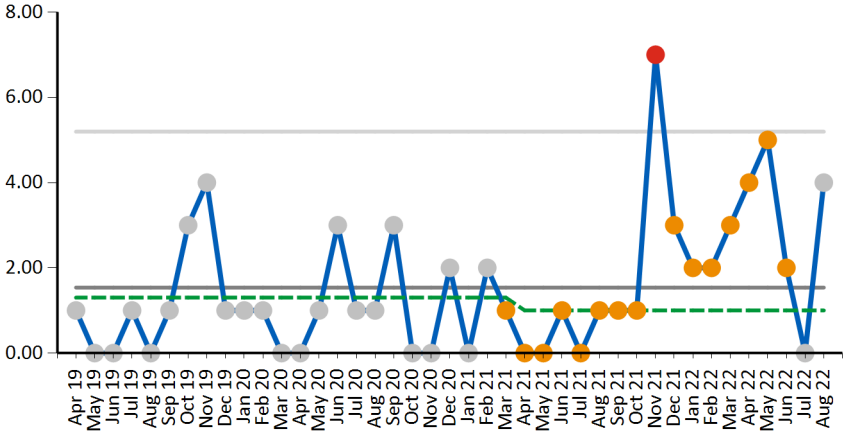
219 - Blood Culture Contaminants (rate)



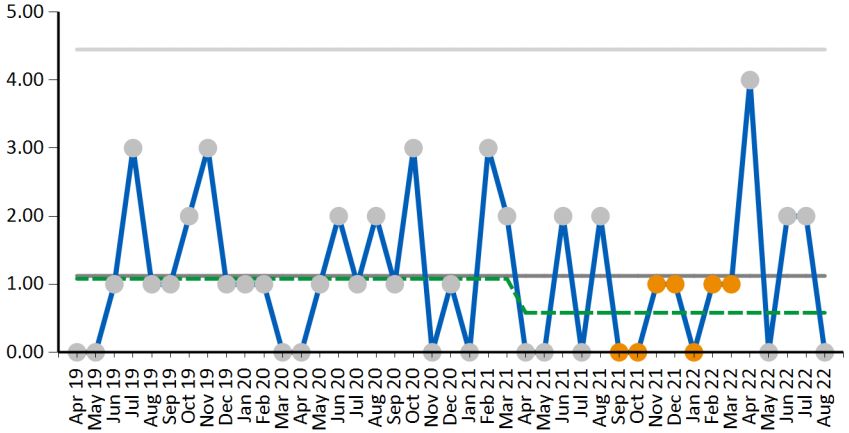
199 - Compliance with antibiotic prescribing standards - SPC data available after 20 data points



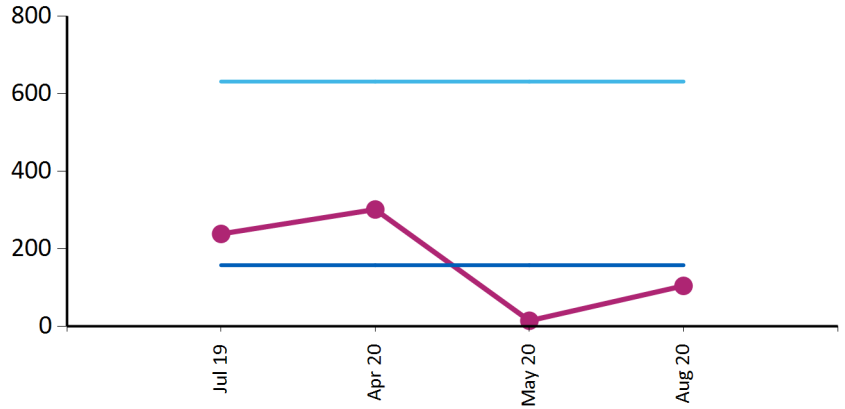
304 - Total Trust apportioned MSSA BSIs



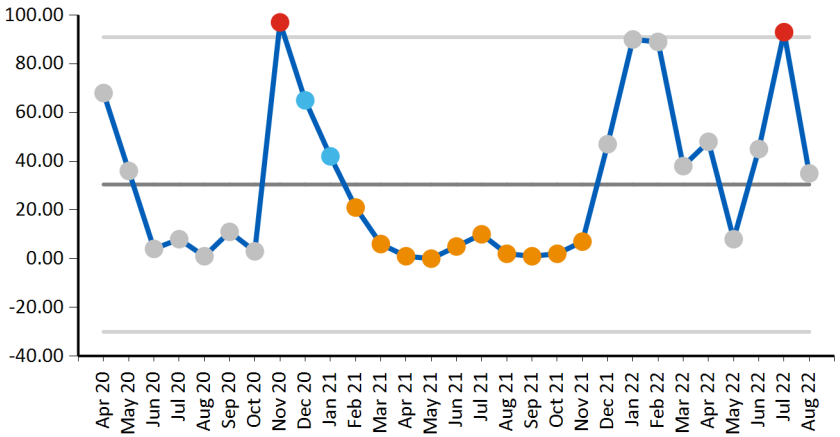
305 - Total Trust apportioned Klebsiella spp. BSIs (HOHA + COHA)



306 - Total Trust apportioned Pseudomonas aeruginosa BSIs (HOHA + COHA) - G Chart (Days Between Cases)



491 - Nosocomial COVID-19 cases



Mortality

Crude – in month rate is below Trust target and average for the reporting period.

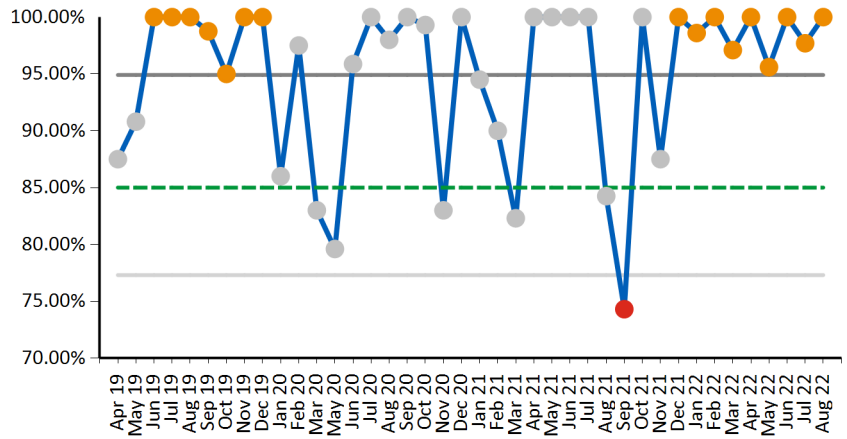
HSMR – in month rate remains below the average for the reporting period. The rolling average for the period June 2021 to May 2022 is 107.55, this is an Amber alert.

SHMI – in month rate remains below average and target. The rolling average for the period April 2021 to March 2022 is 108.4 – as expected.

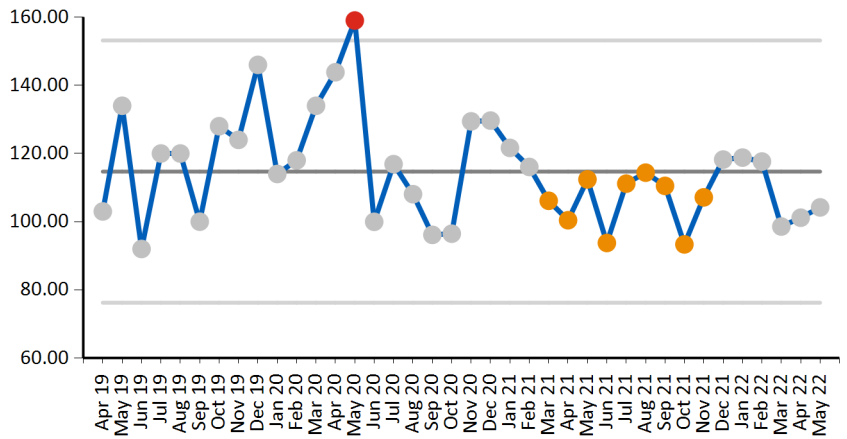
The proportion of coded records at time of the snapshot download is above the target. The proportion of Charlson comorbidities and the Depth of Recording are showing slight falls, both these indicators are directly impacted by the amount of activity (the denominator) which was higher in March 2022.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
3 - National Early Warning Scores to Gold standard	>= 85%	100.0%	Aug-22		>= 85%	97.7%	Jul-22	>= 85%	98.7%	
495 - HSMR		104.19	May-22			101.17	Apr-22		104.19	
11 - Summary Hospital-level Mortality Indicator (SHMI)	<= 100.00	90.37	Mar-22		<= 100.00	99.06	Feb-22	<= 100.00		
12 - Crude Mortality %	<= 2.9%	2.1%	Aug-22		<= 2.9%	2.9%	Jul-22	<= 2.9%	2.3%	
519 - Average Charlson comorbidity Score (First episode of care)		4	May-22			4	Apr-22		7	
520 - Depth of recording (First episode of care)		6	May-22			6	Apr-22		12	
521 - Proportion of fully coded records (Inpatients)		97.4%	Jun-22			97.2%	May-22		97.0%	

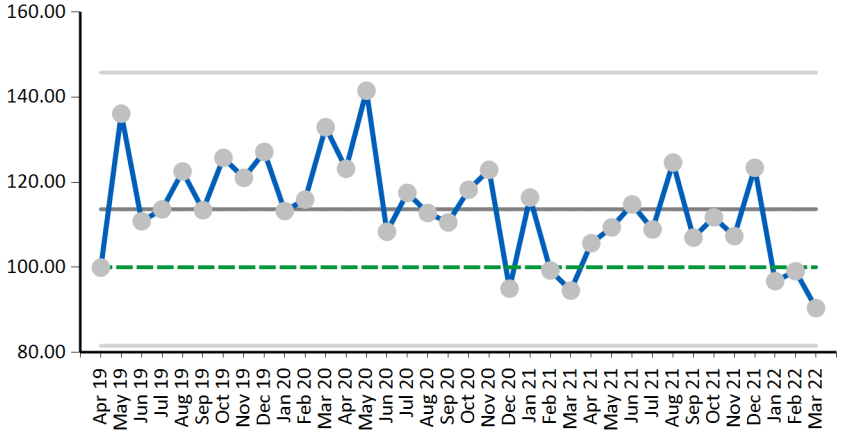
3 - National Early Warning Scores to Gold standard



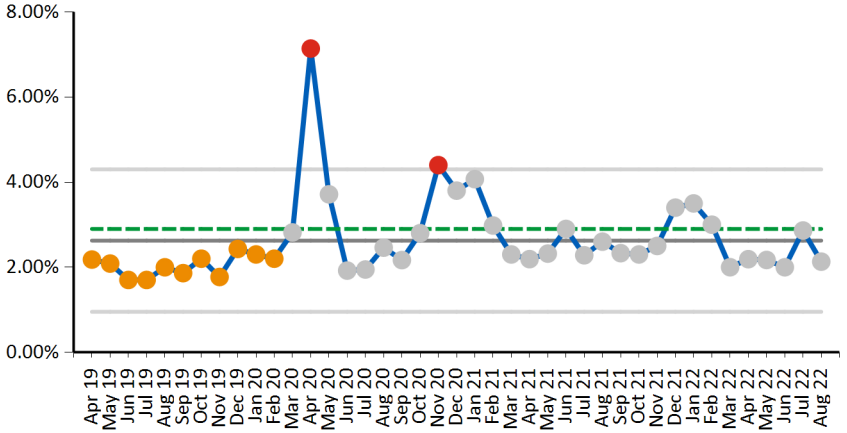
495 - HSMR



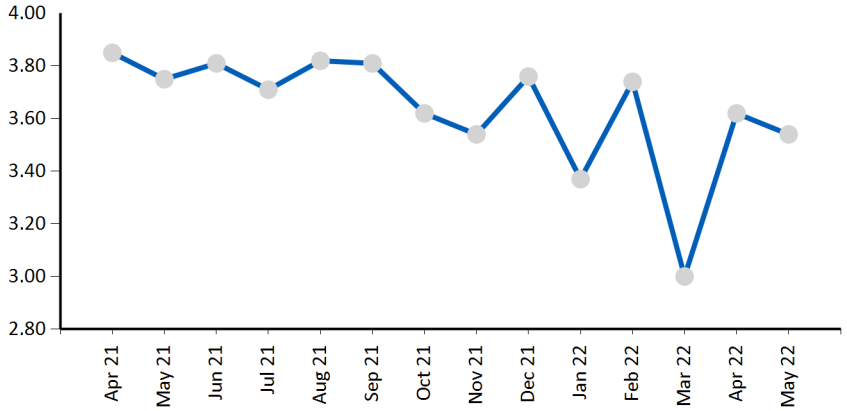
11 - Summary Hospital-level Mortality Indicator (SHMI)



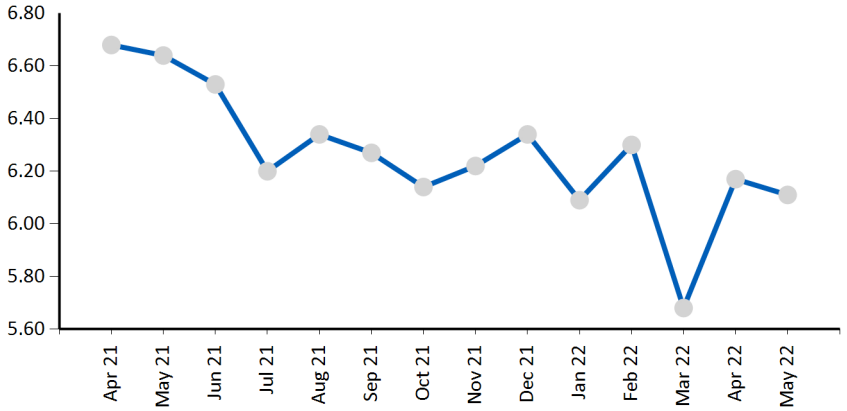
12 - Crude Mortality %



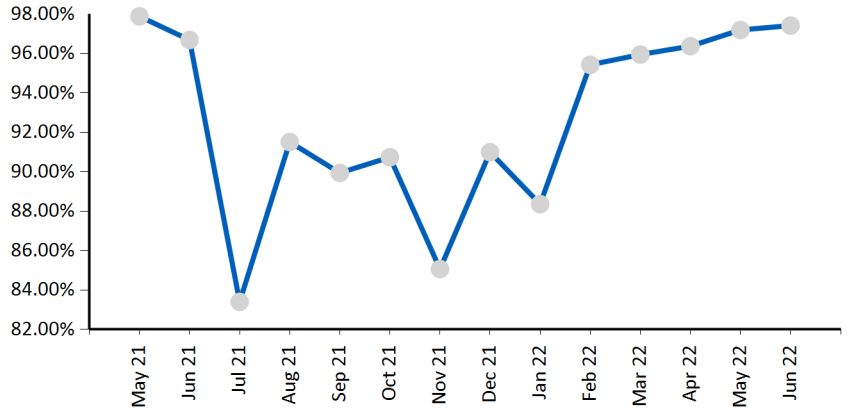
519 - Average Charlson comorbidity Score (First episode of care) - SPC data available after 20 data points



520 - Depth of recording (First episode of care) - SPC data available after 20 data points



521 - Proportion of fully coded records (Inpatients) - SPC data available after 20 data points



Patient Experience

Complaints:
Complaints response rates continue to indicate a special cause variation concern with 52.6% of complaints responded to within timescales against a target of 95%. August 2022 response rates have improved and are back within process limits however at the lower limit.
Focused work has been undertaken resulting in an overall reduction of open complaints. The impact of this is that the volume of open complaints is more manageable and new complaints can be proactively managed within the complaints process.

FFT:
Response rates for ED, hospital postnatal and community postnatal are indicating a special cause variation concern however all are within process limits. Community postnatal did achieve the target response rate however. The Patient Experience Team are working with those areas to encourage staff to seek feedback and identify alternative means for patients to provide feedback.

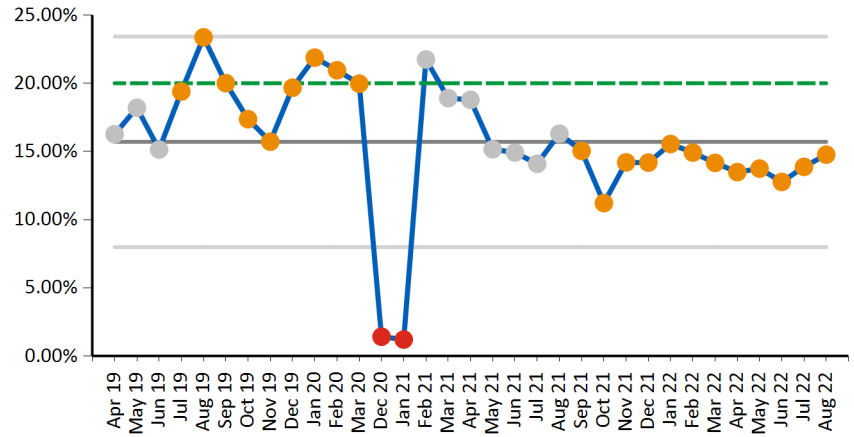
Patient Safety Alerts;
In August 2022 Patient Safety Alerts compliance was at 80% against a target of 100%. This is within process limits with no special cause variation. Review of process has been undertaken along with Divisional teams to ensure early notifications of compliance with safety alerts.

Report to patient/family within 60 working days of incident declaration;
In August 2022 no SI investigation reports have been sent to patients/families within the 60 day timeframe. There is no special cause variation noted however process limits range between 0 -100% and as such does not provide assurance in this respect. Past performance has significant variability. Process and practices have been strengthened to deliver improvement. Safety Summit meetings to be introduced in October to ensure Executive oversight of SI investigation reports. PSIRF work also underway to improve our approach to incident investigations. Identified further work with BI is necessary as reported data is the sign off date within the 60 day timeframe and not patients/families receiving the report within 60 days.

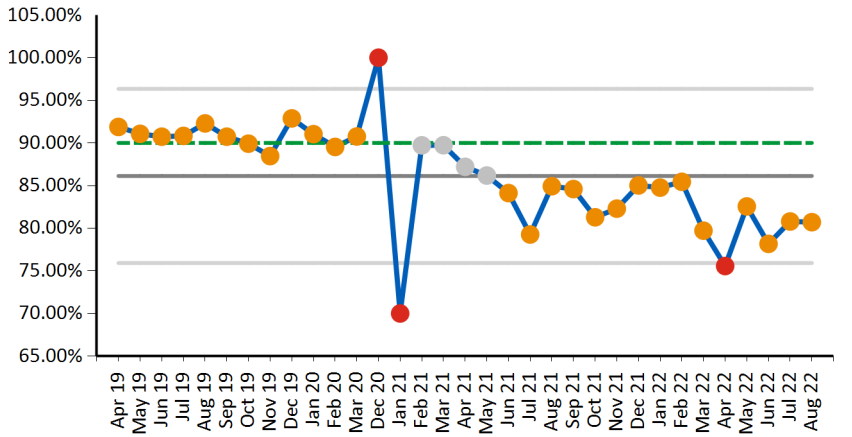
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
200 - A&E Friends and Family Response Rate	>= 20%	14.8%	Aug-22		>= 20%	13.9%	Jul-22	>= 20%	13.7%	
294 - A&E Friends and Family Satisfaction Rates %	>= 90%	80.7%	Aug-22		>= 90%	80.8%	Jul-22	>= 90%	79.7%	
80 - Inpatient Friends and Family Response Rate	>= 30%	26.2%	Aug-22		>= 30%	21.8%	Jul-22	>= 30%	23.8%	
240 - Friends and Family Test (Inpatients) - Satisfaction %	>= 90%	96.5%	Aug-22		>= 90%	96.7%	Jul-22	>= 90%	96.7%	
81 - Maternity Friends and Family Response Rate	>= 15%	19.2%	Aug-22		>= 15%	17.2%	Jul-22	>= 15%	17.7%	
241 - Maternity Friends and Family Test - Satisfaction %	>= 90%	92.2%	Aug-22		>= 90%	89.0%	Jul-22	>= 90%	87.1%	
82 - Antenatal - Friends and Family Response Rate	>= 15%	12.5%	Aug-22		>= 15%	6.6%	Jul-22	>= 15%	9.7%	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
242 - Antenatal Friends and Family Test - Satisfaction %	>= 90%	87.5%	Aug-22		>= 90%	87.9%	Jul-22	>= 90%	84.7%	
83 - Birth - Friends and Family Response Rate	>= 15%	33.1%	Aug-22		>= 15%	31.8%	Jul-22	>= 15%	31.2%	
243 - Birth Friends and Family Test - Satisfaction %	>= 90%	92.9%	Aug-22		>= 90%	89.9%	Jul-22	>= 90%	88.9%	
84 - Hospital Postnatal - Friends and Family Response Rate	>= 15%	15.3%	Aug-22		>= 15%	17.0%	Jul-22	>= 15%	15.7%	
244 - Hospital Postnatal Friends and Family Test - Satisfaction %	>= 90%	90.0%	Aug-22		>= 90%	84.3%	Jul-22	>= 90%	84.0%	
85 - Community Postnatal - Friend and Family Response Rate	>= 15%	14.8%	Aug-22		>= 15%	13.2%	Jul-22	>= 15%	13.6%	
245 - Community Postnatal Friends and Family Test - Satisfaction %	>= 90%	98.1%	Aug-22		>= 90%	93.8%	Jul-22	>= 90%	87.7%	
89 - Formal complaints acknowledged within 3 working days	= 100%	100.0%	Aug-22		= 100%	100.0%	Jul-22	= 100%	99.1%	
90 - Complaints responded to within the period	>= 95%	52.6%	Aug-22		>= 95%	23.5%	Jul-22	>= 95%	28.6%	

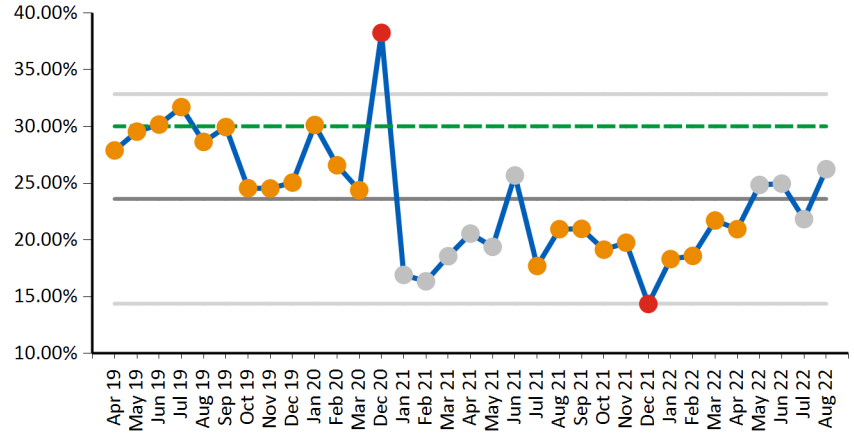
200 - A&E Friends and Family Response Rate



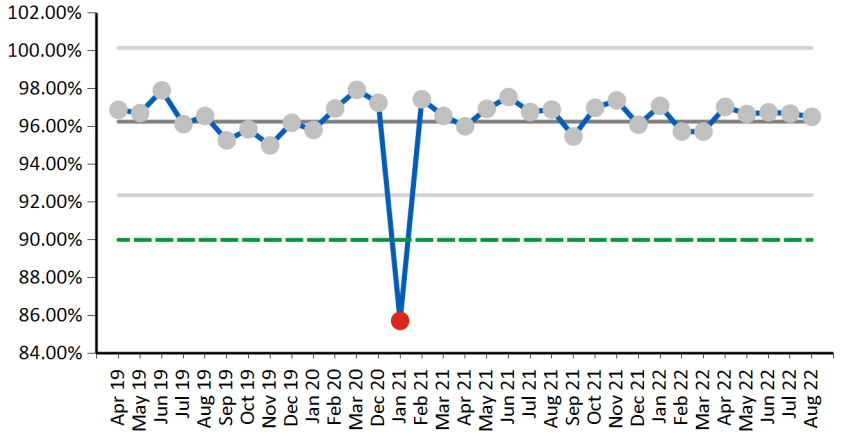
294 - A&E Friends and Family Satisfaction Rates %



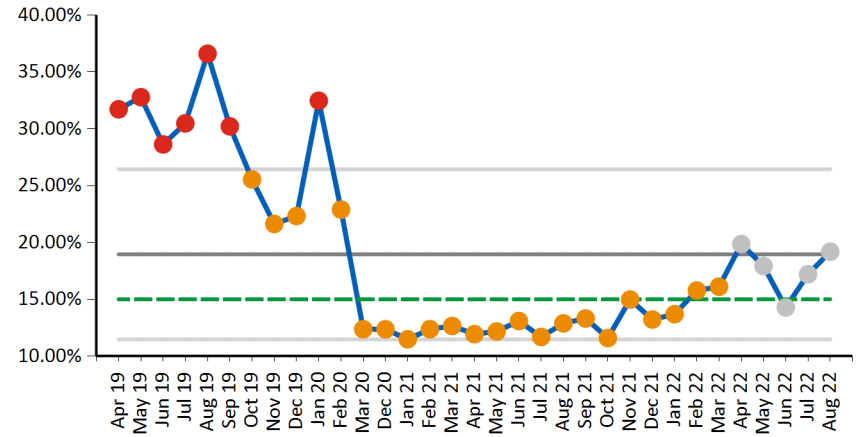
80 - Inpatient Friends and Family Response Rate



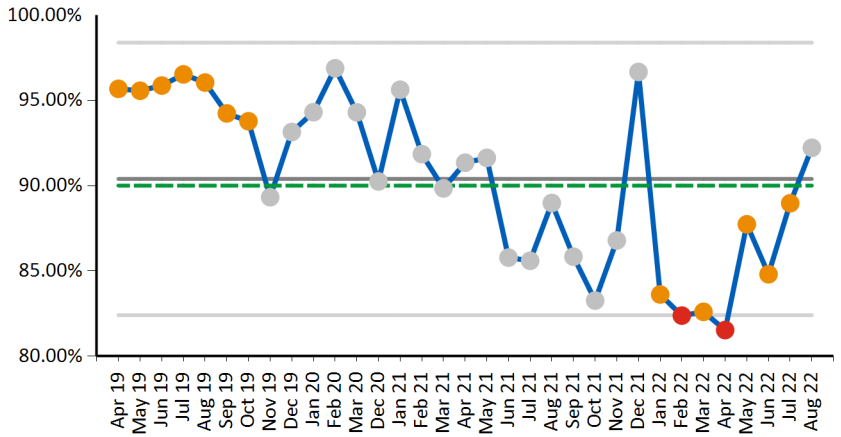
240 - Friends and Family Test (Inpatients) - Satisfaction %



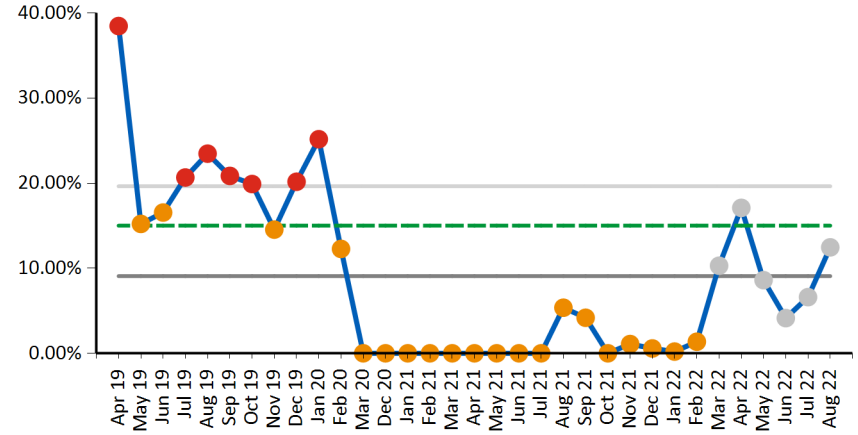
81 - Maternity Friends and Family Response Rate



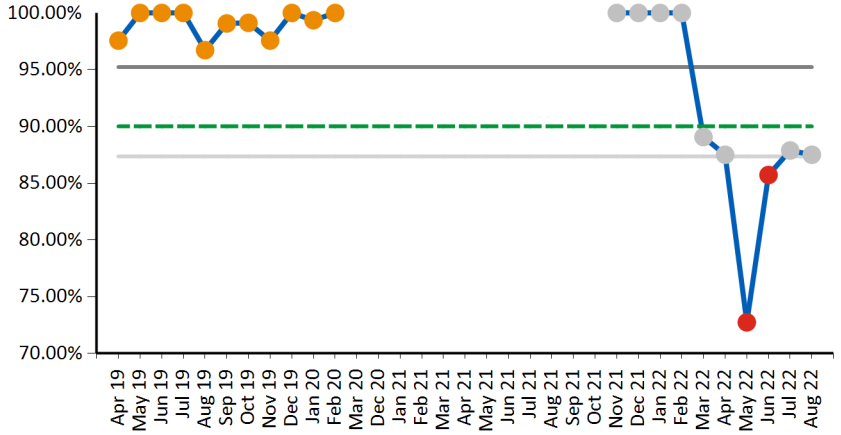
241 - Maternity Friends and Family Test - Satisfaction %



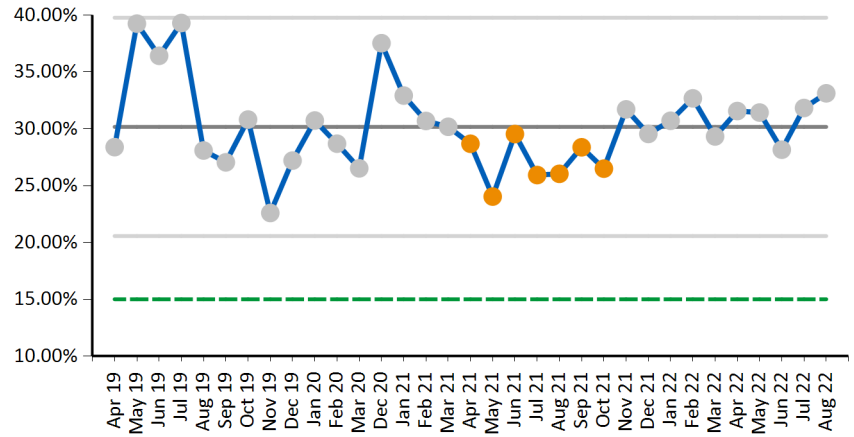
82 - Antenatal - Friends and Family Response Rate



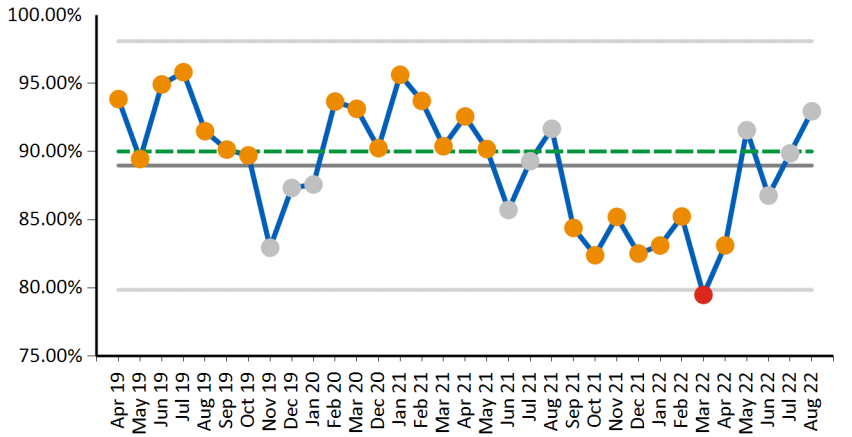
242 - Antenatal Friends and Family Test - Satisfaction %



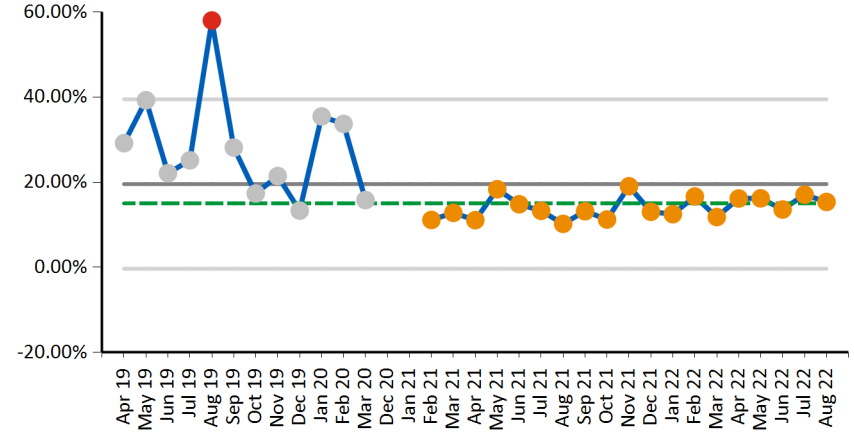
83 - Birth - Friends and Family Response Rate



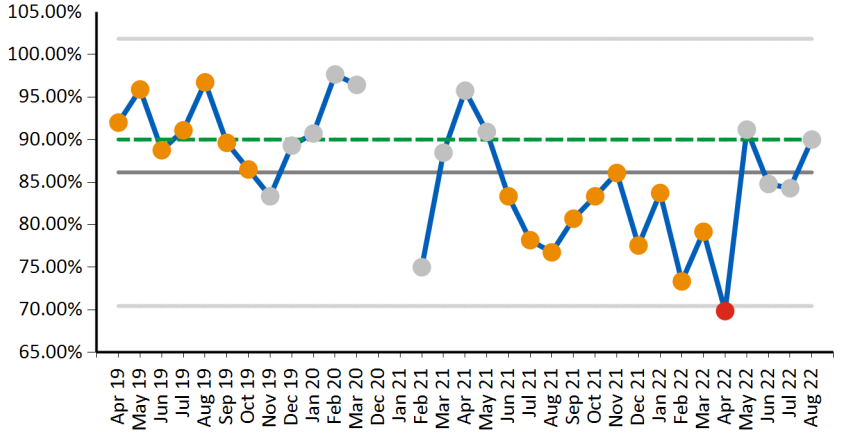
243 - Birth Friends and Family Test - Satisfaction %



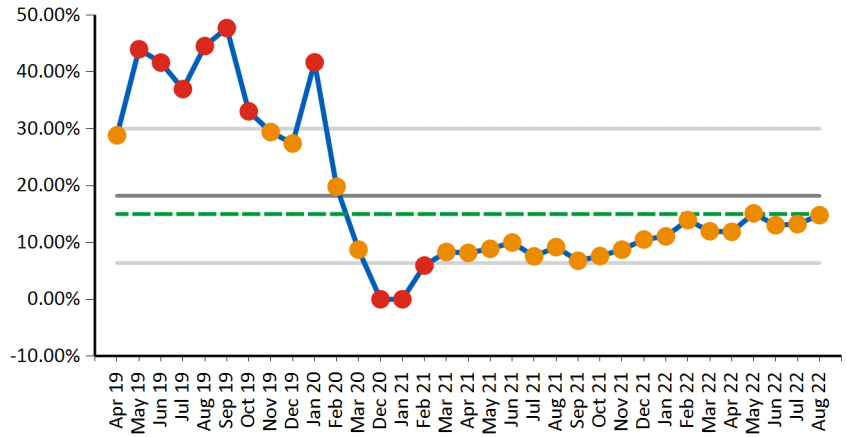
84 - Hospital Postnatal - Friends and Family Response Rate



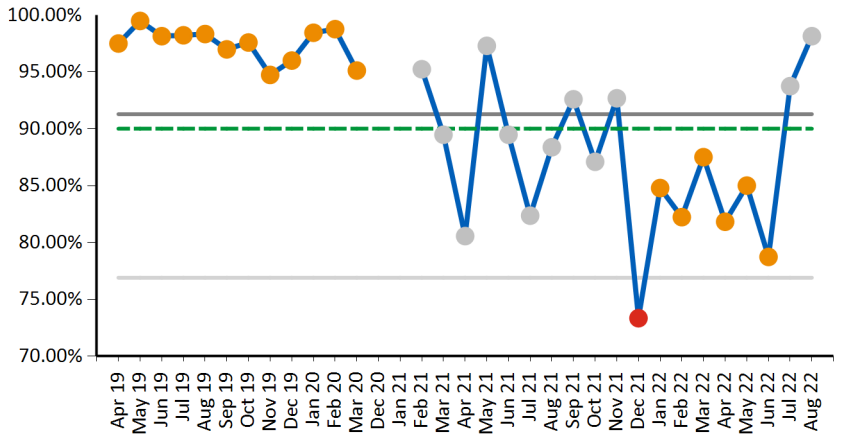
244 - Hospital Postnatal Friends and Family Test - Satisfaction %



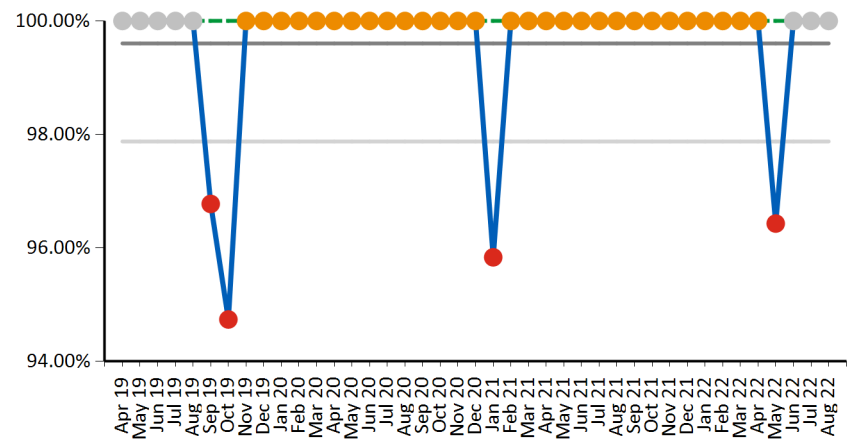
85 - Community Postnatal - Friend and Family Response Rate



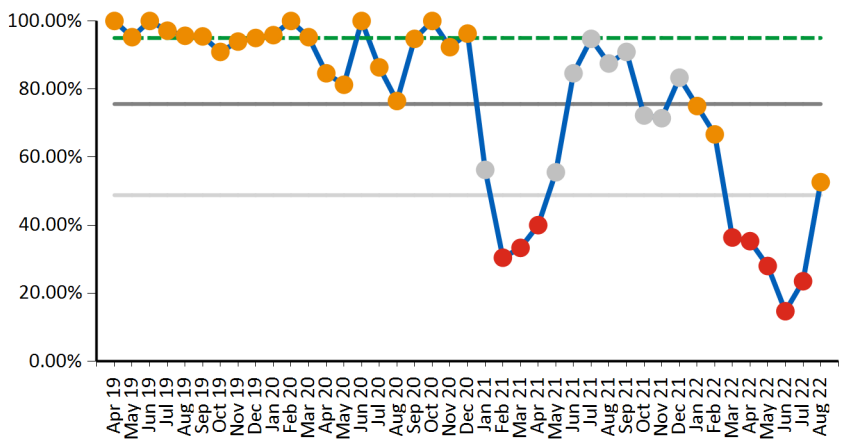
245 - Community Postnatal Friends and Family Test - Satisfaction %



89 - Formal complaints acknowledged within 3 working days



90 - Complaints responded to within the period



Maternity

Still Birth Rate:
Special Cause Variation (positive reduction), with continued reduction in still birth per 1000 births. 2 stillbirths in August, no referrals to HSIB

3rd and 4th Degree tears
Common Cause variation with 10 Obstetric anal sphincter injury (OASI) incidents in August. Bolton FT Remained highest in GMEC for (OASI) between January – May 2022. GMEC dashboard for June shows significant and consistent reduction in overall rate. Now below median. Plan to continue with OASI care bundle implementation

1:1 Care in Labour
Common cause variation is demonstrated. Midwife to birth ratio remains above recommendations with actual worked figure of 1;30 compared to target of 1;27.5 which is based on birth rate plus. This however is likely to change based on complexity.

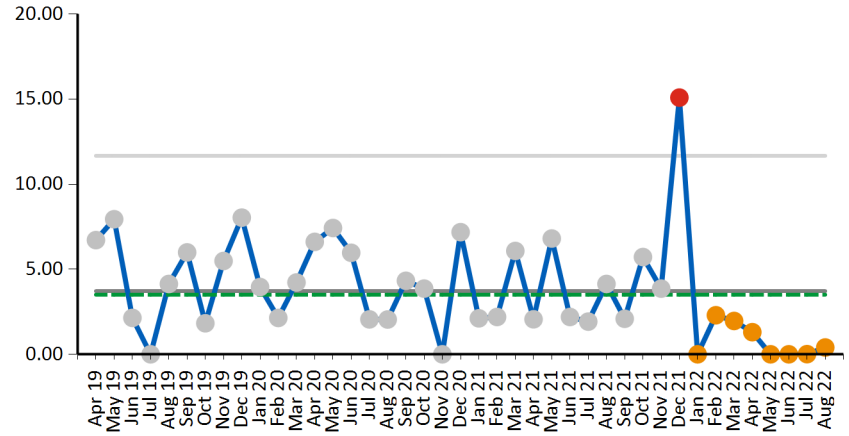
Booked 12+6
Common cause variation, with significant increase in compliance throughout August. Remains under review to ensure future compliance.

Breastfeeding
Special cause variation (negative) noted with continuation of reduction in initiation rates. Ongoing work with infant feeding team to implement Baby Friendly Initiatives (BFI) standards.

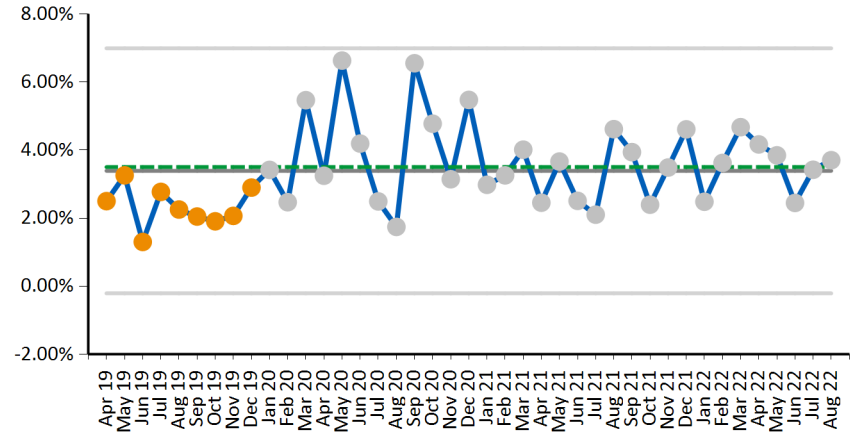
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
322 - Maternity - Stillbirths per 1000 births	<= 3.50	0.40	Aug-22		<= 3.50	0.01	Jul-22	<= 3.50	5.27	
23 - Maternity -3rd/4th degree tears	<= 3.5%	3.7%	Aug-22		<= 3.5%	3.4%	Jul-22	<= 3.5%	3.5%	
202 - 1:1 Midwifery care in labour	>= 95.0%	98.8%	Aug-22		>= 95.0%	98.5%	Jul-22	>= 95.0%	98.1%	
203 - Booked 12+6	>= 90.0%	90.4%	Aug-22		>= 90.0%	85.6%	Jul-22	>= 90.0%	86.1%	
204 - Inductions of labour	<= 40%	32.4%	Aug-22		<= 40%	39.2%	Jul-22	<= 40%	36.7%	
210 - Initiation breast feeding	>= 65%	65.39%	Aug-22		>= 65%	66.74%	Jul-22	>= 65%	65.49%	
213 - Maternity complaints	<= 5	4	Jun-22		<= 5	6	May-22	<= 15	20	
319 - Maternal deaths (direct)	= 0	0	Aug-22		= 0	0	Jul-22	= 0	0	

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
320 - Rate of Preterm births (rate <37 weeks as a percentage of all births)	<= 6%	8.7%	Aug-22		<= 6%	9.8%	Jul-22	<= 6%	9.0%	

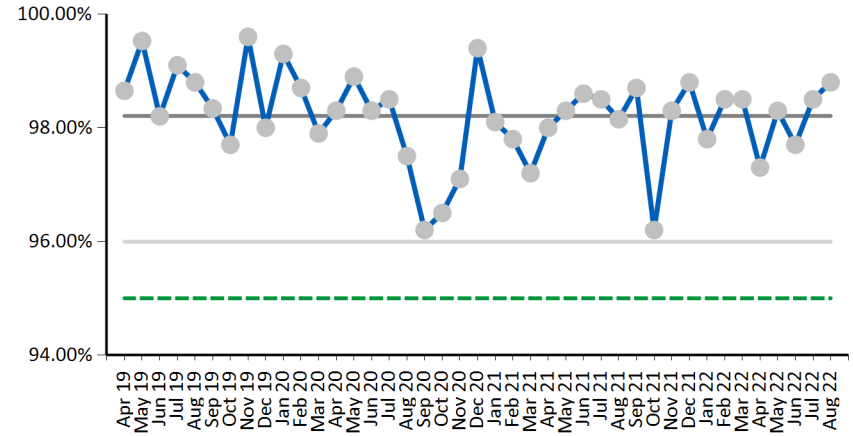
322 - Maternity - Stillbirths per 1000 births



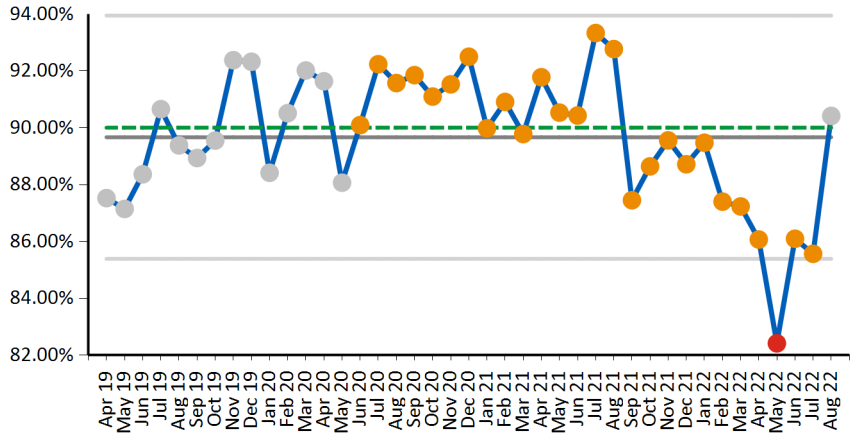
23 - Maternity -3rd/4th degree tears



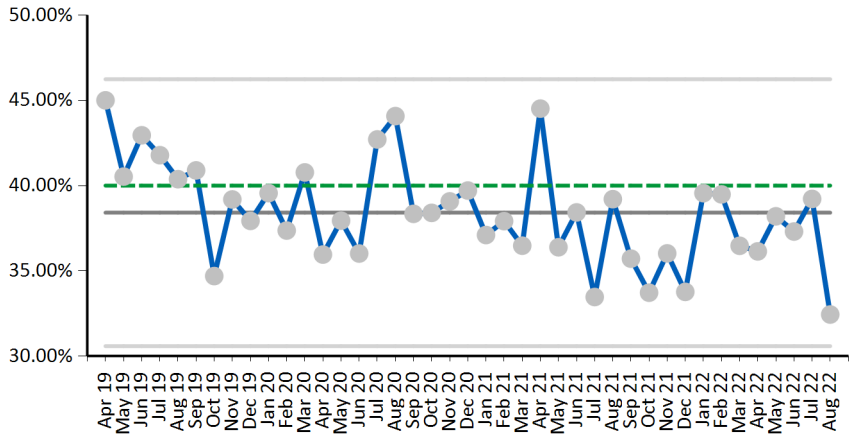
202 - 1:1 Midwifery care in labour



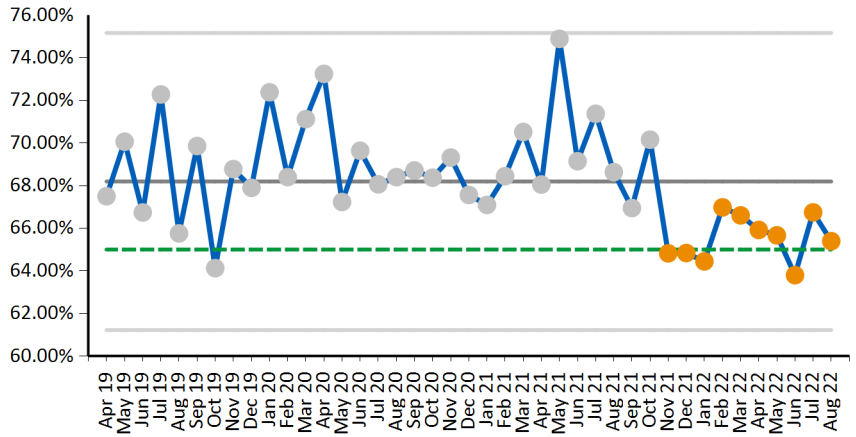
203 - Booked 12+6



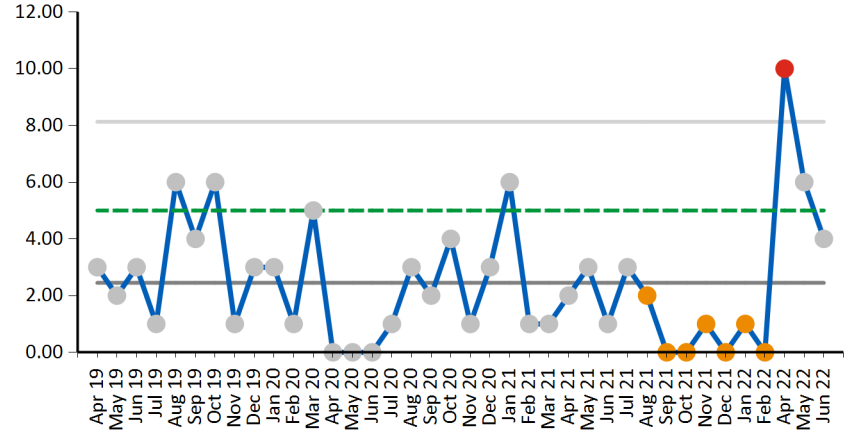
204 - Inductions of labour



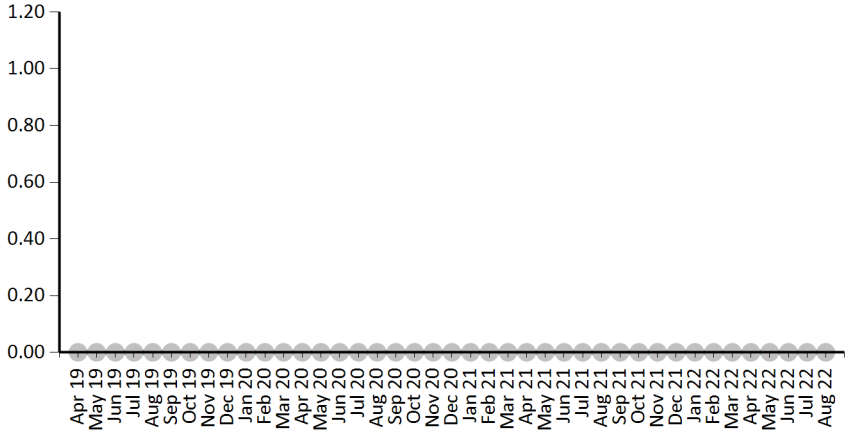
210 - Initiation breast feeding



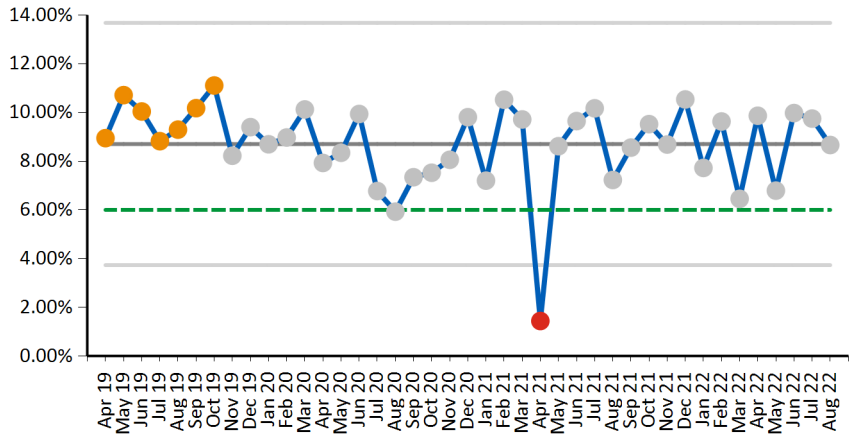
213 - Maternity complaints



319 - Maternal deaths (direct)



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



Operational Performance

Access

Ambulance handovers over 60 mins deteriorated again in August to our worse performance since April 2019; this is due to overcrowding in the ED department. A new escalation process has been agreed with NWAS and implemented in September. At the time of writing the average number of patients waiting more than 60 minutes is 7 per day; this is a reduction from July and August of 10-12 per day. At the time of writing there have been 0 >60 min breaches for the past three days. The escalation process is being monitored daily.

1) Reconfiguration of Same Day Emergency Care (SDEC) – this is successfully continuing with work ongoing to expand the clinical pathways that can be supported through SDEC
2) Urgent Treatment Centre (UTC) pilot – begins 22nd September ’22. Allow us to stream patients who require support from a primary care physician rather than ED or SDEC
3) Externally supported Quality improvement (QI) programme with the ED team and key stakeholders in Urgent care.

However the main focus remains early patient discharges as the >60 min NWAS performance directly correlates to the length of time that patients wait in the department for a bed.
Previous events held prior the summer bank holiday demonstrated benefits and therefore a 'Warm up to Winter' campaign is planned to drive further improvements in discharges, however at the time of writing it does remain that approximately one third of the patients in the acute adult bed base alone have no criteria to reside.

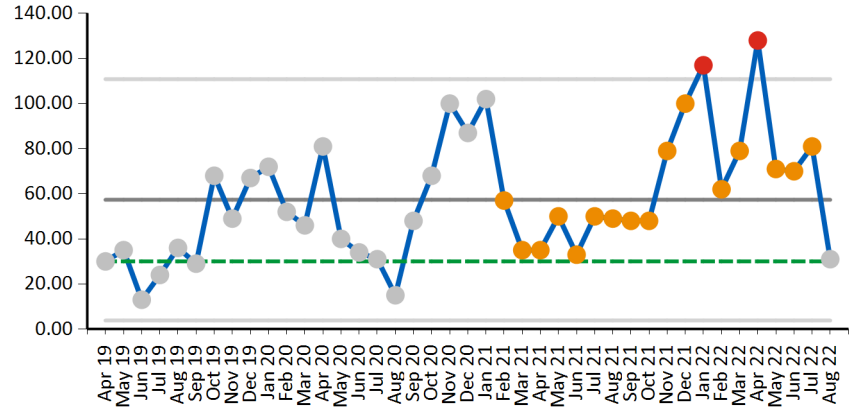
RTT - The trust is making good progress in maintaining our performance in respect of eliminating patient waits of 104 weeks.
We continue to make good progress in reducing the number of patients waiting 78 weeks for treatment and remain on track to eliminate these before April 2023. We remain confident that there is sufficient theatre capacity to treat every patient in this cohort who requires in-patient care. During September we have taken part in a National focus on out-patient pathways called 'Super September', the aims of this are to increase the trust’s delivery of patient initiated follow up and virtual activity, step up additional clinic capacity and increase the delivery of clinical validation to reduce the overall outpatient waiting list.

The percentage of patients breaching 6 weeks wait for their diagnostic test increased by 9.4%, in August, with the final position for the trust standing at 40.3%. The number of breached patients increased by 443 (1,617 breaches in total).
COVID sickness increased in August, in addition to the continuation of the school holidays increased staffing challenges in many teams, adding to operational pressures.
•Endoscopy total 9.5% (2.6% increase)
•Imaging total 6.4% (1.1% increase)
• Availability of specialist staff to complete neck scans effected capacity in August for ultrasound, however, significant improvements have already been observed throughout September to recover the waiting list back log.
• Colonoscopy – breaches mainly due to patient choice. The average waiting time remains 3-4 weeks. Insourcing continues to use occasional lists for Bowel Cancer Screening and some symptomatic lists for September.
• Cystoscopy – Lost capacity in August due to specialist nurse annual leave for 2.5 weeks (50 slots lost). Additional lists in September have been scheduled to recover lost capacity.
•Physiological Measurements total 63.9% (12.4% increase)
• Capacity challenges in Paediatric audiology service are impacting compliance. The team are still working on clearing the backlog from COVID closures and referrals are increasing due to the commencement of a new school year.
• Urodynamics position dipped in month due to 3-weeks of specialist consultant annual leave. A recovery plan to rectify lost capacity upon the return of the consultant has been formulated. Position is expected to be recovered by October 2022.

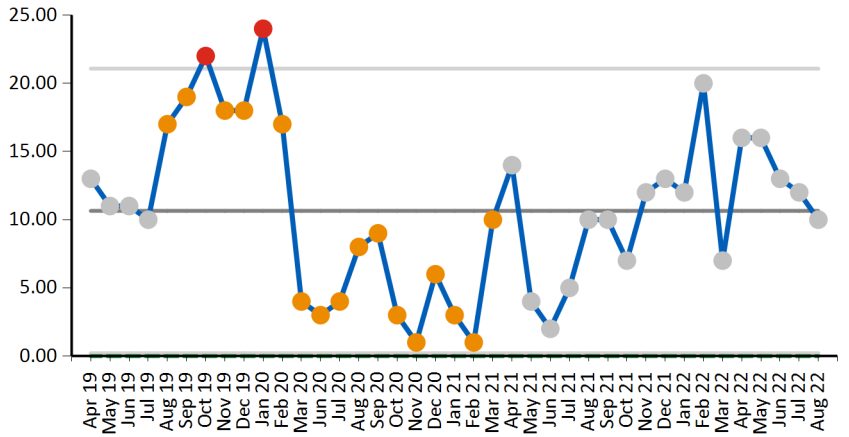
TIA – Improved in month and is expected to continue to improve with a long term locum in place

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)	<= 30	31	Aug-22		<= 30	81	Jul-22	<= 150	381	?
8 - Same sex accommodation breaches	= 0	10	Aug-22		= 0	12	Jul-22	= 0	67	F
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur	>= 75%	38.3%	Aug-22	L	>= 75%	38.7%	Jul-22	>= 75%	45.4%	?
41 - RTT Incomplete pathways within 18 weeks %	>= 92%	61.5%	Aug-22	L	>= 92%	62.8%	Jul-22	>= 92%	64.3%	F
42 - RTT 52 week waits (incomplete pathways)	= 0	2,104	Aug-22	H	= 0	2,061	Jul-22	= 0	9,276	F
314 - RTT 18 week waiting list	<= 25,530	38,139	Aug-22	H	<= 25,530	36,610	Jul-22	<= 25,530	38,139	?
53 - A&E 4 hour target	>= 95%	61.9%	Aug-22	L	>= 95%	63.4%	Jul-22	>= 95%	61.3%	F
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)	= 0.0%	17.5%	Aug-22	H	= 0.0%	15.6%	Jul-22	= 0.0%	14.9%	F
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)	= 0.00%	17.30%	Aug-22	H	= 0.00%	16.94%	Jul-22	= 0.00%	14.47%	F
72 - Diagnostic Waits >6 weeks %	<= 1%	40.2%	Aug-22	H	<= 1%	30.9%	Jul-22	<= 1%	33.3%	F
27 - TIA (Transient Ischaemic attack) patients seen <24hrs	= 100%	83.3%	Jul-22		= 100%	50.0%	Jun-22	= 100%	74.4%	?

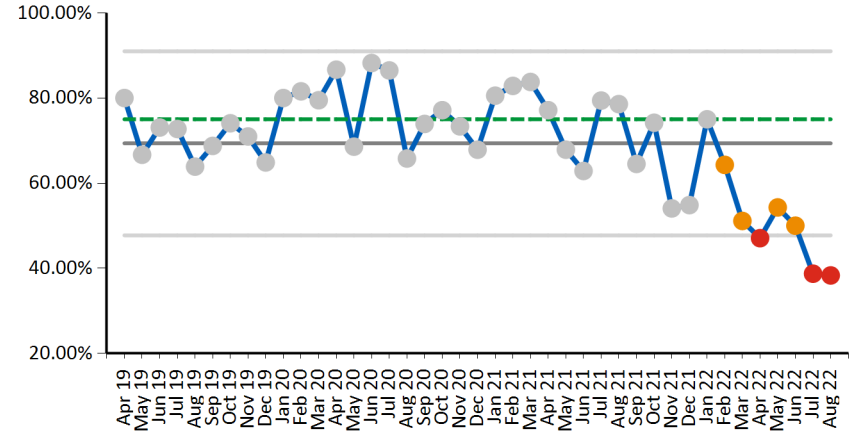
7 - Transfers between 11pm and 6am (excluding transfers from assessment wards)



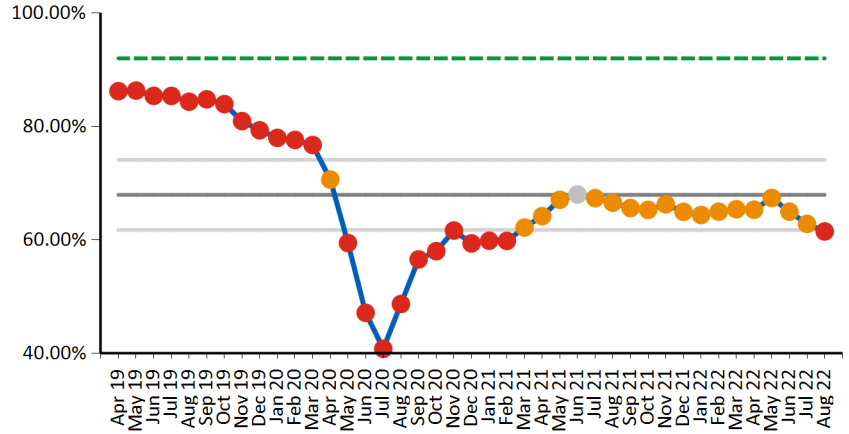
8 - Same sex accommodation breaches



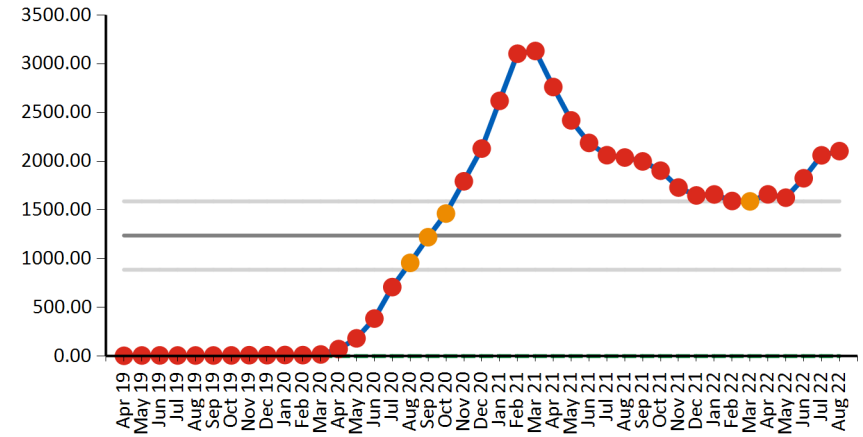
26 - Patients going to theatre within 36 hours of a fractured Neck of Femur



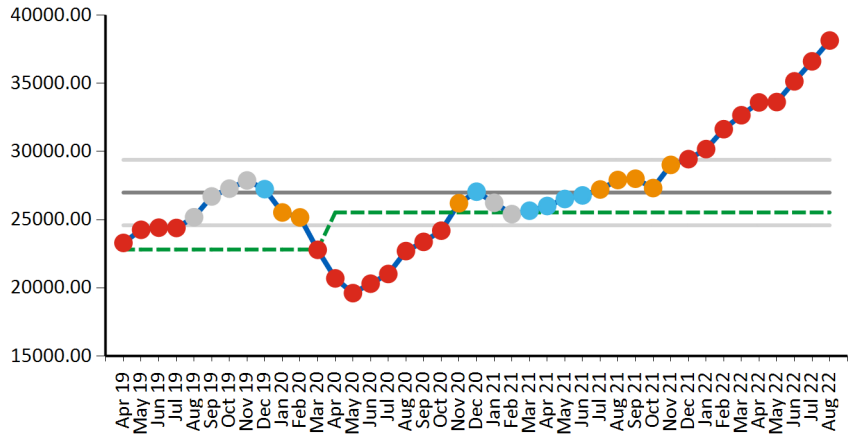
41 - RTT Incomplete pathways within 18 weeks %



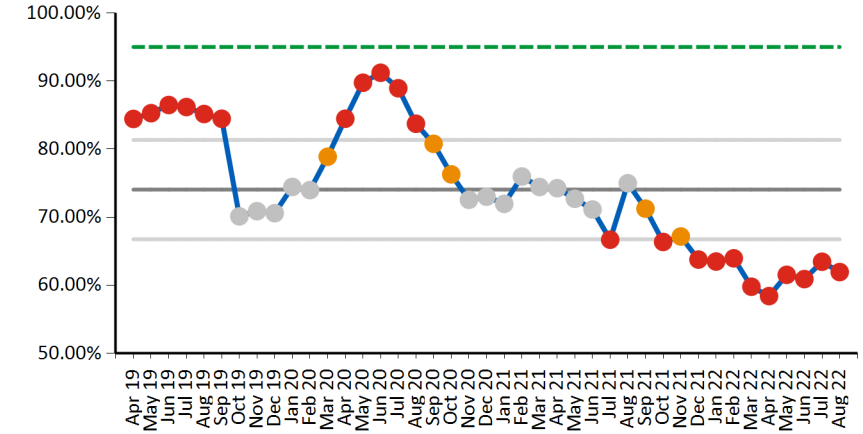
42 - RTT 52 week waits (incomplete pathways)



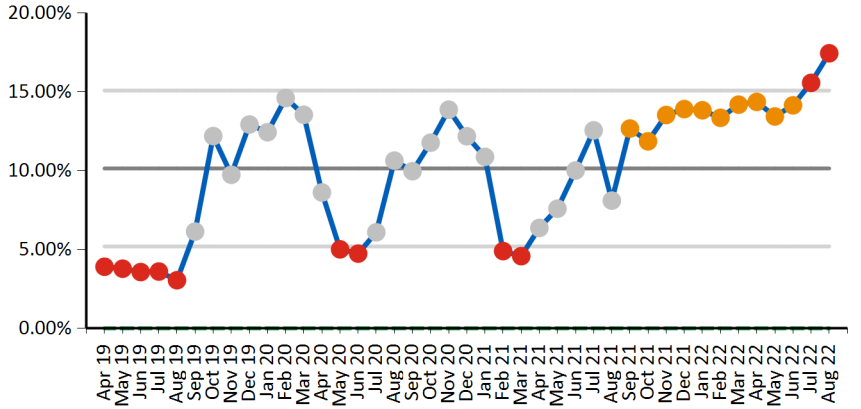
314 - RTT 18 week waiting list



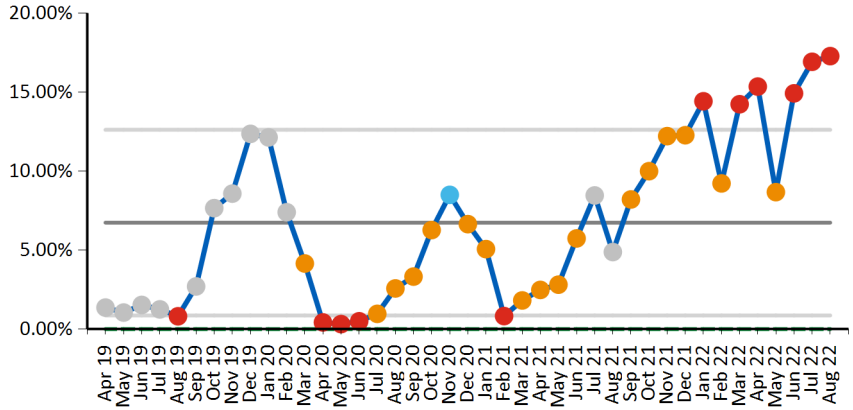
53 - A&E 4 hour target



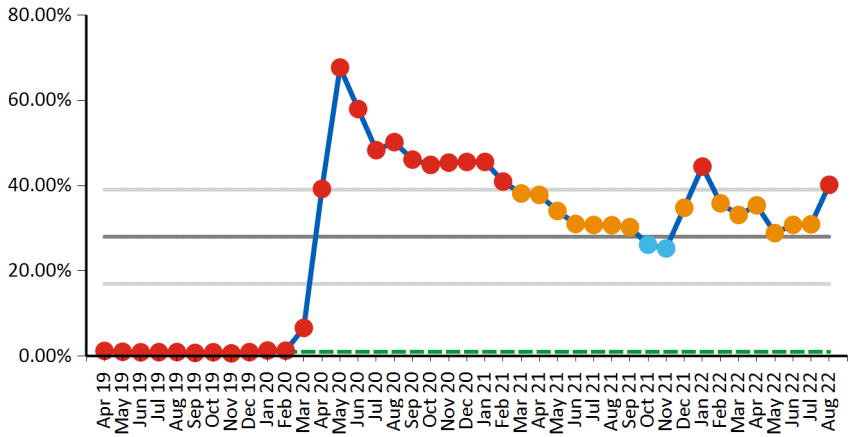
70 - Ambulance handovers to take place within 15 minutes (no of patients waiting > 30 mins<59 mins)



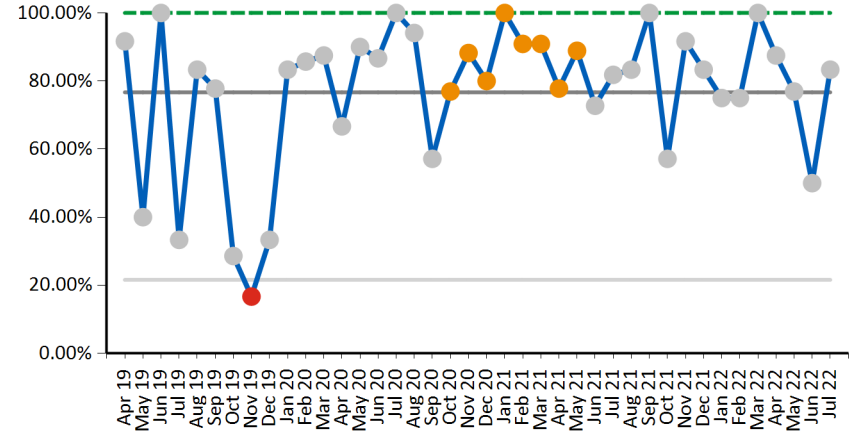
71 - Ambulance handovers must take place within 15 minutes (no of patients waiting > 60 mins)



72 - Diagnostic Waits >6 weeks %



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



Productivity

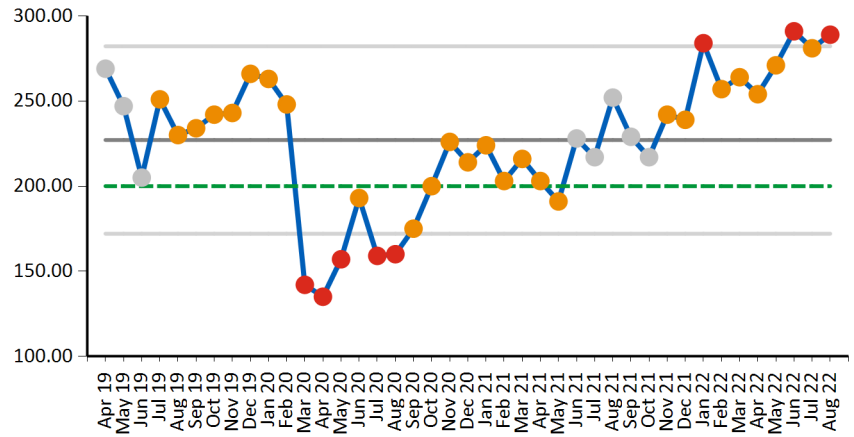
We continue to experience pressure in relation to reducing the number of patients at any one time with no Criteria to Reside (NCTR); in M5 NCTR has reduced slightly although an increase occupied bed days is noted.
A test of change is underway to support more patients to be discharged and assessed at home (122 people by 31/8/22).
System partners were involved in the flow improvement week and this focus has helped to reduce the number of patients waiting to be assessed by adult social care and also identified the weekly throughput of patients on the NCR list - an average of 103 patients a week are discharged from the NCR list.

Stroke – The number of patients that spend 90% of their time on a stroke unit is in decline. This is multi-factoral due to a reduction in the number of acute stroke patients who are accepted by SRFT and the requirement from the stroke network to prioritise stroke repatriations from SRFT rather than move patients internally from acute medical wards to the Stroke unit. We have met with the Network and SRFT to outline the issues as they occur with a planned visit to the unit by the stroke network in before December. There is a Stroke improvement plan that is being monitored through Urgent care transformation board.

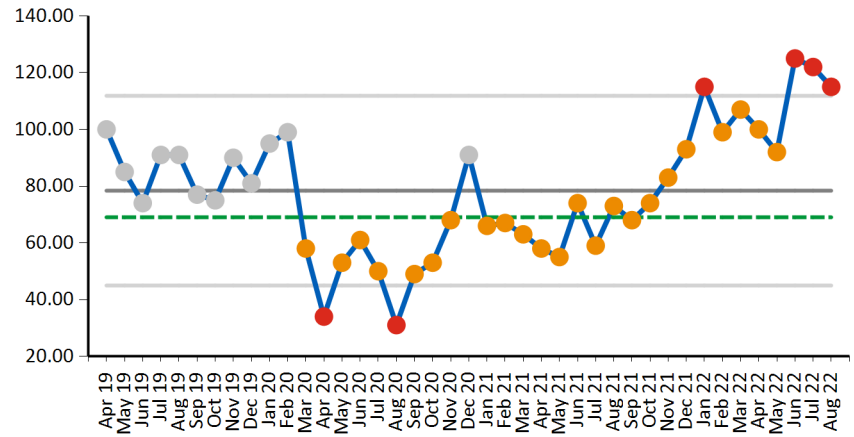
	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
56 - Stranded patients	<= 200	289	Aug-22	H	<= 200	281	Jul-22	<= 200	289	?
307 - Stranded Patients - LOS 21 days and over	<= 69	115	Aug-22	H	<= 69	122	Jul-22	<= 69	115	?
57 - Discharges by Midday	>= 30%	22.8%	Aug-22		>= 30%	21.0%	Jul-22	>= 30%	21.7%	F
58 - Discharges by 4pm	>= 70%	57.4%	Aug-22	L	>= 70%	56.7%	Jul-22	>= 70%	57.5%	F
59 - Re-admission within 30 days of discharge (1 mth in arrears)	<= 13.5%	9.6%	Jul-22	L	<= 13.5%	10.3%	Jun-22	<= 13.5%	10.0%	?
489 - Daycase Rates	>= 80%	89.3%	Aug-22		>= 80%	89.2%	Jul-22	>= 80%	88.9%	P
61 - Operations cancelled on the day for non-clinical reasons	<= 1%	2.3%	Aug-22		<= 1%	1.3%	Jul-22	<= 1%	1.9%	?
62 - Cancelled operations re-booked within 28 days	= 100%	99.4%	Aug-22		= 100%	58.1%	Jul-22	= 100%	1.8%	?
65 - Elective Length of Stay (Discharges in month)	<= 2.00	2.90	Aug-22		<= 2.00	3.10	Jul-22	<= 2.00	2.92	?
66 - Non Elective Length of Stay (Discharges in month)	<= 3.70	4.36	Aug-22		<= 3.70	4.68	Jul-22	<= 3.70	4.37	?
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears)	>= 80%	81.3%	Jul-22		>= 80%	63.2%	Jun-22	>= 80%	70.1%	?
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision	= 0	47	Aug-22	H	= 0	51	Jul-22	= 0	226	P

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
493 - Average Number of Patients: with no Criteria to Reside	<= 45	119	Aug-22		<= 45	129	Jul-22	<= 255	589	
494 - Average Occupied Days - for no Criteria to Reside		1,031	Aug-22			1,023	Jul-22		5,152	
496 - Average bed days since patients with LOS >14 days moved onto NCTR list	>= 160	894	Aug-22		>= 160	917	Jul-22	>= 890	4,638	

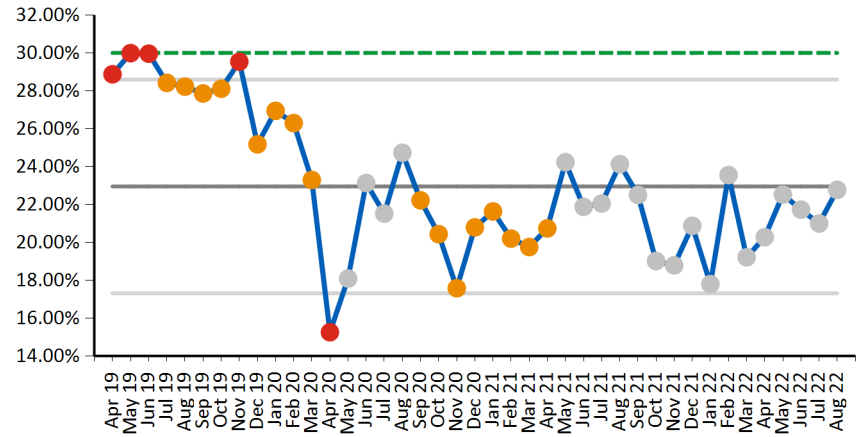
56 - Stranded patients



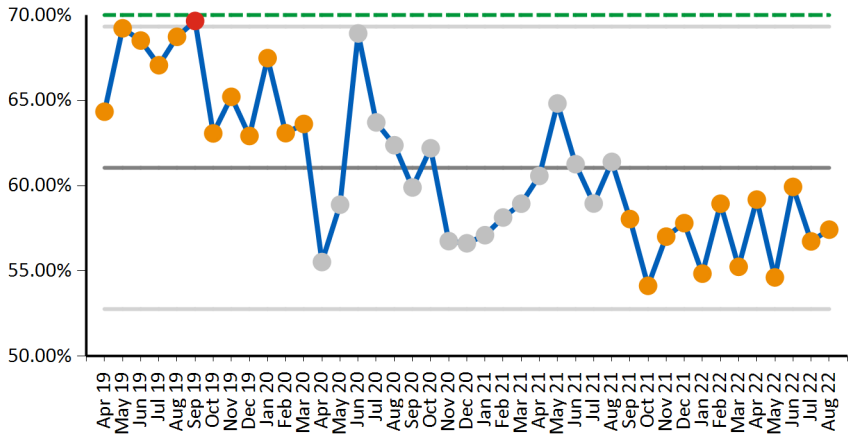
307 - Stranded Patients - LOS 21 days and over



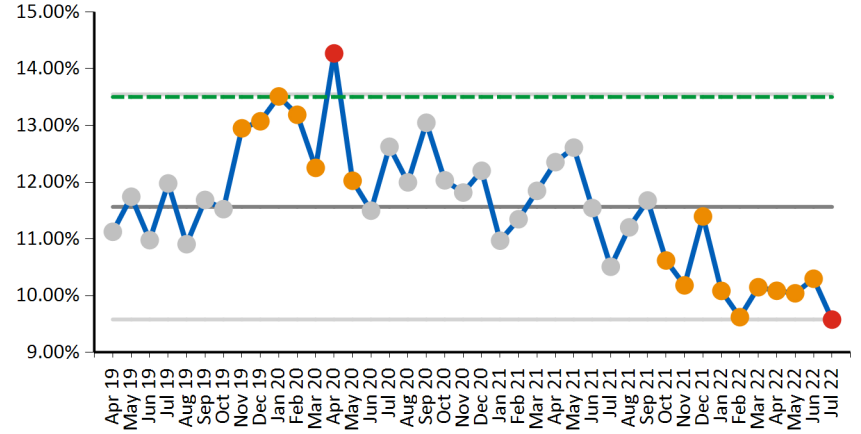
57 - Discharges by Midday



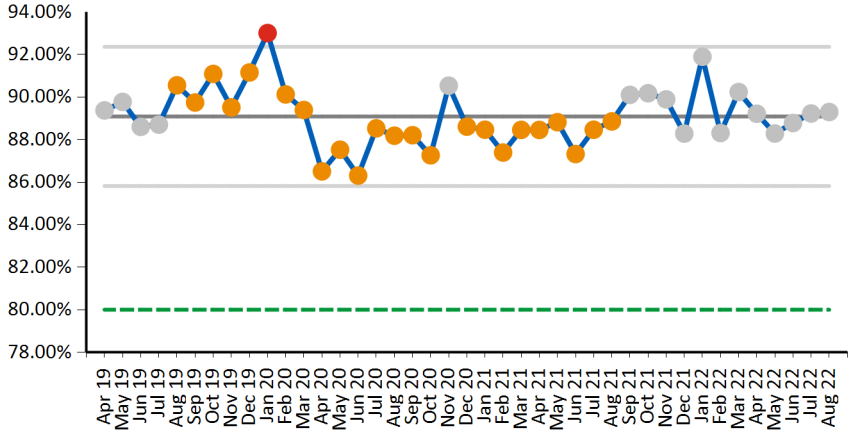
58 - Discharges by 4pm



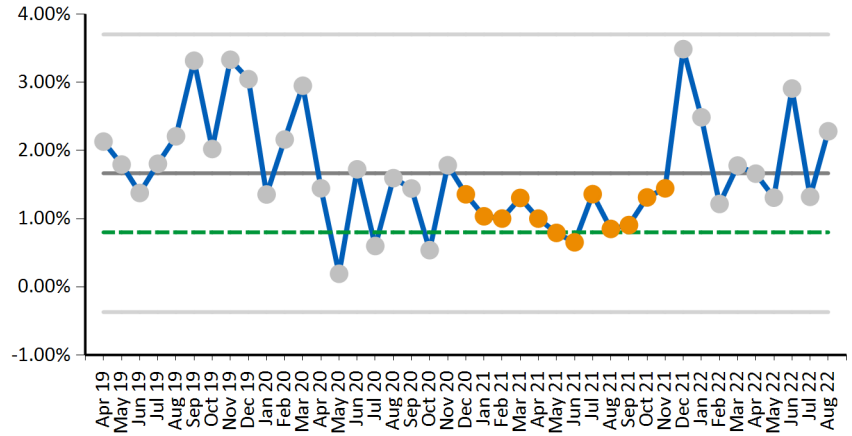
59 - Re-admission within 30 days of discharge (1 mth in arrears)



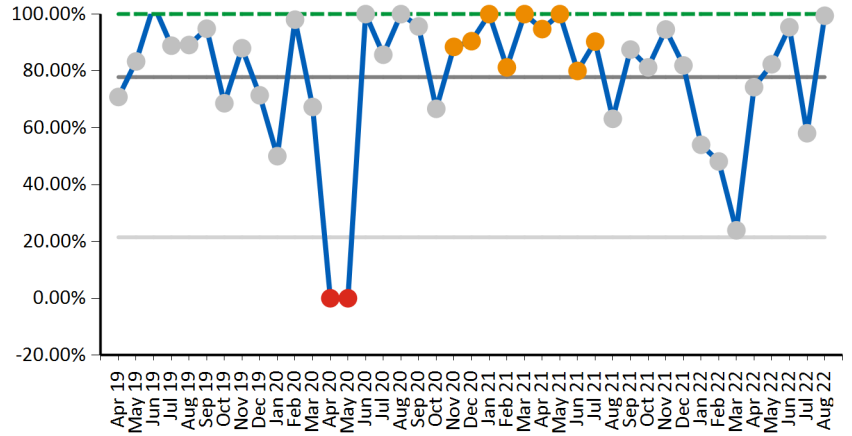
489 - Daycase Rates



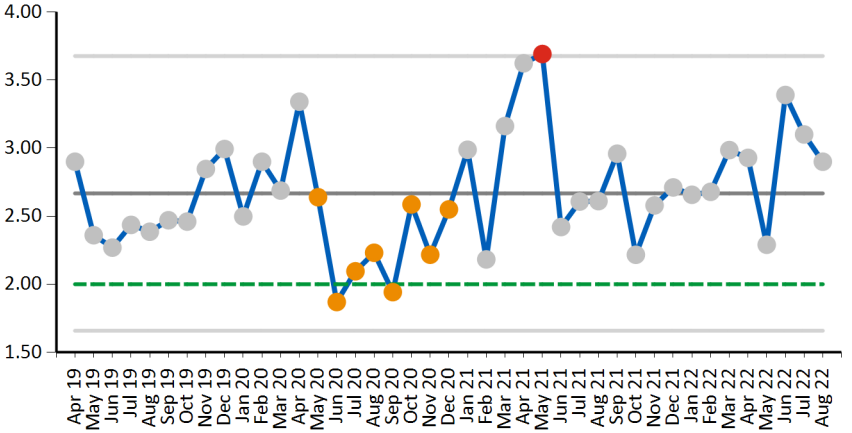
61 - Operations cancelled on the day for non-clinical reasons



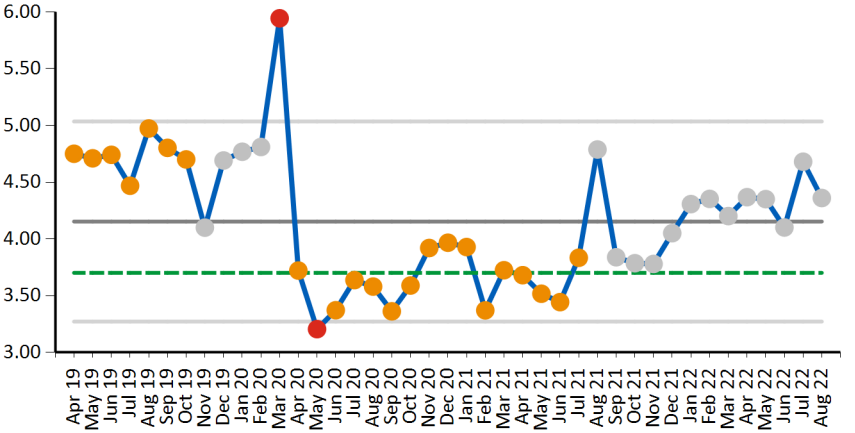
62 - Cancelled operations re-booked within 28 days



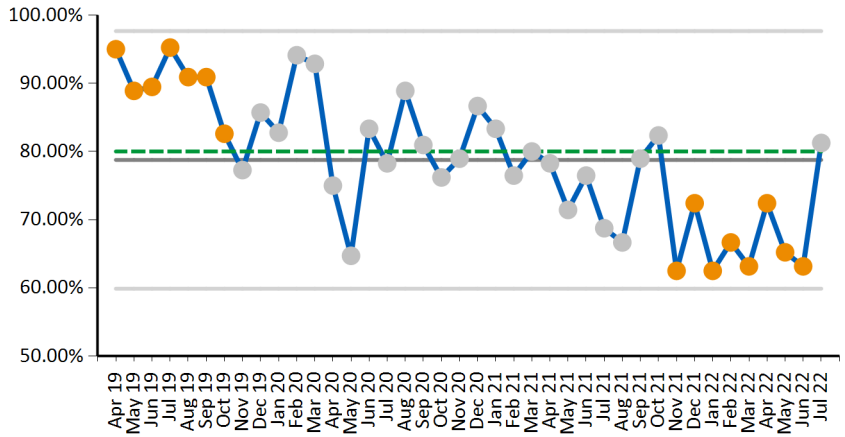
65 - Elective Length of Stay (Discharges in month)



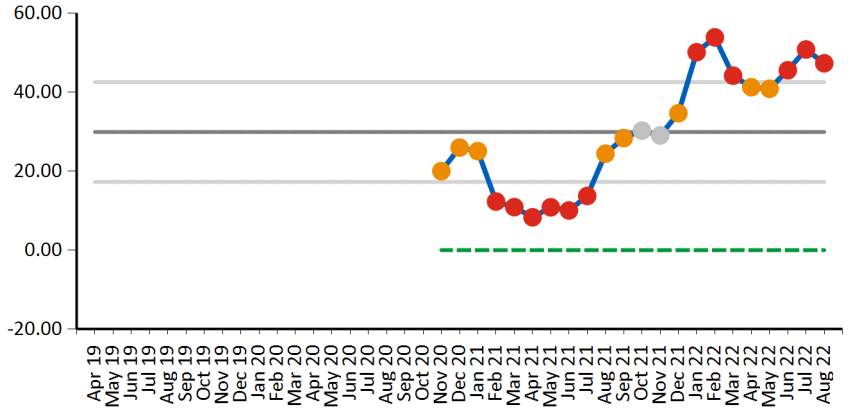
66 - Non Elective Length of Stay (Discharges in month)



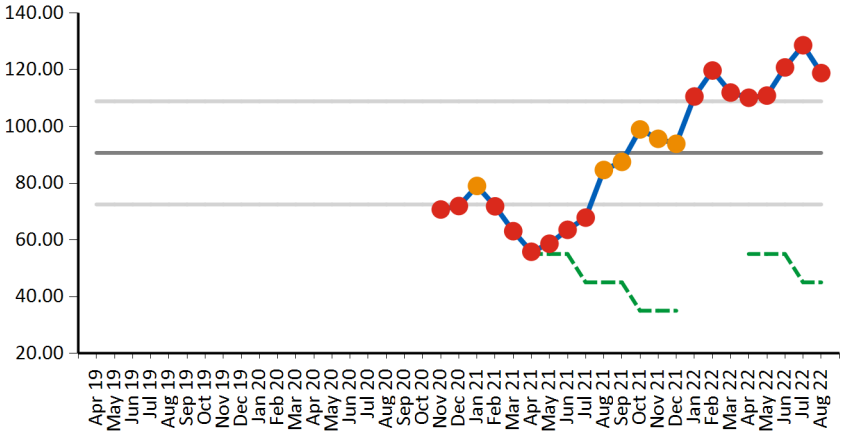
73 - % of patients who spend 90% of their stay on the stroke unit (1 mth in arrears



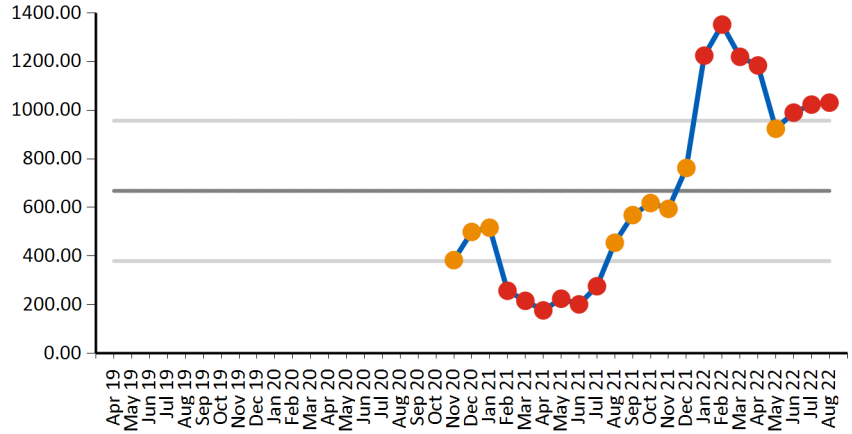
492 - Average Number of Patients: Criteria to Reside number 7+ Days Post Decision



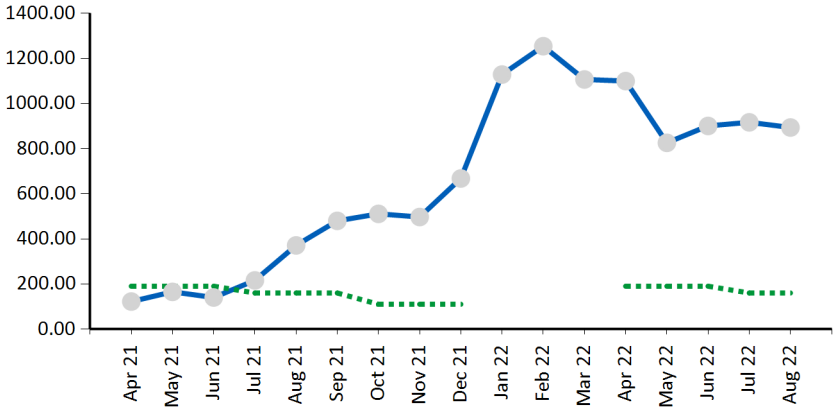
493 - Average Number of Patients: with no Criteria to Reside



494 - Average Occupied Days - for no Criteria to Reside



496 - Average bed days since patients with LOS >14 days moved onto NCTR list - SPC data available after 20 data points

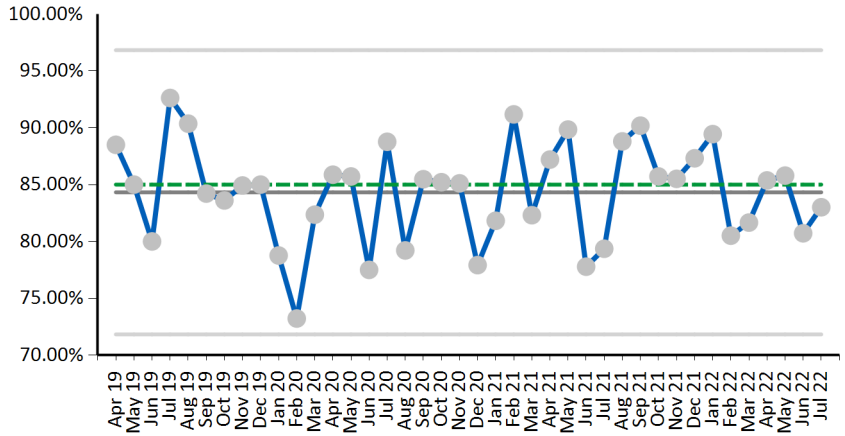


Cancer

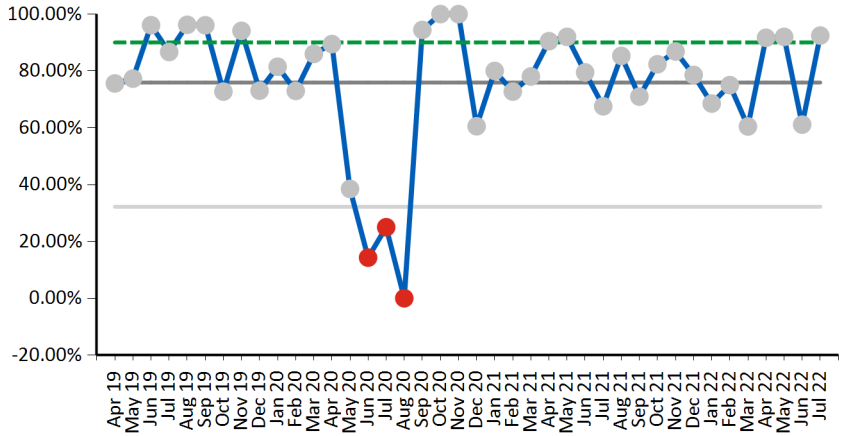
Two week-wait performance for July has improved to 95.01% We do continue to receive high volumes of referrals into 2 week wait pathways which put pressure on our ability to deliver within the 2 week timescale. Where possible elective activity is being converted to cancer to meet this demand. Breast services are working with the CCG to provide additional education to GPs to reduce demand.
The trust failed the 62 day standard for July at 83.01%. Based on the current performance the quarter is predicted to fail.
Areas of low performance continue to be Breast, Lung and Gynaecology. The trust has undertaken a deep dive into all cancer pathways which do not meet the 62 day target, diagnostic delays are a major factor and these are being managed on a specialty by specialty basis. The trust now holds a further PTL for long-waiting patients to ensure senior oversight and tracking of these patients. The trust is working with GM to support recovery of the cancer position and will take part in a two week accelerator initiative, focussing on inpatient diagnostics and surgical first treatments.
The trust continues to make good progress in delivering the faster diagnosis standard.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
46 - 62 day standard % (1 mth in arrears)	>= 85%	83.0%	Jul-22		>= 85%	80.7%	Jun-22	>= 85%	83.8%	
47 - 62 day screening % (1 mth in arrears)	>= 90%	92.5%	Jul-22		>= 90%	61.1%	Jun-22	>= 90%	84.1%	
48 - 31 days to first treatment % (1 mth in arrears)	>= 96%	100.0%	Jul-22		>= 96%	99.1%	Jun-22	>= 96%	99.4%	
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)	>= 94%	100.0%	Jul-22		>= 94%	100.0%	Jun-22	>= 94%	84.6%	
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)	>= 98%	100.0%	Jul-22		>= 98%	100.0%	Jun-22	>= 98%	100.0%	
51 - Patients 2 week wait (all cancers) % (1 mth in arrears)	>= 93%	95.0%	Jul-22		>= 93%	88.1%	Jun-22	>= 93%	89.7%	
52 - Patients 2 week wait (breast symptomatic) % (1 mth in arrears)	>= 93%	38.1%	Jul-22		>= 93%	31.0%	Jun-22	>= 93%	33.0%	

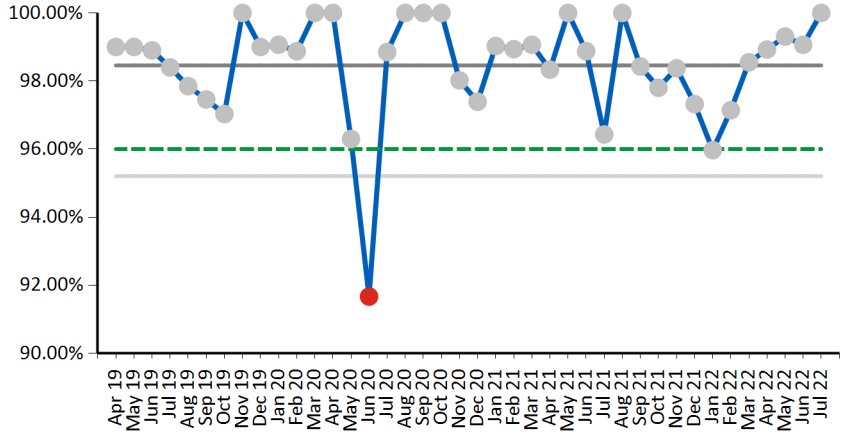
46 - 62 day standard % (1 mth in arrears)



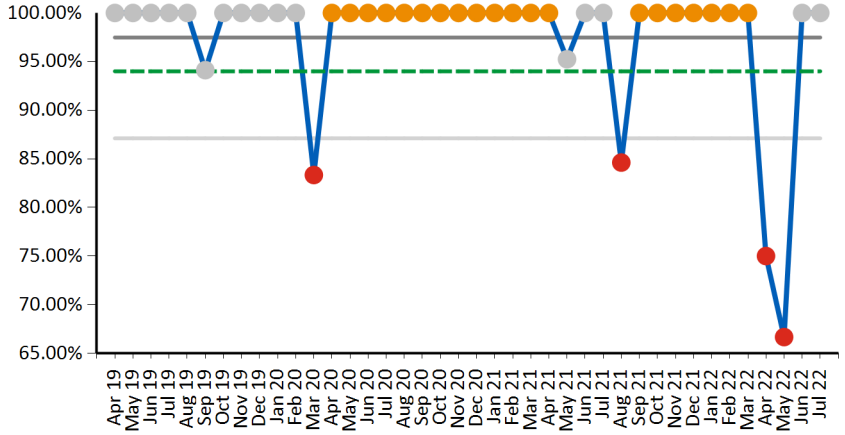
47 - 62 day screening % (1 mth in arrears)



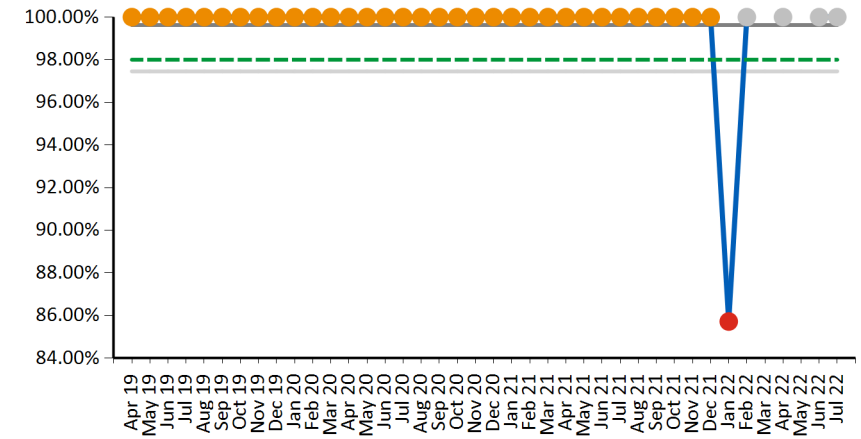
48 - 31 days to first treatment % (1 mth in arrears)



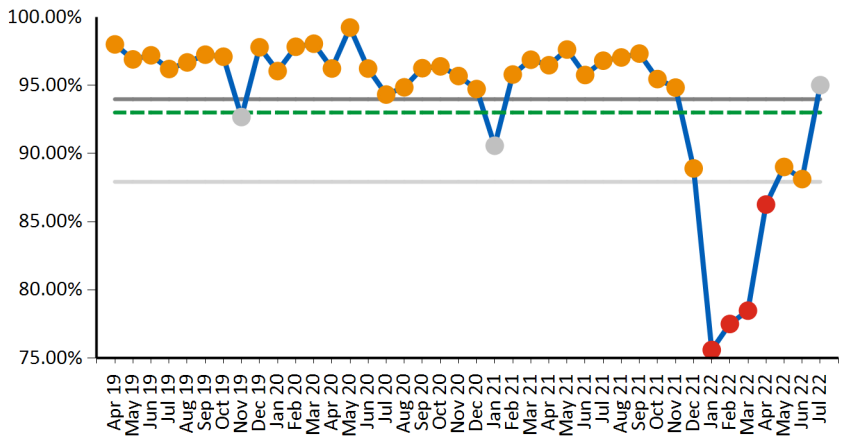
49 - 31 days subsequent treatment (surgery) % (1 mth in arrears)



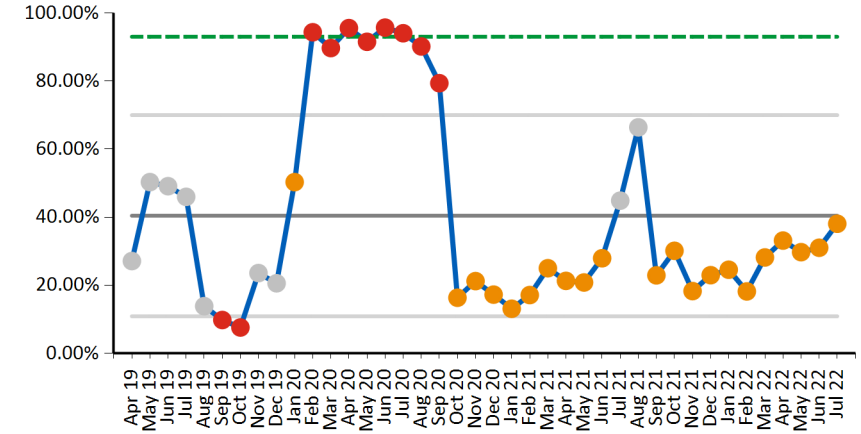
50 - 31 days subsequent treatment (anti cancer drugs) % (1 mth in arrears)



51 - Patients 2 week wait (all cancers) % (1 mth in arrears)



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



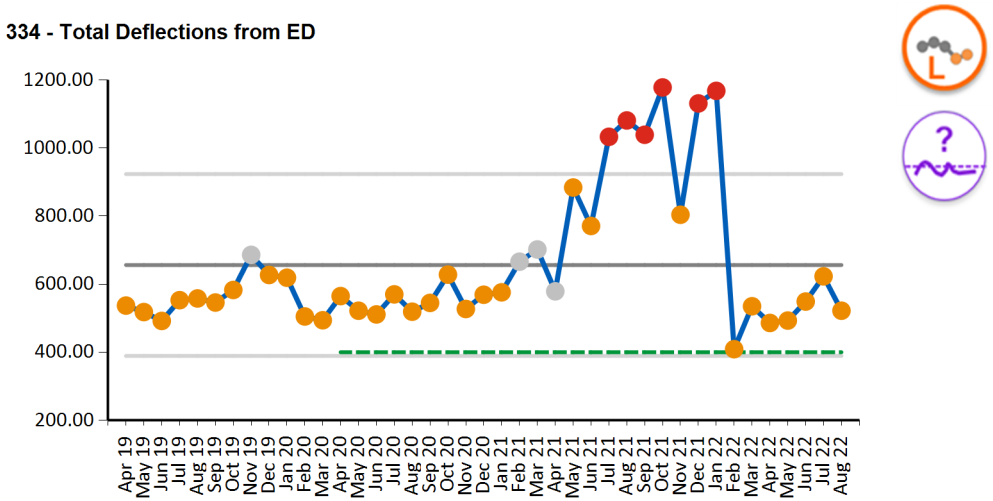
Community

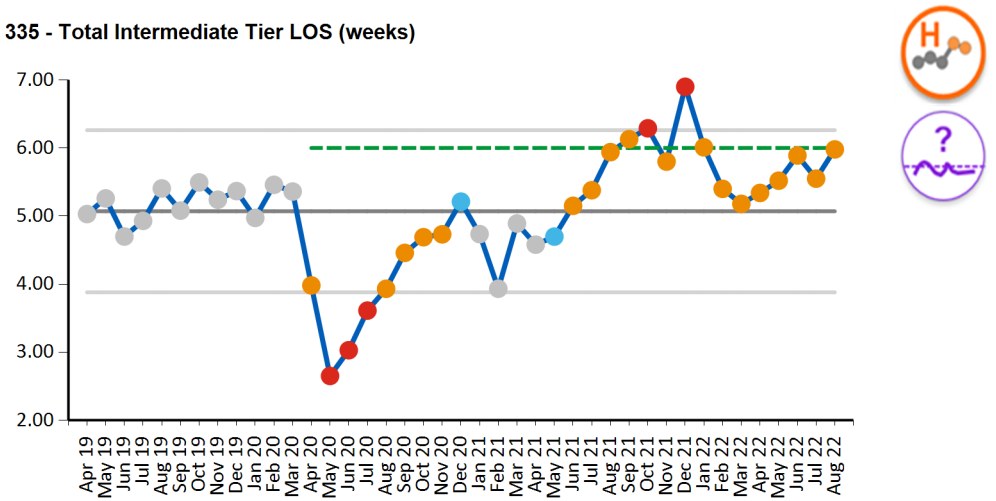
We have received additional finances to support with the anticipated surges through the winter months including development of home care bridging service & funding to support with discharge to assess at home 7 days a week. Additional winter schemes to reduce NCR include but are not exclusive:

- Initiative to reduce the number of people admitted who reside in care homes
- Initiatives to support homeless and vulnerable adult who are traditionally hard to reach to prevent avoidable admission
- Work with system partners to ensure as many of our vulnerable citizens and our staff are supported to have the flu and Covid vaccination

The Bolton Integrated Partnership has commissioned AQuA to work with us to review whole system flow and implement any required new service models and as part of the next phase there is focus on ensuring the MDT functions effectively at ward level, there is timely preparedness of discharge medication and improving the access for the most relevant person to undertake the MCA (not just the social worker; all of which will contribute to improving flow and preventing avoidable delays to discharge

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
334 - Total Deflections from ED	>= 400	522	Aug-22	L	>= 400	623	Jul-22	>= 2,000	2,673	?
335 - Total Intermediate Tier LOS (weeks)	<= 6.00	5.98	Aug-22	H	<= 6.00	5.55	Jul-22	<= 6.00	5.98	?





Workforce

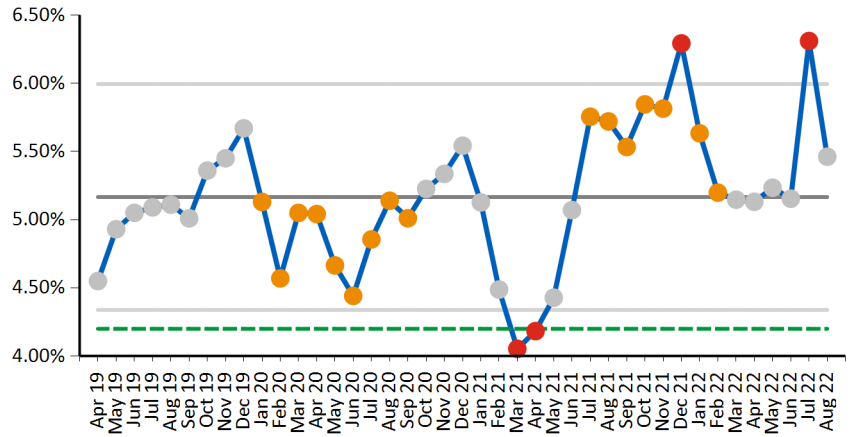
Sickness, Vacancy and Turnover

Sickness shows an improved position on last month with a reduction to 5.46% from 6.3%. The Trust continues to benchmark well against peers and detailed work continues in line with the Positive Attendance policy, to support staff and manage sickness closely at individual, team and divisional level. Both vacancy rates and turnover also show an improved position Trust wide compared to last month. People Committee are continuing to provide oversight and challenge and scrutinise Divisional data, including a deep dive for Adult Acute this month.

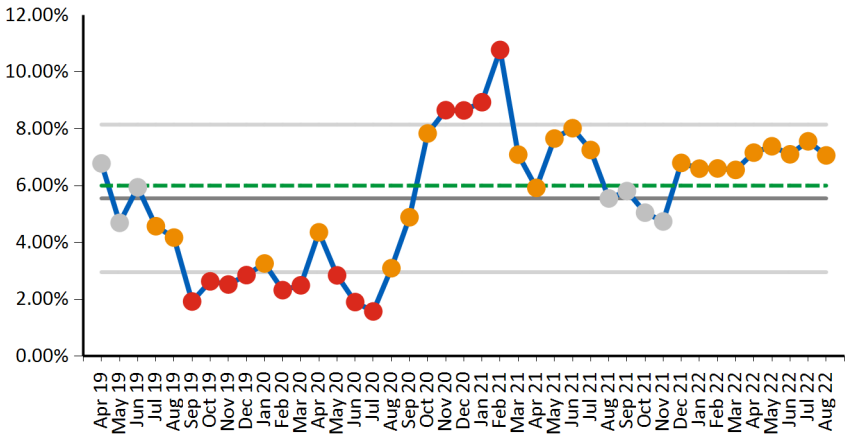
Agency spend continues to prove a challenge, with Trust spend currently above forecast. A breakdown of agency spend including that relating to Covid and Elective Recovery was considered by People Committee and will be a key focus in the monthly reports. GM wide 'Total bank and agency spend' for Bolton Foundation Trust benchmarks positively compared to similar sized Trusts as a % of the substantive pay bill.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
117 - Sickness absence level - Trust	<= 4.20%	5.46%	Aug-22		<= 4.20%	6.31%	Jul-22	<= 4.20%	5.46%	
120 - Vacancy level - Trust	<= 6%	7.06%	Aug-22		<= 6%	7.56%	Jul-22	<= 6%	7.25%	
121 - Turnover	<= 9.90%	14.20%	Aug-22		<= 9.90%	15.17%	Jul-22	<= 9.90%	14.35%	
366 - Ongoing formal investigation cases over 8 weeks		1	Aug-22			3	Jul-22		14	

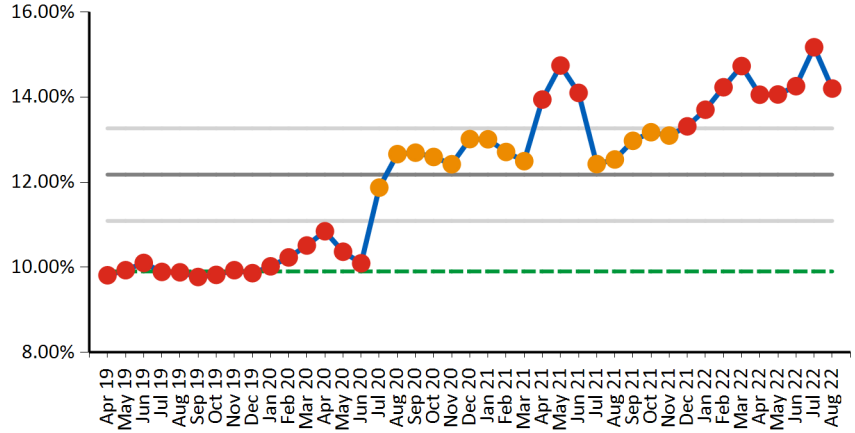
117 - Sickness absence level - Trust



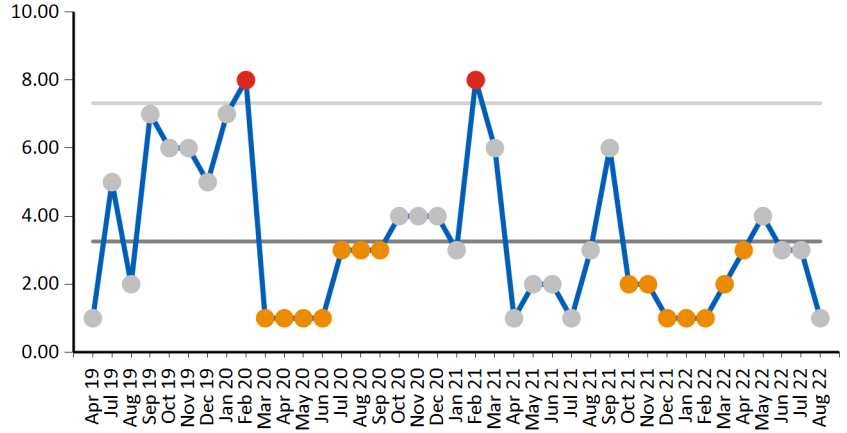
120 - Vacancy level - Trust



121 - Turnover



366 - Ongoing formal investigation cases over 8 weeks

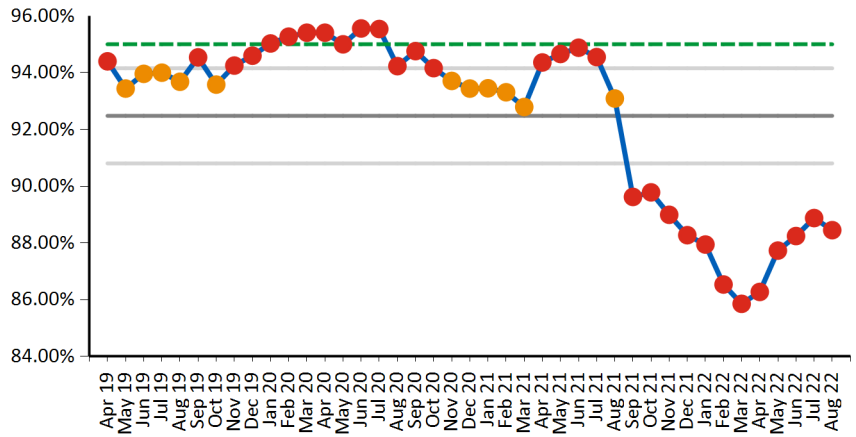


Organisational Development

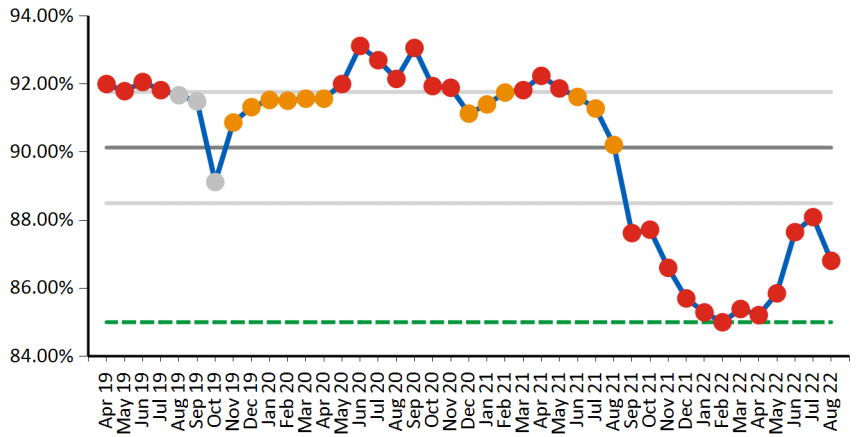
The Trust's overall compliance level for mandatory training was 86.8% (1.6% above our corporate target of 85% and a minor reduction since last month) and statutory training was 88.4% (6.6% below our corporate target of 95% and a marginal reduction on last month). We recognise that the peak holiday period will have impacted on the completion rates and there are now agreed targets in place per division; being monitored through the People Development Steering Group. Appraisal compliance has seen an increase this month and there is ongoing focus to ensure this improvement continues.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
37 - Staff completing Statutory Training	>= 95%	88.4%	Aug-22		>= 95%	88.9%	Jul-22	>= 95%	87.9%	
38 - Staff completing Mandatory Training	>= 85%	86.8%	Aug-22		>= 85%	88.1%	Jul-22	>= 85%	86.7%	
39 - Staff completing Safeguarding Training	>= 95%	89.68%	Aug-22		>= 95%	89.55%	Jul-22	>= 95%	89.32%	
101 - Increased numbers of staff undertaking an appraisal	>= 85%	82.9%	Aug-22		>= 85%	79.6%	Jul-22	>= 85%	79.0%	
78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears)	>= 66%	72.8%	Q2 2022/23		>= 66%	65.0%	Q1 2022/23	>= 66%		
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears)	>= 80%	73.3%	Q2 2022/23		>= 80%	60.1%	Q1 2022/23	>= 80%		

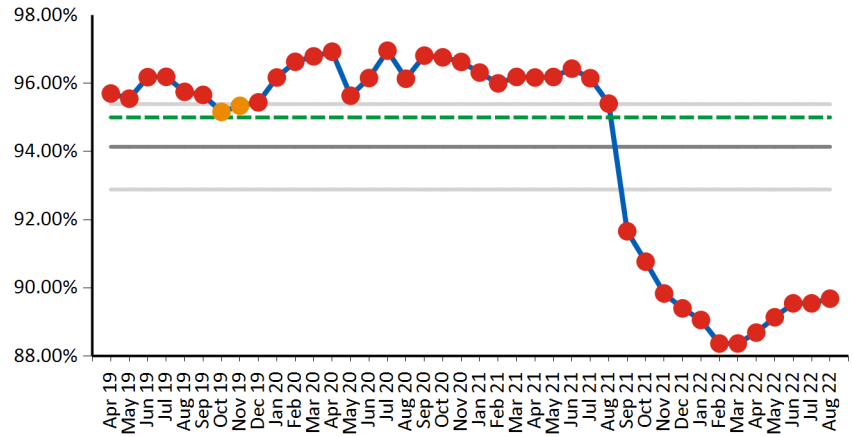
37 - Staff completing Statutory Training



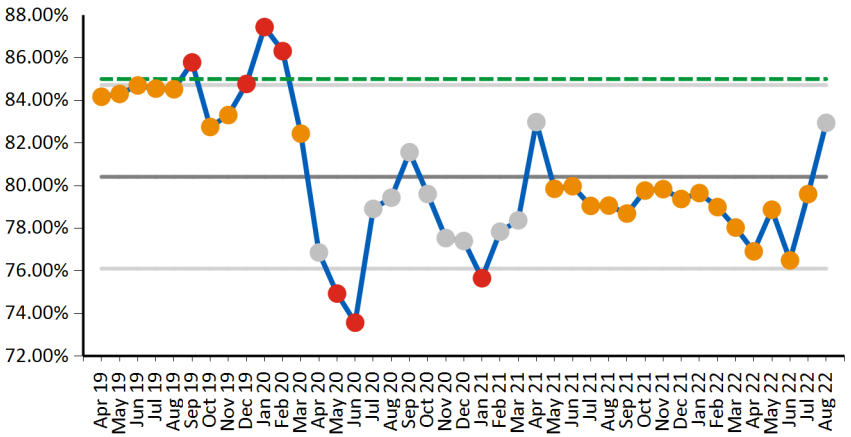
38 - Staff completing Mandatory Training



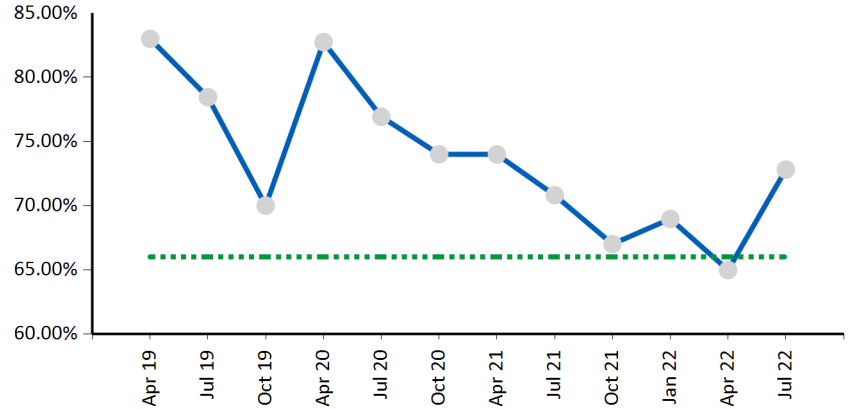
39 - Staff completing Safeguarding Training



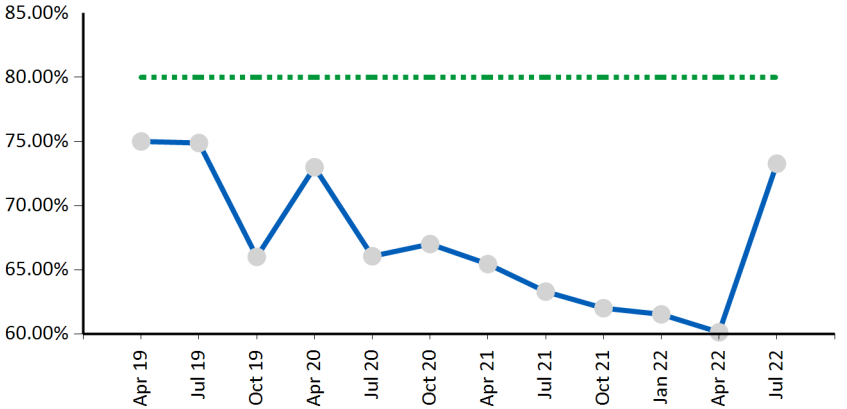
101 - Increased numbers of staff undertaking an appraisal



78 - Our staff tell us they would recommend the Trust as a place to work - (quarterly in arrears) - SPC data available after 20 data points



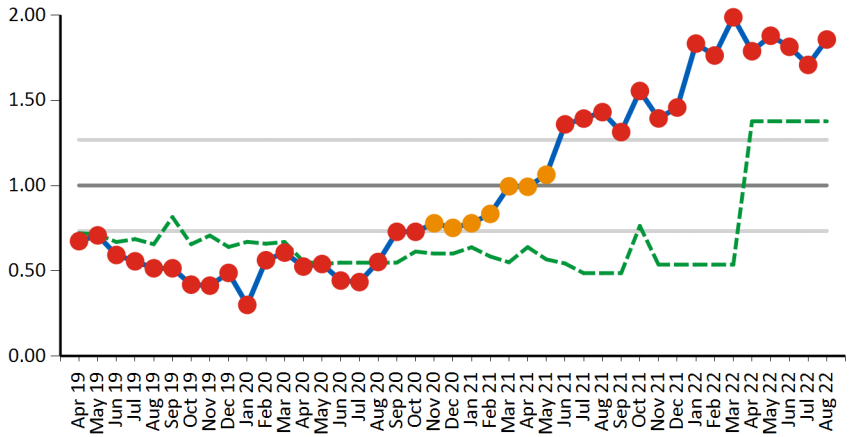
79 - Our staff tell us they would recommend the Trust for treatment - (quarterly in arrears) - SPC data available after 20 data points



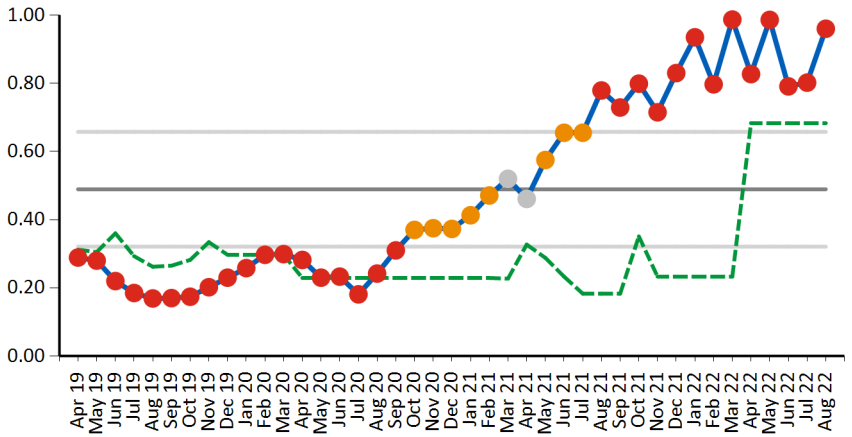
Agency

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
198 - Trust Annual ceiling for agency spend (£m)	<= 1.38	1.86	Aug-22		<= 1.38	1.71	Jul-22	<= 6.89	9.05	
111 - Annual ceiling for Nursing Staff agency spend (£m)	<= 0.68	0.96	Aug-22		<= 0.68	0.80	Jul-22	<= 3.42	4.37	
112 - Annual ceiling for Medical Staff agency spend (£m)	<= 0.62	0.59	Aug-22		<= 0.62	0.76	Jul-22	<= 3.08	3.70	

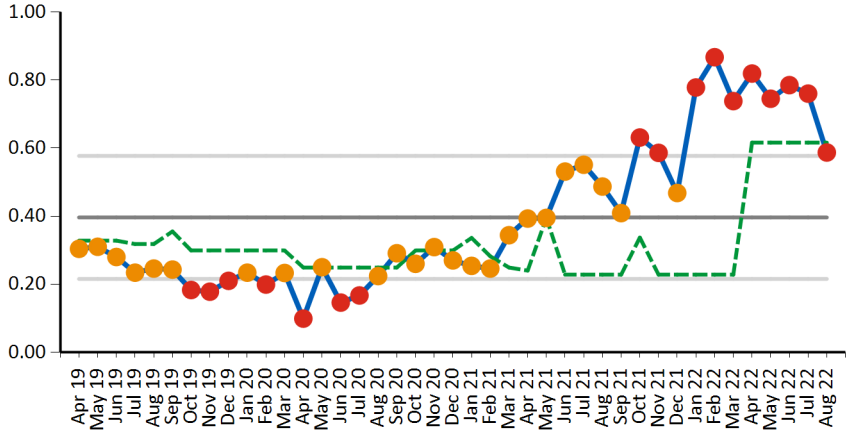
198 - Trust Annual ceiling for agency spend (£m)



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



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



Finance

Finance

Revenue Performance Year to Date
• We have a year to date deficit of £6.9m compared with a planned deficit of £2m. The in-month position was a £1.4m deficit.
• GM is not achieving the ERF, so the income assumed for this is at risk of clawback.
• Revenue performance is currently rated red.

Revenue Forecast Outturn
• The forecast scenarios range from a deficit of £21m to a break-even position, with a likely deficit of £16.5m.
• Forecast Outturn is currently rated red.

Cost Improvement
• The current trackers indicate that £7.2m of savings have been delivered against a target of £8.6m
• £14.9m of schemes has been identified in 22/23.
• CIP is currently rated red.

Variable Pay
• We spent £4.6m on variable pay in month 5 compared to £4.1m in month 4
• Spend on Agency was £1.9m in Month 5 compared to £1.7m in Month 4
• Variable pay is rated red as spend is significantly above plan.

Capital Spend
• Year to date spend is £7.5m; of which £4m is on Theatres.
• NHSE have approved the CDC business case and the trust will receive £14.7m over current and next financial year
• Theatres TIF has not as yet been approved
• Further discussions continue with NHSI and GM around the 22/23 plan.
• Capital is rated red for the risk associated with the plan.

Cash Position
• We had cash of £33.9m at the end of the month.
• Cash is rated green.

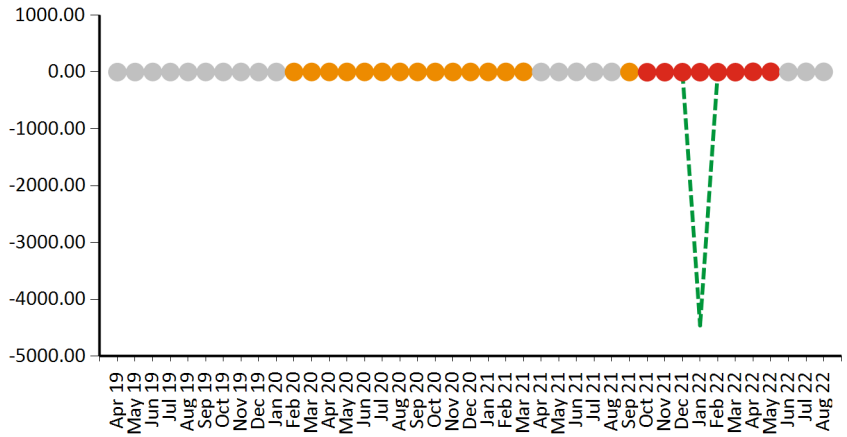
Loans and PDC
• We have loans of £37.5m.
• Rated green as there are no concerns in this area.

Better Payment Practices Code
• Year to date we have paid 86.4% of our invoices within 30 days.
• Non NHS performance is 90.7% YTD with 96.7% in month.
• This is below the annual target of 95%, hence rated amber.
• Action to improve performance is underway and showing results

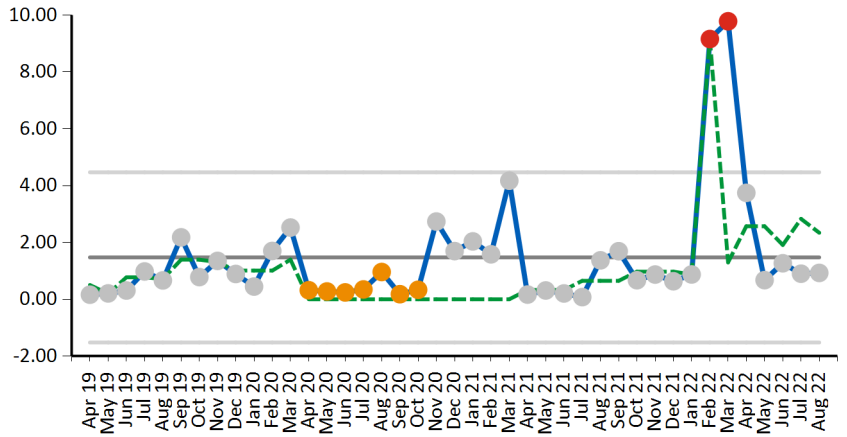
Use of Resources Rating
• This is not being reported following the suspension of normal financial reporting arrangements during Covid that have not been re-instated.

	Latest				Previous			Year to Date		Target
Outcome Measure	Plan	Actual	Period	Variation	Plan	Actual	Period	Plan	Actual	Assurance
220 - Control Total (£ millions)	>= 0.3	1.4	Aug-22		>= 0.2	1.3	Jul-22	>= 1.9	6.9	
222 - Capital (£ millions)	>= 2.3	0.9	Aug-22		>= 2.8	0.9	Jul-22	>= 12.2	7.5	
223 - Cash (£ millions)	>= 41.5	33.8	Aug-22		>= 41.1	28.1	Jul-22	>= 41.5	33.8	

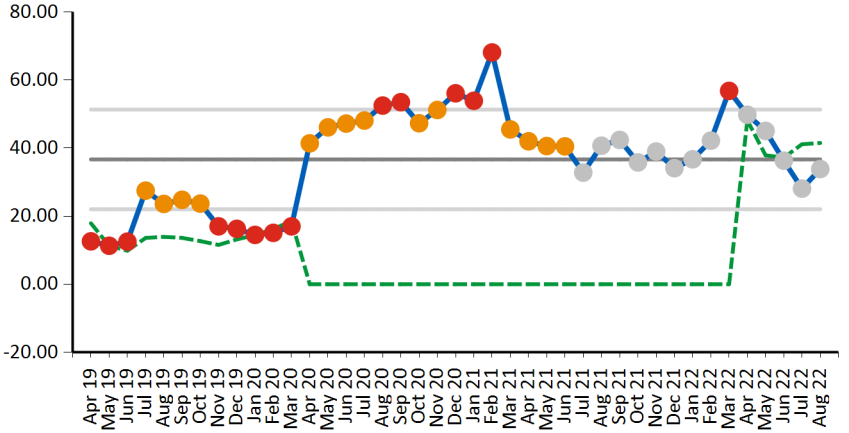
220 - Control Total (£ millions)



222 - Capital (£ millions)



223 - Cash (£ millions)



oard Assurance Heat Map - Hospital

	Indicator	Target	Council Lab Lodge	AED-Adults	AED-Paeds	A4	ACU	B1 (Frailty Unit)	B2	B3	B4	BCAU	C1	C2	C3	C4	CCU	CDU	D1 (MAU1)	D2 (MAU2)	D3	D4	DL	EU (daycare)	H3 (Stroke Unit)	Critical Care	DCU (daycare)	E3	E4	F3	F4	F6	G3/TSU	G4/TSU	H2 (daycare)	R1	UU (daycare)	CDS	E5	F5	Inglesid e	M2 (AN)	M3 (Birth)	M4 (PN)	M5 (PN)	M6	NICU	Overall
	Average Beds Available per day	*N/a*	32	N/R	N/R	22	10	23	26	21	22	19	25	26	26	20	10	13	25	22	25	21	12	5	10	18	25	25	25	25	23	16	25	25	11	5	4	15	38	9	4	26	5	22	22	17	38	838
Infection Prevention	Hand Washing Compliance %	*Target = 100%*	100.0%	90.0%	95.0%	100.0%	90.0%	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/R	95.0%	N/R	100.0%	100.0%	N/R	95.0%	90.0%	95.0%	95.0%	100.0%	N/R	55.0%	100.0%	85.0%	90.0%	100.0%	90.0%	100.0%	90.0%	60.0%	100.0%	N/R	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	N/R	95.3%
	C - Diff	*Target = 0*	0	0	0	0	0	0	1	2	1	0	1	2	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	1	0	10
	MSSA BSIs	*Target = 0*	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0	0	1	0	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	E.Coli BSIs	*Target = 0*	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	MRSA acquisitions	*Target = 0*	0	0	0	0	0	2	4	0	1	0	0	1	1	1	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	11
Harm Free Care	All Inpatient Falls (Safeguard)	*Target = 0*	5	6	0	4	0	4	10	5	6	0	1	8	8	0	0	5	6	4	5	1	0	0	2	0	0	5	1	1	0	0	3	1	0	2	0	0	0	1	0	0	0	0	0	0	94
	Harms related to falls (moderate+)	*Target = 1.6*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VTE Assessment Compliance	*Target = 95%*				50.0%	99.6%	68.9%	50.0%	50.0%	50.0%	98.6%	100.0%	37.5%	96.5%		100.0%	96.4%	97.1%	99.5%	95.0%	92.3%		99.6%	100.0%	100.0%	99.5%	66.7%	96.5%	99.4%	93.1%	100.0%	100.0%	100.0%	99.4%	33.3%	100.0%	87.3%			N/R	99.1%	N/R	97.7%	90.6%	99.1%		96.8%
	New pressure Ulcers (Grade 2)	*Target = 0*	0	0	0	0	0	2	0	0	1	0	0	0	1	0	0	0	1	0	1	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	9
	New pressure Ulcers (Grade 3)	*Target = 0*	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	New pressure Ulcers (Grade 4)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New pressure Ulcers (unstageable)	*Target = 0*	0	0	0	0	0	0	0	1	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	1	0	0	0	0	0	0	0	0	0	0	4
Audit	Monthly KPI Audit %	*Target = 95%*	99.0%	88.2%	100.0%	95.9%	N/R	90.1%	88.5%	92.2%	89.2%	97.0%	91.2%	85.6%	91.8%	N/R	98.2%	96.0%	92.2%	95.5%	92.9%	95.1%	N/R	100.0%	98.9%	84.2%	98.0%	66.7%	87.6%	93.6%	92.2%	95.9%	99.3%	83.3%	99.1%	N/R	97.5%	100.0%	98.6%	98.6%	94.7%	97.1%	N/R	98.6%	N/R	92.5%	N/R	94.0%
	BoSCA Overall Score %	*w=<55,b>55, s*	73.7%					69.0%	59.4%	56.8%	64.3%		76.8%	63.4%	72.7%	71.7%	84.2%	73.9%	61.2%	73.7%	79.9%	73.5%			75.3%	85.3%		71.0%	72.8%	81.1%	67.1%	75.5%	75.1%	67.0%									62.5%					71.4%
	BoSCA Rating		bronze					bronze	bronze	bronze	bronze		silver	bronze	bronze	bronze	silver	bronze	bronze	bronze	silver	bronze			silver	silver		bronze	bronze	silver	bronze	silver	silver	bronze									bronze				Bronze
Patient Experience	FFT Response Rate	*Target = 30%*		19.0%	0.5%	30.6%	0.0%	25.0%	46.7%	175.8%	96.7%	0.0%	5.5%	57.1%	42.1%	100.0%	36.7%	86.3%	0.0%	29.4%	32.7%	58.2%		31.7%	0.0%	0.0%	31.7%	17.4%	14.9%	20.2%	4.8%	49.4%	19.4%	34.4%	31.7%		31.7%		40.1%	0.4%		12.5%	33.1%	15.3%	14.8%	0.0%	71.0%	26.2%
	FFT Recommended Rate	*Target = 97%*		80.7%	77.8%	100.0%		100.0%	95.2%	93.1%	86.2%		100.0%	96.4%	96.9%	100.0%	100.0%	100.0%		100.0%	93.8%	96.9%		95.5%			95.5%	94.7%	100.0%	100.0%	83.3%	97.6%	100.0%	100.0%	95.5%		95.5%		100.0%	100.0%		87.5%	92.9%	90.0%	98.1%		95.5%	96.5%
Complaints	Number of complaints received	*Target = 0*	0	4	0	1	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	1	0	1	0	0	0	0	0	0	0	1	0	0	0	10
Governance	Serious Incidents in Month	*Target = 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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	Incidents > 20 days, not yet signed off	*Target = 0*	9	87	10	7	0	10	3	2	9	4	1	25	7	12	0	0	7	7	23	13	2	0	4	0	0	4	3	3	3	0	5	4	1	16	0	162	2	0	0	3	7	19	1	6	27	508
	Harm related to Incident (Moderate+)	*Target = 0*	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	2	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	6
Staff Training	Appraisals	*Target = 85%*		92.4%		0.0%	79.2%	80.0%	69.0%	95.2%	75.0%	73.7%	80.0%	81.6%	73.0%	56.5%	90.7%	100.0%	70.8%	88.9%	67.7%	84.9%	62.5%	87.1%	45.0%	90.7%	92.6%	74.4%	85.2%	85.4%	96.0%	100.0%	93.3%	97.4%	78.6%	0.0%	100.0%	75.3%	98.6%	0.0%	66.7%	87.5%	50.0%	82.1%	75.0%	0.0%	90.3%	
	Statutory Training	*Target = 95%*		79.83%		0.00%	90.87%	72.47%	65.19%	87.17%	86.10%	93.2%	79.35%	81.29%	81.96%	81.34%	91.20%	81.81%	87.19%	81.14%	82.08%	83.44%	68.75%	90.89%	76.69%	92.65%	95.77%	85.67%	89.58%	93.32%	88.26%	83.10%	83.90%	77.55%	92.66%	0.00%	98.13%	76.7%	89.2%	0.0%	40.0%	84.3%	100.0%	74.7%	86.9%	0.0%	83.48%	
	Mandatory Training	*Target = 85%*		80.60%		0.0%	93.3%	69.0%	68.8%	88.6%	83.7%	91.0%	76.3%	75.7%	74.4%	83.6%	90.4%	97.2%	84.6%	75.7%	80.4%	86.6%	77.3%	90.2%	68.8%	90.3%	97.8%	77.7%	85.5%	92.1%	82.5%	86.4%	79.4%	75.7%	95.9%	0.0%	97.4%	77.6%	85.4%	0.0%	66.7%	81.3%	91.7%	80.1%	88.5%	0.0%	93.7%	
Staffing & Wo	% Qualified Staff (Day)																																														
	% Qualified Staff (Night)																																														
	% un-Qualified Staff (Day)																																														
	% un-Qualified Staff (Night)																																														
	Sickness (%)	*Target < 4.2%*		5.78%			6.46%	12.63%	3.87%	5.47%	6.72%	3.34%	2.94%	8.13%	6.41%	4.44%	8.20%	2.49%	2.75%	4.96%	4.53%	11.45%	0.00%	7.55%	8.05%	0.00%	1.22%	3.27%	12.21%	5.62%	4.22%	6.18%	13.01%	12.18%	3.79%	0.00%	0.26%	3.73%	9.65%	0.00%	0.00%	3.54%	1.21%	3.75%	0.00%	0.00%	8.50%	

Data Legend

No data returned	N/R
No Eligible patients	

WTE data is for Nursing staff only. The figures do not include Admin, Therapists or Doctors.
BOSCA Colours - white, bronze, silver, gold, platinum

Board Assurance Heat Map - District Nursing Domiciliary & ICS Services

	Indicator	Target	ICS Services														DN Teams										Treatment Rooms		
			Admission Avoidance	Acute Therapies	Anti-coagulant Team	Asylum & Refugee/ Homeless & Vunerable	Bladder & Bowel Service	Community IV Therapy	Diabetes & Endo	Dietetics	Falls	Neurology & LTC	Podiatry	Rheum-atology	SLT	Stroke	Wheel-chair Service	Avondale	Breightmet & Little Lever	Crompton	Farnworth	Great Lever	Horwich	Pikes Lane	Waters Meeting	West-houghton	Evening Service	North	South	Overall
Infection Control & Harm Free	Hand Washing Compliance %	*Target = 100%*	N/R		100.0%	N/R	N/R	N/R				N/R		N/R				N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	N/R	100.00%
	Monthly New pressure Ulcers (Grade 2)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	5	3	2	1	0			14
	Monthly New pressure Ulcers (Grade 3)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	Monthly New pressure Ulcers (Grade 4)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0
	Monthly New pressure Ulcers (Unstageable)	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0		3
Audit	Monthly KPI Audit %	*Target = 95%*	97.3%			98.0%	97.0%			95.7%			93.5%		97.2%		93.5%	99.6%	98.8%	98.7%	98.4%	99.2%	98.9%	98.3%	96.5%	98.8%	99.3%	93.6%	98.6%	94.00%
	BoSCA Overall Score %	*w=<55%, B>55%, S>75%, G>90%*																94.74%	91.01%	94.22%	85.51%	93.60%	94.33%	97.23%	83.06%	82.00%	94.79%	95.60%	89.86%	93%
	BoSCA Rating																	platinum	platinum	platinum	silver	platinum	platinum	platinum	silver	silver	platinum	gold	silver	platinum
Patient Experienc	Friends and Family Response Rate %	*Target = 30%*	15.0%		50.0%	100.0%	46.7%	25.0%	20.0%	35.0%	65.0%	95.0%	0.0%	0.0%	100.0%	25.0%	100.0%					38.6%							85.0%		57.00%
	Friends and Family Recommended Rate %	*Target = 97%*	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			94.1%	100.0%	100.0%					100.0%							100.0%		99.50%
	Number of Complaints received	*Target = 0*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					1							0		1
Staff Development	Sickness (%)	*Target is < 4.2%*	11.3%	7.3%	0.0%	2.70%	4.9%	13.6%	1.3%	3.93%	4.9%	6.5%	1.5%	4.3%	1.4%	4.7%	9.8%	15.6%	0.7%	2.0%	10.4%	0.0%	7.4%	0.4%	10.6%	4.0%	6.1%	15.2%		6.6%
	Substantive Staff Turnover Headcount (rolling average 12 months)	*Target is < 10%*	8.8%	18.0%	33.3%	0.0%	0.0%	7.1%	7.1%	20.8%	6.6%	30.3%	9.8%	13.6%	5.4%	6.3%	11.8%	40.0%	12.1%	0.0%	4.7%	17.4%	8.0%	22.2%	6.5%	8.7%	6.2%	14.6%		12.04%
	12 month Appraisal	*Target = 85%*	80.0%	80.0%	77.8%	100.0%	100.0%	100.0%	87.0%	95.2%	81.7%	93.3%	86.8%	88.9%	94.4%	90.3%	100.0%	92.3%	92.9%	100.0%	88.9%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	91.3%		89.93%
	12 month Statutory Training	*Target = 95%*	93.2%	95.9%	100.0%	100.0%	100.0%	100.0%	93.8%	98.8%	96.7%	98.7%	98.6%	95.2%	98.4%	96.2%	91.0%	92.0%	95.5%	94.1%	97.4%	100.0%	95.5%	94.2%	99.0%	100.0%	99.6%	97.1%		96.66%
	12 month Mandatory Training	*Target = 85%*	95.0%	90.5%	97.4%	100.0%	95.8%	100.0%	92.8%	93.5%	94.9%	96.3%	94.9%	95.9%	95.7%	95.7%	96.3%	98.4%	92.7%	97.3%	98.2%	100.0%	95.4%	96.0%	100.0%	98.5%	100.0%	92.8%		95.73%

Data Legend

No data returned	N/R
No Eligible patients	

WTE data is for Nursing staff only. The figures do not include Admin, Therapists, Relief Team or Doctors & so will not marry up with the community performance report.

Home visits on this report excludes Groups so will not marry up with the community performance report.

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

Committee/Group Chair's Report

NHS Bolton NHS Foundation Trust

Name of Committee/Group:	Quality Assurance Committee	Parent Committee:	Board of Directors
Date of Meeting:	17 August 2022	Date of Next Meeting	2 September 2022
Chair	Malcolm Brown (NED)	Quorate (Yes/No)	Yes
Members present	Fiona Noden, Donna Hall, James Mawrey, Sharon Martin, Harni Bharaj, Rae Wheatcroft, Angela Hansen, Sharon Katema and Zed Ali.	Key Members not present:	Angela Volleamere, Francis Andrews, Tyrone Roberts, Lianne Robinson, Diane Sankey. Michelle Cox and Karen Keighley

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Integrated Performance Report		Deputy CN/ Deputy MD	• Pressure Ulcers – These remain in red despite an improvement in the Trust but there has been a slight increase in the Community. • Complaints response rate remains low but there is an ongoing review of the complaints process focussing on the quality of the responses. • Infection Control – There are concerns regarding C-difficile patients in the Community onset hospital associated. • Nosocomial cases are increasing but this is in line with the increasing number of confirmed cases nationally.	• Chair of the Committee commended the Medical Directors support team for their hard work in reducing the SHMI figures to which the Associate Medical Director extended this praise to the Coding Team who had worked incredibly hard.

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Committee/Group Chair's Report

			• Maternity – Stillbirth rate is higher than the target but is comparable regionally. Third and fourth degree tears remain an outlier in Greater Manchester but the OASI care training bundle has been implemented. • Sepsis screening of emergency patients is at 89%. Screening of inpatients is at 38% with 100% of these inpatients receiving antibiotics within one hour. • Clinical Correspondence improved slightly and is within range but there is a full report on the agenda for in-depth discussion. • VTE is at 96.5% and NEWS at 97.7% are both achieving their respective targets and are doing well across the Trust. • Mortality – HSMR is noted as being 101.32 and SHMI is 100.40. Both of these are stable and there has been significant improvements in the concerns previously raised with regard to coding.	• The Committee discussed the SI reports shared with the families within Family Care and the target of 100% not being reached according to the dashboard. It was noted that this was done with all SI reports and so the Director of Quality Governance will clarify this and provide an update to the Committee.

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Committee/Group Chair's Report

Clinical Governance and Quality Committee		Deputy Chief Nurse	• CQC Inspection Framework was discussed and confirmed that the Trust will utilise the quality statements and collate the supporting evidence ahead of the roll out which is anticipated to be in January 2023. • There was a full review of the CQC Insight Report noting the ongoing challenges in ED in particular the 4-hour performance and ambulance handover times. • Patient Safety Incident Report – From an incident perspective the Trust is on a downward trajectory and there have been recent discussions regarding the processes in place to support the Divisions at different stages of the SI process. • The Associate Director of Infection Control is working with all of the Divisions regarding blood transfusion compliance and a report will be produced on this for the September CGQC meeting. • There has been a significant decrease in the ICSD clinical correspondence performance dropping to just 50.3%. • It was noted that there was a waiting list backlog of around 18k as part of the Covid-19 recovery for which the Diagnostic and Surgical Services Division are coordinating resolutions with the other divisions.	• Chair of the Committee noted the Acute Adult highlight report and queried the turnover of staff and if this is similar to that seen in other divisions. A suggestion was made by the Director of People to undertake a deep dive looking at staff turnover particularly in ED and that this could be reported back to People Committee for further investigation.
Quality Account Update – Antibiotic Prescribing Standards			• report presented by the Divisional Medical Director noted that the Trust were above average users of antimicrobials and that there were concerns around antibiotic resistance. • The Antimicrobial Stewardship Committee was formed and set out five standards designed to address some of the challenges identified and mitigate any risks. • Following this meeting two main objectives were identified and the committee agreed the drivers for these. During the next quarter the Division will look at gathering all of the relevant information and data and review current education provided.	• The Chair queried if the increase in C-difficile cases and Nosocomial Covid cases were due to any recent changes in infection control measures. The Associate Director for Infection Control noted that this was likely due to the changes in weather and so there is a need to balance the risks of reducing the reliance on PPE in an appropriate and safe way.

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Committee/Group Chair's Report

Quality Account Update – Rheumatology			• The report presented to the Committee discussed the aims identified in order to improve the deteriorating position of Rheumatology in relation to the management of newly referred and existing caseloads. • Progress to date has included; the establishment of the Rheumatology Steering Group and holding of inaugural meetings, carrying out an initial review of capacity and demand, increasing the engagement of PIFU and conducting a triage of the current EIA/ urgent referrals. A thorough capacity and demand review will be undertaken in the coming months but the initial findings are that the department urgently requires more medical resource.	• The Chief Operating Officer advised that a large amount of work will be done regarding PIFU and Advice & Guidance through the newly formed Strategic Operations Committee. • The Chair commended the presentation of the report and thanked the department for their hard work.
Quality Account Update – Improving Communication with Families		Family Care	• Divisional Medical Director presented the report to the Committee noting that the focus for this quality account was following a number of surveys where a recurring theme was that patients did not feel they were aware of the plans and/ or were poorly communicated with during their treatment. • It was noted that as there is no benchmarking data available for this, the Division formulated a questionnaire to start their analysis. There has been a free text section added to the questionnaires in order to obtain detailed feedback from the patients. • The Division are looking at the drivers identified, awaiting the ongoing audit results, setting up quality improvement monitoring groups and using the benchmarking data obtained during Q1 to evidence improvements.	• The Chair of the Trust questioned how patients have been engaged in this to which the Divisional Medical Director confirmed that it is still early days but the initial steps have been taken in creating the questionnaire which is based on the questions typically asked by the CQC. • It was also confirmed that the patients are asked to complete the questionnaires by a member of administrative staff so that there is no bias in the results.

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Committee/Group Chair's Report

Clinical Correspondence Update		Deputy Medical Director	• Historically the Trust has failed to reach the targets but it was noted that inpatient clinical correspondence remains the biggest challenge. • The key themes identified are; delays attributed to discharge summaries, pharmacy and drugs being sent to the ward and secretarial capacity. Some improvements have been made already including reducing the outpatient longest letter from 196 days to just 17 days. • Within the report there are a number of graphs showing the divisional forecasts versus actual output and the report also contains the mitigating actions identified along with next steps for this workstream. • Following a query from the Chair of the Trust the Deputy Medical Director confirmed that they were internal standards set by what was the Bolton Clinical Commissioning Group and that this cannot be benchmarked	• It was noted by the Associate Medical Director that conversations had taken place amongst the Divisional Medical Directors where it was agreed that the Trust is not using EPR well enough as some of the correspondence could be automated. • The Associate Medical Director has been in contact with Salford Royal FT as they have EPR set up for clinical correspondence and may be able to provide some advice on how to utilise fully.
Review of SI Action Plans		Director of Quality Gov.	• The report presented was following a request from the Chair to see an overview of outstanding actions within each of the Divisions. It was noted that there are 227 open actions and 164 of these are overdue their target date. Progress on these overdue actions will be monitored through the CGQC meeting via a Patient Safety Incident report. • Actions undertaken since the review of overdue actions included: quicker decisions relating to progression of serious incident; review of the serious incident process overall, and ongoing discussions regarding the process for divisional reviews where the serious incident process is not applicable.	• The Chair asked that the report was updated to reflect an appropriate timescale for the Anaesthetics & Surgical Services Division to completed their actions as this was missing. • The Committee will then receive a monthly update via the CGQC chairs report on the progress of the outstanding actions.
			• Of the actions identified as being overdue, it was noted that some were no longer relevant, some were not updated and others were completed but not updated.	

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Committee/Group Chair's Report

Risk Management Committee Chair Report		Deputy Chief Nurse	The Deputy Chief Nurse presented the Chair's Report noting the following key points; • Risk Summary and Overview – Risks that had overdue targets or outstanding reviews have decreased this month. • Risk Summary for Patient Experience – There are no overdue risks, since the last meeting 2 risks have been closed and 7 more have been opened. • Risks Summary for Anaesthetics & Surgical Services - Rating of red was applied as there was insufficient detail/clarity to enable the committee to gain a sufficient overview of the risks and will be presented again at the next meeting.	
Mortality Reduction Group Chair Report		Associate Medical Director	The Associate Medical Director presented the Chair's Report and drew attention to the following key points; • Reports were not supplied in advance of the meeting or if they were submitted there was no representative present to talk through the reports. • There is a clear need for a 'refresh' to gain engagement once again and so the Associate Medical Director and Deputy Chief Nurse have been discussing the workplan and Terms of Reference.	
Group Health & Safety Chair Report		Director of Quality Gov	The Director of Quality Governance presented the Chair's Report noting the following key points; • Sharps Safety – There was no report submitted as the sub-committee was stood down and so the Chair reiterated the importance of attendance at these meetings as this is a key area for the Trust to address.	

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Committee/Group Chair's Report

(Version 4.0 October 2021, Review: October 2022)

Name of Committee/Group:	Quality Assurance Committee	Parent Committee:	Board of Directors
Date of Meeting:	21 September 2022	Date of Next Meeting	19 October 2022
Chair	Jackie Njoroge (NED)	Quorate (Yes/No)	Yes
Key Members present	Francis Andrews, Tyrone Roberts, Donna Hall, Angie Hansen, James Mawrey, Sharon Katema, Stuart Bates, Martin North and Rae Wheatcroft.	Key Members not present:	Fiona Noden, Sharon Martin, Malcolm Brown, Rachel Noble, Michelle Cox, Rebecca Bradley and Karen Keighley.

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Annual Terms of Reference Review		Director of Corporate Gov.	Terms of reference were shared with amendments noted as follows; • Quorum amended from three to two Executives Directors, two Non-Executives Directors and one representative from the divisions. • Distribution of papers was updated to be within five days rather than five working days given some of the reporting Committees report turnaround.	The Committee approved the revised Terms of Reference. It was agreed that an effectiveness review will be completed by the end of the year.

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Committee/Group Chair's Report

Integrated Performance Report		Chief Nurse /Associate Medical Director	• The Chief Nurse advised the Committee that the Statistical process control chart (SPC) measures have been amended to seven points above or below average in line with NHSE/I guidance • Infection Control – C-difficile is within normal variation yet remains a concern due to sustained elevated rates. Multifaceted actions in place. Impact can be delayed due to time lag between transmission and reporting • There have been two cases of MRSA bacteremia which are not included in this month's report but will come through next time. The Trust had previously been 787 days since last reported cases. Both cases are complex. The organization remains in a positive position in relation to Greater Manchester MRSA bacteremia performance • In-patient survey shared. Currently embargoed for wider release. Chief Nurse updated on actions underway which include a focus on – real-time feedback, nurse to nurse handovers and mealtime experience • The Trust intends to revert to unrestricted visiting as in pre-pandemic levels. Aiming to commence by early October 2022 • Clinical Correspondence – a collaborative review has been undertaken which will be presented to the Committee by November. • Mortality – Both SHMI and HSMR are currently within range aided by the improvement in coding. The outcome measures are improving.	The Committee received the Integrated Performance Report noting that there had been two confirmed cases of MRSA which will be taken through the usual SI process and the report will be brought to the Committee for assurance.

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Committee/Group Chair's Report

Clinical Governance and Quality Committee		Chief Nurse	The Chief Nurse talked through the chairs report, noting the following key items; • Patient Safety Incident Report Framework has been seen by the Committee three times and is growing in comprehensiveness. It provides an oversight on compliance with patient safety incident reporting key performance indicators • Maternity Clinical negligence scheme for trusts (CNST) year 4, review underway of evidence with update due end of September 2022 and will report to Board of Directors November 2022 – • Serious Incidents in relation to falls of moderate harm and above over the last 12 months were reviewed and it is noteworthy that around six cases have had the same root cause identified which shows that there has been little learning from these incidents. The Chief Nurse shared this is relation to the current recruitment for quality improvement fellows to build the organisation's quality improvement knowledge. Future developments also include a learning report which will include complaints, serious incidents and other intelligence, to enable overview of themes and learning to inform strategic priorities • Director of Quality Governance is preparing an overview report following some internal mock CQC inspections that have taken place. • The feedback from the Ockenden insight visit held in July 2022 was shared which included recommendations. The Chief nurse confirmed that all recommendations and feedback matched the information shared by the trust both pre and at the start of the visit. Significant progress has been made. Feedback relating to Board oversight of serious incidents has been articulated in a manner which is contrary to what the Chief Nurse believed was discussed on the day. The Chief Nurse will discuss with regional maternity colleagues for clarification and will also provide a written update on current performance around serious incident reporting within	

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Committee/Group Chair's Report

			Maternity to provide assurance to Board colleagues around oversight.	
Quality Account Update – Accessible Information		DSSD	• The Division has been progressing the implementation of Accessible Information Standards (AIS) within the Centralised Support Services Portfolio. • A total of five drivers have been identified and the Division are looking to establish working groups to progress these actions.	The Chair noted the report and commended the Division on their work so far.
BoSCA Update		Deputy Chief Nurse	• The report presented was the first quarterly report seen by the Committee and outlined the themes and trends of standards assessed against and the actions put in place following these assessments. • 10 areas were reviewed in the previous quarter and of those were 4 Bronze, 4 Silver, 1 Gold and 1 White. • Poor compliance with BoSCA nutritional standard, support provided by specialist nutritional nurse and dietician to all areas, undertaking mini BoSCA assessments against nutritional standards as requested. • Infection prevention control undertaking additional environmental audits for areas not meeting compliance with BoSCA Infection Control Standard.	The Committee received the report presented noting the use of Governors during the assessments and agreed to inviting wards that were achieving the highest/ lowest rates to attend Board of Directors.

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Committee/Group Chair's Report

Pressure Ulcers Report		Deputy Chief Nurse	• The report presented the current position in relation to pressure ulcer development across the Trust, specifically providing an overview from April 2020 to the end of Quarter 1 2022/23. • Special cause increase in hospital category 2 pressure ulcers and community suspected deep tissue injuries was noted • Thematic review identified that specialist pressure relieving equipment was required in ED which is being progressed. There are also themes in the Community regarding equipment. • There were an increased number of patients in the Community seen at the end of life, however excellent standards of nursing care evidenced through good documentation standards and listening to the voice of the patient and family. • The Committee were asked to note the inaugural Pressure Ulcer Collaborative launching October 2022, utilising the Institute of healthcare improvement Quality improvement methodology.	The Committee received and noted the report.
2021/22 National Inpatient Survey		Chief Nurse	• The report remains under national embargo as per usual process pending receipt of all findings, and so the Chief Nurse updated verbally on findings.	The Committee received and noted the report.

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Committee/Group Chair's Report

Maternity Services - Regional and System Insight Visit Feedback		Head of Midwifery	The purpose of the visit was to seek assurance in response to the seven immediate and essential actions identified in the Ockenden report. The seven immediate and essential actions were as follows; 1) Enhanced safety 2) Listening to women and families 3)Staff training and working together 4) Managing complex pregnancy 5) Risk assessments throughout pregnancy 6) Monitoring foetal wellbeing 7) Informed consent Variances with regard to Head of Midwifery reporting structures accountability have been noted, discussed with all GM Chief Nurses and currently awaiting an update from national teams. The business case for the second maternity theatre was progressing within the approval framework.	The Committee received the Insight Visit feedback and agreed to receiving two additional reports from the Chief Nurse as below; • A report containing detailed analysis of the serious incident reports that have been presented to the Committee previously. • The second report will triangulate the actions and recommendations noted in the feedback received and the next steps identified by the Trust.
Obstetrics & Gynaecology Overdue SI Actions		Chief Nurse	• In July 2022, there were 53 overdue serious incident actions some of which dated back to 2021. It was noted that the oversight is now there to make sure these are completed and to track progress, and significant progress being made. An action plan was included in the report for the Committees assurance.	The Committee received the report.
Risk Management Committee Chair Report		Chief Nurse	• The Risk Management Committee Chair Report was received and noted.	No further points to be escalated.
Professional Forum Chair Report		Chief Nurse	• The Professional Forum Chair Report was received and noted.	No further points to be escalated.

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Agenda Item 14

Title:	People Committee Chair Report September 2022

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	29th September 2022		Discussion	
Exec Sponsor	James Mawrey, Director of People/Deputy CEO		Decision	

Summary:	This report provides an update on the People Committee.

Previously considered by:	N/A

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

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

Prepared by:	James Mawrey, Director of People/Deputy CEO	**Presented by:**	Bilkis Ismail, Non-Executive Director, Chair of People Committee

Committee/Group Chair's Report

Name of Committee/Group:	People Committee	Report to:	Board of Directors
Date of Meeting:	20th September 2022	Date of next meeting:	18th October 2022
Chair:	Bilkis Ismail	Parent Committee:	Board of Directors
Members present/attendees:	James Mawrey, Rahila Ahmed, Samantha Ball, Paul Henshaw, Sharon Katema, Carol Sheard, Joanne Street, Alan Stuttard, Laura Smoult, Amy Blackburn, Donna Hall, Andy Chilton, Tyrone Roberts, Lianne Robinson, Sophie Kimber-Craig	Quorate (Yes/No):	Yes
		Key Members not present:	Sharon Martin, Zed Ali, Fiona Noden, Malcolm Brown, Francis Andrews

Key Agenda Items:	RAG	Key Points	Action/decision
Resourcing/Agency	Agency	The Committee received a very detailed and comprehensive resourcing report. Members thanked Paul Henshaw, his team of staff and the Divisions for the information and progress detailed in the report. Recruitment activity is being maintained at pace and the Committee received a summary of recruitment activity taken by Division and Staffing group. Members noted the progress being made, pipeline work, and volume of activity. 62 of the 72 international nurses are already in the UK (either working at the Trust or undertaking their OSCE training) with a further 6 due to arrive in September. The Trust has been successful in obtaining additional funding support for the recruitment of 57 additional nurses and 22 Theatre Practitioners. HCA vacancies have been steadily declining with the current vacancy figure standing at 36.66 WTE. Discussion took place regarding the wider workforce challenges in the Bolton Locality and it was agreed that a further update would be provided at the next meeting. The Committee appreciated the update on how our Volunteers are being used throughout the organisation to support pressures. The Committee felt assured that all relevant actions were being taken.	• The report was noted. Monthly reports to remain in place. • A separate agency paper will be brought to the October Committee with a greater focus on triangulation between establishment levels, vacancies, fill rates and premium levels. • Reports would continue to be presented to the Finance Committee given the financial pressures that high agency dependency causes.

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		Agency remains an ongoing significant cause for concern. Colleagues noted that the Trust's overall agency spending increased by £151k in M5 when compared to M4 – which breaks the downward spend trend we had seen in the last 2 months. Nursing agency showed an increase of £160k in-month when compared to M4, Medical showed a decrease in spend of £174k in month, and 'other' agency increased by £146k in-month. Discussion took place regarding the actions being taken on agency spend throughout the organisation. A further deep dive on 'other' agency costs, and correlation, if any, between number of vacancies and any increase in agency premium rates will be discussed at the October meeting.	
Retention Update		The Committee noted the current challenging environment both nationally and regionally in relation to increasing turnover rates (Bolton is not an outlier). The report noted that the NHS had been seeing large numbers of staff – who had decided to stay and support the NHS during the pandemic – now leaving en masse for a number of reasons: to retire, work in the private sector, seek out other opportunities or because they are burnt out. The report provided retention rates at Trust, Divisional, and Staff Group levels. Between August 2021 and July 2022, the Trust had 927 new starters and 828 leavers. As requested by the Quality Assurance Committee, the report also provided a 'deep dive' into turnover within our Acute Adult Care Division (HCAs staffing group noted as a concern for high retention rates). The report went on to highlight the actions and initiatives either already in operation or to be implemented across the Trust to assist in retaining our valued workforce, including: stay interviews, dedicated OD divisional support, cost of living enhanced support, wellbeing reviews and improving the staff benefits package.	• The report was noted. Monthly reports to be introduced until turnover stabilises. • Next report to include more details on the actions being taken for our HCAs and the correlation between length of service and turnover broken down by staff grade.
WRES/WDES Annual Report		Given the report will be included in the BoD papers then no commentary is provided.	• The People Committee commended the report to BoD for approval.

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Committee/Group Chair's Report

NHS National Staff Survey Plans and Staff Engagement Plan Update		The Committee welcomed the actions that are being taken at a Trust level and Divisional level in preparation for the forthcoming NHS Staff Survey (early October). A response rate target of over 40% has been set. It was noted that the NHS is facing unparalleled pressures and discussions took place whether this may adversely impact our NHS Staff Survey findings. It was noted that whilst this is an important factor, there is no evidence from Bolton Go Engage surveys to support any significant change.	• The report was noted.
Mandatory & Statutory Training Update		Overall compliance for mandatory training is at 86.8% and remains above the target of 85%. Statutory training has shown a very slight drop of 0.4% in % compliance compared to July 22. Despite annual patterns showing a drop in completion during the August summer leave period it was felt that a sharpened focus was required. Discussion took place regarding enabling actions such as release, IT support and closer workforce reporting.	• The report was noted. • Bi-monthly reports to be introduced until key KPIs are delivered. Next report to include more details on fire safety and evacuation processes.
Maternity Engagement Update		The Chief Nurse outlined the extensive actions that have been taken in the last 6 months to support a number of Workforce & Organisational Development challenges. The Committee heard of numerous listening events that have taken place (with actions being implemented), 'stay interviews' introduced, suboptimal behaviours being challenged and a renewed focused on leadership development. The Chief Nurse felt that there were 'green shoots' of progress being shown but further significant work remains in place. The Committee agreed that a bi-monthly update would continue to be helpful.	• The report was noted. • Bi-monthly reporting to remain in place with any key updates/causes for concern, if any, to be reported monthly.
2021-2022 Annual Submission to NHS England North West: Appraisal and Revalidation and Medical Governance		The Committee heard that despite a challenging year in the NHS as we recover from the Covid pandemic we have managed to successfully to continue A&R processes and support our medical workforce to complete satisfactory appraisals and revalidation. Questions were asked regarding the SI process in appraisal and revalidation, along with a plethora of enabling actions being taken by the Medical Director. It was agreed that the	• The report was approved for external submission. Update in three months' time on the enabling actions that are being taken.

	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

		Medical Director would bring an update in three months' time regarding the progress against these actions.	
Assurance reporting Groups		• Divisional People Committee • Staff Experience Group • Resource & Talent Planning Steering Group • Health & Academic Partnership • Medical Education Group • Workforce Partnership meetings	• The Committee requested the governance arrangements for the Medical Education Board be considered at the People Development Group.

	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: 15

Title:	Workforce Race Equality Standard, Medical Workforce Race Equality Standard (New) and Workforce Disability Equality Standard 2022 Reports

Meeting:	Board of Directors	**Purpose:**	Assurance	✓
Date:	15 September 2022		Discussion	✓
Exec Sponsor:	James Mawrey, Director of People		Decision	✓

Summary:	Bolton NHS Foundation Trust remains committed to becoming a great place to work for everyone and a provider of high quality, effective patient care. In order to achieve these ambitions, we must ensure there is no disparity between experiences of our Black, Asian and Minority Ethnic (BAME) workforce and their white counterparts, and our disabled workforce and their non-disabled counterparts. The annual Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) are national data collections which gather information to determine the experience of BAME and disabled colleagues. Its purpose is to provide baseline evidence to quantify discrimination in the NHS trust-based medical workforce at the national level, and hence identify the targets for organisations to pursue with corrective action. Our 2022 WRES and WDES data collections have highlighted that the Trust has achieved an improved position in relation to the experience of our BAME and disabled workforce. That said we recognise that more work is required to create a truly inclusive culture. It was particulars noted in the People Committee that our low number of staff who report themselves as disabled (3.7%, when likely much higher) do make findings limited. Our WRES and WDES performance data will continue to inform our key EDI priorities. The Trust's WRES and WDES full reports will be published before 31st October 2022 (national requirement).

Previously considered by:	Endorsed by the People Committee – 20th September 2022
Proposed Resolution:	The Board to note the findings and actions taken / being taken.

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

Prepared by:	Rahila Ahmed, EDI Lead & Jake Mairs, Associate Director of OD	**Presented by:**	James Mawrey, Director of People / Deputy Chief Executive

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

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

1. Introduction

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

1.2. Nationally, it is known that colleagues from a BAME background and those who have a disability have a poorer experience of working within the NHS. The past 12 months have further highlighted the health inequalities which exist and how COVID-19 has impacted people from these communities.

1.3. The importance of inclusion is embedded into the NHS People Plan and our Trust's Strategy 2019-2024. In addition, the Trust has articulated its' vision and priorities for improving EDI practice and health outcomes through its' new EDI Plan 2022-2026.

1.4. Each year the Trust is required publish the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Reports.

1.5. Each of these provide a framework for NHS organisations to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that employees from BAME backgrounds / have a disability receive fair treatment in the workplace and have equal access to career opportunities

- **Workforce Race Equality Standard (WRES)** –. The requirement to have signed up to the Workforce Race Equality Standard (WRES) has been included in the NHS standard contract since 2016. It focuses on meeting requirements around ethnicity and hinges on nine race equality indicators as part of the Equality Delivery System. These indicators are a combination of workforce data and results from the NHS national staff survey.
- **Workforce Disability Equality Standard (WDES)** – WDES has been a requirement of the CCG contract and NHS contract since 2018. The WDES is a set of ten specific metrics that will enable organisations to compare the employment experiences of disabled and non-disabled staff. This applied to all NHS Trusts and Foundation Trusts from April 2019 and is a key step for NHS organisations to improve equality for the NHS workforce. We are able to compare the reported outcomes and experiences between disabled and non-disabled staff.

2. WRES: Performance and Key Findings 2022

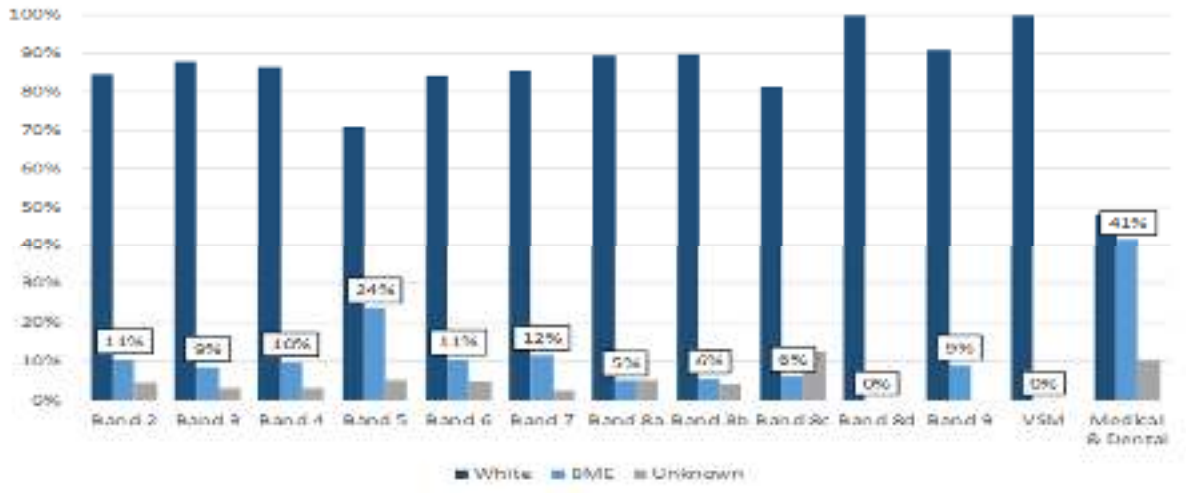
2.1. The following improvements have been noted since the previous year:

a) Overall headcount for the Trust is 5910. 15% of staff are from BAME backgrounds (889 staff). Over the past year we have seen a 0.9% increase in the number of BAME staff employed by the Trust. We are on track to meet the EDI Plan aim to achieving a BAME workforce of 18% by 2025 aiming for a 1% increase year on year.

Over the past 5 years we have seen a 3.4% increase of BAME staff employed at the Trust.

b) There has also been a reduction in the proportion of staff for whom ethnicity is unknown by 0.6% (4.9% unknown equating to 291 employees) which is due to the emphasis on updating ethnicity information during the pandemic to inform accurate risk assessments to support of staff. A 1.3% improvement can be seen over the past 5 years (reducing from 6.2%).

c) The table below shows the percentage of our BAME workforce employed by pay band. Current data shows that the majority of our BAME staff are employed within clinical and non-clinical roles, remain clustered in pay bands 5 and 6 with no significant change from the previous year.



d) Our staff survey results during 2021-22 show and improved staff engagement score for BAME staff from 4.09 in 2021 to 4.16 in the Bolton Engage Survey and consistently felt more engaged when compared to white staff. The table below shows the staff engagement scores for each staff survey during the reporting period:

Overall Engagement Score*						
2021-2022	**Survey**	**Trust Overall**	**BAME Staff**	**White Staff**	**Disabled Staff**	**Non-Disabled Staff**
Q1	Bolton Engage	4.02	4.16	4.07	3.97	4.09
Q2	Bolton Engage	No comparable data collected				
Q3	NHS national staff survey	7.10	*No longer provided*		6.80	7.20
Q4	Bolton Engage	3.91	4.00	3.95	3.84	3.96

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

e) Although there has been a slight decline in the number of BAME applicants being appointed for shortlisting when compared to white applicants (from 0.6 in 2021 to 0.8 in 2022), the Trust was voted in the top 10 best performing Trusts in NHSE England's Workforce Race Equality Data Report 2021. The national figure rests at 1.6.

This is the result of partnership working between the EDI Team, Recruitment Team and the BAME Staff Network, alongside the innovative work with our international recruits.

f) Over the past year, there has a been a slight 0.3% decrease in the proportion of BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months (26.7%) and has got worse over the last 5 years (20%). The Trusts results however remain lower than the national average at 28.8% for BAME staff.

There was a marginal increase reported from white staff also from 19.8% in 2021 to 20.5% in 2022.

g) The percentage of BAME board members has increased by 7% which now sees a higher 3 voting members on the Board from BAME backgrounds which has doubled in percentage from 5 years ago (7.7%)

h) More BAME staff have raised concerns via the Trust's Freedom to Speak Up process compared to the previous year (15% totalling 24 concerns). This shows that BAME staff feel safe to speak up about their concerns about patient safety and staff treatment.

i) The relative likelihood of white staff accessing mandatory training or CPD has remained the same as per the previous year at 0.9%.

2.2. The following deteriorations have been noted in the WRES performance since the last reporting year:

a) 27% less BAME staff believe there is equal opportunity in comparison to white staff (47.4% compared to 62.3% respectively). This is considerably lower than the national average at 69.2%.

b) There has been a 3.8% increase in the percentage of BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months 27.7% which is lower than the national average at 28.9%.

This figure has increased by 7.7% over the past 5 years (20%) although it reached its peak in 2019 at 32% and has declined over the years.

c) The relative likelihood of BAME staff entering the formal disciplinary process has increased by 0.7 and is now at 1 which means equal likelihood of entering the formal disciplinary process (43 white staff have been disciplined compared to 9 BAME staff). It's important to note here that overall this figure has largely reduced over the past 5 years when the score was 1.87 in 2018 and 2.34 in 2017.

This is lower than the national average which is at 1.14. However, a score of 0.8 to 1.25 indicates a non-adverse range. A score greater than 1.25 for BAME staff indicate they are more likely to be subject to formal process.

d) There has been a 1% increase in the percentage of staff that have personally experienced discrimination at work from manager/team leader or other colleague rising to 16.3%, almost on par with the national average at 16.7%.

This figure although is lower than 5 years ago (20%) has fluctuated over the years reaching its peak in 2020 at 21.2%.

3. WRES: Action Taken 2021-22

3.1. During 2021-22 the following actions have been taken with the aim of helping to improve the Trusts EDI practices in relation to race and ethnicity and create an inclusive work culture:

- Jointly developed an inclusive recruitment framework to improve the Trust Race Disparity Ratios which is monitored on a regular basis to ensure inclusion is at its heart. Action plans have been developed with a focus on ensuring policies are procedures are updated to support diverse talent to progress, improving where job roles are advertised, working closely with local communities and the BAME staff network to provide support to colleagues applying for roles.

- Continued to support the BAME Staff Network to fulfil its' purpose who have been pivotal in co designing solutions to create a better Bolton such as reviewing recruitment practices, prayer facilities and external communication methods to reflect the diversity of Bolton. It also provides a safe space at each meeting to raise issues affecting staff.

- Stretch assignments/projects have been offered to BAME staff who had successfully completed the BAME leadership programme to advance their career.

- Continued to embed our Freedom to Speak Up Approach and increased the number of FTSU champions to 30. Five of the current champions (16.6%) are from a BAME background although 2 additional champions have recently left the Trust due to retirement and the other due to promotion.

- Internal EDI training review has taken place and a forward proposal is being developed to include modules designed to raise awareness of factors that affect ethnic communities and to disrupt biases of colleagues and recruiting managers

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

- Promotion of regional and national BAME leadership programmes.

4. WRES: Further In-Year Actions

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

- Delivering our EDI objectives outlined in the Trust's new EDI Plan 2021-2025.
- Establishing a structured community voices involvement network with local race and cultural community groups to co-design solutions and achieve the Trusts EDI plan ambitions.

- Developing regular WRES divisional highlight reports to understand trends and challenges faced by our BAME colleagues in areas, take localised action and provide relevant support and interventions.
- Building on the success of our BAME leadership development pilot programme by recruiting further cohorts and mainstreaming the offer.
- Develop a joint approach and process with Human Resources, Freedom to Speak Up Guardian, Unions and Staff Network Chairs, to analyse staff complaints and implement effective interventions.
- Continue to work with the BAME Staff Network and implement their action plan objectives to reduce bullying & harassment.
- Hold focused engagement events with BAME clinical staff
- Continue to progress the recruitment framework actions including interview preparation checklists, ensuring diverse interview panels are in place, arrange inclusive recruitment training for hiring managers and review the current process and content of sample EDI Interview questions.
- Resourcing Team to conduct a review of the values based recruitment process for executive appointments.
- People Development Team will lead on designing and implementing leadership and development programmes and interventions, to support growth ensuring stretch opportunities including networking, advocacy, mentorship, sponsorship, and will focus on systematic change rather than individuals.
- Develop and launch a new Be Inclusive Training & Development Programme, to help redesign systems, increase EDI awareness and practice and support behaviour change.
- Explore other confidential systems and processes for reporting discrimination
- Further developing initial plans for the Trust to launch a faith network.

5. WDES: Performance and Key Findings 2022

5.1. Where possible comparators have been given against known national averages gathered via the NHS national staff survey. It is recognised that the data is poor across the whole of the NHS and much work is required to improve declaration rates to ensure true visibility of issues related to our disabled workforce.

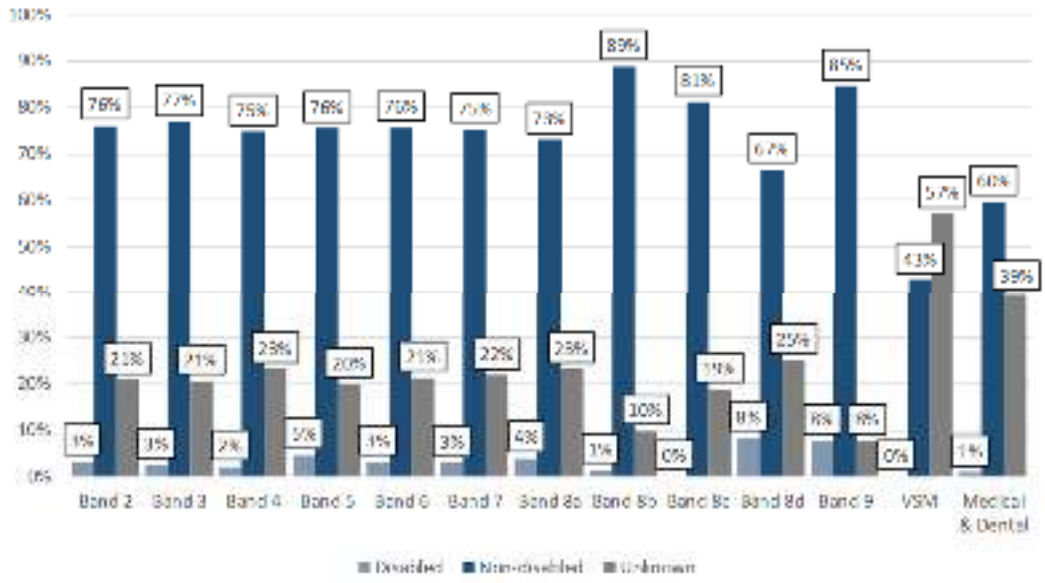
5.2. The following improvements have been made since the last reporting year and compared to the last four years where applicable:

a) The proportion of disabled staff increased by 0.3% (20 staff) to 3.2% in 2021/2022 (187 staff in total) as recorded within the Electronic Staff Record (ESR) HR information system, although lower than the national average at 3.7%.

Comparatively, a higher 24% (518) staff have declared they have a disability or health condition in the anonymous staff survey. This has risen from 18.9 % the previous year showing increased awareness and/or confidence levels.

b) Almost 1 in 4 staff (22.1%) have not declared whether they have a disability or health condition on ESR, which is on par with the national average at 21.3%. This gap in data impacts on the analysis of experiences of staff with a disability or health condition

c) The highest proportion of Disabled staff are represented at Band 8d and Band 9 positions.



d) There has been a 3.4% reduction in the percentage of disabled staff saying they felt pressure to come to work at 25%. This is lower than the national average which found a third of staff agreed with this question in the staff survey. Over the past 4 years a 2% improvement has been realised.

e) A positive 3% increase (40.7%) is also noted in feeling their work is valued compared with the previous year. This is in line with the national average at 40%.

Over the past 4 years this figure has dipped from 47% in 2019 but is back on the rise.

f) The percentage of disabled staff who have experienced harassment, bullying or abuse from managers has declined by 3% (from 15.7% in 2021 to 12.5% in 2022) and is better than the national average at 19%. There has been a 6.6% improvement over the past 3 years.

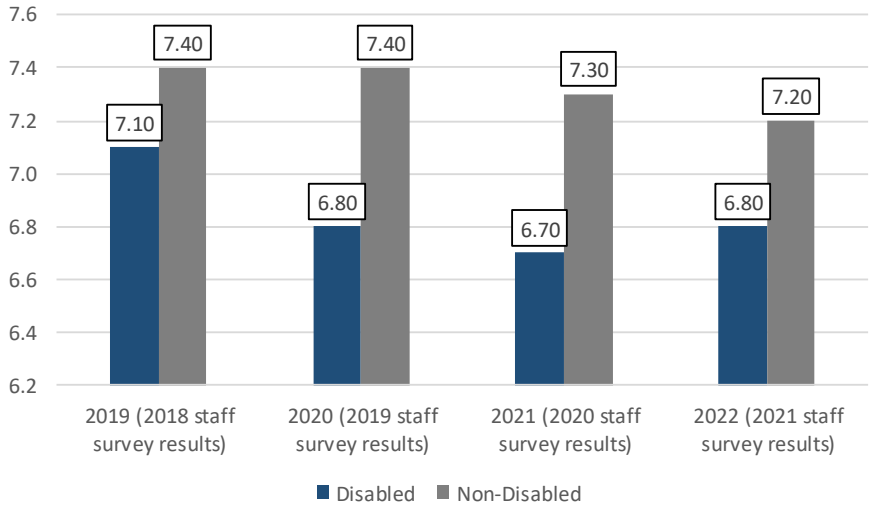
g) Similarly reports of bullying, harassment and abuse from colleagues also decreased by almost 3% (20.4% in 2022) and remains lower than the national average at 25.7%.

This a is a considerable 9.5 % improvement from 2020 when the rate was at its highest at 30%.

h) The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts has reduced from a score of 1.57 the previous year to 1.04 which shows an improvement. This is now lower than the national average at 1.11. However, a figure above 1 denotes a higher likelihood of non-disabled staff being appointed from shortlisting.

i) The relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff is 0% as the numbers are very low. Nationally however the relative likelihood is 1.94, indicating disabled staff are nearly twice as likely to enter the capability process as their non-disabled colleagues

j) There has been an increase in the engagement of disabled staff from 6.7 to 6.8 over the past year. 518 staff members with a disability completed the staff survey.



5.3. A deterioration has been noted in the following areas:

a) In the last year, 25.9% less staff believe the Trust provides equal opportunities for career progression or promotion (from 80.9% in 2021 to 55% in 2022). 27.5% less staff without a disability also agree with this statement in the same reporting period

b) Nearly one in four disabled staff in the NHS do not believe that they are getting the necessary equipment and support needed for them to perform their role as effectively as possible. The rates of disabled staff saying their employer has made reasonable adjustments to carry out their work has fallen by 4% from 77% in 2021 to 73% in 2022. This undoubtedly means a loss of productivity for these staff although slightly better than the national average at 76%.

c) The percentage of disabled staff who have experienced harassment, bullying or abuse from patients/relatives/public has increased by 2.9% over the past year to 33.7% in 2022. This figure is slightly higher than the national average at 31.9%. There has been no difference in the rates of bullying reported by non-disabled staff over the same period.

Over the last 4 years there has been little improvement seen in this score (34% in 2019) although bullying rates dipped in 2020 but have increased again.

d) 5% less staff are reporting bullying harassment and abuse at work either personally or as a colleague (49%), compared to 2021 and a considerable 19% less than 2019 (68 %).

e) There remains no disabled representation on the Board as on 2019 when the first WDES report was published. Nationally 58% of Trusts are in the same position.

6. WDES: Action Taken 2021-22

- A staff listening session with a disability and health conditions took place during the pandemic. The session provided an opportunity for staff to share their

experiences, concerns and ideas to improve experiences and gain feedback to help shape the new Disability and Health Conditions Staff Network.

- A Disability and Health Conditions Staff Network has been established which was sponsored by the Director of Corporate Governance which demonstrated senior leadership and commitment. Their role is to support the Trust to make improvements for staff and patients. A safe space is created for staff to raise concerns in a confidential manner.
- We have re-started our work on delivering the Accessible Information Standard (AIS). The working group includes representatives from the EDI Team, divisions and Informatics Team. The group reports progress against their action plan through to the EDI Steering Group.
- Raised the profile of race equality and workplace inclusivity through our annual calendar of diversity and inclusion campaigns and engagement activities such as Black History Month and Ramadan.
- The Trust introduced the Trauma Risk Management (TRiM) approach in October 2021 that provides colleagues who have experienced a trauma, with a rapid risk assessment and relevant support guidance and help over a timely period.
- Continued to promote staff wellbeing initiatives including access to counselling, staff physiotherapy service, shiny minds app, vivup etc.
- Guidance on long-Covid and a support group has been established to better support our staff that are suffering with symptoms and raise awareness of long-Covid.

7. WDES: Further In-Year Actions

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

- Renewing the Trusts Level 2 Disability Confident 2 accreditation to consolidate existing support in place and thereafter implementing the required actions will enable the Trust to meet level 3 of the Disability Confident Scheme.
- Developing regular divisional highlight reports to understand trends and challenges faced by disabled colleagues, localised action plans, strengthen accountability and provide relevant support and interventions.
- Further offer support to strengthen the Disability and Health Conditions Network to raise staff awareness and increase involvement, increase declaration rates, education and focus on the provision of reasonable adjustments
- Develop an internal communications campaign to encourage staff to declare their disability to the Trust and other protected characteristics.
- Develop a joint approach and process with Human Resources, Freedom to Speak Up Guardian, Unions and Staff Network Chairs, to analyse staff complaints and implement effective interventions.
- Develop and launch a new Be Inclusive Training & Development Programme, to help redesign systems, increase EDI awareness and practice and support behaviour change.

- Explore other confidential systems and processes for reporting discrimination.
- Developing hybrid working guidance and tools to support line managers and employees to implement flexible working practices. We recognise we have an ageing workforce with 57% of our staff over the age of 40. Retaining staff with lived experience is beneficial to improving our services as their experience enhance patient care.
- Arrange Inclusive Recruitment training for hiring managers and review the current process and content of sample EDI Interview questions.
- Improving the Trust's website so content can be translated into different languages and content can be re-sized and adapted so it is more easy to read including for colour blind people.

8. Next Steps

8.1. Our detailed WRES and WDES reports and supporting action plans have been shared with the People Committee in September 2022 and the final reports will be published in 31st October 2022 following approval by the Board in September 2022.

9. Recommendations

- The Board of Directors are asked to note the findings and the next steps. This agenda will continue to be managed through the People Committee.

	WRES indicator		2017	2018	2019	2020	2021	2022	Difference between 2021 & 2022
1	Percentage of BME staff	**Overall**	11.00%	11.60%	12.40%	12.90%	14.10%	15.00%	0.9% ↑
		VSM	0.00%	4.80%	6.30%	8.30%	0.00%	0.00%	0% ↔
2	Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants		1.37	1.4	1.53	1.3	0.62	0.84	0.22 ↓
3	Relative likelihood of staff entering the formal disciplinary process		2.34	1.87	1.59	1.64	0.93	1	0.07 ↓
4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff		0.97	0.95	0.91	0.9	0.99	0.99	0 ↔
5	Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	**BME**	26.70%	20.00%	32.00%	28.80%	23.90%	27.70%	3.8% ↓
		White	26.80%	27.10%	31.00%	21.90%	25.70%	26.50%	0.8% ↓
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	**BME**	26.80%	20.00%	29.00%	25.00%	27.00%	26.70%	-0.3% ↑
		White	23.90%	27.10%	16.00%	23.60%	19.80%	20.50%	0.7% ↓
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	**BME**	87.90%	79.20%	75.00%	67.50%	74.80%	47.40%	-27.4% ↓
		White	92.70%	90.00%	90.00%	86.50%	90.10%	62.30%	-27.8% ↓
8	Percentage of staff personally experienced discrimination at work from manager/team leader or other colleague	**BME**	14.00%	20.00%	18.00%	21.20%	15.30%	16.30%	1% ↓
		White	6.10%	4.53%	5.00%	5.30%	5.30%	4.60%	-0.7% ↑
9	BME board membership		0.00%	7.70%	6.70%	6.70%	8.30%	15.40%	7.1% ↑

WDES metric			2019	2020	2021	2022	Difference between 2021 & 2022
1	Workforce representation of Disabled staff (AfC)	**Overall**	2.8%	2.6%	2.9%	3.3%	0.46% ↑
		8c and above	0.0%	0.0%	0.0%	0.0%	0% ↔
2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff		1.41	1.57	1.57	1.04	-0.53 ↑
3	Relative likelihood of Disabled staff entering the performance management capability process compared to non-disabled staff		0	0	0	0	0 ↔
4(i)	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months by patients/service users, their relative or other member of the public	**Disabled**	34.0%	26.1%	30.8%	33.7%	2.9% ↓
		Non-disabled	24.0%	21.9%	24.2%	24.2%	0% ↔
4(ii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from managers	**Disabled**	10.0%	19.1%	15.7%	12.5%	-3.2% ↑
		Non-disabled	11.0%	9.9%	9.4%	9.7%	0.3% ↓
4(iii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from other colleagues	**Disabled**	20.0%	29.9%	23.3%	20.4%	-2.9% ↑
		Non-disabled	16.0%	14.6%	14.3%	15.2%	0.9% ↓
4(iv)	Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	**Disabled**	68.0%	42.1%	54.0%	49.0%	5.0% ↑
		Non-disabled	50.0%	41.3%	49.8%	46.0%	-3.8% ↑

WDES metric			2019	2020	2021	2022	Difference between 2021 & 2022
5	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	**Disabled**	85.0%	76.6%	80.9%	55.0%	-25.9% ↓
		Non-disabled	89.0%	86.1%	89.6%	62.1%	-27.5% ↓
6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	**Disabled**	27.0%	31.7%	28.2%	25.0%	-3.2% ↑
		Non-disabled	19.0%	14.7%	21.4%	18.0%	-3.4% ↑
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work	**Disabled**	47.0%	43.2%	37.7%	40.7%	3.0% ↑
		Non-disabled	57.0%	55.4%	51.4%	47.5%	-3.9% ↓
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	**Disabled**	74.0%	69.4%	77.0%	73.8%	-3.2% ↓
9	Staff engagement score (a composite based on several questions in the NHS Staff Survey)	**Disabled**	6.80	7.10	6.70	6.80	0.1 ↑
		Non-disabled	7.40	7.40	7.30	7.20	0.1 ↓

Workforce Race Equality Standard

Bolton NHS Foundation Trust 2022 Data Analysis Report

31 Mar 2022

Contents

Introduction

- Fostering a culture of inclusion remains a critical priority for our organisation. An inclusive work environment provides a place where everyone feels welcome and can be the best version of themselves. This in turn enables our staff to thrive and deliver the best possible services and care to the people of Bolton.
- Nationally, it is known that colleagues from a Black, Asian and Minority Ethnic background have a poorer experience of working within the NHS. The past 2 years have further highlighted the health inequalities which exist and how COVID-19 has impacted people from these communities.
- The importance of inclusion is embedded into the NHS People Plan and our Trust's Strategy 2019-2024. In addition, the Trust has articulated its' vision and priorities for improving EDI practice and health outcomes through its' new EDI Plan 2022-2026.
- Each year the Trust is required to publish Workforce Race Equality Standard (WRES) data.
- The WRES provides a framework for NHS organisations to report, demonstrate and monitor progress against a number of indicators of workforce equality, and to ensure that employees from BAME backgrounds receive fair treatment in the workplace and have equal access to career opportunities.
- The requirement to have signed up to the Workforce Race Equality Standard (WRES) has been included in the NHS standard contract since 2016. It focuses on meeting requirements around ethnicity and hinges on nine race equality indicators, as part of the Equality Delivery System. These indicators are a combination of workforce data and results from the NHS national staff survey.
- The following information in the report details key findings from the data collated for 2021/2022, comparisons of data from previous years and actions that will be put in place to address the findings.

Key findings

Workforce Representation
The proportion of BME staff increased to **15.0%** in 2021/2022 compared with **14.10%** in 2020/2021. An increase of **0.9%**. The highest proportion of BME staff are still represented at Band 5 **(24%).**

Recruitment
The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants has increased by a relative likelihood of **0.22.**

Disciplinary Process
The relative likelihood of BME staff entering the formal disciplinary process has seen an increase of **0.07** in Apr 21 to Mar 22 and is now at a relative likelihood of **1.18**.

Harassment & Bullying
There has been an increase in the percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months from 23.9% to 27.7%.

Harassment & Bullying
There has an been a Slight decrease in the proportion of BME staff (27%) experiencing harassment, bullying or abuse from staff in the last 12 months. From 27% to 26.7%).

Career Progression
A significantly fewer proportion of BME staff believe there is equal opportunity in comparison to white staff, 47.4% to 62.3% respectively.

Discrimination
There has been an increase in the percentage of staff that have personally experienced discrimination at work from manager/team leader or other colleague.

Board Representation
The percentage of BME board members has increased slightly but there is a still significant difference in comparison to white board members.

Key findings

WRES indicator			2017	2018	2019	2020	2021	2022	Difference between 2021 & 2022
1	Percentage of BME staff	**Overall**	11.00%	11.60%	12.40%	12.90%	14.10%	15.00%	0.9% ↑
		VSM	0.00%	4.80%	6.30%	8.30%	0.00%	0.00%	0% ↔
2	Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants		1.37	1.4	1.53	1.3	0.62	0.84	0.22 ↓
3	Relative likelihood of staff entering the formal disciplinary process		2.34	1.87	1.59	1.64	0.93	1	0.07 ↓
4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff		0.97	0.95	0.91	0.9	0.99	0.99	0 ↔
5	Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	**BME**	26.70%	20.00%	32.00%	28.80%	23.90%	27.70%	3.8% ↓
		White	26.80%	27.10%	31.00%	21.90%	25.70%	26.50%	0.8% ↓
6	Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	**BME**	26.80%	20.00%	29.00%	25.00%	27.00%	26.70%	-0.3% ↑
		White	23.90%	27.10%	16.00%	23.60%	19.80%	20.50%	0.7% ↓
7	Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion	**BME**	87.90%	79.20%	75.00%	67.50%	74.80%	47.40%	-27.4% ↓
		White	92.70%	90.00%	90.00%	86.50%	90.10%	62.30%	-27.8% ↓
8	Percentage of staff personally experienced discrimination at work from manager/team leader or other colleague	**BME**	14.00%	20.00%	18.00%	21.20%	15.30%	16.30%	1% ↓
		White	6.10%	4.53%	5.00%	5.30%	5.30%	4.60%	-0.7% ↑
9	BME board membership		0.00%	7.70%	6.70%	6.70%	8.30%	15.40%	7.1% ↑

WRES indicator 1

Key supportive data

Table 1

Staff in Bolton FT by ethnicity: 2017 – 2022 as at 31 March 2022

The overall headcount for the Trust is **5910**. This has increased between 2021 and 2022 with the number of BME staff declaring as BME increasing to **889,** an additional **69** people, which is **0.9** percent. There has also been a reduction in the proportion of staff for whom ethnicity is unknown. There has been an emphasis on the updating of ethnicity information during the pandemic as this has been prioritised to inform accurate risk assessments in support of staff.

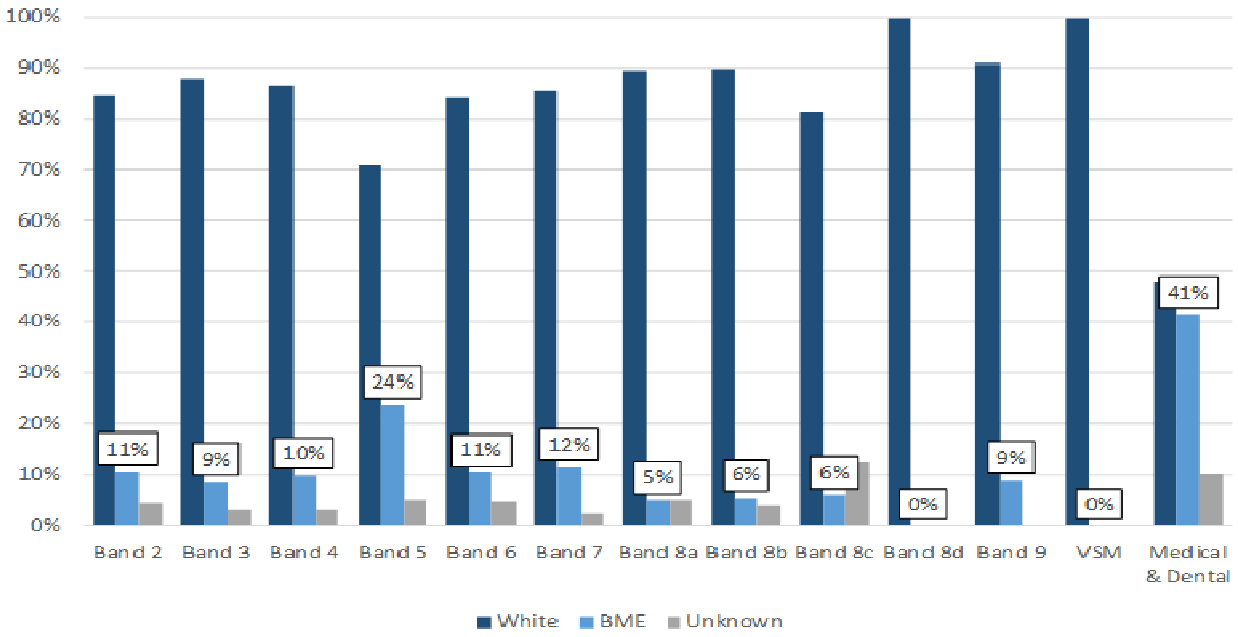
	Headcount			Percentage		
Year	White	BME	Unknown	White	BME	Unknown
2017	4532	601	349	82.7%	11.0%	6.4%
2018	4355	615	328	82.2%	11.6%	6.2%
2019	4453	679	325	81.6%	12.4%	6.0%
2020	4554	723	334	81.2%	12.9%	6.0%
2021	4686	820	317	80.5%	14.1%	5.4%
2022	4730	889	291	80.0%	15.0%	4.9%

WRES indicator 1

Key supportive data

Chart 1

Staff in Bolton FT by ethnicity: 2017 - 2022



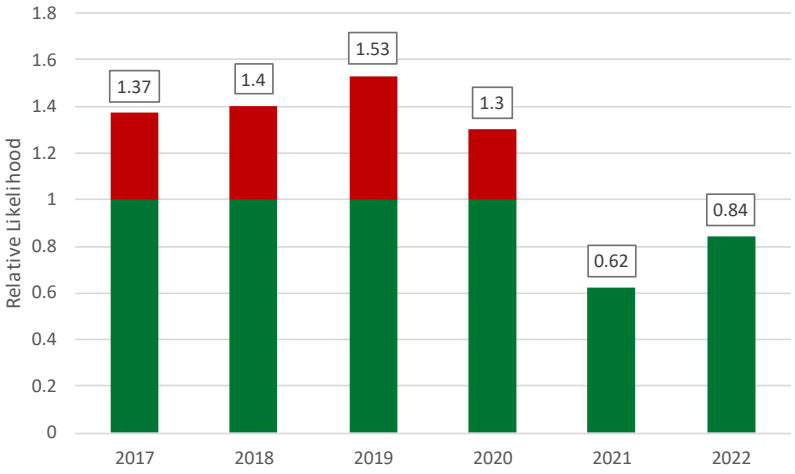
The largest proportion of BME staff **(24%)** are still clustered at Band 5 as per last year.
There are no BME staff at Bands 8d or VSM

WRES indicator 2

Key supportive data

Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants: 2017 - 2022

2017	2018	2019	2020	2021	2022
1.37	1.4	1.53	1.3	0.62	0.84



A relative likelihood of over 1 is indicated in red and means that white applicants have a greater likelihood of being appointed from shortlisting than BME applicants.

For the last two years we have appointed proportionately more BME applicants from shortlisting than white applicants.

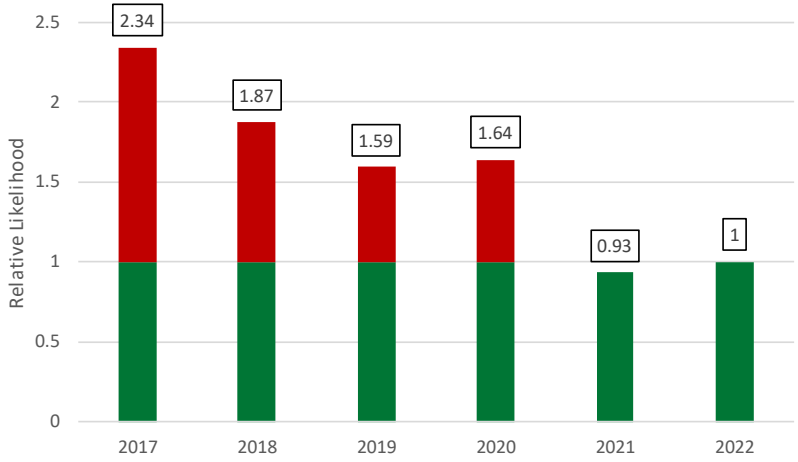
However in terms of headcount there were 506 out of 3220 white staff appointed from shortlisting and 134 BME staff out of 702 appointed from shortlisting.

WRES indicator 3

Key supportive data

Relative likelihood of staff entering the formal disciplinary process

2017	2018	2019	2020	2021	2022
2.34	1.87	1.59	1.64	0.93	1



This indicator is based on data from a two year rolling average of the current year and previous year.

The relative likelihood of BME staff entering the formal disciplinary process has seen an **increase of 0.07** in Apr 21 to Mar 22 and is now at a relative likelihood of 1. **43 white staff** compared **to 9.5 BME staff.**

WRES indicator 4

Key supportive data

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff: 2017 - 2022

BME staff have remained slightly more relatively likely to access non-mandatory training and CPD compared to white staff although in 2021 & 2022 this was almost even.

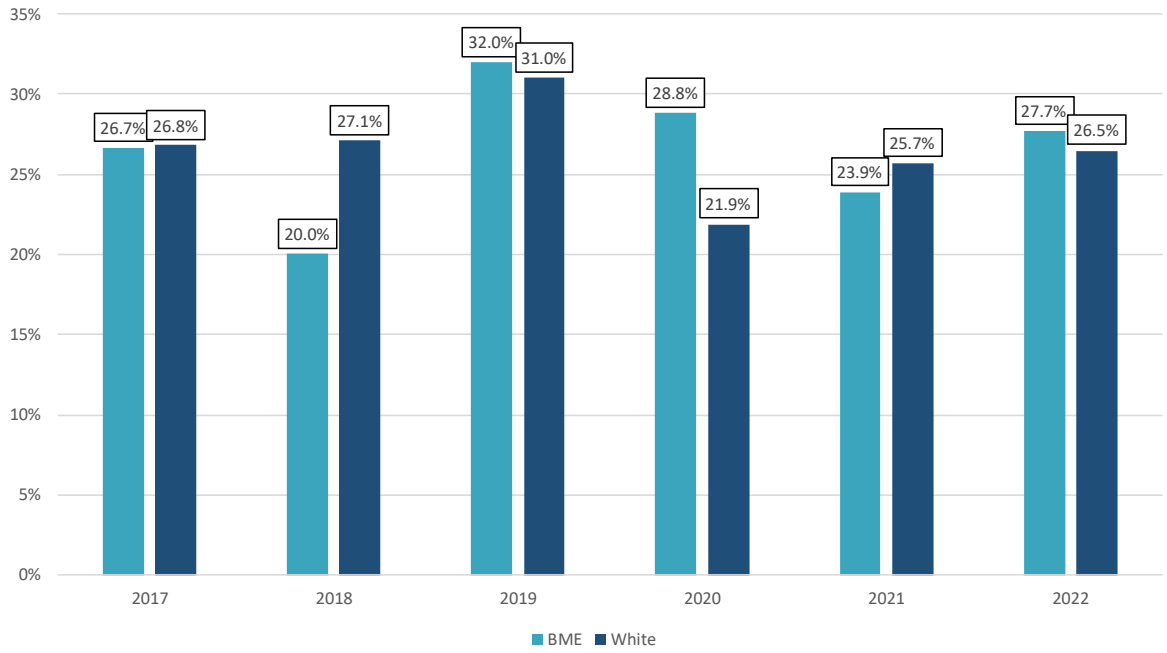
NHS employers say that Trusts should consider how to use non-mandatory training and CPD to improve career progression for BME staff

Year	Relative Likelihood
2017	0.97
2018	0.95
2019	0.91
2020	0.90
2021	0.99
2022	0.99

WRES indicator 5

Key supportive data

Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months: 2017 - 2022



This data is from the National Staff Survey results

There has been an increase of **3.8%** of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public.

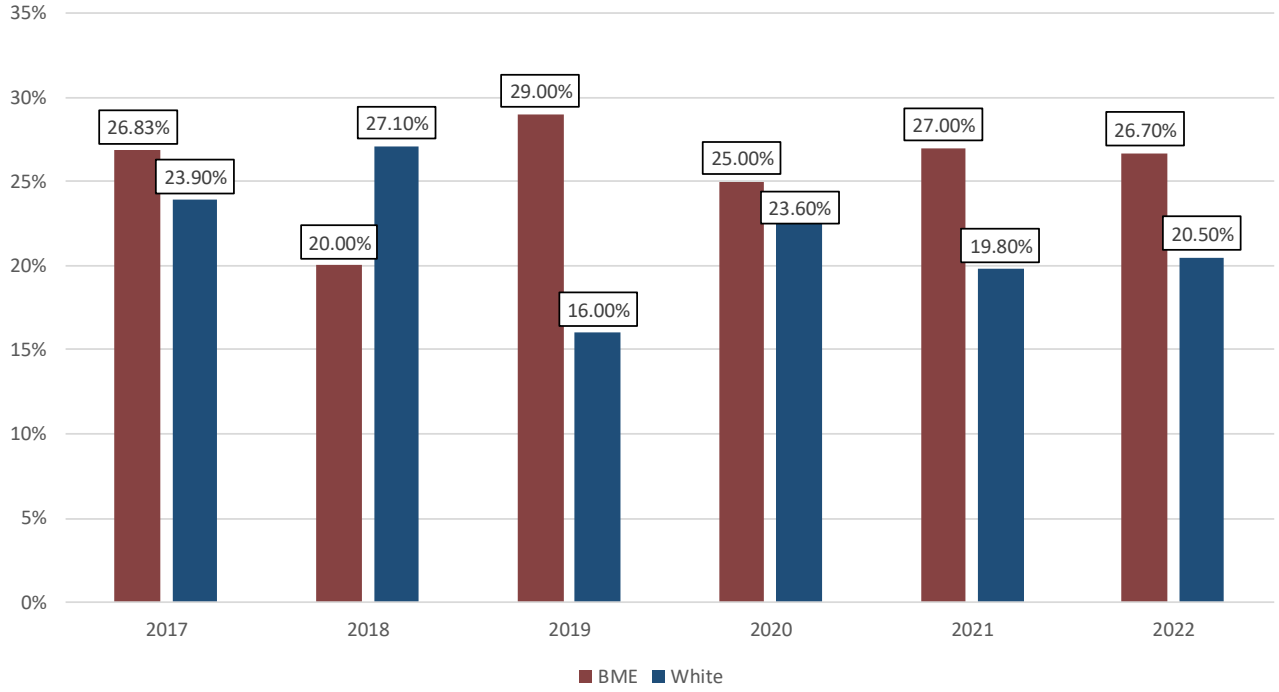
1912 white staff responded to this question

231 BME staff responded to this question

WRES indicator 6

Key supportive data

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: 2017 - 2022



This data is from the National Staff Survey results

There has an been a slight decrease of **0.3 %** of the number of BME staff reporting harassment, bullying or abuse from staff.

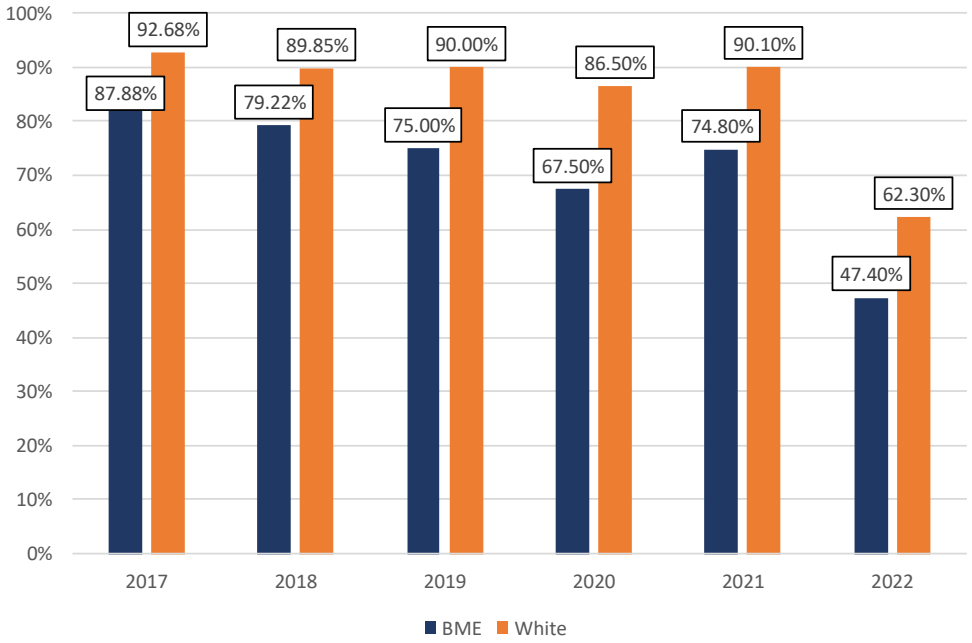
1916 white staff responded to this question

232 BME staff responded to this question

WRES indicator 7

Key supportive data

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion: 2017 - 2022



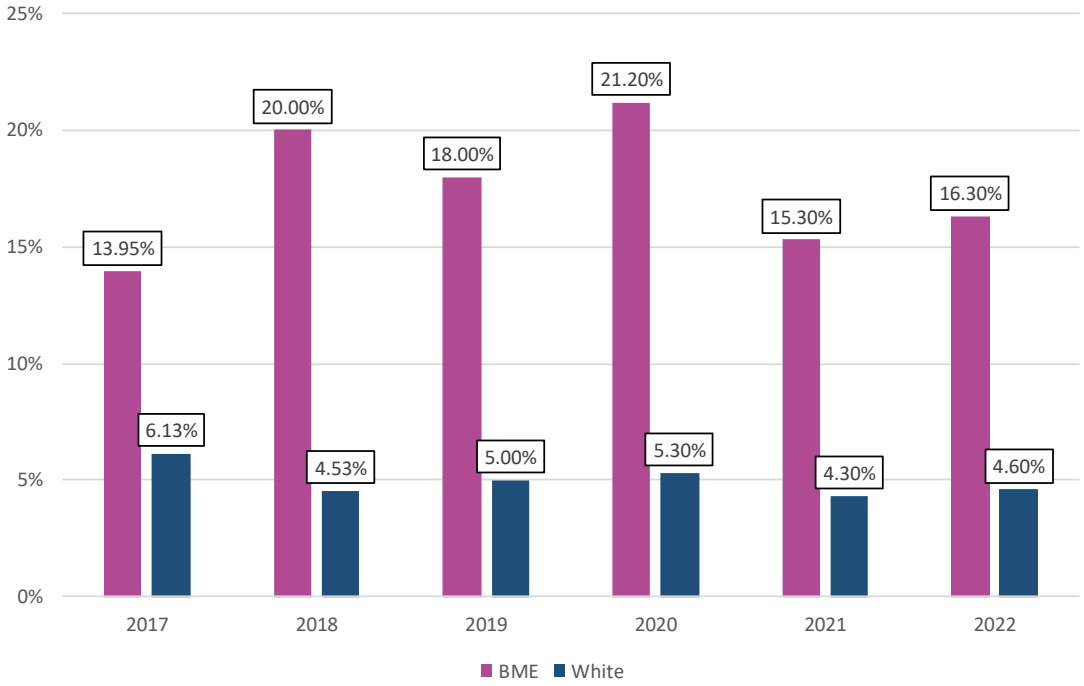
This data is from the National Staff Survey results.

There has been a significant decrease by **27.4%** of the number BME staff that believe the Trust provides equal opportunities for career progression or promotion.
1925 white staff responded to this question
232 BME staff responded to this question

WRES indicator 8

Key supportive data

Percentage of staff personally experienced discrimination at work from manager/team leader or other colleague: 2017 - 2021



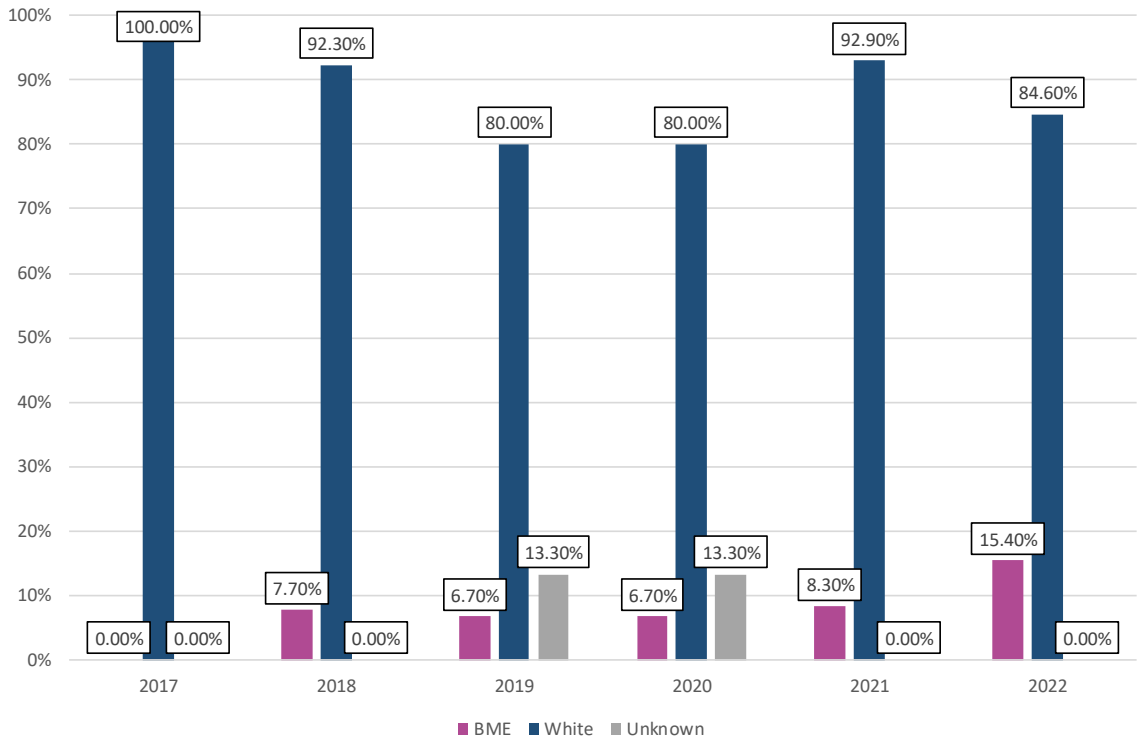
This data is from the National Staff Survey results.

There has been an increase of **1%** of BME staff that have personally experienced discrimination at work from manager/team leader or other colleague.
1917 white staff responded to this question
227 BME staff responded to this question

WRES indicator 9

Key supportive data

Percentage of board members by ethnicity compared to BME workforce: 2017 - 2022



While the number of BME voting board members has increased there are still only **3 BME members** on the Board.

Key Areas of Progress: 2021-2022

- Developed an inclusive recruitment framework to improve the Trusts Race Disparity Ratios which is monitored on a regular basis to ensure inclusion is at its heart.
- Recruitment interview checklist.
- BAME Staff Network pivotal in co designing solutions to create a better Bolton such as reviewing recruitment practices, prayer facilities and external communication methods to reflect the diversity of Bolton.
- Provision of safe spaces for BAME staff to raise concerns and issues.
- Stretch assignments/projects have been offered to BAME staff who had successfully completed the BAME leadership programme to advance their career.
- Continued to embed our Freedom to Speak Up Approach and increased the number of FTSU champions.
- Internal EDI training review taken place and proposals developed.
- Annual calendar of diversity and inclusion campaigns and engagement activities such as Black History Month and Ramadan.
- Continuing to work with Bolton's Community of Mosques to invest in new Muslim prayer facilities for staff and patients in the hospital.
- Promotion of regional and national BAME leadership programme's.

Action Plan: 2022 -2023

	Indicator	Actions
1	**Percentage of staff in each of the Agenda for Change, VSM and Medical & Dental staff**	• Establishing a structured community voices involvement network with local race and cultural community groups to co-design solutions and achieve the Trusts EDI plan ambitions. • Showcase the diversity of our workforce and celebrate BAME role models in our promotional and recruitment material, to demonstrate our commitment to being an inclusive employer. • Continue our widening participation strategy of targeting local ethnic minority communities and schools to promote NHS Careers. • Continue with the tailored support given to the overseas nursing programme. To explore input from BAME Staff network. • Continue our focus of increasing BAME representation in senior leadership positions through promotion of positive action programmes including national and regional Leadership and management programmes. • Monitor the divisional and Trust wide recruitment figures on a regular basis. • Develop pilot process for recruitment managers, to ensure recruitment interview checklist being used. • Review the current process and content of Sample EDI Interview questions. • Continue to undertake OD interventions at team level, organisational level and individual level. • Explore the regional anti-racist framework. • Launch campaign to Increase self declaration rates in ESR.
2	**Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants**	• Implement an inclusive recruitment framework to ensure policies, procedures and practice are updated, to attract diversity into the trust. • Recruitment team to communicate importance of ensuring diverse recruitment panels are consistently applied. • Arrange inclusive recruitment training for Hiring Managers.

Action Plan: 2022 -2023

	Indicator	Actions
3	**Relative likelihood of staff entering the formal disciplinary process**	• Develop and launch a new Be Inclusive Development Programme, to help redesign systems, increase EDI awareness and practice and support behaviour change. • Progress joint approach and process with Human Resources, Freedom To Speak Up Guardian, Unions and BAME Staff Network, to analyse staff complaints and implement effective interventions. • Review leadership and management programme to ensure EDI focus including unconscious bias and privilege are embedded.
4	**Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff**	• Review talent management process to ensure there is greater prioritization and consistency of diversity in talent. • Actively promote leadership development opportunities through the BAME Staff Network. • Promote access to coaching and career conversations and system wide pool of diverse coaches. • Monitor the diversity of participants in non mandatory learning and development.
5	**Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months**	• Review Trusts zero tolerance approach and communication and publicise zero tolerance of bullying and harassment and abuse to patients and the public. • Continue to promote health and wellbeing conversations between line managers and staff to empower people to reflect on their lived experience, support them to become better informed on the issues and determine what they and their teams can do to make further progress.

Action Plan: 2022 -2023

6	**Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months**	• Review and explore rolling out the Trust focus on civility and respect. Embed themes such as macroaggressions and bias. • Develop a suite of Edi training. • Recruit additional FTSU Guardians, expanding the team to reflect the diversity of the workforce. • Continue to work closely in enabling safe speaking up channels for our BAME workforce and build confidence of our staff to speak up. • Explore other confidential systems and processes for reporting discrimination. • Establish Executive Sponsors for each of the Trust's Networks. • Support staff to learn about race and cultural diversity through celebration of key events. • Continue to undertake OD interventions at team level, organisational and individual level**.**
7	**Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion**	• Build on the success of our BAME leadership development pilot programme, by analysing findings of the initial evaluation and delivering further cohorts and mainstreaming the offer. • Promote access to coaching and mentoring. • Continue to undertake OD interventions at team level, organisational level and individual level.
8	**Percentage of staff personally experienced discrimination at work from manager/team leader or other colleague**	• Raise awareness through the diversity events calendar of the Trusts commitment to zero tolerance of discrimination and individual responsibility of Ally ship.
9	**Percentage of board members by ethnicity compared to BME workforce**	• Resourcing Team to conduct a review of the values based recruitment process for executive appointments. • Launch Cohort 2 of the Reciprocal Mentoring Programme with organisational leaders.

Workforce Disability Equality Standard 2021-2022

Bolton NHS Foundation Trust 2022 Data Analysis Report

Contents

Introduction

- Fostering a culture of inclusion remains a critical priority for our organisation. An inclusive work environment provides a place where everyone feels welcome and can be the best version of themselves. This in turn enables our staff to thrive and deliver the best possible services and care to the people of Bolton.
- Nationally, it is known that colleagues living with disabilities have a poorer experience of working within the NHS. The past 12 months have further highlighted the health inequalities which exist and how COVID-19 has impacted people from these communities.
- The importance of inclusion is embedded into the NHS People Plan and our Trust's Strategy 2019-2024. In addition, the Trust has articulated its' vision and priorities for improving EDI practice and health outcomes through its' new EDI Plan 2022-2026.
- Each year the Trust publishes **Workforce Disability Equality Standard (WDES) data.** Although not mandated by the WDES, we report metrics data and publish WDES annual reports in the spirit of transparency.
- The WDES provides a framework for NHS organisations to report, demonstrate and monitor progress against a number of indicators which compares the workplace and career experiences of disabled and non disabled staff
- The following information in the report details key findings from the data collated for 2021/2022, comparisons of data from previous years and actions that will be put in place to address the findings.

Key findings

Workforce Representation
The proportion of disabled staff increased to **3.3%** in 2021/2022 compared with **2.9%** in 2020/2021. An increase of **0.4%**. The highest proportion of Disabled staff are represented at Band 8d and Band 9 **(8%)**

Recruitment
The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts has reduced by a relative likelihood of **0.53.**

Capability
The numbers of staff entering the capability process for both disabled and non-disabled staff have been proportionally so low that the relative likelihood is 0.

Bullying & Harassment
There has been an increase in bullying and harassment towards disabled staff from patients/service users, their relative or other members of the public. Also a reduction in the number of disabled staff reporting incidents.

Career progression
There has been significant **reduction of 25.9%** in the number of Disabled staff believing that the trust provides equal opportunities for career progression or promotion

Pressure to come to work and Feeling Valued
There has been a reduction in the ppercentage of Disabled staff saying they felt pressure to come to work and an increase in feeling their work is valued

Adequate adjustments
There has been a **reduction of 3.2%** in the number of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work.

Staff Engagement and Voting membership
There has been an **increase** in the engagement of disabled staff but a decrease in non-disabled staff.
There is no disabled representation on the Board.

Key findings

WDES metric			2019	2020	2021	2022	Difference between 2021 & 2022
1	Workforce representation of Disabled staff (AfC)	**Overall**	2.8%	2.6%	2.9%	3.3%	0.46% ↑
		8c and above	0.0%	0.0%	0.0%	0.0%	0% ↔
2	Relative likelihood of non-disabled staff applicants being appointed from shortlisting across all posts compared to Disabled staff		1.41	1.57	1.57	1.04	-0.53 ↑
3	Relative likelihood of Disabled staff entering the performance management capability process compared to non-disabled staff		0	0	0	0	0 ↔
4(i)	Percentage of staff experiencing harassment, bullying or abuse in the last 12 months by patients/service users, their relative or other member of the public	**Disabled**	34.0%	26.1%	30.8%	33.7%	2.9% ↓
		Non-disabled	24.0%	21.9%	24.2%	24.2%	0% ↔
4(ii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from managers	**Disabled**	10.0%	19.1%	15.7%	12.5%	-3.2% ↑
		Non-disabled	11.0%	9.9%	9.4%	9.7%	0.3% ↓
4(iii)	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from other colleagues	**Disabled**	20.0%	29.9%	23.3%	20.4%	-2.9% ↑
		Non-disabled	16.0%	14.6%	14.3%	15.2%	0.9% ↓
4(iv)	Percentage of Disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	**Disabled**	68.0%	42.1%	54.0%	49.0%	5.0% ↑
		Non-disabled	50.0%	41.3%	49.8%	46.0%	-3.8% ↑

Key findings

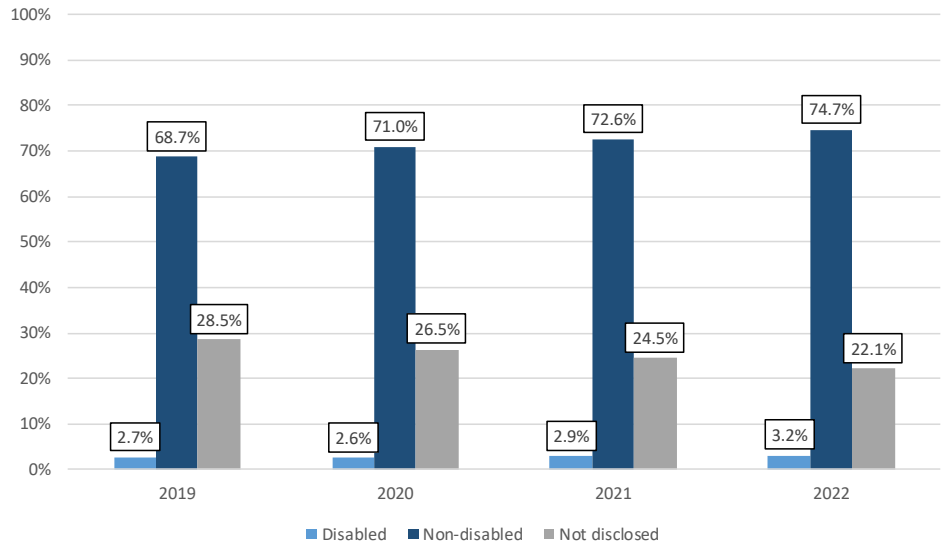
WDES metric			2019	2020	2021	2022	Difference between 2021 & 2022
5	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	**Disabled**	85.0%	76.6%	80.9%	55.0%	-25.9% ↓
		Non-disabled	89.0%	86.1%	89.6%	62.1%	-27.5% ↓
6	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	**Disabled**	27.0%	31.7%	28.2%	25.0%	-3.2% ↑
		Non-disabled	19.0%	14.7%	21.4%	18.0%	-3.4% ↑
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work	**Disabled**	47.0%	43.2%	37.7%	40.7%	3.0% ↑
		Non-disabled	57.0%	55.4%	51.4%	47.5%	-3.9% ↓
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	**Disabled**	74.0%	69.4%	77.0%	73.8%	-3.2% ↓
9	Staff engagement score (a composite based on several questions in the NHS Staff Survey)	**Disabled**	6.80	7.10	6.70	6.80	0.1 ↑
		Non-disabled	7.40	7.40	7.30	7.20	0.1 ↓

WDES metric 1

Key supportive data

Bolton NHS Foundation Trust staff by disability (Data sourced from ESR (Electronic Staff Record)

	Headcount			Percentages		
Year	Disabled	Non-disabled	Not disclosed	Disabled	Non-disabled	Not disclosed
2019	150	3750	1557	2.7%	68.7%	28.5%
2020	144	3982	1485	2.6%	71.0%	26.5%
2021	167	4226	1428	2.9%	72.6%	24.5%
2022	187	4414	1309	3.2%	74.7%	22.1%



Metric 1: Bolton FT Staff by disability: 2019 – 2022

In 2021-22, **187 staff declared having a disability (3.2%),** an increase on **167 (2.9%)** in the previous year but lower than the most recently reported national average which stands at **3.7%**. The percentage of 'Unknown' at 22.1% is lower than the most recently report national average of 21.3%. It is important to lower the proportion of 'Unknown' staff.

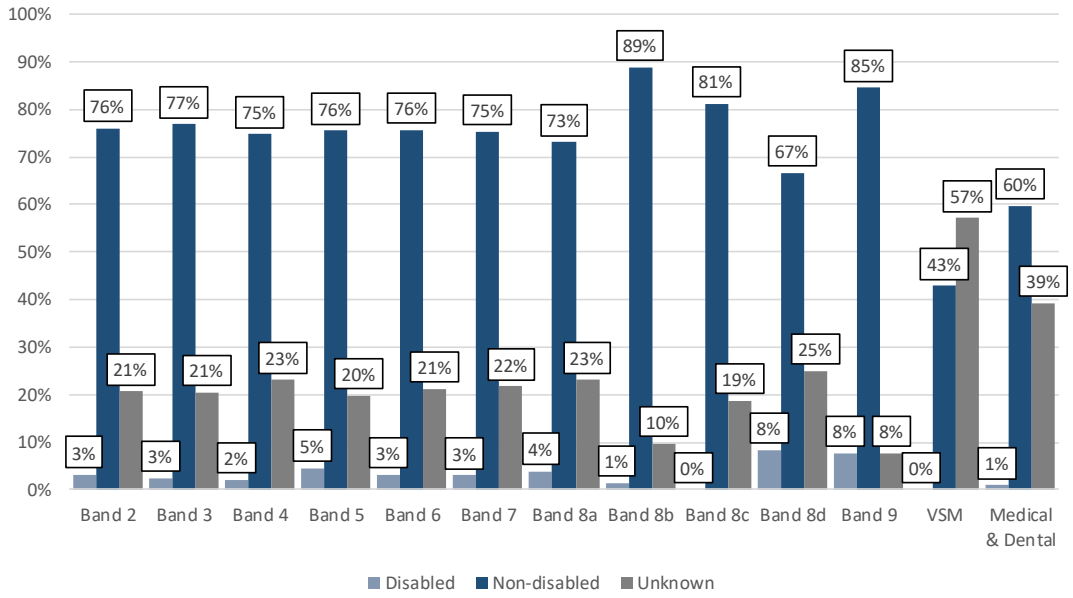
518 members of staff **(23.64%)** declared having a long term condition or illness - an increase on 424 previous year **(18.9%).** There is still a **significant gap** in people disclosing their disability on ESR (Electronic Staff Record) in comparison to the confidential staff survey.

Over the last 3 years the proportion of staff with non-disclosure of disability has slightly decreased, however the non-disclosure rate remains high at around 1 in 4 staff.

WDES metric 1

Key supportive data

Bolton NHS Foundation Trust staff by disability (Data sourced from ESR (Electronic Staff Record)



Metric 1: Bolton FT Staff by disability: 2019 – 2022

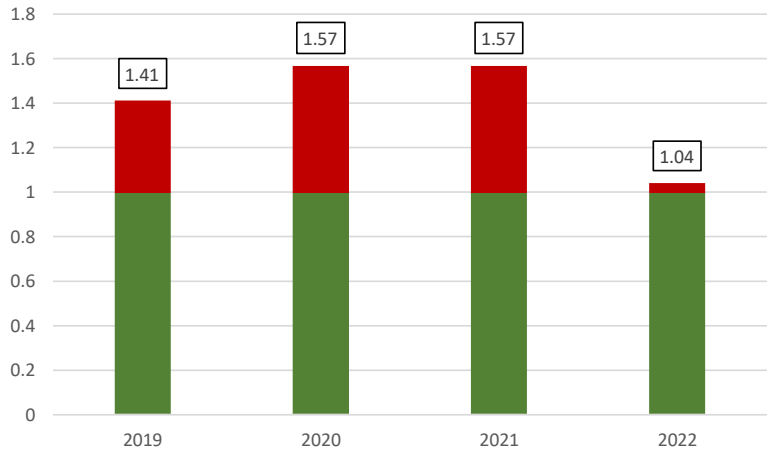
The largest proportion of disabled staff are at Band 8b and Band 9

WDES metric 2

Key supportive data

Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts (Data sourced from ESR (Electronic Staff Record)

Year	Relative likelihood
2019	1.41
2020	1.57
2021	1.57
2022	1.04



Metric 2: Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts: 2019 – 2022

If this metric is above 1 it indicates a higher likelihood of non-disabled staff being appointed from shortlisting than disabled staff.

The relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts has reduced by a relative likelihood of 0.53.

It has reduced but is still above 1.

WDES metric 3

Key supportive data

Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process*

(Data sourced from ESR (Electronic Staff Record)

Year	Relative likelihood
2019	0.00
2020	0.00
2021	0.00
2022	0.00

The numbers of staff entering the capability process for both disabled and non-disabled staff have been proportionally so low that the relative likelihood is 0.

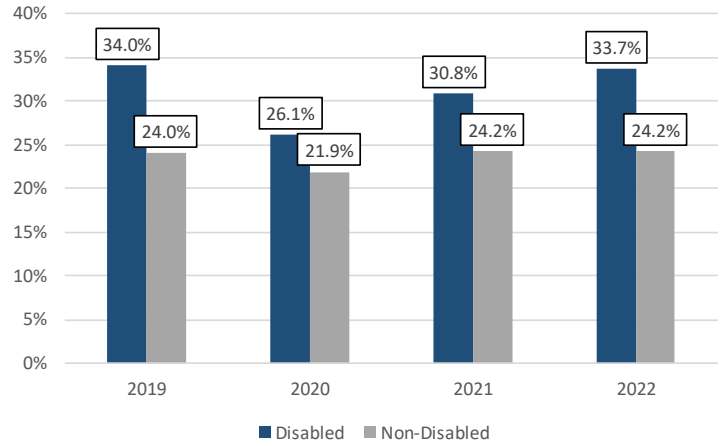
WDES metric 4(i)

Key supportive data

Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

(i) Patients/service users, their relative or other member of the public

Year	Disabled	Non-Disabled
2019	34.0%	24.0%
2020	26.1%	21.9%
2021	30.8%	24.2%
2022	33.7%	24.2%



This data is from the National Staff Survey results.

There has been an increase in bullying of disabled staff from patients/service users, their relative or other members of the public by 2.9%.

A higher proportion of disabled staff experience bullying, harassment and abuse from the public than non-disabled staff.

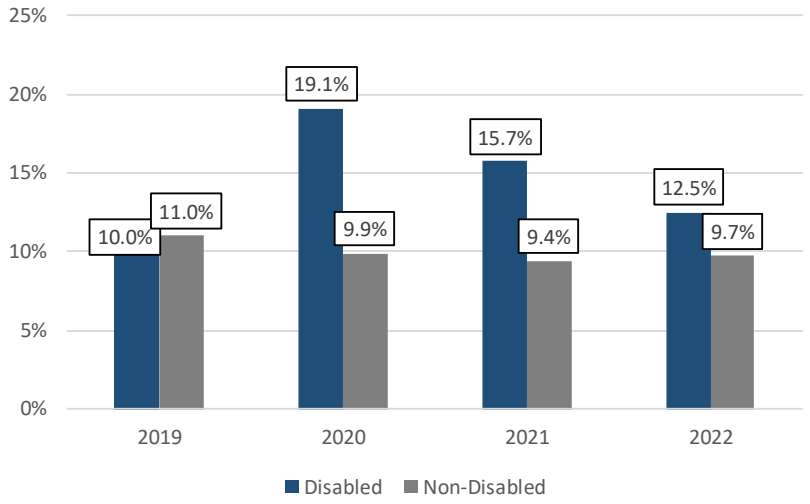
WDES metric 4(ii)

Key supportive data

Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from

(ii) Managers

Year	Disabled	Non-Disabled
2019	10.0%	11.0%
2020	19.1%	9.9%
2021	15.7%	9.4%
2022	12.5%	9.7%



This data is from the National Staff Survey results

There has been a reduction of 3.2%.in the number of disabled staff experiencing bullying or abuse from managers

A higher proportion of disabled staff experience bullying, harassment and abuse from managers than non-disabled staff.

WDES metric 4(iii)

Key supportive data

Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from

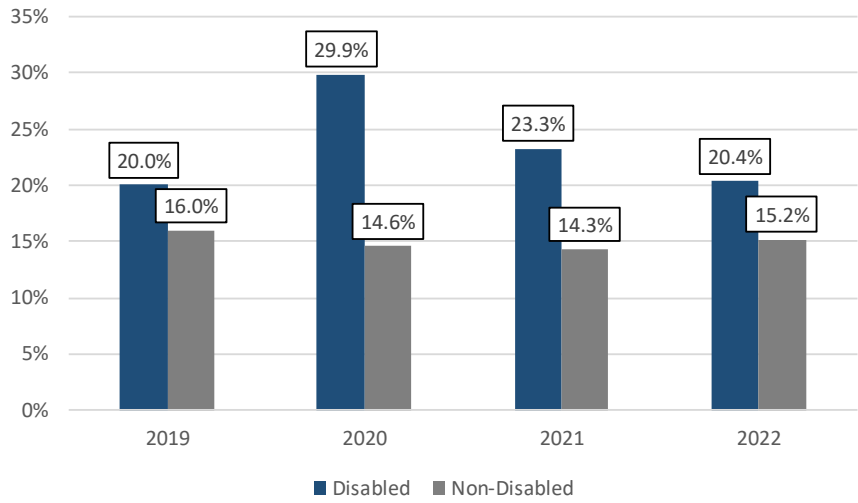
(iii) Other Colleagues

Year	Disabled	Non-Disabled
2019	20.0%	16.0%
2020	29.9%	14.6%
2021	23.3%	14.3%
2022	20.4%	15.2%

This data is from the National Staff Survey results

There has been a reduction of 2.9% in the number of disabled staff that have experienced harassment, bullying or abuse from managers.

A higher proportion of disabled staff experience bullying, harassment and abuse from colleagues than non-disabled staff.

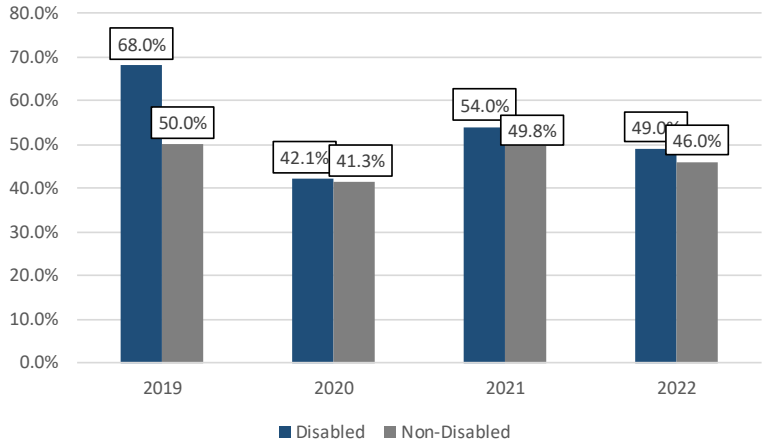


WDES metric 4(iv)

Key supportive data

(iv) Percentage of disabled staff compared to non-disabled staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Year	Disabled	Non-Disabled
2019	68.0%	50.0%
2020	42.1%	41.3%
2021	54.0%	49.8%
2022	49.0%	46.0%



This data is from the National Staff Survey results

There has been a reduction of 5% in the number of staff saying the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

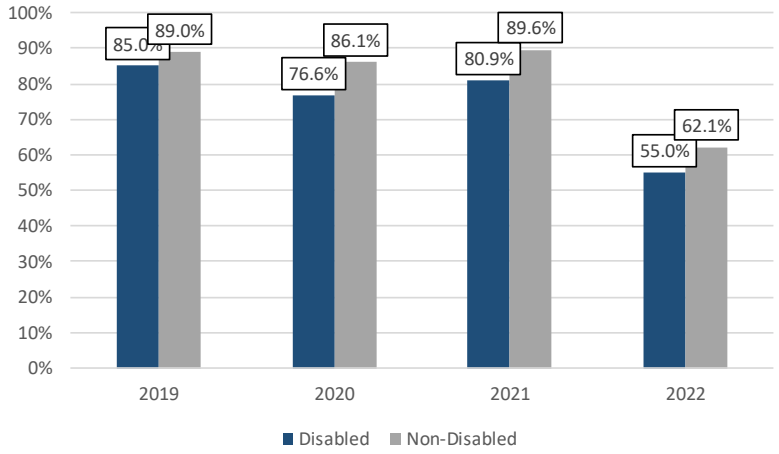
A higher proportion of disabled staff than non-disabled staff said the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

WDES metric 5

Key supportive data

Percentage of disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion

Year	Disabled	Non-Disabled
2019	85.0%	89.0%
2020	76.6%	86.1%
2021	80.9%	89.6%
2022	55.0%	62.1%



This data is from the National Staff Survey results

There has been significant reduction of 25.9% in the number of Disabled staff believing that the trust provides equal opportunities for career progression or promotion.

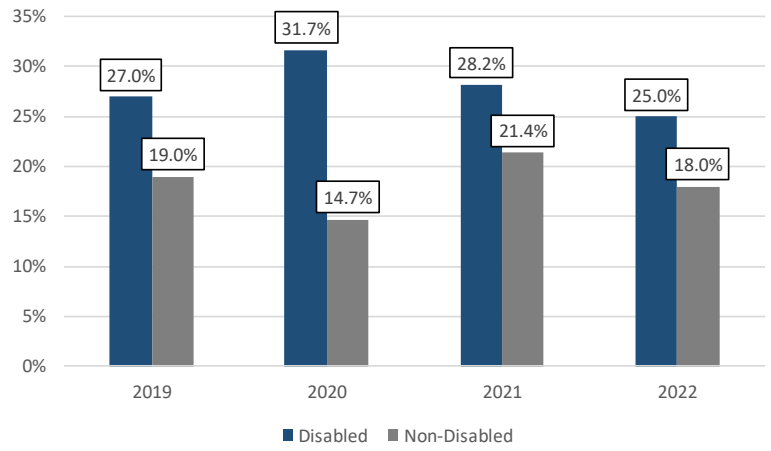
The national WDES data suggests there is a correlation between how well a trust is led overall and how Disabled staff feel about their opportunities for career progression.

WDES metric 6

Key supportive data

Percentage of Disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties

Year	Disabled	Non-Disabled
2019	27.0%	19.0%
2020	31.7%	14.7%
2021	28.2%	21.4%
2022	25.0%	18.0%



This data is from the National Staff Survey results

There has been a **decrease of 3.2%** of disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties

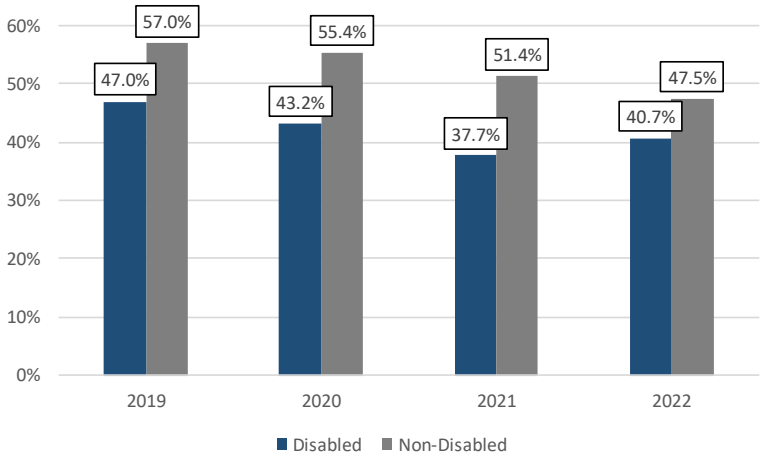
The NHS WDES 2020 shows most Trusts reporting rates of presenteeism for disabled staff at 30% - 35%, significantly higher than Bolton FT.

WDES metric 7

Key supportive data

Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

Year	Disabled	Non-Disabled
2019	47.0%	57.0%
2020	43.2%	55.4%
2021	37.7%	51.4%
2022	40.7%	47.5%



This data is from the National Staff Survey results

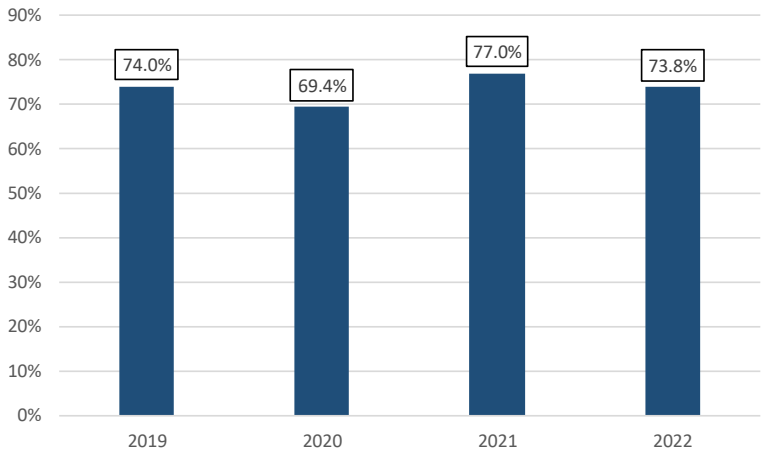
There has been an **increase of 3%** in the number of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

WDES metric 8

Key supportive data

Percentage of disabled staff saying their employer has made adequate adjustment(s) to enabled them to carry out their work

Year	Disabled
2019	74.0%
2020	69.4%
2021	77.0%
2022	73.8%



This data is from the National Staff Survey results

This has decreased slightly between 2021 to 2022 and is slightly lower than the most recently reported national average of 76.6%.

WDES metric 9

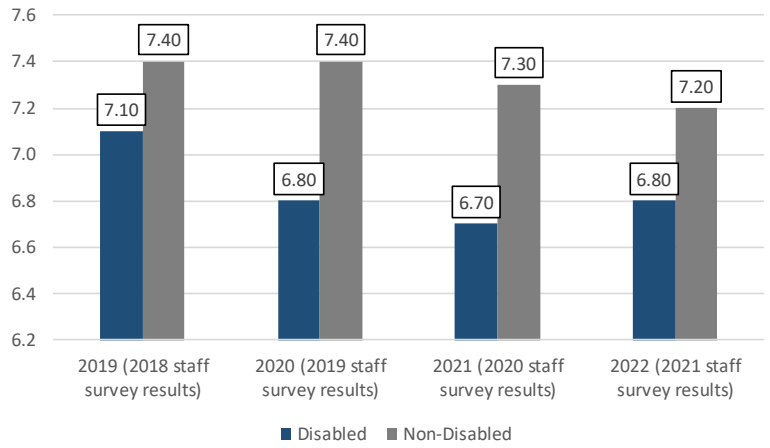
Key supportive data

Staff Engagement Score

Year	Disabled	Non-Disabled
2019 (2018 staff survey results)	7.10	7.40
2020 (2019 staff survey results)	6.80	7.40
2021 (2020 staff survey results)	6.70	7.30
2022 (2021 staff survey results)	6.80	7.20

There has been an increase in the number of disabled staff that have completed the staff survey this year.
518 disabled staff in total.

However overall 2191 members of staff from across the Trust completed the survey – a decrease from 2266 in previous year.



WDES metric 10

Percentage difference between an organisation's board voting membership and its overall workforce

For the duration that the WDES data has been reported since 2019 there has been no disabled representation on the Board.

2021-2022 key areas of progress

- Listening session with staff who have a disability and health conditions.
- Established a Disability and Health Conditions Staff Network with Executive sponsor
- Creation of safe spaces for staff to raise concerns in a confidential manner.
- Restarted Accessible Information Standard (AIS) working group
- Introduced the Trauma Risk Management (TRiM) approach that provides colleagues who have experienced a trauma, with a rapid risk assessment and relevant support guidance and help over a timely period.
- Continued to promote staff wellbeing initiatives including access to counselling, staff physiotherapy service, shiny minds app, vivup etc.
- Guidance on long-Covid and a support group has been established to better support our staff that are suffering with symptoms and raise awareness of long-Covid.

Progress on Previous Actions 2021-2022

	Metric	Actions
1	**Percentage of staff in each of the Agenda for Change, VSM and Medical & Dental staff**	• Develop an internal communications campaign to encourage staff to declare their disability to the Trust. • Work with staff with disabilities as role models to showcase commitment to being an inclusive employer in promotional material. • Review job adverts to assess how attractive jobs are to people with disabilities and caring responsibilities.
2	**Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts**	• Reapply for Disability Confident level 2 accreditation taking stock of what processes and procedures are currently in place. • Develop a network of inclusive recruitment guardians, supported with a training package to participate in selection interviews and provide inclusion expertise to recruitment panels. • Disability staff network so support a review of the recruitment process. • Continue with the Widening Participation Strategy, and other recruitment initiatives like the guaranteed interview scheme.
3	**Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process***	• Developing and launching a new Be Inclusive Development Programme to help increase EDI awareness, practice, support and behaviour change. • Review mindful employer accreditation. • Work closely with our Staff Side colleagues to identify improvements required including reasonable adjustments have been made available. • Review dignity and respect policy.

Actions 2022-2023

	Metric	Actions
4	**Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from (i) patients/service users, their relative or other member of the public, (ii) managers, other colleagues (iv) reported incidents**	• Recruit additional FTSU Guardians, expanding the team to reflect the diversity of the workforce. • Publicise zero tolerance of bullying and harassment and abuse to patients and the public. • Review safeguarding incident reporting system fields to allow incident reporting against staff with a disability. • Develop a suite of EDI training. • Recruit additional FTSU Guardians, expanding the team to reflect the diversity of the workforce. • Review and explore rolling out the Trust focus on civility and respect. Embed themes such as macroaggressions and bias. • Explore other confidential systems and processes for reporting discrimination. • Support staff to learn about disability and health conditions through celebration of key events.
5	**Percentage of Disabled staff compared to non-disabled staff believing that the trust provides equal opportunities for career progression or promotion**	• Raise awareness of the Disability Network to raise concerns and influence. • Promote access to career conversations and coaching to our disabled workforce.
6	**Percentage of Disabled staff compared to non-disabled staff saying they felt pressure to come to work despite not feeling well enough to perform their duties**	• Raise awareness of the impact of disabilities and health conditions through sharing staff stories within Schwartz rounds. • Use national campaigns such as Disability History Month to drive engagement and raise understanding and awareness across the organization.
7	**Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work**	• Continue to promote the Disability and Long Term Conditions staff network and increase membership. Work with the group to understand the issues that matter to them and identify actions to increase their wellbeing and feeling of value. • Continue to promote health and wellbeing conversations with managers to discuss equality, diversity and inclusion as a core component. Review FABB conversation guidance.

Progress on Previous Actions 2021-2022

	Metric	Actions
8	**Percentage of disabled staff saying their employer has made adequate adjustment(s) to enabled them to carry out their work**	• Relaunch of reasonable adjustment passport to take place. • Disability and Health Conditions Network to review Workplace Reasonable Adjustments procedure including I.T an procurement procedures. • Developing hybrid working guidance and tools to support line managers and employees to implement flexible working practices ensuring reasonable adjustments are considered. • Review attendance management policy and uptake of disability leave.
9	**The staff engagement score for Disabled staff, compared to non-disabled staff.**	• Promote the Disability and Health Conditions Network. • Raise awareness of WDES findings and importance of staff involvement.
10	**Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated**	• Encourage all Board members to declare their disabilities. • Identify Disability Network Executive Sponsor. • Launch cohort 2 of the Reciprocal Mentorship Programme with the Disability and Long Term Conditions Staff Network.

Agenda Item 17

Title:	Charitable Funds Committee Chair Report

Meeting:	Board of Directors	**Purpose**	Assurance	✓
Date:	29 September 2022		Discussion	
Exec Sponsor	Sharon Martin, Director of Strategy, Digital and Transformation		Decision	

Summary:	The report provides an overview of proceeding which are being shared with the Board for information following the Charitable Funds Committee meeting held on 5 September 2022. Attached to this report is the Charitable Funds Strategy which was approved by the Committee and is endorsed for ratification by the Board.

Previously considered by:	

Proposed Resolution	The Board, in its role as Corporate Trustee, is asked to receive the report as assurance on work delegated to the Committee.

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

Prepared by:	Sarah Skinner, Charity Manager	**Presented by:**	CFC Chair

Committee/Group Chair's Report

Name of Committee/Group:	Charitable Fund Committee	Report to:	Board of Directors
Date of Meeting:	5 September 2022	Date of next meeting:	5 December 2022
Chair:	Alan Stuttard	Parent Committee:	Board of Directors
Members Present:	Sharon Martin, Francis Andrews, Annette Walker, Zed Ali, Rachel Noble, Catherine Hulme, Rachel Carter and Sarah Skinner In attendance: Rayaz Chel and Neville Markham	Quorate (Yes/No):	Yes up until Charity Strategy item
		Key Members not present:	Voting members: Martin North Non-voting members: Sharon Katema

Key Agenda Items:	RAG	Lead	Key Points	Action/decision
Faith Facilities		RCh	The Project Lead presented the statement of case for charitable funding for the relocation and refurbishment of multi-faith facilities at the Royal Bolton Hospital. The technical appraisal – conducted by the Charity Manager and Finance Manager – recommends Our Bolton NHS Charity funds the project in totality and sets out two funding scenarios: to grant £426k (VAT is recoverable) to the Trust, giving it overall control of the project, or to approve £510k (VAT is not recoverable) of funds and retain responsibility for payment of invoices via IFM. Advice is being sought from KPMG in relation to the appropriate approach to funding this project. The Project Lead confirmed there was an additional cost of £95k in relocating the current Doctors Mess and a business case had been submitted to CRIG for discussion and approval. The Director for Strategy, Transformation and Digital stated Our Bolton NHS Charity should not be expected to support with the relocation and refurbishment of the Doctors Mess given Trusts are required to provide adequate Doctors Mess facilities. Feedback received from the Hindu Forum regarding the proposed layout of the Hindu temple meant it was not possible to approve the use of charitable funds at the meeting. The Project Lead will meet with colleagues from IFM to ascertain final costs.	Seek approval for the use of charitable funds electronically outside of the meeting or via extraordinary CFC meeting, if required.

	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

Our Bolton NHS Charity Q2 2022/23 Highlight Report		SS	The Q2 2022/23 highlight report was shared with the CFC to provide an overview of activity against key themes: • Fundraising and grants • Local business support and high net worth individuals • Staff engagement • Media • NHS Charities Together • Charity-funded schemes	Members of the CFC noted the highlight report and agreed to support Our Bolton NHS Charity with fundraising opportunities and events as set out in the highlight report
Charity Strategy		RN	The Committee received and noted the updated strategy, which incorporates feedback and comments from CFC members. The Deputy Director of Strategy advised an annual business plan was in development for the charity and would include key performance indicators that would be reported on at future CFC meetings.	Members of the CFC approved the strategy and requested that a condensed version is produced shared on our website and with external stakeholders and prospective donors.

Update on divisional sprints		SS	The first of a series of divisional meetings with Operational Business Managers has taken place covering the following issues:
			• Introduction to Our Bolton NHS Charity
			• Review of fund balances and commitments
			• Applying for charitable funds and principles of expenditure
			• Divisional check-in and winter wish lists
			• Support Our Bolton NHS Charity
			  ○ The link between staff fundraising and morale
			  ○ Charity Champions
			
			These meetings will settle into a bi-annual schedule to ensure charitable funds are used appropriately and efficiently, and to galvanise internal support for Our Bolton NHS Charity.
				Noted

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

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

Committee/Group Chair's Report

Finance Report		CH	The Head of Financial Services presented the finance report to the CFC noting a net decrease in funds of £16k for the 4 months to 31 July 2022 and fund balances totalling £954k as at 31 July 2022.	Noted
Draft annual report and accounts		SM/CH	The Director for Strategy, Transformation and Digital introduced the annual report and financial statements for the year ending 31st March 2022. The Head of Financial Services presented the statement of financial activities, advising the accounts were subject to audit by KPMG, which was anticipated to conclude week ending 9th September 2022.	The final draft of the annual report and financial statements (incorporating any changes proposed by KPMG) will be presented for approval to the Audit Committee and Board of Directors, and submitted to the Charity Commission by the deadline of 31st January 2023. **Please see comments section below.**
Charities Act 2022		SS	The Charity Manager presented a 'watching-brief' in relation to the Charities Act 2022 and advised that recommendations are intended to reduce the administrative burden on charities, while maintaining appropriate regulation given the level of public interest. Implementation will be phased in three tranches over the next 12 to 18 months and provisions will only have practical effect once implemented. Due to the volume of background work (drafting of new legislation and updating existing and compiling new guidance) timescales may be subject to some change.	Our Bolton NHS Charity will continue to liaise with NHS Charities Together for guidance and Further updates will be shared in due course. Independent legal advice will be sought, if required.

	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

Terms of reference: annual review		SS	The Charity Manager presented the terms of reference, which had been subject to annual review as per the audit recommendations. The following changes are proposed: • Amend section 8 to remove the paragraph: Executive members are expected to nominate a deputy to attend in their absence. If a committee member is unable to attend the meeting (or send a deputy) then a formal summary report of progress made against their areas of responsibility should be submitted in advance of the meeting, identifying the key issues that should be raised. • Include the highlight report as a standing agenda item on (page 11) • Strengthen the Chair arrangements in section 5 so the Executive Director for Strategy, Transformation and Digital is named as Vice Chair and will deputise in the Chair's absence • Include the option to conduct business via email if a meeting is no longer quorate • Remove the need for the Audit Committee to review every three years in section 12 Under the current framework, any proposed changes to the terms of reference will need to be signed off by the Board of Directors. The next scheduled review date is September 2023.	**Please see comments section below.**

Comments

Due to technical difficulties, the meeting was no longer quorate from the 'Charity Strategy' item, onwards. It was therefore recommended that all items requiring feedback or decision be circulated via email with voting members setting out their comments and confirming their approval by reply.

Risks escalated

There were no risks to be escalated to the Board of Directors.

	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
17

Title:	Our Charity Strategy 2022-25…for a better Bolton

Meeting:	Charitable Funds Committee	**Purpose**	Assurance	
Date:	25th August 2022		Discussion	
Exec Sponsor	Sharon Martin		Decision	X

Summary:	*Our Bolton NHS Charity* has produced its first strategy for discussion and approval. The strategy is intended for an internal audience as it outlines and guides the Charity's priority activities for the coming three years. It focuses on three central ambitions: 1. To make a lasting and meaningful difference to the people of Bolton 2. To raise our profile and become the charity of choice for the people of Bolton 3. To improve our profitability and make the best use of our resources The strategy will run from 2022 to 2025 and will form the basis of the Charity team's work programme for the duration.

Previously considered by:	Charitable Funds Committee

Proposed Resolution	The Committee is asked to comment on and approve the draft Charity Strategy.

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

Prepared by:	Rachel Noble, Deputy Director of Strategy	**Presented by:**	Rachel Noble, Deputy Director of Strategy

Our Charity Strategy 2022-25

Our Charity Strategy…for a better Bolton

Introduction

Our Bolton NHS Charity is the official charity partner of Bolton NHS Foundation Trust (BFT), and our aim is to go over and above what the NHS can provide so that we make a lasting and meaningful difference to the people of Bolton.

Since 2020, *Our Bolton NHS* Charity has undergone significant, exciting change. The Charity team has grown, we have rebranded, and we have played an important role in supporting BFT's staff and service users through the COVID-19 pandemic.

Now, as the NHS's efforts turn to recovery, the time is right for *Our Bolton NHS Charity* to launch its first strategy to set our aspirations and objectives for the next three years. There is much to do and so much we want to achieve as we continue to grow and evolve.

Our priorities and ambitions

2022 is an important year for Bolton NHS FT as it will see the development of a refreshed corporate strategy and the development of a new clinical strategy. As the Trust broadens its focus to improve health and outcomes across Bolton, *Our Bolton NHS Charity* will be a key partner in the delivery of the Trust's vision. We intend to set our fundraising priorities to align closely with BFT's evolving strategic aspirations, meaning that our strategy will remain fluid and flexible in its response to the Trust's priorities. We know that BFT is focused on becoming a truly impactful 'anchor institution' in Bolton, supporting people to stay healthy and well for as long as possible, to be a fantastic employer and educational partner, and – over the long term – to reduce the health and societal inequalities that are sadly faced by many people in Bolton.

Together, we will set clear fundraising and investment priorities for the coming three years that will deliver tangible benefits to our population so that we deliver on our aspirations for a better Bolton.

Alongside this, we will continue to wrap our arms around BFT's patients and staff, doing the small things that make a big difference whilst we build up to raising the level of income that will allow us to deliver significant impact to our services and our population for generations to come.

How we will achieve this: Our Charity Strategy into action

We know that – in order to deliver – we need to plan carefully and put our aspirations into action. For that reason, we have listed associated actions under each ambition that will guide us in achieving our priorities, and provide a framework against which our performance will be held to account. It should be noted that these actions will evolve as BFT's strategic priorities for the locality begin to crystalise and therefore, this strategy will be updated as new priorities emerge.

Our strategy will enable us to remain aligned with, and help deliver the Bolton 2030 vision of being Active, Connected and Prosperous.

Our Bolton NHS Charity's ambitions in summary

Over the next three years, we will be guided by three overarching ambitions that will underpin everything that we do. Our ambitions are closely-linked and interdependent.

Our first priority is to invest in a way that adds value to the work of BFT, and makes a meaningful difference to its patients, staff and wider community. We want to do that to create a shared sense of purpose between the Charity, BFT and our community where we work together to continue to improve the quality of care, experience (for both staff and patients) and our environment. In so doing, we will become a Charity that is known to be an excellent steward of the donations we receive, utilising funds in a way that will have a direct and tangible benefit on our services. We want our donors to know that an investment in *Our Bolton NHS Charity* is an investment back into our community. We will do this by working closely with our staff and our communities to understand what truly matters to them, and identify where the Charity can spend for maximum impact. As outlined in our articles, we will do this in a way that goes over and above what the NHS can provide to support the delivery of the highest standards of care and the best experience.

Our second priority is to raise awareness of *Our Bolton NHS Charity* so that we become the charity of choice for the people and businesses of Bolton. By communicating and marketing the ways in which we invest for the benefit of our patients, staff and service users, we will be more likely to attract new support for our work. We want to build on our recent rebranding to tell stories of our impact to our staff, the FT membership and the wider population of Bolton to build connection with and support for our work. In each year of our strategy, we aim to build our 'Like, Know, Trust' factor, growing our supporter baseline annually.

Finally, we want to increase the income we generate and make the best use of our resources. We know that, if we meet our other strategic ambitions, increased income to the Charity should follow, but alongside this, it is vital that we become as efficient and effective as possible. Over the past two years, we have reviewed and implemented a new governance framework which has improved our processes, but now is the time to focus on delivering the best value for money for our donors. Alongside this, we will set annual fundraising targets which we will regularly achieve and attempt to exceed, whilst we work with BFT to ensure that all applications for funding deliver clear and measurable benefits and improvements to patients, staff and our wider community.

We believe that working towards these three strategic ambitions over the next three years will create a solid foundation for *Our Bolton NHS Charity*, which in turn will enable us to better support BFT in the achievement of its strategic aims and ambitions.

1. To make a lasting and meaningful difference to the people of Bolton

When we created our mission statement, we agreed that the words 'lasting and meaningful' were the most important elements. Every donation made to *Our Bolton NHS Charity* matters, and we know that our donors want us to spend their money wisely and in a way that will deliver benefits long after their donation is made. We want our patients to feel truly cared for during their time with us, and we want our staff to know that we are always there to support them through the most difficult times. Beyond this, we are guided by a desire to create a lasting legacy so that our donors feel that an investment in our Charity is an investment in their future, and the future of Bolton.

For *Our Bolton NHS Charity,* this commitment to meaningful investment means that we assess every application for funding to ensure it delivers tangible benefit, aligns to our mission, and represents an appropriate use of the kind donations made to us. This naturally guides our investment activities towards schemes and priorities that:

- **Contribute to an improvement in the quality of care our patients and service users experience.** This might be through investment in new technologies or through the purchase of equipment that allow us to provide best-in-class care
- **Enhance the experience of BFT's patients and service users.** This might be through investment in our buildings, gardens and facilities, or by providing gifts to patients to help them mark important days or religious festivals when they're experiencing an inpatient stay
- **Support and invest in BFT's brilliant workforce.** This might be through investment in enhanced training and development, supporting staff academic education/research, and by funding service improvements, or infrastructure that supports staff health and wellbeing

Contributing to an improvement in quality of care

Supporting BFT to provide the highest standards of care is the driving force behind our fundraising activities, and over the past two years, we have funded equipment that enables our hospital and community staff to provide the gold-standard of care to our patients. Scalp-cooling machines have made chemotherapy treatment more comfortable for our cancer patients, and the purchase of our first neonatal twin cot has delivered a poignant enhancement to the care received by our youngest patients and their parents.

Over the next three years, we will work closely with BFT through the development of its clinical and corporate strategies to identify our future fundraising priorities. As the Trust's clinical divisions develop their visions for the future, we will work with them to determine where *Our Bolton NHS Charity* can raise funds to invest in a way that supports a continued improvement in the standard of care the Trust provides.

Enhancing experience and environment

The pandemic has demonstrated the need for a new future-focused way of thinking when it comes to our environment and, over the next three years, we will support the Trust to make improvements which make our hospital and community services a more pleasant, green, and welcoming place to be. Over the coming years, we will focus on investments that support a holistic approach to wellbeing by funding improvements to our faith facilities, investing in our gardens and environment, and by providing continued

support to and investment in the Trust's equality, diversity and inclusion agenda.

Supporting our staff

More than ever, our individual wellbeing is of critical importance and the Charity has a role to play in investing in staff in a way that goes over and above what the NHS can provide.

Thanks to the magnificent national fundraising efforts that took place in 2020, Bolton NHS FT has – to date – received £180,000 to invest in schemes that will support staff and patients through the pandemic. For staff, this generous donation has facilitated investment in the Trust's sports and social club, the provision of new shower facilities and the installation of cycle racks, with further investment in additional wellbeing and rest facilities for staff planned.

We know that our staff are happiest when they can provide the highest standards for their patients and service users, so over the next three years, we will continue to encourage staff to come forward with ideas to improve and invest in their services. We will undertake regular internal marketing campaigns to raise awareness of the Charity and ensure that divisions are making best use of their funds to invest in enhancements to their services.

Strategy into action

Over the next three years, we will:

- Work with our clinical divisions to identify opportunities for high-impact investment that will improve and enhance service user outcomes and experience, focusing particularly on the purchase of equipment that delivers a tangible enhancement to our services
- Respond to the priorities outlined in the Trust's clinical service strategy
- Continue to raise funds for and invest in the small things that make a big difference, such as sensory toys and activity kits for our dementia patients
- Support and promote the multi-faith diversity of our staff and patients during religious events such as Christmas, Diwali, Ramadan and Yom Kippur
- Invest in staff training and our BOSCA ward accreditation programme
- Work with the Trust's Patient Experience team to identify patient-focused investments to improve experience
- Work with our staff networks and local community to identify opportunities to invest in a way that supports equality, diversity and inclusion
- Identify opportunities to improve our environment and experience for our staff, patients and community, including investment in our faith facilities and gardens

2. To raise our profile and become the charity of choice for the people of Bolton

Our Charity Strategy strapline is 'for a better Bolton' and that is the vision that we are working to create. In order to make a lasting and meaningful difference to the Trust's staff and patients, we want to establish *Our Bolton NHS Charity* as a known and respected brand in our community, regularly demonstrating our positive impact, and ultimately, inspiring our local population to support us to achieve our goals. To do this, it is vital that we focus our efforts on marketing and communications, so ensure that the people of Bolton know, understand and connect to our purpose.

Like, Know, Trust

As a small team, our marketing efforts to date have been limited, but over the next three years, we will focus on improving our "Like, Know, Trust' factor amongst Bolton residents. We know that there is work to do to increase awareness of the Charity with the intention of cultivating new donors who connect to our vision. We know that we have wonderful, positive stories to be shared with our population and based on our recent campaign – *The Small Things* – we know that many people feel an instant connection to our mission to make a lasting and meaningful difference to the people of Bolton. By ensuring that we invest in a way that is consistent with this ambition, we believe we have a powerful and inspiring message to share with our population: that a donation to our Charity is an investment in the future of Bolton.

In order to achieve the desired improvement in 'like, know, trust', a targeted marketing campaign and a public-facing version of this strategy will be developed to provide a platform for engagement with our population. To help us measure our impact, we will continue to make best use of our data to chart and track the impact of our campaign and marketing activities.

Community engagement and participation

In order to build connection to our brand, it is vital that we know what matters to the people of Bolton. It is for that reason that we want to continue to build relationships with our local communities to ensure that we are able to respond to their priorities, which in turn will make us a clear choice for support from our population.

Working together with our population on shared priorities is a core driver for the Charity, and we are proud of our burgeoning relationships with our community leaders, which we will continue to develop over the coming years. We will continue to empower our community to make suggestions on how we invest in our services, particularly where they have made significant donations. In this way, we have the opportunity to further deliver on our desire to make a lasting and meaningful difference to the people of Bolton: by starting with their priorities, they will feel a strong connection to our purpose and mission, and in turn, will be more likely to offer their support to our work. We will continue to work and communicate with our local population, faith groups, schools and the Trust membership to build reciprocal relationships that raise the Charity's profile and increase our levels of support.

Appointment of patrons and charity champions

In order to further raise our profile, we will develop a plan to appoint patrons who can support us to increase awareness of, connection to, and support for *Our Bolton NHS Charity*. We will identify and approach local and national influential and inspiration people with a connection to Bolton to support us in raising awareness of the mission of *Our Bolton NHS Charity.* We will select people who align

with our organisational values and will work alongside us to communicate our aspirations.

Within BFT, we will launch a programme to appoint Charity Champions, a network of passionate staff who can support us with fundraising activities, improve staff awareness of the Charity, and in turn, increase the number of applications for funding for patient benefit.

Strategy into action

Over the next three years, we will:

- Produce a quarterly newsletter for our donors to tell them about our latest investments and their impact, and communicate our upcoming priorities and ways to get involved
- Ensure that the Charity invests in a way that is consistent with the priorities outlined in Ambition 1 and that our investments deliver clear and demonstrable public benefit
- Continue to develop our relationships with local businesses to increase our corporate supporter base to further promote the Charity and increase income
- Approach and appoint patrons and Charity Champions to act as advocates for our work
- Develop and deliver an annual calendar of appeals and communicate this widely
- Continue to work with Bolton FM and the Bolton News to promote the work of the Charity with a view to increasing connection and donations
- Develop and deliver a Communications and Marketing plan to guide our activities over the coming three years
- After the publication of the Trust's clinical strategy, work with BFT to determine our top fundraising priorities which will inform our cycle of appeals
- Develop and publish a short, inspiring public-facing strategy once fundraising priorities from the clinical strategy are agreed
- Tell the story of Our Bolton NHS Charity through regular, human interest pieces on all of our channels, making our supporters feel part of the Charity and encouraging others to join

3. To increase our profitability and make the best use of our resources

Increasing donations across all income streams is a critical priority for the next three years. In order to do more for BFT and to meet our strategic ambitions, we must raise more money to invest into our services. This links closely to our ambition to raise our profile and become the charity of choice for the people of Bolton, and the success of our marketing activities will be critical to increasing our annual income.

Alongside this, we must ensure that the Charity provides excellent value for money, keeping costs to a minimum whilst delivering maximum value. This not only allows us to do more with the income we receive, but builds donor connection to and trust in our brand as a careful steward of the money we receive.

Increasing our income

Charitable giving falls into a number of categories and a primary objective of this strategy is to increase giving across all income streams, year-on-year. We will continually target the following areas of opportunity:

- **One-off donations** including legacies, appeals, text codes, sponsorship and events, donations made in person, and donations made in memoriam
- **Regular giving** including Pennies from Heaven for staff and corporate partners, staff lottery, and conversion of one-off donors
- **Corporate partnerships and sponsorships** including linking with local business partners particularly large employers and local supermarkets
- **High net-worth individuals (HNWI)**
- **Grant-funding (including through NHS Charities Together)**

In 2022, we will develop a picture of our baseline data across each of these categories and we will develop clear plans for increasing support in each of these categories which will be reported regularly to our Charitable Funds Committee.

Programme of appeals and communication of priorities

In order to increase revenue, we know that we need a clear set of priorities and well-structured campaigns that inspire our population into action. As the Trust's clinical strategy develops, we will work in close partnership with our clinical divisions to identify possible appeal targets which will form the basis of our fundraising campaigns over the next three years. Whilst we wait for the clinical strategy, we will work closely with our divisions to identify opportunities for 'quick win' investments where we can demonstrate a swift improvement in services, experience or outcomes. This will in turn be communicated as part of the priorities outlined under Ambition 2 to continue to enhance our 'like, know, trust' factor and to demonstrate our impact.

Donor stewardship

Every donation to *Our Bolton NHS Charity* matters, and ensuring that our donors understand the impact they have is critical to increasing the likelihood of repeat support. We will create a programme of stewardship and donor development that will:

- Communicate with donors on the impact of their donation
- Update on progress towards our appeal targets and goals
- Highlight ways that donors can stay involved in our work

- Signpost to regular giving opportunities

Stewardship will be a key priority for the first year of the strategy, as it provides us with an immediate opportunity to enhance and improve donor experience. This programme will be clearly tracked with impact reported regularly to the Charitable Funds Committee.

Delivering financial sustainability

Ensuring that the Charity delivers best value for money is of paramount importance, and efforts over the next three years will therefore be focused on ensuring that the Charity is sustainable over the long term.

To achieve this, the Charity team will develop a business plan in 2022 which will:

- Outline an annual programme of campaign activity and priorities
- Capture the priorities of the Trust's clinical and corporate divisions to understand projected annual spend
- Identify areas where funding has been deprived
- Embed the approach outlined in the NHS Charities Together development grant assessment tool, with regular self-assessments conducted against the framework
- Set an annual fundraising target that is based on projected demand for funds and which is tracked and monitored at our monthly steering group meetings
- Identify potential growth opportunities that should be targeted in-year
- Commence a programme of appraisal and objective-setting for all staff who play a role in the work of the Charity, however small their time commitment
- Make effective use of our resources and improve our overall efficiency

This aspect of work programme is a critical development for year one of the strategy to support us to achieve our ambition to become the charity of choice for the people of Bolton.

Strategy into action

Over the next three years, we will:

- Set an annual fundraising target that is consistently met or exceeded
- Develop and deliver a donor stewardship programme with the aim of increasing the volume of regular donors
- Develop and deliver a programme of appeals that respond to the Trust's top priorities underpinned by a clear action plan that describes our objectives in depth
- Secure places in major local and national events such as the Manchester and London Marathons to increase fundraising opportunities
- Review our need for a customer relationship management system to enhance our management of donors
- Launch a Trust-wide campaign to increase staff sign-ups to Pennies from Heaven
- Develop and launch a legacy-giving campaign with regular promotion throughout each financial year
- Conduct an annual review of our overheads and management fee to ensure that we are delivering the best value for money
- Maintain financial reserves in accordance with our policies
- All staff linked to the Charity to receive an annual appraisal and associated setting and review of objectives

- Conduct a regular review of policies and procedures
- Develop and utilise a set of key performance indicators (KPIs) for areas such as income, retention of donors, and new supporter approaches

Conclusion

In summary, we believe this strategy sets out a clear roadmap to inform our work programme over the coming three years. At the time of writing, we are a young team that has been focused on laying the foundations for the next stage of the Charity's development by growing our team, improving our governance, developing our skills in the creation and marketing of appeals, and building relationships within BFT, across our community and nationally with our charity partners.

We are certain that the time is now right to take the next steps in our journey, and we believe that these three overarching ambitions will ensure that, by 2025, we are:

- Routinely investing in a way that benefits our patients, staff and wider community
- Financially strong and efficient, regularly exceeding our fundraising targets
- Highly regarded by our population with a number of corporate partnerships and demonstrable support from the public
- Aligned to the strategic ambitions and priorities of BFT, and working in partnership to achieve them

Together, we have the opportunity to bring our vision for a better Bolton to life for the benefit of our population for years to come.